



THE ROLE OF HUMAN DEVELOPMENT CADRES IN EFFORTS TO PREVENT STUNTING

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ABSTRACT

Background: The existence of village development cadres is expected to be the spearhead in efforts to control and prevent stunting, as is done by Jeneponto Regency which targets a 19% reduction in stunting prevalence from 48.8% in 2018 to 2023.

Objective: This study aims to analyze the role of Human Development Cadres (KPM) in stunting prevention efforts in Jeneponto Regency, Indonesia, and analyze changes in stunting prevalence before and after the existence of KPM.

Method: The research method used was qualitative with a descriptive approach, involving KPM as the main informant.

Result: The results show that the majority of KPM have carried out their duties, including socializing the stunting prevention convergence policy, collecting data on 1,000 HPK household targets, monitoring stunting prevention services, and coordinating with various parties. Despite this, there are still some KPM who have not fully carried out their duties. In addition, the stunting prevalence data in Jeneponto District shows a decrease from 2019 to 2021, but is still high when compared to the stunting rates at the provincial and national levels.

Conclusion: The majority of KPM have been effective in monitoring nutrition deficiency prevention services for 1,000 targeted HPK households in Jeneponto Regency. Although the prevalence of nutrition deficiency decreased to 37.9% in 2021 from 41.11% in 2019, it remains high compared to the national average. The presence of KPM is expected to aid efforts in reducing nutrition deficiency with a focus on data validation and activity planning at the village level.

INTRODUCTION

Malnutrition in children under five is a global issue that continues to be a major concern, especially in developing countries such as Indonesia (MCA Indonesia 2013). Malnutrition includes three main categories: stunting, underweight, wasting, and micronutrient deficiencies such as vitamins and minerals. According to the results of basic health research, the prevalence of stunting in Indonesia is still above the global standard recommended by WHO (<20%). In 2007, the stunting rate reached 36.8%, then fell to 34.6% in 2010, rose again to 37.2% in 2013, and experienced a significant decrease to 30.8% in 2018 (Health Research and Development Agency, 2018).

In South Sulawesi, data shows that the prevalence of underweight children under five is 25.1%, stunting is 35.6%, and wasting is 9.3%. Jeneponto District, one of the districts in South Sulawesi, shows a high severity of undernutrition among children under five. According to the results of Riskesdas (2018), the prevalence of underweight in Jeneponto District was 35.8%, stunting was 48.4%, and wasting was 11.7%.

This data reflects that Jeneponto District has an acute-chronic under-five nutrition problem that is one of the highest in South Sulawesi. There needs to be a concerted effort by the government, community and other stakeholders to address and prevent under-five child malnutrition in the region.

Malnutrition in children under five years of age can have a major impact if not properly addressed. The short-term effects of malnutrition are increased morbidity and mortality rates, impaired child development, and increased health care costs. Meanwhile, the long-term impact can lead to reproductive health problems, poor learning achievement and low work productivity (B. et al. 2010) (Müller and Krawinkel 2005). The risk of degenerative diseases is greater in adulthood for children with low birth weight (less than 2500 grams) and continues in childhood to experience malnutrition (García Cruz et al. 2017) (Paudel et al. 2012) (Reurings et al. 2013). Various studies conducted in various countries show a significant relationship between the incidence of stunting and LBW, namely children born LBW have a 20% risk of suffering from stunting (Oncol 2010).

Efforts to improve community nutrition continue to be made through nutrition promotion, counseling, provision of complementary foods at posyandu, functional foods, fortification, and nutritional supplementation. However, many families of children under five still have unhealthy behaviors, and the prevalence of nutritional problems among children under five remains high. Family nutrition care practices are not optimal, especially among children under five. Community empowerment, using the Asset-Based Community Development (ABCD)

approach, is a strategic step to stimulate positive changes in parenting behavior.

The Ministry of Villages, Development of Disadvantaged Regions and Transmigration has established important policy regulations regarding the priority of stunting prevention through village funds by forming human development cadres termed 'KPM'. Assistance is provided by Human Development Cadres (KPM) to ensure villages are prioritized in stunting prevention. Jeneponto District, South Sulawesi, is one of the stunting loci with a prevalence of 48.8% in 2018. Through KPM assistance, a 19% reduction is expected by 2023.

The Philani study in South Africa showed that a three-month intervention in children under five was five times more likely to achieve rehabilitation than a control group (Le Roux et al. 2010). Participatory Action Research (PAR) research in Lamongan district showed increased community awareness through the posyandu cadre team (Chafidhotun Nur, 2019). However, research in Malutu Village shows that the function of KPM in handling stunting is not optimal, especially related to community capacity and awareness (Nizma A Hamdie, et al., 2019).

Based on this study, mentoring activities for cadres and mothers of children under five were considered less effective at the community level. Therefore, the policy of having KPM in the village is considered a more strategic step. This study aims to analyze

the role of KPM in stunting control and prevention and measure changes in stunting prevalence before and after the presence of KPM in Jeneponto District.

METHODS

This research is a qualitative study with a descriptive approach. The research was conducted in Jeneponto Regency in March-June 2022, with the main subject of the research being the Human Development Cadres (KPM) who have been formed by the village government and are assigned to each village according to the KPM domicile. Prior to determining the village locus that became the subject of the study, KPM screening was carried out through filling in the KPM general data form and aimed to determine the level of KPM understanding of the implementation of stunting convergence in the village to all KPM in Jeneponto Regency. From the screening results, 44 KPM villages were selected as the research locus. After that, 11 locus villages were selected as the main objects based on the representation of each sub-district.

The informants in this study consisted of the village head as the key informant, the human development cadre (KPM) as the main informant, and the implementer of the puskesmas nutrition program as the supporting informant. The selection of informants was based on purposive sampling and snowball sampling methods. The data sources in this study were primary and secondary data.

Primary data was obtained through FGDs with 44 KPM and interviews with 15 informants. Secondary data was obtained through document study. Primary data collection was obtained through direct interviews with Human Development Cadres (KPM) using a structured questionnaire consisting of several questions about the role of KPM in efforts to prevent and reduce the prevalence of stunting in the village. Questions on the questionnaire contained demographic characteristics of respondents, duties of KPM cadres, KPM's relationship with village institutions, capacity building and KPM operations, utilization of village funds in stunting efforts, and KPM's knowledge of data collection, monitoring services for 1000 HPK household targets and stunting.

Data were analyzed through the process of data reduction, data presentation, and conclusion drawing and verification. Researchers conducted data reduction by determining the main points, focusing on important and relevant information, determining themes and patterns, and discarding things that were deemed unnecessary so that they could provide a more specific picture through the credibility test process by triangulation and reference materials. To determine any changes in the prevalence of stunting in Jeneponto District during the presence of KPM in the village, nutritional status data sourced from growth monitoring reports by puskesmas and data

from the nutritional status study research in Jeneponto District in 2020 and 2021 were analyzed. The research data is presented in the form of narrative descriptions, tables and graphs.

RESULTS

Table 1
Frequency distribution based on characteristics of Human Development Cadres participating in FGDs

KPM Characteristics	Total (n = 44)	Percentage (%)
Age Group		
22 – 34 Years	32	72,7
35 – 47 Years	12	27,3
Gender		
Male	5	11,4
Female	39	88,6
Last Education		
Senior High School	23	52,3
Diploma (D1/D2/D3)	4	9,1
Bachelor (S1)	17	38,6
KPM Main Occupation		
Not working	9	20,5
Farmers	3	6,8
Self-employed / Trade / Sales	6	13,6
Honorar / Daily worker	18	40,9
Housewife	5	11,4
Student		
PKK and dasawisma	2	4,5
cadres	1	2,3
Year started working as KPM		
2020	28	63,6
2021	9	20,4
2022	7	16,0

Source: Primary data, 2022

Based on table 1 above, it is known that of the 44 respondents, 32 people (72.7%) were in the age group of 22 - 34 years. It is also known that the majority of KPM are female, namely 39 people (88.6%). There were 17 people (38.6%) who graduated from S1, and 23 people (52.3%) who graduated from SMA. The most dominating main occupation of KPM is honorar, with 18 people (40.9%), and as

many as 28 people (63.6%) started working as KPM in 2020.

Table 2 shows that out of 44 respondents and 7 main tasks of KPM, the majority have carried out their duties. There were 38 people (86.4%) who had socialized the convergence policy of stunting prevention to the community, 35 people (79.5%) conducted nutrition and maternal-child health counseling to household heads. 41 people (93.2%) have collected data on 1,000 HPK household targets, facilitated increased APBDes spending on stunting prevention activities, and also facilitated the community to play an active role in planning, implementing, and monitoring nutrition service programs. In addition, all KPM (100%) have also monitored stunting prevention services for 1,000 HPK household targets, and collaborated with various parties in stunting prevention services.

Table 2
Frequency distribution by KPM tasks

KPM duties	Total (n = 44)	Percentage (%)
1. Socialize the convergence policy for stunting prevention in the village to the community in the village, including introducing growth mats for measuring the length/height of infants as an early detection tool for stunting..		
Yes	38	86,4
No	6	13,6
2. Conduct comprehensive data collection (1 village) targeting 1,000 HPK households.		
Yes	41	93,2
No	3	6,8
3. Conduct monitoring of stunting prevention services for 1,000 HPK target households to ensure that each stunting prevention target receives quality services.		
Yes	44	100
No	0	0
4. Facilitate and advocate for an increase in APBDes expenditures, especially those sourced from the Village Fund, to		

be used to finance stunting prevention activities.	41	93,2
Yes	3	6,8
No		
5. Facilitate husbands of pregnant women and fathers of children aged 0-23 months to participate in nutrition and maternal and child health counseling activities.	35	79,5
Yes	9	20,5
No		
6. Facilitate village communities to actively participate in the planning, implementation and supervision of village development programs/activities to fulfill nutrition services.	41	93,2
Yes	3	6,8
No		
7. Coordinate and/or collaborate with parties who participate in stunting prevention services, such as village midwives, health center staff (nutrition officers, health promotion officers, sanitarians), early childhood education teachers and/or village officials.	44	100
Yes	0	0
No		

Source: Primary data, 2022

The results of in-depth interviews with KPM obtained a variety of information about KPM's duties. Researchers asked about seven main points of KPM's duties, namely:

a) Task 1

There are still KPM (13.6%) in the village who do not socialize the convergence policy for stunting prevention to the community in the village, including introducing growth mats for measuring the length/height of infants as an early detection tool for stunting. The results of in-depth interviews with KPM obtained information that:

"The socialization that I do for the stunting convergence policy is mostly that I socialize about self-examination and also the importance of maintaining the nutrition of toddlers, it is usually done at posyandu or from house to house for data collection as well as socialization, this activity is carried out usually every posyandu day".

(R, 30 years old, female, senior high school, KPM, May 20, Bontomanai Village)

"When it comes to policy socialization, it is mostly about the socialization of activities carried out by KPM to its targets"

(SL, 47 years old, female, bachelor's degree, village head, June 3, Pallantikang Village)

b) Task 2

Based on the quantitative data obtained, there are still KPM (6.8%) who did not collect data on the 1000 HPK household target. The 1000 HPK data collection activity begins with recording services and household targets to assess the condition of health and education services in the village that will be accessed by the 1000 HPK target through participatory preparation of basic social maps and filling in data on service conditions. Based on the results of the interviews, information was obtained that:

"The data collection that I do in the village, usually I do it with posyandu cadres from house to house but more often it is done at the posyandu, while from pregnant women we take the data at the village midwife, the tool I usually use for data collection is an application that is taught, namely the HDW application, it just needs to be filled in."

(R, 30 years old, female, senior high school, KPM, May 20, Bontomanai Village)

"I do the data collection from house to house and use the application to record it, sometimes also a questionnaire

manually, then we input it, what I use in collecting data is the HDW application and also a questionnaire that will be filled in by the target"

(RM, 27 years old, Female, Vocational School, KPM, May 27, Jombe Village)

Data collection is carried out by KPM together with posyandu cadres, visiting the target house and the majority of KPM conduct data collection activities at the posyandu. This data collection uses the eHDW application, this application can record and monitor 1000 HPK household targets.

"KPM conducts data collection at the posyandu or directly comes to homes"

(SL, 47 years old, female, bachelor's degree, village head, June 3, Pallantikang Village)

"The data collection is good, she comes to the houses to collect data when she is not at the posyandu."

(SY, 39 years old, female, bachelor's degree, Nutritionist in Charge, May 30 and KT, 44 years old, female, bachelor's degree, Nutritionist in Charge, March 27)

c) Task 3

The majority of KPM have monitored stunting prevention services for 1,000 HPK households. Monitoring includes the condition of services, the number of target households 1,000 HPK, the results of growth mat measurements (early detection of stunting), the completeness of the stunting prevention service package, the development of village convergence, and the allocation of village funds for stunting prevention. The results of in-depth interviews obtained

various information about KPM monitoring stunting prevention services, namely:

“The monitoring is simultaneous, when collecting data we also see if the facilities are adequate, I am with the posyandu cadres in monitoring”

(J, 32 years old, Female, S1, KPM, April 1, Bululoe Village)

“Monitoring, many participated in monitoring from myself, posyandu cadres, once in a while joined by PKK mothers.”

(SY, 39 years old, Female, S1, Nutritionist in Charge, May 30)

“So what KPM does in monitoring is, from house to house, he directly sees services, especially for health”

(LK, 25 years old, female, D-IV Nutrition, May 27, Nutrition Executive)

Service monitoring activities for the 1,000 HPK target have been confirmed by the village government and health workers from the puskesmas that KPM has conducted health service monitoring together with posyandu and PKK cadres at the village level.

d) Task 4

The majority of KPM (93.2%) have facilitated and advocated for an increase in APBDes expenditure, mainly from the Village Fund, to be used to finance stunting prevention activities. However, the results of in-depth interviews with KPM obtained a variety of different information and information adjustments were made to the local government and health workers from the

puskesmas regarding the alignment of APBDes allocations to stunting prevention activities.

“about the budget distributed by the government, if I monitor it every month, but when I talk to the village government to convey the problem every 3 months to the village mother as well as representing the village head to distribute additional PMT for pregnant women and toddlers, and when I have spoken the results are good but it depends on the village funds again, but PMT every month is always there”

(R, 30 years old, female, senior high school, KPM, May 20, Bontomanai Village)

“In this village, there is a special fund to distribute the PMT every month, we usually work with the nutritionist to talk to the government”

(SR, 45 years old, female, vocational school, KPM, May 20, Pallantikang Village)

“I only convey to the village mother, the data that I get in the field who needs milk or PMT, and the response from the village government is very good for the activity budget”

(SS, 31 years old, female, D-3, KPM, April 12, Rumbia Village)

Based on the information above, it illustrates that some KPM conduct budget advocacy through coordination with the local government regarding the budget for implementing activities on the target and there are also KPM who have conveyed but not responded from the village government regarding this matter. The majority of KPM conveyed to the village government the need for additional food to be budgeted through the APBDes. Interviews with the village

government and puskesmas nutrition officers revealed that the village has provided a budget for stunting prevention and control activities.

“Indeed, the village has provided a budget for KPM, and also from the village provides a budget for PMT that will be given to the community”

(AR, 49 years old, Male, S1, Village Head, June 3, Bontomanai Village)

“so far it has been smooth in communication about the budget needed, especially PMT for stunting toddlers”

(SL, 47 years old, female, bachelor's degree, village head, June 3, Pallantikang Village)

e) Task 5

A total of 20.5% of Community Posyandu Cadres (KPM) did not carry out their duties to facilitate nutrition counseling activities for husbands or fathers of 1,000 beneficiary families (HPK). Research shows that these activities are usually conducted in classes for pregnant women and mothers under five years old scheduled by local health workers. However, information from the in-depth interviews shows that there is no specific information on KPM facilitating counseling activities to the families or husbands/fathers of the 1,000 HPK target. The following is an excerpt from an in-depth interview with KPM and corrected information from the local health officer:

“there are several counseling activities such as pregnant women's classes, breastfeeding women's classes and toddler classes, usually conducted 3-4 months in 1 year, these activities are carried out at the pustu.”

(SR, 45 years old, female, vocational school, KPM, May 20, Pallantikang Village)

“There is one from health, so if there is nutrition counseling, KPM, posyandu cadres participate. Usually it's from the village government or health workers, what is certain is that we invite the women to come.”

(RH, 30 years old, Female, S1, KPM, March 31, Bungungloe Village)

“By talking about the importance of maternal and child health during posyandu or directly I come to his house, there are also classes for pregnant women and mothers of toddlers if this counseling is usually done at posyandu or made their own time in the homes of residents or targets, if those who provide counseling are usually from village midwives and puskesmas.”

f) Task 6

While the majority of KPMs (93.2%) stated that they had carried out the task of facilitating village communities to participate in the planning, implementation, and supervision of village development activities for the fulfillment of nutrition services, the results of in-depth interviews and probing did not provide concrete information on the implementation of this task. No information was found on how KPM actively facilitates the community from planning to supervising nutrition services in the village. The following are excerpts from interviews with KPM and validation of information with the village government and local health workers.

“When it comes to discussions to implement, plan and supervise programs for the community, it has never been done.”

(R, 30 years old, female, senior high school, KPM, May 20, Bontomanai Village)

“If it's program/activity planning, there's no meeting. We just directly carry out activities that can help reduce the stunting rate in the village”

(RH, 30 years old, Female, S1, KPM, March 31, Bungungloe Village)

“There is no interest from the community to participate in activities like this, but from health workers, from KPM to puskesmas, we usually have small discussions.”

(LK, 25 years old, Female, D-IV Nutrition, Nutrition Executive, May 27)

g) Task 7

The results of open-ended interviews given to respondents show that KPM (100%) have coordinated and/or collaborated with parties who participate in stunting prevention services, such as village midwives, puskesmas officers (nutrition officers, health promotion officers, sanitarians), PAUD teachers and/or village officials). This is confirmed by excerpts from in-depth interviews with KPM, village government and local health officials.

“We usually coordinate online, to discuss what is lacking in the data collection, my companions in coordinating are the village midwife, puskesmas officers.”

(J, 32 years old, Female, S1, KPM, April 1, Bululoe Village)

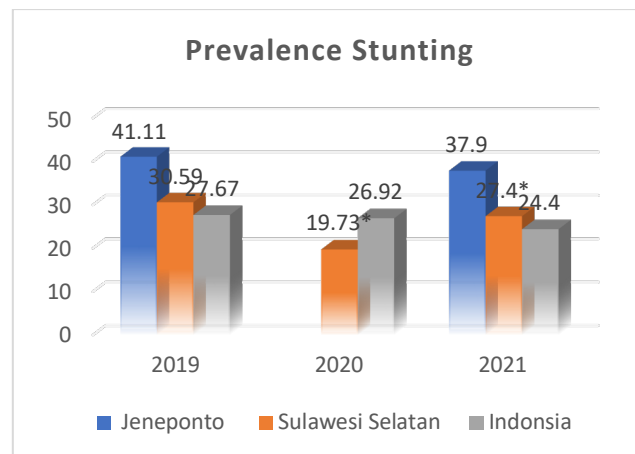
“If there is an activity, usually the KPM and cadres invite the community or usually the

PKK women to make health programs such as pregnant women's gymnastics, or clean Friday.”

(RH, 30 years old, Female, S1, KPM, March 31, Bungungloe Village)

“coordination is rare, except when we meet directly at the posyandu.”

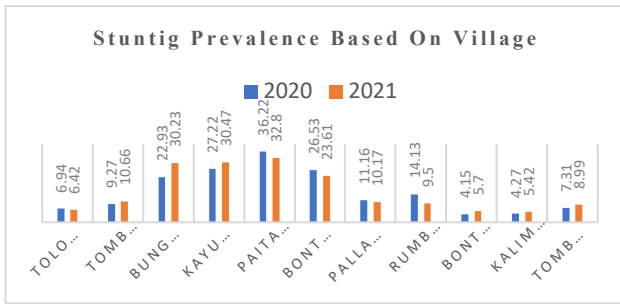
(BH, 38 years old, Male, S1, KPM, March 30, Paitana Village)



Source: Secondary Data SSGBI 2019, SSGI 2020 & 2021 Balitbangkes,

**: prediksi stunting*

In this study, we analyzed stunting prevalence data based on district-level data from the results of the Indonesian Nutrition Status Study conducted by the Indonesian Ministry of Health's Health Research and Development Agency (BALITBANGKES) which conducted research studies in Jeneponto Regency in 2019, 2020 and 2021. In addition, there is also data on the prevalence of stunting in 11 villages obtained at the time of the research, which was sourced from the puskesmas nutrition staff in Jeneponto District.



Source: Secondary Data PKM Rumbia, PKM Bontomatene and PKM Tolo

In the 2021 Indonesian Nutrition Status Research, the stunting prevalence in Jeneponto Regency was 37.9%, a decrease of 3.21% from 2019. However, this prevalence rate is still very high when compared to the South Sulawesi Province stunting rate of 27.4% with a percentage decrease of 3.19% from 2019. Nationally, it was reported that the prevalence of stunting in Indonesia in 2021 was 24.7% and there was a decrease in a span of approximately 2 years of 3.27% from 2019.

Based on data on the prevalence of stunting at the village level (11 villages) obtained from the puskesmas' nutritional status monitoring reports, a picture of the changes in stunting prevalence varies from 2020 and 2021. There were 5 villages that experienced a decrease in stunting prevalence, where Rumbia Village experienced the largest decrease in stunting prevalence of 4.63%, and there were 6 villages that experienced an increase in stunting prevalence with Bungung Loe Village experiencing the highest increase in stunting prevalence, which increased by 7.3%.

DISCUSSION

1. KPM Characteristics

KPM is one of the government's breakthroughs through the Ministry of Villages which requires each village to appoint and assign KPM in the village as an effort, method or solution in accelerating the prevention and control of stunting in Indonesia. Jeneponto Regency is one of the areas with a very high prevalence of stunting so that in 2020 it was designated as a stunting locus village, one of the mandatory village community empowerment programs that must be implemented is the existence of KPM in each village. The existence of KPM is expected to facilitate the implementation of the convergence of stunting prevention in the village (KDPDPTT, 2018).

Most KPM meet the minimum HR criteria, with the majority having a high school (52.3%) or college education (47.7%). The age of KPM is generally between 22-34 years old (72.7%), indicating suitability for empowerment activities. The majority of KPM are women (88.6%), reflecting the high interest of women in stunting activities. The main occupations of KPM vary, including farmers, self-employed, and students. Although the majority of KPM are honorary/day laborers (40.9%), this diversity is not a problem as long as KPM are committed to contributing to stunting

convergence. A total of 63.6% of KPM have been on duty since 2020, in accordance with local government decisions regarding stunting locus villages.

2. KPM Task

KPM, which has been given the mandate by the village government, is expected to carry out its duties according to its main tasks and functions. Based on the KPM general guidebook, there are seven main tasks of KPM in the village. The results showed that the majority of KPM (79.5% to 100%) had successfully carried out tasks 1-7. The highest achievement was in tasks 3 and 7, where 100% of KPM monitored stunting prevention services for the 1,000 HPK household target, demonstrating commitment to ensuring quality services and coordinating with related parties such as village midwives, puskesmas officers, and PAUD teachers.

2.1. Task 1 : KPM Socializes the convergence policy for stunting prevention in the village to the community in the village, including introducing growth mats for measuring the length/height of infants as an early detection tool for stunting.

Stunting convergence policy socialization is the effort of KPM in the village to invite the community, especially the 1,000 HPK household target, to participate in stunting convergence activities. The results showed that 13.6% of KPM in the village did not socialize the

stunting convergence policy to the community, including the introduction of growth mats for early detection of stunting. In in-depth interviews, some KPM considered socialization to only include child health checks and supplementary feeding, without realizing that these are included in the implementation of stunting convergence activities.

KPM needs to understand the basis of the stunting convergence policy before socializing it. This is important so that KPM can invite the community, especially the 1,000 HPK household target, to participate in the stunting prevention program at the village level. The main goal is to build coordination and gotong royong to improve access to services for the priority targets of stunting prevention. Research conducted by Permatasari et al. (2020) found that the socialization of the stunting convergence policy has not been optimally implemented because there are still many elements that do not understand the stunting prevention program (Permanasari et al., 2020). The socialization of the stunting convergence can be carried out well by KPM as the government has issued a stunting convergence policy which is expected to assist in the prevention of stunting which will include specific nutrition interventions and sensitive nutrition interventions (Permanasari et al., 2020).

2.2 Task 2 : KPM Conduct comprehensive data collection (1 village) targeting 1,000 HPK households.

KPM in carrying out its duties is obliged to conduct a comprehensive data collection on priority targets, namely 1,000 HPK households. The purpose of this data collection is to determine the health and nutritional status problems in the village as a basis for conducting social mapping and planning stunting convergence programs in the village. The results of the study found that there were still KPM (6.8%) who did not collect data on the 1,000 HPK household target. This will certainly have an impact on the performance of the KPM because they do not have a basic foundation in carrying out activity interventions.

The data targets 1,000 HPK households, involving pregnant women and children aged 0-23 months. Data collection begins with assessing health and education services in the village through participatory preparation of basic social maps and filling in data on service conditions. Data accuracy is critical for planning and implementing activities. KPMs conducting the data collection are expected to address problems in coordination with village government and health officials, ensuring commitment to planning and implementing stunting prevention programs that have been agreed upon at the village stunting consultation.

2.3 Task 3 : Conduct monitoring of stunting prevention services for 1,000 HPK target households to ensure that each stunting prevention target receives quality services.

The majority of KPM have monitored stunting prevention services for 1,000 HPK households. Monitoring includes the condition and number of 1,000 HPK household targets (pregnant women and children 0-23 months), growth mat measurements (early detection of stunting), completeness of stunting prevention service packages, progress of village convergence, and use of village funds for stunting prevention. Service monitoring activities are conducted with posyandu cadres, village PKK, and puskesmas health workers. KPM ensures that 1,000 HPK targets receive basic health services such as access to clean water, healthy toilets, and utilization of posyandu. They also facilitate underprivileged targets without private toilets to get action to build toilets according to standards through the village government.

The Village Family Welfare Program (KPM) is expected to understand the indicators of the intervention package for preventing stunting in the village based on the target groups. For pregnant women, there are four service packages, including ANC (Antenatal Care), Nutrition, Clean Water and Sanitation, as well as Social Protection and Health. One of the indicators is that pregnant women should have a minimum of 4 antenatal check-ups. For the 0-23 months age group, there are five service packages, including

ANC, Nutrition Counseling, Clean Water and Sanitation, Social Protection and Health, as well as Early Childhood Education (Paud). One of the indicators is that parents/caregivers should attend nutrition counseling at least once a month, with a minimum target of 80% or 9 times a year at integrated health posts (posyandu) or mother-child classes.

2.4 Task 4 : Facilitating and advocating for the increase in the Village Budget Allocation (APBDes), especially those sourced from the Village Fund, to be used to finance activities for preventing stunting.

The Human Development Facilitators (KPM) are formed to accompany the Village Government and the Village Community in facilitating the prevention of stunting convergence. KPM has the task of facilitating and advocating for an increase in the Village Revenue and Expenditure Budget (APBDes) to support stunting prevention activities, especially specific and sensitive nutritional intervention services. The village transfer fund is considered the main potential in the Stunting Reduction Program. The majority of KPM (93.2%) have successfully facilitated and advocated for an increase in APBDes spending, particularly from the Village Fund, to finance stunting prevention activities. However, in-depth interviews with some KPM revealed variations in advocacy approaches, including coordination with local governments and diverse responses to budget proposals. Most KPM emphasize the need for

supplementary feeding and propose that it be budgeted through APBDes.

The results of this research indicate that the Human Development Facilitators (KPM), as advocates for the stunting program in the village, have not fully understood the stunting convergence policy, especially the proposed program for utilizing village funds for stunting. Most budget proposals focus only on supplementary feeding activities for the target groups. This aligns with the research conducted by Diana Damayanti (2021), which found that the government of Gununglurah Village, as the implementer of the Stunting Reduction Program through the Village Fund, has not fully comprehended the stunting convergence policy. They have formulated and implemented village-scale activities relevant to stunting reduction through APBDes. However, from a factual perspective, the Gununglurah Village government tends to only comply with and implement activities recommended by the Village Handbook in Stunting Reduction without delving deeper into identifying the activities or programs that are genuinely needed and should be prioritized to accelerate stunting reduction (Diana Damayanti, 2021).

2.5. Task 5 : Facilitating husbands of pregnant women and fathers of children aged 0-23 months to participate in nutrition counseling as well as maternal and child health activities.

The Human Development Facilitators (KPM) facilitate 1,000 HPK (Healthy Family) target families, specifically husbands of pregnant women and fathers of children aged 0-23 months, to participate in counseling activities. The research results indicate that there are still KPMs who do not fulfill this task, accounting for 20.5%. The facilitation of nutrition counseling by KPM is conducted during activities such as prenatal classes and classes for mothers of toddlers, which are scheduled by local health workers and attended by mothers from the 1,000 HPK target and posyandu cadres. This illustrates that the involvement of husbands and fathers from the 1,000 HPK target in nutrition counseling is not yet optimal.

Addressing nutritional issues within the 1,000 HPK (Healthy Family) target group at the family level needs to involve the proportional participation of fathers. The traditional view widely held by society places the role of caregiving primarily on mothers. However, with the passage of time, this perspective has started to change. There is now a view regarding a more androgynous parental role, meaning that both fathers and mothers have relatively equal roles and functions in caregiving (Hidayati et al., 2011). Based on research conducted by Hidayati et al. (2011), it is known that the increasing number of working mothers has led to greater demands for fathers to play a larger role and participate more actively in family life.

The role of a father is not only limited to providing for the family but also involves guiding and caring for children at home. The existence of family counseling facilities prepared by the Human Development Facilitators (KPM) in the village aims to make it possible for fathers to access and participate in efforts to improve family nutrition. Research conducted by Devi Putri Iswandari et al. (2020) regarding the involvement of fathers in participating in biblio-journaling activities shows that it can enhance fathers' understanding of stunting. This emphasizes that the role of fathers in the 1,000 HPK (Healthy Family) program becomes optimal as an effort to reduce the incidence of stunting.

2.6. Task 6 : Facilitating the village community to actively participate in the planning, implementation, and monitoring of village development programs/activities for the fulfillment of nutrition services.

The presence of Human Development Facilitators (KPM) in the village is expected to encourage active participation of the local community in implementing nutrition service activities, from the planning stage to the monitoring stage. Research findings indicate that information regarding the implementation of Community Health Cadres (KPM) in facilitating community participation, especially from planning to monitoring nutrition service activities in the village, was not found. In-depth interviews reveal that KPM is limited to providing information about

stunting interventions in the village, and the KPM's activities in facilitating community participation are not clearly evident in the implementation of their sixth task

Human Development Facilitators (KPM) need to have a fundamental understanding of the concept of community participation in addressing stunting. Community participation involves involvement in decision-making processes and the execution of a program, where the community also experiences the benefits of the program policy. Additionally, involving the community in evaluations is essential to enhance community well-being (Mulyadi, 2009:13). KPM must be capable of persuading the community through narrative explanations, making them aware of the risks of stunting for their children's future. This encourages community participation in stunting prevention programs. Research conducted by Ahmad Yusup Iswanto (2021) indicates that factors influencing community participation in addressing stunting in toddlers include: (1) supportive factors such as government interventions, community awareness, residence, and free programs; (2) inhibiting factors such as knowledge, occupation, communication, and insufficient follow-up.

3. The prevalence of stunting in jeneponto regency.

In this study, the prevalence of stunting data that we analyzed is based on district-level data from the Indonesian

Nutrition Status Study conducted by the Health Research and Development Agency of the Ministry of Health of the Republic of Indonesia (BALITBANGKES). The study was conducted in Jeneponto Regency in the years 2019, 2020, and 2021. Additionally, there is also stunting prevalence data from 11 villages obtained during the research, which comes from nutrition field workers in the health sub-centers (puskesmas) in Jeneponto Regency.

The prevalence of stunting in Jeneponto Regency, South Sulawesi, is very high, reaching 41.11% in 2019, which is higher than the national and provincial averages. In 2020, there were no anthropometric measurements due to the COVID-19 pandemic. Prediction modeling for stunting in 2020 using Small Area Estimation (SAE) indicates that nationally, the prevalence of stunting is 26.92%, and in South Sulawesi, it is 19.73%. In 2021, the prevalence of stunting in Jeneponto Regency decreased to 37.9%, although it remains high compared to provincial and national levels. Village-level data shows variations in the decrease and increase of stunting prevalence, emphasizing the importance of routine monitoring and quality control of nutritional data at the village level to ensure the continuity of stunting prevention and intervention programs. Factors such as human resource capacity and standardized equipment influence the validity of nutritional status data at the village level.

The Human Development Facilitators (KPM) have made a significant contribution to the efforts to reduce the prevalence of stunting in Jeneponto Regency since 2020. The presence of KPM in villages has proven to have a positive impact, with the reported prevalence of stunting decreasing from 41.11% in 2019 to 37.9% in 2021. KPM plays a key role in the implementation of stunting convergence, supported by the commitment of local governments and stunting programs carried out by the health department, the National Population and Family Planning Board (BKKBN), and the Department of Community Empowerment. The success of KPM in carrying out their tasks and roles in each village demonstrates significant potential to achieve the national target of a stunting prevalence of less than 20% by 2024, in line with the directives of the World Health Organization (WHO) and the National Medium-Term Development Plan (RPJMN) for 2024.

The presence of Human Development Facilitators (KPM) is expected to reduce the prevalence of stunting in Jeneponto Regency. Previous research on the role of village governments, communities, and the presence of health cadres in a region has shown a positive impact on health development in Indonesia. The study by Andy Dickson P. Tse (2017) indicates that the role of posyandu cadres is effective, as evidenced by the level of program effectiveness and the targets achieved

in activities related to Maternal and Child Health (KIA) services in villages (Dickson et al., 2017). The improvement of the capacity of village officials regarding stunting and the enhancement of cadre competence in early stunting detection play a role in addressing stunting in the village (Yayuk & Rahayu, 2020).

CONCLUSION

The majority of Human Development Facilitators (KPM) have effectively carried out their roles and responsibilities, with an average percentage of task implementation ranging from 79.5% to 100% for tasks 1 through 7. The tasks with the highest implementation rates are tasks 3 and 7, where 100% of the interviewed KPM have monitored stunting prevention services for the 1,000 HPK (Healthy Family) target households. They ensure that each stunting prevention target receives quality and coordinated services, collaborating with various stakeholders such as village midwives, community health center staff (nutrition, health promotion, sanitation), early childhood education (PAUD) teachers, and village officials.

The prevalence of stunting in Jeneponto Regency in 2021 reached 37.9%, showing a decrease from 41.11% in 2019. This figure remains high compared to South Sulawesi Province (27.4%) and the national average (24.4%). Village-level analysis reveals variations in the changes of stunting prevalence between 2020 and 2021. The

presence of Human Development Facilitators (KPM) since 2020 is expected to make a positive contribution to the efforts to reduce stunting prevalence in Jeneponto Regency. The existence of KPM provides tangible evidence at the village level and contributes to the achievement of stunting reduction in Jeneponto Regency. KPM in the villages is expected to be optimal in carrying out their seven main tasks, especially the first task, which is validating data for the 1,000 HPK (Healthy Family) target households as a reference for planning convergence activities at the village level.

SUGGESTION

The presence of Human Development Facilitators (KPM) provides tangible evidence

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at the village level and contributes significantly to the achievement of stunting reduction in Jeneponto Regency. Therefore, it is crucial to continue supporting and optimizing the role of KPM, especially in carrying out their core tasks. Strengthening the role of KPM should be done by providing additional training and education to enhance their understanding of core tasks, particularly in terms of validating data for the 1,000 HPK (Healthy Family) target households. Encouraging cross-sector collaboration and better coordination among KPM, village midwives, community health center staff, early childhood education (PAUD) teachers, and village officials is essential to enhance the effectiveness of stunting prevention programs.

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