

**MODEL EDUKASI CERDAS DIGITAL RoSi BAGI KADER
SEBAGAI UPAYA PENCEGAHAN DINI KEJADIAN
STUNTING PADA BALITA**

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MODEL EDUKASI CERDAS DIGITAL RoSi BAGI KADER SEBAGAI UPAYA PENCEGAHAN DINI KEJADIAN *STUNTING* PADA BALITA

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ABSTRAK

Tubuh pendek (*stunting*) merupakan masalah gizi yang dihadapi di Indonesia. Hal ini menjadi penting karena menyangkut sumber daya manusia dimasa yang akan datang. Dampak *stunting* tidak hanya segi kesehatan tetapi juga memengaruhi tingkat kecerdasan anak. Saat ini, pemerintah berusaha menanggulangi *stunting* dengan upaya intervensi gizi spesifik. Agar program tersebut dapat berjalan dengan efektif maka upaya pencegahan dini kejadian *stunting* pada balita penting untuk dilakukan dengan melibatkan kader melalui edukasi. Melalui penelitian ini, ditawarkan model edukasi bagi kader yaitu model edukasi cerdas digital RoSi dalam bentuk Modul dan *website stunting* untuk meningkatkan kemampuan kader dalam memprediksi ibu berisiko melahirkan balita *stunting*, dan ibu balita memiliki balita *stunting*. Penelitian bertujuan untuk mengetahui faktor-faktor yang memengaruhi ibu berisiko melahirkan balita *stunting*, mengetahui faktor yang paling dominan, mengetahui pelaksanaan tugas kader dalam gerakan 1000 HPK dalam upaya pencegahan dini kejadian *stunting* pada balita, mendeskripsikan penerapan model edukasi cerdas digital RoSi dan mengetahui perubahan perilaku kader setelah penerapan model edukasi cerdas digital RoSi. Penelitian ini menggunakan metode *mix method*, paduan pendekatan kualitatif dan kuantitatif dengan pendekatan *case control* survei ibu dan *quasi experiment* survei kader. Pengumpulan data melalui penyebaran kuesioner, wawancara dan observasi. Tahapan penelitian terdiri: tahap I survei ibu dan kader, tahap II pembangunan model RoSi, tahap III operasional model RoSi dan tahap IV evaluasi penerapan model RoSi. Sampel survei ibu adalah 30 orang kasus (balita *stunting*) dan 30 orang kontrol di Puskesmas Sering Kecamatan Medan Tembung. Metode analisis secara univariat, bivariat dan multivariat menggunakan uji regresi logistik berganda. Hasil penelitian: tahap I diperoleh pengetahuan ibu pada kelompok kasus kurang (60,5%) lebih banyak dibandingkan pada kelompok kontrol (39,5%). Sikap ibu pada kelompok kasus negatif (62,5%) lebih banyak dibandingkan pada kelompok kontrol (37,5%). Tindakan ibu pada kelompok kasus kurang baik (59,5%) lebih banyak dibandingkan pada kelompok kontrol (40,5%). Pendapatan keluarga ibu pada kelompok kasus di bawah nilai UMR (62,5%) lebih banyak dibandingkan pada kelompok kontrol (37,5%). Dukungan keluarga ibu pada kelompok kasus kurang mendukung (63,4%) lebih banyak dibandingkan pada kelompok kontrol (36,6%). Dukungan tenaga kesehatan pada ibu kelompok kasus kurang mendukung (60,5%) lebih banyak dibandingkan pada kelompok kontrol (39,5%). Dukungan kader posyandu

pada ibu kelompok kasus kurang mendukung (62,2%) lebih banyak dibandingkan pada kelompok kontrol (37,8%). Pengetahuan, sikap, pendapatan keluarga, dukungan keluarga, dukungan kader berpengaruh terhadap ibu berisiko melahirkan balita *stunting*. Dukungan keluarga kurang baik berpeluang 12,644 kali ibu berisiko melahirkan balita *stunting* sebagai faktor dominan. Sampel survei kader 84 orang di Puskesmas Sering dan Puskesmas Medan Deli dipilih secara berimbang. Data dianalisis secara univariat dan bivariat menggunakan uji *Cohen's Kappa*. Pelaksanaan tugas kader dalam gerakan 1000 HPK sebagai upaya pencegahan dini kejadian *stunting* pada balita dilaksanakan sesuai deskripsi tugas pada meja 1, 2, 3 dan 4 kecuali meja 5 dikelola bidan, tetapi kasus balita *stunting* di daerah penelitian masih tinggi karena penyuluhan ke masyarakat belum merata. Hasil penelitian penerapan model edukasi cerdas digital RoSi bagi kader dilakukan melalui ceramah, diskusi dan demonstrasi. Hasil perubahan perilaku kader setelah penerapan model RoSi mengalami perubahan, dari 42,9% pengetahuan baik meningkat 65,5% setelah intervensi, 36,9% sikap positif meningkat 63,1%, 36,9% tindakan baik meningkat 64,3%. Hasil uji statistik diperoleh ada kebermaknaan antara pengetahuan (p 0,003), sikap (p 0,037) dan keterampilan kader (p 0,004) sebelum dan sesudah penerapan model edukasi cerdas digital RoSi. Hasil evaluasi model RoSi ada beberapa kelemahan yaitu butuh jaringan internet, harus memiliki *smartphone* dan ibu tidak rutin berkunjung. Kelebihannya mudah diakses, memudahkan tugas kader memprediksi ibu yang berisiko, model mudah dipahami karena disertai buku petunjuk operasional. Kesimpulan: bahwa model edukasi cerdas digital RoSi mampu meningkatkan perilaku kader dalam upaya pencegahan dini kejadian *stunting* pada balita. Disarankan kepada pemerintah dan pihak-pihak terkait semakin meningkatkan pelaksanaan dan pengawasan upaya pencegahan dini kejadian *stunting* pada balita semaksimal mungkin.

Kata Kunci : Model edukasi, cerdas digital RoSi, perilaku kader, pencegahan dini kejadian *stunting*



RoSi DIGITAL SMART EDUCATION MODEL FOR CADRES AS EARLY PREVENTION EFFORTS FROM STUNTING IN UNDER FIVE YEAR-OLD CHILDREN

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ABSTRACT

Stunting is the nutritional problem encountered by Indonesia. It becomes urgent as it is related to the future human resources of Indonesia. It does not only have an impact on children's health, but also on their intelligence. Today, the government is making effort to overcome it by providing specific nutritional intervention. In order to make the effort effective, early prevention from prevalence of stunting in children under five year old is necessary to be done by engaging cadres through education. This research offers one of education models for cadres called RoSi digital smart education model in form of module and website about stunting to increase cadres' ability to detect mothers at risk for giving birth to children with stunting, and mother with under five year old-children with stunted growth. The objective of the research was to find out the factors influencing mothers at risk of giving birth to stunted children, the most dominant factor, and the performance of cadres' duties in implementing the First 1000 Days of Life Program as an early prevention effort from stunting in under five year old children, to describe the implementation of RoSi model, and to find out the changes in cadres' behavior after RoSi model was implemented. This research employed mix methods, the combination of qualitative and quantitative approaches in exploratory research design and quasi experiment. The data were collected from questionnaires, interviews, and observations. The research consisted of some steps; they are: step I Survey in mothers and cadres, step II Installation of RoSi Model, step III operating RoSi Model, and step IV evaluation of RoSi Model implementation. The samples for the survey in mothers consisted of 30 people with stunting in case group, and 30 people in control group at Puskesmas Sering, Medan Tembung Sub-district. The analysis method consisted of univariate, bivariate, and multivariate method using multiple logistic regression testing at $\alpha=0.05$. Results of step I demonstrated that the mothers' knowledge in case group was not quite good (60.5%) more than those of control group (39.5%). The mothers' attitude in case group was negative (62.5%) more than those of control group (37.5%). The mothers' behavior in case group was not good (59.5%) dominating those of control group (40.5%). The mothers' income in case group was less than the average minimum wage (62.5%) dominating those of control group (37.5%). The mothers' family support in case group was deficient (63.4%) dominating those of control group (36.6%). The health workers' support to mothers in case group was low (60.5%) dominating those of control group (39.5%). Support from posyandu cadres to mothers in case group was poor (62.2%) dominating those of control group (37.8%).

Knowledge, attitude, family income, family support, and cadres' support had some influence on mothers with risk for giving birth to under five year old-children with stunting. Poor family support contributes 12.644 times higher risk for mothers to give birth to stunted children under five year old. The samples were 84 cadres at Puskesmas Sering, Medan Tembung Sub-district selected proportionally to size. They were analyzed by univariate and bivariate methods using Cohen's Kappa test with classified data at $\alpha=0.05$. The performance of cadres' duty in 1000 HPK program to early prevent stunting in children under five year old has been appropriate with the description of the task on table 1, 2, 3, and 4, except table 5 which was managed by midwives; however, cases of stunting in the research area remain high because there is not any counseling to the society. Step II showed that RoSi digital smart education model for cadres was given through speech, discussion, and demonstration. Step III showed that there were changes in cadres' behavior after RoSi model implementation, knowledge was improved from 42.9% to 65.5% after intervention, attitude was improved from 36.9% to 63.1%; and behavior became better from 36.9% to 64.3%. The statistical test results demonstrated that there was significance in cadres' knowledge (p 0.003), attitude (p 0.037), and skill (p 0.004) from before and after the implementation of RoSi model. Step IV demonstrated the evaluation of RoSi model which showed some disadvantages, namely: it required internet connection, the cadres had to have smart-phones, and the mothers did not have regular visits; as well as, some advantages, namely it was easily accessed, it helped the cadres' to predict mothers at risk, and it is easily understood because it is accompanied with the operations manual. It is concluded that RoSi model is able to improve cadres' behavior to early prevent children under five year old from stunting. It is suggested that government and related parties increase the implementation and supervision of early prevention from stunting in children maximally.

Keywords: **Education Model, RoSi DigitalSmart, Cadres' Behavior, EarlyPrevention from Stunting Prevalence**

