

Capacity Building of Kader Dakwah Sehat as Stunting Prevention in Islamic Boarding School

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ABSTRACT

Stunting is a disease that is a top priority in public health in the world, especially in developing countries. Indonesia has remained a lot of stunting disease due to various factors. Indonesia is a country with multiple religions and predominantly Islam. Therefore, efforts to prevent stunting are undertaken in various ways, such as conducting capacity building in Islamic boarding schools. This study aims to make Kader Dakwah Sehat as an effort to prevent stunting through capacity building. This study employed a quasi-experimental method, where the intervention provided was in the form of capacity building of respondents and indicators of success using a pre-posttest with the aim of seeing whether there are differences and the effectiveness of these activities. This study aimed to analyze the effectiveness of the capacity building of Kader Dakwah Sehat as an effort to prevent stunting in Islamic boarding schools. The analysis used was paired t test. Respondents in this study were 100 Kader Dakwah Sehat. The result of this research was that the capacity building activity was running well as evidenced by the results of the discussion and activity processes during each stage. There was a difference between the pre and posttest, with $p = 0.000 < \alpha = 0.05$. The conclusion of this study is that this capacity building activity is likely to be effective in equipping Kader Dakwah Sehat to undertake their duties in efforts to prevent stunting in Islamic boarding schools. This is also evidenced by the 98% participation rate during the training and the task of making the media for health promotion of stunting is sufficient for edutainment (education and entertainment), for example through pantomime, musical drama. This activity also acquired support from the boarding school and the local government.

Keywords: Capacity building, stunting, Kader Dakwah Sehat, Boarding School

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INTRODUCTION

Stunting is a very short body condition due to insufficient nutrition from pregnancy to 24 month old (Hoffman *et al.*, 2000) (Bloem *et al.*, 2013). This stunting incident usually takes place in developing countries (Budiasutik & Rahfiludin, 2019). This condition takes place since the lack of nutritional intake emerges due to an inadequate economy in meeting all the nutrients while nutrients are needed by children. Children should get enough nutrition from pregnancy to 24-month-old. Stunting also triggered by prolonged stress such as infection and poor food intake as well, which in the end resulted in imbalanced catch-up growth. (Ruaida, 2018). Children will show the stages of development according to their age. If they do not develop like normal children, there must be disorders or abnormalities in them. Not only lack of nutritional intake, but disturbances in growth hormone can also affect stunting. Normal growth hormone should support the growth according to the growth chart of the child, yet if there is a disturbance in their growth hormone, the child's growth can be disturbed as well. In addition, the presence of infectious diseases also affects the existence of this stunting disease.

There have been many cases of stunting in Indonesia. Beside Indonesia, there are countries that have experienced stunting, such as South Africa, Ethiopia, Nigeria, and other developing countries. Stunting emerges due to lack of nutritional intake for a long time during the first 1,000 days of life (1,000 HPK) which is a golden period for child development. Based on data from Basic Health Research (Riskesdas) in 2018, the status of short and very short toddlers in Indonesia in 2018 was 30.8%. These results do not show a significant decrease or increase compared to 2010 and 2007, namely 35.6% and 26.8%. Meanwhile, the stunting rate in East Java reached 26.2% Nutrition Status Monitoring

(PSG). Moreover, Lamongan Regency is included in the 160 districts / cities priority locus for stunting reduction in Indonesia in 2019. Various efforts need to be undertaken to prevent stunting through various programs from various sectors.

Stunting if left untreated able to affect the health of children. In addition to stunted physical growth, this incidence of stunting can hinder mental development and health in children (Setiawan *et al.*, 2018). This can affect the development of children in school, which associated with decreased achievement of children in school, low education, and as adults they will be suffering from low income. This should get early attention and start to show signs of stunting in children. To prevent stunting, it is necessary to undergo routine checks on the pregnancy process, increase the knowledge of parents about stunting and the things related to the nutrition needed by children from pregnancy thus the child's development will be better and adhere to the graph.

Stunting has been considered as a very common and normal occurrence. Public awareness and regularity in checking child development in health services is one of the factors society takes too long to realize the occurrence of stunting. (Onis & Branca, 2016). According to data that occurred in children in Africa, Asia and Latin America, there were 53,767 children, indicating that the incidence of underweight was three times greater when compared to children who were better nourished (Prendergast & Humphrey, 2014).

Many health activities or programs are attempted to prevent stunting. As in community service by (Sidqi *et al.*, 2019) preventing stunting by providing knowledge and skills of mothers with four steps, namely planning, action, observation and evaluation. As in this study, holding a capacity building for Kader Dakwah Sehat as an effort to

prevent stunting in children, where the knowledge of cadres is the main thing about the incidence of stunting symptoms. (Patimah *et al.*, 2020). Kader Dakwah Sehat (HDC) were formed to become peer educators to convey messages on stunting prevention efforts to their peers. Peer groups are people who represent a group that is committed to conveying the message of stunting through methods and media that are in accordance with the target characteristics and capacity of peer support groups. It is hoped that the presence of peer support groups will be more open in conveying their problems. Therefore, it is necessary to have activities for the formation of peer groups and capacity building as a stimulus in implementing an integrated model of communication through healthy da'wah in the areas of each group.

METHOD

This research is a Quasi Experimental one group pre-posttest study. It was conducted in two Islamic boarding schools in Lamongan Regency, East Java, Indonesia. The target of this research were Islamic boarding school residents who have been given capacity building to become Kader Dakwah Sehat (100 people) which aimed to increase the knowledge of Kader Dakwah Sehat about Stunting and their duties as Kader Dakwah Sehat.

Cadre formation activities were activities in the aims of forming groups that will receive training on stunting prevention efforts. Cadres in this activity was known as HDC (Kader Dakwah Sehat). In general, the series of activities for the formation of this peer support group consisted of opening, filling in the pretest, presenting material, question and answer, group discussion, filling in the posttest, and closing. The next activity was the delivery of material delivered by a team from Faculty of Public Health UNAIR using the lecture method. In phase 1 of the training, the presented material was 'Who is the HDC (Kader Dakwah Sehat)?'. This material explained the tasks that must be carried out by the HDC. In simple terms, the task of HDC was to convey messages on stunting prevention efforts using effective media and

methods in accordance with the characteristics and target capacities. In phase 2 of the training, the presented material was "Stunting". The material "Stunting" was an explanation regarding what stunting is, the causes of stunting, the impact of stunting, the prevention of stunting and exposure to 19 stunting messages. HDC must master all material related to stunting before educating the target community. In phase 3 of training, the presented material was "Facilitation and Communication". "Facilitation and Communication" materials needed to be given to HDC in order to gain their ability to deliver materials to targets and interact with other people.

After delivering materials was complete, it was followed by discussion session between the participants and the speaker. At the end of the activity, participants filled out a posttest or answered questions after delivering the materials. The posttest filling aimed to determine the level of knowledge of the participants after the material was delivered. The posttest results were compared with the pretest results whether there was an increase in the participants' knowledge before and after being given the materials. These results could also be used to determine the effectiveness of the methods used during the delivery of the material. Phase 3 training is final phase of intervention.

After knowing the pretest and posttest knowledge about stunting, the data were being analyzed with the Paired t Test to find out the before and after differences regarding stunting knowledge and readiness to become a Kader Dakwah Sehat.

RESULT

The characteristics of the HDC Capacity Building activity consisted of the age and education level of the students and teachers. Following are the results of the distribution of the characteristics of the respondents according to their age.

Table 1. Characteristics of HDC in Lamongan regency according to their age

Age	Frequency
12-16 years old	24
17-21 years old	69
22-27 years old	6
>28 years old	1

Table 1 shows the age range of respondents at most, namely in the age range 17-21 years with a total of 69 people. This is due to the fact that the average student was still in high school, therefore the highest number with a range of adolescents is found in this study. But not only students, but the teachers were also having a fairly young age as evidenced by the age range 22-27 years old only 6 people and more than 28 years old only one person.

The following is the characteristics of the respondents based on their level of education. It can be concluded that the formation of HDC is in accordance with the needs of the stunting target group, which are adolescents as prospective brides, as well as women of childbearing age, pregnant women and nursing mothers. The following table shows the characteristics of respondents based on education level.

Table 2. Characteristic of HDC on Lamongan Regency based on the educational level.

Education Level	Frequency
Senior High School	47
Undergraduate Student	2
Junior High School	6
Bachelor	45
Total	100

Table 2 shows that most respondents were at the Senior High School education level equivalent to High School with a total of 47 people. The rest were varied, there were non-formal education and were in college. The results of the paired t test analysis on the pre-post test results that had

been given to respondents with the aim of whether there is a difference before and after the respondent's knowledge of stunting and HDC tasks can be displayed in the following table

Table 3. Result of SPSS *paired t test Pre-Post test*

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre-Test	5.48	100	.882	.088
	Post Test	5.65	100	.957	.096

Paired Samples Correlations				
		N	Correlation	Sig.
Pair 1	Pre-Test & Post Test	100	.357	.000

The analysis results showed the pared sample correlation table with the Sig. 0.000 where $p = 0.000 < \alpha = 0.05$, there is a relationship between the pretest and posttest regarding stunting and the tasks of HDC in capacity building activities for Kader Dakwah Sehat in two Islamic boarding schools in Lamongan Regency. In addition, there were group discussion activities to find out more details about stunting. Group discussions were active, participants could choose the most comfortable place to carry out group discussions, not necessarily in the meeting room. Topics discussed were about what stunting is, the causes of stunting, and the description of 19 stunting messages. Participants explained the results of the

discussion on the paper that had been provided as a presentation medium.

After discussion, one group presented the results of the discussion. Based on the group discussions, it was found that some of the participants already knew some of the material presented about stunting. This is because participants have received material about stunting from counselling activities from the public health centre. Besides that, it was also found in the group discussions that most of the participants did not fully understand the material provided, but only memorized the material. Table below showed result of pretest and posttest respondent.

Table 4. Result of Pretest and Posttest

Nomor Respondent	PreTest	PostTest
1	5	5
2	5	5
3	4	6
4	5	6
5	5	5
6	7	7
7	6	6
8	6	5
9	5	5
10	5	5
11	5	5
12	6	7
13	5	7
14	7	5
15	4	4
16	5	5
17	6	6
18	5	6
19	4	7
20	6	6
21	5	5

22	6	8
23	6	6
24	5	7
25	5	4
26	6	7
27	6	6
28	6	6
29	7	8
30	4	5
31	5	5
32	5	5
33	5	5
34	5	5
35	4	6
36	5	5
37	4	6
38	6	5

Nomor Respondent	PreTest	PostTest
39	5	5
40	5	4
41	7	7
42	5	5
43	6	6
44	6	5
45	6	6
46	6	6
47	6	7
48	6	6
49	5	7
50	6	6
51	5	6
52	6	5
53	5	7
54	4	7
55	5	5
56	5	5
57	6	6
58	7	6
59	3	6
60	7	7
61	6	6
62	6	7
63	7	7
64	6	5
65	4	4
66	6	5
67	6	5
68	6	6
69	5	5
70	5	5
71	6	7
72	5	5
73	6	8
74	8	7
75	4	5
76	6	6

77	5	6
78	6	4
79	6	5

Table 5. Result of Pretest and Posttest

Nomor Respondent	PreTest	PostTest
80	5	6
81	7	7
82	6	5
83	6	6
84	5	4
85	5	4
86	6	5
87	6	6
88	5	5
89	7	6
90	4	4
91	6	5
92	6	5
93	5	5
94	4	6
95	6	5
96	5	6
97	6	5
98	6	5
99	5	5
100	5	5

DISCUSSION

This activity chooses the target of students and teacher because the development and prevention of stunting is not only through counselling and lectures through health workers. But also, character development starting from an early age, such as adolescents who are headed for marriage, can be referred to as the main target in this study in preventing stunting. Not only allowed to individuals who have children and can prevent stunting, but also the presence of healthy da'wah (lectures) cadres, it can be transferred and become cadres for others through this activity. Santri (students) and ustadzah (teacher) will be given knowledge and the description of their responsibilities as Kader Dakwah Sehat, what their goals, and how in the future. In addition, the main goal is to prevent stunting, hence students and ustadzah (teacher) will be given knowledge about stunting as well. Stunting is a disease that has become a top priority for public health (Prendergast & Humphrey, 2014). This can be the background of efforts to prevent early stunting. According to (Onis & Branca, 2016), stunting in developing countries is estimated to have reached 167 million children who were already stunted in 2010, however, it is estimated that this number will decrease until 2020 and will reach the same number of stunting children as Africa. The administration of capacity building in trying to prevent stunting here has also been conducted by (Lawaceng & Rahayu, 2020) in Pandeglang where this capacity building provides an important role for the village government in handling stunting in the village. The cadres were provided knowledge and understanding by prioritizing the competence of cadres in the village as the main spear in detecting early stunting. This is the same as the capacity building conducted in this research. It focused

on on students and ustadzah (teacher) in Islamic boarding schools which aim to transmit this knowledge either in the form of da'wah (lectures) or through Islamic activities. Since Indonesia is predominantly Muslim and has many studies, thus, looking for ways to channel and develop stunting prevention by making Kader Dakwah Sehat is one way out of stunting in children.

Capacity building in preventing stunting is also performed by (Distia *et al.*, 2019) by holding capacity building aimed at officers at the public health center where the stunting intervention is still not optimized due to a lack of knowledge and understanding of the prevention and handling of stunting incidents. Therefore, capacity building should be increased with the target of public health center officers in terms of prevention and handling of stunting.

The capacity building activity in this research is sustainable, which has a gradual stage until the participants have sufficient abilities to prevent stunting and become Kader Dakwah Sehat. This is proved by using the pre-post test results given to the respondents. It can be seen how the progress, knowledge, and ability to become peer support groups and preventing stunting. Research which has the same method was (Nugraha & Purnamasari, 2018) used PBL and IL learning interaction method which improved critical thinking skills through quasi-experiments. Thus, they compare the three schools to conduct learning training and observe the development of students in critical thinking.

The results of pre-post-test on respondents as showed in Table 3 showed that there was a relationship with pre-test and post-test that has been given. This was because even though the respondent had received material about stunting through counselling from the health center, the

respondent did not really understand the theory of stunting and its prevention. Hence, after the respondent fills in the pre-test and got the activity in stages of capacity building, the respondent got an increase in the post-test. There were three stages in capacity building in this study. The results of the respondent's post test showed that the respondent had a good increase in knowledge, as indicated by the number of correct ones which was more than before. The results of this activity were in the form of health promotion media for preventing stunting that was sufficiently edutainment (education and entertainment). This showed that capacity building was quite effective as an effort to prevent stunting. The involvement of targets, especially adolescents, was quite important as the main driving force in health promotion programs (Siswantara, P., Soedirham, O., & Muthmainnah, 2019).

CONCLUSION

This research formed 100 people of Kader Dakwah Sehat in Lamongan Regency. The implementation of capacity building is conducted properly. This is proved by the results of pre-test and post-test. The results showed that there was an increase in knowledge before and after performing capacity building on stunting and the duties as a Kader Dakwah Sehat. The task of Kader Dakwah Sehat in developing health promotion media for stunting prevention is also supported by the leadership of Islamic boarding schools and local government (Health Office, Public Health Center, Regency, and District).

AUTHOR CONTRIBUTIONS

The research team conceptualized the study, conducted the research, and led the writing of the article, conceptualized, and served as the mentor for the study. Our team also assisted with study development and manuscript writing.

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CONFLICT OF INTEREST STATEMENT

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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