

SUPPORTING MATERNAL AND CHILD HEALTH IN SPECIAL REGION OF YOGYAKARTA THROUGH 'EMAS' MOVEMENT CADRE TRAINING PROGRAMS

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Abstract. This study evaluate training for 'EMAS' Movement Cadres. The cadres consist of three components, namely youth from Generasi Berencana (GenRe) BKKBN, Pemuda Muhammadiyah and Gerakan Pemuda (GP) Ansor. The results of the training evaluation are expected to be a good reference for implementing similar training in the future. This research uses a mixed method, such as interview, participant observation and online questionnaires. These programs optimizing assistance to adolescents, pregnant women and nursing mothers so that their children are not stunting. The cadres of the 'EMAS' Movement experienced an increase in knowledge about maternal and child health. In some areas, to visits the targeted families, the cadres of the 'EMAS' Movement were too young and had minimal competence in maternal and child health, they had to partner with other cadres such as family planning cadres, PKK cadres, health cadres, and Posyandu cadres when will make a visit.

Keywords: Stunting; 1000 Days of Life, Health Cadre, Training Evaluation.

INTRODUCTION

Stunting (short stature) in toddlers is a manifestation of chronic malnutrition, both pre- and post-natal. Stunting is a growth obstacle that is caused by a lack of nutritional intake as well as health problems. Stunting is a process that has an impact on children's development starting from an early stage, namely at the time of conception to the 3rd or 4th year of a child's life, where the nutritional status of mother and child is an important factor in a child's growth (Rosmalina et al., 2018).

Stunting is a reflection of how bad and less than optimal nutrition should be given to children. To deal with stunting requires a lot of time. The prevention of stunting must accommodate all the causal factors (basic, indirect, direct), so that the contribution of nutrition must be taken seriously. There are two nutritional contributions, namely specific nutrition interventions and sensitive interventions (Presiden Republik Indonesia, 2013). Specific nutrition interventions are efforts to prevent and reduce disorders directly through health sector development programs. The target recipients of programs and activities are the first 1,000 days of life or Hari Pertama Kehidupan (HPK) group, both pregnant women, breastfeeding mothers, and children 0-23 months (Yunitasari et al., 2021). Meanwhile sensitive nutrition interventions are efforts to prevent and reduce disturbances indirectly through non-health development programs such as clean water supply, food provision, family planning, poverty alleviation, and gender equality with the target of the general public not having to reach 1,000 HPK (Ch Rosha et al., n.d.).

Based on the description above, it is clear that efforts to tackle stunting through a cross-sectoral approach are the solution. This cross-sectoral approach involves various parties, including

the central government and regional governments, the private sector or companies, social and religious institutions, academics, and the mass media.

The National Population and Family Planning Board (BKKBN) for the Special Region of Yogyakarta through the declaration of Cadres for Eliminating Stunting Child Problems-Eliminasi Masalah Anak Stunting (EMAS), involves the BKKBN Generation Planning (GenRe), Muhammadiyah Youth-Pemuda Muhammadiyah and Ansor Youth Movement-Gerakan Pemuda Ansor to participate in reducing stunting rates. The interesting thing is, the 'EMAS' Movement is a new program initiated by the BKKBN in the Special Region of Yogyakarta which is nationally followed by the Family Assistance Team or Family Assistance Team (TPK) program. Both of these programs have the same goal of optimizing assistance to adolescents, pregnant women and nursing mothers so that their children are not stunted. The existence of a cadre is expected to be one of the efforts to accelerate the reduction of stunting (Achmad, 2022). This study aims to evaluate training for 'EMAS' Movement Cadres in order to find out the increase in knowledge, challenges and support gained by 'EMAS' Movement cadres in the field while carrying out their duties.

Training evaluation is an important process in which we can determine the level of successful implementation of a training program. In general, what is meant by the assessment of the training program is the measurement of the learning outcomes of the trainees as a consideration for decision making (Ulum, 2015). This assessment is used as a reference to what extent the trainees achieve a goal or competency. The Kirkpatrick evaluation model is one of the most widely used approaches since it was introduced by Donald Kirkpatrick in the Journal for the American Society for Training Directors in 1959 (Reio et al., 2017). The model evaluation stages start from the reaction stage, the learning stage, the behavior stage and the results stage (D. L. Kirkpatrick & Kirkpatrick, 2007). Compared to other evaluation models, Kirkpatrick's model has several advantages, among others (Smidt et al., 2009): 1) more comprehensive, because it includes cognitive, skill and affective aspects; 2) the object of evaluation is not only learning outcomes but also includes processes, outputs and outcomes; 3) it is easier to apply (applicable) for the class level because it does not involve too many other parties in the evaluation process. Kirkpatrick's evaluation also consists of several levels, namely Reaction (Level 1), Learning (Level 2), Behavior (Level 3), and Result (Level 4) (D. Kirkpatrick, 1998). In this study, the subjects studied were level 3 and level 4, which were monitored through the way the trainees applied the knowledge they had acquired in class and the results of implementing the Follow-up Plans they had compiled at the end of the training.

RESEARCH METHOD

In order for the research results to be comprehensive, the researcher chose to use a mixed method. Mixed method is defined as "a research method that combines qualitative and quantitative methods, this method is felt to be more useful, because it can potentially increase the strength of both quantitative and qualitative approaches." (Östlund et al., 2011). For data weighting, between the data obtained qualitatively and quantitatively, have the same weight in this study. This same weighting of data is called "QUAL + QUAN" design (Lopez-fernandez & Molina-azorin, 2014). Quantitative data were collected using online survey questionnaires, while qualitative data were collected using interview and participant observation. The main advantages of online surveys are openness and flexibility in answering various research questions, so that it is of great interest to social researchers, because this method allows access to a variety of data related to views, experiences, or practices in people's lives (Braun et al., 2020).

The sample in this study used a purposive sampling technique, with a total sampling of fifteen people from all districts in the Special Province of Yogyakarta. This technique does not require a theoretical basis or a certain number of samples. In simple terms, the researcher decides what he wants to know and looks for respondents/sources who are deemed appropriate to provide information based on their knowledge or experience (Etikan, 2016). The sample is youth from Generasi Berencana (GenRe) BKKBN, Pemuda Muhammadiyah and Gerakan Pemuda (GP) Ansor as a Eliminasi Masalah Anak Stunting (EMAS) Movement Cadres in Special Region of

Yogyakarta. The selected sample has attended the training in August 2021 at the BKKBN Special Region of Yogyakarta. The research data collection was carried out in October-November 2021.

RESULT AND ANALYSIS

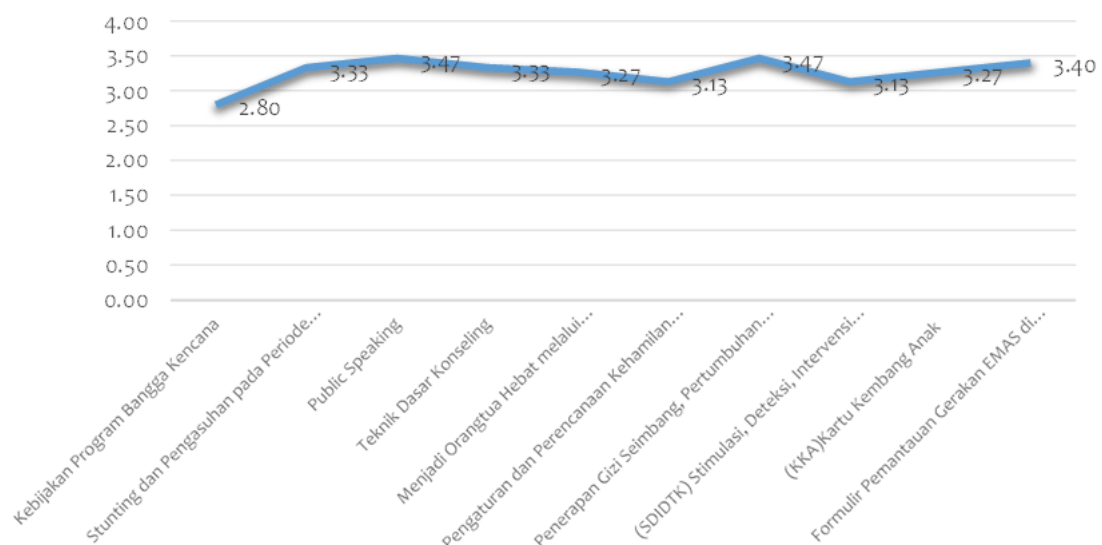
The results of data processing in this study, produce interesting data. After being compiled by the author, the data has an overview including:

1.1. Level 3 Assessment (Behaviour)

1.1.1. Assessment of the Application of Materials in the Field

During the training, the material obtained by the Cadres of the 'EMAS' Movement included: Policy of Bangsa Kencana Program (*Kebijakan Program Bangsa Kencana*); Public Speaking; Basic Counseling Techniques (*Teknik Dasar Konseling*); Become Great Parents through Implementing 8 Family Functions (*Menjadi Orangtua Hebat Melalui Penerapan 8 Fungsi Keluarga*); Arrangement and Planning of Pregnancy with Rational, Effective and Efficient Contraception Use (*Pengaturan dan Perencanaan Kehamilan melalui Penggunaan Kontrasepsi Rasional, Efektif dan Efisien*); Child Growth and Development (*Pertumbuhan dan Perkembangan Anak*); Stimulation, Detection, Early Intervention of Growth and Development (*Stimulasi Deteksi Dini Tumbuh Kembang Anak*); Application of Balanced Nutrition (*Penerapan Gizi Seimbang*); Stunting and Parenting in the Golden Period of 1000 HPK (*Stunting dan Pengasuhan pada 1000 HPK*); The practice of filling in the Child Growth Card (*Praktik Pengisian Kartu Kembang Anak*); EMAS Movement Monitoring Form in the Field (*Formulir Pemantauan Gerakan EMAS di Lapangan*); Follow up plan (*Rencana Tindak Lanjut*). After being taught in class, participants then implement the knowledge gained, in their daily lives as Cadres of the 'EMAS' Movement. The result is quite good, and is illustrated in the following figure:

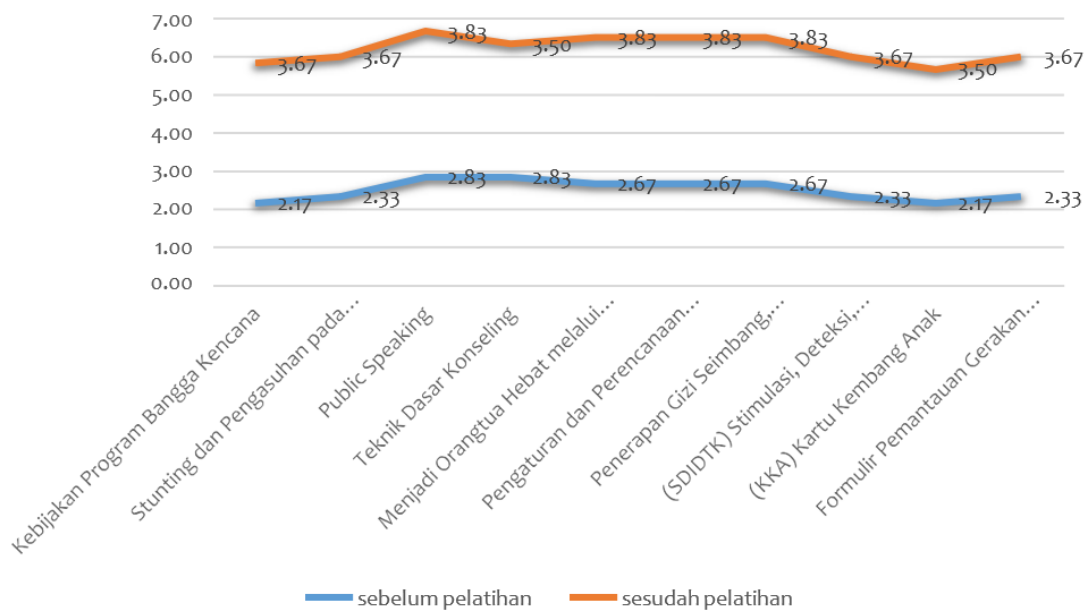
Figure 1. Ease of Application of Materials in the Field



Based on the data collected, results were obtained regarding which class materials were easiest to apply in the field. From (Figure 1) we can see that there are materials that the participants rated as having the highest average in terms of ease of implementation in the field, namely "Public Speaking" and "Implementation of Balanced Nutrition, Growth and Child Development" with a score of 3.47. Followed by the material "Form Monitoring the EMAS Movement in the Field" with a score of 3.40. Meanwhile, the material that is considered to have the lowest average score in terms of ease of application in the field is "Policy of the Proud Kencana Program" with a score of 2.80. This score is not much different from the material "Organization and Planning of Pregnancy with Rational, Effective and Efficient Contraceptive Use" and "(SDIDTK) Stimulation, Detection, Early Intervention of Growth and Development" which were assessed by participants with an average of 3.13. As for the material "Becoming Great Parents through the Implementation of 8 Family Functions", "(KKA) Child Development Card", "Stunting and Parenting in the Golden 1000 HPK Period", "Basic Counseling Techniques" has an average rating between 3.27 to 3,33.

1.1.2. Assessment of Post-Training Competency Improvement

Figure 2. Post-Training Competency Improvement



In the participants' self-assessment of the conditions before and after attending the training (Figure 2), it was found in all aspects that the participants stated that they experienced an increase in knowledge of the material provided during the training. We take a closer look at (Figure 2), in the graph it is found that the participants rated the largest average increase in knowledge with an average score of 1.50 in the competency "Policy of Bangsa Kencana Program", while the lowest average increase was in the competency "Basic Counseling Techniques" with an increase score of 0.67 only. We can conclude that the material "Policy of Bangsa Kencana Program" is something new for the training participants, so that after attending the training they experienced a rapid increase in knowledge compared to other materials, while the material "Basic Counseling Techniques" has long been known to the trainees because they have been around for a long time. live as a member of a youth organization in the community and of course often use counseling techniques to communicate with their community.

During the interview session, it was found that according to the training alumni, understanding of the material would likely be better if the EMAS Movement Cadre Training was held face-to-face. It is felt that online training provides limitations to participants when they will

ask in detail about the implementation of several materials such as: Basic Counseling Techniques, SDIDTK, KKA and EMAS Movement Monitoring Forms. In the EMAS Movement Cadre training, the training was carried out in full online because the implementation coincided with the condition of COVID 19 where the transmission rate was still high.

1.2. Level 4 Assessment (Result)

Implementation of Post-Training Follow-Up Plans was examined as a result of the Level 4 assessment of this training. When filling out the questionnaire, participants were given a copy of the Follow-up Plan (RTL) they had compiled during the training, so that they could see the level of achievement of the activities they carried out after the training. This RTL is also shown to co-workers participating in the training so that the correctness of its implementation is known. From the RTL that was collected, the majority of respondents said that of what was planned, not all of it could be implemented. The majority chose the percentage of RTL implementation amounting to 51-75%.

The obstacles to the implementation of the RTL include: Finding suitable free time between the cadres and the targets; Due to the pandemic conditions, face-to-face meetings are still limited, information delivery is only online; Communication with community leaders/lurah in some areas was rather difficult; Haven't found other cadres who help with socialization; Location of the target house is far away; The majority of the targets are mothers so that the male alumni who participate in the training often feel awkward during socialization; In certain areas, local residents consider that unmarried alumni participating in the training are taboo when delivering material on contraception, pregnancy and child rearing.

In addition to obstacles, this evaluation also asked about support for the implementation of the RTL. The RTL that has been implemented has received much support from: Support from stakeholders in the implementation area (Village Head, Lurah, Head of RT, Head of RW); Village facilitation support; Assistance from other partners/cadres (Karang Taruna, Muhammadiyah Youth, GP Ansor, BKB Cadres, Health Center Cadres, PKK Cadres, Posbindu Cadres, Posyandu Cadres, BKR Cadres, etc); Public awareness to routinely check their health; Willingness of cadres to spend time obtaining information about stunting and its prevention; The target is in an environment close to EMAS Movement Cadres; Utilization of Whatsapp Group media to share explanations through videos and infographics; The enthusiasm of the residents responded to the information dissemination activities that had never been received.

CONCLUSION

At Kirkpatrick's level 3 evaluation (behavior), it was found that the training participants stated that they experienced an increase in knowledge after the training compared to before attending the training. Whereas at evaluation level 4 according to Kirkpatrick (result), in this evaluation it was found that the training participants had been able to implement RTL in the field with various supports from both community motivation and related stakeholders. Although in its implementation encountered some obstacles. The RTL that was successfully implemented included mentoring and providing information about the importance of 1000 HPK for prospective brides, pregnant women and nursing mothers and their Baduta.

Therefore, the category of similar training must be maintained/improved both in terms of material, methods, sources and implementation. If the Covid 19 pandemic has subsided, it is recommended that this category of training be carried out face-to-face so that the trainees experience maximum output. The enthusiasm of the residents who were the target of providing information by the Cadres of the 'EMAS' Movement, especially about stunting and 1000 HPK, shows that the community is actually interested in information that is useful to them, but

sometimes they cannot find a way to obtain this important information. During the implementation of mentoring in the field, it is better for training participants to be accompanied by cadres with a medical educational background so that the target is more confident about the material presented during the mentoring process.

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