

# STUNTING PREVENTION IN TRIMESTER I AND II OF PREGNANT WOMEN THROUGH HUMAN DEVELOPMENT CADRES (KPM) ASSISTANCE IN EAST FLORES DISTRICT

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KPM Assistance, Pregnant Women, Stunting Prevention

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**ABSTRACT**

Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, especially in the first 1000 days of life. The handling of stunting in East Flores Regency through the innovation "Gerbak Cinta" has reduced the prevalence of stunting from 31.07%, (2019), to 20.9% (2021). Even though the stunting prevalence has experienced a decreasing trend, the Gerobak Cinta innovation prioritizes efforts to handle PMT cases which is focused on utilizing local food. Therefore, prevention efforts are needed to accelerate the reduction of stunting. Improving the nutritional status of pregnant women is one of the strategies to prevent stunting in newborns. Human Development Cadres (KPM) are part of the acceleration team reduce stunting at the village level, one of whose tasks is to collect data on the target of 100 HPK. Through this study, the role of KPM will be enhanced by providing comprehensive assistance and nutrition education to pregnant women. To find out the effect of stunting prevention in pregnant women through the assistance of Human Development Cadres in the working area of the Lato Primary Health Care, Titehena District, East Flores Regency. This study used a one group times series research design with pre-test and post-test designs. The population in this study were pregnant women in the first and second trimesters. The sample was taken using a total sampling technique, meaning that all populations were sampled, namely 38 pregnant women in the first and second trimesters. This study shows that there is an assistance influence by KPM on the knowledge, attitudes, and actions of pregnant women in preventing stunting with a p-value of knowledge ( $p=0.000$ ), attitude ( $p=0.000$ ) and action ( $p=0.000$ ) with a value of  $\alpha = 0.05$ . There is an influence of the assistance of Human Development Cadres (KPM) on the knowledge, attitudes and actions of pregnant women in the first and second trimesters in the working area of the Lato Primary Health Care, Titehena District, East Flores Regency in preventing stunting.



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## 1. Introduction

Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, especially in the first 1000 Days of Life [1]. Stunting is influenced by factors of family income, knowledge of mother's nutrition, mother's parenting style, history of infectious diseases, history of immunization, protein intake, and mother's nutritional intake. Mother's nutritional intake, especially during pregnancy is one factor that plays an important role. Fetal nutrition depends entirely on the mother's nutritional intake, so that the nutritional adequacy of the mother greatly affects the condition of the fetus in her womb. Pregnant women who are malnourished or have insufficient food intake will cause disturbances to the fetus growth in the womb. This process starts from the womb until the age of two which is often called the golden period. Therefore, the health and nutritional status of pregnant women has an important role in preventing stunting [2]. Improving the nutrition and health of pregnant women is very closely related to knowledge, level of education and attitude in fulfilling nutrition during pregnancy. Inadequate knowledge and inappropriate practices are obstacles in improving nutrition. In general, people do not realize how important nutritional intake is during pregnancy and the first two years of life [3].

Data from WHO (World Health Organization), UNICEF and The World Bank Group in mapping the health problems of children under age of five in 2020 show that Indonesia is at a very high level of stunting, namely  $\geq 30\%$  [4].

The 2018 Basic Health Research results show that the proportion of short and very short toddler nutritional status is 30.8%. The Indonesian Nutrition Status Survey (SSGI) in 2021 reports that the national prevalence of stunting has decreased by 1.6% per year from 27.7% in 2019, to 26.9% in 2020 and dropped again to 24.4 % in 2021. Although the trend of stunting prevalence tends to decrease from year to year, the prevalence of stunting is still above the target set by WHO, which is 20% and the 2020-2024 RPJMN target of 14% [1].

The prevalence of stunting in East Nusa Tenggara Province in 2018 was 42.6%, dropping to 30.3% in 2019 and continuing to decrease to 28.2%. This stunting prevalence rate is still high compared to WHO and national targets, so that the government determined that the province of East Nusa Tenggara was one of 10 provinces to become the focus area for managing stunting in Indonesia [5]. One of the efforts of the East Flores district government in managing stunting was by creating an innovative program "Gerobak Cinta", which is a program that providing additional food focused on stunting toddlers for 90 days Eat using local food. This innovation program has been proven to be able to significantly reduce the prevalence of stunting, including in 2019 the stunting rate was 31.07%, in 2020 it decreased to 22.7%, and in 2021 the prevalence of stunting in East Flores Regency decreased to 20.9% [6].

Based on e-PPGBM data, Lato Primary Health Care is a Health Center with the second highest prevalence rate out of 21 health centers in East Flores district, namely 28.2% or 115 children under five out of a total of 408 children under five [7]. Lack of information obtained by pregnant women affects their knowledge, attitudes and actions, especially in their efforts to prevent stunting during pregnancy. Efforts that needed to improve the nutritional status of pregnant women are to provide nutrition education through comprehensive assistance [8].

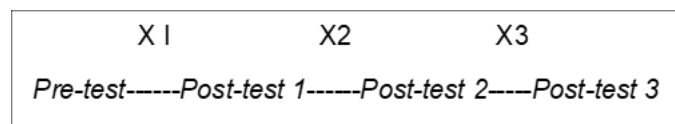
Human Development Cadres (KPM) are community cadres who are selected and have concern and willing

to dedicate themselves, take part in human development in the village, especially in monitoring and facilitating the convergence of stunting reduction [9]. KPM is also part of the village level stunting reduction acceleration team, especially in assisting the village government in preparing village-level planning for stunting prevention, therefore KPM can provide assistance that includes providing information and health services to families, especially pregnant women. In addition, KPM can also obtain information from the assistance process carried out, especially the problems experienced by pregnant women in fulfilling good nutrition.

## 2. RESEARCH METHOD

This study used a quasi-experimental design with a time series design, which has the advantage of repeated measurements or observations both before and after the intervention, so that this study design can provide a higher validation.

In this study, the research subjects were pregnant women in the first and second trimesters. An initial test (pre-test) was carried out before the intervention to find out the extent of the stunting prevention behavior that being carried out. Facilitation activities are carried out by KPM using flipcharts on stunting. Assistance is carried out in 3 face-to-face meetings by visiting pregnant women at specified locations. Furthermore, the pregnant women are given a final test (post-test) to find out the extent of the influence of KPM assistance on knowledge, attitudes and actions related to stunting prevention. The post test is carried out at the end of each assistance/intervention. In simple terms, the research design can be described as follows:



Information:

- X1 : First treatment
- X2 : Second treatment
- X3 : The third treatment

This research was carried out in August-October 2022, in the working area of the Lato Primary Health Care, Titehena District, East Flores Regency. The population in this study were 38 pregnant women in the first and second trimesters. The sample size in this study was determined based on total sampling, namely 38 pregnant women in the first and second trimesters in the working area of the Lato Primary Health Care, Titehena District, East Flores Regency.

The research instrument used in collecting primary data was a questionnaire on the knowledge of pregnant women about stunting, attitudes and actions of pregnant women in preventing stunting. This questionnaire has been tested for validity and reliability, with validation values on knowledge of attitudes and actions r-count p-value <0.05 so that questions/statements are declared valid. While the results of the reliability test of 30 questions/statements of each knowledge, attitude and action show the results of  $\alpha$  (Crobach alpha) > 0.60 meaning that the questionnaire is said to be reliable. The data were then analyzed using the Chi-square test and processed using SPSS 22. The working methods or steps in this study include:

- 1) Development of media to suit the needs of respondents, namely pregnant women in the first and second trimesters
- 2) Test the validation and reliability of the questionnaire
- 3) Conduct training for (KPM) regarding the use of flipchart media in mentoring and mechanisms in

the process of assisting pregnant women in the first and second trimesters

- 4) Respondents were asked to fill out a pre-test sheet before assistance was provided by KPM.
- 5) The process of assistance by Human Development Cadres (KPM) for pregnant women in the first and second trimesters includes:
  - a. Activities are carried out face-to-face, the location of the assistance is adjusted to the point agreed between the researcher, KPM and pregnant women
  - b. Assistance is carried out 1 meeting in 1 month. The time needed in each mentoring session is  $\pm$  1 hour with activities including education about stunting and discussions with pregnant women to obtain information on the problems faced by pregnant women, especially in preventing stunting.
  - c. Assistance is carried out for 3 months (August-October)
- 6) Evaluation or post-test activities by filling in the post-test sheet by respondents are carried out once at the end of each mentoring session (3 sessions)
- 7) KPM conducts direct monitoring or observation of the efforts/actions taken by pregnant women in preventing stunting such as: consumption of iron tablets and a balanced nutritional diet

### 3. RESULT

#### 3.1 Respondents Characteristics

Characteristics of pregnant women respondents in the Lato Health Center work area based on age, education level and occupation can be seen in the following table:

**Table 1.** Distribution of Respondents Based on Age Characteristics, Education Level and Workers of I and II Trimester Pregnant Women in the Work Area of the Lato Primary Health Care, Titehena District, East Flores Regency in 2022

Respondents Characteristics	n	Percentage %
Age		
$\leq 20$	8	21.1
21-25	6	15.8
26-30	9	23.7
31-35	10	26.3
$\geq 36$	5	13.2
Total	38	100
Level of Education		
Elementary School	5	13.2
PHS	7	18.4
SHS	22	59.9
Diploma/PT	4	10.5
Total	38	100
Jobs		
Midwife	1	2.6
Nurse	1	2.6
Teacher	2	5.3
Contract Workers/cs	1	2.6
House wife	33	86.8
Total	38	100

*Source: Primary Data*

Table 1 shows that the ages of pregnant women in the first and second trimesters in the working area of the Lato Primary Health Care are mostly in the 31-35 years age category, namely 10 (26.3%). Based on the last education of pregnant women, most were at the high school graduation level, namely 22 people (59.9%), while the most pregnant women were housewives (86.8%).

### 3.2 Assistance Characteristics/KPM

KPM are selected cadres through village meetings and have been trained to be the driving force for reducing health problems, especially stunting.

**Table 2.** Characteristics of KPM in the Work Area of Lato Primary Health Care, Titehena District, East Flores Regency, 2022

No	Initial	Age	Current Education	Length of Work	Location of assistance
1	VSK	33	SHS	2 years	Watowara Village
2	PJK	42	SHS	3 years	Serinuho and Desa Duli Jaya
3	MAE	40	SHS	3 years	Village
4	HBT	36	SHS	2 years	Adabang Village
5	RRG	35	SHS	2 years	Ilegerong and Bokang
6	FPW	41	SHS	2 years	Village
7	MSM	36	SHS	2 years	Tenawahang Village

*Source: Secondary Data*

From table 2, we can conclude that the Human Development Cadres (KPM) in the working area of the Lato Primary Health Care with the most categories are aged 30-40 years, the level of education shows that all KPM have a high school education level and the longest working period is 2 years.

### 3.3 Assistance By Human Development Cadres (KPM)

The KPM who provided assistance in this research were the KPM recruited by the village government through village meetings with the provisions contained in the 2018 Directorate General of Village Community Development and Empowerment. The beneficiaries had been trained by the Health Service and by researchers at the time of the study. Mentoring activities are carried out using flipcharts. Information provided during the mentoring process includes stunting, causes of stunting, efforts to overcome stunting, anemia in pregnant women, what they eat, and clean and healthy living behavior (PHBS). After carrying out education/providing information, KPM observes/monitors the actions of pregnant women such as taking iron tablets, balanced nutrition consumption patterns, availability of CTPS facilities, monthly pregnancy checks at KMS using an observation/cross check sheet. This monitoring activity was carried out 1 week after education was carried out by visiting pregnant women's homes. If the monitoring finds obstacles faced by pregnant women, especially in taking iron supplements and balanced nutrition consumption patterns, the KPM then conveys these problems to health workers (doctors/nutrition workers at Primary Health Care) and the village government to jointly follow up on these problems.





**Figure 1.** KPM Cadre Training/Refreshing Activities by Researchers



**Figure 2.** Assistance Activities by KPM for Pregnant Women



**Figure 3.** Pre-test activities at the Ilegerong Village point and Post-test at the Serinuho Village Point



**Figure 4.** Visits to pregnant women's homes by KPM to monitor the actions/efforts of pregnant women in preventing stunting related to CTPS facilities, iron supplement consumption, diet and ANC Every Month

### 3.4 Description of Knowledge, Attitudes and Actions of Pregnant Women in Stunting Prevention

#### 3.4.1 Knowledge of Pregnant Women

The knowledge of pregnant women in the working area of the Lato Primary Health Care in preventing stunting with assistance provided by KPM can be seen in the following table:

**Table 3.** Frequency Distribution of Respondents' Knowledge Levels in Stunting Prevention in the Work Area of the Lato Health Center, Titehena District, East Flores Regency in 2022

Knowledge Category	Assistance I		Assistance II		Assistance III			
	Pre-test		Post-test I		Post-test II		Post-test 3	
	N	%	n	%	N	%	n	%
Good	0		11	28.9	34	89.5	36	89.5
Sufficient	4	10.5	25	65.8	4	10.5	2	5.3
Not good (Lacking)	34	89.5	2	5.3	0	0	0	0
Total	38	100	38	100	38	100	38	100

Source: Primary Data

Based on table 3, it can be seen that the level of pregnant women's knowledge in the first and second trimesters in the pre-test was in the sufficient category, as many as 4 pregnant women (10.5%), while pregnant women with less knowledge were 34 pregnant women (89.5%). After mentoring, the level of knowledge of pregnant women in the first and second trimesters has increased. This can be seen in the results of the first post-test of pregnant women with a good knowledge category of 11 people (28.9%), and in the sufficient category there were 25 people (65.85). In the second and third post-test results there was an increase in the number of respondents with good knowledge category (89.5%). In general, the level of knowledge of respondents has increased after receiving assistance.

#### 3.4.2 Attitude of Pregnant Women

The attitude referred to in this study is the respondent's response to efforts to prevent stunting after assistance by KPM is as follows:

**Table 4.** Frequency Distribution of Respondents' Attitudes towards Stunting Prevention in the Work Area of the Lato Health Center, Titehena District, East Flores Regency Year 2022

Attitude Category	Assistance I				Assistance II		Assistance III	
	Pre-test		Post-test I		Post-test II		Post-test 3	
	N	%	n	%	N	%	n	%
Good	10	26.3	34	89.5	37	97.4	38	100
Not Good (Lacking)	28	73.7	4	10.5	1	2.6	0	0
Total	38	100	38	100	38	100	38	100

Source: Primary Data

Attitudes in table 4 show that the results of the pre-test before treatment/assistance, the attitude of pregnant women towards efforts to prevent stunting was in the good category of 10 pregnant women (26.3%) and in the unfavorable category of 28 pregnant women (73.7%). The attitude of pregnant women changed after the first assistance with the results of the first post-test, 34 pregnant women (89.5%) were in good category and 4 pregnant women (10.5%) were in bad category. The results of the second post-test and the third post-test also showed significant changes in attitude, namely each in the good category as many as 37 pregnant women (97.4%) and 38 pregnant women (100%). In general, the attitude of the respondents experienced a change/improvement after the mentoring was carried out.

### 3.4.3 Action of Pregnant Women

In this study the mother's actions refers to actions taken by respondents in an effort to prevent stunting. An overview of the results of KPM assistance on the actions of pregnant women can be seen in the following table:

**Table 4.5** Frequency Distribution of Respondents' Actions Against Stunting Prevention in the Work Area of the Community Health Center in Titehena District, East Flores Regency Year 2022

Action Category	Assistance I				Assistance II		Assistance III	
	Pre test		Post-test I		Post-test II		Post-test 3	
	N	%	n	%	n	%	n	%
Good	13	34.2	20	52.6	36	94.7	38	100
Not Good (Lacking)	25	65.8	18	47.4	2	5.3	0	0
Total	38	100	38	100	38	100	38	100

Source: Primary Data

In table 5 it is known that respondents experienced an increase in the good category (34.2%) to 52.6% in the first post-test and 94.7% in the second post-test. Whereas in the third post-test there were no respondents who had unfavorable category actions related to stunting prevention. Changes or increases in respondents' actions occurred after mentoring was carried out.

## 3.5 The Effect of KPM Assistance on Knowledge, Attitudes, and Actions

### 3.5.1 Knowledge of Pregnant Women

In this study, assistance to pregnant women was carried out by providing nutrition education, especially



matters related to stunting prevention. In the aspect of knowledge, the things discussed by KPM include: Diet, consumption of iron tablets, IMD, exclusive breastfeeding and PHBS.

**Table 6.** The Effect of Assistance on the Knowledge of Pregnant Women in Stunting Prevention in the Work Area of the Lato Primary Health Care, Titehena District East Flores Regency in 2022

Intervention	Median	Minimum	Maximum	<i>P-value</i>
<i>Pre-test</i>	4.00	0.00	6.00	0.000
<i>Post-test 1</i>	7.00	5.00	10.00	
<i>Post-test 2</i>	9.00	6.00	10.00	
<i>Post -test 3</i>	9.00	7.00	10.00	

*Source: Primary Data*

Based on table 6 it can be seen that the level of knowledge of the mother with the lowest score on the pre-test results is 0.00, the highest value is 6.00 with a median value of 4.00. The highest score was obtained on the third post-test result, namely 10.00, the lowest score was 7.00 and the middle value was 9.00. So it can be said that there is an effect of mentoring on the level of knowledge of pregnant women with a p-value = 0.000

### 3.5.2 Attitude of Pregnant Women

In the attitude aspect, KPM provides education related to how pregnant women respond when faced with issues such as consuming balanced nutrition, pregnancy checks, quality and quantity of food consumed, and utilization of local food.

**Table 7.** The Effect of Assistance on the Attitudes of Pregnant Women in Stunting Prevention in the Work Area of the Lato Health Center, Titehena District, East Flores Regency in 2022

Intervention	Median	Minimum	Maximum	<i>P-value</i>
<i>Pre-test</i>	28.00	23.00	33.00	0.000
<i>Post-test 1</i>	30.00	28.00	35.00	
<i>Post-test 2</i>	35.00	29.00	40.00	
<i>Post-test 3</i>	37.00	30.00	40.00	

*Source: Primary Data*

Table 7 shows that the attitudes of pregnant women in the first and second trimesters in the working area of the Lato Primary Health Care, Titehena District, East Flores Regency in preventing stunting, obtained the lowest pre-test score of 23.00 and the highest of 33.00, while the median value was 28.00. The attitude of pregnant women has changed after the intervention. This can be seen in the highest score obtained in the first post-test with the highest score of 35.00, the score increased in the second and third post-test results with a score of 40.00 each. The lowest score was obtained at the results of the first post-test (28.00, the second post-test 29.00) and the third post-test 30.00. P value on changes in attitudes of pregnant women p-value = 0.000

### 3.5.3 Actions of Pregnant Women

In this study, the aspects of pregnant women's actions were seen from the things that were done to prevent stunting. The indicators for action include: Pregnant women attending pregnant women classes. ANC every month, consumption of iron tablets, consumption of balanced nutrition, avoiding cigarette smoke, and exercise during pregnancy.

**Table 8.** The Effect of Assistance on the Actions of Pregnant Women in Stunting Prevention in the Work Area of the Lato Primary Health Care, Titehena District East Flores Regency in 2022

<b>Intervention</b>	<b>Median</b>	<b>Minimum</b>	<b>Maximum</b>	<b>P-value</b>
<i>Pre-test</i>	6.00	5.00	8.00	
<i>Post-test 1</i>	7.00	6.00	8.00	0.000
<i>Post-test 2</i>	8.00	6.00	9.00	
<i>Post-test 3</i>	9.00	8.00	10.00	

*Source: Primary Data*

Based on table 8 it is known that the actions of pregnant women, from the pre-test results obtained the lowest value is 5.00, the highest value is 8.00 and the median value is 6.00. The actions of pregnant women experienced significant changes after the intervention was carried out, this can be seen in the results of post-test 3 with the highest score 10.00, the lowest 8.00 and the median value 9.00. P value on changes in action p-value = 0.000.

#### 4. DISCUSSION

The results showed that the most pregnant women in the first and second trimesters were pregnant women in the age group of 31-35 years. Table 1 shows that there are ages of pregnant women at risk, namely <20 and >35 years. [10] states that girls who got married at early age will face bad consequences for both the health of pregnant women and their babies. Based on the level of education, it was found that 5 pregnant women had elementary school level education, 7 people had junior high school education level, 22 people had high school education level, and 5 pregnant women had college graduates. The level of education is very influential on the knowledge, attitudes and behavior of healthy living. Someone with a higher level of education will have good knowledge and behavior about health which will influence their behavior to live a healthy life, in contrast to research conducted in Campalagian District, which states that education level has an effect on maternal health during pregnancy [11]. Most pregnant women work as housewives (IRT). Research conducted in Kairene Village and Fatukanutu Village, Kupang Regency, explained that there was no relationship between parental work and stunting [12].

Most of the knowledge of pregnant women before the KPM assistance was in the less knowledge category, after the first KPM assistance was carried out, this research experienced the greatest increase in the sufficient category. In the second and third assistance, the knowledge level of pregnant women in the first and second trimesters was mostly in the good category. The results of the bivariate analysis mean score in table 6, resulting that the knowledge of pregnant women has increased after the intervention, namely the pre-test results obtained the highest score of 6.00, experienced an increase in the results of the first post-test, second post-test and third post-test with a score of 10.00 each. Knowledge of pregnant women experienced an increase in scores after intervention/assistance with a p-value = 0.000. This means that there is an influence of KPM assistance on the knowledge of pregnant women in the first and second trimesters in preventing stunting. The results of this study are in line with research conducted at Kesugian Cilacap which found that there was an influence of cadre assistance on the success of breastfeeding mothers in giving exclusive breastfeeding [13]. Research conducted in Gianyar Regency, Bali Province resulting that nutrient education can improve the knowledge of pregnant women, breastfeeding mother, and women with babies in the effort for preventing stunting that have been done by the cadres [14]. The results of research conducted in Air Periukan Seluma District found that mentoring activities carried out by cadres can increase pregnant women's knowledge and self-care behavior in pregnancy nutrition management [15]. Research conducted in Bengkulu City and Bandar Lampung showed that there was an increase in the knowledge of pregnant

women with KEK after providing nutrition assistance by Cadre [8].

The attitude of pregnant women in the working area of the Lato Primary Health Center, Titehena District, East Flores Regency has changed. The results showed that in the initial test (pre-test) the attitude of pregnant women laid in the sufficient category, but the attitude of pregnant women underwent a change after the first assistance was carried out, this research resulting an increase in the attitude of respondents from the sufficient category to the good category. The attitude of pregnant women continues to increase in the good category, as seen in the results of the second and third assistance post-tests. Table 7 shows that the score obtained at the highest pre-test results was 33.00, which increased after intervention by KPM with the first post-test score of 35.00, the second post-test and the third post-test each with the highest score of 40.00. The p-value on the attitudes of pregnant women in the first and second trimesters in preventing stunting is  $p = 0.000$ , meaning that there is an influence of assistance provided by KPM on the attitude of mothers in the working area of the Lato Primary Health Care, Titehena District, East Flores Regency in preventing stunting because the p-value value is  $<0.05$ . The results of this study are in line with research conducted in Telukan sub-district, Grogol District, which stated that there was an effect of providing health education on mothers' attitudes about stunting prevention with a p-value  $<0.05$  [16]. Research conducted in the West Bogor Health Center area showed that there was a change in attitude pregnant women after providing nutrition education in preventing stunting in the class of pregnant women [3]. Research conducted in Bengkulu also showed that there was a significant increase in attitudes towards pregnant women with CED after being assisted by cadres [8]. Research conducted in the village of Kuripan Sari Mojekerto found that education carried out by cadres through mentoring activities can change the attitude of pregnant women in preventing stunting [17]. The results of research conducted in the Kampung KB Pasir Panjang area, Pasir Panjang Village, Kupang City also stated that assistance by cadres to 80 pregnant women significantly increased the attitude of pregnant women in am stunting prevention [18].

Even though the overall actions of pregnant women in preventing stunting are in the good category, there are still pregnant women who have not made efforts to really support pregnant women so they don't experience CED, such as consuming blood-boosting tablets and eating a balanced nutritional diet according to what's on their plate in daily basis. In the act of taking iron tablets by pregnant women based on the results of the first post-test and also observing pregnant women's home visits, there were 26.3% of pregnant women who did not consume iron tablets. These problems were then conveyed by the KPM to the local village health workers and nutrition officers at the Primary Health Care to be followed up together. It can be seen that in the results of the second post-test, the percentage of pregnant women who did not consume it decreased to 15.8% and in the results of the third post-test, all pregnant women had consumed iron tablets. Consumption of balanced nutrition in accordance with the contents of my plate has also not been carried out entirely by pregnant women. The results of the first post-test showed that 65.8% of pregnant women did not consume the contents of my plate or a balanced nutritional diet. After monitoring is carried out by visiting pregnant women's homes and providing education about the importance of balanced nutrition, consuming the amount/portion of food according to gestational age for both pregnant women and their husbands and families, the number of pregnant women who do not consume food according to the contents of my plate/eating pattern balanced nutrition decreased to 15.8% and in the third post-test results all pregnant women (100%) had consumed food according to what was served on my plate, even with food consumed by local food.

In table 8 it is known that the highest average score of pre-test results is 8.00 in the results of the first post-test the action score did not increase, but in the second post-test and third post-test it increased with a score of 9.00 and 10.00 respectively. Changes in the actions of pregnant women in preventing stunting with the

highest score seen in the results of the second post-test and the third post-test with a p-value = 0.000 means that there is an effect of KPM assistance on the actions of pregnant women in preventing stunting. The results of this research are in line with research conducted at the Palangka Raya City Health Center which shows that there is an effect of mentoring by cadres on pregnant women to increase the mother's adherence to taking the drug Blood Supplement Tablet 19. Other research conducted in Pajeruan village and Batuporo Barat 2 village, Kedungdung District, Sampang Regency states that there is an effect of accompanying high-risk pregnant women on pregnancy check-ups with p-value = 0.04 [19]. The results of research conducted in Sumberwringin village, Sumberwringi District, Bondowoso Regency stated that assistance provided by cadres can change the actions of pregnant women in consuming balanced nutritional food [20] Aswita (2018) states that nutrition education through mentoring programs by cadres for pregnant women is one of the approaches taken to improve attitudes and produce good actions.

## 5. CONCLUSION

There is an influence of the assistance of Human Development Cadres (KPM) on the knowledge, attitudes and actions of pregnant women in the working area of the Lato Primary Health Care, Titehena District, East Flores Regency in preventing stunting.

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