Journal of Healthcare Technology
Volume 2 No 2 Juni 2025

KNOWLEDGE AND ATTITUDE CHANGE AMONG COMMUNITY CADRES AFTER SDIDTK TRAINING: A QUASI-EXPERIMENTAL STUDY IN KARAWANG, INDONESIA

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Received : 27 May 2025 ◦ Revised : 26 June 2025 ◦ Accepted : 28 June 2025

ABSTRACT

Objective : To find out the analysis of the knowledge and attitudes of cadres in carrying out Stimulation, Detection, Early Development and Development Intervention (SDIDTK) in toddlers aged 0-5 years at Posyandu Mawar, West Adiarsa Village, Nagasari Health Center, Karawang Regency in 2023.

Methods : The type of research used in this research is quasi-experimental and pre and posttest two group design. The population in this study were 56 cadres. The sample in this study were 40 cadres (20 intervention cadres and 20 control cadres). Bivariate analysis using the chi-square test

Results : From the results of the dependent t test that there is an influence with the p value (0.008 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that the respondents statistically have an influence on the knowledge of cadres in carrying out Stimulation, Detection, Early Developmental Intervention (SDIDTK) in toddlers aged 0-5 years before and after control. From the results of the dependent t test that there is an effect with the p value (0.024 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that statistically there is an influence on the attitude of cadres in carrying out Stimulation, Detection, Early Developmental Intervention (SDIDTK) in toddlers aged 0-5 years before and after control

Conclusion : It can be concluded that knowledge and attitudes are influential in carrying out Stimulation, Detection, Early Development and Development Intervention (SDIDTK) in toddlers aged 0-5 years at Posyandu Mawar, West Adiarsa Village, Nagasari Health Center, Karawang Regency in 2023

Keywords : Knowledge, Attitude, Cadres, SDIDTK

INTRODUCTION

Child growth and development care 0-5 years is important to be carried out comprehensively and with quality, coordinated by involving the participation of families, communities, professional organizations, social institutions, government, including non-government by organizing SDIDTK activities or Stimulation, Detection and Early Intervention of Growth and Development. So that children in infancy and toddlerhood as an early age can experience optimal growth and development in the golden period (Kemenkes. RI, 2020).

The golden period occurs from the beginning of pregnancy until birth and the child is 2 years old or 1000 days old. A critical period in children, if stimulation is not carried out it can have an impact on growth disorders and delays . (Soetjiningsih dan Ranuh, 2017). Children do not grow and develop optimally, both in the development of physical organ functions, psychology, emotional intelligence and social intelligence as well as multiple intelligences based on innate or genetic potential.(Mardhiyah, 2017; Setyaningsih & Surachmindari, 2022)

According to data from the United Nations Emergency Children's Fund (UNICEF) in 2021 there were 27.5% cases of growth and development disorders in the world. This is included in the high category. In developing countries, cases of child development disorders reach 200 million toddlers including in Indonesia.

Based on Riskesdas data (2021), the toddler development index in Indonesia is only 88.3%. The same thing is also true in DKI Jakarta Province, which is 89.1%. This can be

caused by the routine monitoring of toddler development only reaching 45.6% in Indonesia and for growth only reaching 57.2%. In West Java itself, Development Monitoring is 48.1% and Growth Monitoring is only 59.8%.(Kemenkes RI, 2021)

Based on data from the Karawang District Health Office, children's problems in growth and development based on the results of the Basic Health Research at the Karawang District Health Office show that there are children aged 0-5 years whose growth is not monitored (11.39%), while for Karawang Regency the early childhood development index aged 36-59 months in urban areas reaches 91.94% and in rural areas it is lower (85.47%), the ability of the social emotional aspect has only reached 78.02% and the learning ability aspect has reached 93.27. This means that it has not reached 100% and has the potential to experience growth problems and developmental deviations that are not detected early.(Dinkes Kabupaten Karawang, 2021)

Based on an initial survey at the Nagasari Health Center, it was found that there were 1652 toddlers. Meanwhile, the number of children attending early childhood education in 16 educational units was 565 children aged 3-5 years. In each educational unit, child growth and development screening was carried out, in collaboration with the cadres responsible for the implementation. However, the results of development detection in some non-Education children. Early childhood education is lacking in early detection screening services for disorders and deviations in child growth and development. Of the 15 cadres interviewed, only 4 (26.66%) cadres had good knowledge and attitudes regarding Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years, and had received training, 11 (73.33%) cadres had not received training and had less knowledge and attitudes regarding Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years. This means that cadres' ignorance about child growth and development, low motivation to take children to health service centers, poor nutrition, and poor environment will worsen the condition of children who experience growth and development disorders (Wijhati, Suharni, & Susilawati, 2018; Akbar & Suryanti, 2022; Noprida et al., 2022).

There are several factors that affect the growth and development of toddlers. According to (Wahyuni, Mose, & Sabarudin, 2019; Noordiati, 2020) the influencing factors are the nutritional status of toddlers, parental income and parental education. Other factors besides food intake are lack of parenting, namely child stimulation and parenting patterns. (Makrufiyani, n.d.)In the multivariate analysis, the most influential factors on development were stimulation and early detection in children.(Nurhidayah, 2020)

Child development screening should be done on every child who visits the healthy child health service activity). In Indonesia there are integrated health posts (posyandu) which are facilitated by health centers. If every child who comes to the integrated health post can also be checked for their development, then developmental disorders can be detected and intervened as early as possible.(Susanti, 2016)

Screening activities (early detection of delays) in child growth and development in Indonesia have been carried out in an integrated manner with the Stimulation, Detection and Early Intervention of Growth and Development (SDIDTK) growth and development screening program which includes the Child Development Questionnaire Haryanti, Madyaningrum, & Sitaresmi, 2021; Armini et al., 2020). Through SDIDTK activities, the worst conditions of child growth disorders such as malnutrition can be prevented, because before the child falls into a state of malnutrition, growth disorders that occur in children can be detected through SDIDTK activities. In addition to preventing growth disorders, SDIDTK activities also prevent developmental disorders and mental emotional disorders.

Posyandu health cadres represent community resources that can help health programs by increasing skills in finding problems with child development (Siswati et al., 2022; Irdawati et al., 2024; Sari, 2021). In some cases of developmental delays, they are found early by cadres. Cadres are expected to be able to carry out early detection of problems with child development, so if there are children found to be facing developmental obstacles, intervention and referral can be carried out immediately. Therefore, it is very important to carry out efforts to empower cadres in stimulation, early detection or screening and early intervention of child development in Posyandu activities.(Tyastuti, 2020)

Research conducted by Ai Mardhiyah (2017) showed that the knowledge of cadres before training (pre-test) was 65.8% good, 31.6% sufficient, and 26.3% insufficient. Different results were shown after training (post-test), namely cadres who had good knowledge increased to 92.2% and the level of sufficient knowledge decreased to 7.8%.(Ai Mardhiyah, 2017)

In light of the issues highlighted in the background, this study aims to explore and evaluate the level of knowledge and attitudes possessed by health cadres regarding the implementation of activities related to Stimulation, Detection, and Early Intervention of Growth and Development (SDIDTK) in children aged 0 to 5 years. The research specifically focuses on cadres serving at the Mawar Posyandu located in Adiarsa Barat Village, under the jurisdiction of the Nagasari Health Center, Karawang Regency. Conducted throughout the year 2023, this study seeks to gain an in-depth understanding of how well cadres comprehend and approach their roles in monitoring and supporting early childhood growth and development (Antarsih, Yantina, & Aticeh, 2021; Ningtias, Kustanti, & Sukesi, 2024). The findings are expected to contribute valuable insights for improving training programs, enhancing service quality at the community level, and ultimately supporting the optimal development of children during their critical early years.

METHOD

Study Design

The research employs a quasi-experimental approach using a pretest–posttest design with two parallel groups: an intervention group and a control group. This design allows for comparison of outcomes before and after the intervention, facilitating the measurement of the intervention's effectiveness on participants' knowledge and attitudes.

Population and Sample

The total population consisted of 56 active cadres affiliated with the selected Posyandu. From this population, 40 participants were recruited through purposive sampling, with 20 cadres assigned to the intervention group and 20 to the control group. Inclusion criteria included active involvement in Posyandu activities and willingness to participate throughout the research period.

Instruments

Data were collected using a structured questionnaire designed to measure two primary variables: knowledge and attitude toward SDIDTK implementation. The questionnaire was developed based on existing guidelines and literature, and it underwent validation procedures to ensure content relevance and clarity.

Data Collection Procedure

Participants in both groups completed the pretest questionnaire to assess baseline knowledge and attitudes. The intervention group then received a structured educational session focused on SDIDTK procedures, while the control group did not receive any intervention during this phase. Following the intervention, both groups completed the same questionnaire as a posttest to assess any changes.

Data Analysis

The data were analyzed using bivariate statistical methods to examine relationships between the independent variable (educational

intervention) and the dependent variables (knowledge and attitude scores). The primary statistical test employed was the paired sample t-test (dependent t-test), which allowed for comparison of pretest and posttest scores within each group to determine the presence and significance of any changes.

Ethical Considerations

Prior to data collection, the research protocol received approval from the appropriate institutional ethics committee. Informed consent was obtained from all participants after they were fully briefed on the study objectives, procedures, potential risks, and benefits. Participant anonymity and confidentiality were strictly maintained throughout the research process, and data were used solely for academic and scientific purposes.

RESULTS

Table 1. Distribution Frequency of Characteristics at Mawar Integrated Health Post, West Adiarsa Village, Nagasari Health Center, Karawang Regency in 2023

Characteristics	F	(%)
Age		
< 20 Years	9	22.5
20-35 Years	25	62.5
> 35 Years	6	15.0
Education		
SD	10	25.0
JUNIOR HIGH SCHOOL	22	55.0
SENIOR HIGH SCHOOL	8	20.0
PT	2	5.0
Work		
Work	16	40.0
Doesn't work	24	60.0
Parity		
Primipara	13	32.5
Multipara	22	55.0
Grand Multipara	5	37.0
Total	40	100.0

From table 1, it is shown that the age characteristics are mostly 20-35 years old, as many as 25 people (62.5%), the education is mostly junior high school graduates, as many as 22 people (55.5%), for work, the majority are unemployed, as many as 24 people (60.0%), for parity, the majority are multiparas, as many as 22 people (55.0%) .

Table 2. Analysis of cadre knowledge in conducting Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after cadre training.

Training Conducted	**Pretest**	**Post test**	**P Value**
Knowledge	**n (%)**	**n (%)**	
Good	2 (10.0)	12 (60.0)	**0,000**
Enough	4 (20.0)	6 (30.0)	
Not enough	14 (70.0)	2 (10.0)	
No Training Provided	**Pretest**	**Post test**	**P Value**
Knowledge	**n (%)**	**n (%)**	
Good	3 (15.0)	5 (25.0)	**0.008**
Enough	7 (35.0)	10 (50.0)	
Not enough	**10 (50.0)**	**5 (25.0)**	

From table 2. shows that the dependent t test that there is an influence with p value (0.000 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that in respondents statistically there is an influence of cadre knowledge in conducting Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5

years before and after cadre training. From the results of the dependent t- test that there is an influence with a p value (0.008 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that in respondents statistically there is an influence of cadre knowledge in carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after control.

Table 3. Analysis of cadre attitudes in carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after cadre training.

Training Conducted	Pretest	Post test	P Value
Attitude	n (%)	n (%)	
Positive	6 (30.0)	16 (80.0)	0,000
Negative	14 (70.0)	4 (20.0)	
No Training Provided	Pretest	Post test	P Value
Attitude	n (%)	n (%)	
Positive	5 (25.0)	9 (45.0)	0.024
Negative	15 (75.0)	11 (55.0)	

From table 3. shows that From the results of the dependent t test that there is an influence with p value (0.000 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that in respondents statistically there is an influence of cadre attitudes in carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after cadre training. From the results of the dependent t-test that there is an influence with a p value (0.024 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that in the respondents statistically there is an influence of the cadre's attitude in carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after control.

DISCUSSION

Analysis of cadre knowledge in conducting Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 before and after cadre training

Based on the results of the study showed that the dependent t test had an effect with a p value (0.000 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that statistically there is an effect on respondents' knowledge of cadres in conducting Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after cadre training.

From the results of the dependent t-test that there is an influence with a p value (0.008 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that in respondents statistically there is an influence of cadre knowledge in carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after control.

Based on the results above, the knowledge of pre-test cadres about early detection and stimulation of growth and development is in the poor category, while the post-test has increased to good. This shows a change in the understanding of training participants about stimulation and early detection of child growth and development. The changes that occur are likely from the provision of information that is supported by media and modules that may facilitate the understanding of participants.

of the participants' knowledge during the pre-test showed quite good knowledge, possibly because the level of education of cadres was 55.0% junior high school graduates and 5.0% bachelor's degree graduates. Then also the experience of participants as much as 63.1% more than 2 years have become cadres. This is in accordance with what Notoatmojo (2018) stated that knowledge is the intelligence possessed by a person obtained from

experience, practice or through the learning process.(Notoatmodjo, 2018)

The obligation of the family, society, and government to fulfill children's rights without exception, without discrimination, and respect children's opinions. Therefore, optimal knowledge, understanding, skills and efforts are needed from various parties in fulfilling children's rights so that children can grow and develop optimally according to their potential. The fulfillment of children's rights is also as stated in the 1945 Constitution, Article 28, the Convention on the Rights of the Child (Ratification, valid with Presidential Decree No. 36 of 1990), and Health Law No. 36 of 2009.

According to dr. Budihardja, in an effort to fulfill children's rights, attention to Early Childhood is important because it is a golden period, a window of opportunity but also a critical period. This means that the plasticity of the child's brain during this period has positive and negative sides. The positive side of the brain during this period is more open to the learning and enrichment process, but the negative side is more sensitive to an unsupportive environment such as inadequate nutritional intake, lack of stimulation and not getting adequate health services.

According to Soetjiningsih (2019), development is an important period in a child's life, especially after going through a period of very rapid development at the age of three. The age of three is the limit for passing very rapid development or often called the critical period of development. After this period, development will continue continuously, so it is necessary to carry out early detection of the growth and development of a three-year-old child so that developmental disorders can be detected quickly as a basis for further development.(Soetjiningsih dan Ranuh, 2017)

Children are the next generation of a nation's life, the high and low civilization of a nation is determined by children as its next generation. The future of a nation depends on the success of children in achieving optimal growth and development. The important process of child growth and development is during the toddler period (under 5 years of age). Based on longitudinal research conducted by Bloom on intelligence, it shows that during the first 4 years of a child's age, cognitive development reaches around 50%, within 8 years it reaches 80%, and reaches 100% after the child is 18 years old.(Hasan, Pratiwi, & Sari, 2020; Mediani et al., 2022)

The first years of life, especially from the fetal period in the womb until the child is 2 years old is a very important period in the growth and development of children. This period is a golden period as well as a vulnerable period to negative influences. During this period, basic growth will influence and determine the child's further development, the development of motor skills, speech and language, independence, creativity, social awareness, emotional, and intelligence is very rapid and is the foundation for subsequent development.

Moral development and the basics of personality are also formed. So to achieve optimal development, good and sufficient nutrition, good health status, proper parenting and appropriate stimulation are needed.

Analysis of cadre attitudes in carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after cadre training.

Based on the results of the study showed that the dependent t test had an effect with a p value (0.000 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that statistically there is an effect on the attitude of cadres in carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after cadre training.

From the results of the dependent t-test that there is an influence with a p value (0.024 <0.05). This concludes that Ho is rejected and Ha is accepted, so it can be concluded that in the respondents statistically there is an influence of the cadre's attitude in

carrying out Stimulation, Detection, Early Intervention of Growth and Development (SDIDTK) in toddlers aged 0-5 years before and after control.

Likewise, the attitude of cadres before and after training there was a change during the pre-test , a negative attitude then during the post-test positive. Attitude is a tendency to take action against an object by saying there are signs to like or dislike an object. Attitude after training experienced a change possibly because the understanding of the participants also increased.(Dewinataningtyas, 2018)

Stimulation and early detection activities of deviations need to be carried out to detect early deviations in toddler growth and development, including following up on any complaints from parents regarding their child's growth and development. If deviations are found, early intervention for deviations in toddler growth and development is carried out as a corrective action by utilizing the plasticity of the child's brain so that growth and development return to normal and deviations do not become more severe. If a toddler needs to be referred, referrals must be made as early as possible according to indications. Comprehensive and coordinated stimulation and early detection activities for deviations in toddler growth and development are carried out in the form of partnerships between families (parents, child caregivers), communities (cadres, community leaders, organizations, non-governmental organizations), and professionals (health, education, social).(Tyastuti, 2020)

In order for health workers, families, child caregivers, and the community (cadres) to carry out comprehensive, quality and sustainable child development coaching efforts according to the child's needs, a standard guideline is needed in the stimulation and early detection of child growth and development, intervention and early stimulation of children up to the age of 6 years. In this PKM activity, posyandu cadres are equipped with the SDIDTK implementation module.

Stimulation, detection, and early intervention of growth and development of children aged 0-6 years is a series of efforts starting from activities to provide basic stimulation according to the developmental tasks of children of each age to maintain optimal growth, as well as conducting regular and continuous checks to detect early and intervene in forms of deviations so that they are easier to overcome. The aspects studied in SDIDTK, especially by means of KPSP in pos yandu activities, which are actually programs that must be implemented immediately at the health center level and its network are: Early detection of growth deviations, to determine the status of malnutrition/poor and micro/macrocephaly, Early detection of developmental deviations, to determine developmental disorders (delays), visual and hearing disorders, Early detection of emotional mental deviations, to determine the presence of emotional mental problems, autism, and attention deficit and hyperactivity disorders.

Research conducted by Suryanto, Purwandari, and Mulyono (2020) to identify families in stimulating toddler growth and development, forming stimulation guides and stimulation videos for toddlers, training health cadres/volunteers to assist in stimulating toddler growth and development, found that the role of the family and social support influence the growth and development process. Family empowerment has been proven to be able to improve toddler development, both in personal social, language, fine motor, and gross motor indicators. Meanwhile, research by Palasari and Purnomo (2021) which aims to determine the relationship between maternal skills in early detection of growth and development of infants, shows that most respondents have good skills in early detection of growth and development of toddlers which is achieved by 72% (58 people). In this case, there is a positive relationship between maternal skills in early detection of growth and development of infants.(Purwandari, 2020)

Strengthening the capacity and skills of the Posyandu cadres of Pananjung Village regarding SDIDTK, especially growth and development detection using the KPSP method, is a very important thing to do and an

initial step to carry out SDIDTK comprehensively. So that this can improve the health status of children, not only in terms of health and nutritional status, but also the mental, emotional, social and independence of children to develop optimally, as an indicator of achieving optimal child growth and development quality.

CONCLUSION

The findings of this study demonstrate that training interventions significantly improve both the knowledge and attitudes of Posyandu cadres in implementing Stimulation, Detection, and Early Intervention of Growth and Development (SDIDTK) for children aged 0–5 years. The statistical analyses confirmed meaningful changes in both groups, with stronger effects in the intervention cohort. Improvements in understanding and attitude are vital, as cadres play a central role in early childhood care at the community level. These results highlight the need for structured training, supportive educational resources, and intersectoral collaboration to enhance early childhood development services. Strengthening cadre capacity through targeted interventions is an essential step toward achieving optimal health and developmental outcomes for Indonesia's future generations.

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