

# The Relationship Between Knowledge And Anthropometric Measurement Skills In Cadres In The Meureubo Health Center Working Area, West Aceh Regency, Meulaboh 2023

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## The Relationship Between Knowledge And Anthropometric Measurement Skills In Cadres In The Meureubo Health Center Working Area, West Aceh Regency, Meulaboh 2023

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**Abstract.** Nutritional problems in Aceh, especially West Aceh, include stunting, wasting, underweight and overweight which until now nutritional status. There is a relationship between knowledge and anthropometric measurement skills in cadres with  $p$  value 0,000 where good knowledge will create awareness someone and finally trigger someone with the appropriate skills with knowledge. Respondents who have good knowledge and finally trigger someone with the appropriate skills with knowledge. Respondents who have good knowledge towards anthropometric measurements, namely 28 respondents (44.4 %). It is suggested that posyandu cadres make posters contains appropriate measurements and weighing standards, in order to serve as a reference for making measurements

**Keywords:** Anthropometric, Knowledge, Cadre Skills

### INTRODUCTION

The development of the health sector in Indonesia is directed at expanding the reach and improving the quality of basic health services, especially for mothers and children. One form of activity to expand the reach and improve the quality of health services is posyandu. Posyandu is the spearhead and one of the community-based health efforts which has a very important role in bringing promotive and preventive efforts closer to the community, especially related to efforts to improve the nutritional status of the community and the health of mothers and children. One of the causes of malnutrition in the community is the lack of functioning of the posyandu which results in nutritional monitoring of children and pregnant women not running as it should.

Nutritional problems are currently a challenge for all parties, especially health service workers. According to Basic Health Research (Riskesdas) data carried out by the Ministry of Health in 2018, the prevalence of children under five who experience nutritional problems in Indonesia is roughly 17.7% (Ministry of Health, 2018). Aceh is the province with the fifth highest prevalence of stunted toddlers in Indonesia, namely 31.2% in 2022. Not only stunting, wasting cases were also found at 11.3% and underweight cases at 24.3%, overweight cases at 1.9%. in 2022.

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11 Based on the results of the Indonesian Nutrition Status Survey (SSGI) of the Ministry of Health, the prevalence of stunted toddlers in Aceh province will be 31.2% in 2022 of the number of toddlers who experience nutritional problems. Furthermore, in West Aceh Regency itself, 18 according to the results of the Indonesian Nutrition Status Survey (SSGI), the prevalence of Stunting is currently 30.4%, Wasting is 10.5%, Underweight is 22.5%, Overweight is 1.4% in 2022. Furthermore, at sub-district level, in Meurebo sub-district itself, there were 13 toddlers experiencing stunting, and 1 child experiencing wasting. Nutritional problems in children under five are used as an indicator of nutritional problems in the local community. Therefore, 35 data on the nutritional status of children under five is very necessary to see the picture of the problem at the community level. The main force in implementing posyandu is posyandu cadres. 7 The knowledge and skills of posyandu cadres in carrying out anthropometric measurements are very important, because this concerns the growth of toddlers.

Insufficient cadre skills can lead to incorrect interpretations of nutritional status and can also result in errors in decision making and treatment. Thus, cadres' abilities must be developed to their maximum potential, equipped with knowledge and skills that are adapted to the tasks at hand. Cadres are members of the community in the village itself who are elected through the Village Deliberation. Cadres work to assist the Village government in facilitating the health of the Village community. Formation of cadres to ensure that the 19 health services available in the village can be utilized optimally by the community. 2 Minister of Health Regulation Number 8 of 2019 concerning Community Empowerment in the Health Sector which states that in implementing Community Empowerment in the Health Sector, it is necessary to involve cadres who act as mobilizers, instructors and recorders. 6 This study aims to determine find out the relationship between cadre knowledge and anthropometric measurement skills in the region Meureubo Community Health Center work, Meureubo District, West Aceh Regency in 2023.

## METHODS

24 This research uses quantitative research with a cross-sectional design, namely to determine the relationship between cadre knowledge and anthropometric measurement skills 23 in the working area of the Meureubo Health Center, Meureubo District, West Aceh Regency in 2023. 29 The population in this research is all Posyandu cadres in the Meureubo Public Health Center working area, West Aceh Regency. The sample in this research were some posyandu cadres 25 in the working area of the Meureubo Community Health Center. This research uses

questionnaires and direct observation sheets to collect data. The data analysis used is Univariate Analysis and Bivariate Analysis using SPSS by calculating the frequency in the form of a percentage of the independent variable with the output of the data analysis results attached.

## RESULTS

The results of this study showed that the majority of respondents were in the 26-35 year age group, 42 people (66.6%) and the minority of respondents were in the 36-45 year age group, 21 people (33.4%). At the educational level, it shows that the majority of respondents' education is junior high school, namely 24 people (38.0%), elementary school, 15 people (23.8%) high school as many as 22 people (34.9%) and the minority of respondents' education was D3, namely 2 people (3.3%). Furthermore, the occupation of the respondents is that the majority of respondents' occupations are housewives, namely 42 people (66.6%) and the minority occupations of respondents are farmers, namely 10 people (15.9%) and entrepreneurs, namely 11 people (17.5%) the results of statistical analysis using the chi-square test between Knowledge and Anthropometric Measurement Skills in Cadres obtained a P value of 0.000 ( $p < 0.05$ ) that there was a relationship between Knowledge and Anthropometric Measurement Skills in Posyandu Cadres in the Meureubo Health Center Working Area. The results of this study indicate that there is a relationship between knowledge and anthropometric measurement skills among posyandu cadres in the Meureubo Community Health Center working area.

**Table 1. Frequency distribution of respondents based on knowledge in the Meureubo Community Health Center Working Area, Meureubo District**

Knowledge	Frequency	%
Good	28	44.4
Enough	25	39.3
Not enough	10	15.9
<b>Total</b>	<b>63</b>	<b>100.0</b>

Based on table 1 above, it is known that out of a total of 63 respondents, the majority of respondents with good knowledge were 28 respondents (44.4%), while 25 respondents with sufficient knowledge (39.7%) and 10 respondents with poor knowledge (15.9%).

**Table 2. Frequency distribution of respondents based on skills in the Meureubo Community Health Center Working Area, Meureubo District**

Skills	Frequency	%
Skilled	26	41.3
Less skilled	37	58.7
<b>Total</b>	<b>63</b>	<b>100.0</b>

Based on table 2 above, it is known that of the total 63 respondents, the majority of respondents with skilled skills were 26 respondents (41.3%), while respondents with less skilled skills were 37 respondents (58.7%). Based on what is known, of the total of 63

respondents with good knowledge in the skilled category, 23 (82%) respondents and 5 (18%) with less skilled skills. The results of the analysis using chi-square show a p value of 0.000 ( $p < 0.05$ ), which means rejecting  $H_0$  and accepting the hypothesis which states that there is a relationship between respondents' knowledge and the skills of posyandu cadres in measuring nutritional status. Minorities are in the 36-45 year age group, namely 21 people (33.4%).

Based on this age distribution, the respondent's age is considered adult. The older you are, the more mature a person's level of maturity and strength will be in thinking and working. In terms of public trust, someone who is more mature is more trusted than someone who is less mature. The respondent's age has a big influence on a person's performance, because changes in age will be influenced by experience, changes in a person's physical and mental condition which will be reflected in daily life.

The older you get, the more open your attitude becomes. This is understandable because environmental influences are still somewhat appropriate in the age group over 35 years compared to mothers under 35 years of age. Based on the results of research in the Meureubo Community Health Center Working Area, Meureubo District, it shows that the majority of respondents' education was junior high school, namely 24 people (38.0%), 15 elementary school students (23.8%) high school as many as 22 people (34.9%) and the minority of respondents' education was D3, namely 2 people (3.3%).

Education is a behavioral effort by persuasion, persuasion, appeal, invitation, providing information, providing awareness to a group of people or individuals. Education provides certain values for humans in opening their minds to accept new things and think naturally.

Education can influence a person, including behavior towards lifestyle, in motivating them to be ready to participate in health changes. The lower a person's education, the less willing they are to utilize health services, and conversely, the higher a person's education, the easier it is to receive information and utilize existing health services.

Low education greatly affects a person's ability to grasp the information they receive. Education can also influence a person, including a person's behavior and lifestyle, especially in motivating them to participate in an activity.

Based on the results of research in the Meureubo Health Center Working Area, Meureubo District, it shows that the majority of respondents' occupations are housewives, namely 42 people (66.6%) and the minority of respondents' occupations are farmers, namely 10 people (15.9%) and entrepreneurs, namely 11 people (17.5%). Most of the respondents were cadres who did not work or were housewives, namely 57.1%. Work can be an obstacle

to cadre activity, because work is a source of income so it will be more focused on than posyandu activities. For a mother, work has an influence on family life. The more time you spend working, the less time you have to become a cadre. <sup>6</sup>Based on the results of statistical analysis using the chi-square test <sup>15</sup>between Knowledge and Anthropometric Measurement Skills in Cadres, a P value of 0.000 ( $p < 0.05$ ) was obtained, there was a relationship between Knowledge and Anthropometric Measurement Skills in Posyandu Cadres in the Meureubo Health Center Working Area. <sup>8</sup>The results of this study indicate that there is a relationship between knowledge and anthropometric measurement skills among posyandu cadres in the Meureubo Community Health Center working area.

Even though the majority of cadres have good knowledge (44.4%) and sufficient knowledge (39.7%), in this study those who have skilled skills are (41.3%) and it is proven that cadres still find errors in taking measurements. Anthropometrics such as there are still cadres who do not remove attributes such as hats, shoes and jackets when performing measuring and weighing, and before starting the measurement the cadre did not ensure that the scales and microtoise were functioning properly and the cadre did not transfer the weighing results into the KMS book.

As for the results of the observation sheet used to measure cadre skills, where there were 26 skilled respondents, of the 26 skilled respondents there were 2 skills that were often not carried out by respondents, namely in point 2 which reads cadre "cadres ask parents to minimize clothing, footwear, accessories and attributes of children who want to be weighed" from 26 respondents with skilled skills only 12 respondents (46%) did so.

Furthermore, point 5 which reads "the cadre ensures that when measuring the height and body length of the toddler, the position of the head, back of the shoulders, buttocks and heels are close to the wall" of the 26 respondents, 10 respondents (38%) did this. The results of research conducted by Anna F et al (2020) <sup>30</sup>showed that the level of cadre education was significantly related to cadre skills ( $p=0.001$ ) carried out in the West Cilandak Health Center working area, South Jakarta in 2020. Research conducted by Sasmita (2018) showed that the results of hypothesis testing with the Chi Square test were significant at  $p= 0.019$  ( $p<0.05$ ), so <sup>14</sup>the test decision was that  $H_0$  was rejected, which means that there is a relationship between the level of cadre knowledge about anthropometric measurements and skills in measuring the growth of toddlers in Posyandu, Karangasem Village, Laweyan District. <sup>9</sup>

The research results showed that respondents who were skilled and had a high level of knowledge had a percentage of (88.5%) as many as 23 respondents, and a low level of knowledge with a percentage (59.1%) of 13 respondents. Meanwhile, there are less

respondents and have a high level of knowledge with a percentage (11.5%) of 3 people, and a low level of knowledge with a percentage (40.9%) of 9 people. Based on the results of research conducted by Suhartika et al (2018), it was found that the level of cadre education was significantly related to cadre skills ( $p=0.005$ ) in interpreting weighing results in the KMS for toddlers. The higher the level of education, the more skilled a cadre is in interpreting the weighing results in the KMS .

The research results of Fitri Najmatul et al (2019) showed that 11 respondents were skilled and had a good level of knowledge with presentations (23.9%), 9 people had a sufficient level of knowledge with presentations (19.6%) and a poor level of knowledge with presentation (0%) while respondents who were less skilled and had good knowledge (0%), had a sufficient level of knowledge (15.2%) as many as 7 people and a lack of knowledge (41.3%) as many as 19 people. The results of the hypothesis test with the Chi Square test have significance  $p= 0.000$  ( $p<0.05$ ), so the test decision is that  $H_0$  is rejected, which means that there is a relationship between knowledge and cadre skills in carrying out anthropometric measurements on toddlers in the Kelayan Timur Community Health Center Working Area.

## CONCLUSION

Respondents who have good knowledge of anthropometric measurements, namely as many as 28 respondents (44.4%). There is a relationship between knowledge and anthropometric measurement skills in cadres with a value of  $p = 0.000$  where good knowledge will raise a person's awareness and ultimately trigger a person to have skills in accordance with the knowledge.

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PAGE 1

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PAGE 2

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PAGE 3

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PAGE 4

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PAGE 5

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PAGE 6

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PAGE 7

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PAGE 8

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