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Promotional Media Needs in Capacity Building of Health Cadres in Rural Areas: A Qualitative Study in Lebak District

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ABSTRACT

Health cadres play an important role in community health promotion, especially in rural areas. However, the process of empowering and training cadres has not always been effective in achieving the expected goals. This study aims to explore the knowledge, barriers, and needs of cadres related to child growth and development, so that health workers can design appropriate learning media and methods. This study used a qualitative phenomenological approach and was conducted in the Mandala Rangkasbitung Health Centre Working Area, Lebak Regency, Banten Province, in June-October 2024. The results showed that the cadres' knowledge about children's growth and development was quite good. However, they experienced difficulties in explaining the material to the community due to limited media. Cadres expressed the need for simple, pictorial health promotion media with written explanations to support their work. Therefore, traditional media such as leaflets or posters with a flip-sheet format are urgently needed to improve the effectiveness of health promotion by cadres.

Keywords: Cadres, Flip Sheets, Health Promotion

INTRODUCTION

Growth and development disorders in children are a serious global issue and a major concern in various countries, both developed and developing. Data show that around 66% of stunted children under five live in middle-income countries, and only 8% are in high-income countries (Wicaksono & Harsanti, 2020). Growth refers to an increase in physical size such as weight, height, and head circumference, while development includes motor, social-emotional, language, and cognitive aspects. (Svefors et al., 2020).

Various multidimensional factors affect children's growth and development. In addition to poor nutritional status, environmental factors, parenting, limited access to health facilities, and lack of sanitation and clean water are the main causes of stunting. (Huriah & Nurjannah, 2020). Stunting also has long-term impacts on children's cognitive abilities, future productivity, and the quality of human resources nationally.

The local context shows that Indonesia faces major challenges in stunting prevention, especially in rural areas. Limited social and economic environments, as well as low access to health education, are barriers to optimising children's growth and development. In this context, the role of health cadres is crucial. Health cadres are community volunteers who are trained to support health programmes, especially in the promotion and education of maternal and child health (Davis et al., 2024). In rural

areas, cadres play an important role in delivering health information due to their social and cultural proximity to the target community. (Mediani et al., 2022).

However, most cadres have diverse educational backgrounds and minimal formal training. This has an impact on their ability to deliver health promotion materials effectively. Previous research has shown that the limitation of appropriate educational media is also one of the main obstacles in cadre counselling in the community (Wahyuningrum et al., 2021). Despite the importance of cadres, few studies have evaluated their barriers and needs in terms of relevant and effective health promotion media, especially in rural areas. This gap is important to investigate so that the preparation of training and educational media for cadres can be tailored to the field context and audience characteristics.

Based on this, this study aims to explore the knowledge, barriers, and needs of health cadres in promoting child growth and development, specifically related to the availability and effectiveness of health promotion media in rural areas of Lebak District.

METHODS

This study used a qualitative approach with a descriptive phenomenological design to explore in depth the experience of cadres in implementing health promotion related to child growth and development. This research was conducted in the working area of Mandala

Rangkasbitung Health Centre, Lebak Regency, Banten Province, from June to October 2024. The sampling technique used purposive sampling, with inclusion criteria: (1) active health cadres for at least one year, (2) involved in maternal and child health promotion activities, and (3) willing to be a participant by signing informed consent, Exclusion criteria were cadres who were not active or experienced barriers in communication. A total of 12 health cadres were selected as informants. Data collection was conducted through in-depth semi-structured interviews using interview guidelines that had been developed based on the research objectives. Each interview lasted 45-60 minutes, was recorded with a digital recorder, and transcribed verbatim. The data were analysed using the Colaizzi method which includes seven stages: (1) reading the entire transcript, (2) identifying important statements, (3) formulating meaning, (4)

grouping into themes, (5) compiling an overall description, (6) compiling the essential structure of the phenomenon, and (7) validating the results with participants (member checking).

RESULTS AND DISCUSSION

The results of the research and the answers that emerged most until data saturation are listed in Table 1. Thematic Analysis Result. Based on the table, each cadre has provided answers to the questions and have been analysed by researchers. Researchers also identified several main themes such as basic understanding of growth and development, obstacles in information communication, and the need for assistive media. Based on the results of the answers in table 1.

Table 1 Thematic Analysis and Most frequent Answers

Question: What is growth and development					
Kaduagung Tengah Village Cadre	Kaduagung West Village Cadre	Kaduagung Timur Village Cadre	Tambak Baya Village Cadre	Mekar Agung Village Cadre	Bojongleles Village Cadre
Infant development from zero to five years	If the baby's growth is physical growth such as height, if the development is motor or brain development; The child is taller, heavier and the child shows more abilities such as being able to lie down, say the word mama.	Growth relates to the physical, development relates to the socialisation aspect; Growth is related to weight and height, development is related to motor movements.	The process of development from the womb to toddlers and children, growth is related to physicality, development from IQ or motor skills.	Loving parenting of children; Weight and height gain; Development can be seen from the child's ability.	Growth is related to weight and height, development is seen from the child's intelligence; Growth is more physical, development is seen in terms of neuromotor skills.
Question: What are the signs of developmental disorders					
Age inappropriate weight and height; Consecutive weight loss seen in the KMS	Weight that does not increase for two consecutive months, smaller upper arm circumference; Can be seen from the toddler's motoric movements, unable to perform age-appropriate movements; Cannot mention vocabulary according to their age; Judging from the MCH book, the child is always in the red colour area.	Growth does not increase, lack of energy; Physically small.	Mismatch of physical growth and age; Motor impairment and abnormal physical growth; Frequent illnesses, slow speech, lack of responsiveness to stimuli.	Stammering, difficulty pronouncing words; Not gaining weight, often sick, walking late; Ability is not age-appropriate.	Seen from the child's ability that is not in accordance with his/her age; Signs of impairment can be seen in a child who is lethargic, weak, does not speak; No weight gain and no height gain, does not turn his/her head when interacted with.
Question: What are the causes of developmental disorders					
Poor parenting; Poor nutritional intake	Dirty environmental factors, unhealthy latrines; Premature birth; Malnutrition in the womb, injury; Unbalanced nutritional intake, especially protein.	Lack of maternal knowledge about nutritional intake during pregnancy and when the child is born; Lack of healthy food intake.	Unbalanced nutrition, environment polluted by cigarette smoke, dirty environmental sanitation; Congenital diseases, genetic diseases, lack of parental knowledge about healthy food intake;	Supplementary feeding too soon, should still be exclusively breastfed; Injury, trauma, complications before birth / premature baby; Malnutrition, lack of nutrition, hereditary/congenital factors and	Due to lack of food, illness, and monotonous food; Lack of attention in terms of food; Lack of stimulation in parenting, unhealthy environment.

			Unhealthy food and improper food processing; Improper parenting, developmental disorders that are not addressed quickly.	environmental factors; Lack of nutritional intake, poor parenting from mother to child.	
Question: Prevention of developmental disorders					
Growth and development disorders can be prevented by providing nutritious food and a healthy environment.	Improve nutritional intake in children, and maintain environmental hygiene; Pay attention to food intake, especially during complementary feeding, should be exclusively breastfed until six months; Socialisation of infant immunisation; Pregnant women are given knowledge about the contents of my nutritious plate, advised to check their pregnancy regularly, recommended mothers to give exclusive breastfeeding.	By providing good food and nutrition; In addition to good food, adequate rest is also required.	Monitoring from the time of conception, pregnancy and childbirth, nutritional intake during pregnancy is considered including taking blood supplement tablets, exclusive breastfeeding; Exclusive breastfeeding and complementary feeding, healthy diet.	Provide good nutrition during pregnancy, give freedom to children when playing do not often be prohibited; Avoid cigarette smoke, provide complete basic immunisation.	Environment, healthy nutrition and parenting; starting from adolescence before marriage, taking blood supplement tablets, during pregnancy frequently checking their womb, eating nutritious food during pregnancy, and also after the baby is born maintaining nutritional intake; Periodically check the growth and development of children at the posyandu; direct monitoring and counselling.
Question: How do I know the growth and development of my baby/toddler?					
Judging from the chart on the KMS; Judging from motor development, whether they can crawl, sit, or walk.	Seen from the weight that continues to rise, the baby's growth phase that continues to develop, monitored every time they come to the posyandu; Monitored through weighing at the posyandu; Can be seen from the ability to speak.	Come to the posyandu to be weighed and measured for height; Judging from the health of the child, often sick, then growth and development is disrupted.	Measure the child's growth every month at the posyandu; Go to the nearest health centre or doctor.	Do regular weighing at the posyandu; By looking at the physical condition of the baby; Looking at the weighing results on the KMS chart.	By doing routine weighing and measuring at the posyandu;
Question: Where can we monitor the growth and development of infants/toddlers?					
At the posyandu.	At the posyandu: Can go directly to the midwife.	At the posyandu; Can be seen in the KIA book there is a graph.	At the posyandu; At the nearest midwife; At the health centre; At the doctor or hospital during treatment	At the posyandu; In the pink book and KMS;	At the posyandu; At a midwife or health centre.
Question: When should infant/toddler growth and development be monitored					
Every day or every month during weighing at the posyandu; At any time.	Every month to see changes such as her weight; Adjusted to the existing posyandu schedule.	From birth to toddlers; Routinely every month at the posyandu.	Routinely every month, or at a health facility;	Must be monitored at all times; Once a month at the posyandu;	Every month, at the posyandu; Every time.
Question: What is the purpose of infant/toddler growth and development monitoring?					
To see the growth and development of the child;	To know the health of the child, whether the growth	To know the child's development;	To determine whether the child is healthy or not;	To determine whether or not there are	To see if the child is sick or not;

To see the child's health.	and development is appropriate or not; To monitor the child's growth, especially weight gain.	To find out if there are any disorders; To know the child's health.	To determine the suitability of growth and development; To determine whether the disorder is normal or not;	developmental disorders; To know the baby's health.	To know if there are stunted, healthy or sick babies in our area.
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From all the information or explanations provided, it illustrates that informants as health cadres can master or understand the meaning of growth and development in infants/toddlers, while signs of developmental disorders, informants said that the signs are related to the abilities of the infants/toddlers concerned, such as motor movement abilities that are not age-appropriate, cannot mention vocabulary according to age, slow speech, unresponsive. Although incomplete, these red flags are sufficient for initial screening.

The cadres were also able to explain in general terms the causes and ways to prevent growth and development disorders in infants/toddlers. One informant stated, "If the mother does not eat enough during pregnancy, the child will be small and sickly. You have to keep checking at the health centre." can start in the womb, such as pregnant women who do not get a balanced nutritional intake, congenital diseases and genetics. In addition, the cause can also be when the baby is born, such as when the baby is born prematurely.

In addition, there were various answers from informants that the prevention of growth and development disorders in infants/toddlers can also be done by maintaining and striving for a healthy/clean environment, exclusive breastfeeding, increasing pregnant women's knowledge about nutrition, regular pregnancy checks, adequate rest, avoiding cigarette smoke, complete basic immunisation. There is even a group of informants who stated that the prevention of these disorders can be done since adolescence before the teenagers are married, and monitoring of prospective brides. The results showed that the cadres' knowledge of basic growth and development information was quite good. They can correctly mention the definition, characteristics, causes and prevention of growth and development disorders and can distinguish between the two. These results are in line with research(Kostania et al., 2023; Wahyuningrum et al., 2021). Improving cognitive aspects in health cadres is the main goal and factor, because knowledge will affect a person's attitude and behaviour(Damayanti et al., 2022; Norlita & Wulandari, 2021).

Knowledge is an important component because the cadre is someone who is geographically and emotionally closer to the community. Previous studies have shown that the role of cadres as health promotion agents is very important in influencing community behaviour(Fitri et al., 2022). This will facilitate the delivery of health information and monitoring, especially to pregnant women and mothers of children under five. This will facilitate the delivery of health information and

monitoring, especially to pregnant women, and motivate them to adopt healthy behaviours during pregnancy. Cadres are at the forefront and have a close relationship with the community, for the sustainability of health development, given their direct presence in the community structure. Understanding and knowledge of everything is obtained through the senses of sight and hearing. A person's knowledge is a measure to relate an action so that it makes an important contribution to changing one's behaviour. From the results of interviews conducted through questionnaires, most cadres know the health promotion work of pregnant women, counselling skills to build the confidence of pregnant women, solutions, and skills to listen to and analyse the problems of pregnant women.

Initially, informants stated that they did not experience any difficulties when conducting counselling, but after digging again with different questions, all informants in all groups stated that they experienced difficulties when providing counselling to mothers of infants/toddlers. According to the informants, this was due to not understanding the answers to the questions asked by the mothers. One cadre said, "I am confused about what to answer when asked, sometimes the poster is not clear enough, I am also afraid of saying the wrong thing"; difficulty in framing the words to be conveyed even when using posters but the posters only have pictures and little explanation; some informants found it difficult to memorise the counselling material so they could not answer questions from mothers of infants/toddlers; and some said they lacked confidence in delivering the counselling.

When conducting counselling outside the posyandu building, all informants stated that they did not use media; they only conveyed information about the counselling material verbally directly to mothers (interacting directly) when meeting with mothers of infants/toddlers; however, when at the posyandu, informants provided counselling using KMS, some used posters, leaflets, calendars, pink books, MCH books and used applications. Most cadres reported that they had difficulty explaining the concept of stunting to the community without the help of visual media. This causes the information conveyed to be not optimal, even causing confusion among mothers of toddlers. They feel that they really need media to conduct health promotion such as media that has pictures accompanied by explanations of the pictures that they can just read. So the informants do not need to memorise the counselling material. Some also

added that the media is in the form of flip sheets, pamphlets, in the form of toys.

These results are in line with research conducted (D. Yuliana et al., 2023) that from the search, 13 articles published between 2019-2023 reported that health promotion media were considered to have good effectiveness in increasing knowledge, media that could be used in providing health promotion were Leaflets, Booklets, Brochures, Cards and Videos while video media was considered more effective than other media in increasing knowledge.(P. Yuliana et al., 2023)..

Promotional media is closely related to attractiveness in increasing attention, interest, and influencing people. If it is related to health, health promotion must be able to make patients or individuals or communities as targets increase their knowledge(Schroeder et al., 2021).. This is expected to encourage prevention as an intervention to improve health status.(Ahmed et al., 2023). Media promotion using leaflets and posters is able to reach a large population and a wider range of people, especially people over 40 years old.(Owusu-Addo et al., 2021). . Both serve as a great medium for spreading health messages. Analyses of the articles showed that they would be more effective if combined with other media(Tan et al., 2022). Other media can include education from health workers, videos, demonstrations, focus group discussions (FGDs) and games.

The use of promotional media must also take into account the wishes of the educator, especially if the educator and target are adult patients. Leaflet media can play an important role in increasing knowledge, skills, and changing positive behaviour in the community.(Feenstra et al., 2023). Research on the effectiveness of traditional media such as leaflets, posters and pictorial brochures that are "easy to read" with information in bullet point format and photographs has been found to be highly effective.(Schofield et al., 2022).. This strategy has been reported to be even more effective than 'phone call' education(Pedersen et al., 2022). Patients reported receiving books and brochures and talking to knowledgeable people as their favoured health promotion approaches (Pétre et al., 2020). A systematic review of the effectiveness of traditional media (brochures and posters) to promote health in community settings, showed that traditional health promotion media such as brochures and posters are still useful in the current digital .era, especially for adult respondents (Pétre et al., 2020)

Cadres feel that they need a medium that makes it easier for them to educate the community. Informants in all groups responded that the media that made it easier for them to provide counselling to mothers of infants/toddlers were those with pictures and explanations of the pictures that they could just read. So the informants do not need to memorise the counselling material. Some also added that the media should be in the form of flipcharts, pamphlets, and toys. From the explanations given by the informants, it appears that they expect the media to be illustrated and equipped with picture

explanations that they just need to read (no need to memorise), so that the informants can smoothly convey explanations to mothers of infants/toddlers and have high confidence.

CONCLUSIONS

The study concluded that although cadres' knowledge of infant/toddler growth and development was good, they faced barriers in conducting health promotion due to limited visual media. This finding suggests that cadres' understanding has not been supported by adequate educational aids. The contribution of this study lies in revealing the cadres' need for promotional media that is easy to use and understand to improve the effectiveness of health communication.

SUGGESTION

The implication of this finding is the need to develop cadre training based on simple visual media that suits their needs and conditions. Puskesmas need to allocate budget for the provision of promotional media such as illustrated flip sheets that can be used by cadres in various situations, both in posyandu and outside formal activities. In addition, further research is needed to develop and test the effectiveness of these promotional media so that they can be used more widely and standardised.

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