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Original Research

Cadre Knowledge And Self-Efficacy Following Care For Child Development Post Intervention: A Four-Year Prospective Follow-Up Study

Amara Tri Kurniasih[1], Akhmadi Akhmadi[2], Widyawati Widyawati[3], Fitri Haryanti[4*]

[1]Bachelor of Nursing Student, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia
[2]Department of Mental and Community Health Nursing, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia
[3,4]Department of Pediatric and Maternity Nursing, Faculty of Medicine, Public Health and NursingUniversitas Gadjah Mada, Yogyakarta, Indonesia

ABSTRACT

Background: *Stunting is a significant malnutrition problem in Indonesia, and community health cadres play a vital role in addressing it through programs like Care for Child Development (CCD) training. This study aimed to delineate the knowledge and self-efficacy of cadres who participated in CCD training inYogyakarta in 2018, comparing their status in 2022.*

Methods: *In October 2022, a quantitative cross-sectional approach was utilized to examine the knowledge and self-efficacy of 56 cadres who had undergone CCD training in 2018,organized by the same authors and documented in a prior publication, with participants selected through total sampling. Three instruments were utilized, including a participant demographic survey, the CKCDI, and the GSES. The paired t-test was employed to analyzed the data.*

Results: *The study's results reveal a significant difference (p=0.002) in the mean knowledge scores of cadres following their participation in the Care For Child Development (CCD) training program in 2018 and four years later. The mean score was 13.39 in 2018, decreased to 11.9 in 2022. Likewise, the self- efficacy component among cadres exhibited a reduction, with mean scores of 30.93 in 2018 and 29.4 in 2022. However, it is important to note that there is no statistically significant difference in self-efficacy (p=0.106). The decline in average knowledge scores over the four-year period may be attributed topotential knowledge decay.*

Conclusion: *This study underscores the significance of sustained training and support for community health workers, emphasizing the need for flexible approaches to maintain their knowledge and self-efficacy over time.*

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CONTACT
Fitri Haryanti
✉ fitriharyanti@ugm.ac.id
Department of Pediatric and Maternity Nursing, Faculty of Medicine, Public Health and Nursing Univeritas Gadjah Mada.

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INTRODUCTION

Stunting is the most prevalent malnutrition issue in Indonesia when compared to other concerns. It refers to a form of malnutrition observed in children below the age of five who exhibit proportions of weight and height that are lower than expected (Kementerian Kesehatan Republik Indonesia, 2022). 250 million children under the age of five in low- and middle-income countries face heightened risks of unfavorable developmental outcomes (Lu et al., 2016). Notably, Indonesia is ranked fifth among nations with the highest prevalence of stunted children. In Indonesia, nearly 37% of children under 5 years old experience suboptimal developmental outcomes, with approximately 18% suffering from severe stunting (Satriawan, 2018).

Several factors contribute to this condition, including poverty, malnutrition, environments lacking stimulation, and deficiencies in essential micronutrients. Children affected by stunting encounter growth delays that impede their capacity for critical thinking, adaptability, information assimilation, and learning (Lamers et al., 2011; UNICEF, 2017). The obstacles to cognitive development experienced by stunted children exert influence not only on their present cognitive levels but also on their future productivity potential (Ministry of Health Indonesia, 2018).

Expediting the decrease of stunting holds a prominent position among the nation's priorities. This aligns with the directives of Presidential Regulation Number 72 of 2021, which outlines the National Action Plan for Accelerating the Reduction of Stunting (RAN PASTI). This plan encompasses the execution of support for families vulnerable to stunting, aid for potential brides/spouses of reproductive age (PUS), and the monitoring of families at risk of stunting. In this context, the pivotal role of cadres as the Family Assistance Team (TPK) emerges as an urgent necessity (Pemerintah Indonesia, 2021).

Health cadres are community members who voluntarily extend assistance and outreach to enhance community health (Pradana et al., 2020). They play a pivotal role in maternal and child health programs due to their close community ties, facilitating effective health program delivery (Andriani et al., 2017). Information conveyed by health cadres is readily accepted and trusted by the community, bolstering their impact (Pradana et al., 2020). Effective promotive and preventive training for cadres hinges on comprehensive academic and technical knowledge. Notably, Care For Child Development (CCD) training is a potent program for cadres, especially in stunting prevention (Akhmadi et al., 2021).

CCD, a UNICEF and WHO initiative, equips cadres with skills to address child growth and development issues through family-focused methods involving active play and communication. This training enhances parent-child interaction quality, fostering responsive parenting and optimal child growth. Proven effective, CCD training positively influences knowledge, attitudes, and self-efficacy of health workers, parents, and communities (Ahun et al., 2023; Unicef, 2013).

According to previous reseach the implementation of CCD training led to a noteworthy upsurge in cadre knowledge and effectiveness (Akhmadi et al., 2021). This aligns with previous research which indicated a substantial boost in self-efficacy among cadres post CCD training, observed in both intervention and control groups (Yanuwardani & Haryanti, 2016). Similarly, in the knowledge domain, the CCD training intervention group exhibited notably greater knowledge enhancement compared to the control group (Akhmadi et al., 2021). Suyatno & Kartosuyo's study revealed that the training and guidance provided to cadres effectively increased their knowledge and performance scores (Suyatno & Kartasurya, 2019).

While previous research has investigated cadre knowledge and self-efficacy following CCD training, especially in Yogyakarta, external factors may have influenced these aspects. Therefore, this prospective follow-up investigation aimed to examine the knowledge and self-efficacy of cadres who participated in CCD training in Yogyakarta in 2018, comparing their status in 2022.

MATERIALS AND METHOD

Study Design

In October 2022, a follow-up study was conducted using a quantitative cross- sectional approach to assess the knowledge and self-efficacy of cadres who underwent CCD training in Yogyakarta in 2018, comparing their status in 2022.

Sample and Settings

The sample consisted of 56 cadres who had previously undergone CCD training in 2018, organized by the same authors and documented in a prior publication (Akhmadiet al., 2021). Data collection took place within the operational region of the Kalibawang Health Center in Kulon Progo Regency, Yogyakarta, specifically covering four hamlets— Banjar Arum, Banjar Asri, Banjar Harjo, and Banjar Oyo. Participants were chosen through total sampling, and as such, inclusion criteria and sample size calculation were not conducted in this study.

Instruments

The instruments utilized in this research was identical to the one employed in our earlier study in 2018. Furthermore, the data utilized in this study was derived from a previous investigation, and no permission was necessary as the data belonged to the authors themselves. This study employed three instruments, including a demographic questionnaire for participants, the Caregiver Knowledge of Child Development Inventory(CKCDI), and the General Self-Efficacy Scale (GSES). Information about participants' basic characteristics such as age, occupation, education, and duration as cadres was gathered. The CKCDI assessed cadre knowledge related to child development, providing child stimulation, and educating mothers about appropriate mother-child interactions based on developmental stages. It consisted of 20 questions, with the Indonesian version validated through translation and back-translation. The knowledge instrument demonstrated good reliability (Cronbach's alpha = 0.820). Scores ranged from 0 to 40, with higher scores reflecting greater knowledge (Akhmadi et al., 2021). Futhermore, cadre efficacy pertained to their confidence in educating primary caregivers about stimulating child development. Cadre efficacy was measured using the Indonesian version of the General Self-Efficacy Scale (GSES), developed by Schwarzer and Jerusalem in 1995. The GSES employs a Likert scale and achieved an internal validity test result of 0.725. Total scores ranged from 10 to 40, with higher scores indicating heightened efficacy. The Indonesian language version of GSES is accessible at the link: http://userpage.fu-berlin.de/%7Ehealth/indonese.htm.

Data Collection

The data collection was conducted online by distributing a Google Forms link that had been created and contained various research instruments to be assessed. This activity took place after obtaining ethical clearance. Prior to data collection, the researcher conducted a preliminary study to determine the number of cadres who had received CCD

training and were still active in the working area of Kalibawang Health Center. Subsequently, after obtaining data on cadres as potential respondents, the researcher sought research permission from Kalibawang Health Center to secure approval study.

Ethical Consideration

Prior to the study, participants provided their informed consent by signing a form provided by the research team, which also included an explanation of the research's purpose and procedures. Ethical clearance, numbered KE/FK/1226/2022, was obtained before commencing the study. The research team ensured the anonymity of participants by avoiding the use of personal identifiers in the data collection process. Participants were assured of the option to withdraw from the study at any point without facing consequences. Additionally, data privacy was strictly maintained, with the collected information stored securely and accessible only to the authorized research team to upholdconfidentiality.

Statistical Analysis

The methodology employed in this study encompasses both univariate and bivariate analyses. Univariate analysis findings are presented in a table displaying frequencies, percentages, and means. Bivariate analysis involved the use of a paired t-test to compare the current cadre knowledge and self-efficacy with those from four years ago following their participation in the 2018 Care for Child Development program.

RESULTS

Respondents characteristics

The findings of the descriptive analysis of respondent characteristics in Table 1 reveal that the respondents are primarily dominated by cadres in the late adult and early elderly age category, amounting to 22 individuals (39.3%). The majority of these cadres are homemakers, totaling 49 individuals (87.5%), and the most prevalent educational level is high school, with 36 individuals (64.3%). Regarding work experience, a significant portion of cadres, 29 individuals (51.8%), fall into the category of working formore than 12 years.

Table 1. Respondent Characteristics (n=56)

Variable		f%
Age	Early Adulthood (26-35)	610.7
	Late Adulthood (36-45)	2239.3
	Early Elderly (46-55)	2239.3
	Late Elderly (56-65)	610.7
Occupation	Housewife	4987.5
	Teacher	11.8
	Farmer	47.1
	Entrepreneur	11.8
	Self-employee	11.8
Educational background	Elementary	47.1
	Junior high school	1425.0
	Senior high school	3664.3
	College	23.6
Duration as cadres	<12 years	2748.2
	>12 Tahun	2951.8

Knowledge

The analysis of Table 2 above reveals that the average knowledge level of community health workers regarding family support is 11.94. This is further elaborated by the fact that 32 individuals (57.1%) possess limited knowledge, which is higher whencompared to the 24 respondents (42.9%) who have a good level of knowledge.

Table 2. Cadres Knowledge Post-CCD Training in 2022 (n=56)

Variable	Category	f	%
Knowledge	Low	32	57.1
	High	24	42.9

Based on Table 3, three questionnaire items have incorrect responses. Specifically, item number 14 has an average score of 71.4, item number 17 has an averagescore of 82.1, and item number 20 has an average score of 87.5. Furthermore, there are three statement items with the highest correct responses. These are item number 1 with an average score of 98.2, item number 6 with an average score of 94.6, and item number 11 with an average score of 96.4.

Table 3. Analysis of Percentage of Responses to Items in the Caregiver Knowledge Child Development Inventory (CKCDI) Questionnaire in 2022 (n-56)

Question	True(%)	False(%)
A child's brain begins to develop even while in thewomb.	98.2	1.2
Newborns cannot see when they are born.	60.7	39.3
A baby's eyes start to track moving objects or toys after3 months.	46.4	53.6
Babies begin to respond to people talking to them withsounds after 3 months.	41.1	58.9
Babies can smile at other people's faces before theyturn 2 months old.	80.4	19.6
Between 9-14 months, children can start saying at leastone meaningful word.	94.6	5.4
Children can engage in imaginative play, like feeding dolls or pretending to drive toy cars, after they turn 2years old.	44.6	55.4
Around 4-5 months, babies can reach for and grab toysin front of them.	91.1	8.9
Babies can pick up small objects like raisins or nutswith their fingertips before they turn 7 months old.	30.4	69.6
Children can walk independently with good balance at18 months old.	32.1	67.9
Speaking to a child while they are still in the womb is agood time to start.	96.4	3.6
Providing colorful objects before a child is 5 monthsold is a good way to help them practice reaching and grasping.	92.9	7.1
Teaching counting to a child is best done after theyturn 2 years old.	55.4	49.6
Teaching colors to a child is best done before they turn1 year old.	28.5	71.4

Question	True(%)	False(%)
Introducing a spoon or fork for a child to start feeding themselves is recommended when they are over 2 years old.	69.6	30.4
Giving a child paper and colored pencils to draw andcolor with is a good idea starting at 1 year old.	69.6	20.4
Babies can sit with assistance at 3 months old.	17.9	82.1
When a child is 4 months old, mothers can provide clean and safe objects or toys that babies can play with in their mouths.	83.9	16.1
Mothers can begin reading books to their child whenthey are 4-6 months old.	48.2	51.8
Mothers can provide clean and safe household itemsfor their child to play with when they are over 1 yearold.	12.5	87.5

Self-efficacy

Based on Table 4, the analysis results indicate that 58.93% of the surveyed community health workers exhibit a strong sense of self-efficacy, while 41.07% still havea lower level of self-efficacy. The determination of self-efficacy levels is based on the average score obtained by respondents, which is 29.41, and the median score of 30. Therefore, it can be concluded that scores ≥30 fall into the good category, whereas scores <30 are categorized as lower.

Table 4. Cadres Self-Efficacy Post-CCD Training in 2022 (n=56)

Variabel	Category	f	%	Mean
Self-efficacy	Low	23	41.1	29.41
	High	33	58.9	

According to Table 5, it is showed that within the domain of self-efficacy, three dimensions should be considered. In 2018, the "magnitude" dimension had a mean score of 3.12. The "strength" dimension had a mean score of 2.92, and the "generality" dimension had a mean score of 3.16. Additionally, in 2022, the "magnitude" dimension had a mean score of 3.0. The "strength" dimension had a mean score of 2.82, and the "generality" dimension had a mean score of 2.93.

Table 5. Mean Scores for Each Dimension of Community Health Worker Self-Efficacy

Self-efficacy dimension	Item number	Mean	
		2018	2022
Magnitude	1, 6, 7, 8, 9	3.12	3.0
Strength	4, 5, 10	2.92	2.82
Generality	2, 3	3.16	2.93

The analysis results from the table 6 indicate that the average scores for the knowledge aspect of community health workers have decreased from 13.39 in 2018 to 11.9 in 2022, resulting in a mean difference of 1.571. Similarly, the self-efficacy aspect of community health workers has shown a decline, with average scores of 30.93 in 2018 and 29.4 in 2022, yielding a mean difference of 0.982.

Table 6. Changes in the Knowledge and Self-Efficacy of Cadres in 2018 and 2022

Variable	Mean		Mean difference	P-value
	2018	2022		
Knowledge	13,39	11,94	1,571	0.002
Self-efficacy	30,93	29,41	0,982	0.106

DISCUSSION

The study investigated the knowledge and self-efficacy of cadres in 2018 and 2022,with a focus on participants aged 30 to 65. Cross-tabulation results indicated that early elderly workers generally had lower levels of knowledge and self-efficacy, whereas thosein the late adult age group demonstrated higher levels. Homemakers among the cadres tended to exhibit good knowledge and self-efficacy. Additionally, there was a noted correlation between higher education and improved knowledge.

Furthermore, the study utilized the Caregiver Knowledge Child Development Inventory (CKCDI) questionnaire, comparing outcomes between 2018 and 2022. The mean knowledge score decreased from 13.39 in 2018 to 11.9 in 2022, suggesting a significant decline possibly influenced by disruptions caused by the pandemic. Knowledge plays a crucial role in shaping individual actions (overt behavior), and the study findings indicate that the average knowledge level of cadres is classified as good. A previous study highlighted that the substantial time gap between evaluations led to a lack of updates or improvements to support program activities (Idami et al., 2022; Lahmadi et al., 2021; Suryaningsih et al., 2023).

Significantly, certain aspects, including the suitable age for introducing safe household items (87.5% unaware), aiding a child to sit at three months (82.1% unaware), and initiating color exposure for children (71.4% unaware), highlighted gaps in awareness.It's noteworthy that children under 1 year old typically perceive colors less vividly than adults, suggesting the introduction of primary colors (red, yellow, or blue) can commencearound the age of 2. Furthermore, the majority of children can recognize at least 2 colors by the age of 3 (Overkott et al., 2022; Speed et al., 2021; Sprenger & Benz, 2020).

Concerning self-efficacy, the average score declined from 30.93 in 2018 to 29.4 in 2022. An examination of self-efficacy dimensions showed that while community health workers exhibited strength in addressing challenging problems, beliefs in task completion (strength dimension) had the lowest average score. The generality dimension, associated with confidence in various situations, had a moderate average score. This dimension encompasses beliefs in the breadth of the behavioral domain and whether there are limitations to one's confidence in abilities in specific situations or activities (Dalimunthe & Ramadini, 2019; Darwanty et al., 2023; Hanifah, n.d.).

The descriptive analysis compares the knowledge levels of community health workers using 2018 secondary data and 2022 primary data. The findings reveal a decreasein average knowledge scores four years after the Care For Child Development (CCD) training program, declining from 13.39 in 2018 to 11.9 in 2022. This decrease is attributedto disruptions caused by the pandemic, affecting training and knowledge enhancement, andsubsequently impacting the delivery of posyandu health services. This aligns with previousstudies that emphasize the influence of training on the knowledge of health workers. Knowledge plays a crucial role in shaping behavior and motivating community health workers to take proactive measures (Afzal et al., 2021; Ballard et al., 2020; Hesaraki et al.,2021).

Likewise, the self-efficacy levels of community health workers have decreased. The average self-efficacy score was 30.93 in 2018, and it dropped to 29.4 in 2022. Four years post the CCD training program, a noticeable impact on the self-efficacy levels of these

workers is evident. This aligns with a prior study asserting that the pandemic disrupted training activities, resulting in the lack of essential training programs for community cadres (Bhaumik et al., 2020; Gilmore et al., 2020; Kamacooko et al., 2021).

Limitation

This study possesses certain limitation. The use of a cross-sectional methodologyoffers a momentary view of knowledge and self-efficacy at distinct time points, possibly overlooking dynamic shifts or patterns. While the sample size is representative, it might constrain the applicability of the results to wider populations. Additionally, the study did not delve into the intricacies of individual experiences during the CCD training program, which could have yielded more comprehensive insights into the factors impacting knowledge and self-efficacy.

Implication and Recommendation

This study emphasizes the need for tailored and consistent training for community health workers, recognizing the impact of external disruptions, like pandemics, on training effectiveness. Program planners and policymakers should prioritize strategies addressing knowledge decay and enhancing self-efficacy over time to ensure the continued delivery of effective health services at the grassroots level. Customizing training programs to address the specific needs and challenges of community health workers, considering their diverse backgrounds and responsibilities, is also crucial.

For future research, it is recommended to explore the factors causing the decline in knowledge and self-efficacy among community health workers, considering contextual influences and regional variations. Investigating the effectiveness of alternative training methods to mitigate disruptions, like pandemics, would offer valuable insights. Additionally, examining the sustained long-term effects of continuous training and support on the knowledge and self-efficacy of community health workers could provide a comprehensive understanding of their professional development.

CONCLUSION

In conclusion, this study illuminates the knowledge and self-efficacy of community health workers, both before and after CCD training, with a four-year gap between assessments. The research highlights a significant decline in average knowledge scores between 2018 and 2022, attributed to disruptions impacting training and knowledge enhancement. This decrease in knowledge carries critical implications as it strongly influences behavior and service effectiveness, notably in posyandu centers. Additionally, there is a corresponding drop in average self-efficacy scores during the same period, influenced by the prolonged training gap. Self-efficacy plays a pivotal role in motivating health workers, and its decline can hinder service delivery.

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