

**Original Research****Improving the Resilience of Parents of Stunting Children through the Kalinting Program (Stunting Counseling Cadre)****Novita Ika Wardani<sup>1\*</sup>, Elisa Ulfiana<sup>2</sup>, Lutfiana Puspita Sari<sup>3</sup>, Eni Sulastri<sup>4</sup>**<sup>1,2</sup> Department of Midwifery Poltekkes Kemenkes Semarang, Indonesia<sup>3,4</sup> Department of Midwifery Poltekkes Kemenkes Surakarta, Indonesia**ABSTRACT**

**Background:** Stunting remains a major problem in Indonesia. The Blora Regency Government targets a stunting prevalence of 20.81% by 2025. Stunting impacts parents' psychological well-being, such as feelings of inability to care for their children. Therefore, resilience and adaptation are needed to accept their child's condition. Parental resilience can be improved through social support and knowledge. Stunting counseling by cadres can provide social support and knowledge to mothers emotionally. The purpose is to analyze the effect of kalinting on resilience of parents of stunted children.

**Methods:** This quantitative study used a single-group pretest-post test design. The population was all cadres in the stunting village. A sample of 30 cadres was selected using consecutive sampling. The study was conducted from June to September 2025 in Blora Regency. The independent variable was stunting counseling, while the dependent variables were cadre knowledge and maternal resilience. The knowledge and resilience instruments used a questionnaire. A pretest of cadre knowledge was conducted before counseling, and a posttest was conducted three days later. The pretest of maternal resilience in stunted children was conducted before the stunting counseling practice, followed by a posttest. Analysis used a paired t-test because the data were normal.

**Results:** The results of the study showed a difference in the knowledge of cadres before and after education ( $p=0.0001$ ) and a difference in the resilience of mothers before and after receiving counseling ( $p=0.0001$ ).

**Conclusion:** Stunting counseling by cadres can increase mothers' confidence in caring for their children. Cadres can provide stunting counseling at integrated health posts.

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**INTRODUCTION**

Stunting remains a problem in Indonesia. Based on the results of the 2023 SSGI (Indonesian Nutritional Status Study), the prevalence of stunting decreased from 24.4% in 2021 to 21.6% in 2022 and the target for 2024 was 14%. In 2022, Central Java's

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stunting prevalence was 20.8%. Kementerian Kesehatan RI, (2023) In 2023, Blora Regency had 21.2% stunting, so the Blora Regency government targeted 20.81% in 2025. Based on these data, Blora Regency in 2024 was still far from the national target. So, the problem of stunting remains a major problem that must be addressed immediately (Blora Regency Government, 2025).

Many efforts have been made by the government to address the problem of stunting such as providing foods high in animal protein, education about Exclusive Breastfeeding, appropriate complementary feeding, immunization and weighing schedules. However, the incidence of stunting is still high. The cause is from the family or parents stunting children. Mothers' knowledge and attitudes have a significant relationship with the incidence of stunting. A positive attitude toward childcare practices and nutritional support supports the practical application of knowledge. Conversely, passive or indifferent mothers may neglect the importance of child nutrition and hygiene (Sari and Khadijah, 2025).

The problem of stunting has an impact on the psychology of parents. The results of interviews with village midwives in Blora Regency showed that many parents do not accept their children being diagnosed with stunting. These feelings make parents disobedient in caring for stunted children, such as if the child does not like high-protein foods, the mother will eat them herself, the mother will be lazy to come to the integrated health post (posyandu), the mother will not provide Exclusive Breastfeeding and appropriate complementary foods. Mothers will feel discouraged in handling stunted children. Therefore, resilience is needed to have resilience and adaptation to accept the child's condition from parents, which is often called resilience. Efforts to increase parental resilience in dealing with stunting problems include providing social support and knowledge (Fikri et al., 2023).

Resilience is the ability to survive and recover from stress or pressure so that they can function optimally. Resilience is very useful because it can build parents' confidence, can adapt to circumstances and help solve problems (Argaheni, Perestroika and Setyani, 2023). Cadres are people who are included in the village/sub-district stunting reduction acceleration team. In addition, cadres are community leaders who are close to the family. The role of cadres can help increase maternal resilience in handling stunted children. Good knowledge and skills of cadres can help provide knowledge to mothers in handling stunted children (Presiden Republik Indonesia, 2021). The formation of the stunting counseling cadre program (Kalinking) is a cadre program that accompanies mothers of stunted children to conduct counseling by providing social support to mothers and providing knowledge so that mothers can adapt and practice handling stunting.

Research by (Delima, Mudjiran and Karneli, 2023) that counseling for mothers of stunted children is very helpful for mothers in dealing with these problems. A counselor can build, realize and direct the potential of parents who may not be realized to rise up to overcome the problems being faced. Assistance to families is very effective in reducing the incidence of stunting. Assistance is carried out from pregnancy until the baby receives exclusive breastfeeding. In assistance, families are given education and motivation to deal with the problem of stunting. (Sabarisman and Sulubere, 2023).

The main focus of this study is on comprehensive stunting counseling. Unlike previous studies that only emphasized nutritional counseling, stunting counseling in this study also covers other aspects such as sanitation and other health factors that contribute to stunting. This approach is expected to provide a more comprehensive understanding

of stunting prevention and treatment. This study aims to analyze the effect of Kalinting on the level of knowledge of cadres and the resilience of parents who have children with stunting.

## **MATERIALS AND METHOD**

This study used a quantitative one-group pretest-post test design because it was used to measure training or education and to evaluate the changes in participants' knowledge and behavior before and after the intervention. This design allows for the direct assessment of the effect of the training program on the same group of participants. The study was conducted from June to September 2025 in Blora Regency. The population was all village cadres in the stunting locus of Blora Regency.

The sample of active stunting cadres in the stunting locus village was 30 cadres. A sample of 30 cadres was selected because all active cadres in the stunting locus villages who met the inclusion criteria participated. In other words, this number represented the total available population of active cadres and enabled direct evaluation of the effect of stunting counseling education on all relevant cadres. The sampling technique was consecutive sampling with inclusion criteria of cadres aged 25-40 years, active as cadres for at least 2 years, able to read and communicate and exclusion criteria of cadres not participating in stunting counseling education activities 100%.

The independent variable is stunting counseling, while the dependent variables are cadre knowledge and maternal resilience. Stunting counseling: a series of educational activities provided to cadres on the causes of stunting, prevention, and how to assist families with stunted children, carried out during training sessions in accordance with the modules that have been prepared. Cadre knowledge: the level of cadre understanding of stunting material, measured using pretest and posttest questionnaires with a maximum score of 100. Maternal resilience: the ability of parents of stunted children to deal with their children's health, nutrition, and environmental problems, measured using a resilience scale instrument before and after cadres provide counseling.

The study conducted a knowledge pre-test before starting the provision of stunting counseling education which was given for 2 hours on 3 days. This study conducted a pre-test of knowledge before providing counseling education on stunting, which was carried out for 2 hours every day for 3 days. The counseling covered understanding of stunting, its causes, impacts, and education on balanced nutrition for children and mothers, including the provision of complementary foods. In addition, the material covered sanitation and hygiene practices, strategies for increasing parental resilience, and the role of cadres in assisting families and monitoring child growth. After the provision of education, a knowledge post-test was given. Furthermore, cadres were given the task of conducting stunting counseling for mothers who have stunted children. Before conducting stunting counseling, cadres conducted a resilience pre-test on mothers of stunted children, after 2 months a resilience post-test was conducted on mothers of stunted children.

The knowledge research instrument used a questionnaire that had been tested for validity and reliability before data collection. The results of the knowledge validity test of 15 questions were declared valid with a value of  $>0.361$  and a Cronbach's Alpha value of 0.829, which means good reliability. The resilience instrument used the Connor-Davidson Resilience Scale (CD-RISC) instrument that had been adapted into Indonesian. The CD-RISC has four factors with 25 positive items, including family and community support, adaptability to challenges, spirituality, and tolerance. The average

validity test was 0.96 (valid) and the Cronbach's Alpha for reliability was 0.917 (reliable).

Variable analysis included descriptive analysis (mean $\pm$ SD, percentage), normality test, and difference test. Paired t-test was used because the results of the normality test were normally distributed. Paired t-test was used to analyze the effect of stunting counseling on cadre knowledge before and after education. Paired t-test was used to analyze the effect of stunting counseling on maternal resilience before and after being provided with stunting counseling by cadres.

This study was approved by the Research Ethics Committee of the Semarang Ministry of Health Polytechnic, with permit number 907/EA/F.XXIII.38/2025 on June 25, 2025. The ethical principles applied include informed consent, whereby all cadres were given an explanation of the purpose and procedures of the research and the right to refuse or withdraw without consequences. In addition, the confidentiality of participant data was securely maintained, and the research was conducted with due regard for the safety and well-being of participants during the stunting counseling process.

## RESULTS

The study was conducted from June to September 2025 with 30 respondents. The material provided was about stunting counseling and counseling practices for mothers of stunted children. Respondents were given a pre-test knowledge questionnaire before the material was provided and a post-test knowledge questionnaire after the material was provided. Furthermore, respondents were given the task of mentoring one cadre to one mother of stunted children in stunting counseling. Before receiving clients, respondents were taught how to use the resilience questionnaire. Cadres were also provided with a stunting counseling book to use when providing counseling to mothers of stunted children. The following data is on respondent characteristics.

**Table 1.** Respondent Characteristics (n =30)

Characteristics	n	%
Age	20-29 years	5
	30-39 years	18
	40-49 years	7
	<b>Total</b>	<b>30</b>
Education	Junior High School	6
	High School	24
	<b>Total</b>	<b>30</b>
Occupation	Housewife	23
	Farmer	5
	Trader	2
	<b>Total</b>	<b>30</b>
Number of Years as a Cadre	<2 years	3
	3-9 years	15
	>10 years	12
	<b>Total</b>	<b>30</b>

The majority of cadres are aged 30–39 years (60%), have a high school education (80%), work as housewives (76.7%), and have served as cadres for 3–9 years (50%).

**Table 2.** Cadre Knowledge and Mothers' Resilience Before and After (n = 30)

Variables	Before		After		p
	Mean	SD	Mean	SD	
Cadre Knowledge	62.67	13.06	77.88	14.61	0.0001
Mothers' Resilience	84.96	9.32	104.16	9.14	0.0001

Table 2 using paired t test shows a difference in cadre knowledge before and after receiving stunting counseling education with a value of  $p < 0.05$  ( $p = 0.0001$ ) and there is a difference in the resilience of mothers of stunted children before and after receiving stunting counseling by cadres with a value of  $p < 0.05$  ( $p = 0.0001$ ). Based on the mean, cadre knowledge increased after receiving stunting counseling education and the resilience of mothers of stunted children increased after receiving stunting counseling from cadres.

## DISCUSSION

Cadres' knowledge improves after receiving the materials compared to their knowledge before receiving them. Knowledge is the foundation for cadres in breaking the chain of stunting. According to Setianingsih et al. (2022), cadres' knowledge of stunting prevention will influence their performance in stunting prevention programs. Health cadres need to receive knowledge reinforcement and mentoring. Good knowledge will influence behavior in preventing stunting in children (Setianingsih, Musyarofah and Indrayati, 2022).

Cadres are members of the village/sub-district stunting reduction acceleration team. Furthermore, cadres are community leaders close to families. The role of cadres can help increase mothers' resilience in managing stunted children. Cadres' strong knowledge and skills can help provide mothers with knowledge on managing stunted children (Argaheni, Perestroika and Setyani, 2023).

Structured and comprehensive cadre empowerment can support improvements in community health through education. Providing training or education to cadres can increase their knowledge in preventing health problems such as stunting. While various methods and media can be used, lectures and discussions with audiovisual media have proven to be the most effective (Vinci et al., 2022).

Providing cadres with educational media such as modules or pocketbooks can help them improve their knowledge. Research shows that pocketbooks have an effect on improving the knowledge of integrated health service post (Posyandu) cadres. Educational media can be used for health promotion to broaden cadres' knowledge about stunting prevention, thus facilitating their acceptance of information (Irmasari et al., 2023).

Posyandu cadres' knowledge of stunting prevention has increased due to health education. Providing stunting prevention information or regular training to Posyandu cadres can further enhance their knowledge (Astuti, 2022). Appropriate training methods for integrated health post (Posyandu) cadres can improve their skills. Combining lectures with focus group discussions (FGDs) can improve cadres' ability to receive and understand information related to stunting. Furthermore, combining lectures with booklets, accompanied by brainstorming and practical exercises, is an effective method for improving attitudes and skills (Hanifah and Hartriyanti, 2023).

Increased knowledge of cadres can help improve their counseling skills. Research by Fadilah, Kurniasari and Harianti (2024) found an increase in knowledge about balanced nutrition through nutrition consultations with mothers of stunted toddlers by cadres. Cadres are the closest contacts to the community and serve as intermediaries for the transfer of education between health workers and the community, possessing sufficient skills and knowledge, particularly regarding nutrition counseling. If cadres are equipped with sufficient knowledge and skills, they can assist nutritionists in addressing stunting cases.

Research by Erowati, Yolahumaroh and Marlina (2025) demonstrated that mentoring integrated health post (Posyandu) cadres in improving nutrition counseling skills in stunting hotspot areas has proven effective. Cadres play a key role as mobilizers, motivators, and educators who trust the community in stunting prevention efforts. Training cadres in nutrition counseling can improve mothers' knowledge and promote optimal feeding practices (Mayangsari, 2024).

The role of cadres in providing education and counseling to mothers of stunted children can increase their resilience. Research by Atiah, Mutaqin, and Risna (2024) found that cadres were able to reassure parents, provide social support, organize, and communicate. The cadres' holistic approach, which connects physical and psychosocial aspects, has proven effective in preventing stunting.

Research by Delima et al. (2023) found that counseling can be an alternative to improve maternal resilience and maternal feeding practices in stunting prevention and management. Resilience in stunted children shows that the higher the social support from parents of stunted children, the higher their resilience. Therefore, the role of cadres is crucial in providing support to mothers of stunted children.

Based on research findings that show an increase in the knowledge of cadres and the resilience of parents of stunted children, this study has important implications. Educational interventions can be used as an effort to develop cadres. This has proven to be effective in improving the ability of cadres to provide counseling on stunting to families.

This study has several methodological limitations. The design used was a one-group pretest-posttest without a control group, so the changes observed cannot be fully confirmed as a direct impact of the intervention due to the potential influence of external factors. The sample size was relatively small and randomization was not used, so the results cannot be widely generalized. Methodologically, it is recommended to use an experimental or quasi-experimental design with a control group to ensure the effectiveness of the intervention.

## CONCLUSION

The influence of cadre knowledge through education on stunting management and the influence of resilience on mothers of stunted children after receiving education and counseling from cadres. The importance of cadres' role in addressing stunting issues necessitates training for cadres to update their knowledge. It is recommended that stunting counseling practices be carried out routinely by cadres during integrated health post (Posyandu) activities. Strengthening collaboration between healthcare professionals and cadres can further enhance the effectiveness of stunting prevention programs. Future studies should explore long-term outcomes of cadre-led interventions on child growth and maternal resilience.

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