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RELATIONSHIP BETWEEN WORK TENURE AND CADRES' KNOWLEDGE IN STUNTING PREVENTION

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ABSTRACT
Stunting represents impaired child growth and development resulting from chronic malnutrition. With approximately 149 million stunted children globally in 2020, early detection and prevention programs heavily rely on community health cadres who interact directly with community members to deliver vital health education. To determine the relationship between length of work tenure and the level of cadres' knowledge in implementing stunting prevention programs. This study employed a quantitative correlational design with a cross-sectional approach. The study population comprised all 69 active integrated health post (posyandu) cadres across eight posts within the working area of Kutai Public Health Center, Bencongan Indah. Total sampling was implemented (n = 69). Data were gathered using a validated 20-item knowledge questionnaire (Cronbach's alpha = 0.820) and analysed using univariate frequency distributions and bivariate chi-square testing. Most respondents had served for 5–10 years (44.9%, n = 31) and demonstrated a good level of knowledge regarding stunting prevention (72.5%, n = 50). Chi-square analysis revealed no statistically significant relationship between work tenure and the level of cadres' knowledge in implementing stunting prevention programs ($p = 1.079$, $p > 0.05$). There is no significant correlation between work tenure and cadres' knowledge level regarding stunting prevention.

Keywords: cadres; growth monitoring; health knowledge; length of service; stunting

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INTRODUCTION

Stunting is a condition in which children experience chronic malnutrition during the first 1,000 days of life (1000 Hari Pertama Kehidupan / HPK), resulting in linear growth faltering. It is clinically characterised by delayed physical growth, lower height-for-age, reduced weight compared to peers, and compromised immune defenses (Ministry of Health of the Republic of Indonesia [Kemenkes], 2023). Stunted children face substantial risks of cognitive and motor impairments, reduced intellectual capacity, neurodevelopmental deficits, metabolic dysregulation, and a heightened vulnerability to chronic non-communicable diseases in adulthood, including diabetes mellitus, stroke, coronary heart disease, and hypertension (Kemenkes, 2023).

Globally, approximately 149 million children under five years of age suffered from stunting in 2020, precipitating secondary long-term health burdens. According to the World Health Organization (WHO), more than half of all stunted children reside in Asia and Africa, with childhood stunting rates exceeding 30% in countries such as India, Nepal, Laos, and Indonesia (WHO, 2021). Based on the Indonesian Nutritional Status Survey (Survei Status Gizi Indonesia / SSGI), national stunting prevalence decreased from 24.4% in 2021 to 21.6% in 2022 among 334,848 assessed children. In Banten Province, stunting prevalence decreased from 24.5% to 20.0% in 2022, while Tangerang Regency recorded a prevalence of 21.1%, placing Banten among the twelve priority provinces and top five regions with high stunting burdens in Indonesia (Herawati, 2023). To meet the national target of lowering stunting prevalence to 14% by 2024, the government

has accelerated multisectoral nutritional convergence programs (Mastina & Mitra, 2023). Preliminary data from an interview with the nutritionist at Kutai Community Health Center (Puskesmas Kutai), Bencongan Indah Village, revealed that by late September 2023, 15 out of 694 under-five children were stunted, with 70% concentrated in Kampung Dadap.

Community health cadres serve as frontline drivers who maintain close, routine communication with families. They play an indispensable role in disseminating health information and executing early child growth and development monitoring at village health posts (Posyandu). Cadres hold primary operational responsibility for village-level maternal and child health interventions; hence, their active involvement is paramount to successful health promotion and stunting prevention (Islamiyati, 2022). Cadres' tenure is frequently cited as an operational factor governing work performance. Longer tenure may enhance technical capabilities and experiential competencies (Hidayati, 2021; Isnaeni & Hastuty, 2023). Cadre knowledge has been suggested to expand alongside accumulating years of service through continuous task involvement and workplace interactions (Banowati, 2020; Liyona & Hastuty, 2023). Extensive work tenure is believed to foster mature problem-solving, professional attitudes, and improved service delivery (Hidayati, 2021).

A baseline assessment conducted at Puskesmas Kutai, Bencongan Indah Village, identified 69 active cadres across eight posyandu units, several of whom possessed up to 30 years of tenure or were retired health workers. Nonetheless, cases of childhood stunting persisted, particularly clustered in Kampung Dadap. Mitigating this burden requires not only experienced cadres but also personnel equipped with accurate, up-to-date knowledge to conduct precise early screening and targeted nutrition education. Therefore, this study aims to evaluate the relationship between work tenure and the level of cadres' knowledge in implementing stunting prevention programs.

Pain management in palliative care extends beyond pharmacological treatment and includes holistic non-pharmacological interventions. This approach is particularly important because pain in palliative care is multidimensional, involving physical, emotional, social, and spiritual components. Therefore, effective pain management strategies should incorporate integrated and patient-centered interventions. Recent evidence highlights that palliative care plays a significant role in reducing pain intensity and improving the quality of life of patients with chronic illnesses, including those with end-stage kidney disease (Szigeti et al., 2025).

Nevertheless, the implementation of pain management in palliative care continues to face numerous challenges, particularly in developing countries. Barriers such as limited resources, inadequate healthcare professional training, and restricted access to analgesic medications and palliative care services significantly affect the quality of care provided (Fadilah & Hidayat, 2024). In addition, disparities in service distribution and the insufficient integration of palliative care into healthcare systems further exacerbate these challenges. Based on these considerations, a comprehensive review of pain management interventions for palliative care patients is needed. This literature review aims to identify effective non-pharmacological interventions for pain management in palliative care patients and to provide an evidence-based foundation for the development of palliative nursing practice.

METHOD

Research Design and Setting

This investigation utilized a quantitative correlational design with a cross-sectional approach to examine the relationship between the independent variable (work tenure) and dependent variable (cadres' knowledge level) based on correlation and contingency testing (Sahir, 2022). The study was conducted within the working catchment of Puskesmas Kutai, Bencongan Indah Urban Village, Tangerang, between 23 March 2024 and 5 April 2024.

Population and Sample
The target population included all active community health cadres across eight posyandu stations under Puskesmas Kutai (N = 69). Total population sampling was applied, enrolling all eligible 69 cadres as respondents.

Research Instrument
Cadres' knowledge on stunting prevention was measured using an adapted questionnaire developed by Afifa (2019). The questionnaire employed a Guttman scale format with binary responses ("True" = 1, "False" = 0) comprising 20 items covering early detection, child nutrition, and the first 1,000 days of life. Work tenure was categorised into three ordinal ranges: < 5 years, 5–10 years, and > 10 years. Sociodemographic characteristics (age and educational attainment) were recorded concurrently. Instrument validity and reliability testing were conducted prior to data collection among 30 cadres at the neighboring Binong Community Health Center. All 20 items yielded corrected item-total correlation coefficients exceeding the critical threshold ($r > 0.361$). The internal consistency coefficient demonstrated high reliability (Cronbach's alpha = 0.820 > 0.60).

Data Collection and Ethical Consideration
Ethical approval was granted by the Nursing Research Ethics Committee of the Faculty of Nursing, Universitas Pelita Harapan (Ethical Approval Number: NO.056/KEPFON/I/2024). Ethical standards adhered strictly to beneficence, non-maleficence, justice, confidentiality, and fidelity. Written informed consent was obtained from all participants before questionnaire distribution. The collected questionnaires underwent systematic editing, coding, entry, and data cleaning.

Data Analysis
Univariate analysis was performed to calculate frequencies and percentage distributions of demographic variables, tenure categories, and knowledge status. Bivariate analysis was conducted using the Chi-Square test to evaluate whether a statistically significant association existed between work tenure and knowledge level ($\alpha = 0.05$).

RESULT
A total of 69 cadres participated fully in this study. The demographic profiles, service tenure, and knowledge levels of the respondents are presented below.

Table 1.
Sociodemographic Characteristics, Work Tenure, and Knowledge Level of Respondents (n = 69)

Respondent characteristics	f	%
Educational Attainment		
Primary School (SD)	6	8.7
Junior High School (SMP)	9	13.0
Senior High School (SMA)	36	52.2
Higher Education (PTN/University)	18	26.1
Age Group		
26–35 years	2	2.9
36–45 years	11	15.9
46–55 years	25	36.2
56–65 years	26	37.7
> 65 years	5	7.2
Work Tenure		
< 5 years	15	21.7
5–10 years	31	44.9
> 10 years	23	33.3
Knowledge Level		
Good	50	72.5
Fair / Poor	19	27.5

As presented in table 1, more than half of the cadres completed senior high school (52.2%, n = 36), while those with primary school education comprised 8.7% (n = 6). The respondents were mostly

concentrated in the 56–65 age group (37.7%, n = 26) and 46–55 age group (36.2%, n = 25). Regarding service tenure, 44.9% (n = 31) had served for 5–10 years, and 33.3% (n = 23) had worked for more than 10 years. Overall, 72.5% of the cadres (n = 50) exhibited a good level of knowledge regarding stunting prevention programs.

Table 2.
Cross-Tabulation Analysis of Work Tenure and Cadres' Knowledge Level in Stunting Prevention (n = 69)

Work Tenure	Knowledge Level		Total f (%)	p-value
	Good f (%)	Fair/Poor f (%)		
< 5 years	12 (80.0%)	3 (20.0%)	15 (100.0%)	1.079
5–10 years	23 (74.2%)	8 (25.8%)	31 (100.0%)	
> 10 years	15 (65.2%)	8 (34.8%)	23 (100.0%)	

The bivariate Chi-Square test yielded a p-value of 1.079 ($\alpha > 0.05$). Consequently, the alternative hypothesis (H1) was rejected, confirming that there is no statistically significant relationship between work tenure and the level of cadres' knowledge in the implementation of stunting prevention programs at Puskesmas Kutai, Bencongan Indah.

DISCUSSION

The univariate analysis showed that the majority of cadres at Puskesmas Kutai had served between 5 and 10 years (44.9%), while those with less than 5 years of service constituted 21.7%. Liyona and Hastuty (2023) stated that the ability to perform community health tasks is deeply influenced by experiential learning. Typically, extended service as a cadre provides repeated exposure to maternal and child health activities, broadening familiarity with primary duties and strengthening community engagement. Experienced cadres often approach field problems differently than novices due to accumulated insights gathered across diverse health circumstances (Purnamasari et al., 2020). Similar observations by Banowati (2020) and Fitri et al. (2023) suggest that seniority and long tenure contribute to enhanced practical wisdom and technical skill refinement.

However, the findings revealed that 72.5% of all respondents possessed good knowledge on stunting prevention, irrespective of their duration of service. Interestingly, the proportion of cadres displaying good knowledge was highest among those with under 5 years of tenure (80.0%), followed by 5–10 years (74.2%), and lowest among those serving over 10 years (65.2%). Statistical analysis confirmed no significant correlation between work tenure and stunting knowledge (p = 1.079).

These findings align with Himmawan (2020), who reported no significant correlation between cadre tenure and knowledge regarding the first 1,000 days of life (p = 1.000), noting that senior cadres did not systematically outperform newer members in cognitive evaluations. Similarly, recent studies emphasize that duration of service alone does not automatically translate into optimal technical execution or updated nutritional knowledge. Pering et al. (2022) highlighted that cadre performance and proactive involvement are largely shaped by up-to-date knowledge acquired through routine supervisory training rather than mere static length of service. Furthermore, Lau et al. (2024) demonstrated that continuous training significantly bridges the knowledge gap among cadres, showing that cadres receiving regular updates exhibit significantly higher competencies in early stunting detection regardless of their baseline tenure.

Conversely, the results of this study diverge from the findings of Isnaeni and Hastuty (2023), who reported a significant positive relationship between work tenure and cadre performance and capability ($p<0.05$), where longer-serving cadres demonstrated better task execution. This empirical discrepancy suggests that service duration alone does not inherently guarantee continuous intellectual retention or clinical competence in stunting screening. Other determinants—such as formal educational attainment (in which 78.3% of respondents completed secondary or tertiary

education), regular participation in specialized training workshops, and individual learning engagement—appear to exert a far more decisive role in shaping cadres' actual stunting prevention knowledge than accumulated calendar years of service.

CONCLUSION

Based on the results of this study, the majority of posyandu cadres under Puskesmas Kutai, Bencongan Indah, have served between 5 and 10 years and exhibit an overall adequate understanding of stunting prevention, statistical analysis reveals no significant correlation between length of service and level of knowledge ($p>0.05$). These findings challenge the common assumption that operational longevity directly equates to superior clinical or theoretical proficiency in nutritional surveillance and stunting mitigation. Consequently, primary healthcare authorities and community health planners cannot rely solely on seniority as a metric for competence, nor should longer-serving cadres be presumed exempt from continuous learning needs. To optimize frontline maternal and child health interventions, primary healthcare centers must implement standardized, periodic refresher training, equitable competency assessments, and structured mentorship programs that engage all active volunteers equally, irrespective of tenure. Furthermore, future investigations should explore other multidimensional determinants of cadre performance—such as educational background, motivation, frequency of supervisory coaching, and practical module delivery—to foster more resilient and evidence-based community health initiatives.

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