

HEALTH CADRES EMPOWERMENT WITH COMPLEMENTARY FOOD WORKSHOPS AND COOKING CLASS

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ABSTRACT

The first 1000 days of life is the critical period for stunting prevention. After exclusive breastfeeding, the adequacy of complementary feeding determines children's growth. In the community, some problems found in complementary feeding practices, include early introduction and suboptimal feeding, which are low in diversity, frequency, and unsuitable texture for the children's age group. Every subdistrict has a Posyandu (Health Integrated Service Post) organized by health cadres. To help stunting prevention, it is important to empower the health cadres with a complementary food workshop and cooking class to gain the cadres knowledge and skills that are useful for their role in organizing Posyandu and conducting supplementary feeding program. To analyze the improvement of health cadres' knowledge and skills about complementary feeding using local food. The design of this community service program were a workshop about complementary feeding followed by discussion to compose menus of complementary food and cook them in the cooking class. A total 16 health cadres participated in this program, they were from Pengasinan and Bedahan Ward, Depok City. To measure the effectiveness of the workshop, we collected pre-post questionnaire about complementary feeding. Based on the paired t-test, there is a significant difference between pre and post-test on the health cadres' knowledge. The mean of the post-test was 15 score higher than the pre-test. It was concluded that the workshop and cooking class of complementary food has improved health cadres knowledge. Hopefully, the cadres might educate mothers with children under two about complementary feeding practice at Posyandu to help reduce and prevent stunting.

Keywords: Complementary Food, Health Cadre, Workshop, Cooking Class.

1. INTRODUCTION

Nutrition problems in Indonesia that have an impact on the quality of human resources are still quite serious, and this is something that must be addressed. Toddlers are a nutrient-prone group that needs to be monitored for their growth and development to avoid nutritional problems. Good nutritional status is a determining factor in the development of human resources. Stunting, wasting, and underweight were nutritional problems among children under five that became a special concern to the Indonesian government. According to the results of the Indonesian Nutrition Status Survey in 2022, the prevalence of underweight in toddlers was 7.7%, and the

prevalence of stunting was 21.6%. Stunting is still a nutritional problem in toddlers, with the highest prevalence among other forms of malnutrition. The Indonesian government's target is to reduce the stunting rate to 14% by 2024. The latest national prevalence of stunting in 2023 was 19,8%. In Depok City, according to data from the City Government in 2022, there are 3637 stunted children under five with a prevalence ranging from 2.11-5.16% in 11 sub-districts. There are 2 sub-districts with stunting rates above 5%, namely Sawangan and Bojongsari Districts, while the Depok Government's target according to the RPJMD is to reduce the stunting rate to 4.83% (Arini et al., 2019; Asmi & Alamsah, 2022; Masdinarsyah et al., 2026; Pramono et al., 2023). The cause of stunting in toddlers is insufficient nutritional intake for a long period of time, causing recurrent infections. This can be caused by insufficient feeding that is below the nutritional needs of toddlers, and might also be caused by inappropriate parenting and limited access to health services. Stunting needs to be treated immediately because in the short term it can interfere with brain development and physical growth, while in the long term it reduces intelligence and health quality so that it experiences degenerative diseases such as heart disease, diabetes, and cancer as a result of imperfect body metabolism (Arini et al., 2017; Kurniasari et al., 2022; Setianto et al., 2026)).

The Depok City Government has made efforts to accelerate the reduction of stunting in accordance with government programs, one of which is the provision of Supplementary food or PMT (Pemberian Makanan Tambahan), that made from local food for children who are at risk of stunting. This vulnerable group includes toddlers who do not gain weight for two consecutive months, underweight toddlers, and undernourished toddlers. This program is expected to increase family food independence sustainably. The potential of local food is rich in sources of carbohydrates, animal and vegetable proteins, as well as vegetables and fruits, so that it can be optimized to support family nutrition. However, this food diversity has not been utilized for the consumption of additional food. The number of PMT program targets in 2023 was 9882 malnourished children under five in 63 villages, and they were supplied for 28 days. The implementation of the PMT program in 2023 was managed by Micro, Small, and Medium Enterprises (MSMEs) in 11 sub-districts distributed by cadres (Health Cadres who deliver food for Stunted Toddlers). Not only delivering, this cadre also provides nutrition education for toddlers with stunting risk, in order to make sure the acceptance of this program. As many as 48.06% of toddlers experienced weight gain after the PMT program ran for 1 week (Novarita et al., 2020).

The success of the PMT program in the city of Depok needs to be continued with independent efforts from each region so that the target of reducing stunting can be realized. This empowerment program was located in Pengasinan, one sub-district that had a high stunting rate in Depok City. In the 2023 PMT program, those who process the PMT menu are MSMEs, sorted as healthy catering, which uses premium quality ingredients, so the price of PMT tends to be more expensive. As a result of the discussion with the nutrition staff of the Health Center, independent efforts are needed by Health cadres in their work areas to be able to manage the PMT program so that it is sustainable. Therefore, Posyandu or health cadres need training to process complementary foods including PMT and Puskesmas nutrition personnel also need assistance to make PMT modules for making complementary food using local food, so that the reduction of stunting in

the region can be achieved. The purpose of this program was to analyze whether the empowerment program was effective in improving health cadres' knowledge about complementary food and skills to make healthy supplementary food from local food ingredients.

2. PROBLEMS AND RESEARCH QUESTIONS

The number of children under five who were stunting in Depok City was 3637, with a prevalence that ranged from 2,11-5,16%. There are two sub-districts with high stunting prevalence (>5%), Sawangan and Bojongsari. The government has designed a supplementary food program named PMT that has been run, but the duration of this program might not run throughout the year. To maintain the sustainability of this supplementary food program, our team has planned empowerment programs for the health cadres to manage the local supplementary food programs for children under five in their area. Therefore, our team has planned an integrated program consisting of a workshop about complementary feeding, followed by a cooking class to improve their skills. The Research Questions of this project were: Is there any significant improvement in Health Cadres' knowledge after participating the workshop and cooking class?

3. LITERATURE REVIEW

Nutrition is one of the most essential determinants of human life, as it plays a crucial role in growth and development. The process of growth and development begins during infancy and undergoes rapid acceleration throughout the first five years of life. Providing balanced nutrition that meets a child's physiological needs is fundamental to developing high-quality human resources. Therefore, ensuring optimal nutritional intake and closely monitoring children's growth and development during this critical period are of paramount importance. Malnutrition remains a significant nutritional challenge in Indonesia. The country is currently facing the triple burden of malnutrition, which encompasses three major forms of nutritional problems: undernutrition (including wasting and stunting), micronutrient deficiencies, and overweight or obesity. These conditions are primarily attributed to inappropriate dietary patterns, suboptimal infant and young child feeding practices, and limited access to adequate healthcare services. Stunting is one form of malnutrition that has become a global health problem due to the highest prevalence among children and its serious health impact in the future (Afindaningrum et al., 2025; Eva Oktaviani et al., 2025).

Indonesia is facing a stunting emergency due to a lack of nutritional intake during the first 1,000 days of life (HPK), which is the main cause of stunting. If not addressed, cases of stunting in toddlers can greatly affect their lives, hinder their growth and development, and lead to physical growth disorders, cognitive development disorders, and decreased immunity (Nugroho et al., 2024). Stunting is mostly caused by inadequate nutrition from conception to the child's second birthday. Children who are stunted have poorer cognitive, motor, and language development, which raises their risk of disease and death. As they mature into adulthood, they frequently have shorter stature and perform worse academically in school. Short-term, negative consequences of stunting include delayed physical growth, metabolic disorders, diminished intellectual capacity, and impaired brain

development. While, the long-term consequences of stunting include reduced cognitive function and academic performance, compromised immunity, increased vulnerability to infectious diseases, and chronic diseases like diabetes, obesity, cancer, and cardiovascular disease in later life. According to data from the World Health Organization in 2018, stunting contributed to approximately one million child deaths annually (Putri et al., 2025; Sukmawati et al., 2025).

Health cadres serve as frontline community health workers who leverage specialized training to identify local health priorities, deliver primary health services, and actively engage their communities in health promotion. The role of health cadres or community health workers in preventing and identifying stunting is very important. In the global context, these cadres are acknowledged as vital in bridging the gap between health systems and communities, particularly in underserved areas. A literature study showed that health cadres delivered care was found to be more cost-effective than facility-based care for treating uncomplicated malnutrition (Bridge & Lin, 2024). Health Cadres in Indonesia manage the Posyandu every month, they play a very important role in preventing stunting as community representatives. Cadres might provide nutrition education for mothers of toddlers, provide supplementary food for children, and also help with monthly growth monitoring, which are essential for detecting stunting cases. Therefore, it is necessary to provide education and training to Posyandu cadres in the preparation of supplementary foods. The skills of cadres in preparing PMT can be improved through training in PMT preparation in accordance with predetermined nutritional values (Atasasih & Paramita, 2024; Bridge & Lin, 2024; Sukmawati et al., 2025).

One of the policies implemented by the Ministry of Health to address the issue of stunting is the provision of supplementary food or feeding (*Pemberian Makanan Tambahan* or PMT). PMT is a targeted intervention designed to fulfil nutritional needs and improve growth outcomes in undernourished children under five. Rather than replacing regular meals, these supplementary foods complement the daily diet and should be fortified with essential micronutrients like iron, calcium, and zinc. PMT can be taken to help meet children's nutritional needs, especially during the growth period of toddlers, which is known as the "golden age." During this period, toddlers are in great need of high-quality, balanced nutrition to support optimal growth and development. One form of intervention that can be implemented is through training and cooking demonstrations for mothers of toddlers, utilizing locally sourced foods that are high in nutritional value. The effective execution and management of PMT programs at the *Posyandu* level rely heavily on the active participation of community health cadres. The provision of supplementary food to toddlers typically takes the form of safe snacks that contain nutritional value appropriate for their needs. Common types of PMT include biscuits, mung bean porridge, and pudding. PMT can also consist of modified versions of various local foods. The use of local foods as supplementary foods must meet several requirements, they must be acceptable, in accordance with social norms and religious beliefs, easy to prepare, meet nutritional needs, be affordable, readily available, and safe (Ahmad Hisbullah Amrinanto et al., 2023; Apriliani et al., 2025; Asna et al., 2026).

Training methods involving demonstrations and practice, provide meaningful effectiveness in terms of knowledge improvement. Training using

this method leaves a deep impression on respondents because they can see how to make PMT directly (Kusumasari et al., 2020). An empowerment program in Pekanbaru showed that the training provided to cadres can increase the knowledge of posyandu cadres regarding stunting and Supplementary Feeding (PMT), and Posyandu cadres are able to make pangasius fish nuggets with the addition of tempeh, which has been made into a PMT menu at the Posyandu. This result showed that the method of training and cooking practices, might improve the knowledge of complementary feeding and the cadre's skill to prepare PMT program (Atasasih & Paramita, 2024). Study from Rahmawati in 2020 showed that combination method of training including seminar, discussion and simulations, significantly improved cadres' knowledge and skill. Simulations and practical training media transform theoretical instruction into experiential learning for health cadres. By actively involving participants in problem-solving and skills application, this hands-on methodology significantly improves learning outcomes and practical competence. A simple health promotion that formed in a sequence trainings might potentially increase cadres' knowledge and skill, further effect of the improvement may lead to positive behavioral change that support stunting prevention in the communities. The more equitable and comprehensive training efforts can support the effective implementation of the PMT program, enabling posyandu cadres to improve the nutritional status of under-five children more optimally and also increasing the activeness of health cadres. (Apriliani et al., 2025; Aril et al., 2026; Nur et al., 2025; Rahmawati & Dewi Sartika, 2020).

4. METHOD

The method of this community service activities was adjusted to the results of the situation analysis and requests from partners, represented by Nutritionist from the Pengasinan and Duren Seribu Health Centers. Community service are carried out using the Participatory approach which aims to increase community empowerment. In the empowerment process, there are 3 dimensions that are carried out, namely meeting needs and solving practical problems; the development of science and community diversity; and the process of social change of diversity. The target of this activity is to empower the health cadres in the work area of the Puskesmas with the following stages: Initial data collection on local food commonly consumed by the community in the service areas, Group discussion with nutritionist and health cadres to develop complementary feeding/ PMT module with local food ingredients. The next step is assistance in making modules, determining menus, local food price market surveys, and module design layouts. The last step is finalize the module with the validation of local policy makers, nutritionist, Posyandu cadres, Heads of Health Centers and local community leaders. After finisih with the modul, the project team provide workshop for health cadres about preparing complementary food. After finished the workshop, the following day, the cadres joined the cooking class to learn and practising how to make complementary feeding that nutritious, using local food. The objectives of cooking class was to make processed complementary foods using local foodstuffs, especially in combination with protein and vitamin source foods. To measure the success of the program, before conducting training, cadres will be measured the

level of knowledge in the practice of providing complementary foods by pre-test. After participating in the training, cadres will be re-measured their level of knowledge using post-test instruments. The sustainability of this program can be provided with material on food innovation and the potential for entrepreneurial development to make Baby Food Catering in the service area, so that Posyandu cadres can also generate additional income which has an impact on improving family welfare and further ensuring family health.

5. RESULT AND DISCUSSION

This community service project was in collaboration with Public Health Centres in Pengasinan, Depok City. The total health cadres that participate in this project were 16 cadres. The first step of this project was developing complementary feeding and PMT module. After team had finished the complementary feeding module, it was disseminated to the participants in workshop session. A question-and-answer discussion session was carried out after the presentation of the workshop. All of participants filled out the pretest and posttest completely. The results of the analysis of health cadres' knowledge based on pre-test and post-test is as follow:

Table 1. Mean Difference of Health Cadres' Knowledge

Variable	Pretest Mean	Posttest Mean	Sig.
Health Cadre's Knowledge about Complementary Feeding	70,00 $\pm$ 12,11	85,63 $\pm$ 11,53	p = 0,002

There was a significant difference between the mean of cadres' knowledge before and after the workshop. The cadres' knowledge about composing menu and preparing complementary feeding was improved after being explained by the project team module. The result of this project was in line with a study from Rahmawati in Bogor, 2020, that showed significant improvement in knowledge among cadres after training and simulation about stunting early detection. This finding revealed that the result of the training they received with several methods led to an increase in health cadres' knowledge. In this project, the team combined a training method with a cooking class as a practical session, in line with the projects from Aril et.al. A community project conducted by Aril in 2026 in Cimpu Utara, South Sulawesi has effectively increased Mothers' knowledge in children nutrition and also their skill in cooking healthy meals (Aril et al., 2026; Rahmawati & Dewi Sartika, 2020). The improvement of the health cadres' knowledge about complementary feeding and PMT would determine the success of the Supplementary Feeding Program (PMT) in tackling the problem of undernutrition and stunting in toddlers (Apriliani et al., 2025). After joining the workshop, the cadres' continue the activities by joining cooking class. The step of community service activities has been conductes was summarized in the table below.

Table 2. Details of Community Service Activities

No	Activities	Target/Media	Output
1.	Group discussion with Nutritionist and Health cadres to Develop complementary feeding module with local food ingredients	Health cadres, the media used a questionnaire guide with questions related to complementary feeding	Cadres skill in preparing complementary food
2.	Developing module as media to educate cadres about complementary feeding	Project team: Lecturer and Students	- Workshop Module - Complementary Feeding Menus
3.	Workshop : Complementary Feeding and Supplementary Feeding	Health Cadres	- Increase Cadres Knowledge
4.	Cooking Class: Main course and snack for children under two	Health Cadres	- Increase cadres skill in cooking complementary feeding

- a. Activity 1: Discussion with nutritionist. It is known from the results of the discussion that counseling is needed on the processing of complementary foods to cadres so that they can continue the PMT program. There is a PMT program from the Depok City Government, last year for 28 days, this year for 56 days. This training is needed so that cadres can support and continue the PMT program independently. The PMT and complementary food modules that are made are customized, namely listing nutrients with prices per serving ranged from Rp. 1000-Rp. 5000.
- b. Activity 2 : Development of Educational Media. The educational media developed from the results of the FGD is the complementary nutrition module which contains information about complementary foods, PMT and sample menus as many as 18 menus for 3 age groups.
- c. Activity 3 : Training on compiling complementary menus and providing complementary modules
- d. Activity 4 : The practice of processing complementary foods with local ingredients, namely making main foods and snacks per group according to the specified age group.

The output of this project is module for complementary feeding :

1. Complementary feeding Module



Figure 1. Complementary feeding module

The complementary feeding (MPASI) module contains material on the principles of complementary feeding and supplementary feeding (PMT), balanced nutrition for under-five children, sample menus, and practice worksheets for health cadres to compose menus. The menus provided in the module had been adjusted with the price range of PMT and utilized local food as ingredients. Menus that have been created by the cadres were cooked during the cooking class session. A study from Andriani in 2022 showed that a complementary feeding module might provide practical educational materials that lead to correct complementary feeding practices. A module should be concise enough to be read in one sitting, so that the readers might complete reading all of the material (Andriani et al., 2022)

2. Workshop on Complementary Feeding Practice



Figure 2. Workshop on Complementary Feeding Practice

The workshop session was held in the auditorium of the Pengasinan Community Health Center, with the author—as the head of the community service program—serving as the presenter, assisted by a team of students. The session consisted of presentations and discussions, using PowerPoint slides. The material presented corresponded to the content in the module

provided to the community health workers. Integrating nutrition education and cooking classes to prevent stunting might give significant results in improvement in knowledge and cooking skills. Nutrition education could increase knowledge about complementary feeding principles and balanced nutrition, while using a module to compose menus and cooking practices would give experience, strengthen good knowledge, and improve cooking skills using local healthy food (Yayan Wardiyanto et al., 2024).

3. Cooking Class



Figure 3. Cooking Class

The total health cadres that joined cooking class were 16 cadres that divided into 6 groups. The team of this community project chose 3 group as winners, the result of groups' cooking were assessed based on the taste, texture and the components of balanced nutrition. All of the cadres used apron and plastic hand gloves while they were cooking, and all food ingredients cooked were local foods. An interactive nutrition education program based on local food model, could increase the nutrition knowledge in mothers of children 80% higher than conventional method or lecturing model. The increase in nutrition literacy and skills in cooking healthy food could directly contribute to stunting prevention (Arl et al., 2026).

4. The Result of Cadres Cooking Class



Figure 4. The result of Cadres Cooking Class

The ingredients used for cooking class were local foods, including chicken, gurami fish, kembung fish, corn, pumpkin, mango, spinach, watermelon, potatoes. According to the Ministry of Health Policy in 2024, the government suggested to optimize the utilization of local food to improve nutrition status in communities. The processing methods used were steaming, boiling and frying. The use of local food sources of protein such as chicken and fish is excellent for supporting children's growth. Chicken meat is high in vitamin B6, which the body needs for carbohydrate, fat, and protein metabolism, red blood cell formation, and strengthening the immune system. Chicken meat contains nearly 36% of the total daily requirement of vitamin B6. Vitamin B3, or niacin, is also very rich in chicken meat and can meet nearly 72% of our body's total daily requirement. This vitamin is necessary for food metabolism, extracting energy from food, and supporting the functions of the digestive tract, skin, and nervous system. The use of vegetables and fruits in the preparation of supplementary foods is also excellent, demonstrating the cadres' expertise in preparing nutritionally balanced menus for toddlers. Fruit and vegetables were rich of antioxidant and fibre that improves digestion and strengthen immunity (Atasasih & Paramita, 2024; Nugroho et al., 2024).

The result of this community service project was inline with Marlina's project result, that workshop and cooking class might increase knowledge and skill of processing complementary feeding. A similar project conducted by Loaloka in Kupang also showed that the workshop and cooking class program was effective to refresh cadres knowledge and skill to make acceptable complementary food. Thus showed that giving workshop and cooking class for health cadres is effective to help increasing knowledge and skills of complementary feeding practices (Loaloka et al., n.d.; Marlina et al., 2021). Another community empowerment program for health cadres in Pekanbaru also showed that the method of training and cooking practices, might improve the knowledge of complementary feeding and the cadre's skill to prepare PMT program, which inline with the result of this program. Training methods that involving demonstrations and practice, provide meaningful effectiveness in terms of knowledge improvement (Atasasih & Paramita, 2024; Kusumasari et al., 2020; Loaloka et al., n.d.).

6. CONCLUSION

Workshop and cooking class to empower health cadres by improving their knowledge and skill to prepare complementary food was an effective way to help stunting prevention. This project result showed that health cadres' knowledge has increased after the projects and they showed good achievements in cooking complementary food using local food. Hopefully, the cadres might implement the result of this project by conducting workshop and cooking class for mothers with children under two in their area.

Recommendation

The significant gain in cadre knowledge highlights the need for local health offices (Dinas Kesehatan) to transition Posyandu training from passive lectures to practical, strengthened with local food-based cooking workshops. Furthermore, academic institutions should collaborate with local governments to develop standardized, region-specific complementary feeding manuals and conduct longitudinal studies to evaluate the direct impact of cadre counselling on feeding practices and child growth metrics.

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