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The Talking Sticks Method Enhances the Skills of Community Empowerment Cadres in the Early Prevention of Stunting Incidents

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ABSTRACT

Introduction: In 2022, the World Health Organization reported 148.1 million children under five suffering from stunting, reflecting poor nutritional patterns globally. The WHO targets a maximum stunting prevalence of 20%. Indonesia, with a stunting rate of 31.8% in 2020, ranks second in Southeast Asia. In Central Sulawesi, 34% of toddlers are malnourished, as observed in a survey at Pagimana Health Center, which covers 24 villages and includes 135 community health workers. **Purpose**: This study aims to evaluate the impact of the talking stick intervention on improving Posyandu cadres' knowledge, attitudes, and behaviors in providing stunting counseling. **Method**: An experimental research design with a quantitative approach was used, specifically a Pre-Experimental Design with a One Group Pretest-Posttest Design. The sample included 88 Posyandu cadres. Data analysis involved normality tests and hypothesis testing using t-tests to assess the effectiveness of the intervention. **Results:** The paired t-test revealed significant differences between the results of the pre-test, post-test 1, and post-test 2, with a p-value of 0.00, indicating a significant impact of the talking stick method on the knowledge of community empowerment cadres in the early prevention of stunting. **Conclusion:** The talking stick intervention effectively enhances Posyandu cadres' knowledge, attitudes, and actions, proving valuable for early stunting prevention in Pagimana District, Banggai Regency.

INTRODUCTION

Stunting is a linear growth disorder in children and has long-term impacts such as increased morbidity and mortality, as well as productivity disruptions in the future. Stunting refers to a condition in infants under 5 months of age, commonly referred to as toddlers, who have a height or length that is less than that of normal toddlers of the same age. The impacts arising from stunting in toddlers are quite diverse as they can affect their growth and development. These impacts can disrupt the growth of toddlers in terms of height and weight. As a result, the child will be delayed in walking and their motor skills will also be less than optimal (Sukamto, Juwita, & Argaheni, 2023).

The prevalence data of stunting in Central Sulawesi from 2021 to 2023 shows that the field survey conducted at the Pagimana Health Center in Luwuk Banggai

Regency found 24 villages with a total of 135 community health workers and 530 toddlers, of which 34% are experiencing malnutrition. The skills of cadres in the early prevention of stunting through the Talking Stick method have proven to be highly effective and efficient, as this method encourages active participation, strengthens understanding of the material, and boosts cadres' confidence in delivering information to the community. It is hoped that with these skills, cadres will contribute to reducing stunting through the knowledge they have gained during the implementation of the Talking Stick method. There are four roles of posyandu cadres in preventing stunting cases, namely: 1) health service providers, 2) health educators, 3) community mobilizers and empowerers, and 4) health monitors. Posyandu cadres are expected to be at the forefront of preventing stunting cases. The cadre of the posyandu is seen as someone close to the community, so it is hoped that they can convey information related to stunting.(Faizah, Ismail, & Kurniasari, 2023). The Talking Stick method is indeed a novel approach in the context of community empowerment and early stunting prevention. While various educational methods have been employed in similar settings, this method is unique in that it actively engages participants in a collaborative and interactive manner, fostering both communication and critical thinking skills. Compared to traditional methods such as lectures or passive discussions, the Talking Stick method encourages equal participation and ensures that all members are actively involved in the learning process. This study aims to explore its effectiveness in enhancing cadres' knowledge, confidence, and ability to communicate stunting prevention strategies to the community, thus filling a gap in the literature by evaluating a more participatory approach in the field of public health education

Stunting is a serious health issue in Indonesia, particularly among young children, due to its impact on physical and cognitive development. Early prevention of stunting requires active participation from community empowerment cadres who possess adequate knowledge and skills to educate the public. One of the training methods that can enhance cadre understanding is the Talking Stick method. This method encourages active participation, increases engagement, and strengthens understanding through interactive discussions. This study aims to determine the effect of the Talking Stick method on improving cadres' knowledge in early stunting prevention efforts (Rosyada, 2023);(Sri Rahayu, Mardiyah, & Priambodo, 2023);(Satriawan, 2018).

The Talking Stick technique is an interactive learning method that effectively enhances the skills of cadres in the early prevention of stunting, particularly in communication, understanding of the material, and confidence. Compared to other methods such as lectures or group discussions, this technique encourages active participation by giving each cadre the opportunity to speak in turn using a stick. This approach helps cadres internalize knowledge, practice quick decision-making, and build confidence in conveying information to the community. While effective, this technique requires a conducive environment and cadres with a basic understanding of the material. Combining it with other methods, such as simulations or group discussions, can further optimize training outcomes. The aim of this study is to determine the effect of the Talking Stick method on the knowledge of community empowerment cadres in the early prevention of stunting.

METHODS

This research generally aims to determine the effect of the Talking Stick learning model on the ability of Cadres to think creatively in efforts to prevent stunting

at an early stage. This type of research is experimental research with a quantitative approach. The research design used in this study is a Pre-Experimental Design in the form of a One Group Pretest-Posttest Design.

The population of this study consists of all Posyandu cadres, using Non-Probability Sampling techniques, which is a type of saturated sampling totaling 88 cadres. The research variables are Knowledge, Attitudes, and Actions of the cadres, the research instrument uses a questionnaire, and is accompanied by consent from the respondents. The implementation of the Talking Stick method is carried out in 4 sessions or four rounds. Each session lasts for 15 minutes. The data in this study was obtained through tests, observations, and documentation. Data analysis involves using initial and final normality test analysis techniques, as well as hypothesis testing (t-test). The normality test is used to determine whether the results of the talking stick method intervention are normally distributed or not. Hypothesis testing using a t-test.

RESULTS

Characteristics

The characteristics of respondents in the research obtained include education level, occupation, and duration of being a cadre. The distribution based on these characteristics is presented in the table below:

Table 1. Characteristics of Human Development Cadre Respondents in the Work Area of Pagimana Health Center.

Characteristics	n	%
Education Level		
Elementary School	7	8.0
Junior High School	27	30.7
Senior High School	53	60.2
Diploma	1	1.1
Work		
Household Affairs	88	100.0
Duration of Being a Cadre		
<1 year	4	4.5
>1 year	84	95.5

The results of the research on respondent characteristics based on education level show that the majority have completed Senior High School (60.2%), followed by Junior High School (30.7%), Elementary School (8%), Diploma III (1.1%), and Bachelor's degree (0%).

Knowledge Categories Before and After Education Provided

Table 2. Categorization of Knowledge Scores Table of Human Development Cadre Respondents in the Work Area of Pagimana Health Center.

Parameter	Pre-Test		Pos-Test 1		Post-Test 2	
	n	%	n	%	n	%
Good	3	3.4	77	87.5	87	1.1
Enough	62	70.5	11	12.5	1	98.9
Lacking	23	26.1	0	0	0	0

The results of the pre-test and post-test showed the categorization of knowledge scores before and after education was provided: poor knowledge if the

score is <56, sufficient knowledge if the score is 56-75, and good knowledge if the score is >76. In the pre-test, there were 23 respondents with poor knowledge, 62 respondents with sufficient knowledge, and 3 respondents with good knowledge. In post-test 1, there were 11 respondents with sufficient knowledge and 77 respondents with good knowledge. In post-test 2, there was 1 respondent with sufficient knowledge and 77 respondents with good knowledge.

Table 2. Categorization of Attitude Values

Parameter	Pre-Test		Pos-Test 1		Post-Test 2	
	n	%	n	%	n	%
Positive	38	43.8	88	100.0	88	100.0
negative	50	56.8	0	0.0	0	0.0

The results of the pre-test and post-test showed the categorization of attitude scores before and after the talking stick was implemented. There were 38 respondents with a positive attitude before, and 50 respondents with a positive attitude after. In post-test 1, there were 88 respondents with a positive attitude. In post-test 2, there were also 88 respondents with a positive attitude.

Categorization of Actions Before and After the Talking Stick

Table 3. Categorization of Action Values

Parameter	Pre-Test		Pos-Test 1		Post-Test 2	
	n	%	n	%	n	%
Doing	44	50	88	100	88	100
Not Doing	44	50	0	0	0	0

The results of the pre-test and post-test showed the categorization of knowledge scores before and after the implementation of the talking stick, with 44 respondents taking action and 44 respondents not taking action. In post-test 1, there were 88 respondents who took action. In post-test 2, there were 88 respondents who did not take action.

The Effect of Talking Stick on Knowledge.

Table 4. The Effect of Talking Stick on Knowledge.

Knowledge	n	Min	Max	Mean	Std Deviation	P Value*
Pre Test	88	42	80	59,86	7,003	
Post Test 1	88	62	92	83,84	6,216	0.000
Post Test 2	88	72	98	89,12	3,734	

Table 5. The Influence of Talking Stick on Attitudes

Attitude	n	Min	Max	Mean	Std Deviation	P Value*
Pre Test	88	18	34	24,49	2,746	
Post Test 1	88	26	39	33,24	2,445	0.000
Post Test 2	88	30	38	35,49	1,422	

Table 6. The Effect of Talking Stick on Actions

Action	Min	Max	Mean	Std Deviation	P Value*
Pre Test	18	34	24,49	2,746	
Post Test 1	26	39	33,24	2,445	0.000
Post Test 2	30	38	35,49	1,422	

The results of the analysis using the paired T-test show a difference between the pre-test, post-test 1, and post-test 2 in the assessment of knowledge, attitudes, and actions, where the p-value is 0.00, which means <0.05. It can be said that there is an influence of giving the talking stick before and after it is provided.

DISCUSSION

Knowledge

In the pre-test, there were 23 respondents with poor knowledge, 62 respondents with adequate knowledge, and 3 respondents with good knowledge. In post-test 1, there were 11 respondents with adequate knowledge and 77 respondents with good knowledge. In post-test 2, there was 1 respondent with adequate knowledge and 77 respondents with good knowledge. The research findings obtained from field facts indicate that the application of the talking stick method is a group learning approach using a stick as a medium to enhance the knowledge, attitudes, and actions of cadres or community empowerment to address stunting incidents at an early stage.(Hartina, Angri Lismayani, 2024). It is evident from the results (pre-test and post-test) that the average knowledge score before and after the education was provided indicates that the knowledge of the village community empowerment cadres was still lacking before the education was conducted in Test I. However, after the education was delivered using the talking stick method and Test II was administered, very good results were obtained. The intervention applied to the community empowerment cadres showed a change in behavior or the acquisition of new behaviors that are permanent, functional, positive, and conscious (Olahairullah, Turrahman, & Suryani, 2023). The cadre of the posyandu must indeed be required to have better knowledge than the surrounding community (Rais, Aris, Mahendika, Supinganto, & Sarbiah, 2023). This is because the posyandu cadres are the main spearhead in providing health services to the community within their working area.(Kusumaningrum, Munawaroh, & Muftiana, 2021), This is because cadres who have good and sufficient knowledge will be active in posyandu activities, as they understand how to prevent and address stunting (Janwarin, 2021).

When we look at the age and education level of the cadres, none have graduated from higher education; the average education is high school, while the rest have only completed elementary and junior high school.(Sadiah, Supandi, & Kiswoyo, 2019) The average duration of being a cadre assigned by the village government is at least 1 year, and the average work of the cadres involves household affairs. Knowledge can be influenced by many factors, one of which is the level of education (Mutingah & Rokhaidah, 2021). A higher level of education does not guarantee an impact on a person's knowledge. Good knowledge is not only acquired through education but can be obtained in various ways, whether through personal initiative or encouragement from others. In addition, knowledge can also be

acquired through experience and the learning process, both formally and informally (Polwandari et al., 2021).

Attitude

The research results indicate that in the pre-test and post-test, the attitude scores before and after the intervention using the talking stick method showed 38 respondents with a positive attitude and 50 respondents with a positive attitude. In post-test 1, there were 88 respondents with a positive attitude. In post-test 2, there were also 88 respondents with a positive attitude. Attitude is the most influential factor on performance. Attitude clearly indicates the connotation of a reaction's alignment to a specific stimulus. Attitude is not yet an action or activity, but rather a predisposition towards action or behavior (Guspianto, Sari, & Wardiah, 2023). The attitude of health cadres is a very important domain as the foundation for health cadres in their activities to enhance community health posts(Fitriani, Farisni, Syahputri, Lestary, & Helmyati, 2020). Attitude is not yet an action or activity, but still represents a predisposition towards a certain behavior(Kamba, 2019). A person's attitude influences their health actions; an interest in positive actions will lead to positive health behaviors as well.(Nur Imanah & Sukmawati, 2021).

Practice, Knowlegde, Interpersonal Communication, Attitude, Practice

The results of the pre-test and post-test showed the scores of actions before and after the intervention using the talking stick method. There were 44 respondents who conducted counseling for pregnant women and mothers with toddlers, while 44 respondents did not take action. In post-test 1, there were 88 respondents who took action. In post-test 2, there were also 88 respondents who conducted counseling for pregnant women and mothers with toddlers. The role of cadres is very important because they are responsible for the implementation of health programs(Krisdayani, Fadhilah, & Apriningsih, 2023) To become a cadre, certain requirements are needed: one must come from the community, be elected by the community itself, be willing to work voluntarily, earn the trust of the community, and possess good credibility where their behavior serves as a role model for the community. Additionally, they should have a strong sense of dedication, a stable income, literacy skills, and the ability to nurture the surrounding community(Simbolon, Soi, & Ratu Ludji, 2021).

The results of the analysis using the paired T-test show a difference between the pre-test, post-test 1, and post-test 2 in the assessment of knowledge, attitudes, and actions, where the p-value is 0.00, which means <0.05. It can be said that there is an influence of the intervention using the talking stick method on the improvement of knowledge, attitudes, and actions of the community empowerment mothers' cadres in the village. The intervention using the talking stick method, supported by a guidebook for the cadres, greatly assists and facilitates the cadres in conducting outreach to pregnant women and mothers with toddlers (Melangka, Masudin, Iwan, Hasan, & Sahe, 2021).

The intervention method using the talking stick technique is supported by a guidance book for counseling. The talking stick method is a learning process that uses a stick as a tool to determine which participant will answer the question (Wardah & Fitria, 2021), The aim of learning with the Talking Stick method is to encourage participants to confidently express their opinions (Ekayani, Nurmayasari, & Gumilang, 2020). The Talking Stick learning method focuses on creating a learning environment through the stick game, where one participant passes the stick to another. The stick is rolled while accompanied by music. When the music stops, the cadre holding the stick is the one who gets the chance to answer the question (Ratunguri, Manawan, &

Supit, 2023).

The Talking Stick learning model is one of the cooperative learning models . This learning strategy is carried out with the help of a stick; whoever holds the stick is required to answer questions from the presenter after the participants have studied the main material.(Amina, Huda, & Hatip, 2024) The talking stick learning method intervention is very well applied for cadres. In addition to training speaking skills, this learning will create a pleasant atmosphere and engage the participants actively(Lisu, 2020). The kader posyandu is part of community empowerment because they have the ability to encourage the community to contribute to revitalizing social spirit, expressed through their capacity to inspire, build enthusiasm, stimulate, guide, and motivate others to take action.(Al-Faiqah & Suhartatik, 2022) The role of cadres in fostering this social spirit is crucial in empowering the community, particularly in the early identification of stunting incidents (Rusdianti, 2024). The advantages of the Talking Stick are: “(a) It can test students' readiness, (b) it trains their skills in reading and understanding lesson material quickly, (c) it encourages them to always be prepared in any situation.”(Triana, 2022). This learning model is not only enjoyable because it includes elements of play, but it also helps participants become more courageous in the teaching and learning process, training their skills to read and quickly understand the material presented (Nasroni, 2020).

The KPM's task includes socializing the convergence policy for stunting prevention in the village to the community, including introducing growth mats for measuring the length/height of toddlers as an early detection tool for stunting. Data collection for 1,000 household targets.(Darwis, Abdullah, Amaliah, Bohari, & Rahman, 2021). By enhancing the understanding of posyandu cadres about stunting and its preventive measures, it is hoped that they can play an active role in realizing a stunting-free generation in the Pagimana district. The synergy and collaboration between posyandu cadres, healthcare workers, other stakeholders, and the community are the key to achieving the goals.(Nugraha, Rezkita, & Sarasati, 2020) . The presence of such positive roles from the cadres in efforts to prevent stunting will have an impact on children's health, monitoring growth and development, and filling out the Healthy Menu Card (KMS) both directly and indirectly.(Rusdianti, 2024) The application of the talking stick method is a practice that is rarely used with adults, and is usually implemented at the high school level. However, it is also very beneficial to apply it to adults as it fosters a more creative process in delivering material.(Amina et al., 2024)

This study has several limitations, including potential selection bias due to the choice of cadres that may not be fully representative, measurement bias caused by subjective factors in assessing knowledge, and challenges in applying the Talking Stick method, which may reduce its effectiveness, especially for cadres with lower self-confidence. Additionally, the limited time frame of only 4 sessions may not be sufficient to observe significant changes in cadres' knowledge or skills, and there is no long-term assessment to evaluate the sustainability of the knowledge gained. These limitations should be considered when interpreting the study's results.

CONCLUSION

Based on the research results and discussion, it can be concluded that: the influence of the Talking Stick learning model on the intervention conducted for the cadre mothers or community empowerment in Pagima District, Bangai Regency, Central Sulawesi, showed an improvement after the second post-test was conducted. The talking stick method is very effective for outreach activities, so it is recommended

to use this method in any activities related to skills. To improve the effectiveness of the Talking Stick method, it is recommended to extend the training duration beyond 4 sessions, provide additional support to enhance cadres' confidence, and implement long-term monitoring to assess knowledge sustainability. Including a more diverse group of cadres and integrating the Talking Stick method with other educational approaches, such as role-playing, can improve learning outcomes. Collaboration with local health authorities is also crucial to ensure that knowledge is effectively disseminated to the community, particularly in underserved areas. These steps will help maximize the impact of training programs on stunting prevention.

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