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The Effect of Infant and Young Child Feeding (IYCF) on the Knowledge and Attitudes of Integrated Healthcare Center Cadres

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Abstract
One of the factors causing malnutrition in children is poor feeding practices. Poor feeding practices in infancy and early childhood, contribute to malnutrition impaired cognitive, and social development, decreased work productivity, etc. This study aims to determine the effect of Infant and young child feeding training on the knowledge and attitudes of Integrated Healthcare Center cadres in Teluk Lingga, East Kutai Regency. The research is a quasi-experimental study with a pretest and research design conducted in March 2023 in the working area of the Teluk Lingga Health Center, East Kutai Regency, East Kalimantan, Indonesia. The sample of this study was 51 cadres based on inclusion and exclusion criteria. IYCF variables are carried out by delivering material, counselors, and practices. The variables of knowledge and attitude were obtained using questionnaires. The collected data was analyzed with the Paired-Sample T-test. Results showed that the difference in the level of knowledge of cadres before and after being given IYCF training was obtained with a p-value of 0.000. This means that there is an influence of IYCF training on the knowledge of cadres. The attitude showed a difference in the attitude of cadres before and after being given IYCF training with a p-value of 0.000, which means that there is a significant difference between the average score on the pre-test and post-test. IYCF training has a significant effect on increasing the knowledge and attitudes of Integrated Healthcare Center cadres. We hope that this training will be carried out continuously

Keywords: Training, Cadre, Child Food, Knowledge, Attitude

Key Messages:
- This research provides concrete evidence that training provides new knowledge to the target in the hope that it can be passed on to other people

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1. Introduction

Globally, childhood malnutrition is a major public health problem, particularly in developing countries [1]. Reported malnutrition in mothers and children in developing countries with approximately 45% of child and maternal deaths mainly caused by malnutrition and 11% of child deaths caused by suboptimal breastfeeding [1]. In 2016, the World Health Organization (WHO) estimated that 52 million children under 5 years of age (toddlers) were malnourished, 17 million children were malnourished, 155 million children were stunted, and about 5% of under-five deaths were caused by malnutrition [2]

The first 2 years of life is a critical period for infants and young children under 2 years old, because this time children are in a period of good growth and development, called the Golde Age. During this time the child will learn to accept healthy foods and drinks and form a diet for healthy growth [3]. Complementary feeding is described as the introduction of safe and nutritionally balanced solid, semi-solid, or soft foods in addition to breast milk for children aged 6–23 months [2]. Proper complementary feeding is not only important for a child's growth but also provides the benefits needed for good health throughout their lives [1][2]. Infant and Child Feeding (IYCF) is one of the government's programs to reduce the number of infant deaths following the fourth Millennium Development Goals (MDGs) target, namely reducing child mortality by improving nutritional health status and monitoring growth and development in children.

In recent decades, nutritional problems have increased and some have decreased, but the rate is still relatively high. Based on the latest survey, the 2022 Indonesian Nutritional Status Survey (SSGI) shows that the prevalence of stunting in Indonesia is 24.4%, a decrease of 3.3% from 2021. In East Kalimantan Province, it was reported that 23.9% were stunted, 9.1% wasted, 20.4% underweight, and 4.0% overweight. Meanwhile, East Kutai as one of the districts in East Kalimantan shows a stunting prevalence of 24.7%, wasted 7.3%, underweight 19.7%, and overweight 4.6% based on the SSGI 2022 report [4]. In accumulation, provinces and districts are rated high when associated with the stunting threshold recommended by WHO, which is 20%.

A recent study in Indonesia found ten factors associated with malnutrition in toddlers, namely maternal knowledge, parenting, history of exclusive breastfeeding, history of disease, number of family members, children's diet, family economic income status, low birth weight (BBLR), mother's education level, and clean and healthy living behavior [5] [6] [7]. Proper diet is an important component for good growth and development of children. Important aspects of Infant and Child Feeding Practices in the first 2 years of life include early initiation of breastfeeding, exclusive breastfeeding, and timely and safe introduction of complementary foods with continuous breastfeeding until the age of two years or older. This will promote optimal growth and development [8].

Infant and toddler feeding has been a major focus of many observational studies and interventions. Infant feeding can affect adiposity later in life, optimization of body growth and development, and nutritional status [9]. To improve access of mothers, families, and communities to information about good and correct infant and child feeding, one of the efforts that can be done is through Infant and Child Feeding Counseling Training (IYCF) for Integrated Healthcare Center cadres. This training aims to equip Integrated Healthcare Center cadres with knowledge, skills, and tools to support mothers, fathers, and caregivers in optimally improving feeding practices for infants and children and pregnant women focused on growth monitoring, breastfeeding, complementary feeding, and community-based mother, infant, and child feeding. Integrated Healthcare Center cadres as the target of IYCF counseling have an important role in delivering information about good and correct infant and child feeding, it is necessary to increase their knowledge capacity so that the information conveyed to mothers, fathers, and caregivers about feeding practices to infants and children can be conveyed as a whole.

To the knowledge of researchers, there has been no research that provides detailed information about the training of IYCF cadres in East Kutai Regency, so this study aims to determine the effect of feeding training on infants and children on the knowledge and attitudes of Integrated Healthcare Center cadres in the Teluk Lingga health center work area.

2. Methods

The study is quasi-experimental with a pretest and posttest research design (one group pretest-postest). Experimental research is a study whose researcher has the authority to provide treatment (intervention) to the research subject. This research was conducted in March 2023 in the working area of the Teluk Lingga Health Center, East Kutai Regency, East Kalimantan, Indonesia. The population in this study was all Integrated Healthcare Center cadres in the Teluk Lingga Health Center working area who participated in IYCF training totaling 104 cadres. While the sample involved 51 people based on the Slovin formula. Random sampling by taking into account inclusion and exclusion criteria. The inclusion criteria are Integrated Healthcare Center cadres are permanent cadres in the Public health center area, willing to be respondents, able to read and write, working for ≥ 3 years, have never received IYCF training, and live permanently at the research location. The exclusion criteria are cadres who are not willing to be respondents, cadres who do not live permanently in the research area, and Integrated Healthcare

Center cadres aged ≥ 60 years.

The independent variable in this study was Infant and Child Feeding Training for Integrated Healthcare Center cadres. The material provided in this training includes the concept of IYCF, the urgency of breastfeeding for infants/children, giving MP breast milk for 6-24 months, how to weigh children, KMS filling steps, and growth monitoring. The dependent variable is the knowledge and attitude of Integrated Healthcare Center cadres who are assessed based on the IYCF training material that has been given. Knowledge is the result of knowing respondents after making certain senses, while attitude is a positive or negative response from respondents. Knowledge and attitude variables were obtained using structured questionnaires that had been tested for validity and reliability. The level of knowledge of cadres is said to be good if the score is≥ 76-100, enough 60-75, and less <60. As for the attitude, it is said to be very unfavorable if the score is obtained 13-22.8, not good 22.9-32.5, good 32.6-42.3, and very good 42.4-52.0.

Data analysis is carried out with the help of computer *software* using the SPSS program. The data analysis used was univariate and bivariate. Univariate analysis is carried out to determine the characteristics of respondents. Meanwhile, bivariate analysis was conducted to determine the differences in knowledge and attitudes of Integrated Healthcare Center cadres before and after receiving training on Infant and Child Feeding. First, the data was tested for normality using the *Shapiro-Wilk test.* In the normality test, if a significant value is obtained with $P > 0.05$ for the pre-test and post-test values, it can be concluded that the data of the pre-test and post-test values are normally distributed. After knowing the normality of the data distribution, a test was carried out to determine the difference between two paired samples (the initial and final samples were the same) after being treated in the form of IYCF training. In normally distributed data, parametric statistical tests can be carried out, in the form of *Paired Sample T Test*.

Ethical Clearance: Health Polytechnic Research Ethics Commission, Ministry of Health, East Kalimantan with number: DP.04.03/7.1/7818/2023.

3. Results

Characteristics of Respondents

Respondent characteristics are inherent characteristics of respondents. Characteristics of respondents include age, level of education, occupation, and length of time as a cadre. Table 1 shows that based on age, the cadres aged 36 – 45 years were found to be 24 people (47.1%), and only 1 was found to be aged 56 – 65 years (2.0%). The education level is dominated at the senior high school level, namely 29 people (56.9%) while only 3 people (5.9%) have elementary school education. The work is dominated by a mother who takes care of the household / does not work, which is 56 people (90.2%). The length of time as a cadre was found at the age of 3-11 years, namely 44 people (86.3%), and the longest was found at 1 person in the range of 19-26 years (2.0%).

Table 1 Characteristics of Respondents

Characteristics	n	%
Age (years)		
26 – 35	3	5.9
36 – 45	24	47.1
46 – 55	23	45.1
56 - 65	1	2.0
Education Level		
Primary school	3	5.9
Junior High School	13	25.5
High School	29	56.9
Diploma/Bachelor	6	11.7
Work		
Housekeeping	46	90.2
Early Childhood Education Teachers	1	2.0
Kindergarten Teacher	2	4.0
Merchant	1	2.0

Characteristics	n	%
Private	1	2.0
Long time cadre		
3 – 11 years	44	86.3
12 – 18 years old	6	11.8
19 – 26 years old	1	2.0
Total	51	100

Table 2 Variable Frequency Distribution Before and After Training IYCF shows that the knowledge of cadres before training is dominated by sufficient training, namely 29 people (56.9%), while after training it rises to good, namely 40 people (78.4%). While the lack of knowledge before the training was 16 people (31.4%) and after the training we no longer gained less knowledge. There was an increase in knowledge before and after IYCF training. While the attitude of cadres before the training was very bad there were 6 people (11.8%), not good 17 people (33.3%), and good 17 people (33.3%). After the training, all cadres' attitudes increased and the majority were very good, namely 31 people (60.8%) and 19 people (37.3%), and no more bad cadre attitudes were found.

Table 2 Variable Frequency Distribution Before and After IYCF Training

Variable	Pre Test		Post Test	
	n	%	n	%
Knowledge				
Good	6	11.8	40	78.4
Enough	29	56.9	11	21.6
Less	16	31.4	0	0
Attitude				
Very unkind	6	11.8	0	0
Bad	17	33.3	1	2.0
Good	17	33.3	19	37.3
Excellent	11	21.6	31	60.8
Total	**51**	**100**	**51**	**100**

Table 3 shows the difference in the level of knowledge of Integrated Healthcare Center cadres before and after being given IYCF training was 62.61 ± 10.92 in elementary school and increased after training to 83.67 ± 8.77 in elementary school. The results of the analysis of the difference in knowledge of cadres before and after being given IYCF Training obtained a p-value of 0.000. These results show that there is an effect of IYCF training on the knowledge of Integrated Healthcare Center cadres. The attitude showed differences in the attitudes of Integrated Healthcare Center cadres before and after being given IYCF training with an average of 35.53 ± 8.07 elementary schools, increasing after being given training to 42.96 ± 4.43 elementary schools. The results of the analysis of differences in cadres' attitudes before and after being given IYCF Training obtained a p-value of 0.000 which showed that there was a significant difference between the average scores on the pre-test and post-test. Thus, it can be concluded that the provision of IYCF training has a significant effect on increasing the knowledge and attitudes of Integrated Healthcare Center cadres.

Table 3 Differences in Variables Before and After PMB Training

Variable	Mean	SD	*p*
Knowledge			
Pre Test	62.61	10.92	0.000*
Post Test	83.67	8.77	
Attitude			
Pre Test	35.53	8.07	0
Post Test	42.96	4.43	

4. Discussion

Rural community health development is a self-help activity that aims to improve the quality of community

health through improving health and nutrition status. The success of the implementation of community health development which aims to improve the quality of public health in Sukawening village cannot be separated from the various supports and active roles carried out by the entire community. In this case, a big role is the role of the Integrated Service Post (Healthcare Center) which directly deals with various community problems including health problems faced by the community [10].

This research was carried out in the working area of the Teluk Lingga Health Center, East Kutai Regency. The sample in this study amounted to 51 respondents who were Integrated Healthcare Center cadres. In this study, respondents' knowledge and attitudes were assessed based on scoring through various questions asked to respondents using questionnaires. It was found that in the assessment of the level of knowledge, the highest score was 100 and the lowest score was 40. On attitude assessment, the highest score is 52 and the lowest score is 21.

Integrated Service Post (Healthcare Center) is one form of Public Health Initiative (PHI) whose activities are organized from, by, and for the community. The implementation of the Integrated Healthcare Center involves various parties, both from the community itself and from across sectors/elements of related agencies/agencies/institutions. Community elements that play an important role are cadres who spearhead the implementation of Integrated Healthcare Center activities [11].

The Effect of IYCF Training on the Knowledge of Integrated Healthcare Center Cadres

Integrated Healthcare Center cadres have a role as people who help families in efforts to monitor children's growth and development. Cadres can provide consultation, counseling, group discussion, and demonstration (practice) services with parents or families. Increasing the knowledge and attitudes of Integrated Healthcare Center cadres is needed to maximize the role of these cadres, especially in efforts to prevent and improve nutritional problems under five. Armed with good knowledge, Integrated Healthcare Center cadres can provide counseling to mothers to be able to provide exclusive breastfeeding and prepare appropriate complementary foods for each family. In addition to providing counseling, assistance by Integrated Healthcare Center cadres is also needed, for Integrated Healthcare Center cadres need to be trained to know about exclusive breastfeeding and MP-ASI as well as growth monitoring skills and mentoring skills [12].

The results showed a p value of 0.000 which means Ha was accepted and Ho was rejected. This finding shows the effect of infant and child feeding training on cadre knowledge. This finding was corroborated by univariate analysis that the knowledge of cadres before and after being given IYCF training was 62.61 ± 10.92 elementary school and increased after training to 83.67 ± 8.77 elementary school. We found a significant increase in the knowledge of cadres who were in the good category (11.8%) before training and rose to (78.4) after training. Then there were still 16 people with less knowledge (31.4%) and after training, we found no more cadres with less / low level of knowledge. This research is in line with the findings of Saleh and Kunoli (2019) who found that there is an influence of nutrition counseling and training on cadre knowledge [13]. Our study is supported by the latest findings of Noprida et al. (2022) which found an increase in knowledge after the holding of cadre training [14].

It was found that this service starts from the planning, implementation, monitoring, and evaluation stages. The results found that health cadres after being given training can use the screening questionnaire well and can apply it well so that they can find delays in growth and development and the early referral process. According to the assumption of cadre researchers who have high motivation due to their desire to become cadres, the age of cadres are mostly still mature so that cadres are still active and enthusiastic in working, besides that all cadres only work as housewives so they have sufficient time to participate in Integrated Healthcare Center services, some cadres have been included in training activities, Most cadres already have 3-11 years of work experience so that they can understand matters related to their roles and duties as cadres. This is also supported by the level of education of the respondents, most of whom have high school education so that respondents have a fairly good knowledge in terms of accessing information related to the role of cadres in Integrated Healthcare Center services. In the training we also held counselors. It is very visible the participation and support of cadres during the training. This is a passion uploader in developing his mandate as a distributor of information during the community.

Training cadres is one of the efforts to increase their resources. With training activities, cadres have the opportunity to absorb new knowledge or new values, so with this knowledge, cadres can improve their ability to carry out the tasks assigned to them [15]. Cadres play an important role in the implementation of Integrated

Healthcare Center as one of the activities to monitor the nutritional status of toddlers. Cadres are the central point in the implementation of Integrated Healthcare Center activities. The participation and activeness of cadres are expected to be able to mobilize family and community participation [16].

The motivation of cadres in providing Integrated Healthcare Center services will make the activities in the Integrated Healthcare Center be carried out optimally. With high motivation from cadres, it has a positive impact such as their activeness in Integrated Healthcare Center visits, increasing the services provided by cadres through the roles and duties of cadres so that they can improve the degree of health and infants and toddlers avoid disease, malnutrition, and others Because the Integrated Healthcare Center will be monitored the extent of health in the community through the hands of competent cadres. This is supported by the Public Health Center program which aims to detect all possibilities that exist in the community through trusted cadres. High motivation will be closely related to success in the Healthcare Center. Because of the motivation, it will be seen as the behavior of someone active and passionate about improving public health. Based on quantitative studies, it is stated that the motivation of cadres provides positive things in increasing their knowledge of health services [17].

Apart from that, in the training, we also combine unique material and several practicum methods and colored with relaxed conditions so that the implementation of the training runs well and smoothly. This is all empirical evidence of the effectiveness of the training that has been carried out. Tamsuri (2022) stated that training needs to be assessed and measured properly so that the training activities held provide optimal benefits. Factors that are the quality and effectiveness of training are influenced by the involvement of (1) Quality of training material or content, (2) training delivery methods, (3) quality of instructors/trainers, (4) trainees, (5) training facilities, and (6) training evaluation [3][18]. Increasing the knowledge of mothers and cadres about IYCF practices will help improve the nutritional status of children [19].

The Effect of IYCF Training on the Attitude of Integrated Healthcare Center Cadres

Attitude is a response or reaction that is still closed from someone to something [20]. Attitude is one of the domains contained in the process of behavior change and can be formed through a learning process (training). Before a person adopts a new behavior, a certain process occurs that begins with awareness of the stimulus he feels. The process of accepting new behaviors will last if it is based on knowledge, awareness, and a positive attitude [21]. In this study, the attitudes of Integrated Healthcare Center cadres elaborated on baby food, infant and child feeding practices, and exclusive breastfeeding.

The results showed a *p value* of 0.000 which means there is an influence of IYCF training on cadre attitudes. Univariate analysis showed that the attitude of cadres before training was very bad 6 people (11.8%), not good 17 people (33.3%), and good 17 people (33.3%). After the training, all cadres' attitudes increased and the majority were very good, namely 31 people (60.8%) and 19 people (37.3%), and no more bad cadre attitudes were found. This result was corroborated by differences in the attitudes of Integrated Healthcare Center cadres before and after being given IYCF training with an average of 35.53 ± 8.07 elementary schools, increasing after being given training to 42.96 ± 4.43 elementary schools. This research is in line with research in Tasikmalaya Wahyuni, Mose, and Sabarudin (2019) which showed that training Integrated Healthcare Center cadres with integrated modules is better at improving attitudes [21]. Recent research has also found that similarly, there is an influence of Integrated Healthcare Center cadre training on attitudes regarding SEZs [22].

We suggest that the majority of respondents are aged 36 – 45 years (late adulthood). The higher a person's age, the more ideal their way of thinking, being able to distinguish good and bad things and being able to receive information brilliantly. Studies in India show that higher maternal age (≥25 years) is associated with complementary feeding practices [23]. In addition, we found the education level of the majority of respondents was high (high school) so with the level of higher education, the ability to easily accept a response or stimulus given. The higher the level of education of an individual makes him understand more about a person and more freely accept the information provided [24].

We also found strong things in this research. The knowledge of Integrated Healthcare Center cadres increased after the training. To fulfill the duties of cadres, of course, it needs to be balanced with an increase in knowledge and attitudes of Integrated Healthcare Center cadres. The increase in knowledge and attitudes of cadres can affect the performance of cadres in supporting the IYCF program as an effort to prevent and improve nutritional problems under five. This is because a person's positive attitude can lead to good behavior as well. The

agreed or positive attitude possessed by cadres means that cadres voluntarily carry out their duties and responsibilities towards the duties of cadres.

An attitude does not automatically manifest itself in a concrete action. Attitude can be manifested in a concrete action if supported by other factors such as facilities and support from other parties [20]. Attitude is also influenced by personal experience where a person due to personal experience will cause a strong impression in attitude due to the emotional factor of the situation that occurred in the previous experience [25]. Cognitive processes occur when a person obtains information about an object. So that the person can understand an object in determining real actions and actions that are most likely carried out by individuals and groups in their social activities [22]

Notoatmodjo &; IPKJRC (2015) suggest that attitude is a predisposing factor for the occurrence of one's behavior. Attitude is a collection of symptoms in response to a stimulus or object, so attitude involves thoughts, feelings, attention, and other psychological symptoms. Attitude is a readiness or willingness to act, and is not an exercise of any particular motive [13] [26]. One of the successes of Infant and Child Feeding (IYCF) depends on the role of Integrated Healthcare Center cadres. In addition to increasing knowledge and attitudes, it needs to be fostered by coaching from *reinforcing* factors (in this case the support of the head of the Public health center, support from the village head) and assistance from health workers so that they can improve the practice of cadres in the implementation of Healthcare Center. Improved knowledge and attitudes of Integrated Healthcare Center (IHC) cadres can benefit the community and the healthcare system in a number of ways, Increased community engagement: IHC cadres can serve as a bridge between the healthcare system and the community. When IHC cadres have the knowledge and skills to communicate effectively with community members, they can help to build trust and engagement, and promote better understanding of the healthcare system. Improved quality of care: IHC cadres can help to improve the quality of care by providing personalized and culturally sensitive care to patients. They can also help to coordinate care between different healthcare providers and ensure that patients receive the full range of services they need.

In the process of collecting data, the information provided by respondents through questionnaires sometimes does not show the true opinions of respondents, this happens because of differences in thinking, assumptions, and understanding that are different from each respondent, as well as other factors such as honesty factors in filling in respondents' opinions in the questionnaire.

5. Conclusion

There is an influence of infant and child feeding training on improving the knowledge and attitudes of cadres. This is very evident in the pre-test and post-test scores. With the knowledge of the results of this study, it is hoped that the Public health center can provide regular cadre training so that cadres are more motivated and able to improve their performance in providing services following the roles and duties of cadres in Integrated Healthcare Center activities and provide continuous guidance to maintain the retention of knowledge and attitudes of Integrated Healthcare Center cadres.

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