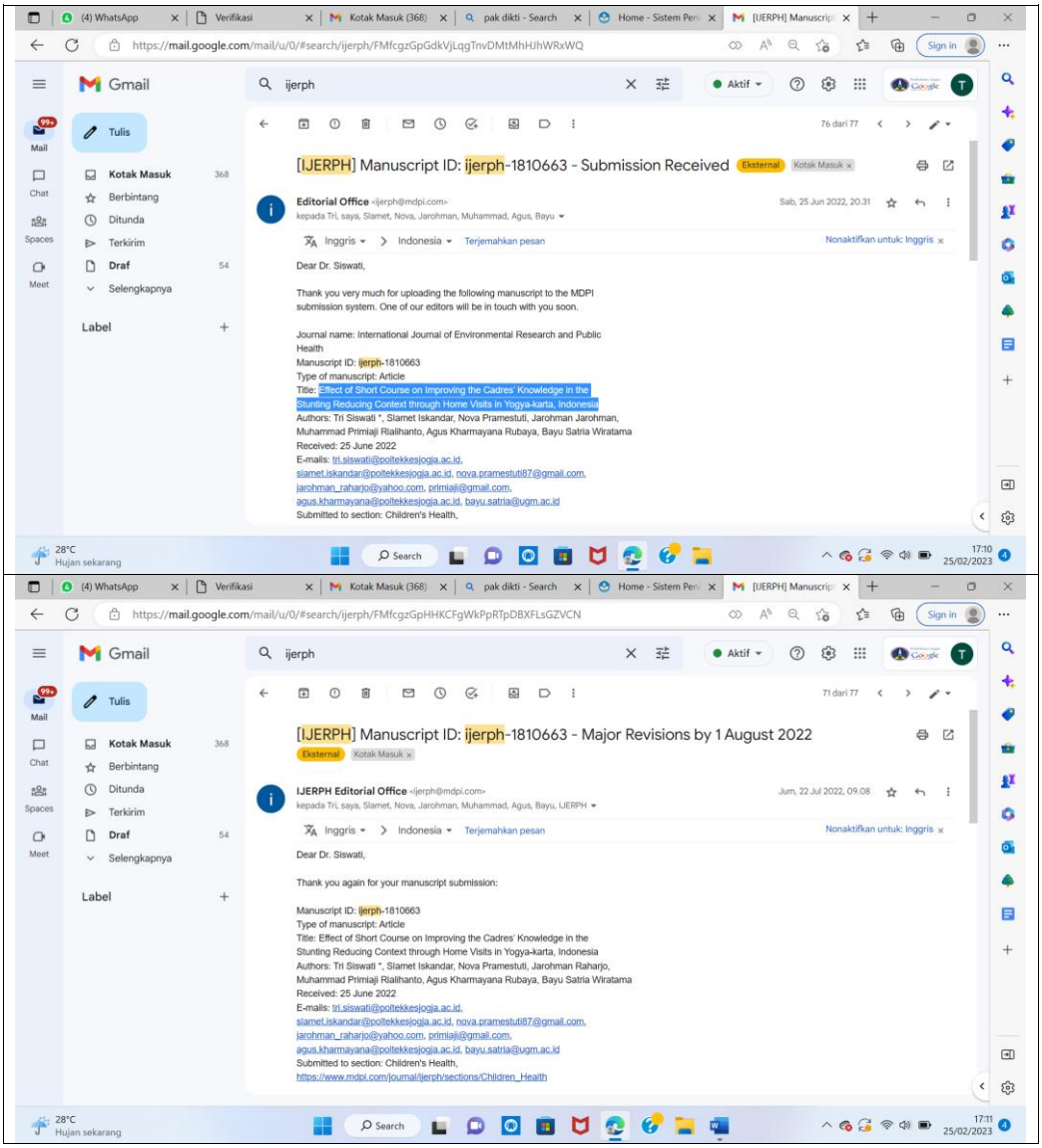
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[IJERPH] Manuscript ID: ijerph-1810663 - Submission Received
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Sab, 25 Jun 2022, 20.31
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Thank you very much for uploading the following manuscript to the MDPI submission system. One of our editors will be in touch with you soon.
Journal name: International Journal of Environmental Research and Public Health
Manuscript ID: ijerph-1810663
Type of manuscript: Article
Title: Effect of Short Course on Improving the Cadres' Knowledge in the Stunting Reducing Context through Home Visits in Yogya-karta, Indonesia
Authors: Tri Siswati *, Slamet Iskandar, Nova Pramestuti, Jarohman Jarohman, Muhammad Primiaji Rialihanto, Agus Kharmayana Rubaya, Bayu Satria Wiratama
Received: 25 June 2022
E-mails: tri.siswati@poltekkesjogja.ac.id, slamet.iskandar@poltekkesjogja.ac.id, nova.pramestuti87@gmail.com, jarohman_raharjo@yahoo.com, primiaji@gmail.com, agus.kharmayana@poltekkesjogja.ac.id, bayu.satria@ugm.ac.id
Submitted to section: Children's Health,
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Hujan sekarang
Search
17:10
25/02/2023
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71 dari 77
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kepada Tri, saya, Slamet, Nova, Jarohman, Muhammad, Agus, Bayu, IJERPH
Jum, 22 Jul 2022, 09.08
Dear Dr. Siswati,
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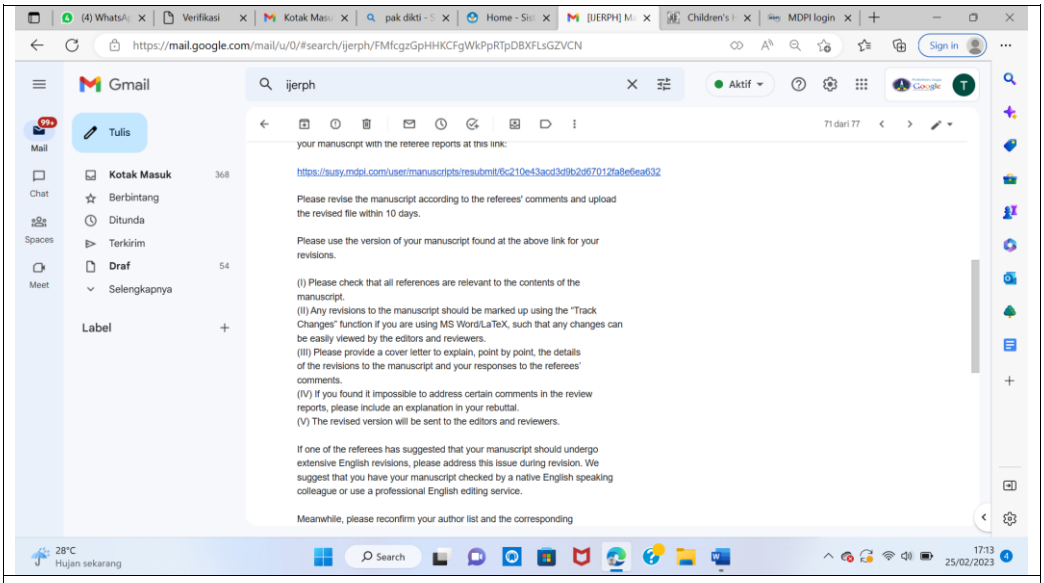

Reviewer 1:

Abstract:

Comment 1. Effect size interpretations are needed in the abstract. (Line 28-31)

Introduction:

Comment 1. The format of reference quotation needs to be adjusted. For example, "[1], [2]"(Line 38), it is suggested to revise it to [1,2].

Comment 2. Line 47, [[6]]?

Comment 3. The research is based on ICCM theory design, but I didn't find the corresponding theoretical introduction in the preface. It is suggested to increase the introduction of this theory, and why this theory should be used. Has this theory been used in existing intervention studies? If so, what is the effect?

Comment 4. Figure 1 is not very clear, so it is suggested to revise it again.

Comment 5. Abbreviation usage specification: it is suggested to supplement CGM, DG and IYCF. What exactly do they represent? (Line 72,78, etc.) I didn't find the corresponding abbreviation in the introduction, which specifically refers to. You should know that some readers may not understand the Global Strategy for Infant and Young Child Feeding.

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Comment 1. The methods require significant more information.

Comment 2. The process description of the intervention is a bit vague, and a flowchart representation is recommended.

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Comment 5. A detailed presentation of the questionnaire is recommended in the data collection.

Comment 6. Additionally, you need to include the reliability and validity of the questionnaire in your report. (Line 107-112)

Comment 7. How were subjects recruited? What are the criteria for subject inclusion? Do they have the right to withdraw from the intervention program?

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Comment 1. Table 2 shows the results of the t-test. You reported the difference and p-value between the retest and the baseline test. I hope you can indicate the magnitude of the effect (Effect size). You already have the data, so I believe these calculations are very simple for you.

Comment 2. It would be better to add reporting QIC and OR to the GEE analysis results.

Discussion and Conclusions

Comment 1. I am having a tough time determining whether the discussion would be fully justified based on the lack of information in the methodology and results as that may dictate how some of the results are presented and interpreted.

Reference:

Comment 1. It is suggested to increase DOI of journal articles in the revised edition. It is recommended that you carefully check the format of each reference and check the requirements of MDPI references (https://www.mdpi.com/journal/ijerph/instructions). The reference list should include the full title, as recommended by the ACS style guide.

Comment 2. [9], [27] Missing volume number.

Journal Articles:
1. Author 1, A.B.; Author 2, C.D. Title of the article. Abbreviated Journal Name Year, Volume, page range.

Comment 3. [35] Typing mistake

Submission Date

25 June 2022

Date of this review

08 Jul 2022 17:10:41

Reviewer 2.

1. **Abstract**

Line 19: Stunting is primarily a public health concern in LMIC. The authors use an abbreviation that is not explained anywhere. Please correct it.

Line 28: On post-tests 1 and 2, cadres' knowledge of IYCF… the same, Please correct it.

Key words: The authors use an abbreviation IYCF, but better will be add " stunting"

2. **Introduction**

Line 40: Furthermore, after Bali and Jakarta at 17.3% and 10.9%, respectively, Yogyakarta is the province with the 3rd lowest prevalence of stunting at 17.3% [4] . Maybe you should add in Indonesia. Furthermore, after Bali and Jakarta at 17.3% and 10.9%, respectively, Yogyakarta 40

is the province with the 3rd lowest prevalence of stunting at 17.3% in Indonesia [4].

The authors write for the international journal. And for example Bali (they think about an island belonging to Indonesia), but this sentence does not explain it. The preceding sentence or the following sentence does not mention Indonesia too.

Bali also is, for example, a beautiful town in Crete, an island in the Mediterranean Sea that a reader comes from Europe may think of.

Line 38 and 40: [1], [2]. Please change to [1,2] or [2], [3] change to [2,3].

Line 47: [[6]]. Double parenthesis , please correct

Line 72: … CGM, DGM and IYCF.. Please explain all these abbreviations.

3.Material and Methods

All abbreviations (CGM, CDM, IYCF), that includes in Figure 2 should be explained below the table.

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At the beginning of the discussion, the authors describe the Cadres. But in line 46: Cadres are community health workers selected by the residents based on their ability, integrity, loyalty, and commitment to improving community health status [[6]].

It follows that these people do not have medical education, only completed training.

But in the introduction in line 46 cadres the authors call health workers, which in middle and highly developed countries means people with medical education.

In order not to mislead the reader, it is necessary to clarify the Cadres.

Line 282: …are taught [42], [43], change to [42,43].

5. References

Please check the literature.

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Submission Date

25 June 2022

Date of this review

21 Jul 2022 23:47:24

Dear reviewers,
Enclosed is the revised manuscript that we are submitting for reconsideration for publication in *International Journal of Environmental Research and Public Health*. We have revised our manuscript in accordance with the reviewers' comments and suggestions. In this document, we provide our responses to the reviewers' valuable comments and suggestions. We would be glad if you could have our manuscript reviewed again and provide us with comments.

Reviewer 1

1. Comment 1. Effect size interpretations are needed in the abstract. (Line 28-31)
   Author's response: We appreciate the reviewer's comments. We have added the effecf size interpretation. Please kindly see lines..

   "GEE analysis showed that after controlling by age, education, occupation, and years of experience short course improves cadres' knowledge significantly on post-tests 1 and 2 , i.e knowledge regarding Children Growth Monitoring (CGM) (OR 6.07, β coef: 5.10-7.03 and OR 8.57, β coef 7.60-9.53

respectively), Children Development Monitoring (CDM) (OR 6.70, β coef:5.75-7.65 and OR 9.27, β coef: 8.31-10.22 respectively), and Infant Young Children Feeding (IYCF) (OR 5.83, β coef:4.44-7.23 and 11.7, β coef: 10.31-13.09 respectively).

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Author's response: We thank the reviewer for their feedback and appreciate it. Please see kindly line…

In this research, we use the Integrated Community Case Management (iCCM) theory which focuses on the most cost-effective and evidence-based child survival strategies, save the lives of infants and children as well as delivers curative health treatment to children in inaccessible regions. The World Health Organization (WHO) has urged countries to adopt and promote policies and programs with strong community-based components to deliver interventions for diarrhoea, malaria, pneumonia, newborn care, and severe malnutrition, while also improving services at primary health care facilities. Previous studies proved that iCCM save health children, as reported in sub-Saharan Africa which more than 60% reduce of the annual mortality of children caused by malaria, pneumonia, and diarrhea, and other countries in RAcE project areas, infection and children malnutritition in Kenya. We describe iCCM in Fig 1.

Comment 4. Figure 1 is not very clear, so it is suggested to revise it again.

Author's response: We thank the reviewer for their feedback and appreciate it. We improved Fig of iCCM theory base on previous research

Fig 1. Contribution of iCCM to reduction of under-5 morbidity and death in the context of stunting (Shiroya-Wandabwa M, Kabue M, Kasungami D, et al, 2018)

Comment 5. Abbreviation usage specification: it is suggested to supplement CGM, DG and IYCF. What exactly do they represent? (Line 72,78, etc.) I didn't find the corresponding abbreviation in the introduction, which specifically refers to. You should know that some readers may not understand the Global Strategy for Infant and Young Child Feeding.

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1. *Author 1, A.B.; Author 2, C.D. Title of the article. Abbreviated Journal Name Year, Volume, page range.*
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Key words: The authors use an abbreviation IYCF, but better will be add " stunting"

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Submission Date

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21 Jul 2022 23:47:24

Article

Effect of Short Course on Improving the Cadres' Knowledge in the Stunting Reducing Context through Home Visits in Yogyakarta, Indonesia

Tri Siswati [1,3,*], Slamet Iskandar [1,3], Nova Pramestuti [2], Jarohman Raharjo [2], Muhammad Primiaji Rialihanto [1,3], Agus Kharmayana Rubaya [3,4] and Bayu Satria Wiratama [5,6]

1 Departement of Nutrition, Poltekkes Kemenkes Yogyakarta, Tata Bumi No 3, Banyuraden, Gamping, Sleman, Yogyakarta, 55293, Indonesia.
2 Balai Litbang Kesehatan Banjarnegara, Selamanik No 16 A, Banjarnegara, Central Java, Indonesia.
3 Center of Excellence for Applied Technology Inovation in The Field of Public Health, Poltekkes Kemenkes Yogyakarta, Tata Bumi No. 3 Banyuraden, Gamping, Sleman, Yogyakarta, 55293, Indonesia
4 Departement of Environment, Poltekkes Kemenkes Yogyakarta, Tata Bumi No 3, Banyuraden, Gamping, Sleman, Yogyakarta, Postcode 55293, Indonesia
5 Department of Epidemiology, Biostatistics and Population Health, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta City, Indonesia; E-mail: bayu.satria@ugm.ac.id
6 Graduate Institute of Injury Prevention and Control, College of Public Health, Taipei Medical, University, Taipei, Taiwan
* Correspondence: tri.siswati@poltekkesjogja.ac.id;

Abstract: Background: Stunting is primarily a public health concern in Low Middde Income Countries (LMIC). The involvement of Integrated Service Post cadres is one of the strategies to combat stunting in Indonesia. **Objective:** This study aimed to determine the effect of a short course on cadres knowledge. **Method:** A single group pre-post test design was conducted in Yogyakarta, Indonesia, from March to May 2022. Thirty cadres were selected based on the following criteria: willingness to participate, the number of stunted children in their Integrated Service Post (Posyandu), and full attendance at short course. The knowledge scores were measured by a structured questionnaire after short course (post-test 1) and 4 weeks later (post-test 2). We apply STATA 16 to calculate the Mean Difference (MD) using a t-test and Generalized Estimated Equation (GEE). Furthermore, the adequacy of the short course was evaluated with in-depth interviews. **Result:** On post-tests 1 and 2, cadres' knowledge of Infant Young Children Feeding (IYCF), Children Growth Monitoring (CGM), and Children Development Monitoring (CDM) significantly improved. The GEE analysis showed that a short course significantly improves cadres' knowledge after age control, education, occupation, and years of experience. **Conclusion:** Short course increased their affection, self-efficacy, and confidence, hence, they are capable of assisting children through home visits.

Keywords: cadres; children; growth; development; monitoring; IYCF; home visits

Citation: Lastname, F.; Lastname, F.; Lastname, F. Title. *Int. J. Environ. Res. Public Health* **2022**, *19*, x. https://doi.org/10.3390/xxxxx

Academic Editor: Firstname Lastname

Received: date
Accepted: date
Published: date

1. Introduction

Comment [i-[1]: INI TTG PEMILIHAN SAMPEL

Comment [i-[2]: Short courses significantly improve cadre knowledge in post-test 1 and 2 linked to CGM (OR 6.07, CI95%: 5.09-7.04 and 8.57, CI95%: 7.58-9.56), CDM (OR 6.70, CI95%:5.67-7.73 and 9.27, CI95%: 8.28-10.25), IYCF (OR 5.83, CI95%:4.44-7.22 and 11.7, CI95%: 10.55-12.85) respectively.

Comment [i-[3]: Komentar : effect size

Comment [i-[4]: On post-test 1 and 2 regarding CGM (OR 6.07, CI95%: 5.10-7.03 and 8.57, CI95%: 7.60-9.53), CDM (OR 6.70, CI95%:5.75-7.65 and 9.27, CI95%: 8.31-10.22), IYCF (OR 5.83, CI95%:4.44-7.23 and 11.7, CI95%: 10.31-13.09) respectively

Stunting is a chronic malnutrition problem faced by developing countries, including Indonesia [1], [2]. Indonesia has a targeted 14% reduction in impaired growth and development, following that of the World Health Assembly, which is set at 40% by 2024 [2],[3]. Furthermore, after Bali and Jakarta at 17.3% and 10.9%, respectively, Yogyakarta is the province with the 3rd lowest prevalence of stunting at 17.3% in Indonesia[4]. Despite the percentage being included in the mild category (<20%)[5], the disparity os stunting children in Yogyakarta is vast, with a range of 4.6% (Depok Sub-district - Sleman Regency) to 24.4% (Dlingo Sub-district - Bantul Regency).

The involvement of Integrated Service Post cadres is one of the strategies to combat stunting. Cadres are community health workers selected by the residents based on their ability, integrity, loyalty, and commitment to improving community health status [6]. ~~Health workers~~ Cadres usually trained to identify individual and community health problems, hence, they can engage in health promotion, provide counseling, and refer medical problems to health care facilities [6]. Cadres continually undergo training to maintain and improve their knowledge and skills in providing services in the community. The previous study has proven that training can increase their responsibility to self-medication [7], improve health service delivery [8], and increase cadres' capacity to deal with mental disorder patients [9].

This study offered a short course to cadres as a debriefing before they could assist with stunting children during home visits. The assistance rendered to families of children at risk of impaired growth is a means of overcoming health problems, including malnutrition. Home visits enable detailed and comprehensive prevention of malnutrition. Furthermore, several studies have stated that assistance is effective in increasing community participation in Integrated Service Posts and capturing malnutrition [10], improving family health status [11], increasing breastfeeding success [12,14], reducing early complementary feeding for children [14], promoting healthy practices[15], increasing body weight, and improving children development [16]. The Indonesian Presidential Regulation Number 72 of 2021 addresses the subject of aiding families at risk of stunting. It states that families are assisted to improve access to information and services through counseling, referral services facilitation, and social assistance programs [17].

In this research, we use the Integrated Community Case Management (iCCM) theory which focuses on the most cost-effective and evidence-based child survival strategies, save the lives of infants and children as well as delivers curative health treatment to children in inaccessible regions. The World Health Organization (WHO) has urged countries to adopt and promote policies and programs with strong community-based components to deliver interventions for diarrhoea, malaria, pneumonia, newborn care, and severe malnutrition, while also improving services at primary health care facilities. Previous studies proved that iCCM save health children, as reported in sub-Saharan Africa which more than 60% reduce of the annual mortality of children caused by malaria, pneumonia, and diarrhea, and other countries in RAcE project areas, infection and children malnutritition in Kenya. We describe iCCM in Fig 1.

(Fig 1). ~~shows that this study uses the Integrative Client-Centered Model (ICCM) theory.~~

Comment [i-[5]: Gabung (1,2)

Comment [i-[6]:

Comment [i-[7]: Regency atau district

Comment [i-[8]: Udah dibaiki

Comment [i-[9]: cADRES

Comment [i-[10]: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6594661/pdf/jogh-09-010801.pdf

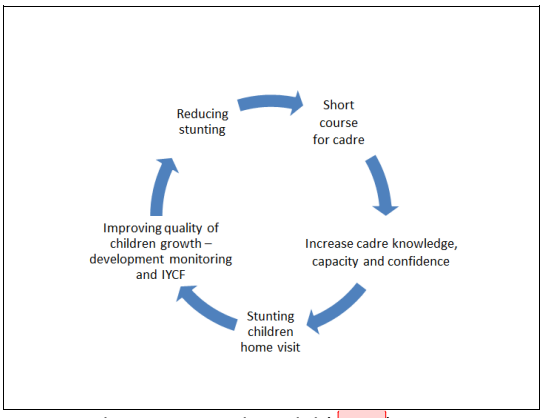
Comment [i-[11]: https://www.wvi.org/health/integrated-community-case-management-iccm

Comment [i-[12]: Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, 2003. How many child deaths can we prevent this year? Lancet 362: 65–71.

Comment [i-[13]: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6594661/pdf/jogh-09-010801.pdf

Comment [i-[14]: Coaching Community Health Volunteers in Integrated Community Case Management Improves the Care of Sick Children Under-5: Experience from Bondo, Kenya

Comment [i-[15]:



~~Fig. 1. The Integrative Client-Centered Model (iCCM)~~

Comment [i-[16]]: Not clear

Fig 1. Contribution of iCCM to reduction of under-5 morbidity and death in the context of stunting (*Coaching Community Health Volunteers in Integrated Community Case Management Improves the Care of Sick Children Under-5: Experience from Bondo, Kenya)*

This study aims to determine the effect of a brief course on health cadres' knowledge of Children Growth Monitoring (CGM), Children Development Monitoring (CDM) ~~DGM~~ and Infant Young Children Feeding (IYCF) to improve health service delivery for stunted children through home visits in Yogyakarta.

2. Materials and Methods

Comment [i-[17]]: Comment 1. The methods require significant more information. Comment 2. The process description of the intervention is a bit vague, and a flowchart representation is recommended.

Penelitian ini adalah penelitian payung tentang trend dan determinan stunting balita serta intervensinya untuk mengatasi balita stunting di Yogyakarta.

1. Pelatihan kader dilakukan sebagai langkah pertama untuk intervensi penurunan stunting balita,
2. Berdasarkan jumlah perhitungan sample balita dengan rumus lemeshow.terdapat 60 balita stunting yang akan dilakukan home visit…TULISKAN RUMUSNYA DAN JML BALITANYA
3. Dengan kesepakatan antara puskesmas, kader, dan peneliti serta mempertimbangkan SDM kader maka disepakati rasio kader dan balita 1:2

4. Ketentuan kader : match balita stunting yang didampingi tinggal di 1 lokasi RW dan bersedia mengikuti kegiatan dari pelatihan dan melakukan pendampingan hingga selesai → awas isu etik

   Partisipan cader memungkinkan untuk widrawl namun hingga akhir penelitian tidak ada yg withdrwal, hal ini menunjukkan komitmen dan antusiasm peserta

2.1 Study Design and Procedures

Comment [i-[18]:

The method used was a single group intervention pre-post test design. Cadres received a 2 days short course with material on monitoring children's growth and development, added to IYCF, a combination of theory and simulation. The theory is given in large groups or classes, while the simulation is given in sub-groups, each consisting of 6 people. The knowledge and practice baselines and endlines are measured after training and 4 weeks later. During this study, the cadres conduct home visits to teach mothers how to monitor growth, read the growth curve, detect growth failure, provide developmental stimulation, and assess children's development and IYCF practice according to their age. The research and field coordinators consisting of midwives and nutritionists, conduct supervision every 2 weeks based on a checklist to ensure standard implementation of home visits. The adequacy of this brief-course in implementing home visits is evaluated through in-depth interviews. Figure 2 shows the short course and home visits package for cadres and stunting children.

Start	Week 1	Week 2	Week 3	Week 4	End
Day-1: Pretest Theory of CGM, CDM, IYCF	Home visit 1	Home visit 2	Home visit 3	Home visit 4	Post-test 2
Day 2 Simulation of CGM, CDM, IYCF Post-test 1		Supervision		Supervision	Qualitative evaluation

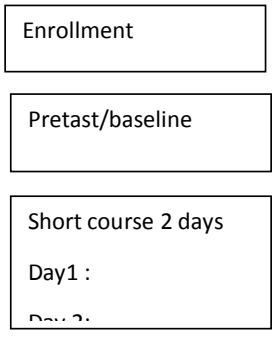
Comment [i-[19]: Comment 3. The meaning of Figure 2 is a little confusing. For example, day-1, Day 2. Do you mean on the first and second day of each week?

Atau lgsweek 1, day 1-2 ya??)

Fig. 2. Short course and implementation of home visits

Comment [i-[20]: All abbreviations (CGM, CDM, IYCF), that includes in Figure 2 should be explained below the table.

Lalu desain :



The media used are power point slides, digital scales, microtoice portable stadiometre and infantometer, Maternal and Child Health (MCH) books, food ingredients, IYCF guidelines, and children development checklist.

2.2 Participants

Participants were determined purposively with the criteria of cadres with a high number of stunting children in Posyandu at Dlingo Sub-district, able to read, write, and attend full course. As a result, 30 cadres were selected from 2 villages, Muntuk and Jatimulyo, as participants. Meanwhile, the evaluation was conducted by in-depth interviews with 10 informants to assess the adequacy of the short course to improve health service delivery for stunting children through home visits.

2.3 Setting and time

The study was conducted in the highest stunting prevalence in DIY including two villages (Muntuk and Jatimulyo), Dlingo Sub-district, Bantul Regency, Yogyakarta, Indonesia, from March to May 2022.

2.4 Data collection

The data of knowledge towards CGM, ~~DGM~~ CDM and IYCF were collected with 30 questions in a structured questionnaire. The

Comment [i-[21]: cek

Comment [i-[22]: Comment 4. What is the approximate length of each home visit in the intervention? How is supervision and management carried out specifically?
45-60 menit
Supervision dilakukan untuk mengecek standart implementasi home visit secara ketat. Supervisi dilakukan oleh peneliti, nutrisionis dan bidan dalam 2 mingguan dengan cek list.

Comment 5. A detailed presentation of the questionnaire is recommended in the data collection.

Comment 6. Additionally, you need to include the reliability and validity of the questionnaire in your report. (Line 107-112)→ tunggu bunga atau sulis

Comment 7. How were subjects recruited? What are the criteria for subject inclusion? Do they have the right to withdraw from the intervention program?--> sudah terjawab

answers were assigned a score of 1 when correct and 0 for incorrect, then weighted, resulting in a 100 correct score. The adequacy of the short course in implementing home visit assistance for stunting children was evaluated using the Theoretical Framework of Acceptability (TFA) which included information on affective attitude, burden, ethics, perception of effectiveness, intervention coherence, opportunity cost, and self-efficacy.

2.5 Data Management and Analysis

The data were analyzed with t-test to determine the difference in cadres' knowledge before and after the short course. Furthermore, the GEE test was also conducted to analyze repeated data. Qualitative data are analyzed through content analysis based on categories and themes of affective attitude, burden, ethics, perception of effectiveness, intervention coherence, opportunity cost, and self-efficacy.

3. Results

3.1 Baseline characteristics

Most of the cadres are full-time senior high school students (63.3%), housewives (60%), individuals with more than 10 years of experience (60%), trained IYCF (100%) and growth monitoring (100%), and certified competence. Table 1 shows the details of these data.

Table 1. Characteristics of cadres

Age (years old)	n	%
< 30	6	7.0
30-40	12	40.0
>40	18	53.0
Marital Status		
Married	30	100.0
Formal Education		
Junior High School	9	30.0
Senior High School	19	63.3
University	2	6.7
Occupation		
Farmer	8	26.7
Self-employed	4	13.3
Housewife	18	60.0
Years of role as cadres (years)		
<5	7	23.3

6-10	5	16.7
>10	18	60.0
History of training		
IYCF	30	100.0
Growth monitoring	30	100.0
Cadre competency certification	30	100.0
Take a short course completely	30	100.0

3.2 Short course

The offline short course is delivered through classical theory and simulation with sub-groups. Knowledge delivery on CGM, ~~DGM~~ and IYCF were provided by local expert. The intervention is conducted in a meeting room with ample space and a calm atmosphere in the middle of the forest. Furthermore, the adequate infrastructure includes projectors and attractive slides, learning support such as MCH books, anthropometric tools, checklists for children's development and food ingredients. The short course was followed with enthusiasm and high motivation because offline coaching activities have been vacuumed for some time due to the Covid-19 pandemic.

The t-test shows that the short course increases cadres' knowledge about CGM, ~~DGM~~ CDM and IYCF consistently in post-tests 1 and 2. Table 2 shows detail of the results.

Table 2. Impact of short course on cadres' knowledge

Variables	CGM	CDM	IYCF	Average
Pretest	71.50±1.41	70.87±1.96	71.33±1.32	71.23±0.75
Post-test 1	77.57±2.34	77.57±1.96	77.17±2.81	77.43±1.29
Post-test 2	80.07±2.02	80.13±2.16	83.03±3.51	81.08±1.72
Post-test 1 - Pretest				
Delta (%)	6.07*	6.70*	5.83*	6.20* (8
95%CI	(5.09-7.04)	(5.67-7.73)	(4.44-7.22)	(5.68-6
Post-test 2 - Pretest				
Delta (%)	8.57*	9.27*	11.7*	9.84* (1
95% CI	(7.58-9.56)	(8.28-10.25)	(10.55-12.85)	(9.16-1

* p-value <0.05

CGM: Children Growth Monitoring

CDM:Children Development Monitoring

Comment [i-[23]: Ada % perlu ngga?

Comment [i-[24]: Ada % perlu ngga?

IYCF: Infant Young Children Feeding

Multivariate analysis using GEE shows that a short course increases cadres' knowledge about CGM by 8.57* (95% CI 7.58-9.56), ~~DCM~~CDMby 9.27 (CI95% 8.28-10.25), and IYCF by 11.7 (CI95 % 10.55-12.85). Also, it is statistically significant after controlling for age, education, occupation, and years of experience. Table 3 shows detail of the results.

Comment [i-[25]: CDM

Table 3. Multivariate analysis of short course impact on cadres' knowledge using GEE

Variable[2]	CGM[1]	CDM[1]	IYCF[1]	Average[1]
Post-test 2	8.57*	9.27*	11.7*	9.84*
	(7.60-9.53)	(8.31-10.22)	(10.31-13.09)	(9.17-10.52)
Post-test 1	6.07*	6.70*	5.83*	6.20*
	(5.10-7.03)	(5.75-7.65)	(4.44-7.23)	(5.52-6.88)
Pretest	Ref	Ref	Ref	Ref
Cons	71.71	73.47	69.41	71.53

[1]Coef (95% CI)

[2]controlled variables of age, education, occupation, and years of role as ~~CHW~~cadre

Comment [i-[26]:

*p-value <0.05

CGM: Children Growth Monitoring

CDM:Children Development Monitoring

IYCF: Infant Young Children Feeding

The short course is implemented in home visit activities for families of stunting children at a frequency of once a week for 4 weeks. Research analysts and field coordinators supervised every 2 weeks through classical meetings with cadres to maintain the standards for home visits implementation while exploring limitations and discussing solutions. In general, stunting children have properly been assisted through home visits. In the first supervision, there was a slight refusal by mothers regarding the nutritional status of their stunting children, however, they later received the home visits after being provided with an explanation. Meanwhile, in the next, the mothers demanded longer assistance.

Table 4 shows the results of in-depth interviews on the adequacy of a short course to support the implementation of home visits for stunting children according to the categories and themes of affective attitude, burden, ethics, perception of effectiveness, intervention coherence, opportunity cost, and self-efficacy.

Table 4. Adequacy of a short course for cadres in implementing home visits for stunting children

Aspect	Opinion
Affective attitude	Cadres felt excited and were more intensive in assisting stunting children. They can educate mothers more comprehensively.
Burden	Mothers denied their children being stunted, even asking for measurements on the spot. However, after explaining the program's benefits, they wanted to be educated. Another burden is time in which 45-60 minutes for each child's home visit, hence, they make a meeting appointment even though it is the night because mothers work all day.
Ethics	No culture contradicts this program and belief. Integrated Service Post cadres who provide home visit assistance live in the same Neighborhood/Hamlet, and there are no ethical issues.
Perception of effectiveness	This program is effective because mothers are educated with home visit details about growth monitoring, how to stimulate early development, measuring developmental achievements, and IYCF. Cadres give examples and observe IYFC practices regarding food's amount, type, frequency, texture, and composition.
Intervention coherence	Cadres understand the program flow.
Opportunity cost	The home visit program has implications for time, transport, and cadres to the field, along with food ingredients and BKB kits (wich in the Indonesia Language is an acronym for Bina Keluarga Balita, or Toddler Family Development) as educational media for mothers.
Self-efficacy	Training makes cadres confident hence they can solve stunting problems through home visits. Mothers are more aware and practice IYCF well-supported by the appropriate food package. Constraints of IYCF practice are inadequate knowledge and poverty.

Cadres were asked about the adequacy of the short course on the implementation of the home visits on affective attitude, and they stated that:

"We are pleased with this short course because the duration is sufficient, not too long, and allows us to schedule a home visit." (SR, 31 years old)

Several participants stated that in terms of the burden, cost, and effectiveness of the program, they felt there was an additional task in

visiting children. However, it was believed that home visit assistance for children was an effective than communal mother education. As stated:

"At first, we had to fix an appointment with the mother, but now it is more accessible through a cellphone. However, we are happy because home visits make us understand the condition of children and their families, hence, it won't be intensive when we meet at the Integrated Service Post." (TS, 45 years old)

The short course also increases the cadres' confidence as the knowledge and skills are transferred to mothers.

"I'm becoming more courageous in assisting children. During the home visit, I recalled how the informants taught monitoring of children's growth and development also IYCF, and the information was transferred to the mothers until it was understood." (D, 42 years old)

These opinions imply that the short course has a sufficiently positive impact on cadres to assist stunting children through home visits.

4. Discussion

Cadres are essential in bridging health workers with the community. These health practitioners allow the community to obtain information on health, prevention of diseases and nutritional problems, CGM, CDM~~DGM~~ and appropriate IYCF[18]. In Indonesia, community empowerment is conducted following the Ministry of Rural Affairs Regulation concerning Priority Use of Village Funds Number 19 of 2017 point 9, by involving health cadres in public health promotion and healthy living [19] over the implementation of the 3rd pillar, such as convergence, coordination, and consolidation of national programs [20].

Cadres' performance is very relevant to their characteristics, such as education, occupation, year of experience, and training. In this study, most were adults, married, had high school education, housewives, had over 10 years of experience, had attended several types of training, and participated in a complete short course. Furthermore, factors that support their performance include age, marital status, and education, while the position of housewives provides ample opportunity and a role in community health promotion efforts [21]. The experience of cadres has been proven to be related to their knowledge and skills, hence, the performance of managing Integrated Service Posts is good [21,23]. Additionally, Bantul Regency, Yogyakarta, has implemented a competency test for cadres, including theory, practice, and counseling tests [24] as well as cadres was certified.

The short course significantly increased the cadres' knowledge in post-tests 1 and 2. However, the increase was more in post-test 2. Firstly, the results show that the cadres implement the knowledge gained in the short course through repeated home visits for stunting children. Second, they have the opportunity to improve their knowledge [25] by teaching mothers how to appropriately monitor the children's growth and development besides IYCF. Third, knowledge accompanied by practice has a 90% impact on learning outcomes [26]. Another reason for the success of this intervention is the effectiveness and satisfaction of face-to-face learning [27], which allows participants and informants to

Comment [i-[27]: Comment
1. I am having a tough time determining whether the discussion would be fully justified based on the lack of information in the methodology and results as that may dictate how some of the results are presented and interpreted.
Reference:
Comment 1. It is suggested to increase DOI of journal articles in the revised edition. It is recommended that you carefully check the format of each reference and check the requirements of MDPI references (https://www.mdpi.com/journal/ijerph/instructions). The reference list should include the full title, as recommended by the ACS style guide.
Comment 2. [9], [27] Missing volume number.
Journal Articles:
1. Author 1, A.B.; Author 2, C.D. Title of the article. Abbreviated Journal Name Year, Volume, page range.
Comment 3. [35] Typing mistake

Comment [i-[28]: 4.Discussion
At the beginning of the discussion, the authors describe the Cadres. But in line 46: Cadres are community health workers selected by the residents based on their ability, integrity, loyalty, and commitment to improving community health status [[6]].
It follows that these people do not have medical education, only completed training.
But in the introduction in line 46 cadres the authors call health workers, which in middle and highly developed countries means people with medical education.
In order not to mislead the reader, it is necessary to clarify the Cadres.

Cader is

Line 282: …are taught [42], [43], change to [42,43].

interact socially and provide mutual support [28], coupled with their motivation and enthusiasm in participating [29], supportive atmosphere and infrastructure [29], [30]. Multivariate analysis also shows that the short course significantly affects after controlling by age, education, occupation, and years of experience. The previous study showed that most cadres had good knowledge about the early detection of malnutrition in children [31],[32]. Furthermore, education level increases their capacity, knowledge, ability, and skill of monitoring growth and development [11,13,33].

Home visits effectively improve the nutritional status of the community, including stunting children. It is conducted with the help of cadres' sufficient capacity to deal with client problems, answer various questions, decide and resolve health problems by providing counseling, education, and health referrals. According to TFA, a short course positively impacts the provision of family assistance. On affective attitude aspect, which cadres feel after implementing the program, including the involvement of emotions, feelings, values, appreciation, and motivation. They assist children through home visits with enthusiasm because education is provided to the citizens face-to-face, intensely, and specifically according to the problems encountered. Furthermore, mothers' positive and enthusiastic response to the home visit intervention makes the cadres more enthusiastic about performing their mentoring tasks. There is a mutually reinforcing reciprocal relationship between cadres and mothers, which helps to achieve effective results hence reducting stunting prevalence children [34], [35].

In terms of burden, a small part of the community still refuses when told that their children are stunted, but this could be overcome when an explanation of the purpose and benefits of the home visits is provided. Community refusal is one of the limitations in achieving optimal health status [36]. Furthermore, it is a stigma issue still encountered in LMIC countries [37]. Another burden felt by the cadres is the time mismatch for home visits between them and mothers, but this could be mitigated by making an advance appointment through WhatsApp communication.

Ethics is an aspect related to local norms or culture. The cadre short course and its implementation on home visit assistance for stunting children do not conflict with local norms, customs, and government policies. This program follows Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction [17]. The policy states that the intervention increases cadres' capacity to implement efforts to support families at risk of stunting, thereby increasing access to information and public services regarding counseling, facilitation of referral services, and acceptance of social assistance programs [17].

Perception of effectiveness is the information used to measure the success of the intervention. The cadres state that home visits are an effective intervention to overcome stunting children based on individual problems. This is also supported by previous studies aimed at solving the problem of the COVID-19 severity [38], [39], obesity, and DM during the pandemic [40], increasing the promotion of breastfeeding, IYCF, and growth children [14].

In terms of coherence, short course interventions and home visit assistance for stunting children are closely related to the ongoing program. To increase mothers' knowledge and skills, they should be aware and empowered on means of caring for their children [14]. This

research location is the epicenter of stunting, therefore, when the intervention ends, the local government can implement this program as a long-term home visit until there are no more cases.

Furthermore, this program certainly requires costs, such as transportation of cadres and food ingredients to alleviate nutritional problems for children, time spent, and other possible risks. These costs can certainly be allocated through the village income and expenditure budget in the stunting locus area. Preventing stunting is more expensive than treating existing cases, but it will have a multiplier effect in terms of reducing morbidity, mortality, and metabolic syndrome risk, increasing productivity and preventing Disability-adjusted life year (DALY) and premature death due to past stunting [41].

Self-efficacy is the confidence of cadres in their talent to implement the stunting child assistance program. Indeed, their knowledge increases after taking the short course. However, self-efficacy helps them believe in their ability to modify the behavior of mothers [42]. During supervision, cadres are found to be confident and enthusiastic in providing counseling and problem solving to stunting children. This belief impacts mothers' willingness to adopt what they teach and suggest for their children. This is in line with Bandura's Cognitive theory, which states that humans learn by acting as they are taught [42], [43]. A previous study also reported that parental self-efficacy is related to the health promotion efforts of parents to their children, helping them practice good health behavior [44].

The cadres stated that the short course has a positive impact on assisting stunting children through home visits in terms of the self-efficacy, affective attitude, perception of effectiveness, and self-confidence of cadres in teaching mothers about children's health. Furthermore, the understanding and practice of mothers in providing healthcare to their children, good practice of CGM, ~~DGM~~CDM, IYCF will improve their health status and overcome stunting problems.

Comment [i-[29]:

5. Conclusions

The short course significantly increases the cadres' knowledge about CGM, ~~DGM~~CDM, and IYCF as well as enhance effective attitude, perception of effective, related with ethic, good intervention coherence, good ratio cost benefit and increase self effication. Though there was a burden for home visit appointment it can be overcome. In general short course offer positive impact on increasing cadre confidence in the implementation of home visit.

Supplementary Materials:

Author Contributions: Conceptualization, T.S. and B.S.W.; methodology, T.S and B.S.W.; software, B.S.W ; validation, M.P.A, S.W., and A.K.R.; formal analysis, B.S.W; investigation, T.S, J.R, M.P.A and N.P; data curation, J.R, and N.P.; writing—original draft preparation, T.S.; writing—review and editing, T.S and B.S.W.; visualization, T.S.; supervision, T.S.; project administration, J.R, and N.P. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by MHREC Poltekkes Kemenkes Yogyakarta No No. e-KEPK/POLKESYO/0223/II/2022 date 23th February 2022.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: All data and models of study are available from the corresponding author upon reasonable request.

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Conflicts of Interest: The authors declare no conflict of interest

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Comment [i-[30]: [9], [27] Missing volume number.
Journal Articles:
1. Author 1, A.B.; Author 2, C.D. Title of the article. Abbreviated Journal Name Year, Volume, page range.

Comment [i-[31]: In bahasa : 3,4,10,11,12,13,17,19,24,40

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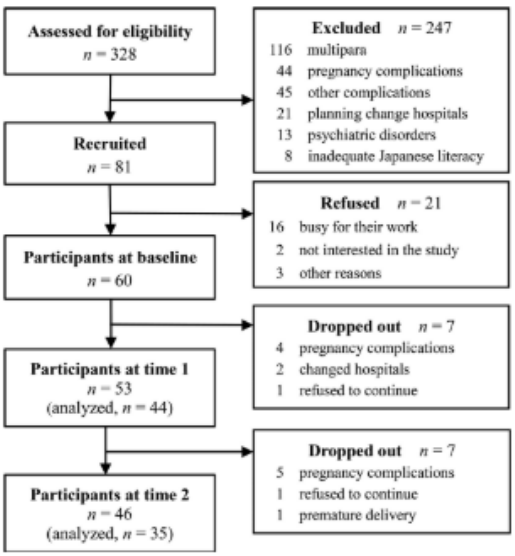
Comment [i-[32]: [9], [27] Missing volume number.
Journal Articles:
1. Author 1, A.B.; Author 2, C.D. Title of the article. Abbreviated Journal Name Year, Volume, page range.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n = 328
Excluded n = 247
116 multipara
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45 other complications
21 planning change hospitals
13 psychiatric disorders
8 inadequate Japanese literacy
Recruited
n = 81
Refused n = 21
16 busy for their work
2 not interested in the study
3 other reasons
Participants at baseline
n = 60
Dropped out n = 7
4 pregnancy complications
2 changed hospitals
1 refused to continue
Participants at time 1
n = 53
(analyzed, n = 44)
Dropped out n = 7
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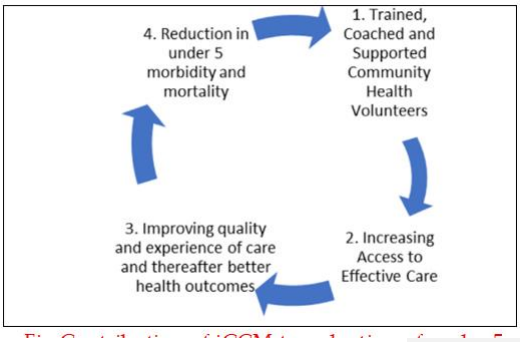
1 refused to continue
1 premature delivery
Participants at time 2
n = 46
(analyzed, n = 35)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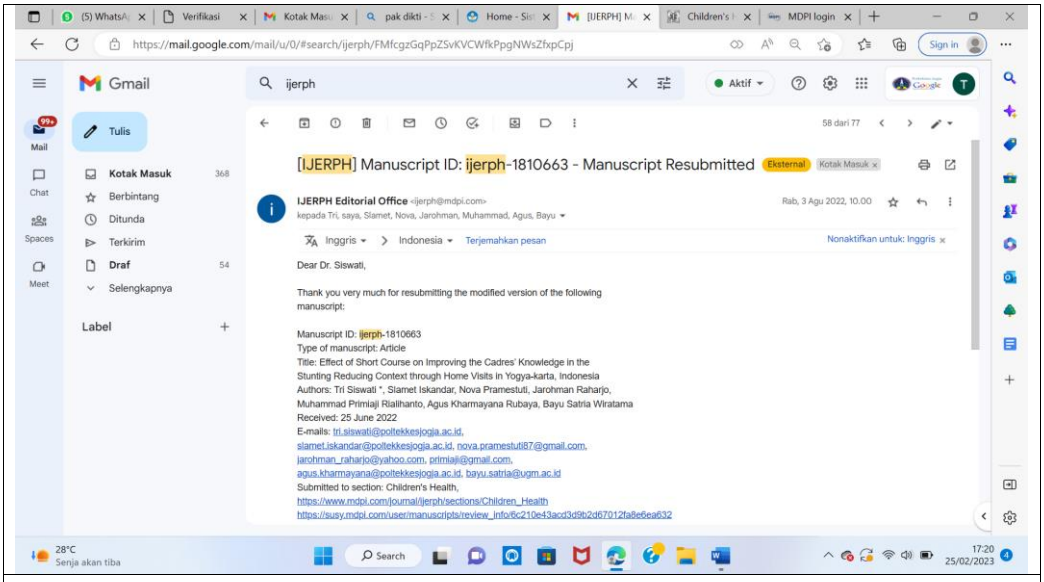
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Authors: Tri Siswati *, Slamet Iskandar, Nova Pramestuti, Jarohman Raharjo, Muhammad Primiaji Rialihanto, Agus Kharmayana Rubaya, Bayu Satria Wiratama
Received: 25 June 2022
E-mails: tri.siswati@poltekkesjogja.ac.id, slamet.iskandar@poltekkesjogja.ac.id, nova.pramestuti87@gmail.com, jarohman_raharjo@yahoo.com, primiaji@gmail.com, agus.kharmayana@poltekkesjogja.ac.id, bayu.satria@ugm.ac.id
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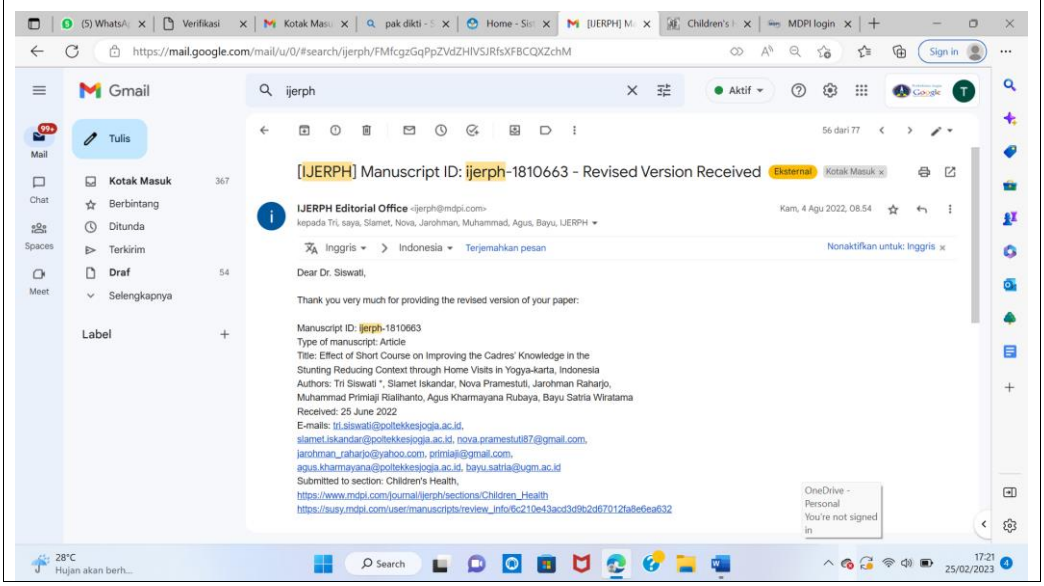
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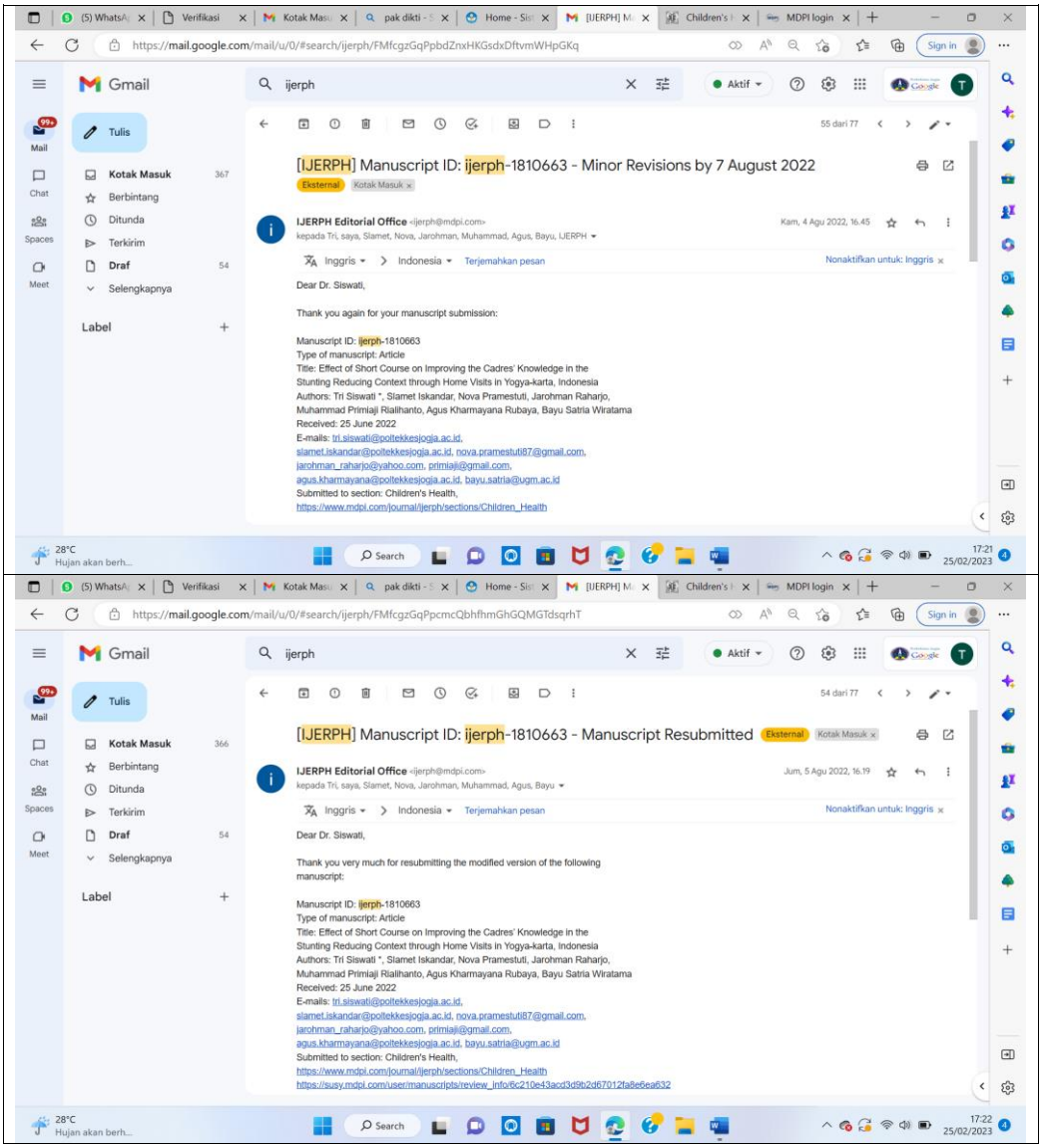
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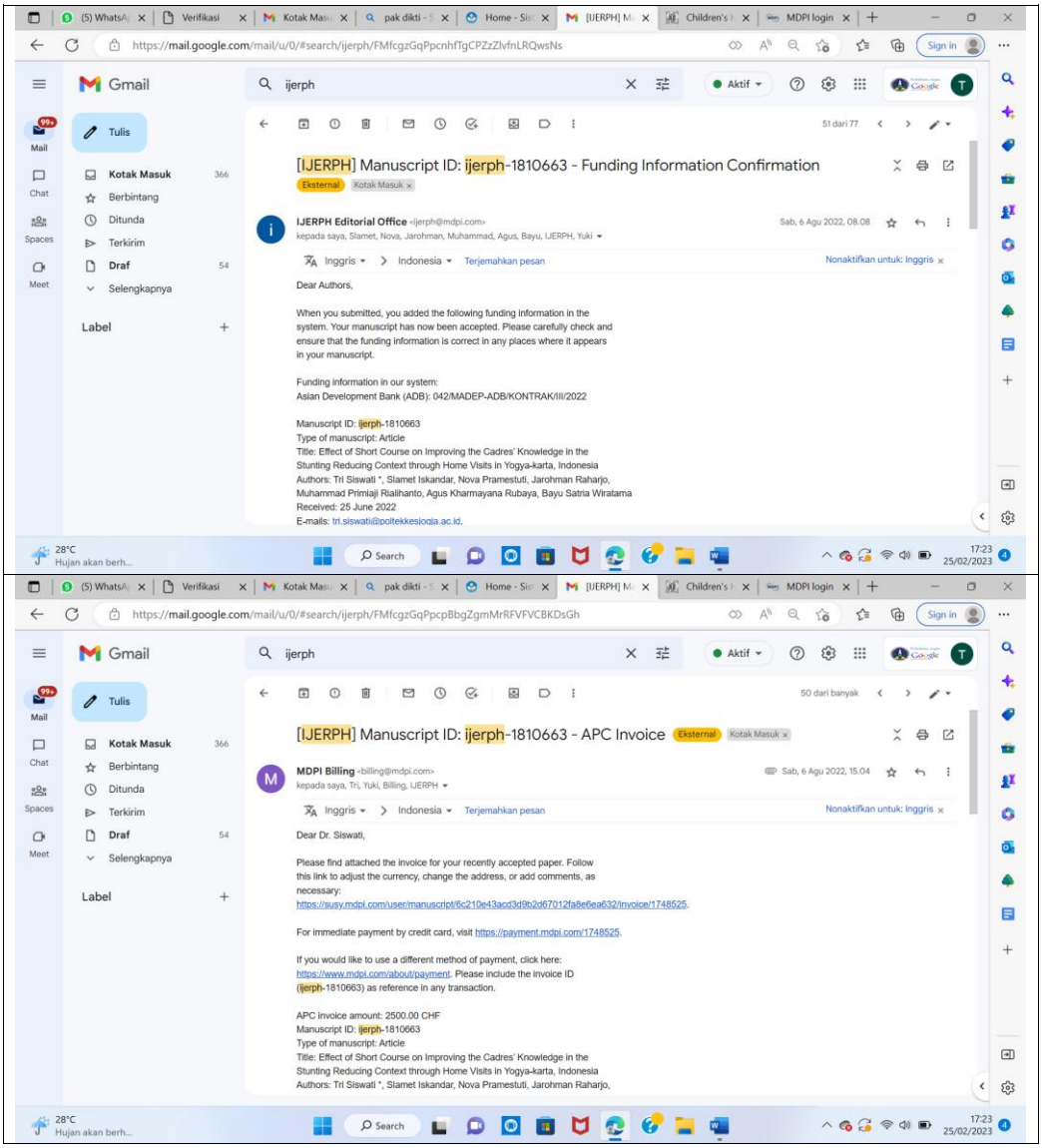
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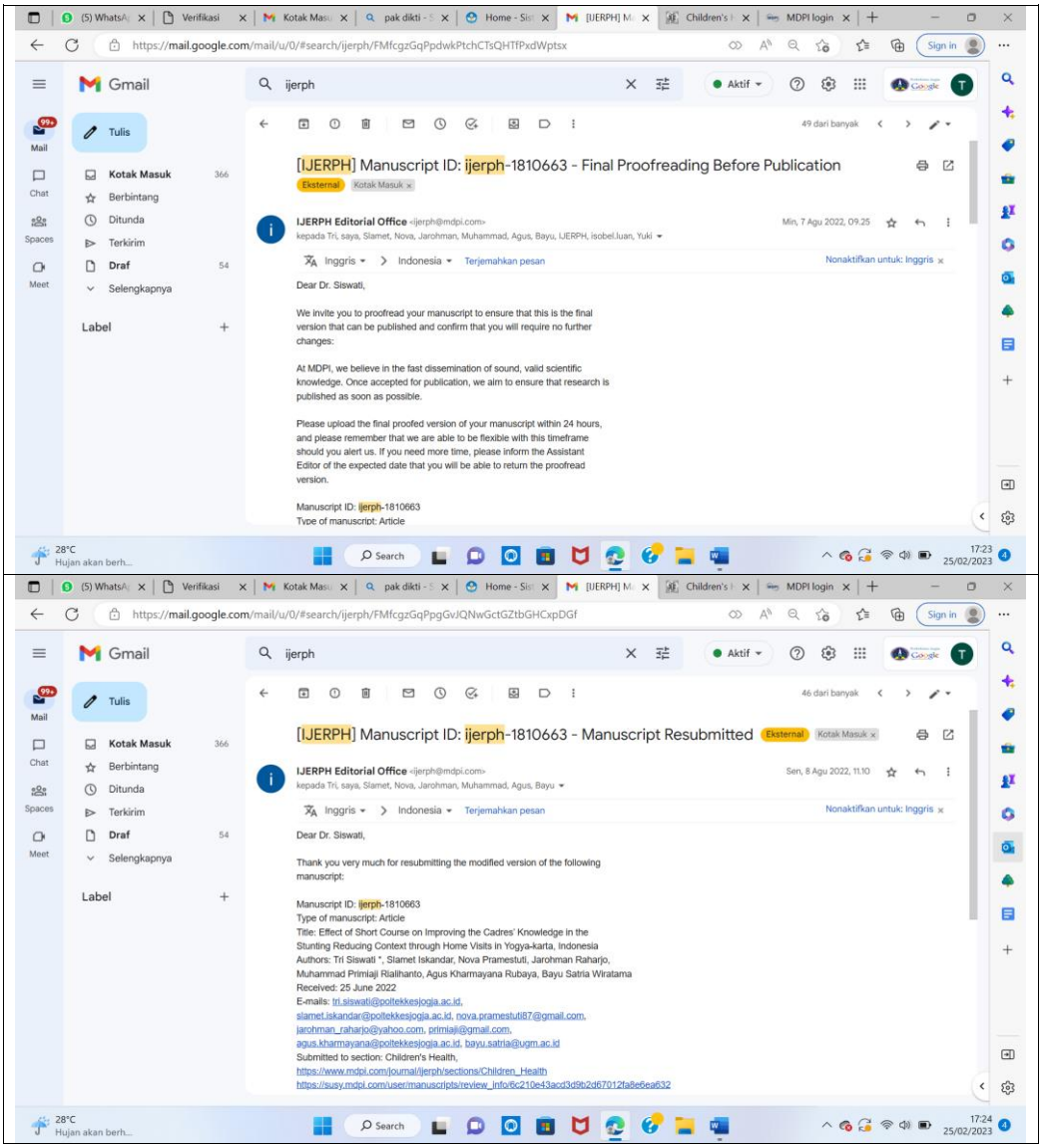

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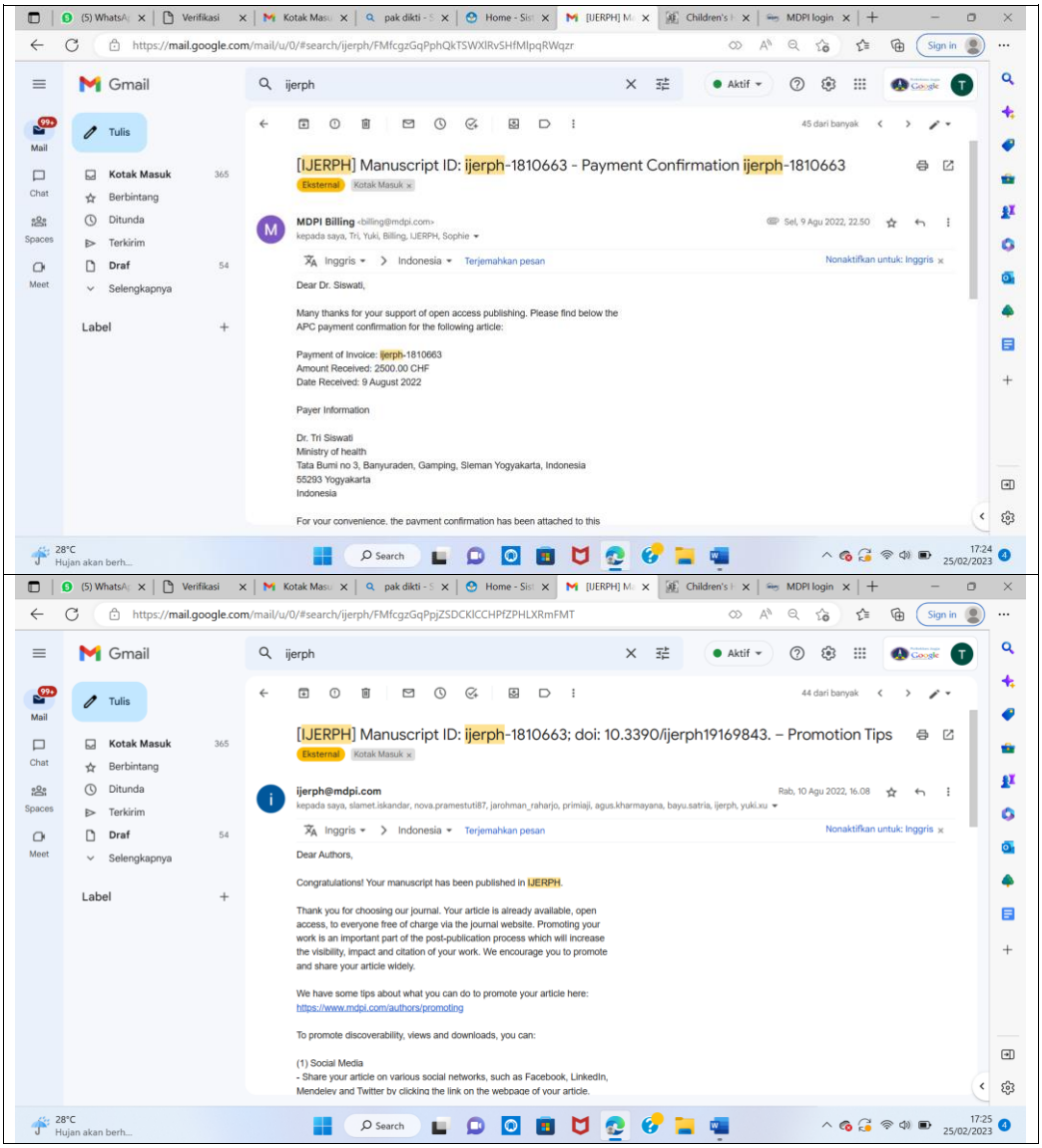
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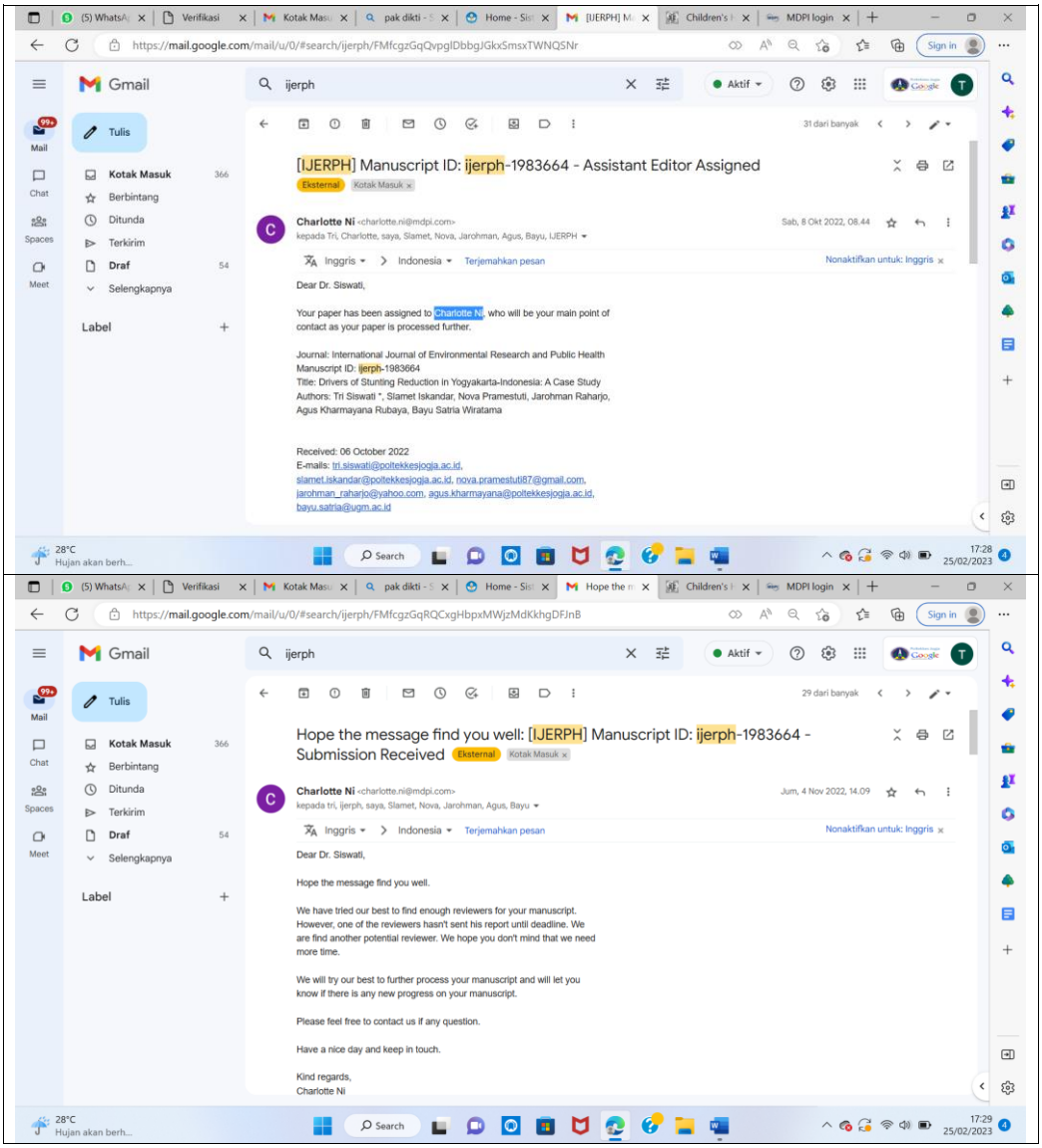

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Authors: Tri Siswati *, Slamet Iskandar, Nova Pramestuti, Jarohman Raharjo, Agus Kharmayana Rubaya, Bayu Satria Wiratama

Received: 06 October 2022
E-mails: tri.siswati@poltekkesjogja.ac.id, slamet.iskandar@poltekkesjogja.ac.id, nova.pramestuti87@gmail.com, jarohman_raharjo@yahoo.com, agus.kharmayana@poltekkesjogja.ac.id, bayu.satria@ugm.ac.id

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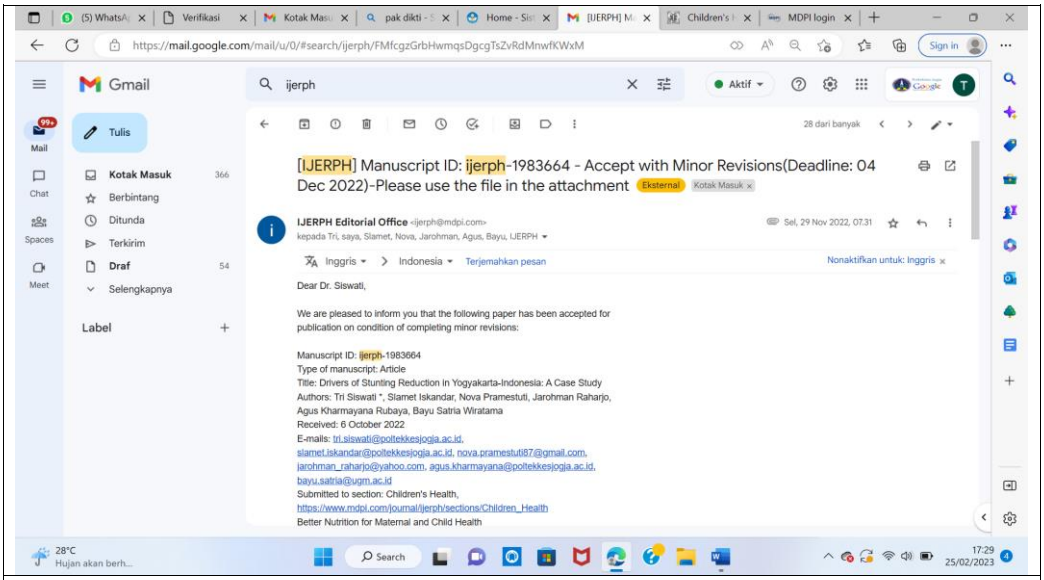
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