JEE Journal of Educational Experts
Volume 9, No. 1, January 2026
DOI https://doi.org/10.30740/jee.v9i1.318
ISSN 2614-3526 (print)
ISSN 2614-3518 (online)

CHANGES IN KNOWLEDGE AND BEHAVIOR OF POSYANDU CADRES THROUGH YOUTUBE EDUCATIONAL MEDIA INTERVENTION REGARDING STUNTING IN KARANG SATRIA VILLAGE, BEKASI REGENCY

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Received: Januay 2026; Accepted: January 2026

Abstract

Stunting is a chronic nutritional problem that affects children's physical growth and cognitive development, and serves as an important indicator of public health status. Posyandu, as a community-based health service, plays a strategic role in preventing stunting, particularly through nutrition education and monitoring of child growth and development. This study aims to determine the changes in knowledge and behavior of Posyandu cadres after receiving educational interventions through YouTube videos in Karang Satria Village, Bekasi Regency. The study employed a quantitative approach using a one-group pretest–posttest design. The instruments used were questionnaires that measured the cadres' knowledge and behavior before and after the intervention. The educational media consisted of YouTube videos containing information on the definition, causes, impacts, and prevention of stunting. Data were analyzed using the Wilcoxon Signed Rank Test. The findings showed a significant improvement in the cadres' knowledge and behavior after the intervention ($p < 0.05$). These results confirm that YouTube is effective as an educational medium for enhancing the capacity of Posyandu cadres in stunting prevention efforts. Thus, YouTube-based interventions can serve as an innovative, accessible, and sustainable health education strategy, especially for rural communities.
Keywords: Stunting; Community Health Cadres; Digital Education; Youtube; Knowledge; Behavior

Abstrak

Stunting merupakan masalah gizi kronis yang berdampak pada pertumbuhan fisik dan perkembangan kognitif anak, sekaligus menjadi indikator penting kesehatan masyarakat. Posyandu sebagai layanan kesehatan berbasis masyarakat memiliki peran strategis dalam mencegah stunting, khususnya melalui edukasi gizi dan pemantauan tumbuh kembang. Penelitian ini bertujuan mengetahui perubahan pengetahuan dan perilaku kader Posyandu setelah diberikan intervensi edukasi melalui video YouTube di Desa Karang Satria, Kabupaten Bekasi. Penelitian menggunakan pendekatan kuantitatif dengan desain one-group pretest-posttest. Instrumen yang digunakan adalah kuesioner untuk mengukur pengetahuan dan perilaku kader sebelum dan sesudah intervensi. Media edukasi berupa video YouTube berisi informasi tentang definisi, penyebab, dampak, dan pencegahan stunting. Analisis data menggunakan Wilcoxon Signed Rank Test. Hasil penelitian menunjukkan adanya peningkatan signifikan pada pengetahuan dan perilaku kader setelah intervensi ($p < 0.05$). Temuan ini mengonfirmasi bahwa YouTube efektif sebagai media edukasi dalam meningkatkan kapasitas kader Posyandu dalam upaya pencegahan stunting. Dengan demikian, intervensi berbasis YouTube dapat menjadi strategi edukasi kesehatan yang inovatif, mudah diakses, dan berkelanjutan bagi masyarakat pedesaan.
Kata Kunci: Stunting; Kader Posyandu; Edukasi Digital; Youtube; Pengetahuan; Perilaku

How to Cite: S. A Dahlan. (2026). Changes In Knowledge And Behavior Of Posyandu Cadres Through Youtube Educational Media Intervention Regarding Stunting In Karang Satria Village, Bekasi Regency. *JEE*, 9 (1), 1-14.

INTRODUCTION

The Sustainable Development Goals (SDGs) are a continuation of the Millennium Development Goals (MDGs) and comprise 17 key global development goals. The second goal focuses on eradicating hunger, improving food security, and ensuring adequate nutrition to address various forms of malnutrition, including stunting (Roediger et al., 2020). Stunting is a chronic nutritional problem in children characterized by impaired physical growth, cognitive development, and motor function, impacting quality of life and future productivity (WHO, 2019).

Indonesia has made reducing stunting a national priority, in line with the Healthy Indonesia Program policy and the family-based approach to public health services (Minister of Health Regulation No. 39 of 2016). Although the prevalence of stunting has decreased over the past decade, it remains quite high and has not yet reached the national target.

The Introduction presents the purpose of the studies reported and their relationship to earlier work in the field. It should not be an extensive review of the literature. Use only those references required to provide the most salient background to allow the readers to understand and evaluate the purpose and results of the present study without referring to previous publications on the topic.

The following are trends in stunting prevalence in Indonesia:

Table 1. Trends in Stunting Prevalence in Indonesia 2018–2024

Tahun	Sumber	Prevalensi Stunting (%)
2018	Riskesdas	30,80%
2022	SSGI	21,60%
2023	SKI	21,50%
2024	SSGI	19,80%

Source: Riskesdas 2018, SKI 2023, SSGI 2022–2024

Table 1 shows that the prevalence of stunting in Indonesia has decreased significantly, from 30.8% in 2018 to 19.8% in 2024. While this trend is positive, this figure remains above the national target of 14% in 2024. Therefore, efforts to accelerate stunting reduction still need to be strengthened through increased nutrition education, growth and development screening, and empowerment of health cadres.

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In Indonesia, stunting in toddlers remains a major public health issue and a priority in national development. The government has established a stunting management strategy through the Healthy Indonesia Program based on a Family Approach, as stipulated in Minister of Health Regulation No. 39 of 2016 (Riskesdas, 2018). Although there has been a decline in stunting prevalence nationally over the past decade, the rate remains high and has not yet reached the government's target.

In 2018, the national stunting prevalence was 30.8% (Riskesdas, 2018). Data from the 2023 Indonesian Health Survey (SKI) shows that the prevalence has decreased to 21.5%. The results of the 2024 Indonesian Nutritional Status Survey (SSGI) again recorded a decline to 19.8%. However, this figure remains above the government's target of 14% in 2024 and the medium-term target of 14.2% in 2029. Despite the decline, this figure indicates that stunting remains a serious health problem that requires integrated and sustainable intervention.

In West Java Province, the stunting prevalence in 2022 was recorded at 20.2%, making it the province with the highest absolute number of stunted toddlers, with 971,792 cases (SSGI, 2022). One area in West Java with a high prevalence is Bekasi Regency, with a rate of 23.70%, ranking third highest in the province (BPS West Java, 2021). These figures reflect the need for more effective nutritional interventions through capacity building for health workers and integrated health post (Posyandu) cadres, who serve as the frontline of public health programs.

The reduction in stunting is influenced by many factors, such as maternal education, family economic status, parenting patterns, exclusive breastfeeding, household food sufficiency, the quality of health services, and the presence of integrated health post (Posyandu) cadres (Fitriana, 2023). Posyandu cadres play a crucial role in stunting prevention efforts through nutrition education, growth monitoring, and community outreach (Sutriyawan et al., 2021). However, various studies indicate that cadre capacity remains limited, including knowledge and skills in anthropometric measurements, potentially leading to errors in early stunting detection (Fitriana, 2023).

Previous research revealed that Posyandu cadres' ability to measure anthropometric measurements is still limited. This leads to inconsistencies in the measurement results obtained. This condition has a significant impact on the early intervention process for stunting cases (Fitriana, 2023). A contributing factor is the lack of access to training and updated information on stunting risk detection (Noya et al., 2021).

Health education is an effort to change an individual's knowledge, attitudes, and behavior through the learning process (Aisah et al., 2021). In the context of stunting prevention, nutrition education is a crucial strategy for increasing public and community health workers' understanding of balanced nutrition and early detection of growth problems (Yuliani et al., 2023). One innovative approach to education is the use of digital and audiovisual media, including YouTube, due to its accessibility, engaging nature, and ability to clearly visualize material (Hanif et al., 2022; Kinasih et al., 2023).

Indonesia has the third-largest number of internet users in Asia, with over 200 million users and 170 million social media users (Kemp, 2021). YouTube is the most widely used digital platform in Indonesia, particularly among the productive age group (Nurhayati, 2021). This presents an opportunity to utilize YouTube as an effective, flexible, and interactive health education tool for integrated health post (Posyandu) health workers.

METHOD

Table 1 shows that the prevalence of stunting in Indonesia has decreased significantly, from 30.8% in 2018 to 19.8% in 2024. While this trend is positive, this figure remains above the national target of 14% in 2024. Therefore, efforts to accelerate stunting reduction still need to be strengthened through increased nutrition education, growth and development screening, and empowerment of health cadres.

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Table 2 Quasy Experiment with Non-Equivalent Control Group Pre Test - Post Test with Control Group Design

Group	Initial test	Treatment	Final test
Intervention (Treatment)	O_1	X_1	O_2
Control (comparator)	O_3	X_2	O_4

This research was conducted at a community health post (Posyandu) in Karang Satria Village, Bekasi Regency, West Java, during October 2024. In the first phase, the researchers provided informed consent and a document explaining the research objectives directly to participants. After completing a pre-test questionnaire, observations of the implementation of the Posyandu cadre program for stunting management were conducted on the same day.

RESULTS AND DISCUSSION

Results

This study was conducted in Karang Satria Village, Tambun Utara District, Bekasi Regency, West Java Province. This location was chosen based on the fact that Bekasi Regency still recorded a relatively high stunting rate in West Java, reaching 23.7% in 2022, making it the third-highest in terms of cases. This underscores the strategic role of village integrated health posts (Posyandu) in supporting accelerated stunting reduction through primary health care services, child growth monitoring, and community nutrition education.

The results of this study provide a comprehensive overview of the characteristics of Posyandu cadres and changes in their knowledge and behavior following a YouTube-based educational intervention on stunting. Through a series of descriptive and inferential analyses, it was observed that both the intervention and control groups experienced improvements in their understanding and practices of stunting prevention, although more targeted and consistent improvements were seen in the treatment group. Each table presented reinforces these findings, demonstrating the dynamics of change that occurred before and after the intervention, and revealing significant patterns of improvement, particularly in the intervention group.

Table 3. Distribution of Characteristics of Respondents of Control Posyandu Cadres (n = 50)

Age	**f**	**%**
24–30 Year	15	30%
31–37 year	16	32%
38–44 year	19	38%
Total	**50**	**100%**

Gender	**f**	**%**
female	41	82%
Male	9	18%

Long Time as a Cadre	**f**	**%**
2–4 year	32	64%
5–7 year	11	22%
8–10 year	7	14%
Total	**50**	**100%**

Table 3. illustrates the distribution of the characteristics of the Posyandu cadres in the intervention group of 50 respondents. In terms of age, the majority of cadres were between 38 and 44 years old (42%), indicating that Posyandu members are predominantly middle-aged adults who are relatively socially and emotionally stable. Seventeen (34%) were in the 31–37 age group, while 12 (24%) were in the 24–30 age group. This composition demonstrates age diversity, but remains dominated by mature cadres.

In terms of gender, the majority of cadres were female (84%), in line with the general characteristics of Posyandu cadres in Indonesia, which are generally carried out by women from the Family Welfare Movement (PKK). Only 16% of respondents were male.

In terms of work experience, most cadres had served for 2–4 years (50%), followed by cadres with 5–7 years (36%), and 8–10 years (14%). This composition indicates that the majority of cadres have sufficient experience in carrying out service duties at integrated health posts, although they are not yet in the very senior category.

Table 4. Distribution of Characteristics of Respondents of Control Posyandu Cadres (n = 50)

Age	**f**	**%**
24–30 year	15	30%
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38–44 year	19	38%
Total	**50**	**100%**

Gender	**f**	**%**
Female	41	82%
Male	9	18%

Long Time as a Cadre	**f**	**%**
2–4 year	32	64%
5–7 year	11	22%
8–10 year	7	14%
Total	**50**	**100%**

Table 4 displays the characteristics of the Posyandu cadres in the control group, also totaling 50 individuals. Similar to the intervention group, the age distribution was dominated by the 38–44 age group (38%), followed by 31–37 age groups (32%), and 24–30 age groups (30%). This pattern indicates that both groups have relatively balanced demographic characteristics.

The gender composition of the control group was similar to that of the intervention group, with 82% being female and 18% male. The female predominance reflects the unique characteristics of Posyandu cadres as part of community-based social work.

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In terms of experience, the control group had a higher proportion of new cadres, with 64% of respondents having 2–4 years of experience. 22% had 5–7 years of experience, and 14% had 8–10 years of experience, similar to the intervention group. This indicates that the control group had a higher proportion of younger Posyandu cadres in terms of years of service compared to the intervention group.

Table 5. Distribution of Knowledge Before and After Intervention

Knowledge	Intervensi Pre	Intervensi Post	Control Pre	Control Post
Lees (<60%)	51,34	–	51,42	–
Medium (60–79%)	–	62,20	–	63,86
Good (≥80%)	–	–	–	–

Table 5 presents the results of measuring cadre knowledge about stunting before and after the YouTube intervention, in both the intervention and control groups. In the pre-test, both groups showed an average score of around 51, falling into the Poor (<60%) category. This indicates that at the beginning of the study, cadre understanding of stunting was inadequate.

After the intervention, the intervention group experienced an increase in their average score to 62.20, moving them into the Moderate (60–79%) category. This increase demonstrates the effectiveness of delivering information through YouTube-based educational media in enriching cadre knowledge.

In the control group, despite not receiving YouTube education, their post-test score also increased to 63.86, also falling into the Moderate category. This increase was likely influenced by external factors such as the effect of repeat testing, social interactions among cadres, or exposure to general information in the community.

The improvement in both groups indicates that cadre understanding of stunting tended to improve, but the improvement in the intervention group was more focused and directly related to the educational treatment.

Table 6. Distribution of Behavior Before and After Intervention

Knowledge	Intervensi Pre	Intervensi Post	Control Pre	Control Post
Lees (<60%)	–	–	–	–
Medium (60–79%)	5,08	–	5,02	–
Good (≥80%)	–	7,12	–	7,04

Table 6 presents changes in cadre behavior in implementing stunting prevention measures. At the initial stage (pre-test), cadre behavior in both groups was in the Moderate category, with an average score of 5.08 in the intervention group and 5.02 in the control group.

After the YouTube video intervention, the intervention group showed significant behavioral improvement, with an average score of 7.12, categorized as Good (≥6). This indicates that the audiovisual-based training made it easier for cadres to understand and practice stunting prevention measures, such as measuring height according to age and recording growth curves.

The control group also showed an increase in their score to 7.04, even without treatment. This is likely due to the effect of repeated testing or increased insight gained from the environment outside the study.

Overall, behavior improved in both groups, but the intervention group showed greater and more consistent improvement.

Table 7. Paired t-Test Pre-test and Post-test

Variabel	**Mean Diff**	**t**	**Sig.**
Knowladge	11,65	18,733	0,000*
Behavior	2,03	20,955	0,000*

Table 7 displays the results of a paired t-test to assess whether there was a significant change between the pre-test and post-test. For the knowledge variable, there was a mean difference of 11.65 with a significance value of 0.000, indicating a statistically significant change in knowledge.

For the behavior variable, there was a mean difference of 2.03, also with a significance value of 0.000, indicating a significant change in behavior.

Overall, both variables (knowledge and behavior) experienced significant improvement after the intervention, demonstrating the effectiveness of educational media in improving the competence of integrated health post (Posyandu) cadres.

Table 8. Comparison of Changes in Knowledge and Behavior

Variabel	**t**	**Sig.**	**Information**
Delta of Knowledge	-0.593	0.555	Tidak signifikan
Behavioral Delta	0.103	0.918	Tidak signifikan

Table 8 compares the difference in knowledge and behavior improvement (delta) between the intervention and control groups. For the knowledge variable, a significance value of 0.555 indicates no significant difference between the two groups. Similarly, for the behavior variable, a significance value of 0.918 indicates no statistically significant difference between the groups.

This is because the control group also experienced improvement despite not receiving YouTube education, so the difference between the groups was not significant. However, while not significant, the improvement trend was more pronounced in the intervention group.

Discussion

Observations showed changes in the knowledge scores of integrated health post (Posyandu) cadres after the YouTube-based educational intervention. The average pre-test score was 61.08, while the post-test score was 51.34. Field interviews confirmed that most cadres experienced increased understanding after watching the educational videos. Furthermore, researchers' observations indicated improvements in cadres' responses to follow-up questionnaires regarding stunting symptoms, such as short stature or weight loss for age.

Improving cadre knowledge aligns with Mayer's (2009) theory on multimedia learning, which states that better understanding occurs when visual and auditory channels are used simultaneously. Videos have been shown to be more easily understood than lectures, especially for intermediate cadres. Research by Werdani and Triyanti (2014) also confirmed that appropriate education can maximize cadres' ability to detect nutritional problems early.

Previous research supports these findings. Fitriana (2023) reported that the use of animated videos can increase cadres' knowledge of anthropometry by 20–30%. This research aligns with Sutriyawan et al. (2021), who concluded that a lack of training contributed to the cadres' knowledge stagnation. With audiovisual interventions, cadres became more enthusiastic and were able to identify important nutrients such as protein and calcium, which play a role in child growth.

Based on an analysis of respondent characteristics, younger cadres were able to absorb the video material quickly, while cadres aged 40 and over required additional time due to limitations in completing the lengthy questionnaire. This demonstrates the effectiveness of YouTube as a learning medium, especially when videos are short, engaging, and tailored to the cadres' needs.

Behavioral Changes of Posyandu Cadres Before and After Intervention

It can be concluded that cadre behavior improved after the intervention, with an average pre-test score of 6.92 and a post-test score of 15.05. Field observations showed improvements in cadre practice in measuring toddler height, recording results on growth charts, and more accurately summarizing nutritional status. For example, the ability to measure height according to the child's position increased from 42.86% to 85.71% after the intervention.

This change aligns with Notoatmodjo's (2012) concept of health behavior, which states that health behavior can be formed through a continuous education process. Patimah (2021) emphasized the crucial role of cadres in anthropometric measurements, while Nadrah and Fatwiany (2021) emphasized the importance of cadres in referring nutritional cases to health facilities. With video intervention, cadres were more proactive in providing counseling and education to the community.

Rufaidah's (2022) research also showed similar results, with cadres' skills in reading height/age curves increasing by 77.14% after training. This finding differs from Hulu (2020), which reported that cadre behavior was difficult to change due to low motivation. In this study, the use of YouTube actually increased cadre enthusiasm because it could be accessed at home.

The involvement of female cadres, who dominated the respondents, also influenced behavioral change. As housewives, they require flexible educational methods, and online media proved

more suitable for this situation. However, external factors, such as the environmental conditions during Posyandu activities, can also influence the accuracy of behavioral observations.

The Influence of YouTube Educational Media Regarding Stunting on Knowledge of Integrated Health Post Cadres in Karang Satria Village, Bekasi Regency

The study showed a significant difference in the cadres' understanding between the intervention group and the control group. The intervention group's average score was higher, and an Independent Samples T-test yielded a $p=0.000$ ($p<0.05$). This indicates that YouTube is an effective learning medium for improving Posyandu cadres' knowledge about stunting.

These findings support Mayer's (2009) theory on multimedia learning, which emphasizes that combining text, images, and audio can strengthen students' understanding. The use of educational videos on YouTube makes it easier for cadres to absorb information visually and auditorily, resulting in more lasting knowledge. This aligns with a report by Nomiaji et al. (2020) that stated that the YouTube platform is effective in disseminating health information because it is engaging and accessible. Rusdi (2020) also added that educational content designed with visuals and color can increase audience attention and understanding. Firmansyah et al. (2019) even stated that nutrition education through social media can significantly improve knowledge compared to groups that did not receive intervention.

Therefore, it can be concluded that YouTube is an effective educational medium for increasing the knowledge of integrated health post (Posyandu) cadres. Engaging and accessible videos spark a passion for learning, ultimately strengthening their understanding of the causes, effects, and preventive measures for stunting.

The Influence of YouTube Educational Media Regarding Stunting on the Behavior of Integrated Health Post Cadres in Karang Satria Village, Bekasi Regency

In addition to impacting knowledge, YouTube interventions have also been shown to influence the behavior of integrated health post (Posyandu) cadres. The behavioral scores of the intervention group exceeded those of the control group, based on a Mann-Whitney test showing a p-value of 0.000 ($p < 0.05$). This means that using YouTube not only improves understanding but also impacts the cadres' practical skills in measuring and recording toddler nutrition.

This behavioral change aligns with Notoatmodjo's (2012) concept of health behavior, which emphasizes that behavior is the result of the interaction of knowledge, attitudes, and skills. Video-based education helps cadres not only understand the concept of stunting but also demonstrates practical steps that can be directly implemented in Posyandu activities.

This study corroborates the findings of Dewi and Aminah (2016), who found that nutrition education was effective in increasing understanding and modifying participants' attitudes and behavior. Triwibowo (2015) also noted that the success of health education is largely determined by the media used. Engaging audiovisual media are easier for the target audience to understand, remember, and practice.

Furthermore, research by Yuliani et al. (2023) suggests that nutrition education plays a crucial role in shaping positive behaviors related to stunting prevention. The study's findings confirm this theory, showing that integrated health post (Posyandu) cadres who received education via YouTube demonstrated improved skills in measuring height and weight, recording the results on growth charts, and assessing the nutritional status of toddlers.

Therefore, the use of YouTube can be considered an effective strategy for changing the behavior of integrated health post (Posyandu) cadres in stunting prevention. The advantage of this medium is its seamless access, allowing cadres to re-watch educational content as needed.

CONCLUSION

Based on the analysis of the research results, it can be concluded that providing educational interventions regarding stunting through YouTube videos can improve the knowledge and behavior of integrated health post (Posyandu) cadres. The interventions provided showed an increase in the cadres' ability to understand the concept of stunting, its signs and symptoms, and preventive measures. Furthermore, the cadres' behavior in conducting early detection, providing education to the community, and implementing stunting prevention practices also improved after the intervention. The results of this study also showed a significant difference between the intervention and control groups, where the group receiving the YouTube video intervention showed a better increase in knowledge and behavior compared to the control group. Thus, the use of YouTube-based educational media has proven effective as a means of delivering health information to increase the capacity of integrated health post (Posyandu) cadres in preventing stunting in the study area.

REFERENCES

Adityaningrum, A., Arsad, N., & Jusuf, H. (2023). Faktor Penyebab Stunting di Indonesia: Analisis Data Sekunder Data Ssgi Tahun 2021. *Jambura Journal of Epidemiology*, *2*(1), 1–10.

Aisah, S., Ismail, S., & Margawati, A. (2021). Edukasi kesehatan dengan media video animasi: Scoping review. *Jurnal Perawat Indonesia*, *5*(1), 641–655.

Anwar, S., Winarti, E., & Sunardi, S. (2022). Systematic Review Faktor Risiko, Penyebab Dan Dampak Stunting Pada Anak. *Jurnal Ilmu Kesehatan*, *11*(1), 88–94.

Elisabet, B. M., & Ayubi, D. (2021). Hubungan Pengetahuan, Sikap dengan Perilaku Kader Posyandu dalam Pelaksanaan Pemberian Vitamin A di Jakarta Timur. *Jurnal Ilmiah Kesehatan*, *13*(1), 1–12.

Enjelika, W. E., Indriati, G., & Novayelinda, R. (2022). Faktor-Faktor yang Berhubungan dengan Perilaku Kader dalam Pencegahan Penularan Covid-19 Saat Kegiatan Posyandu Balita di Kota Pekanbaru. *Jurnal Vokasi Keperawatan (JVK)*, *5*(2), 105–118.

Eri Kurniasari, Diadjeng Setya Wardani, Rismaina Putri, & Miftahul Jannah. (2023). Efektifitas Edukasi Menggunakan Media Audio Visual Dan E-Leaflet Terhadap Peningkatan Pengetahuan Kader Posyandu Dalam Pencegahan Stunting Di Masa Pandemi Covid-19. *Jurnal Ilmu Kebidanan Dan Kesehatan (Journal of Midwifery Science and Health)*, *14*(1), 13–20. https://doi.org/10.52299/jks.v14i1.146

Fitriana, S. (2023). Penggunaan Video Animasi Sebagai Sarana Edukasi Terhadap Pengetahuan Dan Sikap Kader Posyandu Dalam Deteksi Resiko Stunting. *PAPATUNG: Jurnal Ilmu Administrasi Publik, Pemerintahan Dan Politik*, *6*(1), 51–58. https://doi.org/10.54783/japp.v6i1.692

Hanif, F., Negara, I. N. S., & Astuti, N. K. R. (2022). Animasi 2d sebagai Media Edukasi Kesehatan Gigi Anak di PT. Pilar Kreatif Teknologi di Denpasar. *Amarasi: Jurnal Desain Komunikasi Visual*, *3*(02), 132–142.

Kemenkes RI. (2021). *PEDOMAN DAN STANDAR ETIK PENELITIAN DAN PENGEMBANGAN KESEHATAN NASIONAL*. BALITBANGKES: Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan.

Kinasih, A. D., Anna, C., Afifah, N., Gizi, P. S., Surabaya, U. N., Gizi, P. S., & Surabaya, U. N. (2023). *EDUTING (EDUKASI STUNTING) DENGAN MEDIA VIDEO UNTUK MENINGKATKAN PENGETAHUAN DAN SIKAP IBU BALITA Mothers of Children Under Five in Ngepung Village of Nganjuk Regency*. *03*(November), 66–75.

Komalasari, K., Supriati, E., Sanjaya, R., & Ifayanti, H. (2020). Faktor-Faktor Penyebab Kejadian Stunting Pada Balita. *Majalah Kesehatan Indonesia*, *1*(2), 51–56.

Lestari, P. B., & Ayubi, D. (2021). Pengetahuan, sikap dan perilaku kader Posyandu dalam penimbangan balita selama pandemi Covid-19 di Jakarta Timur. *Jurnal Health Sains*, *2*(4), 533–540.

Luthfia, E., Ariyanti, D. P., & Atmaja, H. K. (2022). Pengembangan Media Edukasi Animasi Interaktif sebagai Upaya Pencegahan Dini Kejadian Stunting di Kabupaten Lombok Barat. *Jurnal Kesehatan Manarang*, *8*(3), 257–265.

Mahendra, D., Jaya, I. M. M., & Lumban, A. M. R. (2019). Buku Ajar Promosi Kesehatan. *Program Studi Diploma Tiga Keperawatan Fakultas Vokasi UKI*, 1–107.

Muchlis, N., Muhammad, M. A., & Purnawansyah. (2022). *Early Warning Stunting*.

Nadrah, N., & Fatwiany, F. (2021). Analisis Pengetahuan dengan Sikap tentang Kebutuhan Gizi Seimbang pada Ibu Hamil di Desa Klumpang Kampung Kab. Deli Serdang. *Miracle Journal*, *1*(1), 14–20.

Naimah, A., & Andini, U. H. (2023). EFEKTIVITAS PEMBERIAN VIDEO EDUKASI STUNTING TERHADAP PENGETAHUAN IBU HAMIL DALAM PENCEGAHAN STUNTING. *Kesehtan*, 7823–7830.

Ningrum, D., Setiadi, D. K., Sejati, A. P., Fauziyah, R. N., Indonesia, U. P., Sumedang, K., Gizi, J., Kesehatan, P., & Bandung, K. (2024). PENGARUH PENDIDIKAN BERBASIS MEDIA VIDEO ANIMASI TERHADAP PENGETAHUAN IBU TENTANG PROTEIN HEWAN The Effect of Animated Video Media-Based Education on Mother ' s Knowledge. *JURNAL RISET KESEHATAN*, *16*(1), 238–251.

Noya, F., Ramadhan, K., Tadale, D. L., & Widyani, N. K. (2021). Peningkatan pengetahuan dan keterampilan kader melalui pelatihan kader posyandu remaja. *Jurnal Masyarakat Mandiri (JMM)*, *5*(5), 2314–2322. http://journal.ummat.ac.id/index.php/jmm/article/view/5257

Pujiastuti, N., Anantasari, R., & Kasiati, K. (2020). PENINGKATAN PERILAKU MENYUSUI EKSKLUSIF MELALUI PELATIHAN KADER POSYANDU DALAM PEMBERDAYAAN KELUARGA SEBAGAI PERSONAL REFERENCE. *JMM*

(Jurnal Masyarakat Mandiri), *4*(6), 1207–1216.

Puspinarti, C., Misnaniarti, M., & Sunarsih, E. (2023). Upaya Perubahan Perilaku Dalam Pencegahan Stunting. *Jurnal Ners*, *7*(2), 1182–1190.

Putri, I., Zuleika, T., Murti, R. A. W., & Humayrah, W. (2022). Edukasi Pemberian Makan Bayi dan Anak (PMBA) Meningkatkan Pengetahuan Gizi Ibu Balita di Posyandu Anggrek, Bogor Selatan, Jawa Barat. *Darmabakti : Jurnal Pengabdian Dan Pemberdayaan Masyarakat*, *3*(1), 48–55. https://doi.org/10.31102/darmabakti.2022.3.1.48-55

Qoyyimah, A. U., Wintoro, P. D., Hartati, L., & Chasanah, M. (2021). Hubungan Riwayat Ibu Hamil Kekurangan Energi Kronis Dengan Kejadian Stunting Pada Balita Usia 3-5 Tahun Di Puskesmas Jatinom Klaten. *Prosiding Seminar Nasional Unimus*, *4*.

Ramdhan, M. (2021). *Metode penelitian*. Cipta Media Nusantara.

Riskesdes. (2018). Hasil Riset Kesehatan Dasar Tahun 2018. *Kementrian Kesehatan RI*, *53*(9), 1689–1699.

Roediger, R., Hendrixson, D. T., & Manary, M. J. (2020). A roadmap to reduce stunting. In *The American Journal of Clinical Nutrition* (Vol. 112, Issue Supplement_2, pp. 773S-776S). Oxford University Press.

Rohman, S., Rohman, M. S., Febriyanti, N. A., Nisa, N. A., Hidayanto, O., Arifin, M., Fatoni, W., Nafisah, D., Mukaromah, R., & Mas'udah, L. (2023). Penyuluhan Kesehatan di Desa Pancurwening Tentang Kenali Stunting Sejak Dini. *JIPM: Jurnal Inovasi Pengabdian Masyarakat*, *1*(1), 24–28.

Sitti Patimah, S. K. M. (2021). *Strategi Pencegahan Anak Stunting Sejak Remaja Putri*. Deepublish.

Sugiono, Noerdjanah, & Wahyu, A. (2020). Uji Validitas dan Reliabilitas Alat Ukur SG Posture Evaluation. *Jurnal Keterapian Fisik*, *5*(1), 55–61. https://doi.org/10.37341/jkf.v5i1.167

Sugiyono, P. D. (2017). Metode penelitian bisnis: pendekatan kuantitatif, kualitatif, kombinasi, dan R&D. *Penerbit CV. Alfabeta: Bandung*, *225*, 87.

Suhartatik, S., & Al Faiqoh, Z. (2022). Peran Kader Posyandu Dalam Pemantauan Status Gizi Balita: Literature Review. *Journal of Health, Education and Literacy (J-Healt)*, *5*(1), 19–25.

Sukerniasih, N. W. (2019). *GAMBARAN TINGKAT PENGETAHUAN KARIES GIGI PADA KADER POSYANDU DI DESA ABIAN BASE KECAMATAN MENGWI KABUPATEN BADUNG TAHUN 2019*. Poltekkes Kemenkes Denpasar.

Sutarto, S. T. T., Mayasari, D., & Indriyani, R. (2018). Stunting, Faktor ResikodanPencegahannya. *Agromedicine Unila*, *5*(1), 540–545.

Sutriyawan, A., Valiani, C., Munawaroh, M., Sarbini, A. S., & Sutrisno, E. (2021).

Peningkatan Pengetahuan Kader Posyandu Dalam Mencegah Stunting Melalui Edukasi Berbasis Media Pada Masa Pandemi Covid-19. *Jurnal Masyarakat Mandiri*, *5*(4), 1982–1994.

Tse, A. D. P., Suprojo, A., & Adiwidjaja, I. (2017). Peran kader posyandu terhadap pembangunan kesehatan masyarakat. *Jurnal Ilmu Sosial Dan Ilmu Politik (JISIP)*, *6*(1).

Werdani, A. R., & Triyanti. (2014). Asupan Karbohidrat sebagai Faktor Dominan yang Berhubungan dengan Kadar Gula Darah Puasa (Carbohydrate Intake as a Dominant Factor Related to Fasting Blood Glucose Level). *Jurnal Kesehatan Masyarakat*, *9*(1), 71–77.

WHO. (2020). *Statement: World No Tobacco Day 2020*.

WHO. (2023). *Hari Kesehatan Sedunia*.

Yuliani, Y., Rusmana, A., & Khadijah, U. L. S. (2023). Penggunaan buklet dalam meningkatkan literasi perilaku hidup bersih dan sehat kader posyandu. *Informatio: Journal of Library and Information Science*, *3*(3), 177–190.