

# Teaching Framework of Stunting for Vocational Midwifery Students: A Document Review

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## Teaching Framework of Stunting for Vocational Midwifery Students: A Document Review

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### ABSTRACT

The teaching of stunting for vocational midwifery education students is not yet standardized. Even though midwife graduates bear a big responsibility in participating in stunting prevention programs both at the local and national levels. This inequality can result in the unpreparedness of graduates of midwifery education in dealing with the problem of stunting. This research aims to develop a clear stunting teaching framework related to the distribution of cognitive and psychomotor content for midwifery vocational students. This study used the document review method. Data were collected from reputable journals for the last five years from Google Scholar, PubMed, Researchgate, and Semantic Scholar. Other official documents were filtered from Google Engine. Data processing used PRISMA analysis by applying 3 steps, namely, identification, screening for eligibility, and included. Inclusion criteria: stunting, midwifery students, and teaching cognitive and psychomotor domains, in English or Indonesian. The exclusion criteria were education other than midwives, and domains other than cognitive and psychomotor, documents other than English or Indonesian. Data analysis using PICOT to determine Population, Problem, Intervention, Comparison, Outcome, and Time. The results of the PICOT selection show that the teaching framework for stunting material includes 40% of the theory in class which contains: stunting theory, national health system, anthropometrics, health promotion, and communication and presentation skills. While teaching skills 60% include health assessment practices, communication and presentation skills, and anthropometric measurements. The psychomotor domain is carried out in the laboratory and field practice. The stunting teaching framework is outlined in local content materials in areas with high stunting prevalence rates. This study recommends that the stunting teaching module gives a clear emphasis on the cognitive domain of 40% and 60% psychomotor.

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#### Kata kunci:

domain pengajaran  
mahasiswa kebidanan vokasi  
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### ABSTRAK

Pengajaran stunting bagi mahasiswa pendidikan kebidanan vokasi belum berstandar. Padahal lulusan bidan memanggul tanggungjawab besar dalam keikutsertaan program penanggulangan stunting baik tingkat lokal maupun nasional. Ketimpangan ini bisa mengakibatkan ketidaksiapan lulusan pendidikan bidan dalam menghadapi masalah stunting. Tujuan penelitian ini untuk mengembangkan kerangka pengajaran stunting yang jelas terkait pembagian muatan kognitif dan psikomotor bagi mahasiswa vokasi kebidanan. Penelitian ini menggunakan metode document review. Data dikumpulkan dari jurnal bereputasi selama lima tahun terakhir dari Google Scholar, PubMed, Researchgate, and Semantic Scholar. Dokumen resmi lainnya disaring dari Google Engine. Olah data menggunakan PRISMA analysis dengan menerapkan 3 langkah, yaitu identifikasi, screening for

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eligibility dan Included. Kriteria Inklusinya: stunting, midwifery students, and teaching domain cognitive and psychomotor, dalam Bahasa Inggris atau Indonesian. Kriteria Eksklusinya pendidikan selain midwife, dan domain selain cognitive and psychomotor, dokumen selain bahasa Inggris atau Indonesian. Analisis data dengan menggunakan PICOT guna menentukan Populasi, Problem, Intervensi, Komparasi, Luaran, dan Waktu. Hasil PICOT selection menunjukkan kerangka pengajaran materi stunting mencakup 40% teori di kelas yang berisi: teori stunting, system kesehatan nasional, antropometric, promosi kesehatan, dan communication and presentation skills. Sedangkan pengajaran keterampilan 60% meliputi praktik pengkajian kesehatan, communication and presentation skills, dan pengukuran antropometric. Domain psikomotor dilakukan di laboratorium dan praktik lapangan. Kerangka pengajaran stunting dituangkan dalam materi muatan lokal di wilayah dengan angka prevalensi stunting tinggi. Penelitian ini merekomendasikan modul pengajaran stunting memberikan penekanan yang jelas pada domain kognitif 40% dan psikomotor 60%.



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## INTRODUCTION

The absence of standard teaching materials provided to vocational midwifery education students makes midwives' competencies in tackling stunting cases in Indonesia unfocused. The focus of tackling stunting cases until 2024 is to reduce the prevalence rate to 14% (Prabasari et al., 2021). Stunting is the fourth most on the health program agenda in Indonesia in the world and is one of the priority health problems (Dewanti et al., 2019). More than 400 vocational midwifery educational institutions are spread across 37 provinces throughout Indonesia (Tukayo et al., 2021). Many studies have revealed the role of midwives in various activities in the community, whether directly related to stunting or not (Sumiaty et al., 2021; Wulandari & Kusumastuti, 2020). The World Health Organization reveals the broad roles of midwives starting from clinicians, educators, advisers, coordinators, and collaborators to researchers (Aprillia & Siauta, 2022). The breadth of the midwife's role makes the midwifery education program more complex from time to time (Bolan et al., 2021). The complexity of the midwifery education program includes the vocational education program, which in Indonesia recognizes the diploma III program (Hill & Fitzgerald, 2020). A vocational program of this type is the most popular midwifery education program in Indonesia (Hardy et al., 2021). Therefore, graduates of vocational midwifery education are widely spread. The best known is the village midwife (Sari & Montessori, 2021). Village midwives are considered as one the spearheads of the health profession at the village level who provide health service assistance related to midwifery needs, including stunting prevention (Sopiatun & Maryati, 2021). That's why preparing a stunting teaching program in midwifery vocational education programs is urgently needed.

Previous research on stunting that has been discussed the most is methods of overcoming stunting such as good nutrition, intensive antenatal care, and baby care (Bach et al., 2020; Susilaningrum et al., 2020). During the last five years, with a total of more than 27 million cases, the government emphasizes the importance of programs that involve youth, families, and community leaders besides healthcare workers (Korompis, 2022). Adolescent mental development programs, for example, have been widely promoted in recent

years as proof that youth involvement in stunting prevention plays a major role (Anjaswarni et al., 2022). India, China, and several countries in Africa adopted a similar strategy (Brar et al., 2020; Dong et al., 2020). The Global Nutritional Report also recommends the same thing for tackling the global stunting problem, which has more than 150 million cases (United Nation Nutrition, 2021). The stunting education program is not just the monopoly of the health profession but extends to various components of society (Purnama et al., 2021). However, it is rare to find research on how to organize stunting education in midwifery education in particular. What is generally given in the curriculum on stunting that is taught in midwifery vocational education is about the meaning of stunting, its causes, characteristics, risk factors, impacts, and prevention (Poltekkes Kemenkes Denpasar, 2022). The most commonly discussed stunting learning module is prevention and treatment (Manapa et al., 2020).

This research on stunting teaching frameworks for vocational midwifery students using the document review method aims to develop a stunting teaching framework through a clear division of cognitive and psychomotor content for vocational midwifery students. The implication for midwifery vocational education is to help provide a more structured stunting learning module framework. From a professional standpoint, this research will help provide more comprehensive material for midwives who work in the field dealing with stunting.

## METHODS

This study used the document review method and PRISMA Analysis. Data filtered from Google Engine. Data were collected from reputable journals for the last five years from Google Scholar, PubMed, Researchgate, and Sema (11 Scholar as well as official documents from WHO, the ministry of health (Kemenkes RI) and the National Family Planning Coordinating Board (BKKBN). Data processing used PRISMA analysis by implementing three main steps i.e. identification, screening for eligibility, and included. The inclusion criteria were based on the research topic, namely

stunting, midwifery students, and the teaching domain. Journals and documents were selected in English and Indonesian languages. Only journals were published from 2017 to 2022 to be reviewed. The exclusion criteria were documents outside the teaching domain, and not in English

or Indonesian languages, besides if the publication was more than 5 years ago from the date of their release. The results of data processing with PRISMA were analyzed by the PICO selection.

## RESULTS AND DISCUSSION

### PRISMA Analysis

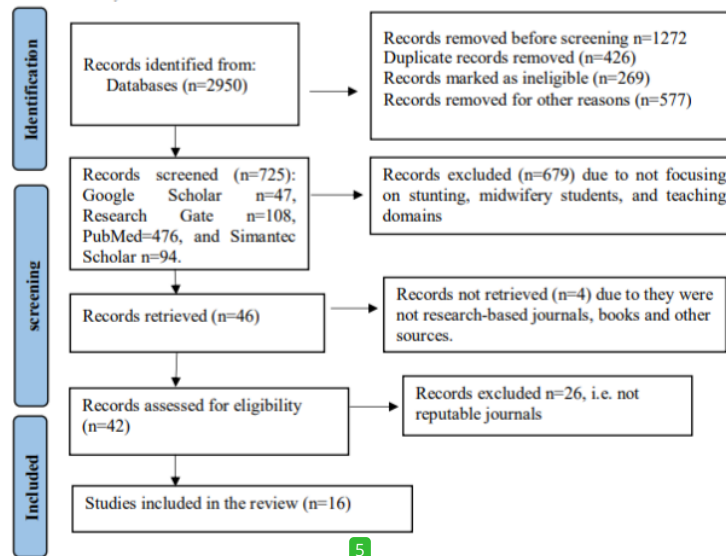


Diagram 1: PRISMA Analysis

Diagram 1 illustrates the results of searching documents using Google Engine in the initial stages of obtaining n=2950 documents. In the Screening category n = 725 documents collected. The discarded n=1272 documents were irrelevant. Screened documents were divided by Google Scholar (n=47), Research Gate (n=108), PubMed (n=476), and Simantec Scholar (n=94). Out of 725 screened documents,

n=46 documents were filtered in the Retrieved category, and n=679 documents were classified as Excluded due to not being focused on stunting, midwifery students, and teaching domains. the n=46 retrieved documents, n=4 were not retrieved. In the final stage, n=16 documents to be reviewed in the category of Included of PRISMA Analysis. The summary of the 16 documents is in table 1 below:

Table 1: Reviewed Records with Detailed Results and Identified Challenges

No.	Title, Authors, and Year of publication	Research country and its methods	Results	Identified Challenges
1	The Effect of Health Promotion Media on Mother's Behavior in Stunting Prevention During the Covid-19 Pandemic. Kirana et al, 2022	Indonesia, quasi-experiment design	The average value of respondents' knowledge before being given health education, either using PPT or using leaflet media, there was no significant difference. (Rita Kirana, Aprianti, 2022)	Educational intervention using electronic media or paper is a combination that is still much needed in learning
2	Module development and its effectiveness in improving the competencies of voluntary health workers in communicating safe complementary feeding to caregivers in Indonesia. Iswarawanti et al; 2019	Indonesia, Qualitative methods	A significantly higher proportion of workers in the intervention group than in the comparison group were assessed as competent in the psychomotor and composite domains (psychomotor: 67.1% vs. 20.6%; composites: 74.3% vs. 36.8%; p<0.001). (Dwi Nastiti Iswarawanti, Siti Muslimatun, Endang Basuki, 2019)	The psychomotor domain dominates the role in achieving training goals compared to other domains.

3	Level of Knowledge About Stunting in Students of the D-3 Midwifery Study Program, Tulungagung University. Sitaresmi and Laksono, 2020.	Indonesia, Quantitative	The majority of respondents (81%) have a good level of knowledge about stunting. The amount of information obtained about stunting will increase knowledge about stunting. (Sitaresmi & Laksono, 2018)	- The cognitive aspect is more widely used as a learning method in midwifery vocational education.
4	The Collaborative Role of Midwives in Stunting Prevention in the Era New Adaptation. Aisyah and Supami, 2022.	Indonesia, Quantitative non-experimental	There is a significant relationship between the scope of the intervention (p=0.001), standardization of midwives (p=0.002), and knowledge (p=0.001) with the collaborative role of midwives in stunting prevention. (Suparni, 2022).	- It is hoped that midwives can improve their performance by always being up to date with new knowledge by participating in training, so that performance will be better in stunting services.
5	The Effectiveness of Providing Health Education with the Method Demonstration of Mother's Skills in Setting Diet in Stunted Children. Suhartiningih, 2022	Indonesia, non-experimental	The provision of health education with demonstration methods is effective in increasing respondent skills. (Suhartiningih, 2022)	- there is a significant difference between before and after the provision of health education with demonstration method of skills
6	Capacity Building for Cadres on Early Detection of Stunting in Toddlers with Online Training. Alindariani et al, 2022	Indonesia, Pre-Experimental One-Group Pre-test Post-test design	There is an increase in the knowledge of cadres before and after being given online training by midwives regarding early detection of stunting (Alindariani et al., 2021)	- The online training method contributes to increasing the knowledge aspect.
7	The Effect of Assistance on Knowledge and Skills of Posyandu Cadres in Early Detection of Stunting. Sitorus et al, 2021	Indonesia, Quassy experiment.	There is an influence of mentoring on the knowledge and actions of cadres in the early detection of stunting (Sony Bernike Magdalena Sitorus, Ni Made Ridla Nilasanti Parwata, 2021)	- assistance by midwives to cadres in the early detection and prevention of stunting shows that there are differences in the value of knowledge and skill scores of respondents between before and after assistance.
8	Analysis Of The Role Of The Midwife In Hospital In Stunting Prevention Effort In RSU Aulia, South Jakarta. Aprillia et al, 2022	Indonesia, Analytical Survey	Midwives can improve their competency through education to a higher level through training or seminars. (Aprillia & Siauta, 2022)	- Training and seminars are proven to be effective mediums to improve professional competency.
9	Maternal Nutrition Education Provided by Midwife. Nankumbi et al, 2018	Uganda, Qualitative.	Midwives need to promote effective nutrition education, appropriate in-service training, mentorship, and support. (Nankumbi et al., 2018)	- In-service training is needed by midwives for continuing education purposes.
10	Development of Stunting Risk Detection Module on Pregnant Mother Knowledge. Musdalifah et al, 2020.	Indonesia, Research and Development Model	The majority of respondents (82.5%) experienced increased knowledge through the developed modules. (Manapa et al., 2020)	- 15% of respondents are less dependent on modules to develop their knowledge.
11	The Effectiveness Of Education To Improve Knowledge And Attitudes On Stunting Prevention; Aggraeni et al., 2022.	Indonesia, Literature Review	The stunting education resulted in a positive change in attitude towards its prevention. (Anggraeni et al., 2022)	- The mode of stunting education requires changes in order to improve its prevention objectives.
12	Effect of a Short Course on Improving the Cadres' Knowledge in the Context of Reducing Stunting through Home Visits in Yogyakarta, Indonesia. Siswati et al., 2022.	Indonesia, Pre-test Post-test design.	The short course improved cadres' knowledge significantly on post-tests 1 and 2, ie, knowledge regarding Children's Growth Monitoring (swati et al., 2022)	- Consistent short course on stunting boosts the cadres' knowledge if followed by home visits.
13	Assessment of Midwifery and Nursing Students' Nutrition Competence in Ethiopia. Yimer et al, 2017	Ethiopia, Cross-Sectional study	Most graduating midwifery students lacked the essential knowledge and skills to provide standard nutrition in the work setting. Students were poor at the performance of nutrition skills. (Yimer, 2017)	- Skills are essential to provide standard nutrition for midwives in work settings.
14	Developing nursing and midwifery students' capacity for coping with	Australia, Qualitative	The blended learning of midwifery students could develop their repertoire of	- Rural areas where the network is not adequately available can be a major problem for

	bullying and aggression in clinical settings: Students' evaluation of a learning resources. Hogan et al., 2017		effective responding and coping skills in their professional practice. (Hogan et al., 2018)	midwifery students in the area.
15	Nursing education challenges and solutions in Sub-Saharan Africa. Bvumbwe, 2018	Sub-Saharan Africa, Document Review	The massive investment in education in Sub-Saharan is resulting in the positive development of nursing education. (Bvumbwe, 2018)	The leadership strategy, networking, and partnership to share expertise, as well as best practices, are critical in the education system.
16	Nutritional status and concomitant factors of stunting among pre-school children in Malda, India: A micro-level study using a multilevel approach. Sk et al., 2021.	India, Cross-sectional study	Policy interventions should direct community health workers to encourage couples to help reduce stunting. (Sk et al., 2021)	Policy intervention should be included in the stunting materials for midwifery students.

Table 1 above shows a summary of the 16 journals that meet the PRISMA analysis requirements. All documents are from reputable journals published from 2017-2022. Seven journals (44%) will be released in 2022. Their researches are in six countries, namely Indonesia (11 journals), Uganda, Ethiopia, Australia, India, and Sub-Saharan Africa, one journal each. The majority of research methods fall into the quantitative category (56.2%). The results projected by those journals mostly involve aspects of knowledge about stunting (journals no. 1-16 or 100%), and five documents on the teaching domain of midwifery students (journals no. 3, 11,

13, 14, and 15 or 31%). Regarding research results, ten journals (62.6%) discuss teaching methods (journal no. 1, 2, 3, 7, 10, 11, 12, 13, 14, and 15), and 5 journals (31.2%) discuss students midwifery (journal no. 3, 11, 13, 14, and 15). While the challenges in learning related to the psychomotor domain are discussed by 4 journals or 25% (journals no. 2, 6, 8, and 13), and 12 journals (no. 1, 3, 4, 6, 8, 9, 10, 11, 13, 14, 15, and 16) or 75% that discuss the cognitive component.

**PICOT Selection**

**Table No. 2: The PICOT Selection of Reviewed Documents**

Population	intervention	comparison	Outcomes	time
The research population in the reviewed journals are stunted children, mothers of the stunted children, midwives, community cadres, and midwifery students.	All documents discussed the prevention of stunting, teaching, and training for the development of knowledge and skills.	Non-healthcare professionals, midwives, and midwifery students related to stunting.	The documents discussed the impact of training, teaching, and sharing knowledge and skills related to stunting.	All documents were the results of results published between 2017 to 2022.

**Analysis**

Tables 1 and 2 above demonstrate that the majority of stunting research is conducted in Indonesia. Proven by 11 out of 16 journals eligible to be reviewed are from reputable sources. The research that took place in Indonesia mostly cover the topics of preventing and reducing the prevalence of stunting through education, training, and improving child nutrition. Apart from the importance of increasing the knowledge and skills possessed by midwifery professionals, from the 16 reviewed journals above, the division of cognitive and psychomotor domains in midwifery students is minimally discussed (only 4 journals). Even though 100% of the journals discuss midwives, the role of midwives in stunting, and other elements of society, 75% of journals prioritize knowledge and only 25% on skills.

**DISCUSSION**

This study systematically reviewed the gap between the need for stunting treatment in the field and the preparation of resources from the perspective of the midwifery profession. Of the 16 documents worth reviewing, none of the journals reveal the percentage of a clear division in teaching between the cognitive and psychomotor domains.

Even though in the vocational education curriculum it is stated that the comparison between theory and practice is 40%:60% (Dirjen Dikti Kemendikbudim, 2020). In other words, vocational education places more emphasis on acquiring skills rather than knowledge according to needs in the field. The results of the research above did not discuss the midwifery education curriculum related to stunting. However, two journals discuss modules (journals no. 2 and 10), but not for midwifery students. There is no discussion of the stunting module for midwifery students, except separately in the form of a book released by the Poltekkes Kemenkes of Denpasar (Poltekkes Kemenkes Denpasar, 2022). This means that research on the weight of learning stunting from the side of the cognitive and psychomotor domains has been minimally discussed.

The recommended topics that exist and are integrally taught related to stunting include nutrition, anthropometrics, stunting, sociology of health anthropology, pediatrics, and communication and presentation skills (McGlynn et al., 2018; Reber et al., 2019; Sulwanta & Kasnawi, 2019). Of the 7 teaching materials, those that require skills are nutrition, anthropometric, pediatric, communication, and presentation skills. Nutrition and pediatrics can be delivered in separate lectures. Meanwhile, anthropometric, stunting and communication, and presentation skills shall be combined into one package. Anthropometric and communication skills need a practical

component in the laboratory before practicing in society (Myatt et al., 2018; Sutarni et al., 2022). Stunting course material is taught in class descriptively. The lecture material can be included in the local content (*Muatan Lokal*) because details are not contained in the curriculum. Especially in areas where the prevalence of stunting is quite high, such as East Nusa Tenggara (NTT), West Sulawesi, Southeast Sulawesi, West Kalimantan, South Kalimantan, West Nusa Tenggara (NTB), and Aceh (Andriany et al., 2021). Therefore it could be that the stunting teaching package module is not the same from one province to another in Indonesia, due to different needs and its urgency.

#### STUDY LIMITATIONS

The weakness of this research is that it does not involve lecturers, campuses, students and families who have members with stunting cases, so that learning needs can be identified. To achieve completeness of these deficiencies requires time, human resources and funds. Moreover, the vast territory of Indonesia with hundreds of midwifery education campuses. Researching with a representative sample, even though the results are excellent, are not easy to fulfill.

#### CONCLUSION AND SUGGESTIONS

The fundamental difference between vocational education and other formal education levels is the emphasis on the psychomotor domain as recommended by the results of this study. This document review research resulted in a suggested framework used in teaching stunting that is more organized according to the needs in the field, where the need for skills is more than knowledge. In addition, the emphasis on teaching in areas with high prevalence rates should be prioritized over other regions. The types of striking skills needed by midwifery students are anthropometric measurements, health assessments, communication skills, and child nutrition. The limitations of this study are that it is not supported by actual data from the campus regarding stunting teaching in midwifery vocational education programs, so it does not know the learning problems and their needs in the field. Therefore, in the future, quantitative research is needed directly from the campus involving lecturers and students as well as the ongoing teaching methods. Involving more campuses, lecturers, and students will contribute to better research results.

#### 6

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