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Movements of Posyandu with stunting awareness theme

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ABSTRACT

The health examination program is important for the community, especially for children at risk of stunting. Posyandu cadres are the main movers in all activities carried out by the Posyandu. It cannot be denied that the Posyandu cadre movement benefits its existence. In various regions in Indonesia, there is stunting, one of which is in Taringgul Tonggoh village located in Wanayasa sub-district, Purwakarta district. This may indicate the need for awareness regarding stunting from various parties. This service aims to discover out's role of Posyandu after the COVID-19 pandemic in preventing stunting rates in Wanayasa District, Purwakarta. Service activities by helping at different Posyandu on the 7th, 8th, 9th, and 10th follow different Posyandu schedules. The service results show four Posyandu, namely Posyandu Andita 1 and 2, Cihaur Mekar, and Peuntas Mekar, the stunting problem in Taringgul Tonggoh Village was recorded at 14 toddlers. Routine health checks, counseling, and providing additional food (PMT) are solutions to prevent increased stunting.

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ABSTRAK

Program pemeriksaan kesehatan merupakan langkah penting bagi masyarakat, terkhusus anak yang berisiko stunting. Kader Posyandu merupakan penggerak utama pada seluruh kegiatan yang dilaksanakan Posyandu. Hal tersebut tak dapat dipungkiri bahwa adanya gerakan kader Posyandu sangat bermanfaat keberadaannya. Di berbagai daerah di Indonesia terdapat stunting, salah satunya yaitu di desa Taringgul Tonggoh yang terletak di kecamatan Wanayasa, kabupaten Purwakarta. Hal tersebut dapat mengindikasikan bahwa perlunya kesadaran mengenai stunting yang dilakukan dari berbagai pihak. Pengabdian ini ditujukan untuk mengetahui peran Posyandu setelah pandemic COVID-19 dalam mencegah angka stunting di Kecamatan Wanayasa, Puwakarta. Kegiatan pengabdian yang dilakukan dengan cara membantu pada Posyandu yang berbeda-beda pada tanggal 7, 8, 9, dan 10 mengikuti jadwal Posyandu yang berbeda-beda. Hasil pengabdian menunjukkan bahwa terdapat empat Posyandu yaitu Posyandu Andita 1 dan 2, Cihaur Mekar, dan Peuntas Mekar, permasalahan stunting di Desa Taringgul Tonggoh tercatat sebanyak 14 balita. Adanya pemeriksaan kesehatan secara rutin, penyuluhan, dan pemberian makanan tambahan (PMT) merupakan solusi untuk mencegah peningkatan stunting.

Kata Kunci: *Gizi; kader Posyandu; stunting.*

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INTRODUCTION

Health is a fundamental aspect of human life, crucial to overall well-being. In line with this, it is undeniable that various health issues must be addressed as part of national development efforts. One of the significant health issues in Indonesia is stunting. In health, nutrition is a key component that requires special attention (Budiastutik, 2018). According to Purnomowati *et al.,* in the book *"Pengertian Gizi"*, nutrition refers to substances that serve various vital functions for human survival, including supporting growth, maintaining, and repairing body tissues. Therefore, nutrition plays a crucial role in the growth and development of children, particularly those aged 0–24 months. If a child's nutritional needs are unmet, it can disrupt their growth and development process, making early nutrition fulfillment crucial (Mayar, 2021).

Nutrition is one of the primary factors essential for physical growth, nervous system development, brain function, and overall cognitive development. Nutritional needs in children must be met to ensure optimal growth in line with their genetic potential (Heryanto, 2023). Growth refers to changes in the physical size and structure of the body. In contrast, development refers to the process of increasing a child's abilities in structure and function, thereby becoming more complex. Mayar (2021) also states that each child's nutritional needs may differ, influenced by genetic and metabolic factors, although most children require similar nutrients.

Stunting is a condition of growth failure in children under five due to chronic malnutrition, particularly within the first 1,000 days of life (Adriyani, 2019). It is a significant public health problem in Indonesia, affecting not only children's physical growth but also their brain development. Stunting negatively impacts intelligence, increases disease vulnerability, and lowers future productivity (Apriluana, 2018). Indonesia ranks among the top five countries with the highest rates of stunting globally. This issue also exists in various regions in Indonesia, including Taringgul Tonggoh Village, located in Wanayasa Sub-district, Purwakarta District. This highlights the need for increased awareness regarding stunting from multiple stakeholders, including Posyandu cadres (Utami, 2023).

Several factors, including maternal conditions, healthcare services, and sanitation, can contribute to stunting. Maternal factors include poor maternal nutrition during pregnancy, short maternal stature, and poor childcare practices, especially in feeding. Mothers who experienced malnutrition during adolescence are also more likely to give birth to low-birth-weight babies (Fitri, 2018). Other contributing factors include maternal infections, closely spaced pregnancies, child infections, low household income, and limited family livelihoods. These issues are often worsened by poor access to healthcare services in remote areas and a lack of clean water and sanitation. For this reason, Posyandu activities are conducted monthly to monitor and prevent stunting in Indonesia (Komalasari, 2020).

A previous community service activity by Purbadiri dan Srimurni (2022) demonstrated that mobile Posyandu services adhered to health protocols during the COVID-19 pandemic. These services allowed cadres to monitor child health and prevent stunting through home visits, minimizing the risk of virus transmission. Socially, these visits reflected the government's ongoing commitment to child health, despite the pandemic. This current service activity differs from the previous one as it was conducted after the COVID-19 pandemic, focusing on understanding the role of Posyandu in preventing stunting in the Wanayasa District, Purwakarta.

Literature Review

Posyandu

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Posyandu (Integrated Health Service Post) is a community-based initiative that mobilizes local health cadres to serve the public. This aligns with the vision and mission of the Indonesian Ministry of Health for the 2020–2024 period. The vision is to create healthy, productive, independent, and equitable human beings (Ramadhani, 2021). Posyandu serves as a platform for community empowerment by facilitating the dissemination of health information and enabling healthcare workers to reduce maternal mortality rates (AKI) and infant mortality rates (AKB) (Oktafiani, 2023). According to the Ministry of Health, the benefits of Posyandu (Ayuningtyas, 2022) are as follows:

1. For the community: a. Easy access to basic health information and services, especially in reducing maternal and infant mortality rates. b. Professional assistance in addressing health issues, particularly maternal and child health. c. Efficient access to integrated health and sanitation services;
2. For cadres, Posyandu administrators, and community leaders: a. Early access to information on health efforts to reduce maternal and infant mortality. b. Opportunities for self-actualization in helping the community address health-related issues;
3. For community health centres (Puskesmas): a. Optimization of their role as centres for health-oriented development, community empowerment, and first-level health services. b. More targeted assistance is needed to help communities solve health problems based on local conditions. c. Increased efficiency in time, workforce, and resources through integrated services;
4. For other sectors: a. More targeted support is needed to address related sectoral issues, particularly those associated with maternal and child health, in order to meet local needs. b. Improved efficiency through integrated service delivery in line with the core duties of each sector.

Posyandu cadres are the primary drivers of all Posyandu activities. Their mission includes reducing maternal and infant mortality, lowering stunting rates among toddlers, improving the management of the National Health Insurance (JKN), and increasing the independence and use of domestic pharmaceutical products and medical devices. This aligns with the second mission point of the Ministry of Health: “to reduce stunting among toddlers,” which is carried out through Posyandu programs that include stunting education for parents (Angelina, 2020). Posyandu cadres play a crucial role in all Posyandu operations, and their contribution is undeniably valuable. Their responsibilities include collecting data on toddlers, weighing them, measuring their height, recording the data on the *Kartu Menuju Sehat* (Child Health Card), and conducting health education sessions (Nurdin, 2019).

METHODS

The activity consisted of monitoring the growth and development of infants and toddlers through Posyandu and providing education on stunting prevention through active house-to-house detection. The focal location for stunting intervention was Taringgul Tonggoh Village in Wanayasa Subdistrict, Purwakarta Regency, West Java Province. The community service activities were conducted on September 7, 8, and 10, 2023, in collaboration with village officials, Posyandu cadres, and the National Population and Family Planning Agency (BKKBN) as a partner in stunting mitigation. The target audience of this community service was mothers and Posyandu cadres. The methods used in this activity included banners and anthropometric measuring tools (such as stadiometers, measuring tapes, infant measuring devices, and weighing scales) as the initial steps in detecting stunting in children. Height was measured using a height measuring device, while the child’s age was obtained from the parents and then assessed using Z-scores. The community service activities were carried out as follows:

Preparation Stage

A meeting was held with the Posyandu officers from Taringgul Tonggoh Village to discuss the issue of

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stunting and to evaluate the Posyandu programs that had previously been implemented in the area. The Posyandu activities involved the village midwife, Posyandu cadres, and the stunting surveillance team. The primary objective of the Posyandu activities was to monitor the growth and development of infants and toddlers, as well as to support immunization services. The Posyandu is structured into five stations: registration, weight measurement, height measurement, immunization services, and counseling on stunting.

Implementation Stage

The stunting monitoring activity aimed to enhance mothers' understanding of stunting and its prevention. During the implementation, students assisted with registration, measurement, and active case detection through surveillance activities. The surveillance approach was conducted door-to-door, targeting families with infants or toddlers who did not have regular check-ups at the Posyandu. Any findings from active case detection that indicated stunting were coordinated with the relevant team members for further follow-up.

Evaluation Stage

The evaluation stage was conducted after the Posyandu and surveillance activities. In this community service effort, toddlers showing signs of stunting were referred for consultation to relevant agencies. Treatment actions were also prioritized for toddlers experiencing stunting through healthcare facilities such as community health centers (puskesmas) and hospitals. As a measure of success, records were kept on the number of visits and the planning of follow-up actions to address the root causes of stunting cases.

RESULTS AND DISCUSSION

The Posyandu activities were conducted over a one-month period, divided into three days: September 7, 8, and 10. Each Posyandu operated on a different schedule. In line with this, several Posyandu units in Taringgul Tonggoh Village were involved, including Posyandu Andita 1, Posyandu Andita 2, Posyandu Peuntas Mekar, and Posyandu Cihaur Mekar. The Posyandu initiative was carried out by Posyandu cadres in collaboration with students from Universitas Pendidikan Indonesia as part of a community service program, enabling students to participate directly in and contribute to community activities related to the issue of stunting (Maribeth, 2022). **Figure 1** illustrates the community service activities that took place, which were supported and assisted by the cadres.

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Figure 1. Community Service Activity at Posyandu Cihaur Mekar
Source: Community Service Documentation, 2023

Furthermore, the community service continued assisting the cadres in registering, measuring, and actively detecting stunting cases through surveillance activities (door-to-door) (Magompa, 2023). The registration process aimed to collect participants' personal information, including their name, date of birth, and the names of their parents or spouse, as well as their address. After registration, a measurement session was conducted to record the head circumference, height, and weight of the child or pregnant mother (Herawati, 2019). If participants were unable to attend the Posyandu activities, cadres would visit the participants' homes. This is evident in Figure 2, where cadres and students visit the homes of those who were unable to attend.

Figure 2. Surveillance Activities at Posyandu Cihaur Mekar
Source: Community Service Documentation, 2023

The head circumference measurement activity was only conducted for toddlers and children, not for pregnant women. It involved wrapping a measuring tape around the child's head (Ramlah, 2021). The goal was to assess the toddler or child's growth, determining whether there was a decrease or an increase in their growth by their age. If there was a developmental delay, the child could be indicated as experiencing stunting (Nursyamsiyah, 2021). The head circumference measurement activity is shown in **Figure 3**.

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Figure 3. Head Circumference Measurement Activity for Children
Source: Community Service Documentation, 2023

In addition to head circumference, the cadres measured height and weight to assess whether the child's growth had improved compared to the previous month (Rinawan, 2022). Height and weight measurements were not limited to toddlers and children; pregnant women were also measured to assess whether the child's development correlated with the mother's physical stature, as shorter mothers may be associated with lower infant birth weights (Khasanah, 2018). Therefore, measuring the height of pregnant women is essential for detecting the potential risk of stunting in children at an early stage (Afrinis, 2021). Figure 4 shows a cadre measuring a child's height using a simple measuring tape.

Figure 4. Child Height Measurement Activity
Source: Community Service Documentation, 2023

After conducting the community service activities at each Posyandu over three days, a problem was identified in the data from one of the Posyandu units. The issue was the presence of a toddler suspected of stunting due to growth that did not match the expected standards for their age (Wailulu, 2018). This issue was identified through data collected from Posyandu cadres with the following details.

Table 1. Data from one of the Posyandu in Wanayasa Subdistrict, Purwakarta

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No	Name (Initials)	Sex	Weight (kg)	Height (cm)	MUAC (cm)	W/A	H/A	W/H
1.	IFM	L	12.5	97.6	14	Underweight	Short	Poor Nutrition
2.	MRN	L	13.2	96.1	15	Underweight	Short	Good Nutrition
3.	KH	P	13.45	95.6	15	Normal	Short	Good Nutrition
4.	MSA	L	15	96.5	20	Normal	Short	Good Nutrition
5.	ZK	P	12.6	94.3	19	Normal	Short	Good Nutrition
6.	NB	P	11.1	87	15	Underweight	Severely Short	Good Nutrition
7.	NN	L	11.5	91.3	15	Underweight	Short	Good Nutrition
8.	SP	L	12.1	90.1	15	Normal	Short	Good Nutrition
9.	ZP	P	10.9	85.3	16	Underweight	Short	Good Nutrition
10.	AAZ	P	10.3	85.5	14	Underweight	Short	Good Nutrition
11.	MAH	L	10.7	83.5	14	Normal	Short	Good Nutrition
12.	AN	L	10	81.1	16	Normal	Short	Good Nutrition
13.	SAA	P	9.5	76.3	15	Normal	Short	Good Nutrition
14.	AR	P	6.6	68	14	Underweight	Short	Poor Nutrition

Source: Research Findings, 2023

Based on the data in **Table 1**, obtained after monthly health check-ups for toddlers on the 7th, 8th, 9th, and 10th of each month, it was found that several toddlers still had underweight conditions and signs of malnutrition (Wardani, 2021). This condition requires prompt and appropriate follow-up actions to help prevent or minimize adverse impacts on the child and the family. The active role of Posyandu cadres in supporting toddlers affected by stunting is highly beneficial (Rinawan, 2021). Counseling sessions and providing supplementary food (PMT) were among the solutions implemented to prevent stunting in Wanayasa Subdistrict (Ruaida, 2018). The provision of supplementary food (PMT) must consider both the nutritional content and the child's specific nutritional needs. According to the Ministry of Health, as cited in Mayar (2021), the dietary requirements for children are as follows:

1. Age 0–6 months Macronutrients (daily needs): Energy: 550 kcal, Protein: 12 g, Fat: 34 g, Carbohydrates: 58 g Micronutrients (daily needs): Minerals, Calcium: 200 mg, Phosphorus: 100 mg, Magnesium: 30 mg, Sodium: 120 mg, Potassium: 500 mg
2. Age 7–11 months Vitamins (daily needs): Vitamin A: 375 mcg, Vitamin D: 5 mcg, Vitamin E: 4 mg, Vitamin K: 5 mcg Minerals Calcium: 200 mg, Phosphorus: 100 mg, Magnesium: 30 mg, Sodium: 120 mg, Potassium: 500 mg
3. Age 7–11 months (continued, full nutritional details) Macronutrients (daily needs):Energy: 725 kcal, Protein: 18 g, Fat: 36 g, Carbohydrates: 82 g, Fiber: 10 g, Water: 800 ml Micronutrients (daily needs): Vitamin A: 400 mcg, Vitamin D: 5 mcg, Vitamin E: 5 mg, Vitamin K: 10 mcg Minerals Calcium: 250 mg, Phosphorus: 250 mg, Magnesium: 55 mg, Sodium: 200 mg, Potassium: 700 mg, Iron: 7 mg
4. Age 1–3 years Macronutrients (daily needs): Energy: 1125 kcal, Protein: 26 g, Fat: 44 g, Carbohydrates: 155 g, Fiber: 16 g, Water: 1200 ml Micronutrients (daily needs): Vitamin A: 400 mcg, Vitamin D: 15 mcg, Vitamin E: 6 mg, Vitamin K: 15 mcg Minerals Calcium: 650 mg, Phosphorus: 500 mg, Magnesium: 60 mg, Sodium: 1000 mg, Potassium: 3000 mg, Iron: 8 mg
5. Age 4–6 years Macronutrients (daily needs): Energy: 1600 kcal, Protein: 35 g, Fat: 62 g, Carbohydrates: 220 g, Fiber: 22 g, Water: 1500 ml Micronutrients (daily needs): Vitamin A: 375 mcg, Vitamin D: 15 mcg, Vitamin E: 7 mg, Vitamin K: 20 mcg Minerals Calcium: 1000 mg, Phosphorus: 500 mg, Magnesium: 95 mg, Sodium: 1200 mg, Potassium: 3800 mg, Iron: 9 mg

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Additionally, environmental factors must be considered to prevent stunting in children. Poor sanitation and contaminated water sources can lead to stunting. Therefore, maintaining a clean environment is crucial to prevent the spread of germs that can contribute to stunted growth. Access to clean water is also crucial in preventing diarrheal diseases caused by using contaminated water for cooking (Widiyanto, 2019). Other causes of stunting include the family's economic condition and parenting patterns (Wahyuningsih, 2020). Financial difficulties may result in the family being unable to provide nutritious food for the child, leading to slowed or even halted growth (Purba, 2021). Early marriage is another factor contributing to the birth of stunted toddlers, as it often involves young mothers and families who are not yet economically prepared (Adianti, 2020). Therefore, marriage at a mature age is recommended for prospective couples to prevent an increase in stunting cases in Indonesia (Aurima, 2021). The young age of mothers also affects parenting patterns, as younger mothers tend to pay less attention to the nutritional content of their children's food (Widyatri, 2020).

CONCLUSION

Based on the implementation of the Posyandu movement program to prevent stunting during the Community Service Program (KKN) in Taringgul Tonggoh Village, this initiative holds great promise for a gradual decrease in stunting cases each month. Conducting Posyandu health check-ups at the beginning of each month can help prevent and reduce the risk of stunting in children. This program is a significant effort to improve the community's health in Taringgul Tonggoh Village, as the future of toddlers is the future of all of us. By aligning with the government's stunting prevention agenda through regular health check-ups for toddlers, this activity is a concrete step in the fight against stunting.

AUTHOR'S NOTE

The author declares that there is no conflict of interest regarding the publication of this article and affirms that the data and content are free from plagiarism.

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