



## Posyandu cadres prevent stunting by providing MPASI in Cibarengkok Village

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### ABSTRACT

This strengthening activity aims to evaluate the implementation of five minimum service program packages at Posyandu, with a focus on pada perbaikan gizi (PMT), buku Kesehatan Ibu dan Anak (KIA), keluarga berencana (KB), immunization, and preventing diarrhea (P2-Diarrhea). in preventing stunting in Cibarengkok Village. The activity results show that not all Posyandu can implement the five minimum service program packages. Improving nutrition through Pemberian Makanan Tambahan (PMT) for recovery and counseling is expected to improve children under five's health and nutritional status. Outreach to Posyandu cadres is a strategic step in reaching the local community. The KIA book is considered an important tool for monitoring pregnant women's and toddlers' health, with outreach efforts involving pregnant women, mothers of toddlers, hospitals, independent practicing midwives, and Posyandu cadres. The Keluarga Berencana (KB) program limits births to create a prosperous family, while immunization is emphasized as preventing infectious diseases through cadre support. In conclusion, efforts to prevent stunting in Cibarengkok Village require close collaboration between the government, health workers, Posyandu cadres, and the community.

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### ABSTRAK

Kegiatan penguatan ini bertujuan untuk mengevaluasi implementasi lima paket program pelayanan minimal di Posyandu, dengan fokus pada perbaikan gizi (PMT), buku Kesehatan Ibu dan Anak (KIA), keluarga berencana (KB), imunisasi, dan penanggulangan penyakit diare (P2-Diare) dalam mencegah stunting di Desa Cibarengkok. Hasil kegiatan menunjukkan bahwa tidak semua Posyandu dapat melaksanakan kelima paket program pelayanan minimal tersebut. Perbaikan gizi, melalui Pemberian Makanan Tambahan (PMT) pemulihan dan penyuluhan, diharapkan dapat meningkatkan kesehatan dan status gizi balita. Sosialisasi kepada kader Posyandu menjadi langkah strategis dalam menjangkau masyarakat setempat. Buku KIA dianggap sebagai alat penting untuk memantau kesehatan ibu hamil dan balita, dengan upaya sosialisasi yang melibatkan ibu hamil, ibu balita, rumah sakit, bidan praktik mandiri, dan kader Posyandu. Program Keluarga Berencana (KB) diarahkan untuk membatasi kelahiran guna menciptakan keluarga sejahtera, sementara imunisasi ditekankan sebagai pencegahan penyakit menular melalui dukungan kader. Kesimpulannya, upaya pencegahan stunting di Desa Cibarengkok memerlukan kolaborasi yang erat antara pemerintah, tenaga kesehatan, kader Posyandu, dan masyarakat.

**Kata Kunci:** Stunting; MPASI; program layanan Posyandu.

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## INTRODUCTION

Imbalance between nutrient intake and the body's needs over a prolonged period can manifest as stunting in children under five (Noorhasanah & Tauhidah, 2021). Stunting disrupts brain development and cognitive abilities, and if left unaddressed, can lead to lower economic growth and reduced work productivity, ultimately contributing to increased poverty rates in Indonesia. Furthermore, stunted children are at a higher risk of developing degenerative diseases in adulthood, which in turn raises morbidity and mortality rates and lowers life expectancy in Indonesia (Haryanto, 2020; Lukman et al., 2022). Several studies have shown that linear growth delays typically begin after six months of age, when breast milk intake decreases (Puspitasari et al., 2021), complementary feeding is introduced, and the child becomes more susceptible to infectious diseases. The quality and quantity of complementary feeding (MPASI), particularly its micronutrient content, directly affect the adequacy of nutrient intake in toddlers. Inadequate MPASI can disrupt healthy growth and contribute to the increased incidence of micronutrient deficiencies in children (Efendi et al., 2021).

Stunting, defined as impaired growth in children due to chronic malnutrition (Wati et al., 2021), has long-term effects on both health and child development (Nursyamsiyah et al., 2021). In addressing this challenge, the role of *Posyandu* and their volunteer cadres is increasingly strategic (Putri & Robani, 2023; Widiayatri et al., 2020). These *Posyandu* cadres, as agents of change at the grassroots level, play a key role in educating pregnant women and caregivers of toddlers about optimal complementary feeding (MPASI) as a preventive measure against stunting (Rohmah & Natalie, 2020). Hence, strengthening the capacity of *Posyandu* cadres should be a primary focus—this includes enhancing their knowledge of nutrition (Ningrum et al., 2023), understanding of effective MPASI practices (Sari et al., 2023), and communication skills to deliver that information in an accessible and understandable manner (Hasanah et al., 2023). Capacity-building efforts must address knowledge, comprehension, and the ability of cadres to provide adequate nutrition education related to MPASI (Wangiyana et al., 2020). An educational approach that encourages active participation from the target communities is crucial, while also considering the specific problems, needs, local potentials, and cultural customs of these communities (Aditianti et al., 2020). In response, a capacity-strengthening program was implemented for *Posyandu* cadres in Cibarengkok Village, Cianjur Regency, West Java Province, with support from students of Universitas Pendidikan Indonesia (UPI). This initiative aimed to enhance the public's understanding of the role of *Posyandu* cadres in stunting prevention and to examine the specific impact of MPASI education provided by cadres in reducing stunting cases.

## METHODS

This community service was carried out in Cibarengkok Village, Bojongpicung District, Cianjur Regency, West Java Province. Substantively, Cibarengkok Village was selected as the location for this service activity because it is included in the list of designated areas for the Community Service Program (KKN) of Universitas Pendidikan Indonesia, with a focus on stunting prevention. The implementation of this program involved capacity-building efforts in collaboration with *Posyandu* cadres and the local community in Cibarengkok Village, Bojongpicung District, Cianjur Regency.

## RESULTS AND DISCUSSION

### Posyandu Cadres' Programs in Preventing Stunting

In implementing *Posyandu* service programs, there are at least five essential program packages that must be provided by every *Posyandu*, commonly referred to as minimum service activity packages. These five

programs include nutrition improvement (including the *Pemberian Makanan Tambahan (PMT)*), the KIA (*Kesehatan Ibu dan Anak*) book, *Keluarga Berencana (KB)*, immunization, and *penanggulangan penyakit diare (P2-Diare)*. Based on the implementation of capacity-building activities with Posyandu cadres and the community in Cibarengkok Village, it was found that not all of these minimum service activity packages are carried out by each Posyandu.

#### 1. Nutrition Improvement (PMT)

The *Pemberian Makanan Tambahan (PMT)* (see **Figure 1**) involves providing snacks to toddlers that are both safe and nutritious, accompanied by supporting activities that emphasize food quality and safety (Basri & Sididi, 2021). According to Astani et al. (2023), there are two types of PMT: therapeutic PMT and educational PMT, both of which aim to fulfill the nutritional needs of toddlers. *Therapeutic PMT* is designed to meet the nutritional requirements of malnourished toddlers and to educate the mothers of these children. It uses locally sourced food and ingredients and is intended as a supplement to daily meals, not a substitute for main meals.



**Figure 1.** Nutrition Improvement Activity (PMT)  
*Source: Author's Documentation, 2023*

Therapeutic PMT is not intended as a replacement for a toddler's main meal, but rather as a supplement to ensure they receive adequate nutrition (Susilawati & Ginting, 2023). The provision of supplementary food must consider both quality and food safety to maintain the child's health. In educational PMT, the focus is more on delivering information to mothers of toddlers about the importance of nutrition and how to ensure their children receive sufficient nutrients (Salsabila et al., 2023). Through these two types of PMT, the goal is to improve the health and nutritional status of toddlers while also educating mothers or caregivers about the critical role of nutrition in child growth and development (Widayati & Dewi, 2021). As a clear intervention, both therapeutic and educational PMT serve as concrete strategies to address nutritional issues among toddlers by actively involving the local community in understanding and tackling nutritional challenges at the grassroots level (Rohmah et al., 2022).

Socialization efforts targeting Posyandu cadres represent a strategic step, given their vital role in disseminating information and providing assistance to local communities, particularly in terms of nutritional knowledge (Hidayah & Marwan, 2020). These cadres can actively support pregnant women and mothers of toddlers in understanding and applying the information found in the *Kesehatan Ibu dan Anak (KIA) book*. Ultimately, this initiative is not solely the responsibility of the government or formal health professionals, but also requires active participation from the community and local stakeholders to create an environment that supports maternal and child health.

## 2. Kesehatan Ibu dan Anak (KIA) Book

The *KIA Book* (*Kesehatan Ibu dan Anak*) is a key tool for monitoring the health of pregnant women and toddlers, who belong to vulnerable population groups (Murti et al., 2020). Every pregnant woman is required to own and understand the contents of the latest edition of the KIA Book, which includes comprehensive health information for both maternal and child health. The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are important indicators of public health status. As part of the government's efforts to reduce maternal and infant mortality rates—particularly neonatal mortality, which is highly vulnerable to disease and death—raising awareness of the importance of the KIA Book is essential (see **Figure 2**). This includes targeting not only end-users such as pregnant women and mothers of young children, but also hospitals, independent midwives, and all Posyandu cadres.



**Figure 2.** *Kesehatan Ibu dan Anak (KIA) Book Activity*  
*Source: Author's Documentation, 2023*

To achieve the government's goals of reducing maternal and infant mortality rates, promoting the use of the KIA Book is crucial. The primary targets of this campaign include pregnant women, mothers of toddlers, hospitals, independent midwifery practices, and Posyandu cadres. Pregnant women and mothers need to be thoroughly educated on how to use the KIA Book as a guide for maintaining their health and that of their children. Hospitals and independent midwives can also benefit from the KIA Book as a comprehensive reference tool in delivering higher-quality maternal and neonatal healthcare services.

### 3. Keluarga Berencana (KB)

*Keluarga Berencana* (KB) program is a government initiative aimed at controlling birth rates to reduce population growth and slow the rate of demographic expansion. This program is governed under Undang-Undang Nomor 10 Tahun 1992, which was further refined through the enactment of Undang-Undang Nomor 52 Tahun 2009. The KB program aims to manage childbirth, birth spacing, and the ideal age for childbearing by promoting, protecting, and supporting reproductive rights, thereby building high-quality families (Undang-Undang Nomor 52 Tahun 2009). The core objective of the KB program is to regulate births as a means to achieve family welfare (Sulistyaningsih, 2013). The fundamental premise is that well-planned and high-quality families serve as the foundation for a prosperous society. Therefore, the main goal of the program is to foster family welfare by ensuring that births align with the family's economic capacity and overall well-being. Key principles of the program include an understanding of the importance of limiting the number of children, maintaining appropriate birth intervals, and choosing the ideal timing for childbirth.

Moreover, the KB Program is not solely aimed at reducing birth rates; it also strives to provide a broader understanding of reproductive health and reproductive rights. This reflects the program's commitment not only to physical health but also to raising awareness among the community regarding reproductive well-being as an essential part of family welfare.

The implementation of the family planning program involves collaboration across various sectors, including healthcare services, education, and community participation. Within the regulatory framework of Undang-Undang Nomor 52 Tahun 2009, the government promotes active community engagement in executing the program to achieve its targets in population control and family development. Ultimately, the KB Program is expected to deliver positive impacts not only on birth rates but also on the overall welfare and development of Indonesian society.

### 4. Immunization

Immunization is a disease prevention program that involves administering vaccines to individuals in order to develop immunity against specific infectious diseases. The support of the *posyandu* cadre plays a crucial role in ensuring that immunization activities at the *Posyandu* run according to schedule (see **Figure 3**). Mandatory immunizations are part of the Indonesian government's health initiative, which requires that every child under the age of one receive vaccinations. The Kementerian Kesehatan Republik Indonesia mandates five types of compulsory immunizations for children: hepatitis B, polio, BCG, measles, and DPT-HB-HiB.



**Figure 3.** Immunization Activity  
Source: Author's Documentation, 2023

The administration of these mandatory immunizations serves as one of the key pillars in the government's public health strategy, particularly for infants under one year of age. The first is hepatitis B immunization, aimed at protecting newborns from hepatitis B virus infections, which can lead to severe liver diseases. Next is the polio vaccine, which acts as a preventive measure against poliomyelitis, a disease that can cause paralysis. The BCG vaccine is designed to protect against tuberculosis, a contagious bacterial infection that primarily affects the lungs.

The program also includes measles vaccination, which is essential in preventing the spread of measles, a disease that can cause severe respiratory complications and other health issues. Finally, the DPT-HB-HiB vaccine provides comprehensive protection against diphtheria, tetanus, pertussis (whooping cough), hepatitis B, and Haemophilus influenzae type B bacterial infections.

With increased awareness and understanding among mothers regarding the importance of immunization, it is expected that herd immunity will be achieved, protecting vulnerable individuals and significantly reducing the incidence of infectious diseases. The effective involvement of *Kader Posyandu* is crucial in ensuring comprehensive immunization coverage, laying a strong foundation for community health, and supporting the government's vision of achieving a healthier future generation in Indonesia.

#### 5. Penanggulangan Penyakit Diare (P2-Diare)

The prevention of diarrhea is primarily achieved through the implementation of *Perilaku Hidup Bersih dan Sehat* (PHBS). In terms of treatment, initial management involves administering oral rehydration solution (ORS) to the patient. If further intervention is needed, healthcare workers may also provide zinc supplementation. As of now, this program has not been implemented uniformly across all *Posyandu* in Cibarengkok Village, and it is expected that its implementation will commence as soon as possible. When diarrhea has already occurred, rapid and appropriate treatment becomes essential. The use of ORS is a critical first step, as diarrhea can lead to life-threatening dehydration, particularly in children under five. ORS supplies the body with essential salts and fluids lost during diarrhea, helping to restore the body's fluid balance and prevent severe dehydration.

For cases requiring more intensive management, zinc supplementation serves as an additional option administered by healthcare professionals. Zinc plays a vital role in accelerating recovery and strengthening the immune system, thereby supporting a more effective resolution of diarrhea symptoms. It is important to note that this diarrhea management program has not yet been implemented comprehensively at all *Posyandu* in Cibarengkok Village. Therefore, expanded efforts are necessary to broaden the reach of this prevention and treatment program throughout the village. This step is crucial to ensure that all individuals, especially toddlers and pregnant women, have access to comprehensive and effective healthcare services. By promoting the widespread adoption of this program, it is hoped that the overall health of the community will improve and the adverse impacts of diarrheal diseases will be significantly reduced, ultimately contributing to a healthier and more prosperous environment in Cibarengkok Village.

## Discussion

Several experts have defined complementary feeding (MPASI), which can be described as follows. Complementary feeding (MPASI) refers to food or drinks containing nutrients given alongside breast milk (ASI) to infants aged 6–12 months (Monika, 2014). MPASI is the second source of nutrition, accompanying breast milk, with a structure and consistency adjusted to the baby's digestive ability. The age of 0–4 months is considered a critical period of rapid growth and development, often referred to as the "golden period." This period can only be optimized if the infant receives appropriate nutritional intake to support optimal growth and development (Kurniati, 2021). Complementary feeding should be introduced to infants only after they are 6 months old (Rusliani et al., 2022).

The purpose of MPASI is to supplement the reduced intake from breast milk, help infants become accustomed to various types, tastes, and textures of food, and support the development of their chewing and swallowing abilities. MPASI also facilitates adaptation to foods with higher energy content (Masyanti, 2013). In summary, the goal of introducing complementary foods is to provide additional energy and meet the infant's nutritional needs while enhancing their ability to chew and swallow.

Introducing MPASI too early can cause intestinal disorders, such as blockage or intestinal twisting. The intestinal wall contains villi lined with enzymes that function to process food as it enters the digestive tract. If solid food is introduced prematurely, it may only cause a feeling of fullness without being properly digested or absorbed due to the immature enzyme system. Additionally, early introduction of solid food may lead to health issues such as breastfeeding disruption, excessive kidney load, and appetite disorders (Elis & Bahar, 2022; Mauliza et al., 2021). Furthermore, improper formula feeding—for instance, giving full-cream milk to infants under six months—may result in diarrhea due to the immature digestive system's inability to process high lactose levels (Wardani et al., 2021). Poor-quality or inappropriate complementary feeding can negatively impact the baby's growth process and even cause damage to vital organs (Dermawan et al., 2022).

## CONCLUSION

In the implementation of *Posyandu* service programs, five essential service packages are provided to prevent stunting, commonly referred to as the minimum service package. These five programs include nutritional improvement, the KIA book, family planning, immunization, and diarrhea disease control. Regarding nutritional improvement, the *Pemberian Makanan Tambahan* (PMT) plays a critical role and is divided into two types, recovery PMT and educational PMT. These programs aim to meet the nutritional needs of toddlers, particularly those experiencing malnutrition, while also educating

their mothers. Although recovery PMT is designed as a local food supplement—not a replacement for the main meal—it remains a concrete effort to improve toddler health. The KIA (*Kesehatan Ibu dan Anak*) book serves as a central tool for monitoring the health of pregnant women and toddlers. Socialization regarding the importance of this handbook is crucial to enhance understanding and usage, involving pregnant women, mothers of toddlers, hospitals, independent midwifery practices, and Posyandu cadres.

*Keluarga Berencana* (KB) program serves as a strategic measure to regulate childbirth to build prosperous families. This program involves managing the number of children, spacing between births, and raising awareness of reproductive health and rights. Immunization, a preventive measure against infectious diseases, involves administering vaccines to children under the age of one. The support of Posyandu cadres is crucial to the success of this program, as it ensures that immunization schedules are followed accurately. Meanwhile, the diarrhea control program involves *Perilaku Hidup Bersih dan Sehat* (PHBS) program, the administration of oral rehydration salts (ORS), and zinc supplements. Although not yet implemented evenly across all Posyandu in Desa Cibarengkok, expanding the program's coverage is expected to improve public health more comprehensively. The discussion on complementary feeding (MPASI) emphasizes that introducing MPASI to infants under six months may hurt their digestive systems. Immature digestive enzymes can cause intestinal disorders and lead to various illnesses. Therefore, MPASI should be introduced only after the infant reaches six months of age. In summary, the provision of complementary food should consider the child's age and readiness to accept solid foods.

Recommendations for future community service activities include further evaluation of the implementation of Posyandu programs in preventing stunting, particularly in Desa Cibarengkok. The focus of community service should involve a deeper analysis of the factors influencing the success or challenges in implementing these programs. Additionally, future activities should promote active community participation in designing and developing more effective strategies. Such evaluations could serve as a foundation for refining and adapting stunting prevention programs at the local level, thereby helping the government achieve its goal of fostering a healthy and high-quality generation.

## AUTHOR'S NOTE

The author declares no conflict of interest related to the publication of this article. The author also affirms that all data and content presented in this article are free from plagiarism.

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