

Effectiveness of the Role of Posyandu (Community Integrated Health Services) in Reducing Stunting in Srikamulyan Village, Karawang District, Indonesia: A Qualitative Study

Alfi Fairuz Asna, SGz, MPH,¹ Silvia Mawari Perdana, SGz, MSi² and Muhammad Nur Hasan Syah, SGz, MKes³

¹Public Health Faculty, Universitas Diponegoro, Semarang, Indonesia

²Faculty of Medicine and Health Science, Universitas Jambi, Jambi, Indonesia

³Nutrition Program, Faculty of Health Science, Universitas Pembangunan Nasional, Jakarta, Indonesia

ABSTRACT

Background and Objective. Stunting affected 30.8 percent of children under the age of five in Indonesia in 2018, amounting to nearly eight million children. As a result, it is a very troubling issue. To combat stunting, the government has developed a variety of central and local government program interventions. Community integrated health services called Posyandu is the frontline for public health services. Volunteer staff called cadres, are the main actors, health information providers, and models of changes in healthy living behavior. Posyandu holds a strategic position to assess the magnitude of stunting problems in the community, including early detection of the most important determinants of stunting, such as nutritional intake of mothers and children, parenting style, hygiene, and sanitation. This study aimed to determine the effectiveness of Posyandu in reducing the incidence of stunting.

Methods. This study used a qualitative research design with a phenomenological approach which aimed to describe the meaning of life experiences by several individuals, about certain concepts or phenomena, by exploring the structure of human consciousness. The researcher wants to know the meaning of these experiences by Posyandu visitors, cadres, and community leaders regarding the role of Posyandu in Srikamulyan Village in Karawang. Key informants consisted of five cadres who were active in Posyandu activities. Ordinary informants were people directly involved in the social interactions studied. Additional informants were community leaders.

Results. Almost all of the informants who visited the Posyandu recognized the Posyandu's role in improving health in their own communities. Cadres who were involved in Posyandu activities have a good understanding of Posyandu. All Posyandu cadres understood what stunting was and what caused it as a result of group discussions. There were still some parents who did not want to take their children to the Posyandu because their children cried and were afraid if they were brought to the Posyandu. One of the factors that hindered the implementation of Posyandu activities in Srikamulyan Village which made the four Posyandu less effective in reducing stunting was incomplete anthropometric measuring instruments, such as body



eISSN 2094-9278 (Online)
Published: June 30, 2026
<https://doi.org/10.47895/amp.v60i12.4507>
Copyright: The Author(s) 2026

Corresponding author: Muhammad Nur Hasan Syah, SGz, MKes
Nutrition Program, Faculty of Health Science
Universitas Pembangunan Nasional,
Veteran Jakarta, Jakarta, Indonesia
Jl. Rs. Fatmawati, Pondok Labu,
Jakarta Selatan, DKI Jakarta, 12450
Email: mnhasansyah@upnvj.ac.id
ORCID: <https://orcid.org/0000-0003-2698-7619>

length board which was only available at the puskesmas (Public Health Center) so that only the child's weight was measured.

Conclusion. All cadres had high motivation in their respective Posyandu. As for cadre knowledge, it can be categorised as good based on the results of questionnaires and group discussions. It can be concluded that the cause of stunting was the lifestyle in the community of Srikamulyan Village which has not implemented clean and healthy living behaviours such as the practice of open defecation, non-compliance of hand washing with soap, and lack of parental knowledge about exclusive breastfeeding and complementary feeding. The role of community leaders in Posyandu activities is still less active due to the busyness of community leaders who work as farmers.

Keywords: Posyandu, stunting, effectiveness

INTRODUCTION

Children's growth and development are hampered due to poor nutrition, repeated infection, and insufficient psychosocial stimulation. Stunted children are those whose height-for-age is more than two standard deviations below the World Health Organization (WHO) Child Growth Standards median.¹ Stunting in early life, particularly during the first 1000 days from conception to the age of two, has a negative functional impact on the child. Poor cognition and educational performance, low adult wages, lost productivity, and when combined with excessive weight gain later in childhood, an increased risk of nutrition-related chronic diseases in children are some of the consequences.¹ Globally, about 1 in 4 toddlers is stunted.¹ Nutritional problems are very important considering the growth period in the first 2 years is a critical period for the growth and development of a child. Malnutrition in children is a major public health problem in developing countries, including Indonesia.

The 2014 Global Nutrition Report shows that Indonesia is included in 17 countries, among 117 countries, which have three nutritional problems, namely stunting, wasting, and overweight in children under five.² National data showed that the prevalence of stunting in Indonesia was 35.6% in 2010, 37.2% in 2013, and 30.8% in 2018.³ The prevalence of stunting in Indonesia declined to 21.5% in 2023.⁴ However, this prevalence is still high according to WHO (>20%).⁵ In West Java, the prevalence of stunting in children aged 0-23 months decreased from 18.5% to 17.7% in 2023 and in Karawang district alone, the prevalence of stunting is 34.87%.^{4,6}

Several factors that cause stunting include family factors, health services, the presence of infectious diseases, and food intake which is closely related to nutritional deficiency, as well as the level of Posyandu (community integrated health service) attendance.^{7,8} Posyandu is in a strategic position to

assess the magnitude of the community's stunting problems which include early detection of the most important determinants of stunting like maternal and child nutritional intake, parenting style, hygiene and sanitation, among others.⁹ The activity of toddlers to the Posyandu has a very large influence on monitoring nutritional status. Monitoring the growth of toddlers at the Posyandu is an effort to detect early growth disorders so that prevention can be done if stunting is detected. In addition to monitoring growth at the Posyandu, toddlers receive immunizations, vitamin A capsules, health nutrition education, additional food, and diarrhea control. To prevent and manage stunting, efforts must be made to restore the function of Posyandu (revitalization) as the frontline in monitoring the nutritional status of mothers and infants, as well as preventing the transmission of infectious diseases through early immunization. These measures are in accordance with the Minister of Home Affairs Circular Number 411.3 / 1116 / SJ regarding the Revitalization of Posyandu, which is an effort to improve the function and performance of a Posyandu.^{8,10}

The study of Welasasih and Wirjatmaji showed that attendance at Posyandu is an indicator of the accessibility of basic health services in Posyandu including monitoring of development and growth.⁸ The level of attendance at an active Posyandu has a major influence on monitoring nutritional status, and mothers of toddlers who come to the Posyandu get the latest health information that is useful in determining a healthy lifestyle every day.⁸ This study is in accordance with the research of Destiadi et al. which stated that there was a relationship between the frequency of attendance to the Posyandu and nutritional status.¹¹ Toddlers who come to the Posyandu and are weighed regularly will have their nutritional and health status monitored.¹¹ The same study stated that weight gain at the age of 13-24 months and the frequency of visits to Posyandu were risk factors for stunting. The most dominant factor in the incidence of stunting is the frequency of Posyandu visits. Children with low attendance at Posyandu have a 3.1 times risk of growing stunted when compared to children who regularly attend Posyandu. To increase the frequency of Posyandu visits and overcome the problem of low weight gain in toddlers aged 13-24 months, the Puskesmas and village PKK mobilizing teams need to disseminate information to the community about Posyandu activities.¹¹

Researchers want to know the effectiveness of Posyandu on reducing stunting in under-fives, including the level of visitor satisfaction, knowledge of Posyandu cadres, effectiveness of Posyandu working hours, motivation of Posyandu cadres, percentage of SKDN [S (Total toddlers in the area), K (Toddlers with a growth chart/KMS), D (Toddlers weighed this month), and N (Toddlers who gained weight)], effectiveness of 5-steps Posyandu, and an overview of the nutritional status of children under two. This research is expected to give alternative solutions in handling stunting cases.

METHODS

This study uses a qualitative research design with a phenomenological approach which aims to describe the meaning of life experiences by several individuals (Posyandu visitor, cadre, and community leaders) about certain concepts or phenomena, by exploring the structure of human consciousness.¹²

Data was collected using questionnaires, in-depth interviews, and focus group discussions. The respondents in this study live in Srikamulyan Village, Karawang Regency.

The informants include (1) key informants - those who knew and had the basic information needed in research (three Posyandu cadres who were active in Posyandu activities), (2) ordinary informants - those who were directly involved in the social interactions studied; they were determined by using the accidental technique, namely sampling based on chance (mothers/caregivers who brought their children to the Posyandu at the time of data collection and agreed to participate in the study), and (3) additional informants - those who can provide information even though they were not directly involved in the social interactions being studied (community leaders who serve as officers in Srikamulyan Village such as village head, neighbourhood leader, and citizens leader).

Those who were not willing to be interviewed at the time of the study were excluded. This research was conducted at the Posyandu in Srikamulyan Village, Tirtajaya District, Karawang Regency, in 2019 since it was one of the focus villages for accelerating stunting reduction at that time.

This research has received ethical approval with number 03/18.12/034 from the Research Ethic Commission Universitas Muhammadiyah Dr. Hamka.

RESULTS

Characteristics of Informants

The study consisted of 29 informants (20 Posyandu visitors, three Posyandu cadres, and six community leaders). There were 23 female and six male informants. Table I shows most of the informants belong to the 17-25-year age group. Majority of them has basic education (elementary and junior high school) and are unemployed.

Posyandu Visitor Satisfaction

All informants stated that they were satisfied with Posyandu, felt the benefits of having Posyandu, and agreed that Posyandu should be held once a month. These were shared in the results of interviews as follows:

1. The role of Posyandu in improving health

Almost all informants who visited the Posyandu were able to feel the Posyandu's role in improving health in their own communities.

Table 1. Characteristics of Respondents

Variable	f
Age (years)	
17 - 25	14
26 - 35	10
45 - 59	5
Education	
Basic education	26
Continued education	3
Employee	
Not employee	20
Employee	9
Position	
Posyandu cadre	3
Posyandu visitor	20
Community leader	6

"Yes, it has played a role, because it can help monitor the growth and development of children." (A6, 22 years old)

"Posyandu plays a very important role, because with the Posyandu, parents can monitor the growth and development of their children." (A19, 24 years old)

"In my opinion, Posyandu has played a role and Posyandu is very important because it can carry out immunizations." (A11, 31 years old)

2. Benefits derived from Posyandu

Most of the informants felt the benefits of the Posyandu.

"Yes, to know the development and growth of my child. If you come to the Posyandu, your weight is always weighed [measured]." (A7, 25 years old)

"...for weight monitoring and immunization..." (A18, 21 years old)

3. Parents' expectations of Posyandu

Almost all informants (parents) who visited the Posyandu hoped that the Posyandu in their village would continue to be held and be more active.

"Posyandu should be held once a month. Usually, it is held here every three months, so it takes a long time." (A15, 18 years)

"...must be more active and Posyandu must be held..." (A20, 33 years old)

4. Parents' satisfaction with Posyandu services
Most of the informants were satisfied with the Posyandu services in their village.

"...satisfied with good service..." (A16, 30 years)

"...satisfied, the cadres are friendly, good..." (A20, 33 years)

Knowledge of Posyandu Cadres

The ideal requirement for the number of FGD participants is 8-10 people. In the current study, seven Posyandu cadres were assigned, with one moderator, one facilitator, and two FGD observers. Some informants know what stunting is and its long-term impact. The results of the FGDs conducted based on the guide questions provided are as follows:

1. What do you think is the meaning of stunting?

"Chronic malnutrition problems, growth is not optimal, lack of development." (B4)

"Height and age are not appropriate, so he is too short for his age." (B7)

2. What is the cause of stunting?

"Malnutrition during pregnancy, nutritional intake is not in accordance with what is needed." (B2)

"Mother's knowledge is still lacking, especially pregnant women; also food and environmental factors." (B5)

3. In your opinion, what is the impact of long-term stunting in a child?

"The mindset is lacking; the development is also lacking." (B1)

"Maybe the child doesn't have the ability to reach tall objects, so it's difficult to get a job later." (B6)

"Yes, I can't be a flight attendant, usually a tall height is required. So those who are not tall has difficulty finding work." (B4)

4. Is there a connection between a clean and healthy lifestyle and stunting? What is the reason for this?

"There is a connection because if our PHBS (clean and healthy lifestyle) screening is not controlled, then automatically, the health of the community is also disrupted. Because from our PHBS, we learn about nutrition from pregnancy to childbirth." (B3)

5. Is there a relationship between the role of Posyandu and stunting?

"A Posyandu is where we can learn what a healthy environment is, a healthy way of life, a clean lifestyle, and what kind of nutritious food to eat." (B2)

6. Has the Posyandu been running well?

"For now, it seems that it is insufficient. Perhaps in terms of supplementary feeding, and also in terms of healthcare, as there are limited healthcare workers." (B3)

"That's right, also from an environmental factor." (B5)

7. Has the community implemented a clean and healthy behavior lifestyle?

"Yes, it is difficult because it has become a habit, so it is difficult for us to change it. The same goes for healthy lifestyle, most people still defecate anywhere, and washing hands with soap is also difficult." (B2)

"They also don't want to have a pregnancy checkup. Pregnant women are given the injection, right? It's hard, most people don't want to be injected, they say they are afraid, even though they have to." (B5)

"Take iron tablets but she said she was nauseous." (B2)

"Hard to get the nutritious food." (B5)

"Moreover, vitamins are said to cause dizziness." (B2)

8. When did MPASI (complementary feeding) start to be given?

"Most of the mothers here have only been given complementary foods for three months even though they are not yet strong enough at that time." (B5)

"Formula milk too, it should be exclusively breast milk. But the midwife gives formula milk. Because usually here the midwives have an arrangement with the formula milk company." (B5)

Cadre Involvement in Posyandu Activities

1. Cadre knowledge about Posyandu

All informants know what Posyandu is. The results of the interview showed that the involvement and motivation of cadres in Posyandu was high.

"Posyandu, a place to know the growth and development of children." (B2, 43 years)

"Posyandu itself is a basic health service in the community which is managed by the community." (B1, 22 years old)

2. Cadre motivation

All informants have their own motivations to become Posyandu cadres.

"My motivation to become a cadre is that I want to contribute in the health of the community, especially for pregnant women and children under five in this Srikamulyan village." (B1, 22 years old)

"[I] want to make children grow up healthy." (B2, 43 years old)

"...add experience, learn, and add insight..." (B3, 47 years old)

3. Cadre's experience as a cadre

Almost all informants have their own experiences in their respective hamlets.

"I must have had a lot of ups and downs." (B1, 22 years old)

"...know more on how to care for and raise children..." (B2, 43 years old)

"There are many joys and sorrows, especially when I see that many children are malnourished, especially sad." (B3, 47 years old)

4. Challenges or problems while being a Posyandu cadre

All informants have their own challenges or problems in each hamlet that they handle.

"Many children under five do not want to be immunized." (B1, 22 years old)

"It is difficult to give immunization and there is a lack of cadres in Posyandu." (B2, 43 years old)

"The community is less aware and active, and it is difficult to get them to attend the health center." (B3, 47 years old)

5. The efforts of cadres in encouraging the community to be active in Posyandu

All informants have their own way of making the community in their hamlet more active in Posyandu.

"Give motivation to the community, the importance of health for pregnant women and toddlers." (B1, 22 years old)

"Provide counseling on how important to know the growth and development of children." (B2, 43 years old)

"Give rewards to people who regularly come to Posyandu and receive routine immunization for children." (B3, 47 years old)

6. Cadres' expectations for the advancement of Posyandu

All informants have their own expectations on the progress of Posyandu.

"Healthy people and healthy living behavior can be improved in this Srikamulyan village." (B1, 22 years old)

"Posyandu has more activities and is more active in inviting people to come to Posyandu." (B3, 47 years old)

"That in the future, it will be more advanced and there will be more cadres." (B2, 43 years old)

Effectiveness of Posyandu Working Hours

The effectiveness of Posyandu working hours was obtained by directly observing the situation. Based on the observations made at the four Posyandu in Srikamulyan Village, the Posyandu opening hour was at 08:00 (GMT+7), however, in one posyandu, the opening hour was at 09:00 (GMT+7) due to the lack of cadres and other supporting tools. Posyandu activities at the four Posyandu in Srikamulyan Village close at different hours due to the number of visitors at the Posyandu in each respective hamlet.

Effectiveness of 5-table Posyandu

The effectiveness of the 5-table Posyandu was obtained by observing the situation directly. When Posyandu is open, weight and height measurements are done. Based on observations made at the four Posyandu in Srikamulyan Village, the 5 steps of the Posyandu table are less effective because in every Posyandu, there is only one table where it is used for activities like registration, recording the names of mothers and children, weighing, recording the weight of the under-two-year-old children. Meanwhile, health services at each Posyandu are provided by midwives, such as checking the blood pressure of pregnant women and examining their pregnancies.

Role of Community Leaders in Posyandu Activities

1. Posyandu knowledge

All the informants know what a Posyandu is, the place for weighing children under five.

“So that the public knows the weight of the baby and so that the baby grows healthy.” (C3)

“...to weigh and monitor the child's growth...” (C4)

2. Role in supporting or developing the implementation of Posyandu

All informants have their respective roles in supporting or developing Posyandu activities in their respective hamlets.

“...helps in weighing the baby, provides information...” (C1)

“...calls the residents, and helps in weighing...” (C2)

“...collaborating with midwives...” (C3)

“Information is given to every citizen to regularly participate in Posyandu activities.” (C4)

3. Community leaders regarding community support for Posyandu activities in Srikamulyan village

All informants have almost the same response regarding community support for Posyandu activities.

“...support by participating in the implementation of Posyandu...” (C1)

“...often come to Posyandu and ask Posyandu...” (C2)

“...participate actively...” (C3)

“I am happy with Posyandu activities.” (C4)

4. The expectations of community leaders in the implementation of the Posyandu in Srikamulyan Village

All informants have their own hopes for the implementation of Posyandu in their respective hamlets.

“...healthy babies, enough vitamins to increase appetite, mothers know more about taking care of their children...” (C1)

“Posyandu is held frequently and children are healthy.” (C2)

“Means are improved, services are improved.” (C3)

“...want to be more advanced with Posyandu activities...” (C4)

5. Knowledge of village community leaders about stunting

Four of the six informants interviewed knew what stunting was, as stated below:

“...malnutrition in toddlers from the age of 2 years and under, growth problems...” (C1)

“Basically what I know is malnutrition.” (C3)

“...short, not according to age, can't digest information...” (C4)

“...short, not appropriate for his age...” (C5)

Meanwhile, there were two informants who did not know what stunting was due to lack of information as their lives were busy as farmers.

6. The role of Posyandu in preventing and overcoming stunting

All informants have their own opinion regarding the role of the Posyandu in preventing and overcoming stunting.

“...give vitamins to increase appetite, provide supplements, and health checks such as weight and height...” (C1)

“...help reduce stunting...” (C3)

“...provide nutritious food...” (C4)

“...give nutritious food, give vitamins...” (C5)

“...must often come to the Posyandu, so that they always know the child's development...” (C6)

7. Training on stunting

All informants interviewed need training on stunting because it is very important to know the development of children in their village.

“Training is necessary to ensure that stunting does not occur in infants and to prevent stunting in the future.” (C1)

“...necessary to provide information on stunting...” (C2)

“...a discussion on stunting needs to be done...” (C5)

Table 2. Nutritional Status of Children 0-24 months in Srikamulyan Village

Nutritional Status	Frequency	
	N	%
Severely stunted (<-3SD)	16	11.2
Stunted (-3SD - <-2SD)	17	12.0
Normal (-2SD - 2SD)	109	76.8
Total	142	100.0

Nutritional Status

The nutritional status of height-for-age was categorized into severe stunted, stunted, and normal.¹³ The distribution of respondents based on the length-for-age index in Srikamulyan Village, Karawang Regency in 2019 is shown in Table 2.

Based on the measurement of nutritional status of length-for-age, majority (76.8%) of under-two-year-old children had normal height, 12.0% were stunted, and 11.2% were severely stunted.

DISCUSSION

Posyandu Visitor Satisfaction

Based on interviews conducted with informants, parents who used and visited Posyandu were satisfied with the services provided by the Posyandu in their village. Posyandu allows parents to know their child's weight and height every month so they are informed of the child's growth and development.

However, fever, one of the side effects of immunization, make the parents hesitant to come to the Posyandu.

One of the informants believed that if their children were immunized, their children would develop a fever. This was due to her experience of bringing her first child to the Posyandu for immunization then, the said child had to be taken to the hospital for treatment a week later. Since this incident, many parents have not brought their children to the Posyandu, especially for immunization.

The research conducted by Faridah showed that the performance of health cadres was related to the level of community satisfaction with Posyandu services. The more active the cadres are in activities and friendly to the community, the more satisfied the community is with the performance of health cadres.¹⁴ In this case, the performance of the cadres in Srikamulyan village made the parents come back to Posyandu the following month.

Cadre Knowledge

According to Sunaryo, knowledge is the result of knowing that occurs through sensory processes, especially the eyes and ears on certain objects. Before a person faces a new behaviour, he must know in advance what the meaning or benefits of the behaviour are for himself or his family.¹⁵ For example, a cadre will be active in Posyandu activities after he/she knows the purpose and benefits of Posyandu for public health, especially for mothers and children.

This is also supported by the research of Kartika that there is a relationship between the knowledge of cadres and Posyandu service activities, which means that the better the knowledge of the cadres, the better the Posyandu services provided.¹⁶

From the results of the study, it can be seen that Posyandu cadres who are active in Posyandu activities have good knowledge of Posyandu and stunting. From the group discussions, all Posyandu cadres know what stunting is and its causes, and the importance of clean and healthy living behaviour (PHBS) and its relationship to stunting.

From the results of the discussion, it can be seen that Posyandu has an important role in the efforts to improve public health in Srikamulyan Village. However, there are still many unresolved problems in Srikamulyan Village which contributed to stunting itself, including the habits of the people such as open defecation, lack of initiative to wash hands with soap, and the lack of knowledge about the importance of exclusive breastfeeding. The poor knowledge of the community about the importance of exclusive breastfeeding can be seen from the majority of people in Srikamulyan Village who gave formula milk to infants since birth, which was mostly influenced by midwives who work with one brand of formula milk.

The delivery of information about stunting to the community is also hampered by limited time and resources, so there are people who still do not consider stunting as an important health issue that needs prevention.

Cadre Motivation

According to Winardi, motivation is a potential force that exists within a human being, which can be developed alone or by a number of external forces which essentially revolve around monetary rewards and non-monetary rewards, which can affect the results of their performance positively or negatively, which depends on the situation and conditions faced by the person concerned.¹⁷

According to Ambarita et al., cadres who understand the meaning, objectives, and benefits of Posyandu tend to show stronger support and higher motivation to participate actively in Posyandu activities. This high level of motivation encourages cadres to fulfil their roles by engaging in various Posyandu programs. Therefore, it can be concluded that motivation is significantly associated with cadre activity in Posyandu programs.¹⁸ According to a previous study, there is a significant relationship between the motivation of Posyandu cadres and their performance in carrying out Posyandu activities. Higher levels of cadre motivation are associated with better performance and more effective implementation of Posyandu service.¹⁹

Posyandu cadres have very high motivation, as evidenced in their interviews - they know what Posyandu is. All of them have high motivation to become a cadre even though there are still many people in their village who are less enthusiastic about Posyandu activities. They want to improve the health of

the community in their village, especially for pregnant women and children under five. This makes them more willing to motivate the community and invite them to be more active in Posyandu activities. They educate the community about the importance of knowing the growth and development of the children and immunization.

The Effectiveness of Posyandu Working Hours

According to the Indonesian Ministry of Health, Posyandu should be held at least once a month. If necessary, Posyandu opening days can be more than once a month. The day and time are in accordance with the results of the community agreement.²⁰

Based on observations regarding the effectiveness of Posyandu working hours, it is known that the four Posyandu have been operating in accordance with the community agreement that opening hour is at 08:00 (GMT+7), however, there is one Posyandu which opens at 09:00 (GMT+7) due to lack of cadres. Each Posyandu has only one cadre and one midwife serving the community. Due to lack of adequate tools in the implementation of Posyandu, the opening hour is a little late. Moreover, during the last three months, the Posyandu was forced to stop its operation due to several factors, one of which was a political problem between villages. As a result, cadres from this hamlet were reluctant to participate or engage with the researchers, which limited their involvement in the data collection process and had hampered the research process itself.

The Effectiveness of the Five Steps of Posyandu

The activities in the four Posyandu in Srikamulyan Village include weight and height measurements. From these activities, the five steps of the Posyandu have been effective, starting from the registering of Posyandu visitors, recording the names of mothers and under-two-year-old children, weighing children age 6-23 months, recording the results, and recording in KMS (Growth chart), All have been carried out properly but due to the lack of cadres in each Posyandu, the activities become irregular. Parents can't wait to get ahead and don't want to queue. Waiting takes too long which makes the children bored and crying so the parents take them home and never come back to the Posyandu.

The Role of Community Leaders

Community leaders are the first line to deal with the community in terms of health and other conditions. The active role of community leaders is needed to increase community participation in the implementation of Posyandu.

From the results of the study, it can be seen that community leaders (Head of neighbourhood, Head of citizens) have their own role by participating directly in Posyandu activities such as helping to weigh children under five or providing information to the community of the activities.

The active role of community leaders is very much needed in Posyandu activities, especially in reducing stunting

because it will be easier to inform the community about the importance of coming to the Posyandu. In line with this, interviews with community leaders revealed that they generally understood the concept of stunting. However, this understanding largely developed after the researchers' presence in the village. The limited level of prior knowledge may be attributed to the leaders' demanding occupations as farmers, which constrained their access to nutrition information.

This is also supported by the research conducted by Sihombing et al. which says that the support of community leaders is included as a reinforcing factor that strongly supports behavior change, in this case the presence of mothers of toddlers to the Posyandu.²¹

The limitation of this study is that it has not interviewed all cadres in Srikamulyan village due to cadre inactivity which may contribute to the stunting problem in Srikamulyan Village, so efforts are needed to motivate cadres to help in conducting the Posyandu.

CONCLUSION

The implementation of Posyandu activities is still not effective due to the lack of cadres and support from the surrounding community making the activities less than optimal. Some parents are still not willing to bring their children to the Posyandu because the child is afraid and cries if taken to the Posyandu. Some of the factors that hinder the implementation of Posyandu activities in Srikamulyan Village that make the four Posyandu less effective in reducing stunting are the incomplete anthropometric tools, such as body length measuring devices that are only available at the health centre, so that only the weight of the child is measured at the Posyandu. Interview results regarding cadre motivation showed that all cadres have high motivation in their respective Posyandu, especially when it comes to the health of the community. The cadres' knowledge can be categorised as good based on the results of the questionnaires and FGDs. It can be concluded that the cause of stunting is the lifestyle of the people of Srikamulyan Village who have not implemented habits such as open defecation, lack of application of hand washing with soap, and lack of parental knowledge in exclusive breastfeeding and complementary feeding. The role of community leaders in Posyandu activities is still less active, due to the busyness of community leaders who work as farmers.

The results of anthropometric measurements showed 23.2% of children aged 6-23 months in Srikamulyan Village experienced stunting (stunting and severe stunting).

Campaigns to visit the Posyandu must be done to reinforce the function of Posyandu in order to accelerate the reduction of stunting in Indonesia.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

All authors declared no conflicts of interest.

Funding Source

None.

REFERENCES

- World Health Organization. Stunting in a nutshell [Internet]. 2015 [cited 2021 Oct 22]. Available from: <https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell>
- International Food Policy Research Institute. 2014 Global Nutrition Report: Actions and Accountability to Accelerate the World's Progress on Nutrition. Washington, DC; 2014.
- Ministry of Health of the Republic of Indonesia. Basic Health Research (Riskesdas) 2018. Jakarta; 2018.
- Health Development Policy Agency, Ministry of Health. SKI 2023 in Numbers. 2024.
- de Onis M, Borghi E, Arimond M, Webb P, Croft T, Saha K, et al. Prevalence thresholds for wasting, overweight and stunting in children under 5 years. *Public Health Nutr.* 2019 Jan 1;22(1):175–9. doi: 10.1017/S1368980018002434. PMID: 30296964; PMCID: PMC6390397.
- National Team for the Acceleration of Poverty Reduction (TNP2K). 100 Priority Districts/Cities for Stunting Intervention: National Team for the Acceleration of Poverty Reduction. Vol. 2, Jakarta. 2017.
- de Onis M, Branca F. Childhood stunting: A global perspective. *Matern Child Nutr.* 2016 May;12 Suppl 1(Suppl 1):12–26. doi: 10.1111/mcn.12231. PMID: 27187907; PMCID: PMC5084763.
- Welasasih BD, Wirjatmaji B. Several factors related to stunting in infants (In Bahasa Indonesia). *Indonesian Journal of Public Health.* 2012;8(3):99–104.
- Rokx C, Subandoro A, Gallagher P. Aiming High. Indonesia's Ambition to Reduce Stunting. Washington DC: International Bank for Reconstruction and Development/The World Bank; 2018.
- Ministry of Health of the Republic of Indonesia. General Guidelines for Posyandu Management. Jakarta; 2011.
- Destiadi A, Nindya TS, Sumarni S. Frequency of Posyandu visits and weight gain history as risk factors for stunting in children aged 3–5 years (In Bahasa Indonesia). *Media Gizi Indonesia.* 2015;10(1):71–5.
- Surayya R. Qualitative approach in health research (In Bahasa Indonesia). *AVERROUS: Jurnal Kedokteran dan Kesehatan Malikussaleh.* 2018;1(2):75–83.
- World Health Organization. Guideline: Assessing and Managing Children at Primary Health-Care Facilities to Prevent Overweight and Obesity in the Context of the Double Burden of Malnutrition: Updates for the Integrated Management of Childhood Illness (IMCI). World Health Organization, editor. Geneva; 2017.
- Faridah. The relationship between cadre performance and elderly satisfaction in optimising elderly health posts in the Muara Kumpeh Community Health Centre Area in Puduk Village (In Bahasa Indonesia). *Scientia Journal.* 2018;7(01):43–52.
- Sunaryo. *Psychology for Nursing.* Jakarta: EGC; 2004.
- Kartika. The relationship between knowledge and motivation of cadres and Posyandu activities in Sidorejo Village, Godean District, Sleman Regency, Yogyakarta (In Bahasa Indonesia) [Thesis]. [Yogyakarta]: Universitas 'Aisyiyah Yogyakarta (UNISA); 2017.
- Winardi J. *Motivation and Motivating in Management.* Jakarta: PT. Raja Grafindo Persada; 2007.
- Ambarita L, Husna A, Sitorus H. Knowledge of Posyandu cadres, mothers of toddlers, and health workers' perspectives on Posyandu activeness in West Aceh Regency (In Bahasa Indonesia). *Buletin Penelitian Sistem Kesehatan.* 2019;22(3):147–57.
- Nurlaili H, Pertiwi NFA. The relationship between training and knowledge with performance of Posyandu cadres. *Jurnal Ilmiah Kebidanan (The Journal of Midwifery).* 2025 May 31;13(1):1–6.
- Ministry of Health of the Republic of Indonesia. General Guidelines for Posyandu Management. Jakarta; 2011.
- Sihombing K, Kandarina BJI, Sumarni S. The role of village heads, health workers, and cadres in the participation of mothers of toddlers in integrated health service posts in the D/S areas with the lowest and highest coverage in Jambi City (In Bahasa Indonesia). *Jurnal Gizi dan Dietetik Indonesia (Indonesian Journal of Nutrition and Dietetics).* 2016;3(2):87–97.