



## ANALYSIS OF THE EFFECT OF POSYANDU IMPLEMENTATION ON THE PREVENTION OF MALNUTRITION AND STUNTING AT AN EARLY AGE AT SEI BAUNG HEALTH CENTER, SAROLANGUN REGENCY

Emi Hayati<sup>1</sup>, Dewi Riastawaty<sup>2\*</sup>, Subang Aini Nasution<sup>3</sup>, Zaimah Hilal<sup>4</sup>  
Master of Public Health, Faculty of Medicine and Health Sciences  
Adiwangsa University of Jambi

Corresponding author: [riastawatydewi@gmail.com](mailto:riastawatydewi@gmail.com)

**Abstract:** Until now, the problem of stunting and malnutrition is still the main problem that must be prevented in early childhood. Posyandu is the spearhead of health services in the community, strategically responsible for detecting early stunting cases and preventing new cases through various promotive and preventive activities. Types of quantitative research, study correlation design, cross sectional *research approach*. The purpose of the study was to analyze whether there was an effectiveness of the implementation of the Posyandu so far on the prevention of malnutrition and stunting in early childhood. This research was conducted at the Sei Baung Health Center, Sarolangun Regency in July 2025. The population is all mothers who have toddlers who live in the work environment of the Sei Baung Health Center, Sarolangun Regency as many as 160 toddlers as active participants of the Posyandu. The determination of samples was taken using the total sampling technique. Research analysis through univariate and bivariate analysis. Bivariate analysis using Spearman correlation non-parametric statistical test. The results explained that there was an effect of the implementation of Posyandu on the prevention of malnutrition in early childhood with a *P* value = 0.002 and there was an effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency with a *P* value = 0.003. Research suggestions so that they can be used as data or input in formulating a plan or policy on how to overcome stunting and malnutrition in toddlers as early as possible.

**Keywords:** Malnutrition, Posyandu, Stunting, Early Childhood

### 1. INTRODUCTION

Until now, the problem of stunting and malnutrition is still the main problem that must be prevented in early childhood. Both of these problems are problems that can affect children's growth and development. Various ways and efforts as well as programs have been planned and implemented by the government to overcome the problem of malnutrition and stunting in children, but in reality these problems are still found in the midst of communities in all cities in Indonesia, both in cities and in rural areas. Posyandu has a very important role in carrying out this government program, in addition to its other functions, namely in monitoring the growth of maternal and child health (Unicef, 2023).

Posyandu is the spearhead of health services in the community, strategically responsible for detecting early stunting cases and preventing new cases through various promotive and preventive activities. Posyandu Balita, which is a hub for community-based health activities, allows parents to track their child's growth and development regularly, inform them about the importance of balanced nutrition, and get vaccinations, vitamins, and other medical care. However, various obstacles, such as low community participation, limited cadre capacity, and lack of understanding of balanced nutrition, often prevent Posyandu from maximizing their functions in preventing stunting (WHO, 2020).

Efforts to maximize the role of Posyandu in preventing stunting through balanced nutrition education need to collaborate with various parties, such as the government, health

workers, and the community. The government has an important role in ensuring the continuity of the implementation of Posyandu, providing training to cadres, and providing educational resources and materials. On the other hand, health workers, such as midwives and nutrition workers, can assist cadres with technical assistance to ensure that the services provided are in accordance with standards. The use of technology in Posyandu services can also be an innovative way to prevent stunting. The use of digital-based applications to provide information about nutrition, record child growth data, and remember the Posyandu visit schedule can improve the efficiency and quality of services. However, the application of this technology requires adequate infrastructure support and special training for staff (Kusumastuti, 2020).

Based on the global recapitulation of malnutrition and stunting cases in the world, the prevalence of stunting in toddlers reached around 22% of births in 2022, then in 2023 the figure will reach 22.9%. Meanwhile, malnutrition has reached 28.5% in malnutrition, followed by an increase of around 32.2% in 2023. According to WHO, it is predicted that in 2024 there will be an increase of 30.6% in cases of stunting and malnutrition. Based on WHO standards with the statement that if the prevalence of stunting is below 20%, it means that this problem is classified as a crisis case (WHO, 2023)

A survey conducted by SSGI (national survey of Indonesia's nutritional status) stated that Indonesia is still at the top of 21.6% of children experiencing stunting, meaning that one in five children under five are stunted. The activeness of the implementation of Posyandu is one of the factors that plays a very important role in influencing the developmental status of toddlers. Posyandu is also a forum that can monitor the growth and development of toddlers on a regular basis in the midst of a community that has toddlers (Lumongga, 2025).

A survey conducted by PPID (information and documentation management officer) of Riau Province showed that the prevalence of malnutrition in Riau Province in 2023 was around 13.6%, lower than the national average prevalence of around 21.5%. This figure has decreased in the last year, namely in 2021 around 22.3%, in 2022 around 17.0% and in 2023 it is around 13.6%. The Governor of Riau said that the target for reducing malnutrition and stunting rates will decrease in 2024 by less than 10.0% (PPID, 2024).

Stunting is a condition in which an infant or child experiences failure to grow due to chronic malnutrition in a period of one thousand days of life (1000 HPK). Conditions like this have a bad impact on the quality of life and the potential for national development in the future, where the next generation of the nation will experience problems in the quality of the nation's children. Based on data on the Indonesian Nutrition Survey (SSGI) at the end of 2023, it is explained that the Indonesian nation is defined as suffering from stunting reaching 21.6% of the total number of Indonesian children (Ministry of Health of the Republic of Indonesia, 2023).

The Government of Indonesia has issued Presidential Regulation No. 72/2021 to accelerate stunting reduction, which is contained in the 2020-2024 RPJMN IV agenda (Sabila, 2021). The reduction of stunting in Indonesia is still quite high, so the implementation of posyandu and sensitive nutrition interventions is an important step in reducing stunting rates. The results of the 2022 Indonesian Health Survey (SSGI) show that the number of stunting in Indonesia has increased to 21.6%, then decreased to 14% in 2024 (Rokom, 2023).

Stunting not only has an impact on height but also has an impact on the cognitive impairment of the child, another impact is a decrease in the body's immunity and the risk of developing diseases in adulthood is easier than with children who get good nutrition. We need to know that the main causes of stunting are due to insufficient nutritional intake, improper feeding practices, the occurrence of recurrent infections, low socioeconomic

factors are also factors that cause stunting, low maternal education and low access to health services (Aryastami, 2017).

There are several things that cause children to experience stunting. Stunting in children can occur due to lack of nutritional intake during pregnancy (BKKBN, 2021); children's nutritional needs are not met; lack of knowledge of pregnant women about nutrition before pregnancy, during pregnancy, and after childbirth (Ernawati, 2020); limited access to health services, including pregnancy and postnatal services (after childbirth); lack of access to clean water and sanitation (Martoni, 2023); and there is still a lack of access to nutritious food because it is relatively expensive. Various specific program interventions have been carried out by the Ministry of Health through Puskesmas and Posyandu as an effort to accelerate the reduction of stunting rates. The program consists of the First 1000 Days of Life Movement and the Supplementary Food Program for toddlers and pregnant women which are distributed in Posyandu activities (Rosmaria and Murtiyarini, 2024).

According to Nisa and Siska (2021) based on the age of toddlers, stunting often occurs in toddlers in the age range of 24 to 59 months. Stunting experienced by early childhood is caused by several aspects. These aspects broadly include the parenting style of children, the socio-economy of parents, the average parent who is busy working as an employee so as to give control of childcare to their caregivers, the busyness of parents in work which causes parenting, especially the parenting style of children, to be neglected, and children do not consume nutritious food intake. In addition to the implementation of Posyandu can prevent stunting, the implementation of this Posyandu is also expected to prevent the occurrence of malnutrition in early childhood (Nisa and Siska, 2021).

There are several Posyandu programs that can prevent malnutrition and stunting in early childhood, one of which is by providing health education to parents about stunting prevention, how to give the right food to babies and a good diet according to their growth and nutritional needs. Another program is the formation of Posyandu cadres, where these cadres will be the spearhead in succeeding in preventing stunting and malnutrition. Posyandu cadres will also be equipped with in-depth knowledge about stunting, malnutrition and malnutrition, how to identify signs of stunting and communication skills in order to provide education to the community (Unicef, 2021).

The efforts to overcome nutritional problems are divided into two, namely specific interventions to address the direct and indirect causes of nutritional problems, while sensitive interventions to address the root of the problem are long-term. However, in the implementation of integrated stunting reduction interventions, holistic, thematic, integrative, and spatial approaches can be used as a way of implementation. Efforts to reduce stunting will be effective if special and sensitive nutritional interventions are implemented in an integrated or integrated manner (Vriarindani, 2023).

Based on research conducted by Pratiwi et al, (2025) explained that there is a relationship between the activeness of Posyandu and food diversity and the nutritional status of toddlers in Jenawi District in 2025. The e-evaluation carried out on the activities of the Posyandu and is by providing counseling on the importance of food diversity for toddlers in accordance with the availability of local food can improve the nutritional status of toddlers which initially was less than the majority to the majority enough.

Similar research was also conducted by Zahra and Aziza, (2024) also explained that the role of the Kenanga Posyandu in preventing stunting is manifested in the form of assisting health workers at the Puskesmas in providing health services to the community and providing health information in the form of counseling and consultations that are routinely carried out to the community for employees at the Kenanga Posyandu. Another study by Maulana et al, (2024) explains that Posyandu has a significant positive impact on

improving nutritional status, especially in children and pregnant women, as well as reducing stunting rates in the village. This shows that the existence of Posyandu is very effective in supporting the health of local communities, especially in efforts to prevent stunting and improve nutrition.

Wardah and Reynaldi's research in 2022 explained that the posyandu in Arongan Village, Kuala Pesisir District, Nagan Raya Regency plays a very important role in addressing stunting where the posyandu has cadres who have participated in training, are knowledgeable and active, have high participant participation, and are able to reduce the number of stunting rates. The programs carried out to manage stunting include the provision of Supplementary Food (PMT); the administration of vitamin A as a companion to breast milk; the administration of Blood Supplement Tablets (TTD) for pregnant women; complete basic immunizations; monitoring the growth of toddlers; and environmental sanitation.

A preliminary survey conducted by researchers on May 28-30, 2025 at the Sei Baung Health Center, Sarolangun Regency explained some information related to the research, including that mothers who have babies are not all actively participating in Posyandu activities to follow the growth and development of their children. Mothers also do not always weigh their baby's weight at the Posyandu. Another information is that mothers who think that the child is still healthy and the growth is still normal without knowing what are the indicators that judge the baby to be healthy and normal growth and development.

The researcher also asked 10 mothers who had babies why they did not want to participate in the Posyandu program. The mother said that she did not have enough time, the mother said that her child was still healthy without having to check him at the Posyandu. Mothers are also less interested in going to Posyandu to bring their children and do not understand what Posyandu programs are and mothers prefer to work rather than bringing their children to Posyandu. The researcher found data that of 160 mothers who had toddlers and were recorded as active Posyandu participants, the researcher conducted interviews with about 10 percent of the total number of Posyandu participants.

The researcher also made direct observations to 10 Posyandu members who have toddlers related to the condition of children in the work environment of the Sei Baung Health Center, Sarolangun Regency, that the average child is still in the category of adequate health status, and there are even some children who are still classified as having poor health status. The researchers also saw that some children whose height is below normal, weigh below normal and still speak less fluently or have little vocabulary.

Based on information from Posyandu officers regarding the problems encountered by researchers at the Sei Baung Health Center, Sarolangun Regency, mothers of children rarely bring their children to participate in the implementation of Posyandu so far. Mother will only come when visited by Posyandu officers, Posyandu cadres and friends. If they are not invited or reminded, then the mother will prefer to work to earn a living in the fields rather than bringing her child to Posyandu.

If this problem is not addressed immediately, it will produce a poor next generation and the problem of stunting and malnutrition in early childhood will not be solved. Based on this problem, the researcher is interested in conducting research on the analysis of the effect of the implementation of Posyandu on the prevention of malnutrition and stunting in early childhood at the Sei Baung Health Center, Sarolangun Regency in 2025.

The problem of stunting is one of the main health issues in Indonesia. According to a report from UNICEF and the Indonesian Ministry of Health, stunting affects around 27.67% of children under five in Indonesia in 2022 (Hera et al., 2023). Stunting is defined as growth disorders that occur due to chronic malnutrition in the early days of a child's life,

especially in the first thousand days of life (1000 HPK). This condition not only has an impact on children's physical growth that is stunted, but also affects brain development which can reduce learning ability and productivity in adulthood (Firdaus et al., 2024). In the work environment of the Sei Baung Health Center, Sarolangun Regency, there are still toddlers in the category of undernutrition status and the average toddler has a weight and height below normal or still below the criteria of healthy children.

The distance of the community in reaching health services to the Sei Baung Health Center in Sarolangun Regency is also a challenge for mothers who have toddlers, this is due to the distance. This condition also has an impact on mothers very rarely bringing their children to the Health Center, so the role of the Posyandu is needed in overcoming these problems. Based on the presentation of these problems, the formulation of the problem is an analysis of the effectiveness of the implementation of Posyandu on the prevention of malnutrition and stunting in early childhood at the Sei Baung Health Center, Sarolangun Regency.

Based on the background of the problems that have been presented by the researcher, the formulation of the problem in this study is how does the implementation of Posyandu affect the prevention of malnutrition and stunting in early childhood at the Sei Baung Health Center, Sarolangun Regency in 20205?

This study aims to analyze the effect of the implementation of Posyandu on the prevention of malnutrition and stunting in early childhood at the Sei Baung Health Center, Sarolangun Regency.

## **2. METHODS**

This type of researcher is a quantitative research using a correlation study research design through a *cross sectional* research approach, meaning that this research is carried out by analyzing the impact that occurs as a result of an object. The study aims to see if there is an effectiveness of the implementation of Posyandu so far on the prevention of malnutrition and stunting in early childhood. This study tries to find an effect caused by each variable to be studied (Natoadmojo, 2021).

The place where this research was carried out was the Sei Baung Health Center, Sarolangun Regency, this is because in the work environment of this Puskesmas there are still toddlers whose growth and development are in the category of lacking. The researcher also saw that the implementation of the Posyandu was still not optimal, so the researcher wanted to know the extent of the implementation of the Posyandu that had been running at the Sei Baung Health Center, Sarolangun Regency.

The study is planned to be held in July 2025 for approximately two weeks or until the sample count is met. The researcher will increase the planned research time if the sample has not been fulfilled during the predetermined time.

A population is a generalized region that consists of objects or subjects that have certain qualities and characteristics that are set by the researcher to be studied and then drawn conclusions. Sugiyono also emphasized that populations are not only limited to humans, but can also be objects or other natural objects (Sugiyono, 2018). The population in the study is all mothers who have toddlers (babies under five years old) who live in the work environment of the Sei Baung Health Center, Sarolangun Regency. Based on data obtained by researchers from the Baung Health Center, there are around 160 toddlers who live in the work environment of the Baung Health Center, Sarolangun Regency, as active participants of the Posyandu.

The research sample is part of a population that represents the entire population. Samples were used to conduct the study because it was not possible to observe a large entire population. A good sample should be representative, meaning it can represent

the characteristics of the population as a whole. Based on this determination, the researcher determined that the sample in the study was mothers who had toddlers (babies under five years old) in the work environment of the Sei Baung Health Center, Sarolangun Regency, around 160 toddlers. The determination of the sample was taken using the total sampling technique, namely sampling by making the entire population a research sample (Kasiram, 2020).

The inclusion criteria in determining this research sample are mothers who have toddlers (babies under five years old) and actively participate in the implementation of Posyandu at the time the researcher conducts the initial survey, while the exclusion criteria are toddlers (babies under five years old) who have congenital diseases in the treatment process.

The instruments of this research consist of measuring instruments to determine the nutritional status of early childhood, measuring instruments to determine the status of stunting in early childhood (anthropometry) and observation sheets containing the implementation of Posyandu. The research instrument consists of observation sheets, research questionnaires and filling forms about the results of measurements carried out during the research.

Measurement of early childhood nutritional status using research instruments in the form of a fill sheet about the results of measurements on nutritional status. The results of this measurement will be grouped into three major categories, namely good, deficient and poor nutritional status. The tools used in collecting research data were weight, height, arm circumference measuring tape, abdominal circumference and head circumference.

Stunting measurement in early childhood is by using anthropometric tools. The results of this measurement are grouped into two categories, namely children with a z-score of less than -2.00 standard deviation (SD) are included in the stunted category, while children with a z-score of less than -3.00 elementary school are categorized severely stunted. This measuring tool will be brought by the researcher during the research and measured directly to toddlers.

Assessing the implementation of the Posyandu is by using an observation sheet about the implementation of the Posyandu that runs during the research by cross-checking the previous incident. The implementation of the Posyandu is divided into two major parts of services, namely for mothers and babies. In this study, the researcher only measured the implementation of Posyandu given to toddlers. The implementation of the Posyandu that must be observed is the implementation of weighing weight, identification of baby growth and development stages, administration of vaccines, early detection of the health status of infant growth and development and education about malnutrition and stunting.

The data that has been collected through questionnaires and observation sheets that have been carried out will be processed using univariate and bivariate analysis with the help of computerization.

The stages of collection are editing, coding and tabulation. The data collected is in the form of primary data and secondary data. Primary data is data obtained directly from original or first-party sources. Primary data is sourced directly from the research sample. Primary data in this study is in the form of data obtained through filling out questionnaires, research observation fill sheets and direct questions and answers to research samples.

Meanwhile, the secondary data in this study is data obtained by researchers indirectly. Secondary data is generally in the form of evidence, records, or reports that have been compiled in archives, both published and unpublished. Secondary data in this study is in the form of data obtained from the research site, health workers and data from medical records

Data that has been collected through observation questionnaires that have been shared with research respondents, then data processing will be carried out using univariate and bivariate analysis with computerization. The results of data processing will be presented in the form of a frequency distribution table and an explanation of the research results in the form of a brief narrative to the explanation of the table of each variable that has been studied.

Data analysis was conducted univariately to get an overview of the frequency distribution of respondents. This analysis is used on each independent variable and dependent variable. Univariate analysis aims to see the picture of each variable to be studied. Univariate analysis is presented in the form of tables and narratives.

Bivariate analysis aims to find out the influence of Implementation Posyandu on the prevention of malnutrition and stunting in early childhood at the Sei Baung Health Center, Sarolangun Regency by using non-parametric statistical correlation tests *Spearman*. Assuming that  $P < 0.05$ , it can be concluded that there is a significant influence between the variables that are connected. If  $p > 0.05$  then it can be concluded that there is no significant correlation between the related variables.

## RESULTS AND DISCUSSION

### Research Results

#### Frequency Distribution of Respondent Characteristics at the Sei Baung Health Center, Sarolangun Regency.

Characteristics	Quantity	
	(n)	(%)
Age		
1. 11-20 years	33	20.6
2. 21-30 years old	44	27.5
3. 31-40 years old	63	39.4
4. Over 40 years old	20	12.5
Total	160	100
Education Level		
1. High School	124	77.5
2. Diploma	33	20.6
3. Bachelor	3	1.9
Total	160	100

Based on the table above, it can be seen that the frequency distribution data of respondents based on the age of the majority of respondents is in the age range of 31-40 years as many as 63 people (39.4%) and the minority is in the age range of more than 40 years as many as 20 people (12.5%). Based on the education level, the majority of respondents have a high school education level of 124 people (77.5%) and a minority with a bachelor's education of 3 people (1.9%).

**Distribution of the frequency of the implementation of posyandu at the Sei Baung Health Center, Sarolangun Regency.**

Variable	Quantity	
	Frequency (n)	Percentage (%)
Implementation of Posyandu		
1 Good	22	13.7
2 Less	138	86.3
Total	160	100

In the table above, it can be explained that the majority of respondents participated in the implementation of Posyandu in the poor category as many as 138 people (86.3%) and the minority of respondents participated in the implementation of Posyandu in the good category as many as 22 people (13.7%).

**Distribution of Frequency of Malnutrition Prevention in Early Childhood Sei Baung Health Center, Sarolangun Regency**

Variable	Quantity	
	Frequency (n)	Percentage (%)
Prevention of Malnutrition		
1 Good	34	21.3
2 Less	126	78.7
Total	160	100

In the table above, it can be explained that the majority of respondents related to malnutrition prevention were in the poor category as many as 126 people (78.7%) and the minority of respondents were in the malnutrition prevention in the good category as many as 34 people (21.3%).

**Distribution of Stunting Frequency in Early Childhood Sei Baung Health Center, Sarolangun Regency.**

Variable	Quantity	
	Frequency (n)	Percentage (%)
Stunting Events		
1 Stunting	124	77.5
2 Not Stunting	36	22.5
Total	160	100

In the table above, it can be explained that the majority of respondents related to stunting incidence were in the stunting category as many as 124 people (77.5%) and the minority of respondents related to stunting incidence were in the stunting category as many as 36 people (22.5%).

**The Effect of the Implementation of Posyandu on the Prevention of Malnutrition in Early Childhood at the Sei Baung Health Center, Sarolangun Regency**

Variable	Breaking Down Malnutrition		Total	<i>P Value</i>
	Good	Less		
Implementation of Posyandu	3	19	22	0,002
Good	31	107	138	
Less				
Total	34	126	160	

The results of data analysis related to the effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency explained that there was an effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency with a *P* value = 0.002.

**The Effect of the Implementation of Posyandu on the Prevention of Stunting in Early Childhood at the Sei Baung Health Center, Sarolangun Regency**

Variable	Stunting Incidence		Total	<i>P Value</i>
	Stunting	No stunting		
implementation of Posyandu	8	14	22	0,003
Good	116	22	138	
Less				
Total	124	36	160	

The results of data analysis related to the effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency, explained that there was an effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency with a *P* value = 0.003.

**Discussions**

This research was conducted at the Sei Baung Health Center, Sarolangun Regency which was conducted from July 14 to 28, 2025. The researcher obtained a total of 160 respondents (the number of samples determined was met). The following will be discussed about the results of the research that has been conducted:

Characteristics of respondents at the Sei Baung Health Center, Sarolangun Regency.

Based on the results of the research that has been conducted, it is explained that the majority of respondents are in the age range of 31-40 years as many as 63 people (39.4%) and the minority is in the age range of more than 40 years as many as 20 people (12.5%). Based on the education level, the majority of respondents have a high school education level of 124 people and a minority with a bachelor's education of 3 people.

Age is the length of time that a creature or thing has passed since birth or held up to a certain point in time. Age can also be interpreted as the stages of life that have been passed, calculated from the year of birth to the present. In the human context, age is often associated with development and maturity (Muriah & Wardan, 2020).

Based on the researcher's analysis of the majority of respondents' ages The majority of respondents were in the age range of 31-40 years as many as 63 respondents is the age factor is a factor that can affect the ability to think about information, in this case is the mother's ability to understand about Implementation Posyandu.

Education is a learning process that involves the transfer of knowledge, skills, and character development. It is a conscious and planned effort to help individuals develop their potential, both cognitively, affectively, and psychomotorly. Education does not only occur in formal institutions such as schools, but also in families and communities.

Based on the researcher's analysis of the majority of respondents with a high school education, as many as 124 respondents are Education is a process that involves learning and developing a person's knowledge, skills, and character. The education referred to in this study is everything that the respondents know about Implementation Posyandu during their education.

#### Implementation of Posyandu at Sei Baung Health Center.

Based on the research that has been conducted, the results were obtained that the majority of respondents participated in the implementation of Posyandu in the poor category as many as 138 people (86.3%) and the minority of respondents participated in the implementation of Posyandu in the good category as many as 22 people (13.7%).

Posyandu is a form of Community Resource Health Efforts (UKBM) that is managed and organized from, by, for and with the community in the implementation of health development, in order to empower the community and provide convenience to the community in obtaining basic health services, especially to accelerate the reduction of maternal and infant mortality. Basic health services at Posyandu are health services that include at least 5 (five) activities, namely Adult and Child Health (KIA), Family Planning (KB), immunization, nutrition, and diarrhea control (Ministry of Health of the Republic of Indonesia, 2017).

Research conducted by Pratiwi et al, (2025) explains that there is a relationship between the activeness of Posyandu and food diversity and the nutritional status of toddlers in Jenawi District in 2025. The evaluation carried out on the activities of the Posyandu and is by providing counseling on the importance of food diversity for toddlers in accordance with the availability of local food can improve the nutritional status of toddlers who were initially less than the majority enough.

Based on observations about the implementation of Posyandu at the Sei Baung Health Center, how Posyandu activities are carried out in the field. The researcher saw that Posyandu activities at the Sei Baung Health Center have been routinely carried out every week, where the Posyandu activities include weighing babies, immunizations, and health counseling. However, Posyandu participants who do not regularly come to the Posyandu to check on their babies because they do not have time because they are busy working.

The researcher also saw that health cadres were active in organizing and carrying out Posyandu activities, the interaction of health workers with mothers and children who came was still lacking. The level of community attendance, especially mothers with children under five, as well as the level of participation and awareness of the Baung Health Center community about the importance of Posyandu is still very low. The condition of Posyandu facilities so far can be said to be good, such as the availability of weighing equipment, educational materials, and adequate space, affecting the implementation of activities, but the interaction between cadres, Puskesmas officers, and the community can affect the effectiveness of services is still not effective.

The researcher also saw that there was still a lack of health promotion carried out by Posyandu officers about the benefits of Posyandu, Posyandu implementation programs

and Posyandu activities. The implementation of immunizations according to the schedule to prevent certain diseases, education about nutrition such as counseling on the importance of balanced nutrition for child growth and development, health checks for pregnant women to monitor pregnancy conditions. The researcher sees that there is still a need to increase the participation of Posyandu officers in providing health information about mothers and babies in the Posyandu activities.

According to the researcher's assumption of the implementation of the Posyandu, at the time of the research was carried out, the majority of respondents were in the poor category. This happens because mothers who have early childhood are less active in participating in the implementation of Posyandu. Another assumption is that mothers do not want to be active in the implementation of Posyandu, because mothers do not understand the importance of being active in the implementation of Posyandu, because this can prevent malnutrition and stunting in early childhood.

### 3. Prevention of malnutrition in early childhood Sei Baung Health Center, Sarolangun Regency.

The results of the research related to the prevention of malnutrition in early childhood at the Sei Baung Health Center were obtained by the results that the majority of respondents related to the prevention of malnutrition were in the poor category of 126 people and the minority of respondents were in the prevention of malnutrition in the good category as many as 34 people.

The prevention of malnutrition in early childhood is one of the important focuses of the health program at the Sei Baung Health Center, considering the significant impact of malnutrition on child growth and development. Nutrition is a process of organisms using food that is consumed normally through the process of digestion, absorption, transportation, storage, metabolism and excretion of substances that are not used to maintain life, growth and normal function of organs, to produce energy (Anggraeni, 2012).

Nutritional status is the state of the body that is influenced by food consumption and nutrient use. Nutritional status consists of the balance between the amount of nutrients consumed (intake) by the body and the amount of nutrients required by the body for various biological functions (physical growth, development, activity, etc.). Nutritional status is also a state of the body that experiences a balance between nutrient intake (intake) and the amount of nutrients (Febriani et al., 2021).

Another study by Maulana et al, (2024) explains that Posyandu has a significant positive impact on improving nutritional status, especially in children and pregnant women, as well as reducing stunting rates in the village. This shows that the existence of Posyandu is very effective in supporting the health of local communities, especially in efforts to prevent stunting and improve nutrition.

Based on the results of the observation during the research, it was found that the Sei Baung Health Center has not optimally monitored child growth and development routinely through the Posyandu for early detection of nutritional disorders. The researcher also sees that the Puskesmas has not optimally provided education to parents about the importance of balanced nutrition for children, including exclusive breastfeeding and appropriate MP-ASI to overcome the problem of malnutrition in children.

The researcher also asked questions and answers to several mothers who have children in the category of undernutrition status related to the causes of children in undernutrition. Researchers found that children eat at night, often have digestive problems and really like the food they buy rather than cook. Researchers also received information that mothers rarely bring their children to participate in the Posyandu program to detect early malnutrition. This is also corroborated by the fact that at the time of the study that

researchers saw that children under two years old had been given snacks that were sold freely in the market.

The researcher also found facts at the research location related to malnutrition conditions in children, researchers saw the wrong parenting pattern from mother to child. The parenting style can be seen from children being allowed to consume food carelessly, unhealthy and often given instant food. Researchers see that the wrong parenting style occurs due to the mother's lack of knowledge about how to do good and correct parenting for children to avoid malnutrition.

Mothers who have poor child nutrition status also say that they do not have more money to buy their children supplements and nutritious food. Mother said that often giving food that is only good in the child's mouth without seeing how much nutritional value should be given to children during their growth period. Often mothers give food to their children of the same type as daily food for household members.

The researcher's assumption of the results explaining that the majority of respondents related to the prevention of malnutrition are in the undernourishment category is because mothers are less active in bringing their children to participate in the implementation of Posyandu. Another assumption is that the majority of early childhood conditions are less is possible because mothers do not understand what must be done to prevent the occurrence of children in the deficiency category.

#### Stunting in Early Childhood at Sei Baung Health Center, Sarolangun Regency

The results of the data analysis explained that the majority of respondents related to stunting incidence were in the stunting category as many as 124 people and the minority of respondents related to stunting incidence were in the stunting category as many as 36 people. Stunting in early childhood is an important health problem that is the focus of attention at the Sei Baung Health Center, because of its significant impact on child growth and development.

According to the Decree of the Minister of Health Number 1995/MENKES/SK/XII/2010 concerning Anthropometric Standards for Assessing Children's Nutritional Status, short and very short definitions are nutritional status based on the Index of Body Length by Age (PB/U) or Height by Age (TB/U) which are stunted (short) and severely stunted (very short). Short toddlers are toddlers with nutritional status based on height or height according to age when compared to WHO standard standards, the Zscore score is less than -2 elementary and is categorized as very short if the Zscore score is less than -3 elementary school (Ministry of Health, RI 2016).

Stunting is a condition of failure to grow in children due to chronic malnutrition and/or exposure to recurrent diseases, characterized by a height that is less than the standard according to age. Inadequate nutritional intake, especially in the first 1000 days of life, is the cause of stunting in children. Stunting is related to impaired cognitive and motor development. Stunted children are more susceptible to the disease. Stunting can have an impact on productivity and economic potential in the future. Stunting affects the quality of life in the child (Ministry of Health, RI 2016).

Similar research was also conducted by Zahra and Aziza, (2024) also explained that the role of the Kenanga Posyandu in preventing stunting is manifested in the form of assisting health workers at the Puskesmas in providing health services to the community and providing health information in the form of counseling and consultations that are routinely carried out to the community for employees at the Kenanga Posyandu.

The researcher made direct observations at a time when research related to stunting prevention and handling was that early detection of stunting had not been carried out routinely. Lack of education to mothers and families about the importance of balanced

nutrition and good feeding practices. Mothers who lack high motivation in exclusive breastfeeding during the first 6 months. Health cadres playing a role in counseling and monitoring are also seen to be still less than optimal, followed by the attitude of mothers who also pay less attention to the signs and symptoms of stunting in children.

Researchers also see that mothers' lack of knowledge about the causes, signs and symptoms of stunting as well as knowledge about stunting prevention are the most basic causes of children getting stunting. The lack of information provided by Posyandu cadres as well as the lack of monitoring carried out on children is also the cause of stunting. The mother said that stunting is a hereditary factor, not caused by malnutrition. The mother also said that if the parents are short, their children must also be short, nutritional factors are not the cause of stunted children.

Knowledge and concepts, wrong thinking and parenting styles from parents and families are big problems that must be a concern for Posyandu Sei Baug in overcoming the prevention of stunting in children. For this reason, it is hoped that health workers who serve at Posyandu or Posyandu cadres will have high attention to this case or incident. Because good knowledge from mothers about stunting will be able to change mother's parenting style so that it is hoped that it can prevent stunting in children in the future.

Researchers assume that the majority of early childhood are in the stunting category of sufficient, due to the lack of preventive measures for children who fall into the stunting category. Another assumption is the mother's lack of understanding about what can cause a child to experience stunting during his growth period

5. The effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baug Health Center, Sarolangun Regency.

Results of research data analysis Regarding the influence of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baug Health Center, Sarolangun Regency, explained that there is an influence of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baug Health Center, Sarolangun Regency with  $P$  value = 0.002.

Another study by Maulana et al, (2024) explains that Posyandu has a significant positive influence on improving nutritional status, especially in children and pregnant women, as well as reducing stunting rates in the village. This shows that the existence of Posyandu is very effective in supporting the health of local communities, especially in efforts to prevent stunting and improve nutrition.

The implementation of Posyandu is indeed very influential in the prevention of malnutrition in children, this can be seen from children who are rarely brought to Posyandu who experience a lot of malnutrition compared to mothers who bring their children regularly to Posyandu. This Posyandu can also detect early children experiencing malnutrition, Posyandu will also provide interventions to children who experience malnutrition by providing supplements, milk and additional food to overcome children who are detected with malnutrition problems.

Researchers also saw that children who were routinely brought to Posyandu were much healthier, more active, had good motor growth, were communicative and were able to socialize compared to children who were rarely brought to Posyandu. Children who are rarely brought to the Posyandu look thinner, less active, fussy and smaller than children of their age.

The researcher's assumption on the results of the study is that the implementation of Posyandu has a great effect on the prevention of malnutrition in early childhood. The incidence of malnutrition in early childhood may also occur because mothers who do not bring their children to the Posyandu to check their children and to get additional nutrition from the Posyandu.

The effect of the implementation of Posyandu on the prevention of stunting in early childhood at the Sei Baung Health Center, Sarolangun Regency.

The results of data analysis related to the influence of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency explained that there is an influence of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center with  $P$  value= 0.003.

Based on direct observation by researchers at the research site, the mother was less active in participating in the implementation of the Posyandu. Mothers tend to spend time working in the fields so they have less time to take care of their children. Researchers also see that children are often entrusted to other siblings, resulting in a lack of care and attention in caring for early childhood.

The implementation of Posyandu at the Sei Baung Health Center, Sarolangun Regency has a significant influence on the prevention of stunting in early childhood. Posyandu plays a role as a forum for integrated public health services, especially for mothers and children. To increase the effectiveness of Posyandu in stunting prevention, it is necessary to strengthen the capacity of cadres, increase community participation, and optimize available resources.

The researcher's assumption regarding the results of the research is that the implementation of Posyandu has a great influence on the incidence of stunting in early childhood. This is because mothers who do not understand and are not aware of the importance of participating and being active in the implementation of Posyandu. Another assumption is that mothers do not understand how to prevent malnutrition and stunting problems in early childhood so that the majority are in the underserved category.

Through this study, the researcher hopes that the Posyandu will conduct routine monitoring of child growth and development for early detection of stunting. Educate parents about the importance of balanced nutrition and good feeding practices. Vitamin A and other supplements are given to prevent micronutrient deficiencies. Complete immunization to prevent diseases that can affect the nutritional status of children. Health cadres are active in counseling and monitoring in the community. The activeness of health cadres is also very important in preventing stunting in children. Posyandu plays an important role in preventive and promotive efforts to reduce stunting rates. Education through Posyandu increases awareness of the importance of nutrition for children

#### **4. CONCLUSIONS**

Based on the results of the research that has been carried out and the discussion of the research results, it can be concluded that:

1. The majority of respondents were in the age range of 31-40 years as many as 63 people and the majority of respondents had a high school education level of 124 people and a minority with a bachelor's education as many as 3 people.
2. The majority of respondents participated in the implementation of Posyandu in the poor category as many as 138 people and the minority of respondents participated in the implementation of Posyandu in the good category as many as 22 people.
3. The majority of respondents related to malnutrition prevention were in the poor category of 126 people and the minority of respondents were in the prevention of malnutrition in the good category as many as 34 people.
4. The majority of respondents related to stunting incidence were in the stunting category as many as 124 people and the minority of respondents related to stunting incidence were in the stunting category as many as 36 people.

5. There is an effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency with  $P$  value = 0.002.
6. There is an effect of the implementation of Posyandu on the prevention of malnutrition in early childhood at the Sei Baung Health Center, Sarolangun Regency with  $P$  value = 0.003.

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