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Analysis of posyandu cadre duties in implementing the stunting prevention program

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Abstract

Background: Stunting is a chronic nutritional problem that has a serious impact on children's growth and development, particularly during the first 1,000 days of life. Community-based health efforts are essential in preventing stunting, with Posyandu cadres playing a key role at the grassroots level.

Purpose: to analyze the roles and duties of Posyandu cadres in implementing stunting prevention programs,

Method: This research employed a quantitative design using a Chi-Square analysis approach to examine the relationship between the roles and duties of Posyandu cadres and stunting prevention efforts.

Results: The results showed a significant relationship between all roles and duties of Posyandu cadres and stunting prevention efforts, as indicated by P-values $< \alpha$ for all analyzed variables. These findings are supported by secondary data and previous studies demonstrating that active cadre involvement in education, monitoring, and nutritional interventions contributes substantially to reducing stunting prevalence.

Conclusion: Posyandu cadres have a strategic and significant role in stunting prevention within the community through education, monitoring, and direct nutritional interventions.

Keywords: Duties of Posyandu Cadres; Role; Stunting.

INTRODUCTION

Stunting is a condition of growth failure in children caused by chronic malnutrition and repeated infections, especially during the first 1,000 days of life, resulting in a child's height below the standard for their age (Haris & Amri, 2024). Stunting impacts not only physical aspects but also cognitive development, which ultimately impacts the quality of human resources in the future. This condition poses a serious threat to national productivity and competitiveness because stunted children tend to have low intelligence and a high risk of degenerative diseases later in life (Laily & Indarjo, 2023; Ristiani & Riza, 2023).

According to World Health Organization (WHO) data, in 2020, approximately 149.2 million children under the age of five worldwide experienced stunting, a decrease from 24.4% in 2015 to 22%. However, this decline is considered insufficient to achieve the global target of reducing stunting by 50% by 2030.

Accelerated reduction in stunting rates is needed to reach 3.9% per year, significantly higher than the current rate of 2.1%. Without significant intervention, the number of children experiencing stunting is estimated to remain at 128.5 million by 2030 (Manalor, Namangdjabar, Mirong, Yulianti, Anggaraeningsih, Kristin, & Risyati, 2023).

Indonesia itself still faces significant challenges in its efforts to combat stunting. According to 2022 data from the Ministry of Health, the national stunting prevalence was 21.6%, a decrease from 24.4% the previous year. Despite this decrease, this figure still indicates that one in five children under five in Indonesia is stunted, placing Indonesia among the countries with the highest stunting prevalence in Southeast Asia. Social and economic inequality, as well as differences in access to health and nutrition services, are contributing factors to the high stunting rate in various regions (Setiyawati, Ardihiyanti, Hamid,

Muliarta, & Raihanah, 2024).

Stunting prevalence rates vary widely across regions in Indonesia. In West Java Province, the stunting prevalence in 2022 was 20.2%, while in Tasikmalaya Regency, it reached 27.2%. In some sub-districts, such as Cigalontang, the prevalence even reached nearly 30%. This highlights the need for special attention and more intensive interventions in areas with high stunting rates. Meanwhile, areas like Humbang Hasundutan Regency have also shown a downward trend in prevalence thanks to integrated efforts, although social, cultural, and economic challenges remain.

To address the problem of stunting, which remains a public health challenge in Indonesia, the government has launched various strategic policies. One of the most recent initiatives is the Free Nutritional Meal Program, launched in early 2025. This program aims to provide free nutritious food to nearly 90 million children and pregnant women by 2029, with a budget allocation of \$28 billion. This initiative is part of the government's efforts to reduce the prevalence of stunting, which remains at 21.5% in children under five (da Conceição Savio, do Carmo, Langoday, Lay, Lemaking, Exposto, & Supadi, 2025).

The government is also strengthening the role of Posyandu (Integrated Service Post) cadres as the spearhead of stunting prevention at the community level. Posyandu cadres are involved in various activities such as monitoring toddler growth, providing nutrition education, and promoting optimal complementary feeding. Through training and empowerment, Posyandu cadres are expected to be able to detect stunting cases early and provide appropriate interventions to the community (Adhi, Widarini, Sutiari, Ulandari, & Adnyana, 2021; Hamdy et al., 2023).

One important approach to stunting mitigation is direct community involvement through integrated health post (Posyandu) cadres. Posyandu cadres play a strategic role as the spearhead of basic health services at the community level, particularly in health promotion, child growth monitoring, and nutrition counseling for mothers and families (Rejeki & Mahendra, 2023). They also act as liaisons between communities and health care facilities, bridging gaps in information and access to health interventions (Sutrio, Muliani, & Novika, 2021).

Previous research has shown that the role of cadres significantly influences the success of stunting prevention programs. In Ngijo Village, Posyandu cadres fulfill four primary roles in stunting prevention: health workers, counselors, community mobilizers, and health monitors. Their close relationship with the community allows Posyandu cadres to disseminate information and directly monitor child care and feeding practices, which are crucial factors in stunting prevention (Nugraheni & Malik, 2023).

The effectiveness of the role of cadres in stunting prevention is still influenced by various factors, including their education level, support from health workers, training received, and the socioeconomic conditions of the communities where they serve (Firdaus, Ahmad, Akhyar, & Haeril, 2024). In some regions, limited resources, low cadre knowledge, and minimal supervision and training hinder the optimal implementation of cadre roles. Therefore, a deeper understanding of the tasks and contributions of cadres in stunting prevention is crucial for improving the quality of interventions in the field (Lailiyah, 2023).

RESEARCH METHOD

This study uses a quantitative approach with analytical research type and cross-sectional design. The study was conducted in the working area of Aek Songsongan Community Health Center in 2025. The study implementation time lasted for one month, namely September 2025. The population in this study were all active Posyandu cadres in the working area of Aek Songsongan Community Health Center, with a total of 100 people. The sample determination was carried out using a total sampling technique, so that all members of the population were used as samples in this study.

Data collection was conducted using a structured questionnaire that had been tested for validity and reliability. This questionnaire covered aspects of the roles and duties of integrated health post (Posyandu) cadres in implementing stunting prevention programs, such as their roles as health workers, counselors, community mobilizers, and toddler health monitors.

The collected data were analyzed using the Chi-Square (χ^2) statistical test. The Chi-Square test was chosen because it is appropriate for measuring the relationship between two categorical (nominal) variables, in this case between the implementation of the duties/roles of Posyandu cadres (such as

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providing supplementary food, breastfeeding education, growth and development monitoring, and family support) with stunting prevention efforts. This test works by comparing the observed frequency and the expected frequency to determine whether there is a statistically significant relationship between the variables. If the resulting P-Value is smaller than the

α value (0.05), then it can be concluded that there is a meaningful relationship between the two variables. Thus, the use of the Chi-Square test provides an objective picture of how strong the relationship is between the role of cadres and the success of stunting prevention at the community level.

RESEARCH RESULTS

Table 1. Characteristics Respondent (N=100)

Variable	Results
Age (Mean$\pm$SD)(Range)(Year)	(37.37 $\pm$ 5.954) (25-50)
<30	7/7.0
30-44	81/81.0
>45	12/12.0
Gender (n/%)	
Male	2/2.0
Female	98/98.0
Education (n/%)	
Elementary School	1/1.0
Junior High School	44/44.0
Senior High School	55/55.0
Occupation (n/%)	
Housewife	16/16.0
Farmer	54/54.0
Self-Employed	30/30.0
Duration of Service as a Cadre (n/%)	
1-2 Years	15/15.0
3-4 Years	58/58.0
5 Years	27/27.0

Table 1. show the majority of respondents were women aged 30–44 years (81%), had a high school education (55%), and worked as farmers (54%). Most respondents had been Posyandu cadres for 3–4 years (58%), while the largest number of respondents with an age <30 years, an elementary school education, and 1–2 years of service were classified as a minority.

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Table 2. Roles and duties of Posyandu cadres in preventing stunting

Variables	Implementation of Duties and Roles of Cadres		Df	P Value
	Yes (N=41)	No (N=59)		
Providing Supplementary Food (n/%)				
Yes	9/22.0	25/42.4	1	0.034
No	32/78.0	34/57.6		
Providing Exclusive Breastfeeding and Complementary Foods (n/%)				
Yes	9/22.0	25/42.4	1	0.034
No	32/78.0	34/57.6		
Growth and Development Monitoring (n/%)				
Each month	8/19.5	3/5.1	2	0.046
Every 2 Months	17/41.5	35/59.3		
Seldom	16/39.0	21/35.6		
Family Assistance (n/%)				
Yes	16/39.0	36/61.0	1	0.030
No	25/60.1	23/39.0		

Table 2. there was a very significant relationship between the duties and roles of Posyandu cadres and stunting prevention. Based on the Chi-Square analysis, the provision of supplementary food, exclusive breastfeeding and complementary feeding, growth and development monitoring, and family support each showed significant results with a P value <0.05, which indicates a close relationship between the implementation of the cadre's role and the effectiveness of the stunting prevention program.

DISCUSSION

The role of Posyandu cadres in providing supplementary food has been shown to have a highly significant relationship with stunting prevention efforts. This is evidenced by the results of a chi-square test with a p-value of 0.034, indicating a correlation between nutritional interventions by cadres and improvements in children's nutritional status. Providing supplementary food is crucial, especially for toddlers with low nutritional intake, considering that nearly half of toddlers in Indonesia still experience energy and protein deficiencies, as recorded in the 2021 Total Diet Survey and SSGI (Purbaningsih & Syafiq, 2023).

Previous research supports these findings. Supplemental feeding programs, combined with intensive mentoring and nutrition education, have been shown to improve children's nutritional status and parental awareness of the importance of stunting prevention (Triuspita & Sihidi, 2024).

Exclusive breastfeeding and complementary feeding are also important components of the cadre's duties. The analysis showed a P-value of 0.034, indicating a significant relationship. Exclusive breastfeeding is a basic need for infants and significantly influences optimal growth and development. Unfortunately, public awareness of the importance of breastfeeding remains low, primarily because many mothers introduce complementary feeding too early (Dewi, 2023).

Literature, such as previous research, confirms that exclusive breastfeeding during the first 1.000 days of a child's life is the most effective preventative measure in reducing the risk of stunting. Cadres at Integrated Health Service Posts play a crucial role in educating and monitoring breastfeeding mothers to ensure exclusive breastfeeding is implemented in accordance with medical recommendations. Knowledge and appropriate interventions by cadres

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regarding breastfeeding and complementary feeding are key to building a strong foundation for child health (Vriarindani, 2023).

In terms of growth and development monitoring, the role of cadres is crucial and proven significant with a P-Value of 0.046. Routine monitoring activities allow early detection of the risk of abnormal growth, both in terms of weight and length. Accuracy and continuity in recording and interpreting growth charts are indicators of the success of the Posyandu program (Hanjani, Mirad, Salman, Silitonga, Sagala, & Sari, 2024).

Children whose growth is not regularly monitored are at greater risk of stunting. This emphasizes that monitoring is not merely a technical activity, but part of a long-term strategic prevention effort. As the spearhead of basic community services, Posyandu cadres play a crucial role in this process and must be equipped with adequate skills and measurement tools (Prakoso, Azmiardi, Febriani, & Anulus, 2021).

Family support for environmental hygiene is also a crucial dimension of the cadre's role, with a P-value of 0.030 indicating a significant relationship. Environmental factors such as sanitation, clean water availability, and family hygiene practices significantly influence children's health status. Interventions in the form of education and the development of clean and healthy living behaviors are key steps that can be initiated by Posyandu cadres (Husna, Joko, & Nurjazuli, 2021).

Integrated Health Post cadres play a central role in monitoring child growth and development through routine activities such as weighing, measuring height, and completing the Health Card. These activities enable early detection of growth and developmental issues, allowing timely intervention. Furthermore, cadres also conduct early growth and development stimulation and detection to identify developmental delays in children at an early age (Sekarini, Arsani, & Pratiwi, 2024).

In terms of family support, Integrated Health Post cadres educate parents on the importance of maintaining environmental cleanliness, such as good sanitation and access to clean water, which contribute to stunting prevention. Cadres also assist families in implementing clean and healthy living behaviors, including handwashing with soap and managing household waste. Through this approach, Posyandu cadres play a role not only in children's physical

health but also in creating an environment that supports optimal child growth and development (Wahyudi, Indriyany, Nofianti, Syafrie, Satyanegara, Mukti, & Kanani, 2025).

Previous research confirms that direct support from health workers and cadres to families at high risk of stunting can empower them to take preventive measures. This approach aligns with the national stunting prevention strategy, which emphasizes synergy between specific and sensitive nutrition approaches. Therefore, Posyandu cadres must continue to be empowered and facilitated to optimally carry out their duties in holistic stunting prevention (Mardiyanti, Budiarti, Putri, Annabila, Haryantin, Rahmi, & Vaiza, 2024).

CONCLUSION

The roles and duties of Posyandu cadres in providing supplementary feeding, exclusive breastfeeding and complementary feeding education, monitoring child growth and development, and environmental hygiene support are significantly related to stunting prevention in toddlers. This indicates that the active involvement and competence of cadres are crucial for the success of stunting prevention programs at the community level. Therefore, it is recommended that future researchers identify other variables influencing the success of Posyandu cadres, such as cadre motivation or support from other sectors.

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Analysis of posyandu cadre duties in implementing the stunting prevention program

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