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Barriers faced by integrated health post cadres in stunting prevention among toddlers

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Abstract

Background: Integrated Health Post cadres play a strategic role in stunting prevention efforts by monitoring the growth and development of toddlers, providing nutrition education, and mobilizing community participation. Globally, 250.2 million toddlers (23.2%) will experience stunting by 2024. In Indonesia, the stunting prevalence in 2024 remains at 19.8%, far below the national target of 14% by 2029. In Yogyakarta, the highest stunting prevalence is in Bantul Regency at 16.5%, with the Srandakan Community Health Center reporting a stunting percentage of 13.94% out of 1.028 toddlers.

Purpose: To describe the role and challenges of Pos integrated health post cadres in stunting prevention.

Method: This study used qualitative methods. Informants consisted of key informants (integrated health post cadre) and supporting informants (nutritionists and mothers of toddlers). Informants were selected using a purposive sampling method. Data collection was conducted through in-depth interviews using a structured interview guide and documentation. Data analysis included organizing the data, reading and reviewing the data, coding, developing theme descriptions, connecting themes, and interpreting the meaning of the themes.

Results: This study indicates that cadres play a role in monitoring the nutritional status of toddlers, providing nutrition education, encouraging visits to the Integrated Health Post and mentoring mothers of toddlers at risk of stunting. However, the implementation of cadres' roles still faces several obstacles, including limited ongoing training, suboptimal support from health workers, and a lack of synchronization in nutrition data recording between integrated health post and Community Health Centers.

Conclusion: Integrated health post cadres have fulfilled their role in stunting prevention, but this has not been optimal due to constraints in the service system and community participation.

Suggestion: Increasing the capacity of cadres, strengthening coordination between health workers and cadres, and increasing community participation are needed to support successful stunting prevention.

Keywords: Cadre Barriers; Cadre Roles; Integrated Health Post Cadres; Stunting Prevention.

INTRODUCTION

The golden age is a crucial stage in a child's life cycle due to rapid growth and development, requiring adequate and appropriate nutritional intake to prevent nutritional problems (Femidio & Muniroh, 2020). Stunting causes stunted physical growth and threatens cognitive development, which impacts a child's future intelligence and productivity (Ministry of Health of the Republic of Indonesia, 2023). In the short term, stunting disrupts brain development and metabolism, while in the long term, it increases the

risk of metabolic diseases, reduces immunity, and hinders a child's learning process (Laily & Indarjo, 2023).

Globally, stunting remains a serious public health problem. In 2024, the WHO recorded approximately 150.2 million children under five experiencing stunting, or 23.2% of the global toddler population (World Health Organization, 2024). In Indonesia, the prevalence of stunting remains quite high, although it has decreased from 21.5% in 2023 to 19.8% in 2024.

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However, it still has not reached the national target of 14% in 2029 (Ministry of Health of the Republic of Indonesia, 2025). Specifically in the Special Region of Yogyakarta (DIY), the prevalence of stunting in 2024 still varies considerably between districts, with the highest rate in Bantul Regency at 16.5% (Central Statistics Agency of the Province of Yogyakarta Special Region, 2025). Based on data from the Bantul Regency Government, Bantul Regency has 27 community health centers with the highest prevalence of stunting at the Srandakan Community Health Center. The Srandakan Community Health Center has 1,028 toddlers, of which 464 were weighed, and the stunting percentage reached 13.94% (Bantul Regency Government, 2024).

The success of stunting prevention is influenced by various factors, including education, knowledge, attitudes, family support, and access to health services (Desi, Yansyah, & Meliyanti, 2024). Furthermore, the availability of competent human resources, such as integrated health post cadres and village midwives, program budget support, and adequate health facilities, also play a crucial role (Mizan & Farisni, 2023). The Bantul Regency Government is committed to early intervention in addressing toddler nutrition issues through education, early detection, and increasing the number of Integrated health post visits (Central Statistics Agency of the Province of Yogyakarta Special Region, 2025).

Integrated Health Post, as the spearhead of community-based health services, plays a crucial role in monitoring child growth, providing nutrition education, and early detection and treatment of various maternal and child health issues (Mustofa,

Mukhlisin, Suryana, Kamal, Humairoh, Syiami, & Wijayanti, 2024). Integrated Health Post cadres play a strategic role as implementers of health services at the community level in stunting prevention efforts. Cadre readiness and involvement are crucial in monitoring children's nutritional status and implementing Integrated health post activities, supported by community participation. The close relationship between cadres and the community allows them to disseminate stunting information accurately and assist mothers with stunted toddlers more effectively (Aryani, Eriyanti, Widiyono, Mufidah, & Indriyati, 2025).

RESEARCH METHOD

This study uses a qualitative research method conducted in the Srandakan Community Health Center Working Area, Srandakan District, Bantul Regency, Special Region of Yogyakarta 5576. This study uses primary data. Informants in the study were divided into two informants, namely key informants (integrated health post cadres) and supporting informants (nutritionists and mothers of toddlers). The research instrument used was an interview guide and a research tool, namely a mobile phone as a voice recorder. The interview guide used to have been tested by expert judgment beforehand. The selection of informants in the study used purposive sampling with an in-depth interview method. The method for analyzing the research data used thematic analysis, through the stages of organizing data, reading and reviewing data, coding, compiling theme descriptions, connecting between themes, and providing interpretations of the meaning of the theme.

RESEARCH RESULTS

Table this Research Was Conducted the Research Began from January 2–5, 2026. The Following are the Characteristics of the Informants in this Study

Name	Code
Integrated Health Post cadres	K1, K2, K3, K4
Nutritionists	A1, A2
mothers of toddlers	I1,I2,I3

Based on the table above, it can be concluded that the number of informants involved in this study consisted of key informants (cadres) consisting of 4 p Integrated Health Post, cadres and supporting informants (nutritionists and mothers of toddlers) consisting of 2 nutritionist informants and 3 informants who were mothers of toddlers.

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DISCUSSION

Based on interviews with informants, it was discovered that integrated health post cadres play an active role as motivators in stunting prevention efforts. This role is realized through providing routine education to mothers of toddlers and actively ensuring their attendance at monthly integrated health post activities. This is as conveyed by the following informant:

"We provide education to encourage mothers to come to the Integrated health post every month. If they don't want to come, we'll pick them up. Sometimes we'll just send a WhatsApp message, and if they can't come, we'll go there, and a cadre will weigh them at their home." (K)

"It's good, Miss. Last year, we held a simultaneous Integrated health post program, where a letter was issued from the sub-district requiring every Integrated health post to conduct simultaneous Integrated health post activities. Simultaneous Integrated health post requires every Integrated health post to have 100% D/S attendance in August. The hope of this program is that every Integrated health post will have 100% D/S attendance every month." (A)

"Usually, even if there's a written invitation, the group will still share the invitation. For example, if you can't come, or if there's an event, you'll be asked to weigh yourself at home and report it." (I)

The research results show that integrated health post cadres not only play a role in disseminating health information but also in increasing the motivation of mothers of toddlers to continue actively participating in Integrated health post activities. Efforts by cadres, such as reminders via text messages, distributing invitations through communication groups, and conducting home visits reflect a form of direct motivation to the community to ensure continued monitoring of toddler growth.

Based on the interviews, it can be concluded that Integrated health post cadres play a significant role as motivators in efforts to prevent stunting in toddlers. This motivating role is demonstrated not only through the delivery of health education but also through persuasive approaches and concrete actions to encourage the active participation of mothers of toddlers in Integrated health post activities. Cadres consistently remind mothers of toddlers to attend every month, either through written invitations, text messages, or group communication platforms such

as WhatsApp groups. Furthermore, Integrated health post cadres also conduct outreach efforts for mothers of toddlers who are unable to attend Integrated health post. Home visits to weigh toddlers demonstrate the cadres' commitment to ensuring growth monitoring continues despite barriers to attendance. This strategy reflects a proactive form of direct motivation focused on meeting the needs of integrated health service posts particularly the D/S indicator.

The simultaneous Integrated health post policy with a 100% D/S target strengthens the role of cadres as motivators at the community level. The role of cadres as motivators is crucial, as regular attendance at Integrated health post is a key prerequisite for early detection of growth disorders. The motivation provided by cadres contributes to the continuity of monitoring toddlers' nutritional status, thereby minimizing the risk of delayed stunting identification. The motivating role played by Integrated health post cadres is a key factor in the success of stunting prevention programs at the community level.

This finding is in line with previous research that explains the strategic role of cadres as motivators in the implementation of integrated health posts. Cadres play a role in monitoring the nutritional status of toddlers through disseminating information to the community aimed at increasing the motivation of mothers to regularly come to integrated health post. In addition, the role of cadres in maintaining the activeness of visits by mothers of toddlers is stated as a dominant factor that influences the level of motivation of mothers and contributes to improving the nutritional status of toddlers through regular weighing at integrated health post (Suhartatik & Al Faiqoh, 2022). In addition, the role of cadres as motivators is not only to convey health information, but is also responsible for raising awareness and encouraging changes in community behavior towards a healthy lifestyle, including in preventing stunting (Najmi & Karwati, 2025). The roles and responsibilities of integrated health post cadres in carrying out their duties, both on and off Integrated health post opening days, include mobilizing the community, as a driver and motivating the community to actively participate in various health activities (Makrifah, Suryantara, & Merida, 2024). The involvement of community health workers in implementing home visits, counseling activities, and

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accompanying mothers to health service facilities has been shown to significantly contribute to increasing the level of utilization and attendance of mothers in health services (Tougri, Compaoré, Ouédraogo, Bila, Temmerman, & Kouanda, 2023).

Interviews with informants revealed that Integrated health post cadres act as facilitators in implementing Integrated health post activities, particularly in providing health services for toddlers. This is reflected in their involvement in the Integrated health post's five-table system. The informant's statement was as follows:

"In Integrated health post activities, there are five tables: one for registration, then weighing, and so on, then recording at number 4 for PMT (Food and Nutritional Supplements) and counseling there. In that counseling, we select cadres who are friendly to the community." (K)

"The role of the cadres themselves is certainly extraordinary, because they cook PMT almost every day, so they take turns scheduling it themselves. Most Integrated health post s also have cadres who are trained as counselors." (A)

"At Integrated health post s, the main cadres weigh, measure height, head circumference, and arm circumference. Sometimes they're asked, 'Why isn't this increasing?' They'll ask why. For example, it turns out it was just a recent illness. So, if it's nothing, why isn't it? Then they'll try to consult with them. Or, if the lack of increase is serious, they'll try to bring it up at the community health center." (I)

Based on the interviews, Integrated health post cadres demonstrated a role as facilitators in implementation. Integrated Service Post, particularly in facilitating access to and smooth delivery of health services for toddlers. This facilitative role is reflected in the active involvement of cadres throughout the five-table system of the Integrated health post, from registration and anthropometric measurements, recording, provision of PMT (Food Supplements), to counseling and education. This involvement demonstrates that cadres act as liaisons between mothers of toddlers and the basic health services available at the Integrated health post.

According to informants, cadres facilitate administrative processes and technical services through the implementation of tables one through three, namely registration, weighing, and measuring height and other anthropometric circumferences. At

this stage, cadres help ensure that each toddler receives systematic and continuous measurement services. These activities serve as the basis for monitoring toddler growth and routinely assessing nutritional status. Furthermore, the cadre's facilitating role is also evident at tables four and five, recording measurement results, providing supplementary feeding (PMT) and providing counseling. Cadres who have received training, particularly as Infant and Young Child Feeding (PMBA) counselors, play a role in conveying nutritional information, explaining weighing results, and providing counseling to mothers of toddlers. The selection of cadres with good communication skills and a friendly demeanor demonstrates an effort to create a conducive and welcoming service atmosphere for the community. The role of Integrated health post cadres as facilitators in this study was manifested in facilitating service access, coordinating the five-desk service flow, providing basic assistance and counseling to mothers of toddlers, and facilitating referrals to health facilities.

Cadres play a role in coordinating Integrated health post activities, managing health data, and bridging communication between the community, village government, and community health centers to ensure more equitable and sustainable access to health services (Najmi & Karwati, 2025). The role of cadres during Integrated health post opening days includes weighing and measuring the height/length of infants and toddlers, as well as measuring the MUAC for pregnant women and women of childbearing age (WUS), as well as providing additional services, such as administering vitamin A, iron tablets, immunizations, supplementary feeding (PMT), and referrals to community health centers when necessary (Ministry of Health of the Republic of Indonesia, 2021). In line with the research results which stated that Community Health Workers (CHWs) play a role as facilitators in child health services, including education, growth monitoring, and referrals to health facilities, cadres not only carry out technical activities, but also facilitate access and coordination between mothers of toddlers and the health service system, so that the connection between services can run effectively (Coker, Gregory, McCord, Cholera, Bakken, Chapman, & Chamberlain, 2024).

The role of Integrated health post cadres as communicators in stunting prevention is reflected in

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their outreach activities and the delivery of health information to mothers of toddlers. This is as conveyed by the following informant:

"We provide counseling to mothers. We need to provide better nutrition from the time they are pregnant. The mothers themselves must also eat nutritious food. This has an impact on their children and on the growth and development of their toddlers." (K)

"The role of cadres is crucial, because they are the ones who interact directly with mothers of toddlers and their families." (A)

"At the Integrated health post ? For example, this weight should be this much, but why is it not enough? They're trying to catch up. But for example, if they've been sick or something, they'll give them advice, for example, to go to the community health center tomorrow and consult a doctor." (I)

Based on interviews, Integrated health post cadres play a role as communicators in stunting prevention efforts through the delivery of health information, nutrition education, and interpersonal communication with mothers of toddlers and their families. The role of communicators extends beyond formal outreach activities, but also through two-way dialogues that occur during integrated health service posts (Integrated health post), particularly during weighing and monitoring of toddler growth. The role of cadres as communicators is evident in their ability to convey health messages in a simple, easily understood manner to mothers of toddlers. The information conveyed covers the importance of adequate nutrition during pregnancy, maternal and child diets, and their relationship to toddler growth and development.

This demonstrates the role of cadres in transmitting health messages relevant to stunting prevention to the community, tailored to the needs and circumstances of the target population. Furthermore, Integrated health post cadres act as communicators in conveying the results of toddler growth monitoring. Based on interviews, cadres explain the results of weighing and other growth measurements to mothers and compare them with appropriate growth standards. If discrepancies are found, cadres not only convey the information but also explore possible causes, such as the toddler's medical history or diet. This communication process demonstrates a two-way interaction that allows

mothers of toddlers to understand their children's conditions more comprehensively. Cadres act as communicators who have a strategic function in conveying health information to the community and supporting the process of collecting health data needed for monitoring health conditions and planning interventions. Integrated health post cadres are positioned as communication agents trusted by the community, so they are able to convey health messages effectively by adapting to local language and culture (Najmi & Karwati, 2025).

Based on the regulation of the Minister of Health of the Republic of Indonesia concerning the Implementation of Integrated health post (Permenkes No. 13 of 2024 Article 11) the duties of Integrated health post cadres include communicating, providing information, and education in accordance with service standards to increase community knowledge (Legal Documentation and Information Network, 2024). In line with research health cadres are the main actors in community-based health communication. Cadres play a role in conveying health information through interpersonal communication in Integrated health post and community activities, so that health messages can be received effectively by mothers of toddlers (Nurdin & Labib, 2025). Health communication plays an important role in preventing stunting through interpersonal information delivery at integrated health posts (integrated health post), which aims to increase the knowledge and awareness of mothers of toddlers (Ridho, Fauzan, Faisal, & Hanafi, 2023).

According to interviews, one of the barriers faced by Integrated health post cadres in stunting prevention is the limited availability of health workers during Integrated health post activities. Cadres expect more regular health workers to accompany Integrated health post activities, especially when toddlers at risk of stunting are identified, so that mothers of these toddlers gain a stronger understanding and can receive education with greater confidence. This is as conveyed by an informant:

"What cadres actually hope for in Integrated health post management is, for example, that during Integrated health post, they'll be accompanied if there are mothers of babies whose children are stunted or something like that, so that the mothers can understand. Because if it's just cadres, it doesn't make things difficult, but sometimes mothers of

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toddlers lack enthusiasm from the cadres' perspective. Health workers are more confident and have more trust, maybe." (K)

"The problem is that we probably can't cover everything yet, so we can only cover a few. Even if we go to the Integrated health post, we can't do it every day, I mean, like every month, every day, because we also have jobs." (A)

"The education from the community health center is usually not much different, but sometimes there are medical personnel who are more detailed, for example, they'll check this and that. So we also, oh, so it's true, what the cadres said..." (I)

Based on the interview results, the limited support from health workers during the implementation of activities Integrated health service posts (Integrated health post) are one of the obstacles experienced by Integrated health post cadres in stunting prevention efforts. This obstacle is related to the suboptimal presence of health workers, particularly from community health centers, who accompany cadres in every Integrated health post activity carried out routinely in the community. Furthermore, interviews with health workers indicate that this limited assistance is influenced by the workload and service responsibilities. Health workers cannot be present consistently at every Integrated health post due to time and staff constraints, so assistance can only be provided at certain Integrated health post s. Although cadres have experience and basic knowledge, they feel that their role is not fully optimal without direct support from health workers, especially in explaining the condition of toddlers in more detail and convincingly. This situation can impact the effectiveness of health messages and mothers' decision-making regarding follow-up care. Limited assistance from health workers can be identified as a structural barrier to the implementation of Integrated health post cadres' role in stunting prevention.

Integrated health post is a community-based health program that plays a strategic role in improving maternal and child health in Indonesia. In its implementation, the involvement of health workers and cadres is a key factor in the program's success. Health workers play a role in ensuring the quality of Integrated health post services, providing guidance and mentoring to cadres, and establishing coordination and collaboration with various relevant parties to support the sustainability of health services

at the community level (Effendi & Erawan, 2025). In the context of stunting prevention, health workers play a strategic role in empowering families to create an environment conducive to optimal child growth and development. Furthermore, strengthening integrated services at the Integrated health post and Community Health Center levels expands family access to comprehensive and sustainable health services. Through a holistic, community-based approach, health workers serve as key actors in realizing a healthy, high-quality generation that is free from stunting (Desmita, Siregar, Ivanda, Hanoselina, & Helmi, 2025). Regular mentoring and supervision of community health workers (CHWs) has been shown to improve their performance in providing child nutrition and health services (Gopalakrishnan, Diamond-Smith, Avula, Menon, Fernald, Walker, & Patil, 2021). In addition to strengthening the technical competence of CHWs, ongoing supervision also plays a crucial role in improving the quality and effectiveness of education delivered to recipient families (Hwang & Kim, 2022).

Obstacles related to recording and reporting are illustrated in the following informant's statement: "Sometimes we fill it out, but it's sometimes not synchronized between us and the health center. What do you call it? Yesterday, there were only 56 toddlers from here, for example, and then there were 62 from the health center. There's no synchronization between here and there, so what should have been 100% attendance is actually not consistent." (K)

"Cadres must be laptop literate. That means we really need cadres who can use laptops. Even with cell phones, some can, but some can't." (K)

"At first, we used spreadsheets, but some cadres didn't agree because they couldn't use computers and so on. But we had to force them. Otherwise, we were afraid that if one cadre didn't use the spreadsheet, it would be like the other one, 'Ma'am, that didn't fill it out, that's fine, and that's what they didn't want to do, even though it would make things easier for us all.'" (A)

Based on interview excerpts The obstacles experienced by Integrated health post cadres in implementing stunting prevention programs are closely related to the data recording and reporting system.

Based on interviews, obstacles to recording and reporting are among the challenges faced by

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Integrated health post cadres in implementing stunting prevention. This obstacle is related to the lack of synchronization of data between Integrated health post and community health centers, as well as the cadres' limited ability to use information technology for digital-based recording. The first obstacle identified was the discrepancy between the number of toddlers recorded at the Integrated health post level and the data held by the community health center. According to informants, the difference in the number of toddlers attending causes the achievement of service coverage indicators, such as D/S, to be inconsistent with field conditions. This lack of synchronization indicates problems with consistent recording, reporting processes, and coordination between Integrated health post cadres and community health centers. This situation has the potential to reduce the validity of toddler growth and development monitoring data, which serves as the basis for planning and evaluating stunting prevention programs. Furthermore, interviews also revealed that cadres' limited skills in operating digital devices, such as laptops and spreadsheets, hinder the implementation of the recording and reporting system. Not all cadres have the same technological skills.

This skill gap causes some cadres to experience difficulties in timely and accurate data input, ultimately impacting the quality of reported data. Efforts to implement a digital-based recording system initiated by the community health center aim to improve data efficiency and integration. Obstacles to recording and reporting in this study can be understood as technical constraints and the human resource capacity of cadres. These obstacles directly impact the quality of toddler growth monitoring data and the accuracy of nutrition intervention planning at the Community Health Center level.

Consistent with previous research, an integrated digital system allows for easier access and utilization of health information by health workers and related parties. Furthermore, this system can function as an early warning system to more quickly detect nutritional problems and determine appropriate intervention.

Barriers to community participation in integrated health post (Integrated health post) activities are evident in the low awareness among some communities regarding the importance of routinely

monitoring toddler growth. This is in line with the following informant's statement: "Actually, some people lack enthusiasm for going to the integrated health post (Integrated health post). They lack awareness of its importance. For example, if you weigh your child's weight, height, and development at a toddler every month, you can monitor their development, but sometimes they don't go." (K)

"So, what's influential is definitely community participation, and then the extraordinary role of the cadres. If they can mobilize and ensure that children and toddlers attend the Integrated health post, that will have a huge impact on the success of the program." (A)

"They don't want to trivialize it. If they don't have the money, they feel like they don't need a checkup at a private clinic. Well, there are those who are like that, so they might think it's not that important. Maybe they're lazy because many people work, maybe they're the ones who take care of the children at home, maybe their grandmothers are elderly that's usually the case." (I)

Based on the interview results, barriers to community participation are one of the obstacles faced by Integrated health post cadres in implementing Integrated health post activities as an effort to prevent stunting. These obstacles are primarily related to low awareness and understanding among some members of the community, particularly mothers of toddlers and families, regarding the importance of routinely monitoring toddler growth through integrated health service posts (Integrated health post).

Barriers to community participation are evident in the continued failure of mothers of toddlers to attend Integrated health post regularly, even though these activities are held monthly. This low awareness hinders the ongoing monitoring of toddlers' weight and height, which should be the basis for early detection of growth disorders and stunting prevention. In addition to perception, interviews also revealed social and economic factors influencing community participation. Some mothers of toddlers opted for health check-ups at private health facilities. Furthermore, busy work schedules and the shifting of caregiving roles to other family members, such as grandmothers, also hindered toddler attendance at Integrated health post. This situation meant that

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taking toddlers to Integrated health post was not always a priority for families.

Interviews with health workers confirmed that the level of community participation significantly impacts the success of Integrated health post programs and stunting prevention. Low toddler attendance directly impacts the coverage of Integrated health post services, thus suboptimally motivating cadres in monitoring toddler growth and development. These obstacles demonstrate that the success of the role of Integrated health post cadres in preventing stunting is not solely determined by their performance but also depends heavily on community awareness, support, and active involvement. Therefore, a more sustainable strategy to increase community participation is needed through strengthened education, family outreach, and cross-sectoral support to ensure optimal monitoring of toddler growth.

Similarly, low public awareness of the importance of balanced nutrition often presents obstacles for cadres in encouraging residents to change unhealthy behaviors. Some communities even show resistance to educational efforts, resulting in cadre activities not always receiving full support from their families or communities (Sugiarti, Suwanto, & Saptaningtyas, 2024). Low community participation is a major obstacle to implementing Integrated health post activities. Some parents still lack an active role in bringing their children for health check-ups, despite various outreach and outreach efforts by cadres. This situation is influenced by the community's lack of understanding of the importance of child health monitoring and the benefits of services provided at Integrated health post (Radhiah, Ayunda, & Hermiyanty, 2021). Other research showed that the largest proportion of working mothers participated in Integrated health post activities, with inactive participation. This was due to mothers' busy work schedules, which limited their time to regularly take their toddlers to Integrated health post (Rianda, Simanullang, Wahab, & Siahaan, 2023).

CONCLUSION

Based on the research results, it can be concluded that Integrated health post cadres in the Srandakan Community Health Center work area have played a role in stunting prevention through monitoring toddler growth, providing nutrition

education, encouraging the attendance of mothers of toddlers, and mentoring toddlers at risk of stunting. However, the implementation of this role still faces obstacles such as limited health worker support, obstacles in recording and reporting nutritional data, and low participation from some community members. Nevertheless, cadres have great potential to contribute more optimally to stunting prevention if supported by capacity building, cross-program coordination, and a more integrated recording and reporting system.

SUGGESTION

This study recommends that Community Health Centers continuously improve mentoring and coaching for Integrated health post (Integrated Health Post) cadres, including training in digital nutrition data recording and reporting skills. Furthermore, cross-sectoral coordination and strategies to increase community participation in Integrated health post activities are needed to support effective stunting prevention. Future research is expected to examine other supporting factors that influence the optimal role of Integrated health post cadres.

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