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Strengthening the Role of Posyandu in Stunting Prevention through Improving the Quality of Nutritious Food Provision for Infants in Tanete Rilau District, Barru Regency

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ABSTRACT

This study examines the role of Posyandu in strengthening stunting prevention through improving the quality of nutritious food provision for infants in Tanete Rilau District. The study focuses on program implementation, institutional capacity, cadre involvement, parental participation, and factors influencing the effectiveness of nutrition interventions. A qualitative descriptive approach was employed to explore the implementation of nutritious supplementary food provision and related community-based health services. Data were collected through interviews with Posyandu cadres, health personnel, and parents, supported by observations and document analysis. The findings indicate that nutritious supplementary food is distributed directly to beneficiaries' homes through a door-to-door mechanism facilitated by Posyandu cadres. Parents are expected to provide the food to their children and apply the nutrition information received from health personnel and cadres. Routine monitoring is also conducted through monthly measurements of children's weight and length or height to identify changes in their growth. Parents reported positive perceptions of the program, particularly regarding the accessibility of nutritious food and improvements in their children's nutritional conditions. However, implementation remains constrained by limited funding, inadequate cadre capacity, and inconsistent parental involvement. These challenges highlight the need to strengthen institutional support, improve cadre competencies, and enhance coordination among Posyandu, community health centers, village governments, and families. The study concludes that Posyandu has an important role beyond supplementary food distribution, serving as a community-based platform for nutrition education, growth monitoring, and family engagement. Strengthening these functions is essential to support more sustainable and integrated stunting prevention efforts at the community level.

Keywords: Posyandu; stunting prevention; nutritious food; cadre capacity; parental participation.

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A. INTRODUCTION

Stunting remains one of the major public health and human development challenges, particularly in developing countries. It is characterized by impaired linear growth resulting from chronic undernutrition, recurrent infections, and inadequate care during the early stages of life. The consequences of stunting extend beyond physical growth and may affect cognitive development, learning capacity, productivity, and long-term socioeconomic well-being. The first 1,000 days of life represent a critical period for preventing nutritional deficiencies and supporting optimal child development. During this period, adequate maternal nutrition, exclusive breastfeeding, appropriate complementary feeding, and access to essential health services are important determinants of child growth. Therefore, stunting prevention requires comprehensive interventions that address both nutritional and non-nutritional factors. Community-based health services play an important role in delivering these interventions because they provide direct access to families and young children. In Indonesia, Posyandu (Integrated Health Service Posts) represent an important community-level platform for promoting maternal and child health and

At the global level, child stunting remains a significant challenge despite improvements in nutrition and public health interventions. The 2025 Joint Child Malnutrition Estimates reported that approximately 150.2 million children under five years of age, equivalent to 23.2% of the global population in this age group, experienced stunting in 2024 (UNICEF, WHO, & World Bank Group, 2025). This situation demonstrates that progress in reducing child malnutrition remains insufficient to achieve international nutrition targets. The World Health Organization (WHO, 2023) emphasizes that complementary feeding should generally begin at six months of age and continue alongside breastfeeding until 23 months, when nutritional requirements increase substantially. Appropriate complementary feeding requires adequate dietary diversity, food quality, feeding frequency, and age-appropriate food consistency. Inadequate complementary feeding during this period may increase the risk of growth faltering and nutrient deficiencies. Bhutta et al. (2013) further highlight the importance of evidence-based maternal and child nutrition interventions, including breastfeeding promotion, complementary feeding, and micronutrient supplementation. These global perspectives underline the need to strengthen community-based nutrition services, particularly those that support caregivers in providing

In Indonesia, stunting prevention has become a major national development priority involving central government institutions, local governments, healthcare facilities, and community organizations. The Indonesian Nutritional Status Survey (SSGI) 2024 reported that the national prevalence of stunting declined from 21.5% in 2023 to 19.8% in 2024 (Ministry of Health of the Republic of Indonesia, 2025). Although this reduction indicates progress, continued efforts are necessary to improve child nutrition and strengthen the delivery of preventive health services. At the community level, Posyandu plays an important role in facilitating growth monitoring, nutrition education, supplementary feeding activities, and referrals to primary healthcare facilities. The institutional role of Posyandu is also supported by Ministry of Home Affairs Regulation No. 13 of 2024, which strengthens its position as a community-based institution supporting integrated basic services (Ministry of Home Affairs of the Republic of Indonesia, 2024). Furthermore, Ministry of Health Regulation No. 19 of 2024 provides a regulatory framework for the organization of community-level health services, including Posyandu (Ministry of Health of the Republic of Indonesia, 2024). Within this national policy context, Tanete Rilau District, Barru Regency, provides a relevant setting for examining how Posyandu can strengthen its contribution to stunting prevention through improved nutritional food provision. Nevertheless, the specific nutritional conditions and implementation challenges in Tanete Rilau require examination through local administrative records and field-based evidence.

Despite the strategic role of Posyandu in community health services, the implementation of nutrition-related activities may encounter several institutional and operational challenges. These challenges may include differences in the nutritional knowledge of health cadres, limited skills in preparing nutritious supplementary food, inadequate use of locally available food ingredients, and variations in the quality of nutrition education provided to caregivers. The effectiveness of food provision also depends on whether the nutritional composition, portion size, frequency, and suitability of food correspond to the age and nutritional needs of children. WHO (2023) emphasizes that complementary feeding practices should consider dietary diversity, nutrient adequacy, food safety, and responsive feeding. In addition, Ruel and Alderman (2013) explain that nutrition-sensitive programs need to address underlying determinants of nutritional outcomes through coordinated interventions across relevant sectors. These considerations raise important questions regarding the capacity of Posyandu cadres, the availability of supporting resources, the

implementation of supplementary feeding programs, and the involvement of parents in children's nutritional care. Consequently, the central research problem concerns how Posyandu can strengthen its institutional and service-delivery roles to improve the quality of nutritious food provision as part of stunting prevention in Tanete Rilau District.

Previous studies have demonstrated the importance of community-based interventions in improving maternal knowledge, child nutrition practices, and growth monitoring. Black et al. (2013) identify maternal and child undernutrition as a multidimensional problem that requires interventions addressing nutritional intake, disease prevention, and maternal and child care. Bhutta et al. (2013) also demonstrate the importance of evidence-based nutrition interventions delivered through accessible healthcare platforms. In Indonesia, a community-based cluster randomized controlled trial involving families attending Posyandu found that an intervention promoting children's growth and development improved caregivers' confidence and produced more favorable child growth outcomes in the intervention group (Sari et al., 2019). Research by Aziz et al. (2024) also highlights the importance of nutrition education in improving Posyandu cadres' knowledge regarding supplementary food preparation using locally available food ingredients. Furthermore, Sanggelorang et al. (2024) report that strengthening cadre skills and maternal education can support community-based stunting prevention activities. These studies indicate that Posyandu can contribute to nutritional improvement through health education, cadre capacity development, and community engagement. However, the findings also suggest that the quality and sustainability of community-based interventions depend on the institutional capacity and consistency of service implementation.

Although previous studies have examined nutrition education, supplementary feeding, cadre capacity, and community-based stunting prevention, further investigation is needed into how these elements are integrated within the institutional and service-delivery practices of Posyandu. Much of the existing literature emphasizes nutritional knowledge, caregiver behavior, or the outcomes of specific nutrition interventions. Comparatively, less attention has been directed toward examining how Posyandu organizes, implements, and improves the quality of nutritious food provision through its institutional responsibilities and community-based service mechanisms. In particular, the relationship between cadre competencies, the utilization of local food resources, coordination with primary healthcare facilities, parental participation, and the sustainability of

supplementary feeding activities requires further analysis. This issue is important because providing food alone does not necessarily guarantee nutritional adequacy or sustainable improvements in child feeding practices. The novelty of this study lies in examining Posyandu's role through an integrated perspective that combines institutional capacity, food quality, service implementation, nutrition education, and community participation. By focusing on Tanete Rilau District, the study seeks to develop a contextual understanding of how community-based health institutions can improve the quality of nutritious food provision. Accordingly, this research is expected to contribute to the development of more responsive and sustainable community-based strategies for stunting prevention.

This study aims to analyze and explain how Posyandu strengthens its role in stunting prevention through improving the quality of nutritious food provision for infants in Tanete Rilau District, Barru Regency. Specifically, it examines the implementation of nutrition-related services and supplementary food provision within Posyandu activities. It also investigates the capacity of Posyandu cadres in providing nutrition education and supporting appropriate feeding practices among parents and caregivers. Furthermore, the study explores the utilization of locally available food ingredients in preparing nutritious food that meets children's age-specific nutritional requirements. Another objective is to identify institutional, resource-related, and social factors that support or constrain the implementation of nutrition services at the community level. The research also examines coordination among Posyandu cadres, community health centers, village governments, and families in supporting stunting prevention initiatives. Through these objectives, the study seeks to identify opportunities for strengthening the quality, accessibility, and sustainability of Posyandu-based nutrition services. Ultimately, the research aims to provide recommendations for improving community-level nutrition governance and strengthening local

This research focuses on the institutional and operational role of Posyandu in improving the quality of nutritious food provision as part of stunting prevention in Tanete Rilau District, Barru Regency. The analysis covers several interconnected aspects, including the implementation of nutrition services, the capacity of health cadres, the preparation and distribution of supplementary food, the utilization of local food resources, and nutrition education for parents. It also considers the availability of facilities, institutional support, coordination mechanisms, and community participation in sustaining Posyandu activities. The research adopts a qualitative

perspective to understand the experiences, practices, and challenges encountered by relevant stakeholders in implementing community-based nutrition services. The findings are expected to contribute to the development of public health administration, particularly concerning institutional capacity and community-based service delivery. Practically, the study may provide recommendations for Posyandu cadres, community health centers, village governments, and local government institutions in strengthening nutrition-related services. Improving the quality of nutritious food provision should be understood as part of a broader preventive strategy that includes appropriate infant feeding, growth monitoring, and family education. Through this approach, Posyandu is expected to function more effectively as a community-based institution supporting sustainable stunting prevention and improved child nutrition.

B. RESEARCH METHODS

This study employed a qualitative descriptive approach to examine how Posyandu strengthens its role in stunting prevention through improving the quality of nutritious food provision for infants in Tanete Rilau District, Barru Regency. A qualitative approach was selected because it enables an in-depth understanding of institutional practices, service implementation, stakeholder experiences, and challenges associated with community-based nutrition services. The research was conducted in selected Posyandu locations in Tanete Rilau District, with consideration given to their involvement in nutrition services and stunting prevention activities. The research focused on five analytical aspects: Posyandu institutional capacity, cadre competencies, the quality of nutritious food provision, nutrition education for parents, and coordination among relevant stakeholders.

Data were collected through semi-structured interviews, observations, and document analysis. Informants were selected purposively based on their knowledge, responsibilities, and involvement in Posyandu nutrition services and stunting prevention programs. They included Posyandu cadres, community health center personnel, village government representatives, parents or caregivers of infants, and other relevant stakeholders. Interviews explored the implementation of nutritious food provision, food selection and preparation, cadre capacity, parental involvement, supporting resources, and institutional coordination. Observations were conducted to understand service delivery practices and Posyandu activities, while relevant documents, including activity

reports, nutrition program records, and policy documents, were examined to complement the interview findings. Data triangulation was applied by comparing information obtained from different informants and data collection techniques to strengthen the credibility of the research.

Data were analyzed thematically using NVivo software to organize, code, categorize, and interpret qualitative information systematically. The analysis involved several stages, beginning with data transcription and familiarization, followed by the identification of meaningful statements and the development of initial codes. These codes were subsequently grouped into broader analytical themes, including institutional capacity, cadre performance, nutritious food quality, nutrition education, community participation, and interinstitutional coordination. NVivo was used to support data organization, coding, thematic categorization, and the identification of relationships among emerging themes. The findings were then interpreted descriptively to identify patterns, supporting factors, implementation challenges, and opportunities for strengthening Posyandu services. Research credibility was maintained through data triangulation and careful comparison between interview findings, observations, and relevant documentary evidence.

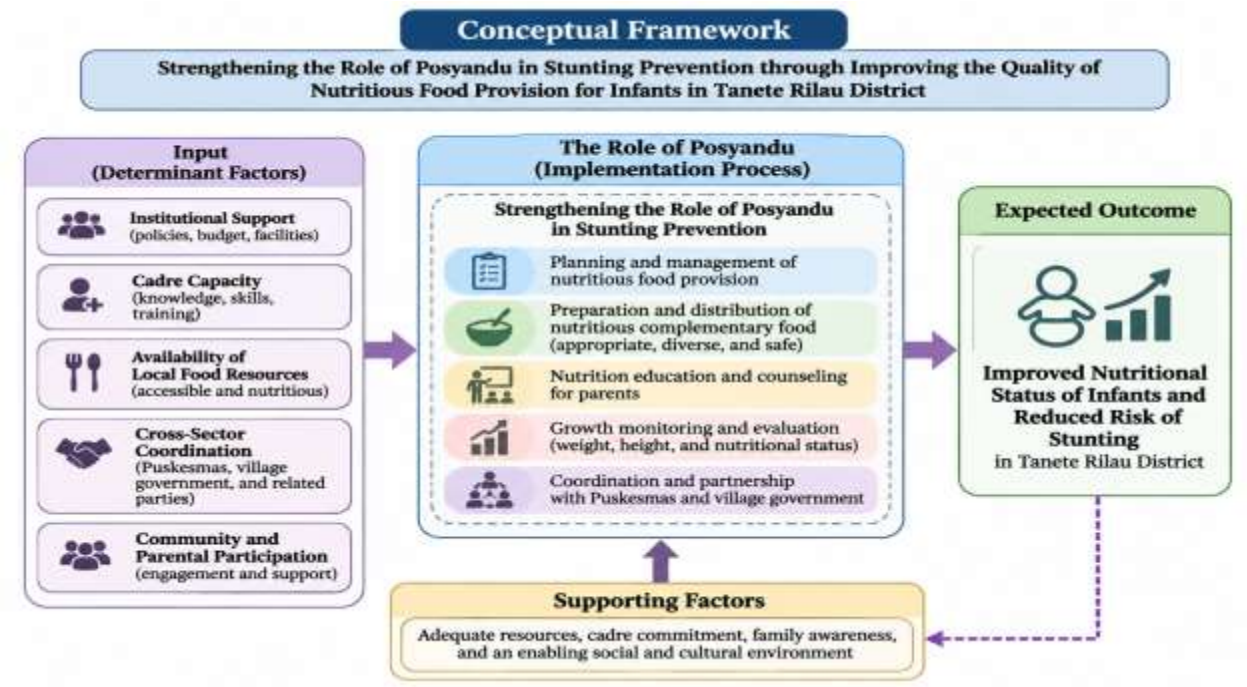


Figure 1 Conceptual Framework of Strengthening the Role of Posyandu in Stunting Prevention through Improving the Quality of Nutritious Food Provision for Infants in Tanete Rilau District.

The figure illustrates the conceptual framework of the study by showing how institutional and community-based factors influence the role of Posyandu in preventing stunting through improved nutritious food provision. The input components consist of institutional support, cadre capacity, availability of local food resources, cross-sector coordination, and community and parental participation. These factors support the implementation of Posyandu activities, including planning and managing nutritious food provision, preparing and distributing appropriate and safe complementary foods, providing nutrition education and counseling for parents, monitoring child growth, and strengthening coordination with community health centers and village governments. Adequate resources, cadre commitment, family awareness, and a supportive social environment serve as additional enabling factors. The expected outcome is improved infant nutritional status and reduced stunting risk in Tanete Rilau District.

C.RESEARCH RESULTS AND DISCUSSION

- Results

Posyandu (Integrated Health Service Post) is a community-based health service institution that plays an important role in improving maternal and child health. In the context of stunting prevention, Posyandu serves as a platform for implementing growth monitoring, nutritious food provision, health promotion, and education for parents regarding children's nutritional needs. These activities involve Posyandu cadres, healthcare personnel, village governments, and families as the primary beneficiaries of the services. In Tanete Rilau District, the provision of nutritious food represents one of the activities intended to support the nutritional needs of infants and young children. The program is not limited to distributing food but also includes educating parents about selecting appropriate and nutritious food for their children. Therefore, Posyandu occupies a strategic position as a community-based institution connecting government nutrition programs with the health and nutritional needs of families.

Based on the research findings, the implementation of nutritious food provision through Posyandu in Tanete Rilau District is carried out through a direct distribution mechanism to beneficiary families. One of the implementation approaches is the distribution of supplementary food through a door-to-door delivery system. This mechanism enables Posyandu cadres to deliver food directly to parents' homes, allowing families to receive the food without necessarily having

to visit the Posyandu. The program is also associated with DAHSAT (Dapur Sehat Atasi Stunting or Healthy Kitchen for Stunting Prevention), which aims to support stunting prevention through nutritious food provision and education on appropriate food selection. The program targets pregnant women, infants, and young children according to the activities being implemented. This situation demonstrates that Posyandu services are not limited to routine activities at health service facilities but also extend directly to households. Such an approach represents an effort to expand access to community-based nutrition services and strengthen family involvement in stunting prevention.

In implementing the nutritious food provision program, parental and family involvement is essential because the food distributed by Posyandu is ultimately given to children through family care practices. Bu Ni'mawati explained:

"Regarding supplementary feeding, the food is provided through the Posyandu. As I mentioned, the Ministry of Health program delivers it directly to people's homes through a door-to-door system. The cadres deliver the food to the parents, and the parents then give it to their children. That is how they are involved. The prepared food is delivered to their homes once during the 56-day period."

This statement indicates that the supplementary feeding mechanism involves a division of responsibilities between program implementers and beneficiary families. Posyandu cadres are responsible for delivering food to parents, while parents are responsible for providing the food to their children. This service model demonstrates that program implementation depends not only on food availability but also on family involvement in ensuring that children receive the food provided. Therefore, parents represent an important component of the implementation process and contribute directly to the sustainability of nutrition improvement efforts at the household level.

Institutional capacity and human resources are important aspects of optimizing the implementation of nutritious food provision programs through Posyandu. The research findings indicate that cadres' abilities to understand nutritional requirements, select appropriate food ingredients, and prepare nutritious meals influence the quality of services. Ibu Nur Maya explained that one of the challenges concerns the limited availability of cadres who possess the necessary

skills to implement these activities. Such limitations may affect the ability of Posyandu to prepare nutritious food that meets the nutritional requirements of infants and young children. In addition, program implementation requires institutional support in the form of adequate budgets, facilities, and guidance from relevant stakeholders. Therefore, improving cadre capacity through training and mentoring is essential to ensure that nutritious food provision programs can be implemented more effectively. Institutional strengthening is also necessary to ensure that nutrition services do not depend solely on individual cadre capabilities but are supported by sustainable organizational arrangements and operational systems.

The implementation mechanism for nutritious food provision through Posyandu in Tanete Rilau District involves the direct distribution of food to beneficiary families. According to Bu Ni'mawati, the food consists of prepared meals delivered by cadres to parents through a door-to-door distribution system. In this process, cadres serve as intermediaries between program organizers and beneficiary families. After receiving the food, parents are responsible for providing it to their children. In addition to supplementary food distribution, the DAHSAT program forms part of the broader effort to improve nutritional fulfillment and educate families about selecting nutritious food. This mechanism demonstrates that Posyandu services combine food provision, distribution, and family involvement. However, program quality also needs to consider nutritional composition, food variety, food safety, and the suitability of meals according to children's ages and nutritional requirements. Consequently, implementation mechanisms need to be supported by adequate supervision and evaluation to ensure that nutritious food provision achieves its intended objectives.

The implementation of nutritious food provision programs requires the involvement of various stakeholders, particularly Posyandu cadres, healthcare personnel, village governments, and parents. Posyandu cadres play an important role in distributing food, providing information, and connecting families with available health services. Meanwhile, parents are responsible for providing food to their children and applying the nutritional information obtained through Posyandu activities. The DAHSAT program also demonstrates an approach that extends beyond food distribution by providing education to families regarding the selection of nutritious food. According to Bu Ni'mawati, parental involvement is reflected in receiving food delivered by cadres and subsequently providing it to their children. This indicates that families are important

actors in maintaining children's nutritional fulfillment within the household. Therefore, family participation needs to be continuously strengthened through communication, assistance, and ongoing nutrition education. Effective stakeholder involvement is essential for ensuring that community-based nutrition programs are implemented consistently and sustainably.

The research findings indicate that the implementation of nutritious food provision through Posyandu faces several challenges, particularly concerning budget availability, human resource capacity, and parental involvement. Ibu Nur Maya explained:

"The first challenge concerns funding, as sometimes there is insufficient funding from the government and village administration. The second concerns human resources; sometimes there are no cadres with the capacity to carry out these activities or prepare the food. The third concerns parental involvement, because some parents are busy and do not have enough time to apply the information they have received about appropriate food for their children."

Based on this statement, limited financial resources represent one of the obstacles to implementing supplementary feeding programs optimally. In addition, the unequal capabilities of cadres in preparing nutritious food create further challenges. Another inhibiting factor is parents' busy schedules, which may limit their involvement in nutrition education activities and their ability to apply the information provided. On the other hand, the availability of Posyandu cadres, direct food distribution mechanisms, and nutrition education activities through DAHSAT represent supporting elements of program implementation. These findings indicate that program effectiveness requires adequate budgetary support, improved cadre competencies, and stronger communication between Posyandu and beneficiary families.

The nutritious food provision program implemented through Posyandu has generated benefits perceived by some beneficiary families. Ibu Mirnawati shared her experience:

"Yes, thank God, the condition has improved, and my child is not classified as stunted. There are positive effects, even though my child is not stunted. Since the program is intended to prevent stunting, I am grateful that it has had a positive impact."

This statement indicates that Ibu Mirnawati perceived positive benefits from the nutritious food provision program for her child's condition, even though her child was not classified as stunted. Her experience illustrates that the program is perceived not only as an intervention for addressing nutritional problems but also as a preventive effort to maintain children's health and growth. Another informant, Ibu Sahrir, also described the benefits of the program:

"Yes, it is good. Regarding the supplementary food provided, it is usually delivered directly to our homes, such as chicken porridge, mung bean porridge, fried rice, eggs, sausages, and other foods. Thankfully, it has had an impact, and the condition has started to improve. This means that there have been changes resulting from the program."

Ibu Sahrir's statement further illustrates the benefits perceived by families, particularly regarding direct food delivery and improvements in children's conditions. These accounts suggest that the program is positively received by beneficiary families. However, changes in children's nutritional status must be verified through anthropometric measurements and regular growth-monitoring records. Therefore, beneficiary experiences provide important supporting information for understanding perceived program benefits but cannot independently establish the program's effectiveness in preventing stunting.

Evaluation of the nutritious food provision program is also conducted through monitoring children's growth and nutritional development. Ibu Nur Maya explained:

"Monitoring is carried out by weighing the children and measuring their length every month. The indicators used include weight-for-height. During each weighing and measurement, whether weekly or monthly, we observe whether there has been an increase or not. We also ask whether there are any problems with food provision. If the child's weight does not increase, we ask whether there are problems with feeding, whether the child dislikes the food, whether it is unsuitable, or whether the child is sick, among other possible factors."

Based on this statement, growth monitoring is conducted through regular weighing and measurement of children's length or height. The measurement results are used to assess growth progress and identify possible problems associated with nutritional fulfillment. When a child's weight does not increase, cadres or healthcare personnel attempt to identify potential causes, such

as food preferences, unsuitable food, or the child's health condition. Growth monitoring therefore represents an important component of evaluating the implementation of nutritious food provision programs. Relevant anthropometric indicators for assessing children's nutritional status include weight-for-age (WAZ), length/height-for-age (HAZ), and weight-for-length/height (WHZ). These indicators provide a basis for assessing children's growth and nutritional conditions using applicable standards. Consequently, program evaluation should connect food provision activities with children's growth-monitoring results to identify nutritional problems and determine appropriate follow-up interventions.

Based on the overall research findings, strengthening the role of Posyandu in stunting prevention in Tanete Rilau District should focus on improving the quality of community-based nutrition services in a sustainable manner. One important strategy is to strengthen financial support from regional and village governments to ensure the consistent implementation of nutritious food provision programs. In addition, improving cadre capacity through training on local food selection, nutritious menu preparation, food safety, and children's nutritional requirements should become a priority. The existing door-to-door food distribution mechanism should also be accompanied by nutrition education and parental assistance to encourage appropriate food consumption practices. The DAHSAT program can be further developed as an educational platform for families to promote the use of nutritious, locally available, and affordable food ingredients. Furthermore, coordination among Posyandu, community health centers (Puskesmas), village governments, and families needs to be strengthened through clear task distribution and regular program evaluation. Strengthening child growth-monitoring systems is also important to ensure that changes in nutritional conditions can be identified and addressed appropriately. Through these strategies, Posyandu is expected to improve the quality of its nutrition services and strengthen its contribution to stunting prevention in Tanete Rilau District.

- Discussion

The findings demonstrate that Posyandu plays an important role in strengthening community-based nutrition services through direct food distribution, nutrition education, growth monitoring, and parental involvement. The door-to-door supplementary food distribution mechanism described by Bu Ni’mawati represents an effort to improve access for beneficiary

families, while also establishing a connection between cadres and parents in the implementation of nutrition programs. This approach indicates that Posyandu services extend beyond routine activities at health posts and reach households directly. However, the distribution of nutritious food should not be viewed as an independent intervention, because its benefits depend on food quality, age appropriateness, consumption practices, and parental understanding. The World Health Organization (2023) emphasizes that complementary feeding for children aged 6–23 months should provide dietary diversity, adequate nutrients, safe preparation, and responsive feeding practices. Therefore, the role of Posyandu needs to combine food distribution with continuous guidance to parents so that the food provided contributes appropriately to children's nutritional needs.

The research also reveals that institutional capacity and human resources are important determinants of program implementation. Ibu Nur Maya identified three major challenges: limited funding, insufficient cadre competencies, and inconsistent parental involvement. These findings suggest that the quality of nutritious food provision cannot depend solely on the availability of food but also requires adequate financial resources, skilled personnel, and effective communication with beneficiary families. Limited cadre capacity may affect food selection, preparation, nutritional composition, and the quality of education delivered to parents. This situation is consistent with Indarwati et al. (2024), who demonstrate the importance of empowering Posyandu cadres through education, training, and mentoring in food preparation and supplementary feeding activities. Accordingly, strengthening cadre competencies and securing sustainable budgetary support should become institutional priorities. In addition, cooperation between Posyandu, community health centers, and village governments is necessary to ensure that nutrition services are implemented consistently and that operational challenges can be addressed through coordinated support.

Another important finding concerns growth monitoring and the perceived benefits of the program among beneficiary families. Ibu Mirnawati and Ibu Sahrir reported positive experiences, including improvements in their children's conditions and the benefits of receiving prepared food directly at home. These accounts indicate that the program is positively perceived by some parents and may encourage family participation in nutrition-related activities. Nevertheless, perceived improvements should be distinguished from objectively measured changes in nutritional status.

Ibu Nur Maya's explanation regarding monthly weighing and length or height measurements demonstrates that Posyandu also performs a monitoring function to identify possible growth problems and feeding difficulties. This practice is consistent with the findings of Sanggelorang et al. (2024), who emphasize the importance of cadre training in anthropometric measurement and maternal education as components of community-based stunting prevention. Therefore, growth monitoring needs to be supported by accurate measurement procedures, systematic recording, and appropriate follow-up when children experience growth faltering. The integration of food provision, parental education, and anthropometric monitoring can strengthen the quality of Posyandu services and provide a more comprehensive basis for evaluating nutrition programs.

Overall, the discussion indicates that strengthening the role of Posyandu in stunting prevention requires an integrated approach involving institutional support, cadre capacity development, appropriate food provision, parental participation, and continuous growth monitoring. The findings from Tanete Rilau District suggest that the existing door-to-door distribution mechanism and DAHSAT activities provide important opportunities to expand nutrition services to families. However, their sustainability requires stronger budgetary support, improved cadre competencies, more consistent parental engagement, and coordination among Posyandu, Puskesmas, and village governments. From a public administration perspective, these findings highlight the importance of collaborative governance and community-based service delivery in implementing nutrition programs. Posyandu should therefore be strengthened not merely as a channel for distributing supplementary food but as a community institution that facilitates education, monitoring, communication, and coordination. Ultimately, improving the quality of nutritious food provision must be accompanied by continuous evaluation of food suitability, consumption practices, and children's growth outcomes. This integrated approach can strengthen the contribution of Posyandu to stunting prevention while ensuring that program achievements are assessed through both community experiences and reliable nutritional data.

D. CONCLUSION AND RECOMMENDATIONS

- Conclusion

The findings indicate that Posyandu plays an important role in supporting stunting prevention through the provision of nutritious supplementary food, nutrition education, and routine monitoring of child growth and development in Tanete Rilau District. The implementation of the program includes door-to-door food distribution by Posyandu cadres, parental involvement in providing food to children, and monthly monitoring through weight and length or height measurements. Interviews with parents also indicate that the program has been perceived positively, particularly because nutritious food is delivered directly to beneficiaries' homes and is considered to contribute to improvements in children's nutritional conditions. These findings demonstrate that Posyandu serves not only as a channel for distributing supplementary food but also as a community-based institution that facilitates nutrition services and parental awareness.

However, the implementation of the program still faces several challenges, particularly limited funding, inadequate cadre capacity, and inconsistent parental involvement. These constraints may affect the continuity and effectiveness of nutritious food provision and nutrition education activities. Therefore, strengthening the role of Posyandu requires an integrated approach involving improved institutional support, capacity-building for cadres, active parental participation, and stronger coordination among health centers, village governments, and other relevant stakeholders. Program effectiveness should also be assessed through consistent growth monitoring and reliable nutritional status data, rather than relying solely on beneficiaries' perceptions of program benefits.

- Recommendations

The local government, community health centers, and village governments should strengthen institutional and financial support for Posyandu to ensure the continuity and quality of nutritious food provision programs. Capacity-building activities should be provided regularly for cadres, particularly in preparing age-appropriate nutritious food, delivering nutrition education, and conducting accurate anthropometric measurements. Parents and caregivers should also be encouraged to participate actively in applying nutrition information at home and ensuring that

supplementary food is consumed appropriately by their children. Furthermore, coordination between Posyandu, the Puskesmas, village governments, and the DAHSAT program should be improved to optimize the use of local food resources and strengthen community-based stunting prevention efforts.

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