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PERCEPTIONS OF POSYANDU CADRES TOWARD THEIR ROLE IN STUNTING PREVENTION IN THE WORKING AREA OF PACCERAKKANG PUBLIC HEALTH CENTER

Munawwarah[1]*, Mustamin[1], Mira Andini[1]

Correspondence email: rayyan.hassa@ymail.com
[1] *Dietitian Professional Study Progran, Poltekkes Kemenkes Makassar. South Sulawesi, Indonesia*

ABSTRACT

Background: Stunting is a condition of impaired growth and development in children under five years of age caused by chronic malnutrition, resulting in a child being too short for their age. Malnutrition typically begins during pregnancy and continues into the early stages of a child's life, but the signs of stunting usually become apparent only after the child reaches the age of two. Stunted and severely stunted children are those whose length/height-for-age falls below the World Health Organization (WHO) Multicentre Growth Reference Study (MGRS) standard. Posyandu cadres, as the frontliners in the community, play a crucial role in education, monitoring child growth and development, and implementing nutritional interventions. However, the effectiveness of this role is highly influenced by the cadres' perception of their own role in stunting prevention. A positive perception can enhance their motivation and performance in carrying out their duties.
Objective: To explore the perceptions of Posyandu cadres regarding their role in stunting prevention, identify their understanding of stunting, examine the roles they play in stunting prevention activities, and assess the obstacles or challenges they face in carrying out these roles.
Methods: This study employed a qualitative approach with a descriptive design. Informants were selected using purposive sampling, involving a total of five participants. Data were collected through in-depth interviews. The research instruments included an interview guide, writing materials, and a voice recorder.
Results: The Posyandu cadres in the working area of Paccerakkang Public Health Center have demonstrated an understanding of stunting, its causes, and its prevention strategies. In addition to routinely conducting monthly weighing, measuring, and monitoring of nutritional status at the Posyandu, cadres also engage in education, counseling, and health promotion activities, as well as conducting home visits to target households. The main challenge faced by cadres in the Paccerakkang area is the decreased community participation in attending Posyandu sessions after the educational supplementary feeding program is no longer available.

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- Stunting is preventable through early detection and continuous nutritional interventions, with Posyandu cadres serving as essential frontliners in the community.
- Positive cadre perception of their role is crucial to enhancing their motivation and effectiveness in preventing stunting.

INTRODUCTION

Stunting is a chronic nutritional problem in children under five, characterized by a height that is shorter than the average for their age. Children who suffer from stunting are more vulnerable to illnesses and, as adults, are at higher risk of developing degenerative diseases (1). Stunting is an indicator of chronic malnutrition, expressed in terms of length- or height-for-age. Stunting that occurs during the first 1,000 days of life (HPK) is irreversible and is closely associated with

functional impairments, which contribute to high rates of morbidity and mortality in children, increased susceptibility to diseases, and impaired cognitive and psychomotor development (2).

According to the 2013 Basic Health Research (Riskesdas), the prevalence of stunting in Indonesia was 37.2%. This figure declined to 30.8% in 2018, then further decreased to 27.7% in 2019, 26.9% in 2020, and 24.4% in 2021. Although there has been a downward trend, the stunting rate remains high compared to the World Health Organization (WHO) standard of 20%, and it is still above the national target set in the 2020–2024 National Medium-Term Development Plan (RPJMN), which aims to reduce stunting to 14% (3).

According to the 2022 Indonesian Nutrition Status Survey (SSGI) by the Ministry of Health, the prevalence of stunting among children under five in South Sulawesi reached 27.2%. The province ranked 10th highest in stunting prevalence nationwide. South Sulawesi achieved a slight reduction of 0.2 percentage points compared to the previous year, in which the stunting prevalence was recorded at 27.4% in 2021.

The negative effects of stunting, both in the short and long term, can be severe if not addressed properly. Short-term impacts include increased susceptibility to illness and a higher risk of mortality, impaired neural development resulting in reduced cognitive function, delayed motor development, difficulties in expressive language skills, and increased healthcare costs. Long-term impacts may include suboptimal adult height, a higher risk of obesity and other diseases, reduced reproductive health, lower learning capacity and academic performance, as well as decreased productivity and work capacity in adulthood.

Various efforts have been made by the government to reduce the incidence of stunting. One such effort is through the empowerment of community health cadres, particularly by providing training and health education sessions. These activities aim to enhance cadres' knowledge of nutritional problems in the community, especially among children under five, so that health cadres are exposed to new information that can be applied in Posyandu (integrated health post) services (4).

Posyandu cadres are the main driving force behind all activities conducted at the *Posyandu* (integrated health post). Cadres are expected to play an active role in promotive and preventive efforts and to serve as facilitators, motivators, and educators for the community, especially on issues related to stunting. The presence or absence of child malnutrition in a region is closely linked to the contribution and role of Posyandu cadres. Technically, the roles of cadres related to nutrition include: recording data on children under five, conducting weighing sessions and recording the results in the Child Health Card (KMS), providing supplementary food, distributing vitamin A, conducting nutrition counseling, and visiting households with children under five. While weight monitoring helps detect acute malnutrition, height measurement is essential for identifying chronic malnutrition, such as stunting, and must be monitored regularly (5).

The role of health cadres related to nutrition includes recording data and measuring the weight and length/height of children, then documenting the results in the Child Health Card (KMS), providing supplementary food and vitamin A, and conducting nutrition education sessions. Cadres are also required to refer children to the community health center (Puskesmas) if there is a decline or no weight gain observed for two consecutive months (6).

Posyandu cadres, as the frontline workers in the community, play a vital role in educating the public, monitoring child growth and development, and implementing nutritional interventions. However, the effectiveness of this role is strongly influenced by the cadres' perception of their own role in stunting prevention. A positive perception can enhance their motivation and performance in carrying out their responsibilities.

Cadres' perception of their role greatly determines their level of participation and effectiveness in *Posyandu* activities. Therefore, it is important to understand how cadres perceive their role in efforts to prevent stunting.

METHODS

This study employed a qualitative approach with a descriptive design, aiming to explore and understand the meaning of Posyandu cadres' perceptions regarding their role in stunting prevention.

In conducting in-depth interviews, open-ended questions were used to gather information related to Posyandu cadres' perceptions of their role in stunting prevention within the working area of Paccerakkang Community Health Center.

The informants in this study were Posyandu cadres selected using purposive sampling, based on inclusion and exclusion criteria determined by the researcher. The inclusion criteria were: Posyandu cadres who had been actively involved in community health center (Puskesmas) programs for at least the past year and were willing to participate as respondents. The exclusion criteria were: Posyandu cadres who were not actively involved in Puskesmas programs and unwilling to participate as respondents.

The data collection technique used in this study was in-depth interviews, conducted based on a pre-developed interview guide. In-depth interviews are a process of obtaining information for research purposes through face-to-face question-and-answer interactions between the researcher and the informants, aiming to uncover subjective meanings. Interviews were conducted with several informants until no new information emerged and the researcher determined that the data obtained were sufficient and saturated. The research instruments included: an interview guide, writing tools, and audio and visual recording devices (e.g., voice recorder and camera).

Data analysis in this study was based on a case study approach. The data analysis process was conducted continuously throughout the study, from the beginning to the end of the research. The analysis involved collecting all data obtained from interviews and field notes with the informants, and then comparing the findings with relevant theories, literature, and existing assumptions. A qualitative data analysis method was used, where the presentation of findings was grounded in the data collected and then concluded inductively. The qualitative data were organized according to the variables covered in the study using an inductive method, which involves drawing conclusions from specific findings to general insights. The results were then presented in a descriptive narrative format.

RESULTS

Posyandu Cadres' Perception

Perception is the process by which an individual recognizes and interprets stimuli from the environment in accordance with their experiences and learning, which in turn influences their attitudes and behavior.

Posyandu cadres play a crucial role in carrying out various activities at the *Posyandu*. They serve as the frontline in implementing maternal and child health programs, including nutrition, immunization, and other basic health services. In addition to their active involvement in these activities, Posyandu cadres are also expected to manage Posyandu operations independently (7). Based on the results of interviews regarding cadres' perception of their role in stunting prevention, it was implied that their role is considered highly important, as reflected in the following statements from the informants:

Informant 1:

"We, as cadres, have an important role in preventing stunting because for the past few years, we've been conducting monitoring activities such as home visits to households with children under five who do not attend the Posyandu. Especially those considered at risk—children who have missed Posyandu visits twice—we follow up with them, ask why they haven't come, and provide education about the importance of exclusive breastfeeding for babies aged 0–6 months. We also give information to mothers about giving locally available complementary foods, known as local PMT (Supplementary Feeding)."

Informant 2:

"Cadres play an important role because we always encourage people to come to the Posyandu, even though not everyone we inform is willing to come. We always try to make the Posyandu more attractive, so people are more interested in attending. We also often go around and meet mothers of young children, and we share and discuss with them."

Informant 3:

"It has a very big impact when it comes to us as cadres, because cadres are basically the frontline of everything. We are the ones who report—for example, we report that in our area there are pregnant women with chronic energy deficiency (CED), or children who are stunted or malnourished. That information comes from us, from the cadres. So, cadres are very important when it comes to stunting prevention."

Informant 4:

"Cadres play a significant role in preventing stunting, so that stunting does not occur in the surrounding area or to help reduce cases of impaired growth and development in children, in order to prevent stunting among toddlers."

Informant 5:

"It's very important, because health workers usually only meet the mothers once, while we, as cadres, meet them all the time—anywhere we meet them, we can educate them and ask questions, like whether the child's weight has increased, how their eating patterns are, and whether the food given is nutritious. When it comes to breastfeeding, we always emphasize the importance of exclusive breastfeeding first."

Cadres' Understanding of Stunting

Posyandu cadres who possess adequate knowledge and understanding of stunting are likely to be more experienced in addressing stunting-related issues. It is essential for cadres to have a good understanding of what stunting is, in order to carry out their roles effectively, and this understanding is also crucial in determining appropriate stunting prevention efforts.

Based on the interviews, Posyandu cadres demonstrated a sufficient understanding of what stunting is, its causes, and how it can be prevented, as reflected in the following statements from the informants:

Informant 1:

"Stunting is a delay in growth caused by nutritional factors that affect an infant or toddler, leading to impaired physical development. The causes of stunting sometimes begin during pregnancy, such as insufficient nutritional intake and when the mother does not have regular health check-ups at the Posyandu or health center. After the baby is born, stunting may also occur due to unmet nutritional needs."

Informant 2:

"Stunting is when a baby fails to grow properly—they are short. It means, among all their peers, the child is the smallest. The cause is usually that the mother often eats unhealthy food, like fast food or food that lacks nutrition."

Informant 3:

"Stunting starts from pregnancy, so prevention must also start with the pregnant mother, whom we monitor to ensure that when they give birth, the baby's birth weight is not low. We pay attention to the mother's diet and nutritional intake during pregnancy. There's monitoring to ensure we know the child's growth and development afterward, especially until the age of two. After birth, we monitor the child's development—from 0 to 6 months with exclusive breastfeeding, and after 6 months with complementary feeding (MP-ASI). We continue monitoring their nutrition until they turn two years old, which is known as the golden age or the first 1,000 days of life, the most critical period for child growth."

Informant 4:

"What I know is that stunting is when a child doesn't get enough nutrition, and their weight and height are below average. So, it's due to a lack of nutritional intake, and also sometimes because of the parents' genes. The causes of stunting can include congenital factors as well as inadequate intake of balanced nutrition, like the lack of the four healthy, five perfect food groups."

Informant 5:
"Stunting is when a child's nutrition doesn't match their growth based on age. So sometimes people say that a child is stunted just because they're small or short—they say it's stunting, but it's not always the case. Some people are just naturally short, but if the child's weight doesn't match their age, their nutrition is imbalanced, then that's stunting—insufficient intake affects both weight and height. That's usually how I understand it. The causes of stunting, in my opinion, actually start from adolescence. Nutrition and diet need to be improved from teenage years, even before becoming a bride-to-be, so that when she becomes pregnant, her nutrition is better, and it supports the baby's growth. Because if the mother lacks nutrition during pregnancy, it can lead to chronic energy deficiency (CED). Then when the baby is born, sometimes their birth weight is low, which is also a factor. Some babies are born underweight, and that's considered a sign of poor nutrition, though not always. I've seen babies who were born underweight but caught up in growth if their mother's breast milk was good. They grew well and their weight and height matched their age—balanced growth."

The Role of Posyandu Cadres in Stunting Prevention

to the Posyandu, and we inform them about what to do during pregnancy… After each Posyandu session, if there's a child at risk, we visit them again and report it to the Community Health Center (Puskesmas). They usually receive, um... porridge aid, since the nutrition staff often come. Even if the child is sick, I still report it. If the child's weight drops for two consecutive months, I report it and say so. Usually, there are also The general role of Posyandu (Integrated Health Post) cadres in health services is to assist public health center (Puskesmas) personnel by conducting early detection of stunting cases. Early detection involves recording the results of child growth monitoring, which takes place through several service stations: the registration table, child weighing station, growth recording table, individual counseling table, and the supplementary feeding table. The results from the weighing are recorded in several documents, including the Child Health Card (KIA), the Posyandu master book, and the Posyandu control book. Posyandu cadres are responsible for reporting any newly identified stunting cases to health personnel, after which the cases are referred to and managed directly by the Puskesmas. Cadres carry out various activities related to stunting prevention, as stated by the following informants:
Informant 1:
"At the Posyandu, we conduct weighing and measuring, and we provide information or education to parents of toddlers to monitor their child's weight every month and, uh... what else... we also advise parents to provide nutritious food to their children."
Informant 2:
"We tell the mothers to regularly bring their children programs like family planning or food support. Typically, three children meet the criteria when there's weight loss. We also conduct counseling and ask questions."
Informant 3:
"When it comes to the role of Posyandu cadres, it's about how we provide education to pregnant women, especially those at risk, like pregnant women with Chronic Energy Deficiency (CED). There are several risks—some are undernourished, and some are even overweight or obese, meaning their weight is not appropriate for their pregnancy. So, during every check-up, we provide education on how to maintain a regular eating pattern and balanced nutrition."
Informant 4:
"One of the things we do is monitor the child by bringing them to the Posyandu to check their weight and height, and we provide education to parents about giving healthy food, especially for the nutrition of stunted toddlers. Usually, we gather mothers in groups before the Posyandu activity begins; we first conduct a health education session. We have discussions with the mothers who come to the Posyandu. Typically, after weighing, recording, and filling in the KMS (Child Health Card), no one stays to wait. But before the weighing or any other activity starts, we sit down first to conduct the health education session."
Informant 5:
"We always conduct health education, especially when they come for weighing — we check the child's weight, whether it's decreased or if it's below the red line, and we must educate the mother to give nutritious food. After each Posyandu session, we conduct home visits to toddlers who are at risk or those who did not attend Posyandu, because we need to monitor their weight."

Challenges Faced by Posyandu Cadres in Carrying Out Their Roles

In carrying out their roles as Posyandu cadres, there are several challenges experienced by the cadres, as illustrated in the following statements:
Informant 1:
"The challenge when providing education to parents of toddlers is that... sometimes we face difficulties. What I mean is, when we visit with healthcare workers, the parents tend to respond better compared to when we go alone. Sometimes we report this to the health center. We're just cadres, so we share only what we've been taught with the community. The challenge is, when we're not accompanied by medical staff, the response from parents is often less enthusiastic. Usually, the mothers who know us and routinely come to Posyandu respond better, but those who don't know us often say, 'We usually just go to a private doctor.' We've expressed this at the health center, which is why now they've started programs like toddler classes. Previously, there were only classes for pregnant women, and it was usually nutritionists, midwives, nurses, or even dentists and doctors who gave the education."
"Another challenge is that when we visit families whose children are truly undernourished, they often ask for something like

the supplementary feeding programs (PMT) we used to have in the past. But PMT has been discontinued for several years now—like porridge, for example. Some families still hope for that because they are economically disadvantaged."
Informant 2:
"Facilities and infrastructure... I don't have enough tables, not enough chairs—just these few chairs. I wonder if there's any support for the children to make it more appealing for them to come. For example, some people say, 'Oh, I've already weighed my child, I don't want to come again,' even though it's good to do it every month. I usually try to explain and encourage them to come. I tell them there might be supplementary feeding or maybe some fruits provided to make it more attractive for the children to attend."
Informant 3:
"Our challenge in the field is that the number of target participants isn't the same as it used to be when there was PMT (Supplementary Feeding). Back then, we could get around 50 to 60 people coming… now, it's down to just about 20 who attend the posyandu."
Informant 4:
"Usually in my case… stunting data is collected using digital tools, and the challenge is that we don't have phones with enough storage to install the necessary apps—that's usually the problem. We can't retrieve data or documents properly, even though we're supposed to collect stunting data using apps or similar tools. Sometimes the data doesn't go through. In the community, there's a lack of participation—especially now, some mothers of toddlers feel that once their child has completed all the immunizations, up to the measles vaccine, they no longer need to attend posyandu. We try to suggest continued visits, but they usually don't come anymore. Maybe if we provide incentives like supplementary feeding (PMT), by using funds from our own community cash to make porridge, that might encourage them to attend. In the past, when there was PMT, attendance was fairly good. But without PMT, we end up doing more home visits to those who don't come, and divide the visiting duties among the cadres."
Informant 5:
"That's the challenge—people are often reluctant to come to the *posyandu*. Even after announcements are made, we still have to go and pick them up… we say, 'Come on, let's go,' because it would actually be better if there were health workers present too, so the information would be clearer when they explain it. We, as *kader*, are just messengers… maybe our understanding can't match how the health workers would explain things. Also, now there's no more supplementary feeding (*PMT*), and that used to motivate people to come. They were enthusiastic to attend when PMT was available. We used to have 50 to 60 people come, but now it's just 30 to 40. Usually, more people come when vitamins are distributed in February and August. Mostly it's children under two (*baduta*) who show up because they're still getting immunizations. Once the child is over two years old, the parents tend to stop coming."

DISCUSSION

Posyandu Cadres' Perceptions

Perception, in essence, is a cognitive process experienced by each individual in understanding information about their environment, whether through sight, hearing, awareness, feelings, or smell. The key to understanding perception lies in recognizing that perception is a unique interpretation of a situation, not necessarily an accurate recording of that situation. The results of the study show that Posyandu cadres in the working area of Paccerakkang Public Health Center have a good and positive perception of their role in stunting prevention. They are aware of and understand that their role in preventing stunting is highly influential, as they are the frontline in implementing Posyandu service programs, including reporting to health center officers. They are also the ones who regularly monitor the growth and development of children in their assigned areas and feel that they know and interact with the target population more frequently than other health workers. As a result, they are more often involved in providing education and evaluating the problems that exist in their communities. The findings of this study are in line with the Ministry of Health of the Republic of Indonesia (2012), which states that Posyandu cadres play a very important role in carrying out various activities at the Posyandu. They are the frontline in implementing maternal and child health programs, including nutrition, immunization, and other basic health services. In addition to actively participating in these activities, Posyandu cadres are also expected to manage the Posyandu independently.
The findings of this study are consistent with the opinion of Gibson (1994), who stated that perception is the process by which an individual gives meaning to their environment. Since perception is related to how one gains specific knowledge about an object or event at a given moment, it occurs whenever a stimulus activates the senses. Perception involves cognition (knowledge), and thus includes the interpretation of objects, signs, and people based on one's personal experiences. In other words, perception encompasses the reception of stimuli (inputs), the organization of those stimuli, and the translation or interpretation of the organized stimuli in a way that can influence behavior and shape attitudes(8).

Posyandu Cadres' Understanding of Stunting

Based on the interviews conducted, it was found that the cadres have understood stunting, its causes, and how to prevent it. They understand that stunting is a delay in growth due to inadequate nutritional intake over a long period, which affects a child's growth. Stunting is caused by factors beginning in the womb, where insufficient nutritional intake by pregnant women results in unmet nutritional needs, leading to undernutrition or chronic energy deficiency (CED), which can result in low birth weight (LBW) babies. Therefore, prevention should begin from adolescence, as teenage girls are future mothers

who will become pregnant and give birth. This is in line with the study conducted by Hermi F., Ahmad S., and Poppy N. (2020), which stated that nutritional status during pregnancy has a significant relationship with the incidence of stunting in children. Children born to mothers who experienced nutritional deficiencies during pregnancy were found to be more likely to suffer from stunting(9).

The Role of Cadres in Preventing Stunting

Based on the interview results regarding the role of cadres in stunting prevention, in addition to regularly conducting monthly weighing, measuring, and monitoring of nutritional status at the Posyandu, cadres also provide education, counseling, and health promotion. They carry out home visits to children under five who are at risk of undernutrition and stunting, pregnant women with chronic energy deficiency (CED), and to children and pregnant women who have missed two consecutive Posyandu visits. They provide education on balanced nutrition and emphasize the importance of attending Posyandu activities. The role of cadres in Posyandu activities is highly significant—not only is their number adequate and evenly distributed, but they are also closer to the community, allowing for more direct and frequent communication with community members.

The role and presence of Posyandu cadres in the community hold a strategic position in providing education to the public for reducing and preventing stunting. Currently, specific nutritional interventions are continuously being promoted through multisectoral involvement in addressing stunting, with a primary focus on the First 1,000 Days of Life (HPK) by optimizing the function of Posyandu. A qualitative study conducted by Susanto, A. (2017) in Margadanan Subdistrict, Tegal City, showed that Posyandu cadres in the community serve in three main roles: as health motivators, health educators, and providers of basic health services in the community, all aimed at improving public health status(10).

Cadres are capable of conducting individual and persuasive approaches in communicating with the community. They also serve as a bridge between the community and external parties such as health centers (Puskesmas) and local governments (district/city level), enabling stakeholders to better understand the community's needs. Supporting research also indicates that cadres play both direct and indirect roles in influencing mothers in the prevention of stunting. The significant role of cadres within the community is also closely supported by health professionals at the Puskesmas, who act as motivators and mentors, assisting cadres in carrying out their duties.

Mobilizing the community through health cadres is an effective strategy that can be utilized in reducing stunting. This strategy was identified following a SWOT analysis, which revealed that Posyandu cadres are the closest elements to the community and possess strong communication skills, despite facing various challenges in implementation, both from internal and external factors.

Challenges Faced by Cadres in Carrying Out Their Roles

Posyandu cadres play a vital role in community health services, especially in supporting efforts to reduce stunting rates, maternal and infant mortality. However, they face various obstacles such as limited training, inadequate facilities and infrastructure, minimal incentives, and lack of support from both the community and healthcare workers. Based on interview results, the most common challenge faced by cadres in the working area of Paccerakkang Public Health Center is the low community participation in attending Posyandu activities after the cessation of PMT (Supplementary Feeding) programs. PMT Penyuluhan refers to supplementary food provided to toddlers by Posyandu cadres. The aim of PMT is to educate parents about appropriate snacks for toddlers, to help fulfill toddlers' nutritional needs, and to encourage community participation in supporting the sustainability of Posyandu implementation.

Another challenge is the lack of community response when cadres conduct home visits to target families, which contrasts with the more positive responses received when visits are made together with health workers from the public health center (Puskesmas). This illustrates that trust can grow over time through positive interactions and experiences. When pregnant women or mothers of young children engage with healthcare providers through Posyandu activities or Puskesmas visits, their acceptance levels can vary. Although efforts have been made to reach families within the community, not all visits are well received by individuals or households. Cadres also face obstacles in providing education to mothers whose children are stunted or malnourished. Some mothers deny that their children are stunted or malnourished, often due to prevailing social perceptions—for example, a child being short is considered normal because the parents are also short. This is in line with research by Nurjaman Melik, Endah Vestikowati, and Dini Yuliani (2021), which states that Posyandu activities cannot be carried out effectively without educational support from health workers. Adequate knowledge about Posyandu health services is essential, and with the support of health workers, cadres can overcome their limitations and perform their roles more effectively(11).

Facilities and infrastructure refer to all tangible and physically manageable objects, whether used for core activities or supporting administrative functions. The purpose of providing facilities is to enhance the effectiveness and efficiency of efforts to achieve organizational goals. One way to motivate subordinates is by ensuring the availability of adequate facilities and infrastructure to support them in carrying out their tasks. Adequate supporting facilities are essential for a *Posyandu* (Integrated Health Post), as they can significantly improve the performance of *Posyandu* cadres in conducting activities.

The facilities and infrastructure commonly used by *Posyandu* cadres include infant weighing scales, the *Kartu Menuju Sehat* (KMS – "Towards a Healthy Card"), educational aids, mid-upper arm circumference (MUAC) measuring tools, necessary medicines (such as iron supplements, vitamin A, oral rehydration salts, etc. according to need), and other health education materials (Ministry of Health, Republic of Indonesia, 2006). The completeness of these supporting tools plays a critical role in enhancing the performance of cadres in implementing *Posyandu* activities.

Based on the interview results, it was found that the available facilities and infrastructure are generally adequate, including complete equipment such as weighing scales and height measurement tools. However, for administrative supplies (e.g., stationery and photocopying), cadres rely solely on funds collected from their operational budget contributions.

CONCLUSION

The Posyandu cadres in the working area of Paccerakkang Public Health Center have a good and positive perception of their role in stunting prevention. They are aware of and understand that their role is highly influential, as they serve as the frontline in implementing Posyandu service programs. The cadres in this area have adequate knowledge about stunting, including its causes and prevention strategies. Their roles in stunting prevention include not only the routine monthly weighing, measuring, and nutritional status monitoring at the Posyandu, but also conducting education, counseling, health promotion, and home visits to targeted families. The most prominent obstacle faced by the cadres is the decreased community participation in Posyandu activities after the cessation of the supplementary feeding program.

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