

Original Article

# Exploring mothers' perceptions of the role of integrated health posts (Posyandu) in stunting prevention: A qualitative study

Filia Sofiani Ikasari<sup>1\*</sup>, Iis Pusparina<sup>2</sup>

<sup>1</sup> Program Studi Sarjana Keperawatan, Sekolah Tinggi Ilmu Kesehatan Intan Martapura, Indonesia

<sup>2</sup> Program Studi Diploma Tiga Keperawatan, Sekolah Tinggi Ilmu Kesehatan Intan Martapura, Indonesia

## \*Corresponding Author:

**Filia Sofiani Ikasari**

Program Studi Sarjana Keperawatan, Sekolah  
Tinggi Ilmu Kesehatan Intan Martapura,  
Indonesia  
Email:  
filiasofianikasari@stikesintanmartapura.ac.id

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## Abstract

**Background:** Stunting remains a public health problem with long-term consequences for child growth and development. Integrated Health Posts (Posyandu) play a strategic role as community-based health services in stunting prevention; however, their utilization is influenced by mothers' perceptions of the role and function of Posyandu.

**Objective:** This study aimed to gain an in-depth understanding of mothers' perceptions of the role of Posyandu in stunting prevention in the working area of Martapura 1 Primary Health Center.

**Methods:** This study employed a qualitative design with a descriptive phenomenological approach. The study was conducted in June 2025 in the working area of Martapura 1 Primary Health Center. Participants were recruited using purposive sampling, with inclusion criteria of mothers who had stunted children under five years of age. A total of 13 participants were involved until data saturation was achieved. Data were collected through in-depth interviews using semi-structured interview guidelines and analyzed through transcription, coding, categorization, and thematic analysis with the assistance of NVivo 12 software.

**Results:** The findings identified four themes related to mothers' perceptions of the role of Posyandu in stunting prevention in the working area of Martapura 1 Primary Health Center: (1) visit patterns; (2) Posyandu services; (3) perceived benefits of Posyandu; and (4) mothers' expectations.

**Conclusion:** Mothers primarily perceived Posyandu as a place for routine child growth monitoring, while its role in stunting prevention was not fully understood. These findings indicate a gap between the ideal role of Posyandu in stunting prevention and mothers' perceptions at the community level.

## Background

Stunting remains a complex and multifactorial public health problem in Southeast Asia and represents the most common consequence of chronic malnutrition among children worldwide (Jokhu et al., 2024). According to the World Health Organization (WHO), approximately 22.3% of children globally were affected by stunting in 2022, with the prevalence increasing to 23.2% in 2024 (World Health Organization, 2023). In Indonesia, data from the Indonesian Health Survey (Survei Kesehatan Indonesia—SKI) indicate that the prevalence of stunting among children under five reached 34.8% (Badan Kebijakan Pembangunan Kesehatan, 2024).

At the subnational level, South Kalimantan Province continues to face a serious stunting burden, with a prevalence of 22.9%, exceeding the national average. Banjar Regency has experienced particularly unstable trends, with stunting prevalence increasing from 29.1% in 2018 to 40.2% in 2021, declining to 20.89% in

2023, and then rising again to 24.38% in 2024 and 27.3% by June 2025 (Info Publik Kabupaten Banjar, 2024, 2025). This fluctuating pattern suggests that stunting reduction efforts have not been sustained or evenly effective over time. Preliminary data from the working area of Martapura 1 Primary Health Center further reinforce this concern, showing an increase in stunting prevalence among children under two years of age from 4.55% in 2022 to 6.55% in 2023, and a sharp rise to 19% by December 2024. These local trends highlight the importance of examining stunting prevention at the community level, where implementation gaps and behavioral factors are most visible.

Stunting is primarily caused by chronic malnutrition and recurrent infections occurring from pregnancy through the first five years of life. Its short-term impacts include reduced immunity, impaired physical growth, and delayed cognitive development, while long-term consequences encompass poor academic achievement, decreased adult productivity, and increased susceptibility to chronic degenerative

diseases. These multidimensional impacts extend beyond individual health outcomes and threaten human resource quality and national competitiveness, positioning stunting prevention as a critical public health priority (Astuti et al., 2024).

In response, The Indonesian government has introduced a range of multisectoral strategies to prevent stunting, encompassing nutrition education, infant and young child feeding practices, Antenatal Care (ANC), childhood immunization, micronutrient and iron-folic acid (IFA) supplementation, deworming programs for children, anemia prevention, routine anthropometric assessments, Integrated Management of Childhood Illness (IMCI), and the promotion of hand hygiene (Rahman et al., 2024). Among these initiatives, the Integrated Health Post (Pos Pelayanan Terpadu—Posyandu) represents a key community-based platform for growth monitoring, nutrition education, and early detection of child health problems (Yulida et al., 2026). Nevertheless, the effectiveness of Posyandu is highly contingent upon active participation by mothers of children under five, who constitute the primary target group of these services.

Mothers play a central role in shaping child growth and development through daily caregiving practices and health-related decision-making (Ramirez et al., 2025). Their perceptions of Posyandu are therefore not merely attitudinal but function as cognitive frameworks that influence service utilization, preventive behaviors, and engagement with health programs. Perception, as defined by Swarjana (2022), involves the process of selecting, organizing, and interpreting information, which in this context shapes how mothers understand the relevance, benefits, and limitations of Posyandu (Swarjana, 2022). Given this central role of maternal perception, several previous studies have examined mothers' perceptions of Posyandu and related programs; however, these studies reveal limitations in both focus and analytical depth.

A study conducted in Cipetir Village, Sukabumi Regency reported that most mothers held negative perceptions of Posyandu services (Lestari et al., 2023). While this finding is valuable in identifying issues related to service acceptance, the study was largely descriptive and did not explore in depth the underlying

meanings, lived experiences, or contextual factors shaping mothers' perceptions. Another study by Aprilia, Hanafi, and Fauzi (2025) on mothers' perceptions of nutrition education programs at Posyandu found that these perceptions varied and were influenced by personal experiences, social support, and levels of nutritional knowledge (Aprilia et al., 2025). Nevertheless, the focus of this study was limited to a single component of Posyandu services and did not capture mothers' perceptions of the broader role of Posyandu in stunting prevention. In contrast, a study by Rahmi, Azhar, and Jais (2025) reported high levels of mothers' perceptions and satisfaction with Posyandu services; however, the quantitative approach employed emphasized satisfaction scores rather than providing an in-depth understanding of how and why these perceptions were formed (Rahmi et al., 2025b). Overall, although these studies offer important insights into mothers' perceptions of Posyandu, none have comprehensively examined such perceptions through a phenomenological qualitative approach that places mothers' lived experiences and subjective meanings at the center of analysis, particularly in high-prevalence stunting settings.

The Health Belief Model (HBM) provides a useful theoretical lens for examining mothers' perceptions, as it conceptualizes health behavior as a function of perceived susceptibility, perceived severity, perceived benefits, and perceived barriers (Elfeshawy et al., 2022). Within a phenomenological perspective, these constructs can be understood as lived experiences that shape how mothers interpret the risk of stunting and the role of Posyandu in mitigating that risk. Mothers who perceive stunting as a serious and personally relevant threat and who view Posyandu as beneficial are more likely to engage in preventive behaviors, whereas perceived barriers—such as time constraints, service quality concerns, or negative past experiences—may discourage participation. Despite its relevance, HBM has rarely been explicitly integrated with qualitative, phenomenological approaches in studies on stunting prevention at the community level.

Overall, previous research has largely focused on program coverage, attendance rates, or quantitative outcomes related to Posyandu services. While several studies have examined

mothers' perceptions, these investigations have generally emphasized service utilization or satisfaction scores rather than exploring how mothers themselves experience, interpret, and assign meaning to Posyandu services. Consequently, limited attention has been given to understanding mothers' lived experiences in relation to the role of Posyandu in stunting prevention. This represents a significant qualitative knowledge gap, particularly in communities where stunting prevalence remains unstable and prevention programs rely heavily on community participation.

A descriptive phenomenological approach was therefore considered appropriate for this study. Phenomenology aims to explore and describe individuals' lived experiences and the meanings they attribute to particular phenomena. In the context of this research, phenomenology enables an in-depth exploration of how mothers perceive, interpret, and make sense of Posyandu services in relation to their efforts to prevent stunting in their children. Rather than measuring attitudes or behaviors quantitatively, this approach allows the researcher to capture the subjective meanings and experiences that underlie mothers' engagement with community-based health services.

Within the phenomenological perspective, perception is understood not merely as an opinion but as lived and meaning-making experiences shaped by personal encounters with health services, social contexts, and caregiving practices. Exploring mothers' lived experiences with Posyandu is therefore essential for understanding how the service is interpreted, utilized, and integrated into everyday child health practices.

Therefore, this study aims to explore mothers' lived experiences and perceptions regarding the role of Posyandu in stunting prevention in order to understand how mothers interpret, experience, and assign meaning to Posyandu services within their everyday caregiving practices in the working area of Martapura 1 Primary Health Center.

## **Methods**

### *Study Design*

This study employed a qualitative research design with a descriptive phenomenological approach to explore mothers' perceptions of the

role of Posyandu in stunting prevention among children under five years of age. The study was conducted in June 2025 in the working area of Martapura 1 Public Health Center, Banjar Regency, South Kalimantan. This study was grounded in an interpretivist research paradigm, which assumes that reality is socially constructed and that individuals interpret phenomena based on their lived experiences and social context. Within this paradigm, knowledge is generated through understanding participants' subjective meanings rather than through objective measurement. The descriptive phenomenological approach was informed by the philosophical tradition of Edmund Husserl, which focuses on describing the essence of individuals' lived experiences while minimizing the influence of researchers' prior assumptions. Through this approach, the study sought to capture the meanings that mothers attribute to their experiences with Posyandu in the context of stunting prevention.

### *Participants*

Participants were recruited using purposive sampling to obtain information-rich participants relevant to the research objectives. The inclusion criteria were mothers who had children under five diagnosed with stunting, were able to communicate clearly, were willing to participate, and provided written informed consent. Mothers who were ill during the data collection period were excluded. Mothers of children diagnosed with stunting were considered the most appropriate participants because they directly experience challenges related to child growth monitoring, nutritional practices, and interaction with Posyandu services. Their experiences provide valuable insights into how Posyandu is perceived and utilized in the context of stunting prevention. A total of 13 participants were included in the study. The number of participants was determined based on the principle of data saturation, whereby no new meanings, codes, or themes emerged from subsequent interviews. Saturation was assessed iteratively during data collection through ongoing comparison of interview data and preliminary coding results, and recruitment was discontinued once redundancy of information was achieved.

### *Data Collection*

Data were collected through face-to-face, in-depth interviews conducted at participants' homes to ensure privacy and comfort. Each interview lasted approximately 45–60 minutes and was conducted over one to two sessions per participant, depending on the depth and clarity of the information obtained. A semi-structured interview guide was used to facilitate the interviews. The interview guide was developed based on a review of relevant literature, the study objectives, and key constructs of the Health Belief Model, including perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. The guide was reviewed by qualitative research experts and piloted with two mothers who met the inclusion criteria but were not included in the final analysis. Minor revisions were made to improve the clarity and flow of the questions. Data collection tools included audio recording devices and field notes to capture non-verbal cues and contextual information. The primary researcher is a lecturer in nursing with professional experience in maternal and child health services. This background provided contextual understanding of Posyandu activities and child health programs; however, it also had the potential to influence the interpretation of participants' experiences.

To minimize this influence, reflexive practices and bracketing were applied throughout the research process. Prior to data collection, the researcher documented personal assumptions, professional experiences, and expectations related to Posyandu and stunting prevention in a reflexive journal. During the interviews, the researcher adopted a neutral and open-ended questioning approach to encourage participants to freely express their experiences without being guided by professional assumptions. After each interview, reflective notes were written to critically examine how the researcher's professional background might shape interactions, probing questions, or interpretations of participants' responses. Emerging interpretations were also regularly discussed with a research supervisor to ensure that the findings remained grounded in participants' narratives rather than the

researcher's preconceptions. The researcher had no prior personal or professional relationship with the participants before recruitment. Participants were approached through community health cadres, and all interviews were conducted only after voluntary informed consent was obtained in order to minimize potential power dynamics and allow participants to share their experiences openly.

### *Data Analysis*

Data analysis followed the descriptive phenomenological method proposed by Colaizzi. Audio-recorded interviews were transcribed verbatim, and the researcher repeatedly read the transcripts to gain an overall understanding of participants' experiences. Significant statements related to mothers' perceptions of Posyandu were identified and coded. These codes were then grouped into categories based on similarities, and overarching themes were developed to represent the essence of the phenomenon. NVivo 12 software was used to support systematic data management, coding, and organization of themes, thereby enhancing analytical rigor. To ensure trustworthiness, several strategies were employed. Credibility was established through member checking, whereby participants reviewed and confirmed the accuracy of the interpreted findings. Dependability was ensured by maintaining a detailed audit trail documenting all stages of the research process, including data collection, coding decisions, and theme development. Confirmability was strengthened through reflexive journaling and peer debriefing with the research supervisor to ensure that findings were derived from the data rather than researcher bias. Transferability was supported by providing rich, contextual descriptions of the study setting and participants.

### *Ethical Considerations*

Ethical approval was obtained from the Health Research Ethics Committee of STIKES Intan Martapura. All participants received detailed information regarding the study objectives, procedures, potential benefits, and risks prior to participation. Written informed consent was

obtained, and confidentiality and anonymity were assured throughout the research process.

## Results

The characteristics of the participants in this study are presented in Table 1.

**Table 1.** Distribution of participant characteristics

Characteristics	n (%)
<b>Age Group</b>	
20-34 Years	11 (84.62)
35-44 Years	2 (15.38)
<b>Level of Education</b>	
Senior High School	4 (30.77)
Junior High School	7 (53.85)
Elementary School	2 (15.38)
<b>Type of Work</b>	
Household	10 (76.92)
Seller	3 (23.08)

A total of 13 mothers participated in this study. The characteristics of the participants are presented in table 1. Most participants were aged 20–34 years (84.62%), while the remaining participants were aged 35–44 years (15.38%). In terms of educational background, more than half of the participants had completed junior high school (53.85%), followed by senior high school graduates (30.77%) and elementary school graduates (15.38%). Regarding occupation, the majority of participants were housewives (76.92%), while the rest worked as sellers (23.08%). These characteristics reflect the typical demographic profile of mothers who actively attend Integrated Health Posts (Posyandu) in the study area.

The results of the data analysis, as presented in Figure 1, demonstrate the identification of key information relevant to the research focus on mothers' perceptions of the role of posyandu in stunting prevention. These data were systematically analyzed and organized into themes. Four main themes emerged from the analysis: visit patterns, posyandu services, perceived benefits of posyandu, and mothers' expectations.

## Theme 1. Visit Patterns

### Subtheme 1.1. Frequency of Visits

The findings showed varying frequencies of Posyandu visits among mothers of under-five children. Of the 13 participants, eight mothers reported routine monthly visits to Posyandu, in some cases since their children were infants. Several participants described consistent attendance as a regular practice, as reflected in statements such as, "Since my child was a baby, I have always visited the Posyandu" (P1), and "My child routinely visits the Posyandu once a month" (P2). Other mothers similarly emphasized regular attendance, noting that they attended Posyandu every month as part of their routine childcare practices (P4, P5, P6, P9, P12, P13).

In contrast, five participants reported infrequent or irregular visits. Some mothers explicitly stated that they rarely attended Posyandu, while others mentioned missing visits over the past one or two months (P3, P7, P8, P10), indicating inconsistency in visit patterns.

### Subtheme 1.2. Reason for Visiting

Mothers who visited Posyandu regularly described attendance as a routine and accessible activity. Proximity of the Posyandu location emerged as a facilitating factor, with one participant stating, "Routinely every month, because the location is close" (P11). Regular visits were also described as a long-standing habit since infancy, suggesting a perceived importance of ongoing monitoring of child growth and health, as reflected in repeated expressions of routine and consistency across participants.

### Subtheme 1.3. Reasons for Not Visiting

Mothers who did not attend Posyandu regularly identified several barriers to participation. Work-related commitments were frequently cited, with participants explaining that their busy schedules limited their ability to accompany their children. One mother stated, "I am busy selling, so there is no one to take my child to the Posyandu. Besides, my husband is also busy" (P3), while another similarly noted, "Because I am busy working, there is no one to

*take my child to the Posyandu, unless I am not busy" (P10).*

In addition to time constraints and limited family support, children's illness was also reported as a reason for non-attendance. Some mothers explained that when their children were unwell, they chose to seek care at other health facilities instead of attending Posyandu, as illustrated by statements such as, *"Not last month because my child was ill, so I went to a pediatrician" (P7), and "For the past two months, I have not gone to the Posyandu because my child was unwell" (P8).*

## *Theme 2. Posyandu Services*

### *Subtheme 2.1. Anthropometric Measurement*

All participants described anthropometric measurement as a core service provided at Posyandu. Mothers consistently mentioned routine measurements of their children's body weight and height, with several also referring to head circumference and upper arm circumference assessments. One participant stated, *"At the Posyandu, my child's height, weight, head circumference, and arm circumference are measured" (P1).* Similar descriptions were provided by other mothers, who emphasized weighing and height measurement as standard activities conducted during each visit (P2, P4, P5, P10). These accounts indicate that mothers clearly recognize Posyandu as a place for regular growth monitoring through anthropometric assessment.

### *Subtheme 2.2. Health Education and Counseling*

In addition to physical measurements, several mothers reported receiving health education or counseling at Posyandu, particularly related to child nutrition and feeding practices. One participant explained, *"There is education about healthy food for children" (P6),* while another noted that *she received guidance on foods that could help her child gain weight (P8).* Counseling was also described as covering broader child health topics and dietary patterns, as illustrated by a participant who stated, *"I have received education about child health" (P9),* and another who mentioned *counseling on nutritious foods*

*and dietary habits (P13).* These statements suggest that health education is perceived as a supportive service that complements growth monitoring.

### *Subtheme 2.3. Immunization*

Immunization services were also identified by several participants as part of Posyandu activities. Mothers described immunization as being provided alongside anthropometric measurements, as reflected in statements such as, *"Height and weight measurements, and immunization" (P2),* and *"Body weight measurement, head circumference measurement, and immunization services" (P7).* Similar responses were reported by other participants who associated Posyandu visits with routine immunization for their children (P11, P12), indicating that immunization is commonly perceived as an integral component of Posyandu services.

### *Subtheme 2.4. Supplementary Feeding*

Some participants highlighted the provision of supplementary food as part of the services received at Posyandu. Mothers described receiving additional food for their children after growth measurements, as noted in statements such as, *"My child's weight is measured, height is measured, and supplementary food is provided" (P3),* and *"Body weight is weighed, height and head circumference are measured, and then supplementary food is provided" (P5).* Other participants similarly mentioned supplementary feeding as a regular or occasional service (P12). These accounts indicate that supplementary feeding is perceived as a practical intervention supporting child nutrition.

## *Theme 3. Perceived Benefits of Posyandu*

### *Subtheme 3.1. Monitoring Child Growth*

Most participants perceived Posyandu as important for monitoring their children's physical growth, particularly through regular measurements of weight and height. Mothers frequently emphasized that visiting Posyandu allowed them to know their child's current weight and growth status. One participant stated, *"To measure the child's weight, so we*

*know how much the child weighs” (P1), while another explained that Posyandu visits were important “to know the child’s growth” (P10). Some mothers also highlighted the role of growth charts in monitoring growth trends, as expressed by one participant who noted the importance of observing the growth line to ensure it does not fall below the recommended thresholds (P12). These responses indicate that growth monitoring is perceived as a primary benefit of Posyandu.*

### *Subtheme 3.2. Monitoring Child Development*

In addition to physical growth, several participants identified Posyandu as a place to monitor children’s development more broadly. Mothers associated Posyandu visits with understanding both growth and developmental progress. One participant stated, *“Visiting the posyandu is important to know the child’s weight and development” (P3), while another mentioned that Posyandu helps mothers “know the child’s development” (P7). These statements suggest that mothers perceive Posyandu as contributing not only to physical measurements but also to the monitoring of children’s overall development.*

### *Subtheme 3.3. Increasing Mothers’ Knowledge*

Another perceived benefit of Posyandu was the opportunity to increase mothers’ knowledge, particularly related to nutrition and feeding practices. Several participants reported that Posyandu provided information about appropriate dietary patterns for children. One mother explained, *“It is important to obtain information about appropriate dietary patterns for children (to prevent stunting)” (P2), while another emphasized the importance of receiving education about healthy foods (P6). These accounts indicate that Posyandu is perceived as an educational resource that supports mothers in making informed decisions about child nutrition.*

### *Subtheme 3.4. Understanding the Child’s Health*

Participants also perceived Posyandu as beneficial for understanding their child’s overall health status, including the early identification of potential health problems such as stunting.

Some mothers described Posyandu as a means to determine whether their child was healthy or at risk. For example, one participant stated, *“It is important to know whether the child is healthy and to know the child’s weight” (P5), while another emphasized the importance of identifying stunting risk (P11). A participant also noted that visiting Posyandu helps ensure that the child does not become stunted (P13). These perceptions reflect mothers’ views of Posyandu as a tool for assessing and understanding child health conditions.*

### *Subtheme 3.5. Access to Medical Treatment*

A smaller number of participants associated the benefits of Posyandu with access to medical treatment or services when the child was unwell. One participant stated that she only visited the Posyandu when her child was sick, explaining, *“If I feel my child is healthy, I do not feel the need to take my child to the posyandu; I only go to the posyandu when my child is sick” (P3). This perception suggests that some mothers view Posyandu primarily as a place for treatment rather than as a preventive health service, indicating variation in how the benefits of Posyandu are understood.*

## *Theme 4. Mothers’ Expectation*

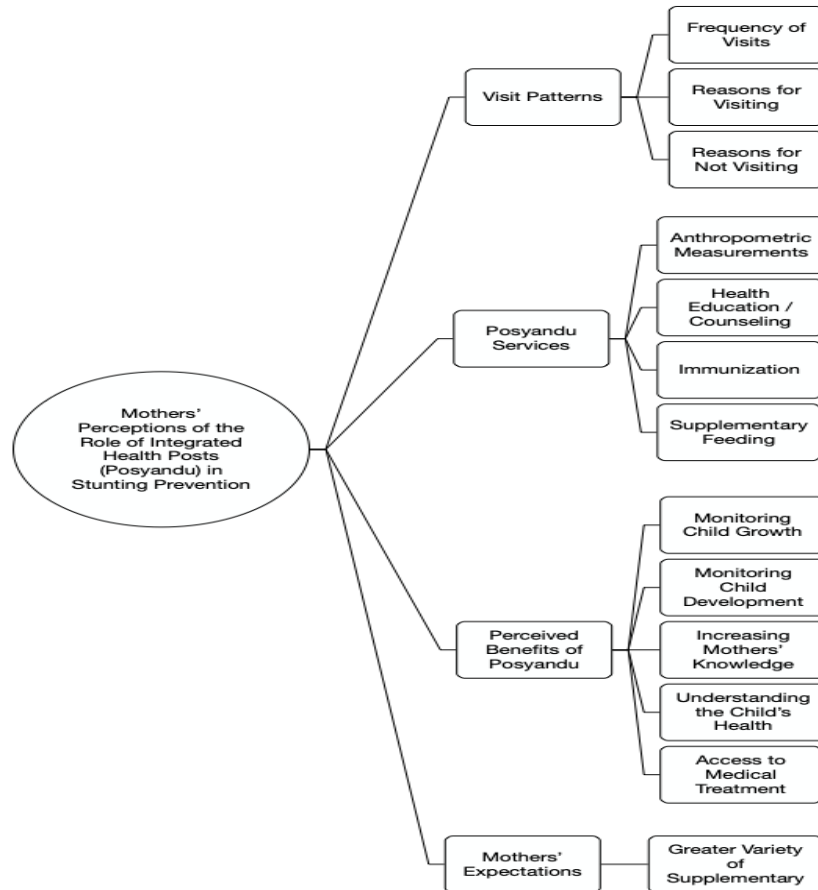
### *Subtheme 1: Greater Variety of Supplementary Food*

Most participants did not express specific expectations or suggestions regarding Posyandu services. The majority of mothers perceived the existing services as adequate, beneficial, and worth maintaining. Several participants explicitly stated that they had no expectations because the services were already good and sufficient for their children’s needs. This reflects a general sense of satisfaction with the current implementation of Posyandu services.

Despite this overall satisfaction, a small number of participants expressed expectations related to the improvement of supplementary feeding. Mothers hoped for a greater variety and better quality of supplementary food provided at the Posyandu. One participant suggested that *“the variety of supplementary food should be*

increased so that more mothers of under-five children are interested and visit regularly” (P4). Another participant emphasized the importance of improving taste and quality, stating that she hoped the supplementary food

could be made more appealing (P6). These expectations were framed not as criticism of existing services, but rather as suggestions for enhancement to increase mothers’ motivation to attend Posyandu regularly.



**Figure 1.** Mind map of mothers’ perceptions of the role of posyandu in stunting prevention

## Discussion

This study explored mothers’ perceptions of the role of Posyandu in stunting prevention and identified four main themes: visit patterns, Posyandu services, perceived benefits, and mothers’ expectations. These themes illustrate how mothers understand, utilize, and evaluate Posyandu as a community-based health service for children under five in the context of stunting prevention.

Regarding visit patterns, the findings revealed variation in mothers’ attendance at Posyandu. While most mothers reported routine monthly visits since infancy, several participants attended irregularly due to work commitments, limited time, and lack of family support. These findings are consistent with the study by Susanto et al. (2023), which reported that busy

schedules were a major reason for non-compliance in attending Posyandu (Susanto et al., 2023). Irregular attendance is concerning in the context of stunting prevention, as Posyandu plays a strategic role in routine growth monitoring and early detection of growth disorders (Saputra et al., 2025).

Family support emerged as an important factor influencing mothers’ attendance at Posyandu. Mothers who lacked assistance from other family members, particularly husbands, were more likely to miss Posyandu visits. This finding aligns with previous studies showing that family support significantly affects mothers’ utilization of Posyandu services (Funna et al., 2023; Maratning et al., 2024). Adequate family support facilitates consistent growth monitoring and

access to nutrition education, which are essential components of stunting prevention.

In terms of Posyandu services, mothers predominantly perceived Posyandu as a place for anthropometric measurements, immunization, supplementary feeding, and health education. This perception aligns with the official function of Posyandu as defined by the Ministry of Health of the Republic of Indonesia, which includes growth monitoring, immunization, nutrition counseling, and disease prevention (Rahmi et al., 2025a). Mothers' recognition of anthropometric measurements reflects an initial awareness of the importance of growth monitoring for early identification of stunting risk.

However, the findings also indicate that mothers' understanding of Posyandu services remains focused on visible and routine activities, such as weighing and immunization. Limited recognition of the broader educational and preventive roles of Posyandu may affect optimal utilization of its services. Nutrition counseling and health education are critical for improving mothers' knowledge and feeding practices, which directly contribute to stunting prevention. Therefore, strengthening mothers' understanding of Posyandu as a comprehensive preventive service is essential.

The perceived benefits of Posyandu were mainly related to monitoring children's growth and development, increasing mothers' knowledge, and understanding children's health status. These perceptions reflect a positive evaluation of Posyandu's preventive role. This finding is consistent with Wijaya et al. (2025), who reported that perceived benefits significantly influence mothers' activeness in attending Posyandu (Wijaya et al., 2025). Within the Health Belief Model framework, high perceived benefits encourage preventive health behaviors, while perceived barriers may reduce attendance and hinder early detection of growth problems (Wati et al., 2025; Wijaya et al., 2025).

Finally, most mothers expressed satisfaction with existing Posyandu services and reported minimal expectations for improvement. Nevertheless, some participants suggested improving the quality and variety of

supplementary feeding (PMT) to increase children's interest and mothers' motivation to attend Posyandu regularly. This finding aligns with previous studies showing that varied and appealing PMT can enhance participation in Posyandu activities (Lubis et al., 2025; Putri et al., 2025). Improving PMT quality requires support in terms of cadre training, resource availability, and institutional support from public health centers and local governments to strengthen Posyandu's role as the frontline of stunting prevention (Amala & Ruhana, 2023; Gardiarini et al., 2025; Hasbi & Huraiman, 2025).

## **Conclusion and Recommendation**

This study identified four themes: visit patterns, Posyandu services, perceived benefits of Posyandu, and mothers' expectations, that reflect mothers' perceptions of Posyandu's role in stunting prevention. Overall, mothers perceived Posyandu as an important community-based service for monitoring child growth through anthropometric measurements, immunization, nutrition education, and supplementary feeding. Positive perceptions supported regular attendance; however, visit patterns varied due to work commitments, time constraints, limited family support, and the belief that Posyandu visits were unnecessary when children appeared healthy. These findings indicate that although mothers recognize the preventive role of Posyandu, service utilization has not been fully optimized. Therefore, strengthening Posyandu should focus on improving mothers' understanding of its preventive function, increasing the quality and consistency of health education, and encouraging routine visits regardless of the child's apparent health status. In addition, enhancing family involvement, particularly husbands' support and improving the quality and variety of supplementary feeding are recommended to increase mothers' participation in Posyandu activities.

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### Declaration of conflict of interest

The authors declare no competing interests.

### Declaration on the Use of AI

AI-assisted tools were used for language editing and improving clarity of the manuscript. No AI tools were used in data analysis, interpretation of findings, or decision-making related to the study.

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