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Journal of Sustainable Community Service
https://transpublika.co.id/ojs/index.php/JSCS
Online ISSN 2986-3384

https://doi.org/10.55047/jscs.v5i4.1074

Original Article

Community Education Through Posyandu Activities and Supplementary Feeding (PMT) for Stunting Prevention in RW 02, Langensari Village, Garut Regency

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Received : 31 October - 2025
Accepted : 11 November - 2025
Published online : 14 November - 2025

Abstract

This Community Service Programme (PKM) was carried out by students from the Faculty of Social and Political Sciences, Pasundan University, Bandung, at the Merpati RW 02 Health Post in Langensari Village, Tarogong Kaler Subdistrict, Garut Regency. This activity focused on educating the community through routine Integrated Health Service Post activities and providing supplementary food (PMT) to combat stunting in toddlers. The main problems identified included low nutritional intake among children, a lack of understanding among parents about health and nutrition, limited health facilities, and low community participation in immunisation. Through this PKM, balanced nutrition education was provided, and nutritious supplementary foods such as milk, whole wheat bread, and sausages were distributed. The implementation method consisted of three stages: preparation (observation and problem formulation), implementation (socialisation and PMT provision), and monitoring-evaluation. This activity successfully involved 43 toddlers and their parents. The results of the activity showed an increase in community understanding of the importance of preventing stunting and child nutrition. The outputs of the activity included increased community awareness of child health, activity reports, scientific articles for publication, and plans to register intellectual property rights. It is recommended that Integrated Health Service Post activities be strengthened through support from village government facilities, ongoing nutrition campaigns, and innovative educational activities to maintain high community interest.

Keywords: Community Service (PKM), Integrated Health Service Post, Nutrition Education, Stunting, Supplementary Feeding.

1. Introduction

Stunting is a condition that disrupts a child's growth and development, often characterised by a height that is shorter than the average height for children of the same age. According to the World Health Organisation (WHO), stunting is a developmental disorder in children under five years of age, characterised by a length or height that is below the standard deviation of the established child growth standard (Sari et al., 2023). Meanwhile, according to the Ministry of Health of the Republic of Indonesia, stunting is a chronic malnutrition problem caused by a prolonged lack of nutritional intake, leading to future complications such as difficulties in achieving physical development and having a lower IQ than children of the same age (Zufriady et al., 2023). In addition, signs that often arise in children with stunting include lower body weight, memory impairment, slow learning, delayed tooth growth, and several

other signs that indicate that the child is in a different condition compared to other children of the same age (Fitriahadi et al., 2023).

Stunting is usually caused by a lack of nutritional intake, both during pregnancy and after birth (Hasan et al., 2022). In addition, stunting can also be caused by a lack of access to sanitation and clean water, which can lead to infections in toddlers that can hinder their growth and development (Efendi et al., 2021). There are several factors that can cause stunting in children (Hamzah, 2020), including: First, nutritional factors, which include the mother's nutrition during pregnancy, suboptimal breastfeeding, and poor food intake by the child. Second, health factors, which include recurrent infections in children, poor maternal health, and limited access to health services. Third, environmental and sanitation factors, including poor sanitation and inadequate hygiene conditions. Fourth, socio-economic factors, including poverty, low levels of education and unsupportive parental employment. Fifth, cultural and habitual factors, including inappropriate eating practices and the existence of polygamy and large families. Sixth, genetic factors, namely congenital factors that affect child growth (Laili & Andriani, 2019).

The stunting rate in Indonesia is still quite high, at 24.4% in 2021, 21.6% in 2022, 21.5% in 2023, and 19.8% in 2024 (Hafid et al., 2024). To date, there are still around 5.8 million toddlers with suspected nutritional problems (Septiawati et al., 2021). Meanwhile, West Java Province itself recorded 24.5% in 2021, 20.2% in 2022, 21.7% in 2023, and 14%–15% in 2024. Garut Regency has a prevalence of 14.2% based on the 2024 Indonesian Nutrition Status Survey (SSGI), down from 24.1% in 2023. This reduction is a priority because stunting, which is characterised by impaired child growth due to chronic malnutrition, has a long-term impact on the quality of human resources (Hasanah et al., 2023). As a measure to address stunting cases in Garut Regency, the Garut Regency Government has established a programme for the prevention and control of stunting in the community through the Garut Regent's Policy. Garut Regent Regulation No. 138 of 2021 concerning the Role and Authority of Villages and Sub-districts in Reducing Stunting.

As part of our efforts to implement policies within the community and as a form of concern for public health, we will carry out community service activities by conducting socialisation activities for the RW 02 Langensari Village community group regarding policies for the prevention and control of stunting. The RW 02 community group in Langensari Village consists of Merpati Integrated Health Service Post cadres and parents of children in the RW 02 neighbourhood of Langensari Village. The Merpati Integrated Health Service Post in Langensari Village is a health facility built with the aim of ensuring the health of pregnant women and children, especially toddlers, so that they are always monitored and in good condition. Meanwhile, the parents of children are parents who have toddlers who participate in Integrated Health Service Post activities carried out by the Merpati Integrated Health Service Post cadres in Langensari Village.

We chose the RW 02 community in Langensari Village, Garut Regency, as our partner and location for the Community Service activity because we observed that this community still faces various problems related to stunting in children, such as inadequate nutrition, unbalanced eating patterns in child growth and development, low rates of exclusive breastfeeding for toddlers, poor sanitation and clean water quality in the community, and the prevalence of early marriage. The general problems that still occur in the RW 02 community of Langensari Village are caused by the low quality of education of the parents, so that they do not understand the concepts of proper child growth and development and the concept of nutritional intake that is beneficial for the quality of child growth and development. In addition, the lack of support provided by the local government in providing facilities that

support the improvement of community health is one of the reasons why it is still difficult to control stunting cases among toddlers in the RW 02 community in Langensari Village.

Various activities carried out by the Merpati health centre in Langensari Village have also not been able to fully overcome the cases of stunting in the community due to the lack of health facilities to support the various activities carried out and the fact that human resources lack knowledge and understanding of the importance of maintaining children's health and preventing the factors that cause stunting, thus hindering the efforts to prevent and combat stunting carried out by the Merpati health centre. Therefore, we will carry out community service activities for the RW 02 Langensari Village community group on the importance of maintaining children's health and preventing the factors that cause stunting in children so that they can be educated and understand. In this community service activity, we will collaborate with the Merpati Integrated Health Service Post, which will assist us in collecting various data and information regarding stunting cases in the RW 02 community of Langensari Village. Through this collaboration, it is hoped that the information and data collected will be more accurate, enabling them to serve as a reference for determining solutions and activity plans for future socialisation and supplementary feeding programmes. The membership data of the Merpati Integrated Health Service Post cadres, as shown in the following table, includes:

Table 1. Merpati 02 Integrated Health Service Post Cadre Team, Langensari Village

No.	Name	Position
1.	Uus Sudahman	Advisor
2.	Hj. Yayah	Person in Charge
3.	Aas Asiah	Chairperson
4.	Neng Sofi	Secretary
5.	Pupu Herliani	Treasurer
6.	Diah Rodiah	Movement Division
7.	Mumun	Outreach Division
8.	Diana	Reporting Division
9.	Isah	Data Collection Division

Source: Merpati 02 Health Post, Langensari Village, 2025

The implementation of community service activities through socialisation and the provision of supplementary food is expected to improve the quality of stunting prevention and control in the RW 02 community of Langensari Village so that the community can better understand and be more sensitive to the importance of maintaining children's health and preventing various factors that cause stunting in children in order to improve the quality of life of children in the future.

Based on common problems that arise and observations made of the RW 02 community group in Langensari Village, there are several priority issues faced by the RW 02 community group in their efforts to prevent and combat stunting in children under five. The existence of these priority issues has certainly caused a decline in the quality of life of the community, especially in terms of the growth and development of children under five. The priority issues experienced by the RW 02 community group in Langensari Village include:

1. There are still children who do not receive optimal nutrition

Based on observations, data shows that there are still some children who do not receive adequate and optimal nutrition from their parents. This is due to economic factors that prevent parents from providing their children with food that has good nutritional content. In addition, suboptimal education among parents also results in the food provided to children

lacking nutritional value, as parents lack knowledge and understanding of the nutritious food required for their children's growth and development.

2. There are still children who do not participate in immunisation programmes.

Based on observations, data shows that there are still some children who do not participate in immunisation activities provided by community health centres. This is due to inappropriate parenting patterns, which cause parents to be indifferent to their children's health. In addition, this is also caused by parents' lack of understanding of the importance of participating in immunisation activities for children.

3. Limited number of adequate health facilities.

Based on observations, it was found that the health facilities owned by the nearest community health centre are still inadequate or do not sufficiently support the activities carried out, so that various health services provided to the community are limited and not yet optimal. This factor has resulted in many people not receiving health services quickly, especially in efforts to prevent and combat stunting in children. Limited understanding of the importance of maintaining children's health Low and suboptimal education levels mean that many parents lack understanding and knowledge about the importance of maintaining their children's health, especially during their growth and development phases. This factor means that many children of growing and developing age do not receive nutritious food and suffer from various infections that interfere with their growth and development, leading to stunting.

There are several objectives of the Community Service (PKM) activities regarding the issue of stunting that occurs in the RW 02 community of Langensari Village, including:

1. Creating awareness and understanding of optimal nutrition for toddlers in the RW 02 community of Langensari Village.
2. Creating awareness and understanding of the importance of immunisation for toddlers in the RW 02 community of Langensari Village.
3. Raising awareness and understanding of the importance of providing and using adequate health facilities in maintaining the quality of community health, especially for toddlers in the RW 02 community group in Langensari Village.
4. Raising awareness and understanding of the importance of maintaining the quality of community health, especially for toddlers in the RW 02 community group in Langensari Village.

This research provides the further outputs:

1) Problem Solutions

Through this community service activity, it is hoped that a solution can be found to overcome the problem of stunting that is currently occurring in the RW 02 community in Langensari Village. Several solutions to the problem have been proposed, namely:

A. Providing education on the types of nutrition that are good for children's growth and development.

Providing education on the types of nutrition that are good for children's growth and development. This is very important because the types of nutrition that parents give their children are one of the factors that can potentially cause stunting in children. The aim of this education is to enable the community of RW 02 Langensari Village to easily understand what types of food are suitable for toddlers so that every child can get adequate nutrition to support their growth and development and avoid stunting. This educational programme is also supported by the provision of supplementary food (PMT) to each child, serving as an example of the types of nutritious food that can be given to children.

B. Solution Output Targets

Based on the solutions determined to resolve partner issues, there are several targets for partner empowerment and mandatory academic outcomes to be achieved in community service activities, including:

1) Partner Empowerment Output Targets

a) The creation of a community group in RW 02 Langensari Village that has an understanding and knowledge of the factors causing stunting in children. With several solutions offered, it is hoped that this can be the right solution to overcome the stunting problem faced by the community group in RW 02 Langensari Village so that it can create a community that has an understanding of the factors causing stunting in children. Therefore, these outcomes can be a positive step in creating an intelligent community group in RW 02, Langensari Village, and reducing the incidence of stunting.

b) The creation of a community group in RW 02, Langensari Village, that has an understanding and knowledge of various nutrients that are good for child growth and development. It is hoped that these solutions will be effective in overcoming the stunting problem faced by the community group in RW 02, Langensari Village, thereby creating a community that has knowledge about the types of nutritious foods that are beneficial for child growth and development. Therefore, these outcomes can be a positive step in creating a healthy community group in RW 02, Langensari Village, that receives nutritious food intake.

2) Mandatory Academic Output Targets There are also additional output targets to be achieved in this community service activity, including:

a) Community Service Activity Report Results

b) Articles published in Journals

c) Intellectual Property Rights (IPR)

Based on research conducted by the PKM Team through observation, interviews and documentation of the RW 02 community group in Langensari Village, several data and information were found regarding the stunting problems faced, including:

1) Problem Identification

Based on observations, interviews and documentation of the RW 02 community group in Langensari Village, it was found that there are still cases of stunting among a number of toddlers in the RW 02 community group in Langensari Village. In interviews conducted with the Cendrawasih 02 Langensari Village Integrated Health Service Post cadre and the Puskesmas midwife, as well as direct observations in July 2025, it was mentioned that there are still a number of children affected by stunting, characterised by being slightly smaller in height and weight than their peers due to insufficient nutritional intake during their growth and development. The types of food given to toddlers affected by stunting usually do not have sufficient nutritional value because parents only give them food that is available at home. In addition, for children who are exclusively breastfed, the lack of nutritional intake is usually caused by the lack of nutrients and nutrition consumed by their mothers, which affects the nutritional quality of the breast milk provided. The lack of nutritional intake provided to toddlers through the food given causes a number of children to suffer from stunting, which results in slightly smaller height and weight and slower brain development compared to children of the same age.

2) Root Cause Analysis

Based on observations, interviews and documentation of the community group RW 02 in Langensari Village, it was found that cases of stunting in children under five years of age

were caused by several factors, such as low parental education levels, meaning that parents did not have sufficient knowledge about the causes of stunting in children and the types of nutrition that are good for child growth and development. inadequate economic factors, which prevent parents from providing optimal facilities to maintain their children's health and the quality of nutrition provided to them; a lack of education from local health centres and integrated health service posts (Integrated Health Service Post) on how to maintain children's health and the types of nutrition that are optimal for child growth and development; inadequate health facilities, which prevent the community from conducting regular health checks; the difficulty of finding sanitation and clean water, which leads to the spread of viruses and bacteria, and genetic factors that cause parents to pass on the potential for stunting to their children.

3) Partner Conditions

Based on observations, interviews and documentation of the RW 02 Langensari Village community, it was found that the RW 02 Langensari Village health post, as a health facility used to maintain the health of pregnant women and toddlers in the RW 02 Langensari Village community, always conducts health post activities once a month on the last week of each month. The agenda for the Integrated Health Service Post activities includes immunisation, checking the height and weight of children, providing vitamins and deworming medication for children, providing education on the health of pregnant women and toddlers, and providing supplementary food (PMT) for toddlers. The Merpati RW 02 Langensari Village Integrated Health Service Post always collaborates with the Cipanas Community Health Centre in conducting Integrated Health Service Post activities, so that the Cipanas Community Health Centre will provide one midwife to assist in the Integrated Health Service Post activities. However, the Merpati RW 02 Village Health Post in Langensari Village still lacks the facilities to support the running of its activities due to the limited availability of tools for measuring children's height and weight, as well as the limited variety of supplementary foods provided due to budget constraints. These shortcomings mean that the activities carried out by the village health post have not been able to fully address the issue of stunting in the RW 02 neighbourhood of Langensari Village.

4) Potential for Intervention

Based on observations, interviews and documentation of the RW 02 community in Langensari Village, there is potential for intervention, such as providing assistance with every Integrated Health Service Post activity so that there is regular socialisation with the RW 02 community in Langensari Village. In addition, educational activities could also be carried out on preparing nutritious food for toddlers so that parents can make their own food at home using the recipes provided. The provision of assistance in every Integrated Health Service Post activity can be a positive effort in increasing the knowledge and understanding of the RW 02 community in Langensari Village regarding stunting prevention and nutritional intake that is beneficial for child growth and development in order to solve the problem of stunting in the community.

2. Methods

2.1. Activity Stage

This Community Service Activity was carried out by conducting a socialisation programme for the community group of RW 02 Langensari Village regarding Regent Regulation No. 74 of 2019 on the Acceleration of Stunting Prevention and Mitigation with the aim of enabling the community to understand the importance of preventing and treating

stunting in children. The implementation of the Community Service Activity will be divided into three stages: the preparation stage, the implementation stage, and the monitoring stage. The following are the details of each stage that will be carried out:

1) Preparation Stage

During this preparatory stage, various preparatory activities were carried out to support the implementation process, such as identifying and setting a schedule for meetings between the PKM implementation team and the RW 02 Langensari Village community group in order to conduct observations and take preparatory steps regarding all the necessary requirements for the socialisation and supplementary feeding (PMT) activities that will be carried out. This stage aims to establish good communication between the implementation team and the Integrated Health Service Post so that the implementation stage can run optimally. In addition, this preparation stage is also necessary to collect various data needed to support the effectiveness and efficiency of the implementation of activities and is needed to make preparations related to all necessary requirements, such as presentation materials, presentation media, and supplementary food (PMT) menus. Several activities will be carried out in this preparation stage, such as initial identification, problem formulation, data collection, and preparation of requirements.

2) Implementation Stage

Implementation Stage During this implementation stage, the implementation team will ensure that the community group of RW 02 Langensari Village can attend and contribute to the activities and provision of supplementary food (PMT) so that the predetermined objectives can be achieved. During the implementation stage, socialisation activities will be conducted for the RW 02 community group in Langensari Village regarding Regent Regulation No. 74 of 2019 on Accelerating the Prevention and Control of Stunting, as well as the provision of supplementary food (PMT) such as milk, wholemeal bread, and sausages, so that the community group RW 02 of Langensari Village can understand how to prevent and manage stunting cases in children and understand the types of food that can prevent the potential for stunting. The activities to be carried out in this implementation stage include data collection on participants who are present and the provision of supplementary food (PMT).

3) Monitoring and Evaluation Stage

Monitoring and Evaluation Stage Monitoring will be carried out intensively by the PKM implementation team with the Merpati RW 02 Langensari Village Integrated Health Service Post during each Integrated Health Service Post activity to ensure that the implementation of the Integrated Health Service Post is in line with expectations and that the problem of stunting in the RW 14 Langensari Village community can be optimally resolved.

2.2. Approach Method

In this Community Service activity, there are two research methods used by the PKM implementation team, including:

1) Discussion The purpose of the discussion was to enable the PKM implementation team to obtain and explore various information needed regarding the environmental conditions of the RW 02 Langensari Village community, such as the problems faced, possible solutions, necessary requirements, and others. Through effective discussions with the RW 02 community in Langensari Village, the PKM implementation team gained a clearer understanding of the steps to be taken and activities to be carried out in this Community Service programme, thereby helping the RW 02 community in Langensari Village to resolve various issues related to child stunting.
2) Socialisation In addition to discussions, the approach used also took the form of socialisation with the RW 02 community group in Langensari Village. This socialisation

was carried out by the PKM implementation team with the aim of providing recommendations and information to the RW 02 community in Langensari Village regarding the problems that were occurring and how to overcome them. Additionally, supplementary feeding activities were conducted with the hope that they would serve as a medium for gaining a better understanding of the factors causing stunting and the types of nutritious food that can be given to toddlers.

2.3. Solution Steps

The following are several steps taken in community service activities regarding the dissemination of information on stunting prevention and control programmes, including:

a. The Existence of Stunting Cases in the Community

The existence of stunting cases in the community that have not been optimally resolved in various regions in Indonesia is one of the factors that led the PKM implementation team to choose to organise community service activities on the topic of stunting. This is because the PKM implementation team wants to assist in the implementation of government policies to reduce stunting rates in the community and also as a form of concern for the quality of public health in future generations. Therefore, the implementing team will carry out community service activities by conducting socialisation activities related to Garut Regent Regulation Number 138 of 2021 concerning the Role and Authority of Villages and Sub-districts in Reducing Stunting and providing supplementary food (PMT) to the community group of RW 02, Langensari Village.

b. Problem Formulation and Partner Situation Analysis

The initial stage carried out by the PKM implementation team as a form of preparation was to formulate problems and analyse the partner situation. This was done by holding discussions with the RW 02 community group in Langensari Village to gather various information and data related to the problems faced by partners regarding stunting. In addition, a partner situation analysis was also carried out by conducting direct observations in the environment of the RW 02 community in Langensari Village to see first-hand the conditions of the surrounding community. The purpose of this stage of problem formulation and partner situation analysis was so that the PKM implementation team could determine what solutions could be established and what activities could be carried out to overcome the problems faced by the RW 02 community in Langensari Village.

c. Provision of supplementary food (PMT)

The provision of supplementary food (PMT) serves as an example of nutritious intake for the RW 02 community group in Langensari Village.

d. Improvement of Community Health

The main objective of this community service activity is to improve the health quality of the RW 02 community in Langensari Village, especially for toddlers, so as to reduce the stunting rate in the community. With the continuous reduction in stunting rates in the RW 02 community of Langensari Village, it is hoped that this will be an effort to create a healthy RW 02 community of Langensari Village that can produce a healthy generation so that stunting cases can be eliminated completely.

2.4. Partner Participation

In this Community Service activity, there are various roles played by partners in the implementation of supplementary feeding (PMT), including:

1) Integrated Health Service Post Merpati RW 02 Langensari Village acts as the provider of the venue for the activities, namely determining the location that will be used as a place for discussions between the PKM implementation team and the RW 02 Langensari

Village community group, as well as the venue for the core activities, namely stunting prevention and control and supplementary feeding (PMT).

2) Integrated Health Service Post Merpati RW 02 Langensari Village acts as a provider of participants, namely gathering all parents who have toddlers to be included in the Community Service activities so that they can directly participate in various activities carried out, namely stunting prevention and control activities and supplementary feeding (PMT) activities.
3) The RW 02 Langensari Village community group acts as participants in the activities, namely by directly participating in the socialisation and supplementary feeding activities in order to create program sustainability in line with the activities that have been carried out.
4) The RW 02 community group in Langensari Village is involved in all activities carried out, starting from problem formulation, programme planning, activity scheduling, implementation of supplementary feeding (PMT) activities, to the programme evaluation stage, so that they can actively participate and assist the PKM implementation team in carrying out Community Service activities from start to finish in a good and open manner.

2.5. Evaluation

Based on the community service activities carried out in the RW 02 community group in Langensari Village, there are several evaluations that will be used as material for future improvements, namely:

This evaluation is a form of input or improvement on the activities that have been carried out so that it can be used to improve the quality of future activities. In addition, the evaluation is also intended as a form of measurement of the achievement of the predetermined solution output targets. The following are some of the evaluations provided by the PKM implementation team, including:

a) A more intensive discussion approach is needed with the RW 02 Langensari Village community group so that more complete data and information can be obtained to support the implementation of supplementary feeding activities (PMT). More intensive discussions will generate a wider range of solutions and more optimal forms of resolution to overcome stunting problems. In addition, more intensive discussions will create a better implementation process, from the planning stage to the implementation stage to the monitoring and evaluation stage.
b) More interesting learning activities need to be carried out together with the RW 02 community group in Langensari Village in order to achieve more optimal results in terms of solution targets. More interesting forms of learning in solving stunting cases, such as role-playing activities on stunting prevention involving the participation of the RW 02 community group in Langensari Village, are needed.
c) Innovations should be implemented to attract community members to attend socialisation activities, such as door prizes or souvenirs, choosing materials that are not too difficult for the community to understand, and also choosing a more varied nutritious menu for the children who attend. In addition, role-playing activities on stunting case management and demonstrations of cooking nutritious meals involving the RW 02 community group in Langensari Village can also be conducted directly so that they will more easily understand the purpose and objectives of these activities. With these follow-up actions, it is hoped that efforts to improve the quality of the programme will be more optimal.

2.6. Schedule of Activities

The Community Service Activity, which involves disseminating information about stunting prevention and control programmes to health cadres at the RW 14 Sukamenak Village Integrated Health Service Post, will be carried out over a period of six months, from January to June 2025.

3. Results and Discussion

3.1. Research Results

The socialisation activity on the prevention and control of stunting was successfully held on Wednesday, 23 July 2025, at the Merpati RW 02 Integrated Health Service Post in Langensari Village. The activity began with a health check-up for infants and a socialisation session for the community on the importance of preventing and addressing stunting in infants, followed by the distribution of supplementary food to the children present, including whole wheat bread, milk, and sausages. A total of 43 infants and their parents participated in the stunting prevention and mitigation activities, as well as the distribution of supplementary food (PMT). The data on the participants present can be seen in the following table:

Table 2. List of Participants in the RW 02 Langensari Village Integrated Health Service Post Immunisation Programme

No.	Name	Adress
1	Anasya	Rw 02
2	Saffa	Rw 02
3	Arum	Rw 02
4	Azkia	Rw 02
5	Anabila	Rw 02
6	Laura	Rw 02
7	Kazalea	Rw 02
8	Tiara	Rw 02
9	Aulia	Rw 02
10	Kenzi	Rw 02
11	M. Alexia	Rw 02
12	Syahira	Rw 02
13	M. Ihsan	Rw 02
14	Ayumna	Rw 02
15	Syahnaz	Rw 02
16	Wafija	Rw 02
17	Hamka	Rw 02
18	Sultan	Rw 02
19	Kiara	Rw 02
20	Rasyid	Rw 02
21	Liora	Rw 02
22	Radeya	Rw 02
23	M. Hirsi	Rw 02
24	Alfan	Rw 02
25	Kayla	Rw 02
26	Rafiq	Rw 02
27	Raja	Rw 02
28	Rafanda	Rw 02
29	Almahira	Rw 02
30	Eliya	Rw 02
31	Alefa	Rw 02
32	Tsabina	Rw 02
33	Alinka	Rw 02
34	Alenka	Rw 02
35	Sanin	Rw 02

No.	Name	Adress
36	Maqil	Rw 02
37	Calista	Rw 02
38	Tristan	Rw 02
39	Zafran	Rw 02
40	Saffa	Rw 02
41	Azkia	Rw 02
42	Rali Arumi	Rw 02
43	Bilal	Rw 02
44	Alfan	Rw 02
45	Kayla	Rw 02
46	Rafiq	Rw 02

Source: Primary Data from Merpati RW 02 Health Post (2025)

The implementation of community service activities in the form of stunting prevention and supplementary feeding (PMT) for the community of RW 02, Langensari Village, Garut Regency, was carried out in three stages, including:

3.1.1. Preparation Stage

a) Initial Identification

The first step carried out in this community service activity was to conduct an initial identification of the issues to be addressed. We chose the topic of stunting because we felt that stunting is a highly urgent issue that must be resolved immediately in order to improve the quality of public health in the future. We then chose the RW 02 community group in Langensari Village as our research location because there are still many children who do not receive adequate nutrition for their growth and development due to various factors, such as economic conditions and the lack of understanding about stunting among human resources. Therefore, we wanted to carry out activities that would benefit the community as a means of creating a community that understands how to prevent and overcome stunting in children under five years of age. In this initial identification stage, we conducted direct observations of the RW 02 Langensari Village community and also communicated with the Merpati Integrated Health Service Post cadres to convey our intentions and objectives in conducting community service activities related to stunting in the community. In addition, this initial communication was also aimed at gathering information about the problems faced by the RW 02 community group in Langensari Village in preventing and combating stunting through monthly Integrated Health Service Post activities.

b) Problem Formulation

After obtaining information about the problems currently faced by the RW 02 Langensari Village community group, we proceeded to the next stage, which was problem formulation. This problem formulation stage was carried out together with the RW 02 Langensari Village community group with the aim of determining what solutions would be taken to overcome the problem of stunting in the community and also the types of activities that would be carried out in the upcoming implementation stage. During discussions between the implementation team and the Merpati RW 02 Integrated Health Service Post cadres, it was finally decided that the activity to be carried out in this community service programme would be to provide supplementary food in the form of sausages, whole wheat bread and milk to the children attending the Integrated Health Service Post activities as a way of introducing nutritious foods that parents can give to their children.

c) Data Collection

As an effort to ensure that the stunting prevention and supplementary food provision (PMT) activities run optimally, we conducted a data collection stage, which involved gathering

various data and information regarding the implementation of the Integrated Health Service Post, the number of people attending, the number of children participating in the Integrated Health Service Post activities, the criteria for children who can participate in the Integrated Health Service Post activities, and information regarding the factors causing stunting cases in the RW 02 community group in Langensari Village. This data collection stage was carried out by gathering data and information through discussions held with the RW 02 community group in Langensari Village and the village midwife at the Cipanas Community Health Centre.

3.1.2. Implementation Stage

i. Participant Data Collection

The first step in the implementation stage is to collect data on the participants who are present so that all participant data can be recorded in the attendance list provided. Participant data collection began at 09:00 to 12:00, when the immunisation activity had been completed, as indicated by the absence of any more participants arriving at the Integrated Health Service Post. Participant data collection was carried out by two members of the Merpati RW 02 Integrated Health Service Post cadre, who were tasked with ensuring that each participant who attended filled in the attendance list provided, including their name, address and signature. After participants filled out the attendance list, they were immediately directed to sit and wait for the socialisation activity to begin.

ii. Provision of Supplementary Food

Supplementary food (PMT) in the form of milk, sausages, and whole wheat bread was provided to the children who attended the socialisation activity and Integrated Health Service Post activity. Participants who did not attend the Integrated Health Service Post activity will still receive the food when Integrated Health Service Post cadres visit their homes to conduct Integrated Health Service Post activities at home. The provision of supplementary food is intended to ensure that every child receives nutrition that supports their growth and development and to educate the RW 02 Langensari Village community about the types of food that can be given to children to prevent stunting.

For the limitations, this program was limited to a single area; RW 02, Langensari Village, so the findings may not reflect broader conditions. The short duration also restricted evaluation of long-term impacts on stunting rates. In addition, the assessment relied mainly on observations and participant feedback without in-depth nutritional data. Future programs should expand coverage, extend implementation time, and include more comprehensive evaluations to ensure stronger and more generalisable results.

Figure 1. Event Documentation

3.2. Discussion

The community service programme implemented in RW 02 Langensari Village demonstrates that stunting prevention requires not only nutritional interventions but also continuous community education and participation. The combination of socialisation and supplementary feeding (PMT) activities effectively increased public awareness regarding balanced nutrition, the importance of immunisation, and early growth monitoring. These outcomes are consistent with findings from Pavithra et al. (2019), who reported that regular health education and community-based nutritional support significantly improved parental knowledge and children's nutritional status in rural areas.

The involvement of the Integrated Health Service Post (Posyandu) and local community members proved to be a key factor in the success of this programme. Their participation strengthened trust and ensured sustainability, aligning with the National Strategy for Stunting Reduction (Rahmayanti, 2024), which emphasises local-level collaboration and empowerment as the foundation of effective stunting control. In this context, the programme also supported the principles of Sustainable Development Goal (SDG) 2: Zero Hunger, which focuses on ending all forms of malnutrition by 2030.

However, the results also highlight that behaviour change within the community requires consistent reinforcement. While participants showed improved understanding, practical implementation, such as preparing nutritious meals and maintaining regular Posyandu visits, still faces challenges related to time, income, and cultural feeding habits. These findings align with studies by Mayer et al. (2014) and Johnson et al. (2021), which note that information dissemination must be followed by long-term mentoring to ensure lasting impact.

Another important observation concerns the role of participatory approaches in health promotion. The discussions conducted throughout the activity allowed participants to share experiences and barriers, which improved engagement and shaped context-specific solutions. This aligns with Dushkova and Ivlieva (2024) concept of health literacy, where empowerment through understanding and dialogue fosters sustainable behavioural change. Similarly, Liu et al. (2024) supports the view that individuals adopt health behaviours when they can observe, practice, and discuss them within supportive social groups.

Overall, this study reinforces the view that community-based interventions are most effective when they integrate educational, nutritional, and participatory components. Future programmes should focus on maintaining post-intervention mentoring, expanding inter-village cooperation, and integrating digital health education tools to ensure continuous knowledge transfer and monitoring. Through sustained collaboration among health cadres, local governments, and universities, community empowerment can continue to play a vital role in achieving national targets for reducing stunting and improving child health outcomes.

4. Conclusion

The prevalence of stunting in Indonesia remains high, with 5.8 million toddlers affected and around 14-15% of cases occurring in West Java Province in 2024. This situation poses a serious public health concern as it threatens future generations' growth and productivity. In Langensari Village, particularly in the RW 02 community, various challenges, such as inadequate nutrition, low immunisation participation, limited health facilities, and lack of awareness about child health, have hindered the effectiveness of posyandu activities in reducing stunting.

To address these issues, community service activities were carried out through socialisation on stunting prevention and the provision of supplementary food (PMT). These activities aimed to enhance public understanding of proper nutrition and the importance of early prevention in supporting children's growth and development. The outcomes included improved community knowledge about stunting, better awareness of nutritious food choices, and tangible outputs such as a published article and Intellectual Property Rights (IPR) registration. Overall, this initiative demonstrates that community empowerment through education and nutrition support can be an effective strategy in reducing stunting cases and promoting a healthier, more informed generation. For the community partner, it is suggested to continue regular education sessions and improve collaboration with local health workers to sustain awareness and nutrition practices. For future initiatives, similar programs should be implemented on a wider scale, over a longer period, and include follow-up evaluations to measure lasting effects and strengthen community resilience against stunting.

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