Available online at: http://journal.uny.ac.id/index.php/jppm

JPPM (Jurnal Pendidikan dan Pemberdayaan Masyarakat)
12 (2), 2025, 226-236

Fostering Growth for Golden Indonesia 2045 through Stunting Prevention Training and MPASI Making Education

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Received: 08 May 2025; Revised: 22 August 2025; Accepted: 09 October 2025

Abstract: Stunting prevention is crucial for realizing Golden Indonesia 2045. By addressing stunting, we improve human capital, boost productivity, and ensure sustainable development, paving the way for a prosperous and globally competitive Indonesia in 2045. This research investigates women's beliefs about weaning foods as a means of preventing stunting, as well as the actions to take to avoid it. In addition, some challenges in preventing stunting were also investigated. Under a descriptive qualitative study design, observations, interviews, and a questionnaire were administered to participants. The participants were mothers and pregnant women. The research took place at one of the care centers for prenatal and postnatal care in Bogor Regency, called *Posyandu Mawar 03,* Dukuh Village. Once the data were collected, they were analyzed using thematic analysis. Findings showed that participants had some misunderstandings about weaning food and that training could help close the gap in understanding. It is also found that the training itself has some drawbacks and challenges.
Keywords: care center for pre- and postnatal, stunting, training, weaning food (MPASI)

How to Cite: Safitri, A., et al. (2025). Fostering Growth for Golden Indonesia 2045 through Stunting Prevention Training and MPASI Making Education. *JPPM (Jurnal Pendidikan dan Pemberdayaan Masyarakat), 12* (2), 226-236.doi: https://doi.org/10.21831/jppm.v12i2.85098

INTRODUCTION

In 2045, Indonesia will have a demographic bonus, and the government proposes 'Golden Indonesia' in its Vision 2045 (Aziz & Sesmiarni, 2022), as suggested by the Minister of Education and Culture (Rahmawati, 2025). It is believed that Indonesia's economy in 2045 will reach its peak with enough planning and preparation. However, studies have shown that specific problems are preventing the realization of the golden Indonesia 2045, such as educational inequalities (Samala et al., 2024). Moreover, health services and awareness are creating the stunting phenomenon among Indonesians.

The report showed that Indonesia is among the top 5 countries in the world for having stunting (almost 9 million children under five), even though the government has enacted national policies for preventing stunting, implemented at the district and provincial levels, yet the problem remains (Melisa et al., 2022). This nutritional deficiency threatens to undermine the potential of this future generation and requires urgent attention to ensure the country can fully capitalize on the demographic spread in 2045. Despite having the largest economy in Southeast Asia and ranking as the 17th largest globally, Indonesia faces a significant challenge with malnutrition, particularly stunting, leading to poor child health outcomes.

Stunting, or dwarfing children, is an increasingly prevalent issue, especially in developing countries. This stunting is a consequence of nutritional deficiencies occurring in infants during the first 1000 days of life and has long-term effects, hindering brain development and overall growth in children. According to the Indonesian Ministry of Health, stunting is a condition where a person's height is shorter than that of others of the same age or in general (Rochmatun Hasanah et al., 2023). Research indicates that stunting is linked to several adverse long-term outcomes, including lower academic performance, a higher likelihood of obesity, increased vulnerability to non-communicable diseases, and a greater risk of developing degenerative diseases later in life (Wake et al., 2023).

This stunting condition becomes visible after a child reaches 2 years of age. Intelligence in stunted toddlers will not be optimal, making them prone to illness and even risking a decrease in productivity levels in the future. Consequently, stunting will have a widespread impact, even hindering economic growth and potentially increasing poverty. It is crucial to understand that stunting can be addressed or prevented from occurring starting within the first 1000 days of life. As a result, when children reach 2 years old without stunting, they can grow well like their peers (Saraswati et al., 2022). The high incidence of stunting has become a concern for the government. If stunting is not adequately addressed, it can lead to negative consequences, such as physical delays or children being shorter than average, which can limit their potential in sports and other physical activities.

Several causes of stunting include insufficient nutrient intake from the womb through birth, limited access to healthcare services, and inadequate access to clean water and sanitation. Because stunting can negatively affect children's cognitive development and affect intellectual abilities below the standard of their peers who have experienced normal growth (Cameron et al., 2021; Maulina et al., 2023)Preventive actions against stunting must be taken. For example, improvements in dietary patterns, care practices, and sanitation (Wahyuningsih et al., 2022a). Studies showed that weaning foods (*MPASI_Makanan Pendamping Air Susu Ibu*) can prevent stunting (Csölle et al., 2022; Soesanti et al., 2020; Zhang et al., 2016).

There are two types of factors that cause stunting: direct and indirect factors. Direct factors of stunting include exclusive breastfeeding and colostrum, consumption patterns, and infectious diseases in children. Meanwhile, indirect factors include the environmental health of the place of residence and the availability of good-quality raw materials for consumption. (Picauly et al., 2023). Research in Indonesia consistently indicates that several factors significantly contribute to child stunting, including not exclusively breastfeeding for the initial six months, having a low household socio-economic status, being born prematurely with a short length, and having a mother with low economic status and low education. Additionally, children living in households with inadequate sanitation (unimproved latrines) and using unclean drinking water face a higher risk of stunting in general. Broader community and societal factors, specifically minimal access to healthcare and residing in rural areas, have also been frequently linked to child stunting (Beal et al., 2018; Rahmi et al., 2022).

A significant contributing factor to stunting is the lack of understanding among parents and expectant mothers regarding the dangers to children. Furthermore, there is still a widespread lack of awareness among mothers of the importance of providing nutritious food and weaning foods (MPASI) alongside breastfeeding, and of following recommended practices regarding timing, frequency, and quality. MPASI can meet the nutritional needs of infants who are no longer exclusively breastfed and is introduced to children after 6 months of age (Hidajat, 2019). At this age, babies require iron and protein that cannot be obtained solely from breastfeeding. Therefore, after reaching 6 months, babies need additional intake. Careful attention must be paid to the ingredients in MPASI. This is because providing MPASI is not just about meeting nutritional needs but also serves as an adaptation and learning process for infants to consume more complex foods eventually (Ferreira et al., 2023; Wang et al., 2019).

One way to prevent stunting is to ensure adequate nutrition from the time the fetus is in the womb through the child's first 2 years. The primary target groups for stunting prevention efforts are pregnant women, mothers giving birth, toddlers, school-aged children, adolescents, and young adults. (Marni & Ratnasari, 2021). One way to address malnutrition in toddlers is by implementing supplementary feeding programs (PMT). This will play a vital role in children's health, both for their growth and development. Supplementary feeding (PMT) is an intervention program for toddlers experiencing malnutrition, aimed at improving their nutritional status and meeting their nutrient needs. This will lead to the achievement of good nutritional status and conditions appropriate for the child's age (Sukmawati et al., 2021; Wahyuningsih et al., 2022b).

However, there is still a lack of awareness and understanding from the community, especially pregnant women and mothers with toddlers or young children, regarding the importance of health to avoid stunting. There are still mothers who incorrectly interpret what nutritious food entails for their children's intake. Enhancing mothers' beliefs about their capabilities to prevent stunting, their actual caregiving practices, and their level of education are crucial steps in solving the stunting problem. According to Hall et al., (2018)Higher maternal education has consistently been linked to lower rates of child stunting; this intricate connection between education and stunting likely operates through other, more direct factors. For instance, in Indonesia, mothers typically serve as the primary caregivers in the family, and their education level is associated with positive behaviors such as increased attendance at the center for prenatal and postnatal care (*Posyandu_pos pelayanan terpadu*), access to and use of proper latrines, ensuring children receive immunizations, and providing vitamin A supplements. So, the importance of providing gradual education on stunting should be emphasized during prenatal and postnatal care events at the center.

From interviews conducted with several cadres from the center for prenatal and postnatal care (posyandu) in the sub-regency 03 of Bogor, it was found that there were 90 toddlers and 15 pregnant women in the area, even though the center conducts monthly health checks for pregnant women, toddlers, and the elderly. Additionally, the cadres, together with village midwives, regularly hold classes for pregnant women and toddlers to provide information and education on parenting and nutritious food. These classes are held both offline during the center's events and online via WhatsApp groups. Every month during the care center event, supplementary feeding (PMT) is also provided to pregnant women and toddlers/young children as complete, healthy meals consisting of rice, boiled eggs, vegetables, and fruit, as part of a government program.

Training on stunting prevention empowers communities with crucial knowledge about nutrition, stunting prevention, and early childhood care (Januarti et al., 2020; Margatot & Huriah, 2021). This education equips mothers to adopt practices that foster healthy growth and development, ultimately reducing the prevalence of stunting and improving the well-being of future generations. Stunting Prevention Training Program and weaning food Preparation Practice to increase awareness among pregnant women and mothers with toddlers or young children about the dangers of stunting and how to prevent it. This is needed to address stunting and nutritional problems in society. Additionally, it aims to educate mothers on how to prepare weaning food with good ingredients and proper procedures. This is done to eliminate stunting, especially in the sub-regency 03 care center area. Based on the discussion above, this study is guided by the following research questions: (1) What are the participants' beliefs about weaning food as stunting prevention?, (2) What can be done to prevent stunting?, (3) What are the challenges faced in preventing stunting?

RESEARCH METHODS

This research employs a qualitative descriptive approach (Lapan et al., 2012; Moen & Middelthon, 2015; Taylor et al., 2016). The approach was chosen to investigate facts with appropriate interpretation by studying problems within society, as well as interaction

procedures, attitudes, and perspectives arising from a phenomenon that depicts the object or subject under investigation as it is.

The research was conducted at the Center for Prenatal and Postnatal Care (Posyandu) in Sub-Regency 03 of Bogor Regency. The center's name is *Posyandu Mawar 03*, Dukuh Ilir Village, Cibungbulang District, Bogor Regency. Fifteen mothers were participating in the study who have toddlers or young children, or are pregnant. In addition, there were three cadres from the care center and one midwife assigned as a facilitator.

The data were collected using techniques such as observation, interviews, and questionnaires. (Jamshed, 2014). The observation was conducted during the care center's activities and events. This observation was followed up with a questionnaire administered and interviews. The collected data were analyzed using thematic analysis. (Braun & Clarke, 2021) With the help of the Quirkos application.

RESULT AND DISCUSSION

The participants' beliefs about weaning food as stunting prevention

Particular foods must be avoided

There are responses and explanations about mothers' behavior regarding nutritious food. Some believe that particular foods should not be consumed by breastfeeding mothers. This is illustrated by the result of the interviews depicted below.

> *"The villagers still believe in misleading myths, such as breastfeeding mothers should not eat fish for fear that their breast milk will smell fishy, and that giving fish to children will cause worms. In fact, fish contains good nutrition because it contains protein, vitamin A, B complex vitamins, vitamin D, and vitamin K, which are very important for the growth and development of children"* excerpt 1.

Although the village's long-held beliefs are passed down from generation to generation, the idea that breastfeeding mothers should not eat fish for fear of fishy-smelling milk and that fish gives children worms lacks scientific backing. A mother's general diet and hormones mainly affect breast milk odor, not specifically fish intake. Moreover, well-cooked fish does not cause worm infections; in fact, fish is packed with vital nutrients, such as high-quality protein, omega-3 fats, and essential vitamins (A, D, and B complex), which are crucial to the healthy development of babies' and young children's brains and bodies. Avoiding fish because of these myths means mothers and children miss out on the essential health benefits of consuming seafood.

Nutritious food as weaning food is always expensive.

For a long time, a misleading notion has been ingrained in people's minds that healthy food is synonymous with high prices. This perception often becomes an obstacle for families of low socioeconomic status to provide a balanced, nutritious diet. In reality, essential nutrient sources such as local green vegetables, seasonal fruits, eggs, tempeh, and tofu are often available at affordable prices. Proper education on the use of inexpensive yet nutritious local food ingredients is key to changing this mindset and encouraging the community to consume healthy food without spending a lot of money. The results of interviews with the cadres, as shown in the following excerpts, validate this belief:

> *"What the community has known so far is that nutritious food is expensive, like salmon. However, nutritious food does not have to be expensive. Mothers can eat catfish, mackerel, and other local fish whose nutritional content is not inferior to that of salmon. Vegetables also do not have to be broccoli; we have plenty of spinach, carrots, and local vegetables commonly found in small shops that are good for children's nutrition"* excerpt 2

> *"What mothers with toddlers usually do when feeding them is only to provide one side dish, such as rice and vegetable soup, where the child is only given the broth, meaning just rice and the liquid without the vegetables or other protein sources. Then, toddlers or young children are allowed to snack on anything, not real food."* excerpt 3

Training to prevent stunting

A comprehensive strategy is essential to prevent stunting, beginning with the best possible nutrition for mothers during pregnancy and for children in their first 1000 days. Key practices of stunting prevention include exclusive breastfeeding for the initial six months and then introducing nutrient-rich weaning foods while continuing breastfeeding. Furthermore, providing access to safe water, sanitation facilities, and good healthcare services, such as routine growth checks and vaccinations, is critical to improving children's health. These whole things are made possible by educating parents and the broader community on appropriate nutrition, hygiene, and nurturing caregiving, which enables them to foster an environment that supports healthy child growth, leading to a significant decrease in stunting. One effort in stunting prevention is educating mothers to change behaviors that improve family health and nutrition.

Picture 1. Delivering training by the midwife (facilitator)

Training activities on stunting prevention and practices for making weaning food were conducted at *Posyandu Mawar 03*, Dukuh Village, Cibungbulang District, West Bogor. The participants of the training were pregnant women and mothers with toddlers or young children. The training was conducted in two sessions.

During the first session, the facilitator provided general knowledge on stunting. The knowledge covers the general understanding of stunting, its factors and impacts, its characteristics, and how to prevent stunting in children. The training included questions and answers, giving participants a complete understanding of stunting.

At the second session, the focus was on making weaning food. The facilitator, with the help of the cadres, demonstrated how to follow proper procedures for preparing weaning food. During the training, the facilitator said:

> *"Mothers, if you are unsure about what menu to cook for your child, you can look at and read the Pink book (a monitoring book for mother and baby). There are several menus there that the Indonesian Ministry of Health has recommended based on the child's age range, and each menu includes explanations of the ingredients and nutritional content. It starts from a smooth, thick texture for 6-8 months old, a rough texture for 9-12 months old, and family food for 12 months and above. This means that if a child is already 1 year old, their food menu is the same as ours, the parents'."* excerpt 4.

Picture 2. Practical demonstration of food-making by cadres

During the demonstration, some tools such as a mortar and pestle, bowls, plates, spoons, a knife, and a cutting board were used. The ingredients used were tofu, tempeh, carrots, chicken, and milk (as an example to replace breast milk). The method for making weaning foods was divided into three stages: for the 6–8-month age group, for the 9–12-month age group, and for the 1–2-year age group.

The challenges faced in preventing stunting

Participants face challenges in addressing stunting. For example, there was still low awareness of the importance of having nutritious food for their family. To address the problem, training on the importance of healthy food to prevent stunting and low birth weight was conducted. The training emphasizes that stunting prevention can be done when the baby is still in the womb. Pregnant women should consume nutritious food and gain knowledge about appropriate complementary feeding for the child's age and nutritional needs.

> *"Before joining the training, I thought that I made food for my baby without any consideration or rules, it turns out there is some guidance to do that "* excerpt 5

Mothers often face challenges in preparing weaning food for their babies daily. Time constraints due to work or household chores can limit their ability to prepare fresh, diverse meals that meet the nutritious standards of the food served. Lack of knowledge about appropriate textures, portion sizes, and nutrient-rich combinations for different age groups can lead to inadequate nutrition that the mother should address. Cultural beliefs, the child's picky eating habits, and conflicting advice from various sources can further complicate the process of making weaning food.

Another challenge is related to the external factor, i.e. the children. This is based on observations of the discussion during the training. During the discussion session, the participants' enthusiasm was evident as they asked questions about the problems they experienced in providing adequate nutrition for their children, as illustrated in the excerpt below.

> *"My child is three years old. I have prepared food as the midwife suggested, but he does not want to eat it. He only wants to eat fried chicken and refuses to try vegetables or fruit. How can I get my child to eat other foods?"* excerpt 6

The question raised indicates that the problem is not always due to mothers not preparing nutritious food, but also to the strategies mothers need to develop to get their children to eat healthy food. Mothers can employ various techniques to make their children to eat nutritious food by offering small portions repeatedly without pressure, involving children in food preparation, presenting new foods alongside familiar favorites, and make mealtimes atmosphere positive and relaxed, also to disguise vegetables in familiar dishes they children like, using fun shapes, and being consistent while avoiding forcing can encourage children to try and eventually accept nutritious foods.

When the facilitator gave other participants a chance to discuss, some shared their experiences of eating while watching TV, while looking at their phones, or while walking around visiting neighbors, and some even mentioned adding MSG-containing snacks to their meals to increase their appetite. Based on those shared experiences, the facilitator provided understanding that it is best to focus on the food provided in front of you while eating, without being distracted by other activities, so that the child recognizes what is in front of them as food. Establish a regular eating schedule with set times for main meals and snacks, adjust the texture and type of food to the child's age, create a comfortable atmosphere for the child to eat in, and vary the types of food so the child does not get bored. Based on several studies, watching screens while eating makes kids less attentive to their food; they might not know when they are full and end up eating too much. It also stops them from really tasting their food, which can make them a picky eater. Plus, they do not talk to others and might think food is just for fun on screens.

The last challenge concerns the participants' limited knowledge. After the stunting prevention training and MPASI preparation practice were completed, participants were asked to complete a posttest questionnaire. This questionnaire contained the same questions as the pretest at the beginning. The question sheet contained 10 multiple-choice questions about stunting, covering its definition, causes, impacts, prevention, and management. The results from the pretest and posttest were compared to assess the increase in participants' understanding of stunting, including its dangers, causes, impacts, and prevention efforts.

The measurement results from the pretest, before the material was presented to the participants, showed that 10 people (66.66%) were in the category of having poor knowledge and understanding because they answered ≤5 questions correctly, while five people (33.33%) were in the category of having good knowledge and understanding because they answered ≥5 questions correctly. Meanwhile, the measurement results after the material was presented to the participants showed that 15 people (100%) were in the good knowledge category because they answered ≥5 questions correctly. The training significantly improved participants' knowledge of stunting. Initially, 66.66% had a poor understanding. Post-training, 100% demonstrated good knowledge, answering at least five questions correctly. This indicates the training program was highly effective in enhancing awareness and comprehension of stunting among the participants

The results of this activity demonstrate an increased understanding among participants about the dangers and management of stunting in toddlers. In this regard, health cadres also play a very significant role in efforts to enhance the community's ability to help themselves achieve a more optimal level of health and to guide the community in health matters. This is supported by the opinion of Picaully and Toy in Mirayanti (Picauly & Toy, 2013), who stated that the determinants of stunting include family income, maternal knowledge, and history of infectious diseases, immunization history, protein intake, and maternal education. One of the determining factors for stunting in children under five years old is maternal knowledge. Knowledge is a very important dominant factor in the formation of a person's actions. The training given to mothers is a key foundation for preventing stunting, as educated mothers are more likely to adopt preventive behaviors, seek timely interventions, and make informed decisions that support their children's healthy development, helping break the cycle of undernutrition.

A mother's knowledge and understanding will be evident in her child-rearing practices, particularly in fulfilling the child's nutritional needs while fully aware of the child's health. This aligns with Santoso's (Santoso & Pujianto, 2024) view that the high rate of feeding difficulties among stunted children is related to their nutritional intake. If this occurs during the golden age, it will hinder the child's brain and motor development. Mothers who regularly take their children to the posyandu to monitor their nutritional status will have a better understanding of how to care for their children's health. The mother's active participation in activities conducted by posyandu cadres is essential for monitoring nutritional status through the Mother and Child

Health (KIA) book, which includes the Healthy Child Card (KMS), and for increasing the mother's knowledge about the child's growth and development.

The knowledge of rural communities regarding maternal and child health is felt to still need improvement, whether through direct or indirect training activities, such as through television, brochures, or newsletters related to maternal and child healthstill considered to need improvement, whether through direct or indirect training activities, such as television, brochures, or newsletters related to maternal and child health, during Posyandu check-ups. The Maternal and Child Health (KIA) training program, which is usually conducted at the Posyandu, is indeed inseparable from the National Health System of 2004, elaborated in the Subsystem of Public Health Efforts (UKM) (Di et al., 2021). Therefore, one form of this community service program is a health approach, as a promotive and preventive effort, through the provision of educational materials on stunting and MPASI (Sari et al., 2025). Health training or health education is an activity or an effort to convey health-related messages to the community, groups, or individuals. The hope is that with the delivery of these messages, individuals can gain better health-related knowledge than before. Health training aims to change the behavior of individuals, families, and communities to foster and maintain healthy living and a healthy environment, and to enable active participation in efforts to achieve optimal health status.

Technically, the tasks of the cadres at Posyandu Mawar 03 are running very well and in accordance with procedure, especially regarding stunting prevention. These tasks include routinely collecting data on toddlers, conducting weigh-ins at the posyandu and recording them in the Healthy Child Card (KMS), regularly providing supplementary feeding (PMT), distributing vitamin A, and providing nutritional counseling with the midwife. Despite this, some members of the community, especially pregnant women and mothers with toddlers, still have misconceptions related to stunting and complementary feeding (MPASI). In this activity, the speakers, namely the local midwife and the Posyandu cadres, clearly and in detail discussed the widespread problems and misconceptions in the community. Because this training or education activity is intended to provide material on stunting in children and how to prepare good, correct MPASI, the hope is that participants can obtain accurate, clear information and apply it directly in their daily lives.

CONCLUSION AND SUGGESTION

The measurement of participants' understanding before the material was presented showed that 66.66% were in the poor-knowledge category, while 33.33% were in the good-knowledge category. After the material was presented to the participants, the measurement results showed that 100% were in the good knowledge category. From this data, it can be understood that there was an increase in the participants' understanding of stunting and MPASI. Before the material was given, many lacked understanding of stunting. However, after receiving the material and a tutorial on making MPASI, the posttest results showed that almost all participants understood well. Furthermore, the response and enthusiasm of the participants during the discussion session, where several participants asked the midwife and cadres about problems and understanding they still felt lacking, also indicates that this training activity and MPASI preparation practice could improve the understanding and knowledge of the participants, namely pregnant women and mothers with toddlers or young children. With this increase in scores, it is hoped that the participants, namely pregnant women and those with toddlers or young children, will no longer misunderstand, especially regarding stunting, and will be able to prepare MPASI at home according to reasonable, correct procedures as practiced during the training. The cadres can continuously schedule stunting prevention training for pregnant and breastfeeding mothers in accordance with the immunization activity schedule, so that mothers better understand how to prevent and address stunting for the healthy growth and development of their children.

ACKNOWLEDGEMENT

Our thanks and gratitude to Allah SWT, who has given us health and the opportunity to carry out this program. Furthermore, thank you to Ibn Khaldun University Bogor for organizing the Thematic Community Service Program, the Dukuh 03 Village government, and all the students involved in this project, so that this program could run smoothly.

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