

The Role of Posyandu for Adolescents on Adolescent Behavior in Stunting Prevention

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ABSTRACT

Introduction: Malnutrition is a global problem that is not only faced by Indonesia, but also countries around the world. The nutritional status in question is a threat to short stature (stunting) and thinness (wasting) in children. Prevention of stunting involving adolescents has many benefits both economically and socially. The purpose of this study was to determine the role of adolescent posyandu on adolescent behavior in preventing stunting. **Method:** This research method is descriptive analytical, with a comparative design. While the type of research is quantitative with statistical tests used Mann Whitney. The population in this study were adolescents who attended adolescent posyandu and lived in Harjosar Kidul Village, Adiwerna District, Tegal Regency, as many as 50 adolescents. Sampling was carried out incidentally during adolescent posyandu activities, with a sample size of 47 adolescents. The data collection technique in this study was observational with a structured questionnaire. **Result:** The results of this study are that there is a significant difference in the role of adolescent posyandu on stunting prevention behavior in adolescents as indicated by a p value <0.05 and a mean rank value indicating a difference between respondents who actively participate in adolescent posyandu and those who are not active, namely 6.20 and 28.81. **Conclusion:** The conclusion of this study is that the role of adolescent posyandu on stunting prevention behavior has a significant effect.

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INTRODUCTION

One of the problems faced by almost all countries around the world is malnutrition in children. Malnutrition can increase vulnerability to illness and death, and if this condition can be addressed, it can save up to 45% of child mortality and morbidity. Stunting is one of the main nutritional problems in Indonesia (Pratiwi and Yulian, 2023). Indonesia is a middle-income country, the nutritional status of children has not experienced

significant improvement. The nutritional status in question is a threat to short stature (stunting) and thinness (wasting) in children. Stunting is the failure of children to achieve their growth potential due to serious malnutrition and frequent illness in childhood, which permanently determines their growth and mental abilities and causes long-term damage (Pratiwi and Yulian, 2022).

Stunting is a growth and development disorder in children characterized by height for age below -2 standard deviations. (World Health Organization, 2015). Stunting can start from when a baby is in the womb until the age of two years. Lack of nutrition and poor health conditions can cause growth failure (Ayuningtyas *et al.*, 2022).

One of the problems that hinders human development throughout the world is stunting. UNICEF stated that in 2017 there were 83.6 million stunted toddlers in Asia, with a percentage of around 55%. The highest proportion was in South Asia (58.7%) and the lowest in Central Asia (0.9%). Indonesia was in third place with 36.4 percent, behind Timor Leste (50.2%) and India (38.4%). It is very important to solve the problem of stunting because it can disrupt the potential of human resources and is related to health levels, even child mortality. According to the Indonesian Toddler Nutrition Status Survey (SSGBI), the stunting rate in Indonesia decreased by 27.67 percent in 2019 from 29.6 percent in 2017. Although the stunting rate was reported to have decreased, the number remains high because the WHO target is 20% stunting. According to the 2018 Basic Health Research (Riskesdas) of the Ministry of Health, the percentage of very short toddlers in Central Java Province is 31.15% in toddlers aged 0-59 months, and the percentage of short toddlers is 20.06% (Siswati, Fatkhiyah and Risnanto, 2023).

Based on mid-2024 data in Tegal Regency, the incidence of stunting is still high, out of 97,203 recorded toddlers, 16.52% are affected by stunting. Judging from the prevalence in Harjosari Kidul Village, the incidence of stunting is higher than the prevalence in Tegal Regency, which is 25% of the 556 recorded toddlers. This figure is still relatively high, so a strategy is needed to reduce the incidence of stunting (Dinkes Kabupaten Tegal, 2024).

Several studies have shown that involving adolescents in stunting prevention is very important. Adolescent anemia is another problem that contributes to the prevalence of stunting in adolescents; the prevalence of adolescent anemia in Indonesia is very high, 32%, caused by various factors, including the lack of awareness of adolescent girls about the use of iron tablets. Health interventions in adolescents have many advantages, such as that adolescents are agents of change and will give birth to the next generation, so it is important to educate adolescents on how to prevent stunting from a young age (Pratiwi and Yulian, 2022). If you had anemia as a teenager, you are more likely to have anemia during pregnancy. This will be worse because of the increased nutritional needs during pregnancy (Pratiwi and Yulian, 2022).

Prevention of stunting involving adolescents has many benefits both economically and socially. Healthy adolescents will increase the productivity of human resources (HR) in the future and become a quality next generation and are expected to break the cycle of stunting. This study aims to obtain an overview of the obstacles and opportunities felt by adolescents in participating in stunting prevention programs (Widaryanti, Thomas and Indrawati, 2023).

Adolescent Posyandu is a type of community-based health effort (UKBM) that is managed and organized by, for, and with the community including adolescents. Adolescent Posyandu and adolescent health cadres are formed to improve adolescent reproductive health and facilitate their health needs (Yuliani, Yufina and Maesaroh, 2021). The results of the study show that integrated health posts have succeeded in reducing and preventing stunting in several areas (Hera *et al.*, 2023). According to Vizianti (2022), the role and function of the integrated health post are to prevent stunting and monitor the

development of toddlers by health workers and cadres. Two children diagnosed with stunting have a height of 104 cm and a weight of 15 kg, a normal height for a 6-year-old is 115-118 cm and a normal weight for a 4-year-old is 102-111 cm and a normal weight of 20-22 kg (Vizianti, 2022). According to Hartanti (2023), one of the implications of accelerating stunting is that household quality increases as a result of the stunting reduction acceleration program, which improves family health. This is in line with what Cholil Nafis said in the national halaqoh webinar, which said that a *masalah* family must not only be harmonious and *sakinah* but also *mawaddah wa rahmah*. One of the characteristics of a healthy family free from stunting (Percepatan *et al.*, 2023).

Based on the explanation above, this study has a research objective to determine the role of adolescent *posyandu* on adolescent behavior in preventing stunting. The feasibility of this study is shown by the issuance of ethical clearance with no 160 / Univ.Bhamada / KEP.EC / VIII / 2024.

LITERATURE REVIEW

Role of Teenagers

Around 85 million children live in Indonesia, with more than half of them aged between 10 and 19 years.¹ Adolescents are the future of the country. They are a critical part of strategic development and the timely achievement of the Sustainable Development Goals, and adolescents will be the policymakers by 2030. Children and adolescents, on the other hand, are often excluded from important decision-making and planning processes, even though they have the right to be involved. The Convention on the Rights of the Child – ratified by Indonesia and reflected in Law Number 35 of 2014 on Child Protection – protects the rights of children and adolescents to participate actively. Under the Convention, children and adolescents have the right to express their opinions freely on matters that affect them, regardless of their age and maturity level. To participate, adolescents need a safe space where they can express their opinions, gain confidence, improve their skills through collaboration, and actively engage in fighting for their rights. Participation cannot be fully meaningful without a supportive environment (Unicef, 2020).

It is no longer time for teenagers to be mere spectators or passive actors of ongoing social change. Instead, teenagers must color these changes to create a just and prosperous society. Teenagers are not observers in this role; instead, they are required to be actors in society because of the fact that they are part of society. Knowledge, education, social norms, and ways of thinking of teenagers will ideally be a source of inspiration for others (Yarmaliza, et al., 2020).

In society, youth play an important role. They are involved in religious activities, arts and culture, religious education, even in government. We can see how the youth around us work together to program and carry out activities seriously. To become active youth in their role as drivers of development and motors of renewal in the life of society, they must be trained and fostered all the time. This will help them build an order that is fully supported by the youth themselves. In addition, the young generation has a role as "agents of change" and "social controllers", which means they must implement the standards of living of the Community (Lumbantoruan, 2023).

Stunting

Stunting is a condition of growth failure in toddlers caused by chronic malnutrition, especially during the First 1,000 Days of Life (HPK). A child is considered stunted if his/her length or height is lower than the applicable national standard. The standard in question is stated in the Maternal and Child Health (KIA) book, along with several other documents.

To prevent long-term negative effects, such as stunted growth and development of children, a significant reduction in stunting must be carried out as soon as possible. Because stunting affects the development of a child's brain, their intelligence level is low. This risks causing decreased productivity as adults. Children who suffer from stunting are also more susceptible to disease. Stunted children are more susceptible to disease (Kementerian PPN/ Bappenas, 2018).

One of the factors that causes stunting in children is low nutritional intake from the food consumed by children. Protein deficiency and low energy intake are very important. In addition, lack of exclusive breastfeeding, infectious diseases suffered by children, lack of maternal education about stunting and failure of mothers to provide a balanced diet, and low nutritional intake of children cause stunting. To prevent stunting, it can be done in various ways, such as encouraging exclusive breastfeeding; increasing public awareness of ways to socialize and educate about stunting prevention; providing pregnant women and children with micronutrient supplements to prevent malnutrition; and stakeholder collaboration, involving the government, health institutions, and the community, in a joint effort to prevent stunting. As a result, policies that support maternal nutrition and health interventions with a focus on adolescence must be strengthened (Fauziah *et al.*, 2023).

Youth Integrated Health Post

Adolescent Posyandu is a type of community-based health effort (UKBM) that is managed and organized from, for, and with the community, including adolescents, to improve their health and healthy living skills. Adolescent health services at Posyandu focus on adolescents and include promotive and preventive efforts such as Healthy Living Skills (PKHS), reproductive health, mental health, prevention of naprox abuse, nutrition, physical activity, prevention of non-communicable diseases (PTM), and prevention of violence. The purpose of establishing adolescent Posyandu and adolescent health cadres is to improve adolescent reproductive health and facilitate their medical needs (Yuliani, Yufina and Maesaroh, 2021). The adolescent posyandu uses a five-table system, similar to the toddler posyandu, including a registration table. At the second table, measurements are taken, including measurements of BB, TB, blood pressure, LILA, and HB. If there are symptoms of anemia, the patient will be referred to a health facility. The third table is for registration. Through the fourth table, health services are provided according to various problems. Health services provided include counseling on reproductive health, such as menstrual problems or disorders, puberty, and HIV and AIDS counseling, as well as referrals to health facilities if needed. Counseling on how to avoid drug abuse and its dangers. Nutrition counseling for adolescents and prevention of nutritional problems such as KEK, obesity, and anemia. Health services provided include anthropometric measurements (BB, TB, LP, and LILA), assessment of nutritional status using BMI, assessment of anemia in adolescents, provision of additional blood tablets for adolescent girls, and nutritional consultations. One of the physical activities that can be done by adolescents is stretching or healthy and fit gymnastics together (Vitara, 2023). The results of the study show that integrated health posts have succeeded in reducing and preventing stunting in several areas (Hera *et al.*, 2023). According to Vizianti (2022) pThe role and function of the integrated health post is to prevent stunting and monitor the development of toddlers by health workers and cadres. Two children diagnosed with stunting have a height of 104 cm and a weight of 15 kg, a normal height for a 6-year-old is 115-118 cm and a normal weight for a 4-year-old is 102-111 cm and a normal weight of 20-22 kg (Vizianti, 2022).

METHOD

This research method is descriptive analytical, with a comparative design. While the type of research is quantitative. This research was conducted in Harjosari Kidul Village, Adiwerna District, Tegal Regency, targeting adolescents. The variables in this study are adolescent posyandu as an independent variable and stunting prevention behavior as a dependent variable.

The population in this study were adolescents who attended the adolescent posyandu and lived in Harjosari Kidul Village, Adiwerna District, Tegal Regency, totaling 50 adolescents. A sample is simply defined as a part of the population that is the actual source of data in a study. In other words, a sample is a portion of the population to represent the entire population (Amin, *et al.*, 2023). The sample in this study were teenagers who went to the posyandu when the study was taking place, which was 47 people. The number of samples does not match the population, because there were 3 people who did not go to the adolescent posyandu when the study was conducted. Because this study used the incidental sampling technique, the respondents were teenagers who went to the adolescent posyandu. According to Cohen *et al.*, (2018) 30 samples are the minimum number of respondents when conducting statistical research (Cohen, *et al.*, 2018). Based on mid-2024 data in Tegal Regency, the incidence of stunting is still high, out of 97,203 recorded toddlers, 16.52% are affected by stunting. Judging from the prevalence in Harjosari Kidul Village, the incidence of stunting is higher than the prevalence in Tegal Regency, which is 25% of the 556 recorded toddlers. This figure is still relatively high, so a strategy is needed to reduce the incidence of stunting (Dinkes Kabupaten Tegal, 2024). In this study, the author determines respondents using incidental sampling techniques in determining respondents. The data collection technique in this study is observational with a structured questionnaire. The questionnaire used has been tested for validity and reliability on respondents with the same characteristics, namely adolescents at the adolescent health post in Kalisapu Village, Slawi District, Tegal Regency. The validity test used is person pruduk moment with the results for each item being $p < 0.05$ so that it is said that the questionnaire to be used is valid. The reliability test on the questionnaire uses Cronbach alpha (α) with the results that each item has an α value > 0.7 , so the questionnaire is said to be reliable. After the data is obtained, the next step is data processing which begins with cleaning, namely deleting duplicate data and data that is not relevant to the criteria, then continued with coding, namely providing respondent answer codes. The next stage is tabulating, where the data that has been coded into a master table to make it easier for researchers to analyze the data obtained. Data entry is done by entering data into the SPSS system which is then continued with data analysis.

Before conducting data analysis, the researcher conducted a data normality test using Shariro-Wilk with a p-value of 0.001 (< 0.05) which means that the data is not normally distributed, so it uses a non-parametric analysis test. This study uses two data analyzes, namely univariate analysis and bivariate analysis. Univariate analysis is carried out to describe the characteristics of respondents and describe each variable. Bivariate analysis in this study uses a non-parametric difference test which aims to determine the difference in variables. The statistical test used is Mann Whitney. If the calculation results using the test decision computer program are if the asymp-sign (2-tailed) < 0.05 , then H_a is accepted or there is an influence between the Community Participation variable at the adolescent posyandu and stunting prevention behavior in adolescents.

RESULT AND DISCUSSION

As a forum for information for teenagers, adolescent posyandu is expected to be attended by both men and women with an age range of 10-18 years regardless of education status, marriage and disability. Table 1 explains that there are 10 respondents who do not regularly attend adolescent posyandu (14.87% women and 6.39% men). This happens because respondents prefer to gather with peers outside of adolescent posyandu activities.

Table 1. Respondent characteristics based on gender

Variables	Category	Respondent's Gender				Total	
		Man		Woman		N	%
		n	%	n	%		
Youth Health Post	Not routine	3	6.39	7	14.89	10	21.28
	Routine	15	31.91	22	46.81	37	78.72

Based on the Table 1, the majority of respondents who attended the adolescent posyandu were female, although 14.89 did not attend routinely. While there were 6.39 males who did not attend the posyandu routinely. From the results of discussions with respondents, it was found that they did not routinely attend the posyandu because they preferred playing with peers outside of the posyandu activities, and because the posyandu activities sometimes clashed with other activities.

Table 2. Description of respondents based on their participation in adolescent posyandu regarding behavior

Variables	Category	Behavior						Σ	
		Not enough		Enough		Good		N	%
		n	%	n	%	n	%		
Youth Health Post	Not routine	3	6.39	7	14.89	0	0	10	21.28
	Routine	0	0	2	4.26	35	74.46	37	78.72
Total		3	6.39	9	19.15	35	74.46	47	100

Table 2 shows that 6.39% of respondents who do not routinely attend integrated health posts have poor stunting prevention behavior, even none or 0% have good behavior. Meanwhile, those who routinely attend adolescent integrated health posts mostly have good stunting prevention behavior, namely 74.46%. According to the researcher's analysis, this happens because those who do not routinely attend integrated health posts lack information about adolescent health, especially stunting prevention by adolescents.

Table 3. Frequency Distribution of the Role of Adolescent Posyandu in Preventing Stunting Behavior in Adolescents

Variables	Category	Mean rank	U	p
Youth Integrated Health Post	Not routine	6.20	7.00	0.001
	Routine	28.81		

Table 3 presents the results, namely that there is a significant difference in the role of adolescent posyandu on stunting prevention behavior in adolescents, as indicated by a p value <0.05 (0.001) and a mean rank value indicating a difference between respondents who actively participate in adolescent posyandu and those who are not active, namely 6.20 and 28.81.

Posyandu ramaja can be used as a place for teenagers to build a coaching and understanding forum about the importance of a healthy lifestyle, increase teenagers' knowledge about nutrition and reproductive health, and reduce the number of teenagers involved in delinquency. One way to promote health is to provide health empowerment to the community, especially teenage cadres (Yuliani, *et al.*, 2021). Based on the age of respondents, 100% of respondents are in their late teens (16-21 years).

Health behavior is any activity carried out to improve health and well-being or prevent or detect disease (Swarjana, 2022). Table 2 shows that 74.46% of respondents who attended the integrated health post had good knowledge and 6.39 respondents who did not routinely had poor behavior in preventing stunting in adolescence. This is because respondents did not receive enough information about stunting provided during adolescent integrated health post activities.

Based on the research results of Lisma and Ruwayda (2021), knowledge, attitudes, distance from integrated health posts, sources of information, roles of officers, adolescent health behavior and family support are related to visits to adolescent integrated health posts (Lisma and Ruwayda, 2021). Adolescent Posyandu is a community health service effort designed to improve adolescent health and healthy living skills (Vitara, D., et al 2023). A study conducted by Violita and Hadi (2019) found that only 24.3% of respondents utilized adolescent reproductive health services. After the results were controlled for family and peer support variables, students with high knowledge were almost twice as likely to utilize them as students with low knowledge. To increase awareness and utilization of adolescent health services, students should interact regularly with their parents, gain knowledge through online media and social networks, and participate in peer educator training (Violita and Hadi, 2019).

According to Meillati, et al (2021) in controlling stunting, adolescents are the main target. Adolescents are the closest generation before adults who will definitely become parents in the future. Therefore, it is very important to encourage adolescents to participate more actively in preventing stunting. Adolescents not only learn about stunting personally, but they also become agents of change who can tell others about this problem. To realize a healthy, prosperous, and productive Indonesian society, these things must be done collectively (Millati *et al.*, 2021).

Table 3 presents the results, namely that there is a significant difference in the role of adolescent posyandu on stunting prevention behavior in adolescents, as indicated by a p value <0.05 and a mean rank value indicating a difference between respondents who actively participate in adolescent posyandu and those who are not active, namely 6.20 and 28.81. This shows that the information obtained from adolescent posyandu has a significant role in adolescent behavior in preventing stunting. This is in accordance with the results of research by Afritia, et al (2019) which states that there is a significant difference in reproductive health practices between adolescents who participate in posyandu and those who do not participate in adolescent posyandu (Afritia, Rahfiludin and Dharminto, 2019). In addition, the results of this study are in line with the research of Pratiwi and Yulian (2023) which also stated that in terms of prevention and promotion, adolescent posyandu plays a very important role in reducing stunting rates. This achievement cannot be separated from the health cadres who drive adolescent posyandu (Pratiwi and Yulian, 2022). Stunting is greatly influenced by posyandu. Posyandu focuses on preventive and preventive actions. Factors that influence the formation of posyandu include the knowledge of cadres and the posyandu program itself. Cadre knowledge about stunting is very important to determine their efforts and efforts to deal with stunting in the future. Posyandu programs are also important because having a plan is very important to achieve goals. To achieve this, several

posyandu programs have been created. Posyandu is very important to reduce stunting rates, although there are several obstacles in its implementation (Pratiwi and Yulian, 2022).

CONCLUSION

There is a significant difference in the role of adolescent posyandu on stunting prevention behavior in adolescents as indicated by a p value <0.05, namely 0.001 and a mean rank value indicating a difference between respondents who actively participate in adolescent posyandu and those who are not active, namely 6.20 and 28.81.

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