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RESEARCH

AN ANALYTICAL STUDY OF SUPPLEMENTARY FOOD PROVISION (PMT) ON THE INCREASE IN WEIGHT IN CHILDREN STUNTING IN TODDLERS AT THE POSBINDU IN PAGERWOJO VILLAGE

Revalina Salva Kirana Putri Sunali, Suprianto, Loetfia Dwi Rahariyani, Yessy Dessy Arna

Department of Nursing, Poltekkes Kemenkes Surabaya
Corresponding author: Revalina Salva Kirana Putri Sunali (e-mail: revalinaa112@gmail.com)

ABSTRACT

Stunting is a condition of chronic growth failure caused by long-term nutritional deficiency that tends to result in low body weight in children, and in Sidoarjo Regency the stunting rate was recorded to have risen from 14.8% in 2021 to 16.1% in 2022, prompting this study to determine the effect of supplementary feeding (PMT) on weight gain among stunted toddlers at Posbindu Pagerwojo Village, using a pre-experimental design with a one group pre-test post-test approach involving 30 stunted toddlers aged 1–3.5 years selected through total sampling, consisting of 16 boys (53.3%) and 14 girls (46.7%), who received supplementary feeding regularly for approximately two months (April–May 2026) and had their body weight measured before and after the intervention, which was then analyzed using the Wilcoxon Signed Rank Test since the data were not normally distributed, with results showing that the mean body weight increased from 8.84 kg (SD = 0.500) before the intervention to 9.88 kg (SD = 0.601) afterward, with 28 of the 30 children (93.3%) experiencing weight gain and the statistical test yielding a Z value of -3.668 with a significance level of 0.000 ($p < 0.05$), indicating that supplementary feeding effectively supported catch-up growth in stunted children through consistent delivery, monitoring by community health cadres, and parental compliance, leading to the conclusion that regularly administered and well-monitored supplementary feeding is an effective nutritional intervention for improving the nutritional status of stunted children.

Keywords: Stunting, Supplementary Feeding, Body Weight, Toddlers, Nutritional Intervention

INTRODUCTION

Stunting is a chronic nutritional disorder caused by inadequate nutritional intake over a prolonged period, often resulting from inappropriate feeding practices that do not meet children's nutritional requirements. Stunting may begin during the fetal period and generally becomes clinically apparent when children reach two years of age. Nutritional deficiencies during early childhood can increase the risk of infant and child mortality, increase susceptibility to illness, and result in suboptimal physical growth and development in adulthood (Nurjanah, 2025). The prevalence of stunting in Indonesia in 2022 remained a major public health concern. Indonesia was reported to have the third-highest prevalence of stunting in Southeast Asia, with an average prevalence of 24.4%. Children's nutritional status is closely associated with maternal nutritional health before and during pregnancy. Young women who experience malnutrition and anemia may enter pregnancy with inadequate nutritional reserves. During pregnancy, insufficient maternal nutritional status may negatively affect fetal growth and development. Inadequate nutrient intake during the fetal period may increase the risk of impaired growth and developmental delays. Globally, approximately 22.3% of children under five years of age were affected by stunting, representing approximately 141.8 million children. Although this figure indicates a global decline in stunting over the past decade, the burden remains substantial, particularly in Asia (53%) and Africa (43%) (Uluf et al., 2023).

According to the 2022 Indonesian Nutrition Status Survey (Survei Status Gizi Indonesia/SSGI), the prevalence of stunting in Sidoarjo Regency was 16.1%, representing an increase from 14.8% in 2021. This condition indicates that stunting remains an important public health problem in Sidoarjo Regency and requires serious attention because of its long-term

effects on children's physical growth, cognitive development, and the quality of human resources in the future. The increase in prevalence suggests that existing prevention and management efforts have not yet been fully optimized and therefore require strengthened and sustainable interventions. Improving children's nutritional status is consequently an important component of stunting management, particularly through increasing body weight as one of the indicators of nutritional improvement. Changes in body weight can reflect the adequacy of nutritional intake and the effectiveness of nutritional interventions provided to stunted children (Maritasari and Pratiwi Putri, 2021).

The achievements reported in 2024 provide positive prospects for achieving the national target of reducing the stunting prevalence to 14.2% by 2029, as stated in the National Medium-Term Development Plan (Rencana Pembangunan Jangka Menengah Nasional/RPJMN). This target demonstrates the government's strong commitment to reducing stunting through various integrated policies and programs. The government continues to implement strategies aimed at improving children's nutritional status, including increasing body weight as one of the indicators of nutritional improvement. These strategies involve both specific and sensitive nutrition interventions, such as the provision of nutritious supplementary food, adequate energy and protein intake, particularly animal-based protein, promotion of exclusive breastfeeding and age-appropriate complementary feeding, regular growth monitoring, and improved access to and quality of maternal and child health services ('Aliah Istiqomah et al., 2024).

Efforts to address stunting in Indonesia have been implemented through various programs, one of which is the Scaling Up Nutrition (SUN) movement. SUN is a global movement aimed at addressing malnutrition by focusing on improving nutritional status during the first 1,000 days of life. In addition, the Indonesian government has implemented the Supplementary Feeding for Recovery Program (Pemberian Makanan Tambahan Pemulihan/PMT-P), which aims to improve the adequacy of nutritional intake among children under five, particularly those experiencing nutritional problems. Improvements in the body weight of stunted children are influenced by various factors, including adequate nutritional intake, parenting practices and child-feeding practices, children's health status, environmental and sanitation conditions, and the socioeconomic circumstances of families (Nilfar & Ruanida, 2018).

Efforts to increase the body weight of stunted children continue to face several challenges, including inadequate nutritional intake, recurrent infectious diseases, limited parental knowledge regarding child nutrition, household economic constraints, and poor environmental sanitation. In this context, Supplementary Feeding (Pemberian Makanan Tambahan/PMT) represents an important specific nutrition intervention that can contribute to increasing the intake of energy, protein, and micronutrients among stunted children. PMT is provided as a supplement to regular meals and is expected to support weight gain and improve children's nutritional status. However, the effectiveness of supplementary feeding depends on several factors, including the consistency of food provision, nutritional quality, adherence to the recommended feeding practices, and the availability of complementary interventions such as nutrition education, infection prevention, and improvements in environmental conditions.

Therefore, the National Medium-Term Development Plan (RPJMN) emphasizes the importance of a comprehensive, cross-sectoral, and sustainable approach to addressing the various risk factors associated with stunting. Such an approach is necessary to strengthen nutrition interventions and achieve the national target for stunting reduction (Oktavia & Editia, 2024). Based on these considerations, further research is needed to examine the effect of supplementary feeding on increasing the body weight of stunted children. Therefore, this study aims to investigate the effect of Supplementary Feeding (PMT) on body weight improvement among stunted children under five years of age at Posbindu, Pagerwojo Village.

METHOD

This study used a quantitative analytical research design with a one-group pre-test post-test design to determine the effect of Supplementary Feeding (PMT) on body weight improvement among stunted children under five years of age at Posbindu, Pagerwojo Village, Sidoarjo Regency, East Java. Body weight was measured before and after the PMT intervention.

The study was conducted at Posbindu, Pagerwojo Village, Sidoarjo Regency, during April–May 2026. The study involved 30 stunted children under five years of age who met the predetermined inclusion and exclusion criteria. Respondents were selected using purposive sampling.

The independent variable was Supplementary Feeding (PMT), while the dependent variable was body weight improvement. PMT was provided as additional nutritional intake, while body weight was measured using a digital weighing scale before and after the intervention.

Data were collected through direct measurement of respondents' body weight and PMT

monitoring. The data were processed through editing, coding, data entry, cleaning, and tabulation.

Data analysis consisted of univariate and bivariate analysis. Univariate analysis was used to describe respondent characteristics and body weight before and after PMT. The Shapiro–Wilk test was used to assess data normality. Because the study compared two related measurements from the same respondents, the Wilcoxon Signed Rank Test was used to determine differences in body weight before and after the PMT intervention. A p-value < 0.05 was considered statistically significant. The research document also identifies the Wilcoxon Signed Rank Test as the statistical test used in the study. Ethical approval for this study was obtained from the Health Research Ethics Committee of Politeknik Kesehatan Kementerian Kesehatan Surabaya number: (approval EA/4257/KEPK-Poltekkes Sby/V/2026).

RESULTS

Table 1 Distribution of Respondents by Sex (n=30)

Sex	Frequency (*f*)	Persentage (%)
a. Male	16	53,3
b. Female	14	46,7
Total	30	100

Table 1 A total of 30 stunted children under five years of age participated in this study. The respondents consisted of 16 boys (53.3%) and 14 girls (46.7%). The age of the respondents ranged from 1 to 3.5 years. The largest age group was 1.5 years, consisting of 8 children (26.7%), followed by 2.5 years with 6 children (20.0%). The smallest age groups were 1.7 and 1.9 years, with one child (3.3%) in each group.

Table 2 Mean Body Weight Before and After Supplementary Feeding (n=30)

Measurement	Mean Body Weight (kg)	Mean Difference (kg)
a. Before PMT	8,84	-
b. After PMT	9,88	1,04

Table 2 The results showed that the mean body weight before the Supplementary Feeding (PMT) intervention was 8.84 kg, while the mean body weight after the intervention increased to 9.88 kg. Thus, the mean body weight increased by 1.04 kg per child following the PMT intervention. The body weight difference among respondents ranged from 0.7 to 1.2 kg

Table 3 Distribution of Respondents According to Weight-for-Age Nutritional Status (n=30)

Nutritional Status	Sample Size (n)	Persentage (%)
a. Severely underweight	14	46,7
b. Underweight	4	13,3
c. Normal	5	16,7
d. Risk of overweight	7	23,3
Total	30	100

Table 3 The nutritional status of the respondents was also assessed using the weight-for-age (W/A) indicator. The largest proportion of respondents was classified as severely underweight, consisting of 14 children (46.7%). This was followed by the risk of overweight category with 7 children (23.3%), the normal category with 5 children (16.7%), and the underweight category with 4 children (13.3%).

Table 4 Normality Test Results (n = 30)

Variabel	K-S Statistic	Sig. (K-S)	S-W Statistic	Sig. (S-W)
Body weight before PMT	**0,399**	**0,000**	**0,464**	**0,000**
Body weight after PMT	**0,370**	**0,000**	**0,484**	**0,000**

Table 4 The normality of body weight data before and after PMT was assessed using the Kolmogorov–Smirnov and Shapiro–Wilk tests. Because the sample consisted of fewer than 50 respondents, the Shapiro–Wilk test was used as the primary reference. Both pre-test and post-test body weight data had a significance value of 0.000 (p

< 0.05), indicating that the data were not normally distributed.

Table 5 Wilcoxon Signed Rank Test (n = 30)

Variabel	Sample Size (n)	Mean Rank	Sum of Rank
Negative Ranks (Post-test < Pre-test)	**2**	**27,50**	**55,00**
Positive Ranks (Post-test > Pre-test)	**28**	**14,64**	**410,00**
Total	**30**		
Test Statistics			
Statistic			**value**
Z			**-3,668**
Asymp. Sig. (2-tailed)			**0,000**

Table 5 The Wilcoxon Signed Rank Test produced a Z value of −3.668 and a p-value of 0.000 (p < 0.05). Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted. These results indicate a statistically significant difference in body weight before and after the Supplementary Feeding intervention. The proportion of respondents experiencing increased body weight was 93.3%, indicating a consistent positive change following PMT.

DISCUSSION

The results of this study showed that the provision of Supplementary Feeding (PMT) was associated with a significant improvement in body weight among stunted children under five years of age at Posbindu, Pagerwojo Village. Before the intervention, the mean body weight of the respondents was 8.84 kg, whereas after receiving PMT, the mean body weight increased to 9.88 kg, resulting in an average increase of 1.04 kg per child. The minimum and maximum body weights also showed an increase after the intervention. Furthermore, 28 respondents (93.3%) experienced an increase in body weight, while only 2 respondents (6.7%) experienced a decrease. These findings indicate that most children showed a positive change in body weight after receiving additional nutritional intake through the PMT program.

The increase in body weight can be related to the role of PMT in providing additional nutritional intake to children whose nutritional requirements may not have been adequately met through their usual diet. Stunted children generally experience chronic nutritional problems that can affect physical growth. Adequate intake of energy and protein is needed to support tissue formation, body growth, and weight gain. Therefore, the provision of nutritious supplementary food can help increase the amount of nutrients consumed by children and may subsequently contribute to an improvement in body weight. This is consistent with the theoretical framework in the KTI, which explains that inadequate nutritional intake over a prolonged period can interfere with children's growth and nutritional status.

The statistical analysis further supports the observed increase in body weight. The normality test showed that the pre-test and post-test body weight data were not normally distributed, with a Shapiro–Wilk significance value of 0.000 (p < 0.05). Therefore, the Wilcoxon Signed Rank Test was used to compare body weight before and after the intervention. The analysis produced a Z value of −3.668 and a p-value of 0.000, which was lower than the significance level of 0.05. Thus, the null hypothesis was rejected and the alternative hypothesis was accepted, indicating a statistically significant difference in body weight before and after the provision of PMT.

The fact that 93.3% of respondents experienced weight gain is an important finding because it demonstrates that the increase was not limited to only a small number of children. The positive rank results in the Wilcoxon analysis showed that 28 respondents had higher body weight after the intervention, while only 2 respondents had lower body weight and none had the same body weight. This pattern suggests that the intervention was followed by a consistent positive change in the majority of respondents.

The improvement in body weight may also indicate that PMT can function as a complementary intervention for children experiencing nutritional problems. PMT is not intended to replace the child's main meals but to provide additional nutrients that complement the child's daily dietary intake. When provided consistently and appropriately, additional energy and protein may support the child's nutritional needs and contribute to weight gain. The findings in

this study therefore support the implementation of PMT as one of the specific nutritional interventions for children with nutritional problems.

In addition, the response to PMT may differ between children because body weight is influenced by various factors, including the adequacy of daily food intake, feeding practices, infectious diseases, maternal nutritional knowledge, socioeconomic conditions, and environmental sanitation. Therefore, although the results of this study demonstrate a significant difference in body weight after PMT, the improvement cannot necessarily be attributed exclusively to PMT without considering other factors that may have occurred during the intervention period.

Overall, the findings demonstrate that Supplementary Feeding was significantly associated with body weight improvement among stunted children under five years of age at Posbindu, Pagerwojo Village. The increase in mean body weight from 8.84 kg to 9.88 kg, an average increase of 1.04 kg, together with the significant Wilcoxon test result ($Z = -3.668$; $p = 0.000$), indicates a positive change following the intervention.

CONCLUSION AND SUGGESTION

Conclusion

Based on the results of the study on the effect of Supplementary Feeding (PMT) on body weight improvement among stunted children under five years of age at Posbindu, Pagerwojo Village, it can be concluded that Supplementary Feeding had a significant effect on body weight improvement among stunted children. The mean body weight increased from 8.84 kg before the intervention to 9.88 kg after the intervention, with an average increase of 1.04 kg. Furthermore, 28 respondents (93.3%) experienced an increase in body weight, while 2 respondents (6.7%) experienced a decrease. The Wilcoxon Signed Rank Test showed a Z value of −3.668 with a p-value of 0.000 ($p < 0.05$). Therefore, there was a statistically significant difference in body weight before and after the provision of Supplementary Feeding.

Recommendations

Parents are encouraged to provide nutritious and balanced meals and to ensure that Supplementary Feeding (PMT) is consumed regularly by children. Parents should also monitor their children's growth through routine weight and height measurements at Posbindu or other health services. Health workers and Posbindu cadres are expected to continue implementing and monitoring the PMT program and provide nutrition education to parents regarding appropriate feeding practices and children's nutritional needs. The community is encouraged to actively participate in stunting prevention and management programs through regular growth monitoring and the implementation of healthy feeding and sanitation practices. Future researchers are recommended to conduct studies involving larger sample sizes, control groups, and longer intervention periods to obtain more comprehensive evidence regarding the effectiveness of Supplementary Feeding in improving the nutritional status and growth of stunted children.

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