

ANALYSIS OF SUPPLEMENTARY FOOD PROVISION AND NUTRITIONAL COUNSELING THROUGH HEALTH PROGRAMS TARGETING NUTRITIONAL IMPROVEMENT IN TODDLER CHILDREN (A STUDY AT TAMANAN BONDOWOSO HEALTH CENTER)

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Abstract

The main issue related to malnutrition is parental knowledge. Education also affects parents' mindset regarding health issues. Higher education levels among parents influence their ability to correctly receive or understand information about maintaining their own health and that of their children, especially in providing adequate nutrition. Parents who are sensitive to education will strive to seek information to enhance their knowledge. Malnutrition issues generally occur in children of preschool age. This research was conducted at the Tamanan Health Center with the aim of testing and analyzing the influence of service quality and facilities on patient satisfaction, mediated by the competence of the staff. The research subjects were parents with preschool children participating in nutrition service programs at both the Tamanan Health Center and the integrated health posts (Posyandu) within the Tamanan Health Center's working area. The study was conducted from March to May 2025, involving 140 respondents. The results show that the provision of supplementary food has a positive and significant impact on the health program for preschool children at the Tamanan Health Center. Nutritional counseling has a positive effect but is not significant for the health program at the Tamanan Health Center. The provision of supplementary food positively impacts but is not significant for the nutritional improvement targets for preschool children at the Tamanan Health Center. Nutritional counseling positively and significantly affects the nutritional improvement targets for preschool children at the Tamanan Health Center in Bondowoso. The health program positively and significantly influences the nutritional improvement targets for preschool children at the Tamanan Health Center in Bondowoso. The provision of supplementary food has a positive and significant effect on nutritional improvement targets through the health program at the Tamanan Health Center in Bondowoso. Nutritional counseling has a positive effect but is not significant for the nutritional improvement targets through the health program at the Tamanan Health Center in Bondowoso.

Keywords: *Supplementary Food Provision, Nutritional Counseling, Health Program, Nutritional Improvement Targets.*

INTRODUCTION

Public health is a fundamental aspect of a nation's development that encompasses efforts to improve health, prevent diseases, and ensure equitable health services for all segments of society. (Boli, 2020) emphasizes that optimal public health conditions are a key prerequisite for achieving productivity and social welfare. This aligns with the views of (Sriatmi & Kartini, 2021), who underline the importance of a comprehensive approach in addressing public health issues through various intervention programs. (Setyowati & Rosemary, 2020) add that the success of public health programs highly depends on the synergy between the government, healthcare professionals, and active community participation. Efforts to improve public health are becoming increasingly crucial given the various health challenges faced, especially regarding community nutrition. Child nutrition status is one of the important indicators for assessing the level of public health and is a primary focus in health development. According to (Arnita et al., 2020), the quality of nutrition during childhood has long-term impacts on an individual's physical, cognitive, and social development. (Gunawan & Prameswari, 2022) state that nutrition issues in children

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remain a serious challenge in Indonesia, particularly concerning stunting and malnutrition. This is supported by research from (Karlina, 2020), which shows that malnutrition in children is strongly correlated with family welfare levels and access to health services. Malnutrition issues generally occur in children of toddler age. Kirana et al. (2022) state that the toddler years are a period during which growth and development happen rapidly. During this time, toddlers require adequate nutritional intake in greater quantity and quality, as they generally have high physical activity and are still in the learning process. Malnutrition in toddlers is influenced by various complex factors. However, fundamentally, malnutrition in toddlers is directly affected by the adequacy of food consumption, particularly for energy and protein intake. Research shows that the continuity of food availability plays a significant role in the low nutritional status of toddlers (Aspatria, 2020).

Physical development, mental growth, and overall health can be hindered by stunting. In addition to affecting a child's motor and mental development, this condition is associated with reduced physical work capacity. Young children have critical needs that must be met if we want them to grow and develop optimally according to their age group. Human needs extend beyond basic necessities such as food, water, clothing, housing, transportation, media, and other facilities. However, to be physically healthy, psychological needs must also be fulfilled. Failure to do so can lead to consequences (Ahmad & Munthe, 2021). Nutritional fulfillment for children begins from the first 1000 days of life, from the start of pregnancy until the child's second year, which is when a child's nutritional needs should be fully met. This period is known as the "golden age" because a child grows and develops rapidly during this time. Children over the age of 2 still require a healthy diet, making them more vulnerable to diseases and nutrition-related issues. The critical period, also known as the window of opportunity or the first two years of life, is a short time frame that is particularly susceptible to environmental factors. Poverty, malnutrition, poor sanitation, and the environment all contribute to children's growth delays.

Supplementary Food Provision (PMT) is a key intervention in nutrition improvement programs. PMT is a program for providing supplementary food initiated by the central government, regulated through Presidential Regulation Number 72 of 2021 concerning the National Action Plan for the Prevention and Management of Stunting 2020-2024. This program is then continued and implemented by local governments as a concrete step to address nutrition issues, particularly stunting at the local level. Supplementary food provision is an intervention program for toddlers suffering from malnutrition, aimed at improving children's nutritional status and meeting their nutrient needs to achieve good nutritional status appropriate for their age. The importance of interventions to prevent and address stunting becomes increasingly clear when examining the concerning prevalence data. Stunting is caused by inadequate nutrition intake during the first 1,000 days of life (HPK), which is permanent and difficult to remedy. One effective approach to address malnutrition is through the provision of supplementary food and vitamin A supplementation. Specifically designed supplementary foods can help meet the micronutrient needs of children that are often unmet by daily food intake.

Vitamin A, crucial for eye health and the immune system, also plays a role in supporting children's growth and development (Mussadat et al., 2024). Nutrition improvement targets are a primary focus in efforts to enhance children's health status. (Muthia, 2022) explains that the national nutrition improvement target includes reducing the prevalence of stunting to 14% by 2024. Agustina et al. (2024) emphasize the importance of setting measurable and realistic targets in nutrition improvement programs. Meanwhile, Fahrina & Taupik (2023) highlight that achieving nutrition improvement targets requires cross-sector collaboration and an evidence-based approach. This study is supported by several research findings demonstrating the effectiveness of community-based nutrition improvement programs (Doren et al., 2019; Nelista & Fembi, 2021; Tunggadewi & Lubis, 2021), emphasizing the importance of active community involvement in achieving nutrition improvement targets. Masri et al. (2020) demonstrated the effectiveness of PMT in improving toddlers' nutritional status through their research. Fajar et al. (2022) revealed that the success of the PMT program is highly influenced by target accuracy and the quality of the food provided. Jayadi & Rakhman (2021) added the importance of continuous evaluation in the implementation of the

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PMT program to ensure optimal target achievement. Additionally, previous studies have reinforced the importance of the PMT program in improving children's nutritional status (Febriyanti & Handayani, 2022; Putri & Rahardjo, 2021; Rochmat et al., 2024), showing significant improvements in the nutritional status of toddlers receiving regular PMT interventions. However, in contrast, the research by Aspatia (2020) showed that the provision of supplementary food composed of cassava, fish, and legumes did not significantly contribute to the improvement of toddlers' nutritional status using the height-for-age indicator. The differing results highlight a gap for further research in the future.

Knowledge about nutrition plays a crucial role in meeting an individual's nutritional adequacy. The level of knowledge encourages individuals to possess optimal abilities in terms of knowledge and attitudes. A lack of knowledge about nutrition affects an individual's understanding of concepts, principles, and information related to nutrition. Efforts to enhance knowledge can be conducted through nutrition education. Nutrition education promotes knowledge and attitude changes (Doloksaribu and Simatupang, 2020). One of the efforts to tackle malnutrition is through increasing knowledge, attitudes, and behaviors regarding nutritional counseling. Nutritional counseling is an interpersonal two-way communication process between the counselor and the client to help the client recognize, address, and make informed decisions about their nutritional issues (Rahayu et al., 2021).

One approach to addressing nutritional problems is the implementation of nutrition improvement programs. Nutrition improvement programs are an integral part of public health programs that play a vital role in creating a better degree of public health. To achieve this goal, nutrition improvement programs must be carried out systematically and continuously. One way to enhance mothers' awareness and knowledge of nutrition is through nutritional health counseling activities. Nutritional health counseling is a two-way communication process between the counselor and the client to help the client recognize and address nutritional issues. Nutritional counseling plays a vital role in supporting the success of nutrition improvement programs. Hapsari et al. (2022) emphasized the importance of nutrition education and counseling, especially for pregnant women and mothers of toddlers. Simbolon et al. (2023) demonstrated that effective nutritional counseling can improve knowledge and change behaviors in child feeding practices.

The success of health programs in improving nutrition heavily depends on the integration of various approaches, including supplementary food provision and nutritional counseling (Masri et al., 2020; Nurhajar et al., 2024; Pujiastuti et al., 2023). Rahma et al. (2021) concluded in their research that the success of health programs for toddlers has a positive impact on efforts to prevent stunting and improve children's nutrition. Sari and Putri (2021) stated that health programs in the form of balanced nutrition education and nutritional status monitoring have a significant impact on achieving targets for improving the nutritional status of undernourished children. Rozalinasari and Nurmasari noted that the implementation of health programs is still hindered by budget constraints, affecting the targets for improving the nutrition of toddlers and pregnant women. Similarly, Sugianti (2020) found that health programs aimed at improving nutrition carried out by health centers face challenges and deficiencies in several aspects, including funding, the quality of health center staff, and the contribution of healthy food supplies, which are inadequate and thus less impactful for the nutrition improvement targets for children. The differing results of this research present a gap for conducting further studies on similar themes.

Nutritional issues among children in the operational area of the Tamanan Health Center show a complex dynamic and require special attention. Based on nutritional surveillance data from the Tamanan Health Center, there has been a significant fluctuation in children's nutritional status over the past five years. This condition illustrates the challenges faced in efforts to achieve and maintain optimal nutritional status among children in the Tamanan Health Center's area. The complexity of these nutritional issues is influenced by various factors such as family socioeconomic conditions, parenting styles, availability of nutritious food, and access to health services. Additionally, challenges in program implementation arise from the broad geographical scope of the operational area, limitations in human resources and infrastructure, as well as the level of community understanding and participation in nutrition programs. This

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situation is complicated by changes in community consumption patterns and the challenge of maintaining the sustainability of nutritional intervention programs amid various limitations. The percentage of children with malnutrition decreased from 3.22% in 2022 to 1.73% in 2023, and further down to 1.50% in 2024. However, the rate of undernutrition remains high, with a slight decrease from 9.59% in 2023 to 9.20% in 2024. The proportion of children with good nutritional status increased from 79.52% in 2022 to 80.67% in 2023, reaching 81.30% in 2024, although this figure is still below the achievement of 85.51% in 2019. This data indicates the need for ongoing efforts to improve the nutritional status of children in the region. This phenomenon shows that achieving nutrition improvement targets requires strengthening aspects of Health Programs as a mediating factor that plays a crucial role in optimizing nutrition interventions, particularly through supplementary food provision (PMT) and nutritional counseling. Health Programs serve as a critical bridge connecting nutrition interventions with the achievement of improved nutritional status targets for children, given that this program encompasses systematic planning, implementation, monitoring, and evaluation in accordance with Minimum Service Standards (SPM) in health.

The Theory of Planned Behavior (TPB) underpins this research and serves as a relevant theoretical framework for analyzing and designing nutrition improvement interventions, especially in the operational area of the Tamanan Health Center. TPB emphasizes three main factors that influence behavior: attitude, subjective norms, and perceived behavioral control. In the context of nutrition improvement, community attitudes towards the importance of balanced nutrition, subjective norms influenced by social environments (such as family and community leaders), and perceived behavioral control related to access to nutritious food and health services can be important determinants in changing nutritional behavior. For instance, nutrition counseling programs and supplementary food provision (PMT) can be designed considering these factors to enhance community participation and compliance. By understanding how these three factors interact, nutrition interventions can be more effective in changing community behavior towards better nutritional practices.

This research contributes novelty by integrating the Theory of Planned Behavior (TPB) approach in the context of nutrition improvement in the Tamanan Health Center's operational area. Additionally, this study thoroughly examines the dynamics of children's nutritional status during the period of 2019-2024, which has not been extensively studied in previous research. Another novelty lies in the analysis of the role of Health Programs as a mediating factor in optimizing nutrition interventions, such as supplementary food provision (PMT) and nutritional counseling. This study also explores the challenges of implementing nutrition programs at the community level, including geographic, socioeconomic factors, and community participation, which have often received less attention in similar studies. Therefore, the findings of this research are expected to provide more comprehensive and contextual recommendations for policymakers in designing and implementing future nutrition improvement programs.

LITERATURE REVIEW

Nutritional program

Nutritional program policies are a means to achieve healthy eating patterns and optimal nutritional status to support health, improve health, and ensure long-term welfare in a country through government programs. Nutritional policies and multilevel cross-sectoral coordination mechanisms need to be implemented to guarantee food and nutrition security for all, including the youth, children, adolescents, pregnant women, and breastfeeding mothers (Pérez-Escamilla et al., 2020). One of the efforts by WHO currently involves developing a new set of guidelines on food policies and school nutrition programs. These guidelines are designed to help more countries accelerate policy actions to protect, promote, and support healthy eating patterns in schools, as well as to implement regular deworming in schools (Assessing, 2023). The nutritional program policy algorithm aims to characterize the nutritional quality (health) of food and beverages overall. It is generally based on the nutrient content of food products (Martin et al., 2023). The addition of nutrition education to reduce malnutrition status may be cost-effective and more effective if adhered to by the community. Nutrition education has been shown to improve nutritional knowledge,

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attitudes, and healthy eating practices in various countries (Wiafe et al., 2023). Food recall is also one of the strategies of the Indonesian government in addressing stunting by promoting the provision of balanced nutrition for toddlers to adolescents. However, during implementation, social imbalances can affect success in low- and high-socioeconomic communities (Lowe et al., 2021). The Indonesian government is preventing NCDs among toddlers and even up to the age of five by channeling nutritional policy programs through posyandu and posbindu (Cini et al., 2023). Food and Nutrition Policies in Indonesia have gradually evolved, adapting to the stages of national development and the prevailing nutritional issues of the time. There are five important decades to note in the history of nutritional program policy in Indonesia, as outlined by Doddy Izwardy in Hardinsyah and Supariasa (2019). In the 1970s, the government initiated the Family Nutrition Improvement Program (UPGK) aimed at combating four major nutritional issues: Protein-Energy Malnutrition (PEM), Vitamin A Deficiency (VAD), Iodine Deficiency Disorders (IDD), and Nutritional Anemia. Subsequently, in the 1980s, specifically in 1984, to accelerate the reduction of infant and maternal mortality, nutrition services were integrated with immunization services, maternal and child health (MCH) services, and family planning (FP) services at Integrated Service Posts (Posyandu).

Nutritional improvement targets

The nutritional status of toddlers is one indicator that reflects the level of community welfare. One way to assess nutritional status in toddlers is through anthropometry, measured by the Weight-for-Age (W/A) index or weight relative to height (W/H). The development of community nutritional status can be monitored through the recording and reporting results of community nutrition improvement programs, reflected in the monthly weighing of infants and toddlers at integrated service posts (Posyandu). In 2014, through Minister of Health Regulation No. 23 on nutrition improvement efforts, the government aimed to collaborate with various parties, from the government to the community, in efforts to improve nutrition in society. Nutrition is a measure of an individual's bodily condition, which can be seen from the food consumed and the utilization of nutrients in the body. The measure of success in meeting nutritional needs is nutritional status. The nutritional status of toddlers reflects the level of development and welfare of a community in a country and is related to children's nutritional status in the future.

Nutritional status is a condition of the body resulting from the balance between nutrient intake and needs. This balance can be observed through growth variables, namely weight, height/length, head circumference, arm circumference, and limb length. Nutritional development in children can be consulted at the nearest and accessible health service centers, such as health clinics (Puskesmas). According to Minister of Health Regulation No. 23 of 2014, Article 7, it is stated that the district local government is tasked with and responsible for the organization and facilitation of nutrition, the management of malnutrition prevention, family nutrition improvement, meeting the adequacy and improvement of nutrition in the community, especially for poor families, those at risk of malnutrition, and in emergency situations. The government is also responsible for increasing community knowledge and awareness of the importance of nutrition and its impact on improving nutritional status, providing nutrition improvement services at local health service facilities, and implementing facilitation, licensing, coordination, monitoring, and evaluation.

Supplementary Food Provision (PMT)

Supplementary food is food provided to toddlers to meet the nutritional adequacy that they obtain from the daily meals provided by their mothers (Kemenkes RI, 2011). The infancy period is the beginning of growth and development, which requires nutrients. Excessive nutrient consumption can also be harmful to health. For example, excessive energy and protein intake can lead to obesity, increasing the risk of diseases. To achieve optimal health, the Recommended Dietary Allowance (RDA) has been established based on the Minister of Health Regulation of the Republic of Indonesia Number 75 of 2013 concerning the Recommended Dietary Allowances for the Indonesian Nation. The provision of Supplementary Food (PMT) to the target group must be carried out correctly according to the recommended consumption guidelines. Providing supplementary food that is not targeted or does not adhere to consumption rules will

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be ineffective in efforts to restore the nutritional status of the target group and may lead to nutritional problems. Toddler Supplementary Food is a nutritional supplement in the form of biscuits with a special formulation, fortified with vitamins and minerals, provided to infants and toddlers aged 6-59 months who are categorized as underweight. For infants and children aged 6-24 months, this supplementary food is used alongside Complementary Foods for Breastfed Infants (MP-ASI). The toddler nutrition improvement program targets toddlers. Toddlers are the primary target for nutritional improvement services provided by health centers and villages. Health centers play a role in conducting outreach or education about nutrition improvement programs. Balanced nutrition education has proven effective in increasing nutritional knowledge among the target groups. This has been demonstrated in various studies, even with different target groups. For children, balanced nutrition education through the use of songs has been shown to influence nutritional knowledge levels in preschool-aged children. In elementary school children, nutrition education can change knowledge and sedentary lifestyles in those with poor nutrition. There is a significant difference in students' knowledge before and after education. Based on this evidence, nutrition education is an effective method for changing the knowledge of the target audience. For pregnant women, providing education about balanced nutrition influences their knowledge of proper nutrition.

Nutritional Counseling

Nutritional issues in toddlers are health and welfare disturbances caused by an imbalance between intake and the body's nutritional needs, along with the effects of infectious disease interactions. Nutritional imbalances can lead to both undernutrition and overnutrition. Good nutritional status is necessary to determine the presence or absence of malnutrition in toddlers. Nutritional counseling is a two-way communication process that facilitates the approach to patients and their families to find solutions to their nutritional problems. Through nutritional counseling, patients and families are expected to apply procedures that address the patient's nutritional issues and improve dietary patterns to achieve nutritional balance in the body (Iriantika & Margawati, 2017). According to the PPSDM Kemenkes 2018, nutritional counseling is a process conducted to help individuals make decisions in solving their nutritional problems. Nutritional counseling involves two main components: the counselor and the client. A nutrition counselor is a nutrition expert responsible for assisting clients with nutritional issues and motivating them to make decisions regarding alternative solutions to be implemented (Supariasa, 2011). Nutritional counseling is essential for helping to identify whether someone is experiencing undernutrition or overnutrition, increasing knowledge and awareness about diabetes, assisting clients in addressing their nutritional problems, helping to change clients' behaviors related to nutrition, and managing diets for specific illnesses to prevent further deterioration of their health.

METHOD

This research aims to explain the relationship between one variable and another, as well as to clarify causal relationships among variables through hypothesis testing proposed in the study (Singarimbun and Efendi, 2020). The research utilizes respondents' answer data, which is quantified using a numerical scale, making it a quantitative study that seeks to explain and detail the conditions of each variable and examine the relationships among variables using measured numerical data or mathematical models (Sugiyono, 2021). This research was conducted at Jl. Maesan No. 50, Tamanan Timur, Tamanan, Kec. Tamanan, Bondowoso Regency, East Java 68263. The research period was from April to May 2025. The data used in the study were obtained from questionnaire responses from parents with toddlers at the Tamanan Bondowoso Health Center. The population for this study consisted of all inpatients registered at the Taman Krocok Health Center in Bondowoso during April to May, totaling 290 individuals in 2024. The appropriate sample size, according to Sugiyono (2020), depends on the desired error rate. The larger the sample size from the studied population, the smaller the chance of error, and vice versa. According to Arikunto (2020), if the subjects are fewer than 100, all should be included; if the subjects are large or more than 100, 10-15% or 20-25% or more can be taken. Referring to Arikunto's opinion and the considerations stated, the sample

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size used in this study is 50% of 290 respondents, resulting in 140 respondents. The sampling technique used in this study is non-probability sampling, specifically purposive sampling. Purposive sampling is a technique for selecting samples based on specific considerations, where the sample is obtained from a particular target group that can provide the desired information because they possess that information and meet the criteria set by the researcher (Sugiyono, 2020). The data collection method used in this study is through a questionnaire, which involves gathering data by presenting a written list of questions to respondents. The questions posed are logically related to the research problems, and each answer has significance in testing the hypothesis (Sugiyono, 2021). The considerations used in selecting respondents are as follows:

- a) The respondent is the biological parent of a child classified as undernourished or malnourished.
- b) The respondent has regularly attended health checks at the Posyandu for the past six months.
- c) The respondent has at least a high school education.

Hypothesis testing is conducted using Variance-based SEM or Partial Least Square (SEM-PLS) with the Smart PLS 4 program. SEM-PLS is used for exploratory research. In other words, the PLS approach is more suitable for predictive purposes. Another consideration in using PLS as a measurement tool is that the indicators forming the constructs in this research are reflective. The reflective model assumes that latent variables influence the indicators, with the direction of causality flowing from the construct to the indicator or manifest (Ghozali, 2020). The outer model (outer relation or measurement model) defines how each block of indicators relates to its latent variable. The measurement model or outer model with reflective indicators is evaluated using convergent and discriminant validity of the indicators and composite reliability for the block indicators (Ghozali, 2020). The outer model test in the reliability test is used to assess the validity and reliability of the measurement model. The outer model with reflective indicators is evaluated through the convergent and discriminant validity of the indicators forming the latent construct, as well as composite reliability and Cronbach's alpha for its block indicators.

Direct effect testing is conducted to determine the direct impact of an independent variable on a dependent variable without the influence of mediating variables (Hair et al., 2017). The main objective of this test is to identify and measure the strength of the direct relationships among variables in the structural model. In this testing, researchers examine the path coefficient values and significance levels (p-value or t-statistic). The criteria for testing are that if the t-statistic value > 1.96 (at a significance level of 5%) or p-value < 0.05 , then the direct effect is considered significant (Kock, 2015). The larger the path coefficient value, the stronger the direct effect of the independent variable on the dependent variable. Indirect effect testing aims to evaluate the impact of an independent variable on a dependent variable through one or more mediating variables (Zhao et al., 2010). This testing is important for understanding the mechanisms or processes underlying the relationships among variables in more complex models. In conducting this test, researchers typically use the bootstrapping method to calculate the standard error and t-statistic values of the indirect effects (Hair et al., 2017). The criteria for testing are similar to those for direct effects, where an indirect effect is considered significant if the t-statistic value > 1.96 or p-value < 0.05 .

The magnitude of the indirect effect is calculated by multiplying the path coefficients from the independent variable to the mediator and from the mediator to the dependent variable. Mediation effect testing is conducted to determine whether a variable functions as a mediator in the relationship between the independent and dependent variables (Hair et al., 2017). The aim is to reveal the mechanisms underlying a relationship, providing a deeper understanding of the causal processes within the model. There are several approaches to mediation testing, such as the causal steps method by Baron and Kenny, or more modern approaches like the Sobel test and bootstrapping (Hayes, 2017). The testing criteria may vary depending on the methods used, but generally involve evaluating the significance of the indirect effects and comparing the strengths of direct and indirect effects. The coefficient of determination (R^2) is a measure that indicates how well the structural model explains the variation in the dependent variable (Hair et al., 2019). Its main purpose is to evaluate the predictive power of the model. The R^2 value ranges from 0 to 1, where a higher

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value indicates better predictive capability. In the context of PLS-SEM, the general criteria for assessing R^2 are: 0.75 is considered substantial, 0.50 is considered moderate, and 0.25 is considered weak (Hayes, 2017).

RESULTS AND DISCUSSION

Validity Test 1

The validity test of the measurement model can be assessed by the correlation between the indicator scores and their construct scores, with the criterion that a loading factor value greater than 0.5 indicates validity.

Tabel 1 Uji Validitas Variabel Pemberian makanan tambahan

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Pemberian makanan tambahan	X1.1	0,689	0,500	Valid
	X1.2	0,847	0,500	Valid
	X1.3	0,720	0,500	Valid
	X1.4	0,454	0,500	Invalid
	X1.5	0,822	0,500	Valid
	X1.6	0,593	0,500	Valid
	X1.7	0,485	0,500	Invalid
	X1.8	0,797	0,500	Valid

Sumber: data diolah Smart PLS 4,0

The variable of supplementary food provision consists of 8 indicators: X1.1 Frequency of receiving supplementary food, X1.2 Duration of PMT provision, X1.3 Type of supplementary food received, X1.4 Place of PMT receipt, X1.5 Frequency of PMT receipt, X1.6 Toddler's preference level for PMT, X1.7 Reasons for not liking PMT, X1.8 Side effects after consuming PMT. Indicators X1.4 and X1.7 showed calculation results that were not valid, so these variables were not used in the research testing. Meanwhile, the other variables met the criteria as their discriminant validity values were above 0.5. Based on the validity test results, for indicator X1.3, which is the type of food received, the loading factor value was the lowest at 0.720. In contrast, indicator X1.2, which is the duration of provision, had the highest loading factor value of 0.847.

Tabel 2. Uji Validitas Variabel Konseling gizi

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Konseling gizi	X2.1	0,908	0,500	Valid
	X2.2	0,361	0,500	Invalid
	X2.3	0,904	0,500	Valid

Sumber: data diolah Smart PLS 4,0

The nutrition counseling variable consists of 3 indicators: X2.1 Frequency of balanced nutrition counseling, X2.2 Mother's understanding level of the counseling, X2.3 Application of information from the counseling at home. The calculation results for the discriminant validity of indicator X2.2 do not meet the validity requirement as it is below 0.5, so it will not be used in further data processing. Based on the validity test results, for indicator X2.3, which is the application of information from counseling at home, the loading factor value was the lowest at 0.530. The highest loading factor value is shown by X2.1, which is the frequency of balanced nutrition counseling at 0.822.

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Tabel 3 Uji Validitas Variabel Program kesehatan

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Kinerja pegawai	Z1	0,848	0,500	Valid
	Z2	0,519	0,500	Valid
	Z3	0,863	0,500	Valid
	Z4	0,749	0,500	Valid
	Z5	0,839	0,500	Valid

Sumber: data diolah Smart PLS 4,0

The health program variable consists of 5 indicators: Z1. Frequency of visits to posyandu for nutrition services, Z2. Frequency of nutrition counseling at posyandu or health facilities, Z3. Access to nutrition education materials, Z4. Ease of access to nutritious food, Z5. Receipt of nutritious supplementary food from health programs. All indicators are considered valid as they have discriminant validity values above 0.5. Based on the validity test results, indicator Z2, which is the frequency of nutrition counseling at posyandu or health facilities, has the lowest loading factor value at 0.519. The highest loading factor value is found in indicator Z1, which is the frequency of visits to posyandu for nutrition services, at 0.848.

Tabel 4 Uji Validitas Variabel Target perbaikan gizi

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Target perbaikan gizi	Y1	0,861	0,500	Valid
	Y2	0,508	0,500	Valid
	Y3	0,813	0,500	Valid
	Y4	0,672	0,500	Valid
	Y5	0,543	0,500	Valid

Sumber: data diolah Smart PLS 4,0

The nutrition improvement target variable consists of 5 indicators: Y1. Mother's understanding of the nutrition improvement target, Y2. Application of healthy eating patterns after participating in health programs, Y3. Frequency of monitoring the weight and height of toddlers, Y4. Mother's perception of the improvement in toddler nutrition after participating in health programs, Y5. Mother's level of satisfaction with health programs in improving toddler nutrition. The test results show discriminant validity values above 0.5, so all indicators are used in the research testing. Based on the validity test results, for the indicator of application of healthy eating patterns after participating in health programs (Y2), the loading factor value was the lowest at 0.702. Meanwhile, the indicator of mother's understanding of the nutrition improvement target (Y1) had the highest loading factor value at 0.917.

Tabel 5 Uji Reliabilitas

Jenis Pengujian	Variabel	Hasil	Standar	Keterangan
<i>Composite reliability coefficients</i>	Pemberian makanan tambahan	0,791	0,600	Reliabel
	Konseling gizi	0,839	0,600	Reliabel
	Program kesehatan	0,836	0,600	Reliabel
	Target perbaikan gizi	0,760	0,600	Reliabel
<i>Cronbach's alpha coefficients</i>	Pemberian makanan tambahan	0,905	0,600	Reliabel
	Konseling gizi	0,878	0,600	Reliabel
	Program kesehatan	0,882	0,600	Reliabel
	Target perbaikan gizi	0,817	0,600	Reliabel

Sumber: Data diolah Smart PLS 4.0

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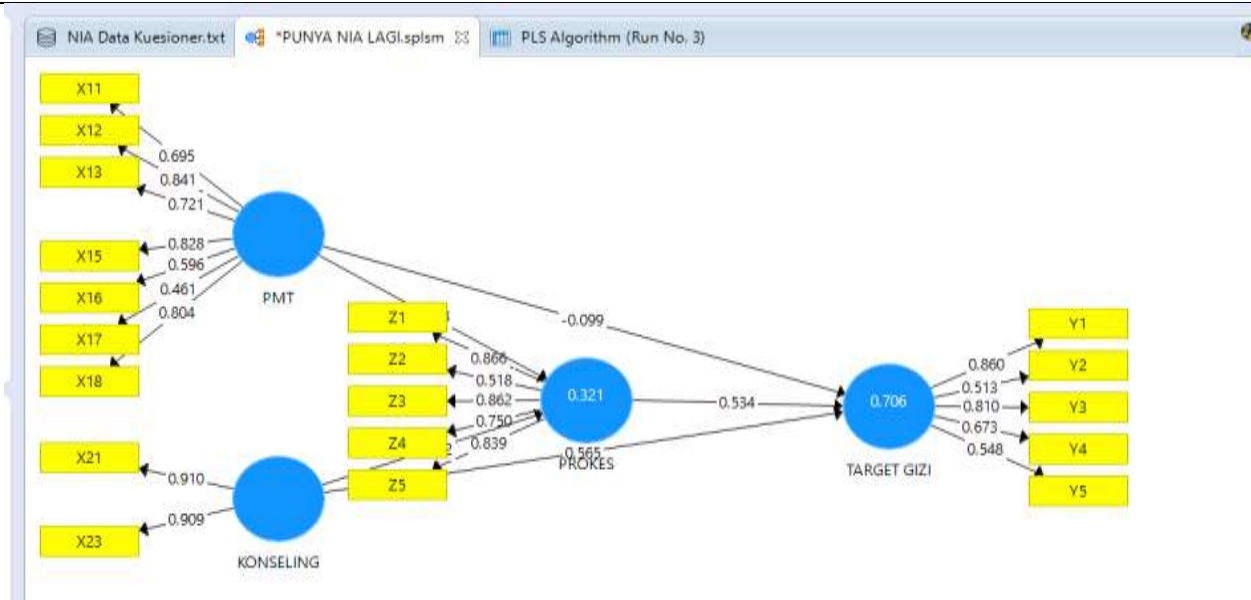


Image Structural Equation Modeling Testing Model Smart PLS 4.0

Based on the results of the direct effect test, the following can be concluded:

1. The coefficient of the effect of the supplementary food provision variable on the health program is $\beta = 7.498$ with a p-value of 0.000. The coefficient value $\beta = 7.498$ is greater than the significance criterion of 1.96, meaning that the effect of supplementary food provision is positive and significant on the health program. The significant result is also indicated by a p-value less than 0.05, showing that the provision of supplementary food has a positive and significant impact on employee performance. The testing results accept hypothesis 1: Supplementary food provision has a positive and significant effect on the health program.
2. The coefficient of the effect of the nutrition counseling variable on the nutrition program is $\beta = 1.361$ with a p-value of 0.000. The coefficient value $\beta = 1.361$ is less than the significance criterion of 1.96, meaning that the effect of nutrition counseling is positive but not significant on the nutrition improvement target. The significance criterion is also met because the p-value is less than 0.05, indicating that the results of nutrition counseling have a positive but not significant effect on the health program. The testing results accept hypothesis 2: Nutrition counseling has a positive but not significant effect on the health program.
3. The coefficient of the effect of the supplementary food provision variable on the nutrition improvement target is $\beta = 1.077$ with a p-value of 0.282. The coefficient value $\beta = 1.077$ is less than the significance criterion of 1.96, meaning that the effect of supplementary food provision is positive but not significant on the nutrition improvement target. This result is not significant because the p-value is greater than 0.05, indicating that the provision of supplementary food has a positive but not significant effect on the nutrition improvement target. The testing results reject hypothesis 3: Supplementary food provision has a positive but not significant effect on the nutrition improvement target.
4. The coefficient of the effect of the nutrition counseling variable on the nutrition improvement target is $\beta = 6.195$ with a p-value of 0.000. The coefficient value $\beta = 6.195$ is greater than the significance criterion of 1.96, meaning that the effect of nutrition counseling is positive and significant on the nutrition improvement target. This result is significant because the p-value is less than 0.05, indicating that nutrition counseling has a positive and significant effect on the nutrition improvement target. The testing results accept hypothesis 4: Nutrition counseling has a positive and significant effect on the nutrition improvement target.

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5. The coefficient of the effect of the health program variable on the nutrition improvement target is $\beta = 6.945$ with a p-value of 0.000. The coefficient value $\beta = 6.945$ is greater than the significance criterion of 1.96, meaning that the effect of employee performance is positive and significant on the nutrition improvement target. The p-value is 0.000. This result is significant because the p-value is less than 0.05, indicating that the health program has a positive and significant effect on the nutrition improvement target. The testing results accept hypothesis 5: The health program has a positive and significant effect on the nutrition improvement target.

Tabel 6 Analisis Jalur Pengaruh Tidak Langsung

Keterangan	Koesifien	Signifikan P Value	Kriteria signifikan	Kesimpulan
Pemberian makanan tambahan → Program kesehatan → Target perbaikan gizi	4,931	0,000	1,96	H6 Diterima
Konseling gizi → Program kesehatan → Target perbaikan gizi	1,297	0,195	1,96	H7 Ditolak

Sumber: Data diolah Smart PLS 4.0

6. The health program variable plays a role in strengthening the effect of supplementary food provision on the nutrition improvement target, with a coefficient value of 4.931 and a significance value of 0.000. The path analysis coefficient of 4.931 is greater than the significance criterion of 1.96, meaning that the health program plays an important role in enhancing the positive and significant effect of supplementary food provision on the nutrition improvement target. The testing results accept hypothesis 6: Supplementary food provision has a positive and significant effect on the nutrition improvement target through the health program.
7. The health program variable also strengthens the effect of nutrition counseling on the nutrition improvement target, with a coefficient value of 1.297 and a significance value of 0.195. The path analysis coefficient of 1.297 is less than the significance criterion of 1.96, meaning that the health program has an important role in positively and significantly strengthening the effect of nutrition counseling on the nutrition improvement target. The testing results reject hypothesis 7: Nutrition counseling has a positive and significant effect on the nutrition improvement target through the health program.

CONCLUSION

The research results indicate that:

1. Supplementary food provision has a positive and significant effect on the health program for toddlers at Puskesmas Tamanan. This means that the better the implementation of the supplementary food program, the more it enhances the success of the health program at Puskesmas Tamanan Bondowoso.
2. Nutrition counseling has a positive but not significant effect on the health program at Puskesmas Tamanan. This means that while the nutrition counseling conducted by Puskesmas Tamanan is improving, it has not yet significantly impacted the health program implemented by Puskesmas Tamanan Bondowoso.
3. Supplementary food provision has a positive but not significant effect on the nutrition improvement target for toddlers at Puskesmas Tamanan. This means that the supplementary food provided by Puskesmas Tamanan Bondowoso is less effective in meeting the nutrition improvement targets for toddlers at Puskesmas Tamanan.
4. Nutrition counseling has a positive and significant effect on the nutrition improvement target for toddlers at Puskesmas Tamanan Bondowoso. This means that the better the available

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facilities and infrastructure, the greater the impact on improving the nutrition targets for toddlers at Puskesmas Tamanan Bondowoso.

5. The health program has a positive and significant effect on the nutrition improvement target for toddlers at Puskesmas Tamanan Bondowoso. This means that a well-implemented health program can effectively enhance the nutrition improvement targets for toddlers at Puskesmas Tamanan Bondowoso.
6. Supplementary food provision has a positive and significant effect on the nutrition improvement target through the health program at Puskesmas Tamanan Bondowoso. This means that the nutrition improvement program acts as a mediator to strengthen the effect of supplementary food provision on the nutrition improvement targets for toddlers at Puskesmas Tamanan Bondowoso.
7. Nutrition counseling has a positive but not significant effect on the nutrition improvement target through the health program at Puskesmas Tamanan Bondowoso. This means that the health program does not serve as a mediator to strengthen the effect of nutrition counseling on the nutrition improvement targets at Puskesmas Tamanan Bondowoso.

Based on the results of the outer loading test and hypothesis testing, the research recommendations are:

1. For the supplementary food provision variable, the validity test results indicate that for indicator X1.3, which is the type of food received, the loading factor value is the lowest at 0.720. This means that many toddlers do not prefer the types of food provided during supplementary feeding. Therefore, it is recommended that Puskesmas Tamanan provide a more varied selection of supplementary foods to increase children's interest in consuming them.
2. For the nutrition counseling variable, the indicator with the lowest outer loading value is X2.3, which is the application of information from counseling at home, with the lowest loading factor value of 0.530. This indicates that respondents assess the application of information from counseling at home as not being implemented well due to several conditions faced by the respondents, such as low financial capability and purchasing power, as they belong to low-income and pre-prosperous families.
3. For the health program variable, the indicator Z2 with the lowest outer loading value is the frequency of nutrition counseling at posyandu or health facilities, which has the lowest loading factor value of 0.519. This means that the frequency of nutrition counseling conducted by Puskesmas Tamanan is still not optimal due to limited staff. Based on these results, Puskesmas Tamanan Bondowoso can increase the schedule of nutrition counseling activities at posyandu or health facilities, thereby increasing the number of meetings between counseling officers and parents of toddlers in the Tamanan sub-district. The more frequently the counseling activities are conducted, the greater the increase in knowledge and awareness of the importance of nutrition for toddlers.
4. For the nutrition improvement target variable, the indicator with the lowest outer loading value is indicator Y2, which is the application of healthy eating patterns after participating in health programs, with the lowest loading factor value of 0.702. This indicates that the application of healthy eating patterns after attending health programs has not significantly changed. Based on these results, it is recommended that Puskesmas Tamanan provide examples of health programs that have a tangible impact on toddlers through the provision of supplementary food that meets the criteria of the four healthy five perfect principles.

Recommendations for future research include:

1. Expansion of the Research Sample. Future research should involve a broader sample of patients, not only parents of toddlers but also pregnant women and breastfeeding mothers. This way, the research results can be more representative and generalized to the entire region or patient group.

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2. Use of Different Research Methods, such as Mixed-Methods: Combining qualitative and quantitative methods in research can provide more comprehensive results. For example, quantitative data can be used to measure satisfaction and loyalty levels, while in-depth interviews can uncover respondents' perceptions of the research issues.
3. Long-Term Surveys to Observe More Significant Changes. Future research could be conducted over a longer period, measuring changes in the success of supplementary food provision and nutrition counseling before and after the programs organized by Puskesmas Tamanan Bondowoso.

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