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EXPLORING PARENTAL HEALTH AND NUTRITION LITERACY PRACTICES IN HOLISTIC INTEGRATIVE EARLY CHILDHOOD EDUCATION

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Abstract

This study explores how health and nutrition information is communicated, engaged with, and translated into family practices within the school–home interface. A qualitative case study was conducted at TK Melati Terpadu, located in Indralaya Utara District, Ogan Ilir Regency, South Sumatra, Indonesia. Data were collected through participatory observation, semi-structured interviews with a principal, teacher, and parent, and documentation. Data were analysed thematically through open, axial, and selective coding, with attention to patterns connecting institutional services, parental engagement, and home practices. Three interconnected themes emerged. First, the school provided diverse health and nutrition services, including nutritious meals, vitamin supplementation, immunisation, health examinations, growth monitoring, and collaboration with a community health centre, although implementation was not yet systematically structured. Second, parental engagement with health and nutrition information was mainly informal, with limited opportunities for structured education and discussion. Third, a gap was evident between school-based services and family practices. Despite nutrition programmes at school, a parent reported that the child remained a picky eater, illustrating that service provision did not automatically translate into changes at home. The findings highlight the school–home interface as an important context for understanding parental health and nutrition literacy practices. Strengthening Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) requires attention not only to service provision but also to the processes through which health and nutrition information is understood, negotiated, and translated into everyday family practices.

Keywords Early Childhood; Holistic Integrative; Nutrition Literacy; Parental Health Literacy; School–Home Interface.

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INTRODUCTION

This study focuses on TK Melati Terpadu, located in Indralaya Utara District, Ogan Ilir Regency, South Sumatra, Indonesia, to explore parental health and nutrition literacy practices within the context of Holistic Integrative Early Childhood Education (PAUD Holistik Integratif). In this context, an important issue is how health and nutrition information communicated through early childhood education services is understood by parents and translated into everyday caregiving practices at home. The provision of health and nutrition information by educational institutions does not necessarily ensure that parents can interpret the information appropriately or apply it consistently in family routines. This issue is particularly relevant in early childhood, when children's nutritional intake, hygiene, and preventive health practices depend substantially on adult knowledge, decisions, and caregiving practices. Examining these processes at TK Melati Terpadu is therefore important for understanding how school–family interactions may support or constrain the application of health and nutrition knowledge in children's everyday lives.

Early childhood health and nutrition remain global concerns because children's well-being is shaped by interconnected conditions across education, health, caregiving, and family environments. Early childhood education and care (ECEC) settings have increasingly been recognized as important contexts for promoting healthy eating and supporting health-related behaviors (Grady et al., 2023). ECEC-based healthy eating interventions may improve aspects of children's dietary outcomes, although the certainty and magnitude of effects vary across outcomes (Yoong et al., 2023). Recent research on nutrition interventions targeting parents also indicates considerable variation in how knowledge, skills, and behaviors related to food literacy are addressed (Fraser et al., 2026). These findings highlight the importance of looking beyond the provision of health and nutrition support within early childhood settings to understand how such information connects with children's everyday family environments. However, further contextualized investigation is needed to understand how parental health and nutrition literacy operates through interactions between early childhood education services and family practices in specific local settings. Accordingly, this study explores parental health and nutrition literacy practices at TK Melati Terpadu in Ogan Ilir Regency, South Sumatra, Indonesia, with particular attention to the relationship between school-based health and nutrition information and its interpretation and application in the home environment.

Parental health and nutrition literacy provides a useful lens for understanding this process. Health literacy is not limited to possessing health-related knowledge; it involves the capacity to access, understand, appraise, communicate, and use information to support health. For parents of young children, these capacities are exercised within everyday routines, including decisions about food, feeding, hygiene, health care, and preventive practices (Wyman et al., 2010). Previous research has established an association between parental health literacy and health behaviors directed toward children, but the processes linking literacy to everyday behavior remain poorly understood (Pawellek et al., 2022). Recent evidence on parental food literacy also shows substantial variation in how nutrition interventions address the knowledge, skills, and practices required to support family dietary behavior, with 97% of included studies conducted in Western countries (Fraser et al., 2026).

This issue is particularly relevant in Indonesia, where Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) are designed to integrate early childhood education with health, nutrition, care, protection, and other dimensions of child well-being. Previous research in Indonesia has examined the implementation of PAUD Holistik Integratif in early childhood education units, including the roles of principals, teachers, parents, the government, and other stakeholders (Sumarni et al., 2022). The implementation of Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) involved collaboration among educational institutions, the government, non-governmental organizations, parents, and the private sector. At the same time, challenges remained in resources, infrastructure, staffing, and parent involvement (Apriyansyah et al., 2024). The findings extend previous discussions of Holistic Integrative Early Childhood Education by highlighting the importance of continuity between institutional services and children's family environments (Travelancya & Asfahani, 2022).

Interactions between the PAUD Holistik Integratif setting and the home constitute an important relational context through which health and nutrition information is communicated, interpreted, and negotiated (Lang et al., 2016). However, this implementation-focused perspective provides limited insight into how health and nutrition information communicated through Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) is understood by parents and incorporated into everyday family practices. The continuing relevance of this issue is also reflected in Indonesia's nutritional context, with the 2024 Indonesian Nutritional Status Survey reporting a national stunting prevalence of 19.8%, down from 21.5% in 2023. Thus, Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) provides an important context for examining how

health and nutrition services connect with family life.

To address this gap, this study investigates how parental health and nutrition literacy practices are shaped at the interface between early childhood services and the home in the context of Indonesian Holistic Integrative Early Childhood Services (PAUD Holistik Integratif). Using a qualitative case study approach, the study draws on the perspectives of one principal, two teachers, and two parents in a kindergarten to explore how health and nutrition information is communicated, interpreted, and incorporated into everyday family practices. Rather than treating parental health and nutrition literacy as a fixed individual competence, this study examines it as a situated practice shaped through interactions among early childhood professionals, parents, and family routines. The study contributes to research on parental health and nutrition literacy by bringing the early childhood service–home interface into focus and by examining how health and nutrition information is translated from an integrated early childhood service into everyday family practices.

METHOD

This study employed a qualitative case study design at TK Melati Terpadu, located in Indralaya Utara District, Ogan Ilir Regency, South Sumatra, Indonesia, to develop an in-depth understanding of how health and nutrition information is communicated, interpreted, and translated between the Holistic Integrative Early Childhood Education (PAUD Holistik Integratif) setting and children's home environments. A qualitative case study was considered appropriate because the study focused on a bounded early childhood setting and sought to understand the phenomenon within its natural and contextual conditions (Arikunto, 2021). The study was conducted in a kindergarten in Indonesia that implements PAUD Holistik Integratif, where early childhood education is connected to health, nutrition, care, protection, and other dimensions of children's well-being.

Participants were selected using snowball sampling to identify individuals directly involved in the provision, communication, and enactment of health and nutrition-related information (Sugiyono, 2018). The participants comprised one principal, two teachers, and two parents from the selected kindergarten. The principal and teachers provided information concerning the implementation of health and nutrition-related services and communication with families. In contrast, the parents provided perspectives on how information received from the kindergarten was

understood and incorporated into everyday practices at home. The inclusion of participants from both the early childhood service and family contexts enabled the study to examine the phenomenon from complementary perspectives.

Data were collected through semi-structured interviews, observations, and document analysis at TK Melati Terpadu, located in Indralaya Utara District, Ogan Ilir Regency, South Sumatra, Indonesia. Semi-structured interviews were conducted with the school principal, early childhood teachers, and parents or caregivers of children enrolled at the school. The interviews explored how health and nutrition information was communicated by the school, understood by parents, and applied in children's everyday lives at home. The school principal provided information about school policies and the implementation of health and nutrition-related programs. At the same time, teachers shared their experiences of communicating health and nutrition information to parents and incorporating related practices into school activities. Parents or caregivers provided insights into their understanding of health and nutrition information and how they applied it in their children's daily routines at home.

Observations were conducted at TK Melati Terpadu from 9 July to 31 July 2026. The observations focused on health- and nutrition-related activities, the communication of relevant information within the school environment, and interactions between school personnel and parents when these occurred during the observation period. Field notes were used to document relevant activities, interactions, and contextual conditions related to parental health and nutrition literacy practices.

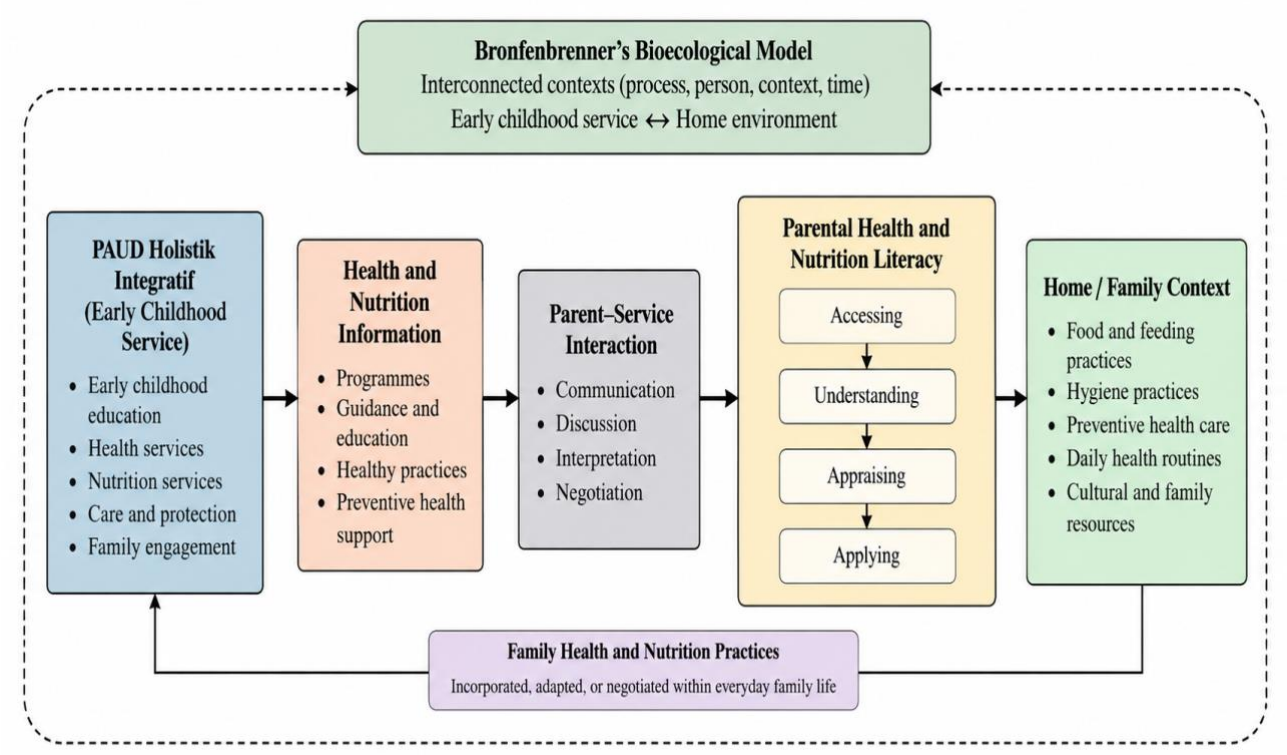
Document analysis was used to complement the interview and observation data. Relevant documents available at TK Melati Terpadu, concerning the implementation of Holistic Integrative Early Childhood Education (PAUD Holistik Integratif), health and nutrition programs, and communication with parents, were considered for analysis. Documents were included only when they were available at the research site and directly relevant to the research objectives.

Data from interviews, observations, and document analysis were compared to identify convergences, differences, and complementary perspectives. This triangulation process supported a more comprehensive understanding of how health and nutrition information was communicated, interpreted, and applied across the school and home environments. Data analysis followed an iterative, interpretive, constructivist approach to qualitative coding. The analysis began with repeated reading of interview transcripts, observation notes, and relevant documents to develop

familiarity with the data. Initial coding was conducted line-by-line to identify meaningful actions, experiences, and descriptions related to health and nutrition literacy practices. Focused coding was subsequently used to identify recurring and conceptually significant patterns. Constant comparison was conducted within and across participant groups and data sources to examine similarities, differences, and relationships among emerging categories (Thornberg & Charmaz, 2014).

The research framework is presented in Figure 1. The framework conceptualizes parental health and nutrition literacy as a situated practice that develops at the interface between the early childhood service and the home. Within the Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) context, health and nutrition information is communicated to families by early childhood professionals and related service providers. Parents subsequently engage with this information by accessing, understanding, appraising, and applying it within the context of their existing knowledge, resources, beliefs, and family routines.

Figure 1. Conceptual Framework of Parental Health And Nutrition Literacy at the Early Childhood Service–Home Interface



FINDINGS AND DISCUSSION

Findings

The analysis identified three interconnected themes concerning parental health and nutrition literacy at the early childhood service–home interface: (1) health and nutrition services as the starting

point of the school–home interface, (2) parental health and nutrition literacy practices, and (3) the translation of health and nutrition information into family practices. Together, these themes indicate a central tension in the implementation of Holistic Integrative Early Childhood Services (PAUD Holistik Integratif): health and nutrition services are available within the early childhood setting, but their continuity and translation into everyday family practices are not yet systematically established.

Table 1. Summary of themes and empirical findings

No.	Emerging theme	Key empirical findings	Evidence
1	Health and nutrition services as the starting point of the school–home interface	The kindergarten provides health examinations, nutritious meals through the Free Nutritious Meals (MBG) programme, vitamin supplementation, deworming, immunisation, growth monitoring, hygiene routines, and collaboration with the community health centre. However, several services are periodic rather than continuous.	Health examinations are conducted once each semester; vitamin supplementation is provided approximately every three months; health-centre activities depend on external programme schedules.
2	Parental health and nutrition literacy practices	Parents receive health and nutrition information, but communication is predominantly informal and occurs during drop-off or pick-up. There are limited structured opportunities for parents to discuss, interpret, or question the information received.	"Education is usually delivered when parents drop off or pick up their children" (Principal, M); "There has never been any special counselling session for parents" (Parent, AR).
3	Translating health and nutrition information into family practice	School-based health and nutrition information does not automatically result in changes in home practices. Parents trust school information, but monitoring results and nutrition messages are not consistently connected with ongoing discussion, follow-up, or family routines.	A parent reported that there had been "no change" in the child's picky eating despite the MBG programme (Parent, AR).

Source: Author's analysis of interview, observation, and documentary data. 2026

Health and Nutrition Services as the Starting Point of the School–Home Interface

The findings show that the kindergarten has incorporated health and nutrition into its early childhood services. Children receive nutritious food through the Free Nutritious Meals (MBG) program, vitamin supplementation, deworming, immunization, health examinations, growth monitoring, and hygiene and healthy living routines. The kindergarten also collaborates with the community health center to provide health-related services. These activities indicate that the kindergarten functions not only as an educational setting but also as an important point of access to health and nutrition support.

However, the findings indicate a distinction between service availability and service continuity. Health examinations are conducted once each semester, while vitamin supplementation is provided periodically.

> As one teacher explained, "Pemeriksaan kesehatan dilakukan satu kali setiap semester" (Teacher, ZS). The principal similarly stated, "Pemberian vitamin rutin dilakukan kurang lebih setiap tiga bulan dalam satu semester" (Principal, M). Collaboration with the community health center also occurs several times a year, depending on the programs offered. As the principal explained, "Kegiatannya dilakukan beberapa kali dalam setahun tergantung program dari Puskesmas" (Principal, M).

Thus, the first finding demonstrates that Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) has established a substantial institutional basis for delivering health and nutrition services. Nevertheless, these services are largely organized around scheduled programs and activities. The data indicate that the continuity of health and nutrition support beyond the school setting remains less systematically developed.

Parental Health and Nutrition Literacy Practices

The second theme concerns how parents encounter and engage with health and nutrition information provided through the early childhood service. Communication between the kindergarten and parents does occur, but the findings indicate that it is largely informal.

> The principal explained, "Edukasi biasanya disampaikan saat orang tua mengantar atau menjemput anak" (Principal, M). In contrast, a parent stated, "Belum pernah ada penyuluhan untuk orang tua" (Parent, AR).

The difference between these accounts indicates that the existence of communication does not necessarily mean that parents have sufficient opportunities to engage with health and nutrition information. Information communicated briefly during drop-off or pick-up may provide parents with recommendations. Still, such interactions may offer limited opportunities for parents to ask questions, relate information to their children's circumstances, or discuss challenges in applying recommendations at home.

Growth monitoring provides another illustration. The school measures children's growth and communicates the results to parents through report cards once each semester.

> One parent stated, "Hasilnya disampaikan melalui buku rapor setiap satu semester sekali" (Parent, AR), and further explained, "Kami percaya 100% pada hasil dari Sekolah" (Parent, AR).

The finding suggests a high level of trust in information provided by the school. However, the information appears to function primarily within a reporting relationship rather than as part of an ongoing process of interpretation, discussion, and shared decision-making concerning children's health and nutrition. Taken together, these findings suggest that parental health and nutrition literacy in this setting is not simply a matter of whether parents receive information. Rather, it involves what parents can do with the information in their particular family circumstances. The available evidence indicates that parents receive and trust information from the kindergarten, while structured opportunities to interpret, appraise, and apply such information remain limited.

Translating Health and Nutrition Information into Family Practice

The third theme concerns the extent to which health and nutrition information provided by the kindergarten is translated into everyday family practices. This issue is particularly visible in children's eating behavior. Despite the implementation of the MBG program and the promotion of healthy eating at school, one parent reported, "Tidak ada perubahan, anak masih memilih-milih makanan" (Parent, AR).

This finding should not be interpreted as evidence that the MBG program is ineffective. Rather, it demonstrates that exposure to a school-based nutrition program and changes in household behavior are not necessarily the same process. Children's eating behavior is embedded within the family environment, where parents decide which foods are purchased, prepared, offered, and repeatedly introduced. The findings further indicate that the connection between school-based recommendations and practical decisions at home remains limited. The school promotes healthy eating, but there are no written guidelines on healthy lunch boxes, and some children continue to bring less healthy foods from home. Similarly, growth monitoring is conducted and communicated, but the information is not yet consistently incorporated into continuous analysis and follow-up. Cross-sectoral health collaboration provides access to health services, but its continuity depends on the schedules of external health providers. Overall, the findings demonstrate that the principal challenge is not the absence of health and nutrition services. Rather, the challenge lies in what happens between the provision of services and their enactment within the home. Health and nutrition information reaches families, but its translation into sustained family practices remains uneven and insufficiently structured.

Discussion

The findings from TK Melati Terpadu, located in Indralaya Utara District, Ogan Ilir Regency, South Sumatra, Indonesia, reveal a distinction between *service provision* and *service translation* within Holistic Integrative Early Childhood Education (PAUD Holistik Integratif). Service provision refers to the health, nutrition, growth monitoring, and educational activities delivered by the kindergarten and its community partners. Service translation, in contrast, concerns how information and recommendations are communicated to parents, understood in relation to family circumstances, and incorporated, adapted, or negotiated within everyday home practices. The findings suggest that service provision is more clearly established than the systematic connection between school-based services and family practices at the research site. This distinction is important because the implementation of integrated services at the institutional level does not necessarily mean that health and nutrition messages are consistently understood and applied within children's home environments.

The findings concerning health and nutrition service provision at TK Melati Terpadu are consistent with previous research identifying early childhood education and care (ECEC) settings as important (Grady et al., 2023). At the research site, the reported activities included health examinations, vitamin supplementation, nutrition-related education, and collaboration with the community health center (Puskesmas). These activities illustrate how a kindergarten can contribute to children's well-being through collaboration between educational and health services. However, the findings also raise a further question: to what extent do these institutional activities support parents in making informed decisions about children's health and nutrition at home? The significance of the present study lies in shifting attention from the availability of services to the processes through which information moves between the kindergarten and families. Thus, the case of TK Melati Terpadu highlights the importance of examining not only whether integrated services are provided, but also how their educational messages are communicated and connected with everyday caregiving practices.

The relationship between school-based provision and family practices becomes particularly evident in children's eating behavior. Although healthy eating is promoted at TK Melati Terpadu and the school participates in the Makan Bergizi Gratis (MBG) program, one parent reported, “Tidak ada perubahan, anak masih memilih-milih makanan” (Parent, AR). This account suggests that participation in a school-based nutrition program does not necessarily lead to an immediate change

in a child's eating behavior at home. This finding can be discussed in relation to Snuggs et al. (2019), whose research highlights the challenges of changing children's eating behaviors within family environments. While the earlier study provides a broader perspective on family-based healthy eating interventions, the present findings offer a context-specific illustration of how these challenges may emerge in the relationship between a kindergarten and children's households in Ogan Ilir Regency. The parent's account does not establish that the MBG program is ineffective; rather, it indicates that the child's selective eating behavior persisted despite the nutritional support available at school. Other factors, including established food preferences, parental feeding practices, and the availability of foods at home, may also influence children's eating behavior and require further investigation (Costa & Oliveira, 2023; Liu et al., 2021; Mahmood et al., 2021; Puddephatt et al., 2020).

Taken together, the findings from TK Melati Terpadu suggest that the implementation of Holistic Integrative Early Childhood Education should be understood not only in terms of coordination among educational and health services, but also in terms of continuity between institutional support and family practices. The central issue is not simply whether health and nutrition programs are available, but whether parents have sufficient opportunities to understand the information, discuss concerns about their children's needs, and connect recommendations to their everyday circumstances. In this case, the distinction between service provision and service translation offers an analytical perspective on why school-based health and nutrition initiatives may coexist with persistent challenges in children's home-based eating practices (Balantekin et al., 2020; Carroll et al., 2020; Gesteiro et al., 2022; López-Bueno, 2021). This study therefore contributes a context-specific understanding of parental health and nutrition literacy by foregrounding the processes connecting school-based services and family caregiving in an early childhood education setting in South Sumatra, Indonesia.

The second theme highlights the importance of parental health and nutrition literacy as a process rather than simply an individual possession. Previous research has identified associations between parental health literacy and child-directed health behaviors, while also noting that the pathways connecting parental health literacy to actual parenting practices remain insufficiently understood (Pawellek et al., 2022). Recent research has similarly identified variation in how parental food literacy is addressed in nutrition interventions, particularly regarding the knowledge, skills, and practices needed to support family dietary behavior (Fraser et al., 2026). The present findings contribute to this discussion by identifying the school–home interface as an important setting where

the transition from information to practice occurs.

The findings concerning growth monitoring are particularly relevant to this issue. Parents trust the information provided by the school, yet the information is primarily communicated through periodic report cards. Trust, therefore, appears to facilitate acceptance of institutional information, but it does not necessarily guarantee deeper engagement with its meaning or practical implications (Csima et al., 2026; Sugiyono, 2018). The distinction is important because parental health literacy involves more than receiving information. It includes the capacity to access, understand, appraise, and apply health information in ways that support health (Sørensen et al., 2012).

From this perspective, the findings suggest that the communication practices observed in the kindergarten provide opportunities to access health information. Still, fewer structured opportunities are available to understand, appraise, and apply that information in relation to specific family circumstances. This may help explain why health information can be trusted and received without necessarily producing sustained changes in family practices. The issue is therefore not simply a deficit in parental knowledge but the limited interactional process through which institutional information is transformed into meaningful and actionable family knowledge.

The third theme further demonstrates the importance of the relationship between the early childhood setting and the home. Bronfenbrenner's Bioecological Model emphasizes that development occurs through reciprocal interactions between individuals and interconnected environments (Grolig, 2020). The early childhood service and the home can therefore be understood as interconnected environments in which children's health and well-being are shaped. Health and nutrition information provided by the kindergarten enters the family environment, where parents interpret and negotiate it in relation to children's preferences, family routines, available resources, and existing practices.

The present findings therefore extend the implementation perspective on Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) by shifting attention from whether integrated services are available to how those services connect with family life. The role of parents in accompanying young children's learning and the importance of coordination between parents and educational institutions (Wahyuni et al., 2021) are important. Previous research on Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) has documented collaboration among educational institutions, the government, parents, and other stakeholders, while also

identifying challenges related to resources, infrastructure, staffing, and parental involvement (Apriyansyah et al., 2024). The present study adds a more specific dimension to this literature by showing that even when services and stakeholder collaboration are present, the pathway from institutional provision to everyday family practice may remain incomplete.

This interpretation also corresponds with recent evidence showing substantial variation in how nutrition interventions targeting parents incorporate food-literacy processes (Fraser et al., 2026). Providing nutrition content alone may not be sufficient when parents are not given opportunities to connect information with the practical decisions involved in selecting, preparing, offering, and repeatedly introducing foods (Roberts & Inman, 2023; Villarreal et al., 2021). In the present study, the absence of structured guidance on healthy lunch boxes illustrates this gap between information and practical action.

Taken together, the findings suggest that strengthening Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) does not necessarily require adding more health and nutrition programs. An equally important issue is strengthening the process connecting existing services to family practices. Communication between teachers and parents could provide more opportunities for dialogue, interpretation, and problem-solving, while growth-monitoring information could be accompanied by clearer discussion concerning its implications for children's nutrition, health, and daily routines. Such approaches would position parents not merely as recipients of institutional information but as active participants in interpreting and applying health and nutrition knowledge within the family context (Fraser et al., 2022; Martin et al., 2021).

Theoretically, the findings support an integrated interpretation of the school–home interface. Bronfenbrenner's Bioecological Model helps explain the contextual relationship between the early childhood service and the home. In contrast, Liu et al.'s (2020) model helps explain the processes through which parents engage with health information. Together, these perspectives suggest that parental health and nutrition literacy is situated within relationships and contexts rather than functioning solely as an individual competence. The contribution of the present study, therefore, lies in highlighting the process by which health and nutrition information travels across the early childhood service–home boundary and becomes, or fails to become, part of everyday family life.

In practical terms, the findings indicate the importance of developing stronger mechanisms to ensure continuity between Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) and family practices. Rather than focusing exclusively on the delivery of health and

nutrition programs within the kindergarten, future implementation should provide structured opportunities for parent engagement, two-way communication, interpretation of children's health information, and practical discussion of how recommendations can be adapted to family routines. Such continuity may strengthen the role of Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) as an integrated system in which children's health, nutrition, education, and family environments are connected.

CONCLUSION

This study highlights the importance of understanding parental health and nutrition literacy within the relationship between early childhood services and the home. In the context of Holistic Integrative Early Childhood Education in Indonesia, the significance of integration extends beyond the provision of health, nutrition, and related services within educational settings. It also concerns the continuity of knowledge, communication, and practices across the environments in which young children live and develop. Conceptually, the study positions parental health and nutrition literacy as a situated, relational practice shaped by interactions between institutional and family contexts, offering a complementary perspective to approaches that view health literacy primarily as an individual capacity.

The study further underscores the importance of strengthening the connection between Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) and families so that integrated services can have meaning beyond the institutional setting. For practice, this points to the need for more sustained and dialogic engagement between early childhood professionals and parents, particularly to support parents in interpreting and using health and nutrition information in their everyday circumstances. Strengthening this continuity may enable Holistic Integrative Early Childhood Services (PAUD Holistik Integratif) to function not only as a provider of integrated services but also as a bridge between early childhood institutions and family environments, thereby supporting more coherent approaches to young children’s health and well-being.

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