



Feeding Habits and Nutritional Status of Toddlers with Weight Faltering in Sukadana Village

Maulin Halimatunnisa^{a*}, Vera Yulandasari^b, D. Mustamu Qamal Pa'ni^c, Aniza Febyana^d, Bq Fitria Frisma Lita^e, Iwan Wahyudi^f, Lalu Hersika Asmawariza^g, Erwin Wiksuarini^h

^{a,b,c,d,f,g,h}Faculty of Health, Faculty of Health, Universitas Qamarul Huda Badaruddin, Nusa Tenggara Barat, Indonesia

^eFaculty of Health, Faculty of Medicine and Health Sciences, Universitas Sultan Ageng Tirtayasa, Banten, Indonesia

*e-mail correspondence: maulin.anisa08@gmail.com

Received: 26 October 2025

Accepted: 28 January 2026

Available online: 12 March 2026

DOI: <https://doi.org/10.25077/njk.v22i1.389>

Abstract

Weight faltering in children aged 6-24 months is a major nutritional problem that can impair growth and development. This condition is closely associated with inappropriate Infant and Young Child Feeding (IYCF) practices, particularly inadequate complementary feeding. Appropriate IYCF is essential to ensure adequate nutrient intake and support optimal nutritional status during this critical period. To determine the relationship between infant and young child feeding (IYCF) habits and the nutritional status of children aged 6 and 24 months in Sukadana Village. The study design used a cross-sectional correlation. The study sample consisted of 54 people using a purposive sampling technique. The study variables were feeding habits and toddler nutritional status. The instruments used were the Child Growth Chart and a questionnaire IYCF Patterns. Data analysis used the chi-square test. Most caregivers practiced adequate IYCF (61.1%), while more than half of the children were classified as underweight (55.6%). Statistical analysis showed a significant association between IYCF practices and children's nutritional status ($p = 0.007$). The findings indicate that appropriate feeding practices are closely related to better nutritional outcomes in toddlers. Inadequate feeding behaviors may contribute to undernutrition despite the availability of food, highlighting the importance of caregiver knowledge and skills in feeding management. This study underscores the importance of Infant and Young Child Feeding practices in relation to the nutritional status of children aged 6-24 months. The findings support the need for strengthened nutrition education and community-based feeding efforts to promote optimal child growth.

Keywords: Children, Feeding Habits, Infants, Nutritional Status, Weight Faltering

INTRODUCTION

Nutritional status remains a global public health concern, as malnutrition can adversely affect child growth and development. Worldwide, one in three young children experiences malnutrition, including undernutrition and overweight, while two-thirds are at risk due to inadequate diet quality (Muliani, 2021). According to the World Health Organization, in 2020 approximately 47 million (6.9%) children under five experienced wasting, a condition closely related to weight faltering during early childhood (WHO, 2020). The results of the Indonesian Nutrition Status Survey (SGI) in 2021 showed a prevalence



of stunting at 24.4%, wasting at 7.1%, underweight at 17.7%, and overweight at 3.8%. The 2022 SSGI survey results proved that the prevalence of stunting was 21.6%, wasting at 7.7%, underweight at 17.1%, and overweight at 3.5%.

Children's nutritional status is strongly influenced by dietary intake beginning in pregnancy and continuing through breastfeeding and early childhood. Adequate maternal nutrition during pregnancy supports optimal growth in infants and young children (Muliani, 2021). Factors affecting nutritional status are generally categorized into direct factors, such as food intake and infectious diseases, and indirect factors, including caregiver knowledge, socioeconomic conditions, and the role of health services (Alpin, A & Salma, 2021). When these factors are inadequate, children are at increased risk of growth faltering and subsequent developmental consequences.

Weight faltering in early childhood is associated with delayed physical growth, increased susceptibility to infections, and potential long-term developmental impairments (Chawla et al., 2020). Given that infancy and early childhood constitute a "golden period" for growth and development, ensuring adequate nutrition during this stage is essential to prevent adverse outcomes and support optimal child development (Naktiany, 2022). UNICEF has reported that more than half of infant mortality cases are associated with malnutrition, underscoring the urgency of effective nutrition interventions.

One key strategy to improve early childhood nutrition is the implementation of Infant and Young Child Feeding (IYCF) practices. WHO and UNICEF recommend core IYCF interventions, including exclusive breastfeeding for the first six months, timely introduction of complementary foods at six months, and continued breastfeeding up to 24 months (Faridi et al., 2020). IYCF is an initiative to help increase community knowledge and skills to overcome nutritional problems independently. IYCF knowledge and skills include efforts to provide food for pregnant women and toddlers, proper breastfeeding techniques, and monitoring growth and development. This initiative emphasizes adult education principles, with results designed to optimize infant growth and development from 0-24 months (Gunawan et al., 2022).

Appropriate Infant and Young Child Feeding (IYCF) practices are recognized as a key strategy to prevent weight faltering. WHO and UNICEF recommend exclusive breastfeeding for the first six months, timely introduction of complementary foods, and continued breastfeeding up to 24 months. Complementary feeding should adhere to principles of timeliness, adequacy, safety, and responsiveness to meet the increasing energy and nutrient needs of children (Matahari et al., 2023). Inadequate quality or quantity of complementary foods has been shown to contribute to insufficient weight gain and undernutrition among children aged 6-24 months (Siahaan and Tasmi, 2022).

Mothers and caregivers play a crucial role in implementing appropriate feeding practices. Limited knowledge and skills related to breastfeeding and complementary feeding remain significant barriers to optimal child nutrition (Merita, 2021). Improving caregiver understanding and practices is therefore essential to support adequate weight gain and nutritional status among children during this vulnerable period (Mustar, 2022).

Despite increasing research on Infant and Young Child Feeding (IYCF) and child nutrition, quantitative evidence from rural Indonesian settings remains limited, particularly studies that examine the association between measured IYCF practices and objectively assessed nutritional status among children aged 6-24 months. Most existing studies rely on national surveys or urban samples, providing limited insight into local feeding practices during the critical complementary feeding period. Local routine data from Sukadana Village, Pujut District, Central Lombok, indicate that 12.54% of children under two years' experience undernutrition, with additional cases of severe malnutrition reported (E-



PBGM, 2023). Preliminary field observations also suggest variability in maternal feeding practices, including inconsistent adherence to recommended IYCF guidelines.

To address this gap, this study aims to quantitatively assess the relationship between Infant and Young Child Feeding practices and the nutritional status of children aged 6-24 months in Sukadana Village. By linking structured IYCF indicators with anthropometric measurements, this study provides locally relevant evidence to support community-based nutrition education and targeted interventions aimed at preventing undernutrition and promoting optimal child growth in rural settings.

METHODS

The method used in this study is quantitative with a correlational design and cross-sectional approach. The population consists of 117 young children (6 to 24 months) from Sukadana Village. The sample was selected using purposive sampling, which is the selection of participants who meet the specified criteria. The sample size is 54 children. Inclusion criteria were children aged 6-24 months living in Sukadana Village, who had complete anthropometric data at the time of data collection, and whose mother or primary caregiver was willing to participate and provide informed consent. Children with congenital abnormalities, chronic diseases, or incomplete data were excluded from the study.

The tool used in this study is a questionnaire on Infant and Child Feeding Patterns, which consists of 15 questions, and the researcher added three questions about breastfeeding according to WHO and UNICEF recommendations, namely Infant and Young Child Feeding (IYCF). Thus, the total number of questions is 18, with scores of Very Often (SS) = 4, Often (S) = 3, Rarely (J) = 2, Never (TP) = 1, using percentages of Good = 75-100%, Fair = 56-74%, and Poor < 55%. The validity test results conducted in Mongge 1 Village showed that the calculated r value is greater than the table r value (> 0.3365). Furthermore, the researcher also used expert validity and linguistic validity tests, where two previous questions were considered invalid because they were deemed important by experts, so the questions were retained by changing the wording or language from positive (beneficial) to negative (not beneficial) questions. Nutritional status was assessed based on body weight measurements conducted by trained researchers with assistance from local health cadres using calibrated weighing scales available at the posyandu. Weight-for-age indicators were used to classify nutritional status according to WHO Child Growth Standards. All measurements were taken following standard anthropometric procedures. The questionnaires were completed by mothers or primary caregivers of toddlers, as they play a direct role in feeding and caring for children. Data collection was conducted directly through structured interviews to minimize errors. Toddler weight measurements were conducted by researchers with the assistance of cadres or local health workers using measuring instruments available at the integrated health post (posyandu). To maintain data quality, researchers checked the completeness of the questionnaires after completion, provided uniform explanations to respondents, and used instruments that had been tested for validity. Incomplete data were not included in the analysis. This research has received ethical approval from the Health Research Ethics Committee (KEPK) of Qamarul Huda Badaruddin University, with Ethical Clearance Number: 021/KEPK/FKESUNIQHBA/IV/2025. This study used a cross-sectional design, so it cannot determine a direct causal relationship between IYCF practices and toddler nutritional status. Furthermore, IYCF data were obtained based on reports from mothers or caregivers, potentially introducing recall bias.

RESULTS

A. Respondent Characteristics



Table 1. Demographic Respondent (n=54).

Demographic	f	%
Toddler Age		
6-12 months	15	27,8
13-24 months	39	72,2
Toddler Gender		
Male	29	53,7
Female	25	46,3
Mother's Age		
Late Teens Aged 17-25 Years	8	14,8
Early Adulthood Aged 26-35 Years	36	66,7
Late Adulthood Aged 36-45 Years	9	16,7
Early Old Age 46-55 Years	1	1,8

Based on Table 1, it can be seen that the largest percentage is toddlers aged 13-24 months with a percentage of 72.2%, the largest percentage is male toddlers with a percentage of 53.7%, the largest percentage is the pattern of providing sufficient food with a percentage of 61.1%.

B. Feeding Pattern

Table 2. Distribution Of Feeding Patterns With Nutritional Status In Children Aged 6-24 Months In The Working Area Of The Teruwai Health Center, Pujut District 2025 (n=54).

Feeding patterns	f	%
Good	17	31,5
Enough	33	61,1
Not Enough	4	7,4
Total	54	100

Based on table 2, it can be seen that the largest percentage is the pattern of providing sufficient food with a percentage of 61.1%.

C. Nutritional Status

Table 3. Distribution Of Nutritional Status In Children Aged 6-24 Months In The Teruwai 2025 Community Health Center Work Area (n=54).

Feeding patterns	f	%
Good	17	31,5
Enough	33	61,1
Not Enough	4	7,4
Total	54	100

D. Relationship Between Infant and Child Feeding and Nutritional Status

Table 4. Relationship Between Infant and Child Feeding and Nutritional Status of Children Aged 6-24 Months in The Teruwai 2025 Community Health Center Work Area

Feeding Patterns	Nutritional Status						Total		Uji Chi Square
	f	%	f	%	f	%	f	%	
Good	3	5,6	6	11,1	8	14,8	17	31,5	0,007
Enough	5	9,2	9	16,7	19	35,2	33	61,1	
Not Enough	3	5,6	1	1,8	0	0	4	7,4	
Total	11	20,4	16	29,6	27	50	54	100	

Based on the table 4, it was found that children with adequate feeding patterns had normal nutritional status (35.2%). The Chi-Square test yielded a p-value of 0.007, which is smaller than the 0.05 significance level, indicating that H1 is accepted. The analysis results indicate that infant and young child feeding practices are significantly related to the nutritional status of toddlers.

The results of the study showed that most infant and young child feeding practices were enough and the nutritional status of toddlers dominated normal. A chi-square test showed a significant relationship between infant and young child feeding practices and the nutritional status of toddlers aged 6-24 months.

DISCUSSION

This study found a significant association between Infant and Young Child Feeding (IYCF) practices and the nutritional status of children aged 6-24 months. This finding supports previous studies indicating that suboptimal feeding practices are linked to an increased risk of undernutrition during early childhood (Davidson et al., 2020; Kusuma, 2019). However, as this study employed a cross-sectional design, the observed relationship should be interpreted as an association rather than a causal effect.

Interestingly, although most caregivers were categorized as having adequate feeding practices, undernutrition remained the dominant nutritional status among toddlers. This suggests that the “adequate” category may reflect feeding frequency rather than overall dietary quality. Feeding practices that meet minimum frequency standards may still fail to provide sufficient energy, protein, and micronutrients, particularly during the 6-24 month period when nutrient requirements are high. Limited dietary diversity, low nutrient density, and age-inappropriate portion sizes may therefore contribute to inadequate weight gain despite seemingly acceptable feeding patterns (Kurniawati & Yulianto, 2022). In addition, there may still be limited food variety, low nutrient density, and portions that are not appropriate for the child's age.

Calculation and assessment of nutritional status differ between male and female infants. This is due to the faster growth and development of female infants compared to males (Mirdana et al., 2022). According to (Amelia, 2020) male children are at a higher risk of stunting and underweight compared to females. Early adulthood is a critical period for individuals to acquire knowledge and motivation. Age affects one's cognitive abilities and thought patterns; as age increases, so does the development of cognitive abilities and thought patterns, leading to better knowledge acquisition. Therefore, mothers rely more on external information to expand their knowledge about good food choices for children under or over 6 months (Khairunnisa & Ghinanda, 2022).

Young children are in a vulnerable age group for nutritional problems. Some nutritional issues in early childhood include protein-energy malnutrition (PEM), which manifests as underweight, obesity, stunting, low birth weight (LBW), vitamin A deficiency, micronutrient deficiency, iodine deficiency disorder (IDD), and iron deficiency anemia (Davidson et al., 2020). Malnutrition in children can lead to growth impairment, increased susceptibility to infections, and ultimately hinder their development. Therefore, it is essential for children to consume sufficient and high-quality food every day (Kusuma, 2019).

According to research (Khumaeroh et al., 2022), the nutritional status of young children is influenced by maternal education and knowledge about proper nutrition. Younger mothers are more interested in their children's health, driven by technological advancements, particularly social media. An individual's nutritional status affects food intake, and varying food types daily provides essential

nutrients for the body. Sholikha (2022) also found in her research that the more mature a mother is, the more life experience she has, especially in childcare.

The results of the study on infant and child feeding practices based on data distribution showed that the most dominant feeding pattern was adequate feeding. This can lead to thinness and vulnerability to various diseases. This is consistent with research conducted by Hasibuan & Siagian (2020), which states that a child's nutritional status is usually influenced by parental factors in terms of food provision. If parents provide food regularly and well, the child's nutritional status will also be good, and vice versa.

The role of mothers or primary caregivers remains critical in shaping feeding practices. Maternal knowledge, experience, and access to nutrition information influence food selection, preparation, and feeding responsiveness. Although this study did not directly assess maternal education or household economic status, previous research suggests that these factors may modify the relationship between IYCF practices and child nutritional outcomes (Said et al., 2021). Good maternal knowledge about infant and young child feeding (IYCF) ensures that children's nutritional needs are met during this rapid growth and development period. Lack of nutritional knowledge impacts the nutritional status of young children, and inappropriate feeding methods affect the child's quality of life. Access to food and other health issues are also limited for children. If this condition continues, it can disrupt the child's growth and development, ultimately leading to developmental delays (Idawati et al., 2023).

Several potential confounding factors may also influence the observed association. These include recurrent infections, household food insecurity, caregiver education, and socioeconomic constraints, all of which can affect both feeding practices and child nutritional status. In the local context of Sukadana Village, cultural practices such as providing family foods to toddlers, limited affordability of nutrient-dense foods, and suboptimal utilization of integrated health services (posyandu) may further contribute to the persistence of undernutrition.

Children under five years old, especially those aged 1-59 months, are in a period of rapid physical growth. As a result, their nutritional needs are the highest compared to subsequent periods. If nutritional needs are not met adequately, children are vulnerable to malnutrition. Growth disorders due to malnutrition during this period will have negative impacts on their future lives (Pujiati et al., 2021).

The study results show a relationship between infant and child feeding practices and nutritional status. Nutritional status is a measurable indicator of an individual's physical condition, obtained by observing food intake and daily nutrient utilization. One way to achieve this is by balancing nutrient intake and needs and regulating eating habits based on the principles of a balanced, natural, and healthy diet. This enables the achievement of optimal nutritional status, protecting the body from infectious diseases (Andayani & Afnuhazi, 2021).

A balanced diet is based on healthy eating habits applied through nutrition education. Nutrition education is essential in creating a supportive environment for parents to prepare and motivate their children to consume healthy food. Nutrition education includes knowledge about nutrients, skills in preparing nutritious food, and eating etiquette (Maulani et al., 2021).

Feeding practices are crucial for children's eating habits. These behaviors include food presentation, nutritional value, and eating habits. A comfortable environment is also essential to increase children's appetite (Setiarsih & Habibi, 2021). Eating habits also need to be considered, as the type and amount



of food consumed affect children's health. Feeding patterns are individual and parental behaviors in meeting children's nutritional needs (Aryani & Syapitri, 2021).

Thus, the findings of this study reinforce the importance of nutrition education interventions focused on improving mothers' knowledge and skills in PMBA practices. Sustainable, contextual, and community-based nutrition education is expected to improve the quality of feeding patterns, prevent malnutrition, and support optimal growth and development of toddlers (Sukmiati & Nafisah, 2021). This study has several limitations. The cross-sectional design limits the ability to infer causal relationships between IYCF practices and nutritional status. Feeding practices were assessed based on caregiver self-report, which may be subject to recall or social desirability bias. Additionally, the relatively small sample size and focus on a single village may limit the generalizability of the findings to other settings.

Despite these limitations, this study provides context-specific evidence on the association between IYCF practices and nutritional status among children aged 6-24 months in a rural Indonesian setting. The findings highlight the importance of strengthening community-based nutrition education that emphasizes not only feeding frequency but also dietary quality, diversity, and age-appropriate portions to support optimal child growth.

CONCLUSION

This study demonstrates a significant association between Infant and Young Child Feeding (IYCF) practices and the nutritional status of children aged 6-24 months, despite generally adequate reported feeding practices. The findings highlight that feeding adequacy in terms of frequency alone may not be sufficient to prevent weight faltering, emphasizing the importance of dietary quality, diversity, and age-appropriate portions. Strengthening community-based IYCF education, routine growth monitoring, and the use of locally available nutritious foods is essential to support optimal child growth, while future longitudinal studies are needed to better understand the long-term effects of feeding practices on child nutritional outcomes.

ACKNOWLEDGEMENTS

I would like to express my gratitude to the Teruwai Health Center, Sukadana Village, Central Lombok, especially the respondents in this study and all parties involved in the research and writing of this manuscript.

REFERENCES

- Alpin, A., & Salma, W. O. (2021). Faktor-Faktor Yang Memengaruhi Kejadian Gizi Buruk Pada Balita Dimasa Pandemi Covid-19 Di Wilayah Kerja Puskesmas Tawanga Kabupaten Konawe Provinsi Sulawesi Tenggara. *Jurnal Ilmiah Obsgin : Jurnal Ilmiah Ilmu Kebidanan & Kandungan* P-ISSN : 1979-3340 e- I.
- Amelia, S. (2020). Hubungan Pekerjaan Ibu, Jenis Kelamin, dan Pemberian Asi Eksklusif Terhadap Kejadian Stunting Pada Balita 6-59 Bulan di Bangka Selatan. *Jurnal Kesehatan Poltekkes Kemenkes Ri Pangkalpinang*, 8(1), 1-8. <https://doi.org/10.32922/jkp.v8i1.92>.
- Andayani, P.R., & Afnuhazi, R. (2021). Faktor-Faktor Yang Berhubungan Dengan Status Gizi Pada Balita. *jurnal Kesehatan Mercusuar*, 5(2), 41-48. <http://jurnal.mercubaktijaya.ac.id/index.php/mercusuar>.
- Aryani, N., & Syapitri, H. (2021). Hubungan Pola Pemberian Makan Dengan Status Gizi Balita. *Jurnal Keperawatan Priority*, 4(1), 135-145. <https://doi.org/10.34012/jukep.v4i1.1402>.



- Davidson, S. M., Khomsan, A., & Riyadi, H. (2020). Status gizi dan perkembangan anak usia 3-5 tahun di Kabupaten Bogor. *Jurnal Gizi Indonesia*, 8(2), 143-148. <https://ejournal.undip.ac.id/index.php/jgi/DOI>.
- E-PBGM. (2023). Publikasi Data Stunting Kabupaten Lombok Tengah Tahun 2023. ppid. lomboktengah.go.id.
- Faridi, A., Furqan, M., Setyawan, A., & Barokah, F. I. (2020). Peran Kader Posyandu Dalam Melakukan Pendampingan Pemberian Makan Bayi Dan Anak Usia 6-24 Bulan (The role of cadre of maternal and child health services in the infant and childfeeding 6-24 Months). *Aceh Nutrition Journal*, 5(2), 172-178. <http://dx.doi.org/10.30867/action.v5i2.314>.
- Gunawan, H., Pradigdo, S. F., Kartini, A (2022). Hubungan Pengetahuan Dan Praktik Pemberian Makan Bayi Dan Anak (Pmba) Serta Penggunaan Garam Beryodium Dengan Kejadian Stunting (Studi pada anak usia 12-24 bulan di wilayah kerja Puskesmas Dompu Kota). *Jurnal Kesehatan Masyarakat*. <https://doi.org/10.14710/jkm>.
- Hasibuan, T. P., & Siagian, M. (2020). Hubungan Pola Makan Dengan Status Gizi Balita Di Wilayah Kerja Puskesmas Sering Lingkungan Vii Kelurahan Sidorejo Kecamatan Medan Tembung Tahun 2019. *Jurnal Kebidanan Kestra (Jkk)*, 2(2), 116-125. <https://doi.org/10.35451/jkk.v2i2.229>.
- Idawati, I., Rosmawardiani, R., Umami Salamah, Nasriah, N., & Dian Rahayu. (2023). Pemberian Makan Bayi dan Anak (PMBA) dengan Kejadian Stunting. *Jurnal Ilmiah Kesehatan Masyarakat*, 2(3), 651-660. <https://doi.org/10.55123/sehatmas.v2i3.2054>.
- Khairunnisa, C., & Ghinanda, R. S. (2022). Hubungan Karakteristik Ibu Dengan Status Gizi Balita Usia 6-24 Bulan Di Puskesmas Banda Sakti Tahun 2021. *Jurnal Pendidikan Tambusai* 6, 3436-3444.
- Khumaeroh, A., Simanullang, M. S. D., Pane, J., & Damanik, V. (2022). Status gizi dan pola makan pada anak. *Jurnal Gawat Darurat*, 5(2), 99-106. <https://journal.unnes.ac.id/sju/index.php/nutrizione/>.
- Kurniawati, N., & Yulianto, Y. (2022). Pengaruh Jenis Kelamin Balita, Usia Balita, Status Keluarga Dan Pendapatan Keluarga Terhadap Kejadian Pendek (Stunted) Pada Balita Di Kota Mojokerto. *Jurnal Pengembangan Ilmu Dan Praktik Kesehatan*, 1(1), 76-92. <https://doi.org/10.56586/pipk.v1i1.192>.
- Kusuma, R. M. (2019). Hubungan Status Gizi Dengan Perkembangan Anak Umur 24-60 Bulan di Kelurahan Bener Kota Yogyakarta. *Jurnal Kesehatan Vokasional*, 4(3). <https://doi.org/10.22146/jkesvo.46795>.
- Matahari, R., Putri, A. T., Sulistiyawan, D., & Marthasari, V. (2023). MPASI Makanan Pendamping ASI. Yogyakarta.
- Maulani, S., Rizkiyani, F., & Sari, D. Y. (2021). Pemahaman Orang Tua Mengenai Gizi Seimbang pada Anak Usia 4-5 Tahun. *Kiddo: Jurnal Pendidikan Islam Anak Usia Dini*, 2(2), 154-168. <https://doi.org/10.19105/kiddo.v2i2.4186>.
- Merita, E. R, Charista, M. Bi, H. M. (2021). Edukasi pemberian makan pada bayi dan anak (pmba) untuk pemenuhan asupan gizi anak. *Communnity Development Journal* 2(3), 1026-1030.
- Mirdana, R. N., No, V., Status, T., Anak, G., Bulan, U., Mirdana, S., Indriati, G., & Utami, S. (2022). Hubungan Perilaku Ibu Dalam Pemberian Mp-Asi Terhadap Status Gizi Anak Usia 6-12 Bulan. *Riau Nursing Journal*, 1(1).
- Muliani, S., Safinatunnaja, Bq., & Mardianti, N.L. (2021). Hubungan Waktu Pemberian Makanan Tambahan Dengan The Relationship Between The Supplementary Feeding Time. *Journal of Midwifery Science and Women's Health* 2(1), 26-30. <https://doi.org/10.36082/jmswh.v2i1.360>.
- Naktiany, W.C.L. (2022). Hubungan Tingkat Pengetahuan Ibu Tentang Gizi Dengan Status Gizi Balita Relationship Between Mother's Knowledge Level of Nutrition and Nutritional Status of Child Under Five Years. *Nutriology*, 3(2), 57-60, 2(1).
- Pujiati, W., Nirnasari, M., & Rozalita. (2021). Pola Pemberian Makan Dengan Kejadian Stunting Pada Anak Umur 1-36 Bulan. *Jurnal Menara Medika*, 4(1), 1-8. <https://jurnal.umsb.ac.id/index.php/menaramedika/index>.

- Said, I., Suryati, T., & Barokah, F. I. (2021). Hubungan Pola Pemberian Makanan Bayi dan Anak, Pengetahuan Gizi Ibu dengan Status Gizi Bayi 6-24 Bulan di Wilayah Puskesmas Kebayoran Lama Jakarta Selatan. *Jurnal Kesehatan Global*, 4(2), 84-91. <https://doi.org/10.33085/jkg.v4i2.4855>.
- Setiarsih, D., & Habibi, R. (2021). Hubungan Perilaku Ibu Dalam Pemberian Makan Dengan Sulit Makan Pada Anak Usia 3-5 Tahun. *Indonesian Journal of Professional Nursing*, 1(2). <https://doi.org/10.30587/ijpn.v1i2.2288>.
- Sholikha, I. A., Priasmoro, D. P., & Mustriwi, M. (2022). Gambaran Status Gizi Anak Usia Toddler (1-3 Tahun) di Posyandu Duta Sehat. *Nursing Information Journal*, 2(1), 7-13. <https://doi.org/10.54832/nij.v2i1.261>.
- Siahaan, G., & Tasmi, L. (2022). Hubungan Pola Pemberian Makanan Bayi dan Anak (PMBA) Usia 6 - 24 Bulan dalam Upaya Penurunan Resiko Stunting di Desa Sungai Jernih Kabupaten Muratara Tahun 2022. *Jurnal kesehatan ibu dan anak (KIA)* 1, 47-51.
- Sukmiati, E., & Nafisah, N. A. (2021). Hubungan Pola Pemberian Makan Dengan Status Gizi Balita Di Posyandu Kemuning. *Jurnal Ilmiah JKA (Jurnal Kesehatan Aeromedika)*, 7(2), 45-51. <https://doi.org/10.58550/jka.v7i2.105>.
- WHO. (2020). Stunted Growth and development. World Health Organization. https://cdn.who.int/media/docs/default-source/nutritionlibrary/healthy_growth_project/childhood_stunting_framework_leaflet_en.pdf?sfvrsn=ee830a03_4&download=true

