

EXPLORING THE KNOWLEDGE AND FEEDING PRACTICES OF STUNTING CHILDREN IN RURAL: A QUALITATIVE STUDY

Siti Novianti¹, Nur Lina², Rian Arie Gustaman³

^{1,2,3} Public Health Study Program, Faculty of Health, Siliwangi University, Indonesia
email : sitinovianti@unsil.ac.id

Abstract

Prevalence of stunting in Indonesia is still major health problem. This study aimed to explore the feeding practices and knowledge of Indonesian mothers in feeding under-five children with malnutrition and the role of the government, health officers and health cadres in stunting prevention. This research conducted during the Covid-19 pandemic in Indonesia to determine the situation of the pandemic on feeding children. This qualitative study was conducted in the rural Tasikmalaya regency through 18 in-depth interviews with mothers (n=12), midwives (n=2) and health cadres (n=4). Data were analyzed using thematic analysis. Most of the participants had low education, most of the fathers worked as entrepreneurs with income above the minimum wage. The majority of the children were born with normal birth weight, while half of them were not exclusively breastfed, and most of the participants took iron pills during pregnancy. Feeding practices lack variety. Mother's knowledge about stunting is limited to only a superficial meaning. Stunting is still considered to be caused by short parental offspring, not a growth disorder related to poor nutrition. Despite the pandemic, fulfilling nutritional needs remains a mother's priority. Health workers and cadres have provided education about stunting and malnutrition, while the local government has made efforts to intervene but it is still not sufficient. The conclusion of this research is that mothers still lack knowledge and understanding about stunting, feeding practices are still not appropriate, and the pandemic situation has not changed the pattern of feeding practices for children.

Keywords: Mother's nutrition knowledge; Feeding practice; Role of health worker; Complementary feeding; Stunting prevention.

INTRODUCTION

The Corona Virus Disease 2019 (COVID-19) pandemic has caused an increase in children who are malnourished. UNICEF estimates a 15% increase globally in the number of malnourished children under five due to COVID-19, including in Indonesia. This has happened because many families have lost their income so that they are unable to buy healthy and nutritious food for their children (UNICEF, 2020). The West Java Provincial Health Office profile data showed that Tasikmalaya Regency consists of the five areas with the highest prevalence of stunting in Indonesia, with a prevalence of 33.35% (1). Meanwhile, based on data from the Tasikmalaya District Health Office, the stunting prevalence rate in Ciawi Sub-District from 2017-2020 was still above 20% and the main stunting locus area is in Tasikmalaya regency (Tasikmalaya, 2020).

The consequences of stunting can increase morbidity and mortality in infancy, with low cognitive and psychological functions during school-age. Stunting can also harm the long-term health, and can affect work productivity in adulthood, cause childbirth complications, and increase the risk of overweight and obesity which can trigger metabolic syndrome diseases such as coronary heart disease, stroke, hypertension, and type 2 diabetes mellitus (2).

One of the direct causes of stunting is the lack of nutritional intake, which is influenced by the feeding patterns. Mothers

need to pay attention to food variations and be creative in giving food to their children so that their nutritional needs are fulfilled (Natanagara & Wilasitha, 2022). The results of recent research (Basri *et al.*, 2021) showed that stunting in children is related to the quality and quantity of food and the feeding patterns. This feeding pattern is an effort and also the way of mothers or families in giving food to toddlers with the aim of meeting food needs both in quality and quantity (3)(4). Poor eating patterns will negatively affect the intake of nutrients that play a role in a child's growth (Septiana, Djannah and Djamil, 2014; Santanu, Insani and Sentani, 2021).

The mother's practice in feeding that does not correspond with the child's needs and provides less varied food. These are important risk factors that affect nutritional status (Lisnawaty *et al.*, 2020), where this condition is affected by the mother's lack of knowledge about toddler's nutritional needs (Meilyasari and Isnawati, 2014; Hesteria and Ni Made, 2020; Wiliyanarti, Israfil and Ruliati, 2020; Mardihani and Husain, 2021). The most influential aspects on stunted children are those related to feeding practices (Basri *et al.*, 2021). Feeding patterns are an important determinant of stunting (Hidayati and Pratiwi, 2022). It requires the intervention that involves not only complementary feeding, but also the necessary changes in the mothers' behavior, including increasing the nutritional aspects of their knowledge (5)(6). Accordingly, this study aimed to find out the basic knowledge

possessed by mothers of under two stunting children, how to practice appropriate feeding patterns and the role of health workers in preventing and intervening of stunting in rural areas.

METHODS

Study Design and Setting

This qualitative research was conducted in Ciawi Sub-district, which is ranked as having the second most highest cases of stunting in children under two in the Tasikmalaya regency, West Java Province, Indonesia. Stunting cases have increased in the last two years in this sub-district. Based on data Public Health Center of Ciawi, there are 1,031 children under two and 106 are stunted. Ciawi District is a rural area. The population generally work as farmers and entrepreneurs.

Population and Sample

Stunting in children under two data were taken based on the Toddler Weighing Month of Ciawi Public Health Center. Purposive sampling technique was used to include study participants based on their potential relevance in delivering research related information. During the data collection period, 12 participants who had 6-23 month age children were obtained. Inclusion criteria for mothers were caregivers and lived together, did not change the address and were willing to be interviewed. Triangulation informants were 2 midwives and 4 health cadres. A total of 18 participants were included in the study. The total sample size was determined on the basis of theoretical saturation. Written informed

consent was obtained from all participants at the time of scheduling the interview.

Data collection

Data collection was conducted from January to May 2021. Interviews used a semi-structured questionnaire. An interview guide was developed by the authors to cover the themes of the research and was prepared in Bahasa (Indonesian) and translated into the local language (Sundanese) to cover the participants who cannot speak in Bahasa. In-depth interview guide for mothers included questions concerning socio-demography, feeding practices, knowledge about stunting, and the roles of health officers and health cadres. Face to face interviews were conducted for the in-depth interviews with appropriate safety protocols. Duration of the interviews ranged between 45-60 min and were conducted in the participant's home by SN who is a PhD student. The data were recorded by using an audio tape with the permission of participants. Interview recordings were transcribed verbatim using thematic analysis manually. Transcripts were researched to identify emerging and recurring themes. All analytical procedures were done in the Indonesian language (*Bahasa*) by SN, NL and RAG assisted by trained research assistant. Excel Spreadsheets were used as software tools to help in the codification and analysis.

Ethical Consideration

This research has been approved by the Medical and Health Research Ethics Committee of the Faculty of Medicine, Public

Health and Nursing, Universitas Gadjah Mada, KE/FK/1343/EC/2020 and
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Table 1. Characteristics of Participants in Tasikmalaya Regency 2021*

No.	Code of Participant	Age	Education	Description
1.	MI	32 yo	Junior high	Mother, boy 23 mo, non LBW, non exclusive breastfeeding, took Iron pills, entrepreneur father with under min.wage
2.	M2	37 yo	Bachelor	Mother2, boy 18 mo, non LBW, non exclusive breastfeeding, didn't took Iron pills, entrepreneur father with above min. wage
3.	M3	21 yo	Junior high	Mother3, boy 23 mo, non LBW, took Fe pills, exclusive breastfeeding, entrepreneur father with above min.wage
4.	M4	28 yo	Bachelor	Mother4, girl 18 mo, non LBW, non exclusive breastfeeding, entrepreneur father with above min.wage
5.	M5	25 yo	Elementary	Mother5, girl 16 mo, non LBW, not exclusive breastfeeding, took Iron pills, laborer father with under min.wage
6.	M6	20 yo	Junior high	Mother6, girl 19 mo, non LBW, non exclusive breastfeeding, took Iron pills, laborer father with under min.wage
7.	M7	25 yo	Senior high	Mother7, boy 22 mo, non LBW, took Iron pills, exclusive feeding, entrepreneur father with above min.wage
8.	M8	41 yo	Bachelor	Mother8, girl 16 mo, non LBW, exclusive breastfeeding, took Iron pills, entrepreneur father with above min.wage
9.	M9	28 yo	Elementary	Mother9, boy 11 mo, non LBW, exclusive breastfeeding, took Iron pills, laborer father with above min.wage
10.	M10	22 yo	Elementary	Mother10, girl 9 mo, non LBW, non exclusive breastfeeding, didn't took Iron pills, employee father with under min.wage
11.	M11	30 yo	Junior high	Mother11, boy 12 mo, non LBW, exclusive breastfeeding, took Iron pills, laborer father with under min.wage
12.	M12	37 yo	Elementary	Mother12, girl 14 mo, LBW, didn't took Iron pills, non exclusive breastfeeding, enterpreneur father with above min.wage
13.	MW1	52 yo	Diploma	Midwife1
14.	MW2	40 yo	Diploma	Midwife2
15.	HC1	51 yo	Senior high	Health Cadre1
16.	HC2	39 yo	Senior high	Health Cadre2
17.	HC3	57 yo	Senior high	Health Cadre3
18.	HC4	59 yo	bachelor	Health Cadre4

*primary data source

LBW = low birth weight.

RESULTS AND DISCUSSION

Results

For data triangulation, a total of 12 mothers and 6 other participants were interviewed to identify the feeding practices, knowledge and roles of health officers and cadres. Most of the participants had low

education, most of the fathers worked as entrepreneurs with income above the minimum wage. The majority of the children were born with normal birth weight, while half of them were not exclusively breastfed, and most of the the participans took Fe pills during pregnancy.

The research data were organized into 3 main themes and explored 15 sub-themes.

Table 2. Themes and Sub-Themes of The In-Depth Interviews

Themes	Sub-themes
Feeding practice	a. Complementary feeding b. Food frequency c. Changes in Children's Eating Patterns Before and After the Pandemic d. Food variety e. Snack time f. Food frequencyrekuensi makan g. Mother's efforts when the child does not want to eat (responsive feeding)
Knowledge	a. Meaning of stunting children b. Cause of stunting c. Stunting preventions d. Nutrition needs for children e. Source of information about stunting
Roles of health officer and health cadre	a. Communication information and education about stunting b. Stunting intervention

Feeding Practices

All mothers gave rice porridge for the first complementary feeding at age 6 months. The majority gave instant complementary feeding and only a small proportion who made the porridge themselves. In general, the type of food given to children at the age of 9-12 months was the same as at the age of 6-9 months. Meanwhile, after the child was 12 months, the food given was already the family food. The types of food that are usually given included rice, spinach, carrots, eggs, meat, tempe, and tofu. Participants also gave fruits, according to what was in the house or available in the nearest shop. All of participants stated that children do not consume fruit regularly every day but only occasionally usually once a week.

*"Soft rice mixed with carrots and vegetables
My child [after one yo] eat all various foods available at home, as long as it's not spicy and sour" (M8, M11).*

"[Fruits] sometimes oranges, grapes, bananas, avocados, apples, whatever fruits that is available" (M 6, M9)

"...at our house, as parents, we also provide fruits, at least once a week" (M8)

Food variety depended on the availability of food at home. The majority of participants stated that the children's food menu lacked variety. Carbohydrates and one type of side dish were included at each meal with the frequency of eating 2-3 times a day. Eggs are the animal protein that is most often consumed. Some participants said that their children did not like fish, and meat was rarely consumed because they could not chew it properly.

"Yes, it's one type, vegetables only, if it is with eggs, or eggs only" (M1,M7)

"Sometimes two times a day. But mostly my son eating three times a day" (M1,8,10,11)

"My son doesn't like fish and meat" (M5,M8)

"The meat is often scalded, but eggs are often given" (M3, M11)

Snacks are given from the age of 6 months, and some are given after one year. Wafers, jelly rolls, and puffs are the types of snacks that are often given. The frequency of

snack times is irregular, depending on the wishes of the child.

“It is on demand, parent’s just provide the snacks, if the child want some so I “give it, not in the schedule.” (M8)

“Ah, whatever the child wants, not necessarily” (M6)

“Snacks from a stall near the house, sometimes puffs, wafers, cakes or jelly rolls, something like that” (M6,M10)

In line with the triangulation informants, they said that most of the mothers do not know how to provide good feeding patterns for children.

“Not all mothers understand the rules of complementary feeding.” (HC4)

“Yes, if the child does not want to eat, we just persuade to them, children eat while playing, carry to walking around the house, so they want to eat” (M3, 8, 10)

“...is given milk if the child does not want to eat” (M 9)

“ Sometimes snacking as substitutes while he don’t want to eat”(M11)

“Mothers said that the important thing is that the child wants to eat, without considering the nutrition.” (HC2)

“Many mothers in rural areas give exclusive breastfeeding, but in urban areas most of them give formula milk because they think it is more luxurious.” (MW2)

“There is still an assumption that giving fish can cause helminth infection.” (MW1)

Eating Patterns Before and After the Pandemic

Almost all participants stated that there was no change in the type or food menu since before and after the pandemic. But there were two participants who said they experienced changes after the pandemic.

“No, it’s just the same for ordinary food” (M1, M9)

“No, if it is for children, it will be prioritized” (M2)

“The change is to buy snacks. usually [IDR] 5000 and now just 2000” (M6)

“There are changes. Because the husband’s income is also reduced. It’s like when you used to buy half a kilo of meat, now it’s only a quarter. Yeah.. need to adjust” (M1)

Responsive Feeding

Researchers also conducted interviews related to the usual efforts when a child does not want to or has difficulty eating. Efforts are generally conducted to persuade the child, allowing playing while eating. But there are participants who provide snacks and milk as a substitute if the child does not want to eat.

Knowledge about Stunting

There are various sources of information obtained by participants about stunting, both from counselling and from media such as the Internet and television.

“ From Posyandu, cadre, mother counselling.” (M12)

“ ...From Internet, there is also from TV.” (M9)

“...oh from social media.”(M8)

The understanding of the majority of participants about stunting was lacking. They said that stunting meant short, deficient of intelligence or the child’s IQ was low. The majority of participants said that the causes of stunting are genetic or hereditary factors from both parents and some said the lack of food intake. Only a small proportion of participants indicated that they understand the cause of

stunting is due to nutritional disorders, including growth disorders during pregnancy.

"Yes, those who grow short." (M1)

"Short, maybe his/her intelligence is also deficient, his/her IQ." (M2, M5)

"...genes also have an effect. For example if the parents are short, the child may also follow his/her parents." (M4, M8)

"Maybe during pregnancy, the fetus grows abnormal, lacks of nutrition." (M5)

"From food, if you don't eat enough your body will be small, like my child who is hard to eat, so the body will be small." (M11)

The results of interviews with cadres and midwives are also in line with these findings, that the understanding of most mothers about stunting is generally limited to considering it refers to short children.

"... mothers know that stunting is a short child, not many people know the broad definition." (HC2, MW2)

"Mother still think that stunting due to heredity." (MW1)

The majority of participants said that children need nutritious, varied and balanced food in order to grow well, including the provision of vegetables, fruits and vitamins, as well as animal protein. When informing about nutritious food to prevent stunting, the participants mention about balanced food and exercise (swimming).

"Exercise, like swimming, drinking milk and eating nutritious food." (M2)

"The vegetables, fruits, animal protein and carbohydrates that is balanced." (M 7)

"Vitamins, vegetables, carrots like that, which is healthy and also milk. The important thing is rice, and a source of protein." (M 10)

Mothers' Perceptions about Stunting

Some of the participants were informed that their child was stunted. Most of participants accept the condition of their children who are stunted. But there were also found some participants who felt that it was not a health problem.

"I feel my child is not [stunting]. His father is also short." (M4)

"Yes, I accept, but even so [stunting], my child's speech is clear, his other growth is good, so stunting is not my main focus." (M7)

"...medium, not thin and not fat, looks normal. [stunting] due to heredity." (M5)

The Roles of Health Officers and Health Cadres

The provision of health information through public health center officers (midwives) and health cadres was conducted by counseling at the *Posyandu*, which are the classes for mothers of toddlers and class for pregnant women, with several methods that include not only discourse, but also discussions and demonstrations.

"If it's promotion, counseling such as class for mothers of toddlers, class for pregnant women, taken from one village, one posyandu with many targets. There is also cadre training." (MW2).

"Counseling at the Posyandu, class for pregnant women... The method is not only discourse because sometimes we like to be sleepy, so we ask and answer questions, we also use infocus." (MW1).

"Counseling has been conducted in every Posyandu. The material is about the dangers of

stunting, the impact of stunting, and food samples for children. The one who convey it is a midwife.” (HC1).

“Specifically for the problem of stunting, at the Posyandu there are usually ways to give food to toddlers, PHBS methods in the household such as having a latrine, using clean water.” (HC2)

In addition, there is also the provision of additional complementary food, one of which is sourced from village funds, the provision of Fe tablets, and complementary feeding as quoted below:

“There is the provision of additional food, giving Fe tablets, which have been distributed to schools. I suggested to the sub-district assistant in order that this village [its working area village] is focused on stunting for the provision of infrastructure. But it may be not full yet, so it needs more effort, it needs more coordination.” (MW2)

“Complementary feeding from public health center is available. There is another [source of] village funds for Posyandu.” (HC3)

“Yesterday it was given from the village fund to complementary feeding for stunting children (biscuits, eggs, fruit). And also milk, was also given from the public health center.” (HC4).

The results of interviews with midwives and cadres are in line with the mother's statement that several times they received assistance with complementary food.

“It is often, biscuits while Posyandu.” (M 6,9,11)

“Yes there is given milk.” (M 12)

Discussion

The knowledge of the majority of the mothers about the meaning of stunting is that their children's stature is short. Besides, according to previous research (7), it is also said

that the children with stunting can be easily handled in a short time. This is also in line with the research Mardihani and Husain (2021) that mothers often have errors in understanding stunting or shortness as a normal genetic condition. In addition, lack of knowledge of mothers is due to lack of access to information about stunting provided to the public, so that the mothers' knowledge is still not good (9).

Eating patterns are one of the forms of information that provides an overview of the type and amount of food consumed by an individual every day which is a characteristic of a particular community group (10). The components included in eating patterns are the types of food and the frequency of eating. Food arrangements should be adjusted to the child's age. Food should contain energy and all the nutrients (carbohydrates, protein, fat, vitamins and minerals) needed at their age level. Complementary feeding for children can start from 6 months of age and must be adequate (in amounts, frequency, consistency, and using a variety of foods) (11). Poor nutrition has immediate consequences of increased morbidity and mortality and can also contribute to delayed development of the brain and other nervous system problems (12).

Based on the results of interviews, feeding in children every day tends not to vary. The majority of participants only feed their children with one or two types of food, such as rice and vegetables or rice and eggs. This is also evidenced by the food menu eaten by children each day, where there are children who

everyday only eat rice with eggs or only eat rice with carrot soup. Likewise, with the consumption of fruits, mothers stated that children consume fruit once a week. These results are in line with another where the results show that fruits are rarely given to children. Food sources of protein consumed by stunting children are also very limited. Sources of animal protein are not always present in every meal. Eggs are often provided by participants, but not meat nor fish. This is unfortunate, because in Ciawi, as in many rural areas it is usually easy to get fresh water fish. However, there is still an assumption that giving fish can make children get helminth infection. Meat including chicken and beef are also rarely given to the children for various reasons. Some participants stated that the meat was difficult to chew. This finding is in line with research in Northern Ethiopia, where consumption of animal-sourced foods (ASFs) among 6–23 months old children was very low (13). This deficit in nutritious food is common, even though adequate supply of dietary protein is important for ensuring normalcy of health and growth.

The snacks that are usually given to children are biscuits, snacks from the stalls, wafers, jelly-rolls and cakes. According to the mothers' statement, the children are usually given such snacks since the age of 6 months, and there are people who begin this for the child at the age of one year. The habit of snacking in children is actually a weakness, since snacks usually contain mostly carbohydrates in the

form of starches and sugar and are not nutritious otherwise (14). In addition, the cleanliness of snacks is often very questionable. This condition is caused by the lack of knowledge from mothers concerning the essential nutrients needed by children. Efforts in providing information about balanced nutrition must be increased and reach more mothers, which, of course, must also be supported by the use of health promotion methods and effective media.

Another component in eating patterns is the frequency of eating. This eating frequency is the number of times children engage in eating activities in a day that is assessed quantitatively from the types of food consumed. Based on the results of the research, the eating frequency of children aged 6-12 months on average is 2-3 times. Feeding times for the children are usually in the morning, afternoon, and evening, except for when it is limited to two times, which is then only in the morning and evening. Whereas the frequency of snacks feeding is irregular, even though the snacks actually should be given only 1-2 times a day.

The poor practice of feeding affects the incidence of stunting in children, one of which is caused by the low frequency of feeding. Poor feeding practices will result in low energy and nutrient intake so that cumulatively it can have a negative impact on children's linear growth. In addition, children do not get a cumulative balanced intake of energy and nutrients so that their growth is disrupted. Therefore, the aspect of frequency of feeding for young children should also be an important concern for every

mother. Toddlers who are routinely given main meals and snacks every day have the potential to have good nutritional status (Natanagara & Wilasitha, 2022).

The results of interviews with midwives and cadres found that midwives and cadres had made efforts to provide information and education for mothers in classes for pregnant women, and the classes for mothers of toddlers in the Posyandu activities. The results of other research show that the role of health workers is very important in preventing stunting (Ginting, 2018; Bukit, Keloko and Ashar, 2021). The activity of health workers and cadres in stunting prevention makes an important contribution and should not be underestimated (Tulak, Saputri and Susanti, 2022).

In addition, it is important to establish cooperation with other support groups to maximize stunting prevention and control programs, such as support from the village government and private corporations. In this research, there have been efforts from the Public Health Center and Villages in providing complementary feeding assistance for stunting toddlers, but it is still limited. Advocacy is needed so that the provision of assistance for stunting toddlers can be sustainable and in sufficient quantities so that program results can run optimally.

CONCLUSION

The conclusion of this research is that mothers still lack knowledge and understanding about stunting, feeding practices are still not appropriate, and the pandemic situation has not

changed the pattern of feeding practices for children.

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