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The Effect of Feeding Rules Implementation on Children in Cimahi, Indonesia

Siti Zulva[1*], Fany Haifa Latifah[2]

STIKES RS DUSTIRA, Cimahi, Indonesia

*Correspondence: zulvasiti@yahoo.co.id

Eating difficulties are when children do not want or refuse to eat in the type or amount according to age physiologically. Several cases of difficulty eating were found that caused malnutrition in children aged 6-24 months. According to data from the Cimahi City Health Office, Cipageran has the highest number of wasting sufferers in Cimahi city as many as 117 children from 2917 targets. In general, this study aims to identify and find out the differences in the diet of children aged 6-24 months before and after applying feeding rules. This study uses a quantitative comparative method where the researcher compares 2 treatments of a variable and is quasi experimental design with a two-group pre-post-test design with the number of respondents for the intervention group of 32 respondents and the control group of 32 respondents, so the total sample is 64 respondents. In the intervention group after the post test was carried out, the child's diet increased to be appropriate with a p value of 0.0001 <0.05, while in the control group there was no change in the pre post-test with a p value of 0.199 >0.05. There was a significant difference between pre and post-test feeding rules in the intervention group while in the control group there was no significant difference. The characteristics at the age of 11-24 months are most common in women and the age of parents is most found at the age of 26-35 years. By implementing feeding rules, it is proven that it can improve children's diets with a p-value of 0.0001 <0.05. On the other hand, not applying feeding rules proves that it cannot improve the pattern of children with a p-value of 0.199 >0.05. There was a difference in dietary changes with a p value of 0.0001 <0.05.

Keywords: Feeding rules, Eating difficulties, Dietary improvement, Infants and toddlers

INTRODUCTION

Eating difficulties are conditions when children do not want or refuse to eat the type or amount of food according to their age physiologically. This is a common problem and is often complained about by parents, including in the Cipageran area (Wicaksana & Rachman, 2018a). Based on interviews with the Cipageran Health Center, it was revealed that there are still many parents who experience confusion in dealing with children who show picky behavior towards food, do not like vegetables and fruits, and consume very small amounts of food. This problem is considered to interfere with the overall growth and development process of children because during the growth period, adequate nutritional intake is very important to support their physical and cognitive development. Eating difficulties in children are also influenced by various factors such as the mother's education level, mother's knowledge about nutritional needs, mother's work, and mother's attitude towards children (Rifani & Ansar, 2021). Ignorance of the importance of nutrients and a balanced diet can cause children to experience malnutrition. If eating difficulties are not treated appropriately, children are at risk of experiencing growth stunts, malnutrition, and becoming more susceptible to various diseases. Children who have difficulty eating can show symptoms such as nutritional disorders, decreased memory and concentration, and decreased immunity which makes them more susceptible to infections. Children are also at high risk of malnutrition or underweight due to insufficient food intake for their nutritional needs (Tri Rahmi et al., 2020).

In Indonesia, eating difficulties also contribute to cases of malnutrition in children aged 6–59 months. Based on the 2022 Indonesian Nutrition Status Survey (SSGI), the prevalence of wasting in toddlers increased from 7.1% to 7.7%, while underweight was 17.1%, and overweight was 3.5%. In West Java, the prevalence of undernutrition was recorded at 15.1%, stunting at 29.2%, and overweight at 8.7%. In Cimahi City, especially the Cipageran area, 117 cases of wasting were found from 2,917 children under five (4.01%). This nutritional problem is closely related to an improper diet. Diet includes people's habits, attitudes, and beliefs about the type and amount of food consumed daily to meet nutritional needs (Subarkah et al., 2019). A balanced diet is important in meeting the needs of energy, protein, and

micronutrients to support optimal growth of children. Imbalances both in terms of quantity and quality of intake can directly affect nutritional status (Waladow et al., 2013a). In general, a healthy diet includes three important aspects: the amount, type, and schedule of meals. The amount is related to the quantity of food that must be in accordance with the daily nutritional adequacy figure. The ideal intake contains sufficient amounts of energy and essential nutrients to maintain health and support growth and development. Essential nutrients are essential nutrients that the body cannot produce on its own, so they must be obtained from the food consumed.

The type of food that children need includes carbohydrates, proteins, and regulatory substances such as vitamins and minerals. Carbohydrates are needed by the body to produce energy and build healthy body tissues. Sources of carbohydrates for children can come from rice, noodles, vermicelli, corn, potatoes, cassava, sweet potatoes, and flour-based foods. Protein acts as an important building agent to help increase weight and height. Protein can be obtained from sources such as fish, eggs, tempeh, chicken, beef, milk, cheese, tofu, and other plant-based protein products. In addition, vegetables and fruits are also needed because they contain various vitamins and minerals as regulatory substances. It is recommended to choose green or yellow vegetables and fruits such as spinach, kale, carrots, and broccoli so that the child's nutrition is balanced and his micronutrient needs are met (Ariani, 2022). Meal schedule or meal frequency describes how many times a child eats in a day. The frequency of eating of toddlers is very different from that of adults because the child's nutritional needs are less and the portions are smaller. Ideally, children should eat three meals a day with the addition of intermittent meals between main meals. This schedule can be modified according to the needs of the child as long as it maintains a meal break of about three hours between meals. A regular diet will help children have a healthy routine and make it easier to monitor their daily intake (Kusumaningtyas & Deliana, 2017b).

One of the important factors that affect a child's eating habits is the eating behavior itself, which develops gradually from the early years of life. Children learn to know the type of food, the time of meals, and the amount needed through direct experience and by observing the eating behavior of those around them, especially parents. An environment that is not supportive or does not provide good examples of eating can increase the risk of children having difficulty eating (Noviri et al., 2023b). In this case, the application of feeding rules has a great influence on the formation of a healthy children's diet. The Indonesian Pediatrician Association (IDAI) defines feeding rules as eating rules for infants and children that not only involve feeding schedules, but also a responsive approach to the child's body signals, such as hunger and fullness (Munjidah & Rahayu, 2020b). Parents need to create a comfortable and pleasant eating atmosphere so that children get used to eating well. The application of feeding rules aims to form a regular eating structure and train children to regulate their internal diets, which is very important in dealing with various eating problems. Especially in the golden age, which is the first 1,000 days of life, adequate nutritional intake greatly determines the optimal growth and development process of children (Erlisa & Rahayuningsih, 2017). Therefore, feeding rules are an effective approach in creating a positive relationship between children and food, so that children do not refuse to eat and are able to eat regularly. To support this, nutrition education and information stimulation to parents or caregivers are very necessary. Proper education will help parents understand the importance of feeding rules, so that they can guide children in regulating their diet and overcoming eating difficulties that may occur (Ghinanda et al., 2022).

Feeding rules or feeding rules for children include a number of important components that aim to create a healthy and enjoyable eating environment from an early age. These components include a regular meal schedule, portions that are appropriate for the child's age and needs, and the selection of balanced foods between carbohydrates, proteins, and regulatory substances, accompanied by restrictions on the consumption of sweet and salty foods (Tartaglia, Mcintosh, et al., 2021). Family meal activities also have great educational and emotional value for children, because they can strengthen bonds and provide examples of good eating patterns. Parents need to learn to respect the hunger and satiety signals from the child and introduce solid foods gradually according to the child's readiness. A comfortable, stress-free eating environment is essential in building a child's interest in food, as well as preventing them from traumatic eating experiences. By applying these rules consistently and compassionately, parents can form healthy and enjoyable eating habits for their children (Saidah & Dewi, 2020). This not only has a direct impact on nutritional status, but it also helps children learn to manage internal diets, build emotional closeness with parents, and instill self-control when it comes to food consumption. Children who are accustomed to a positive eating environment will be better able to understand when they are hungry or full, which will later become an important foundation in maintaining health until adulthood (Darwati et al., 2016). Challenges such as eating difficulties experienced by many children in Cipageran and other areas need to be addressed with collaboration between parents, health workers, and community education institutions.

The special purpose of this study is to find out the characteristics of respondents such as the gender of the child, the age of the child, the age of the parents, and the income of the parents in the Cipageran area. This study also aimed to identify the effect of the diet of children aged 6–24 months before and after observation in the treatment group that applied feeding rules, as well as in the control group that did not apply it. In addition, this study wanted to look at the differences in dietary changes between the two groups at the beginning and end of observation.

METHOD

Research Design and Location

This study employed a quasi-experimental design with a two-group pretest–posttest design. The study was conducted in the working area of the Cipageran Community Health Centre, North Cimahi District, Cimahi City, in August 2024.

Population and Sample

The population in this study consisted of all children aged 6–24 months who had feeding difficulties and resided in the working area of the Cipageran Community Health Centre. Sampling was conducted using purposive sampling based on inclusion and exclusion criteria.

The sample size consisted of 64 respondents, divided into two groups: 32 children in the intervention group and 32 children in the control group. Inclusion criteria included children aged 6–24 months who had feeding difficulties, lived with their parents or primary caregivers, and whose parents were willing to participate in the study. Exclusion criteria included children with chronic illnesses, congenital disorders, or specific food allergies.

Feeding Rules Intervention

The intervention group was given feeding rules to be applied by parents or caregivers. The feeding rules included setting a regular meal schedule, providing age-appropriate meal portions, providing nutritionally balanced meals, and creating a comfortable eating environment free from distractions such as playing or watching television. Parents were instructed to apply the feeding rules consistently during the intervention period.

The control group was not given any feeding rules intervention and continued with their daily feeding patterns as usual.

Research Instruments

The instrument used in this study was a child dietary questionnaire used to assess children's eating patterns, including meal frequency, food types, and eating behaviour. Data collection was conducted through observation and questionnaire completion during pre- and post-tests in both groups.

The validity and reliability of the instrument were tested prior to the study on 20 respondents who had similar characteristics but were not included in the study sample. The validity test used Pearson Product Moment correlation, while the reliability test showed acceptable results.

Data Collection Procedure

Data collection began with preliminary data collection (pre-test) in the intervention group and control group. After that, the intervention group was given education and guidance on the application of feeding rules, while the control group was not given any treatment. After the intervention period was completed, final data collection (post-test) was carried out to assess changes in the eating patterns of children in both groups.

Data Analysis

Data analysis was performed using statistical software. Univariate analysis was used to describe the characteristics of the respondents. Data normality was tested using the Shapiro–Wilk test, while homogeneity was tested using the Levene test.

To determine the differences in dietary patterns before and after intervention in each group, a paired sample t-test was used. Meanwhile, differences in dietary changes between the intervention group and the control group were analysed using an independent sample t-test. A p-value of 0.05 was used as the statistical significance threshold.

Research Ethics and Informed Consent

This study has obtained ethical approval from the Health Research Ethics Committee of FITKes Unjani with Ethics Number: No. 156/KEPK/FITKes - Unjani /VII/2024. The research was conducted in accordance with the principles of health research ethics, which include respect for the rights of research subjects, data confidentiality, and ensuring the safety and comfort of respondents. The data collected was used solely for research purposes and was presented without identifying the respondents.

Before the study was conducted, parents or guardians were given an explanation of the objectives, procedures, benefits, and respondents' rights to refuse or withdraw from participation in the study at any time. Respondents participated voluntarily after signing an informed consent form.

RESULT AND DISCUSSION

This study involved 64 children aged 6–24 months, equally allocated into intervention and control groups. Respondent characteristics are summarized in Table 1.

Respondent Characteristics

Table 1.
Charactheristics of Childern and Parents

Characteristics	Intervention n (%)	Control n (%)
Child Age		
6–11 months	6 (18.8)	7 (21.9)
12–24 months	26 (81.3)	25 (78.1)
Child Sex		
Male	15 (46.9)	15 (46.9)
Female	17 (53.1)	17 (53.1)
Parental Age		
Early adulthood (26–35 years)	25 (78.1)	26 (81.3)
Parental Income		
2–5 million IDR/month	22 (68.8)	16 (50.0)
>5 million IDR/month	10 (31.3)	16 (50.0)

The sample was dominated by children aged 12–24 months, a developmental phase commonly associated with increased food selectivity and emerging autonomy in eating behavior. The balanced distribution of sex and comparable parental characteristics between groups

suggests that baseline conditions were relatively similar, reducing the likelihood that observed outcome differences were driven by demographic factors.

Changes in Dietary Patterns Folloring Intervention

All children in both groups initially presented with inappropriate dietary patterns. After the intervention period, distinct changes were observed between the intervention and control groups. A summary of dietary pattern status and mean dietary scores is presented in Table 2.

Table 2.

Changes in Children's Dietary Patterns Before and After Intervention

Group	Pretest Dietary Pattern n (%)	Posttest Dietary Pattern n (%)	Mean Pretest Score	Mean Posttest Score	p-value
Intervention	Inappropriate: 32 (100.0)	Appropriate: 32 (100.0)	25.84	49.97	<0.001
Control	Inappropriate: 32 (100.0)	Inappropriate: 32 (100.0)	26.94	27.19	0.199

The intervention group demonstrated a clear behavioral shift in feeding practices, reflected by a substantial improvement in dietary scores following the implementation of feeding rules. This change indicates that structured feeding guidance effectively altered daily eating routines and child–caregiver interactions during meals. In contrast, the absence of meaningful change in the control group suggests that habitual feeding practices alone were insufficient to address eating difficulties within the same timeframe.

Comparison of Dietary Score Changes Between Groups

To further assess the magnitude of the intervention effect, changes in dietary scores were compared between groups, as shown in Table 3.

Table 3.

Comparison of Mean Dietary Score Changes Between Groups

Group	Mean Score Change	p-value
Intervention	24.13	<0.001
Control	0.25	

The markedly greater improvement observed in the intervention group highlights the effectiveness of feeding rules as a behavioral intervention. The minimal change in the control group reinforces the notion that improvements in dietary patterns are unlikely to occur without structured guidance and parental involvement. These findings suggest that feeding rules play a critical role in promoting consistent, responsive, and age-appropriate feeding behaviors among caregivers.

The highest interrvernment group response was in the Toodler with 26 children (81.3%) and in the control group with the highest number of toodlerrs with 25 children (78.1%). Where in this ursia, the child develops a nurturing surge, which is the career of the toodler, the period of the development that describes the development and development of the phase. In other words, ursia 6-24 burlan jurga is a critical perrioder in the process of growth , where it call (goldern perriod) for increases the potency of babies and children, if the baby and child at this time do not have a critical perriod in the process of nurturing their nutrition, then perrioder s will change into a critical period that will be unemployed in the growth of babies and children well during the time of the turmburh Coming Soon (Kursurmaningtyas & Derliana, 2017). So it can be concluded that children have eating problems, which can have an impact on the lack of nurturing and nurturing so that it can lead to the inhibition of children's developmental processes. The characteristics of the rerspondern are based on the clarity of the genders in the interverntion group and the control group have the same jurm, namely more than 17 people, because usually in children the rerntan is faced with changes in emotions and strains, which can affect the appetite of the food merrerka, the appearance and texture of the food served by the jurga can affect the child's eating disorder. Children are more likely to be attracted to the appearance of food and are more likely to enjoy food that appeals to the visually impaired (Noviri et al., 2023a)

Based on the ages people in the intervention group and the most control group in the initial adult, there were 25 people in the interrvernity group and 26 people in the control group. The ages people are related to emotional readiness and physical well-being, which can affect the interaction between children and children when eating. People who are more likely to be young are still in the process of restoring their identity and are stable in the care given to building good eating habits in children (Wise & Rachman, 2018).

Based on the income of people in the intervention group, the most people earn a salary of 2-5 million/burlan, which is a total of 22 people. The control group had the same results, namely tura people who earned a salary of 2-5 million/months as many as 16 people and who earned a salary of >5 million/months as many as 16 people. The income of the ladder is classified as the income or salary paid to the members of the family who work as employees or buruh, the Family benefitb, and other income surmberr received by members of the Ladder Society. One of the most important economic factors that affects the food economy that is subsidized by one person is the income of the household. The career of a tura person can nurture

the child's h, both long-term and long-term shorth , then the family income will prosper the child's health. Family with income is often kersurliti to cultivate basic livelihoods for food and other basic livelihoods (Hafsah & Safitri, 2023). It is important to note that the quality of the food provided is greatly influenced by the reduction of family . Family with more income will be accompanied by serving serhat food and varying every day. However, if the income of the rerndah tertur will surlit, urnturk will be surlit, it will serve the ruler of food that is nutritious, karerna karerna family needed.

The results of the research that were conducted over 1 week were obtained that changes in children's diets in the intervention group were applied feeding rules the application of children's diet did not affect the average of 25.48 and the feeding rules were applied so that the improvement in the child's diet became more pronounced with an average value of 49.97. Based on the above it can be concluded that there is a change in the improvement of children's diet that is given by the application of feeding rules , this implies that the application of feeding rules can improve the child's diet. This is in line with the research of the various types of food, namely the results of research conducted by Sambo, (2020) stating that the role of people in developing a good diet is to provide a variety of foods and to pay attention to the composition of food ingredients such as applying a healthy eating habit to the diet of children to become terraturrs. IDAI is committed to encouraging people to implement the practice of eating disorders and feeding rules as children are prescribed to complementary foods (Munjidah & Rahayu, 2020b). That fernomerna, is still minimal as many people or people who practice it. Based on the fernomerna above, the evaluation of the treatment of feeding rules is evaluated in the condition of eating disorders in toddlers.

A good diet and a healthy diet can be used to improve the quality of the serat diet in children, as well as the variety of foods and the use of different eating times. A good diet should be guided by a balanced nutritional pattern, that is, the regulation of nutrients that have been arranged by the cultivation of the soil and used through daily meals. By eating a nutritious and balanced diet in a regulary way, it is hoped that children's development will run optimally. Nurtrition is very important and has to maintain health and prevent disease (Waladow et al., 2013a).

The results of the study that were conducted for 1 week were obtained that there was no change in the child's diet in the control group, the third child's diet was not adjusted with an average of 26.94 and the effect of feeding rules was not an improvement in the diet of children who had an average score of 27.19. Based on reading above, it can be argued that there is no change in the improvement of children's diet that is not given the application of feeding rules, this implies that the application of feeding rules can improve the child's diet. The abundance of feeding rules who are not be naughty that are smeared by the people of tura surbyerk in this study are in the form of mermberri feeding children while playing and watching the eruption. Mermberri eating children is accompanied by playing and watching the film can cause children to not focus on their food, so often children cannot finish their food. The development of feeding arrangements in children can affect the process of turmburh kermbang and children's diet (Syafira, et al, 2023). Foods that have balanced nutritional surover are very important in the process of kermbang turmburh and child fertility. Along with a good diet and a good diet that is best practiced in children, it can improve the quality of the serhat diet in children, as well as food variations and the introduction of good meal hours. A good diet should be guided by a balanced nutritional pattern, that is, the regulation of nutrients that have been arranged by the cultivation of the soil and used through daily meals. By eating a nutritious and balanced diet in a terraturr way, it is hoped that children's development will run optimally. Nurtrition is very important and has urnturk to maintain health and prevent disease (Waladow et al., 2013b).

For improves the quality of living live , many people apply a vergertarian diet because of this food cheap , health t and free of kolersterol. However, if this diet is not accompanied by good nutritional supervision, then the peanurt vergertarian with the potential to experience poor nutritional status, in the form of decrease nutrition and even bad nutrition. A healthy diet is accompanied by good nutritional surplus in order to achieve good nutritional status. A good diet should be taught to children from an early age so that children avoid poor nutritional status (Laksmi, 2018).

The results of the study that were conducted over 2 weeks found that there was a change in the child's diet in the control group and the interrvernancy was distributed post terst in the interrvernity group of 24.13 and in the control group of 0.25 with a value of p value of 0.0001 <0.05. This implies that there is a significant difference between people who implement feeding rules and those who do not apply feeding rules. In the results of the research (Faridi & Wardani, 2020) It is said that babies who have poor eating habits are 5.6 times more likely to have children with poor nutritional status than mothers who have a good diet. If the child's diet is not achieved well, the child's diet will be unemployed, the child will experience thin can even become nutritional disorder in children (Purrwani, 2013). The results of the study (Octaviani, Izhar and Amir, 2018), stated that children with a good diet will be at risk of experiencing a nutritional status of 320 times less than children with a less eating pattern. overcomes the problem of an unfulfilled diet, so it is feeding rules in the application are trained to change the proper eating procedures and are trained on the eating schedule so that children can overcome hunger and a sense of smell (Tartaglia ert al., 2021). IDAI is encouraging people to adopt the practice of eating disorders and to encourage children to eat in complementary foods.

Feeding rules can help children to grow and solve their eating problems on their own. Introduction Basic feeding rules to people who are involved in the process of feeding children to understand the intervention that can be measured to deal with fererding rurlers who are not

nervous, terrurtama erdurkan in orangtura/perngasurh who are too careful or to eat the child's portion is too small to be perfect for the duration of the child's feeding guidelines (feeding rules).

CONCLUSIONS

This study shows that the application of feeding rules has a positive impact on improving the eating patterns of children aged 6–24 months who have eating difficulties. Children whose parents apply feeding rules show more structured, consistent, and age-appropriate eating behaviour changes, while children who do not receive intervention do not experience significant changes in their eating patterns. These findings confirm that *feeding rules* are an effective behavioural approach in helping to overcome eating difficulties in young children. The characteristics of the respondents, who were predominantly children aged 12–24 months, reinforce the importance of intervention during this period, given that this phase is a critical stage in the formation of eating habits. The application of *feeding rules* not only plays a role in regulating meal schedules and food types, but also shapes positive interactions between children and parents during the feeding process, which has an impact on improving the quality of children's eating patterns. Further research is recommended to examine the long-term impact of implementing *feeding rules* on children's nutritional status and growth, involving longer intervention periods and using direct observation methods to minimise parental reporting bias. In addition, the development of community-based *feeding rules* education programmes and their integration with primary health services need to be further researched to expand the benefits of this intervention in a sustainable manner.

REFERENCES

Ariani, N. M. R. (2022). *Hubungan Tingkat Pengetahuan Ibu, Pemberian Asi Eksklusif Dan Konsumsi Zat Gizi Makro Dengan Status Gizi Baduta Di Puskesmas Tabanan Ii* (pp. 7–39). [Publisher]

Darwati, D., Mexitalia, M., Hadiyanto, S., Hartanto, F., & Nugraheni, S. A. (2016). Pengaruh Intervensi Konseling Feeding Rules Dan Stimulasi Terhadap Status Gizi Dan Perkembangan Anak Di Posyandu Kabupaten Jayapura. *Sari Pediatri*, *15*(6), 377. [Crossref] [Publisher]

Erlisa, S., & Rahayuningsih, S. I. (2017). Pertumbuhan Dan Perkembangan Anak Usia 6-24 Bulan Yang Tidak Mendapatkan Asi Eksklusif. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, *2*(3), 1–9. [Publisher]

Faridi, A., & Wardani, E. N. (2020). Hubungan Pengetahuan Ibu 1000 HPK, Pola Asuh dan Pola Makan dengan Status Gizi Bayi 6-24 Bulan. *Jurnal Gizi Dan Pangan Soedirman*, *4*(2), 151–163. [Publisher]

Ghinanda, S. R., Mauliza, & Khairunnisa, C. (2022). Hubungan Pola Penerapan Feeding Rules Dengan Status Gizi Balita 6-24 Bulan Di Puskesmas Banda Sakti Kota Lhokseumawe. *Jurnal Pendidikan Tambusai*, *6*(N (1)), 2583–2588. [Crossref] [Publisher]

Kusumaningtyas, D. E., & Deliana, S. M. (2017a). *Pola Pemberian Makanan Terhadap Status Gizi Usia 12-24 Bulan pada Ibu Bekerja Abstrak*. *2*(89), 155–167. [Publisher]

Munjidah, A., & Rahayu, E. (2020a). Pengaruh Penerapan Feeding Rules Sebagai Upaya Mengatasi Kesulitan Makan Pada Anak (Picky Eater, Selective Eater Dan Small Eater). *Jurnal Kesehatan Masyarakat (JKM)*, *8*(1), 29–35. [Crossref] [Publisher]

Noviri, L. E., Maulidya, R., Fitria, N., & Abrar, A. (2023a). Faktor-Faktor yang Berhubungan dengan Perilaku Sulit Makan Pada Anak Usia Pra Sekolah. *Journal of Healthcare Technology and Medicine*, *9*(1), 758. [Crossref] [Publisher]

Rifani, R., & Ansar, W. (2021). Faktor Penyebab Perilaku Makan Pada Anak. *Seminar Nasional Hasil Penelitian*, 1988–1995. [Publisher]

Saidah, H., & Dewi, R. K. (2020). *Relationship Between Basic Feeding Rule Applied By Parents And Eating Difficulties Of Children Under Five Years Of Age In Kediri, East Java*. [Crossref] [Publisher]

Subarkah, T., Nursalam, & Rachmawati, P. D. (2019). Pola Pemberian Makan Terhadap Peningkatan Status Gizi Pada Anak Usia 1-3 Tahun. *Jurnal Injec*, *1*(2), 146–154. [Publisher]

Tartaglia, J., Mcintosh, M., Jancey, J., Scott, J., & Begley, A. (2021). Exploring Feeding Practices And Food Literacy In Parents With Young Children From Disadvantaged Areas. *International Journal Of Environmental Research And Public Health*, *18*(4), 1–18. [Crossref] [Publisher]

Tartaglia, J., McIntosh, M., Jancey, J., Scott, J., & Begley, A. (2021). Exploring feeding practices and food literacy in parents with young children from disadvantaged areas. *International Journal of Environmental Research and Public Health*, *18*(4), 1–18. [Crossref] [Publisher]

Tri Rahmi, A., Kesehatan Masyarakat, F., Andalas, U., & Perintis Kemerdekaan No, J. (2020). Kesulitan Makan Dan Status Gizi Anak Usia 3-5 Tahun Di Kelurahan Jati Kota Padang. *Jurnal Endurance : Kajian Ilmiah Problema Kesehatan*, *5*(3), 430–437. [Publisher]

Waladow, G., Warouw, S., & Rottie, J. (2013a). Hubungan Pola Makan Dengan Status Gizi Pada Anak Usia 3-5 Tahun Di Wilayah Kerja Puskesmas Tompaso Kecamatan Tompaso. *Jurnal Keperawatan Unsrat*, *1*(1), 1–6. [Crossref] [Publisher]

Wicaksana, A., & Rachman, T. (2018a). Karakteristik Dan Faktor Risiko Kesulitan Makan Pada Anak Usia 6-60 Bulan Di Kota Malang. *Angewandte Chemie International Edition*, *6*(11), 951–952. [Publisher]