

Analysis of Milk Consumption Habits and Nutritional Status of Toddlers as a Basis for Preparing a Free Milk Program in the Namorambe Community Health Center Area, Deli Serdang Regency

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Abstract. In Indonesia, 27% of toddlers are malnourished and 8% are severely malnourished, mainly due to insufficient food intake and poor parenting. Providing additional food, such as milk, is one way to improve toddler nutrition. This study analyzes milk consumption habits and nutritional status of toddlers in the Namorambe Health Centre area, Deli Serdang Regency. Using a descriptive cross-sectional survey, the study examined breastfeeding, formula use, nutritional status, food preferences, and policies on free milk provision. Results showed that 78% of toddlers had a normal weight-for-age, but only 22% had a normal height-for-age. While 76% received colostrum and 78% exclusive breastfeeding, 24% did not get breast milk, and only 20% were breastfed for the recommended 2 years. Formula milk was consumed at least three times daily by 44% of toddlers, and 4% still consumed sweetened condensed milk. For children aged 6–24 months, free milk should be in the form of powdered formula prepared by their mothers. For children aged 2–5 years, powdered formula or ready-to-drink milk is recommended to help meet their nutritional needs and reduce the risk of malnutrition.

1 Introduction

The problem of toddler nutrition in Indonesia is still quite high. Based on the 2022 Indonesian Nutritional Status Survey (SSGI), the prevalence of wasting among toddlers was 7.7%, and stunting among toddlers was 21.6% [1]. North Sumatra Province is one of the provinces with a prevalence of malnutrition above the national Indonesian rate of 14.3%, indicating that North Sumatra faces serious challenges related to nutritional status in toddlers, particularly malnutrition. One of the districts and sub-districts with the highest prevalence of malnutrition is Namorambe District in Deli Serdang Regency. Food consumption has a direct impact on the nutritional status of toddlers. Low quantity and quality of food consumption are the

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primary factors contributing to nutritional problems in the toddler age group. The effect of food consumption on nutritional status is not only related to the quantity aspect, but also to the quality of food itself [2]. The nutritional needs of toddlers can be met by consuming a varied diet, including carbohydrate sources such as rice, noodles, bread, and tubers, as well as protein sources such as eggs, tempeh, processed meat or fish, vegetables, and fruits, accompanied by milk. Milk and its derivatives (yogurt, cheese, and others) are beverages and foods with a fairly complete nutritional content [3]. It is known that one of the primary causes of stunting is micronutrient deficiency, including zinc, iron, vitamin A, and vitamin D. These essential nutrients are typically present in standard formula milk. It is known that formula milk, especially those based on cow's milk, is associated with linear growth [4].

Providing additional food is an effort to meet nutritional needs for toddlers. Free food provision refers to the government's planned implementation of additional food to meet the nutritional needs of toddlers. One form of free food provision is the provision of free milk for toddlers. Based on this, it is necessary to understand the basis for compiling a free milk provision program, which involves analyzing milk consumption habits and the nutritional status of toddlers in the Namorambe Health Centre area, Deli Serdang Regency.

2 Methods

This study aims to analyse how milk consumption habits and the nutritional status of toddlers. The study was conducted in the Namorambe health centre area of Namorambe District, Deli Serdang Regency, which is one of the areas with the largest number of malnourished toddlers in Deli Serdang, specifically 25.8%. The population in this study consisted of all toddlers in the Namorambe health centre's working area, totalling 258 people, while the sample in this study comprised 100 toddlers from the Namorambe health centre area. According to Fraenkel and Wallen (2012), the minimum sample size for quantitative research is 100 respondents [5]. The respondents in this study were mothers of toddlers. The sampling technique used is accidental sampling, which is a method for selecting a sample based on chance. This means that any mother who happens to meet the researcher can be included in the sample, provided that the mother encountered by chance is deemed suitable as a data source [6].

The type of research is a descriptive survey with a cross-sectional design. The variables to be studied include milk consumption habits (breast milk and formula milk consumption), nutritional status, food preferences, and policies for providing free milk to toddlers. Variables of milk consumption habits, consisting of types, frequency of consumption of formula milk and breast milk) were collected through interviews using a food recall questionnaire. Toddler nutritional status data were collected by measuring their height using a microtoise and weighing them using a foot scale, and calculating the z-score based on the nutritional status indicators of weight-for-age (W/A) and height-for-age (H/A).

3 Results and Discussion

3.1 Breast milk consumption in toddlers

Exclusive breastfeeding is essential for babies from birth to 6 months of age. After the baby is 6 months old, they need other foods besides breast milk to meet their nutritional needs. This will have an impact on the toddler's nutritional status. Based on this, it is important to trace the history of breastfeeding in infants. Breast milk consumption patterns in toddlers include tracing whether the baby received colostrum after birth, exclusive breastfeeding, and the duration of breastfeeding. Additionally, tracing the provision of formula milk is also conducted. This is evident in Tables 1, 2, 3, and 4 below.

Table 1. Colostrum consumption in toddlers at the Namorambe Health center.

No	Questions	Yes		Not	
		n	%	n	%
1	Is it possible to get breast milk after birth?	38	76.0	12	24.0
2	Do you exclusively breastfeed (6 months)?	39	78.0	11	22.0

Based on Table 1, 12 toddlers (24%) did not receive colostrum after birth, while 38 toddlers (76%) received colostrum after birth. Meanwhile, 11 toddlers (22%) did not receive exclusive breastfeeding, while 39 toddlers (78%) did.

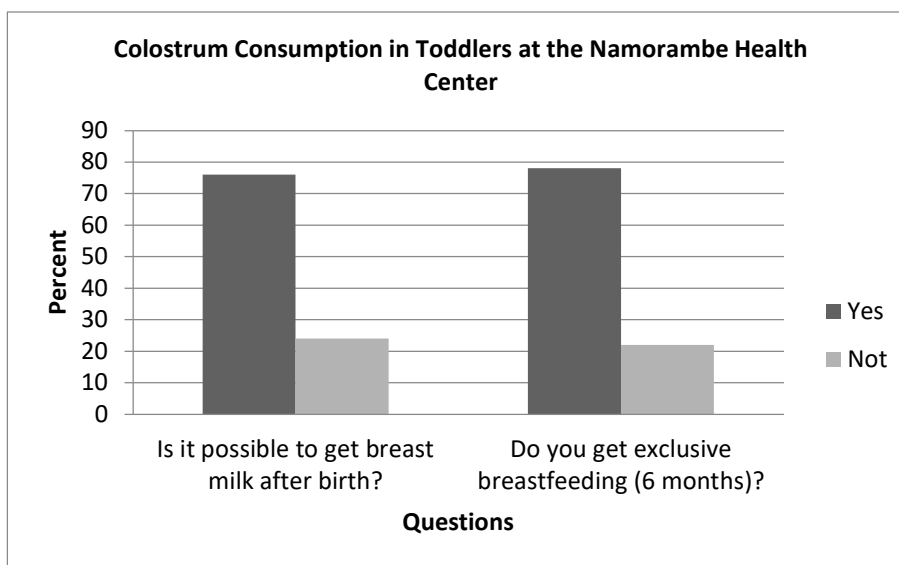


Fig. 1. The number of colostrum consumption in toddlers at the Namorambe Health Center.

Table 2. Duration of Breast Milk Consumption in Toddlers at Namorambe Health Centre.

No	Duration of Breast Milk Consumption (months)	n	%
1	No (0)	12	24.0
2	6	9	18.0
3	7	5	10.0
4	8	4	8.0
5	9	2	4.0
6	10	3	6.0
7	11	1	2.0
8	12	4	8.0
9	24	6	12.0
10	>24	4	8.0
Total		50	100

Based on Table 2, 12 toddlers (24%) did not receive breast milk after birth, and 28 toddlers (56%) received breast milk for less than 2 years. Only 10 toddlers (20%) received breast milk, as per the provisions.

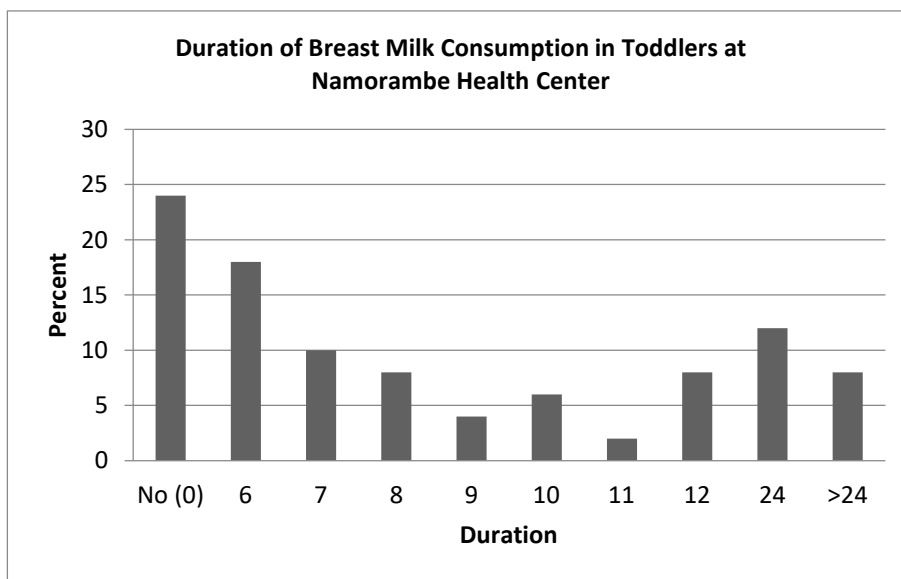


Fig. 2. The Duration of Breast Milk Consumption in Toddlers at Namorambe Health Centre.

Table 3. Consumption of formula milk in toddlers at Namorambe Health Centre.

No	Question	Yes		Sometimes		No	
		n	%	n	20.0	n	%
1	Are you still consuming formula milk?	34	68.0	10	20.0	6	12.0

Based on Table 3, there are 6 toddlers (12%) who do not consume formula milk, 10 toddlers (20%) who sometimes consume formula milk, and 34 toddlers (68%) who consume formula milk. Consumption of formula milk in toddlers is not yet 100%. Toddlers have stopped consuming formula milk before the age of 5 years, with 20% of toddlers consuming it only sometimes and 12% no longer consuming it.

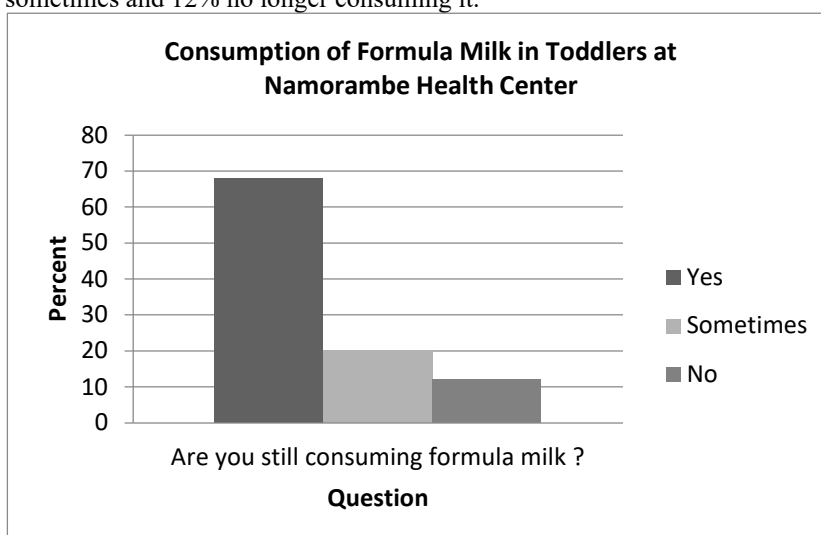


Fig. 3. The consumption of formula milk in toddlers at Namorambe Health Centre.

Table 4. Formula milk consumption patterns in toddlers.

No	Variable	n	%
1	Since what age to get formula milk (months)		
	No (0)	4	8.0
	6	6	12.0
	7	4	8.0
	8	5	10.0
	9	6	12.0
	10	3	6.0
	11	8	16.0
	12	5	10.0
	24	5	10.0
>24	4	8.0	
2	Frequency of formula milk consumption		
	1 time a day	22	44.0
	2 times a day	6	12.0
	3 times a day	10	20.0
	4 times a day	4	8.0
>4 times a day	8	16.0	
3	Type of milk consumed		
	Sweetened condensed milk	2	4.0
	UHT Milk	11	22.0
	Powdered milk (cow's milk)	5	10.0
	Soy milk	22	44.0
	Dairy milk	5	10.0
Others	5	10.0	
Total		50	100.0

Based on table 4, there are four toddlers (8%) who do not consume formula milk, six toddlers (12%) who consume formula milk since the age of 6 months, four toddlers (8%) who consume formula milk since the age of 7 months, five toddlers (10%) who consume formula milk since the age of 8 months, six toddlers (12%) who consume formula milk since the age of 9 months, three toddlers (6%) who consume formula milk since the age of 10 months, eight toddlers (16%) who consume formula milk since the age of 1 year, five toddlers (10%) who consume formula milk since the age of 2 years, and four toddlers (8%) who consume formula milk over the age of 2 years.

Based on Table 4, toddlers who consume formula milk once a day are 22 (44%), twice a day 6 (12%), 3 times a day 10 (20%), 4 times a day 4 (8%), and > 4 times a day are 8 (16%). It can be concluded that in toddlers who still consume formula milk, the frequency of formula milk consumption is predominantly once a day. Based on the type of formula milk, it is known that there are still 2 toddlers (4%) who consume sweetened condensed milk. Sweetened condensed milk is not a recommended formula milk for toddlers due to its high sugar content, which does not meet their nutritional needs. Toddlers who consume UHT milk are 11 toddlers (22%), those who consume powdered milk are 5 toddlers (10%), those who consume soy milk are 22 toddlers (44%), those who consume fresh milk are 5 toddlers (10%), and others are 5 toddlers (10%).

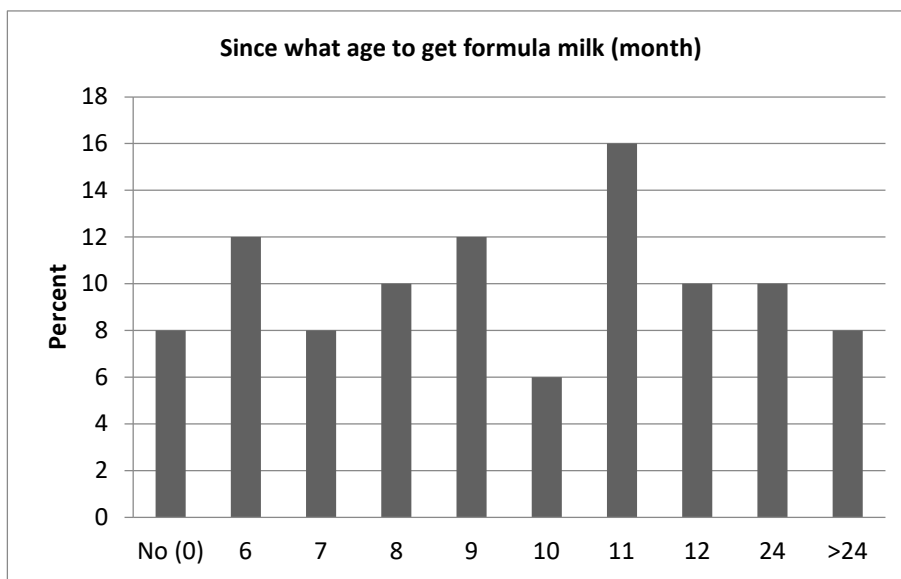


Fig. 4. The number of times to get formula milk in toddlers at Namorambe Health Center.

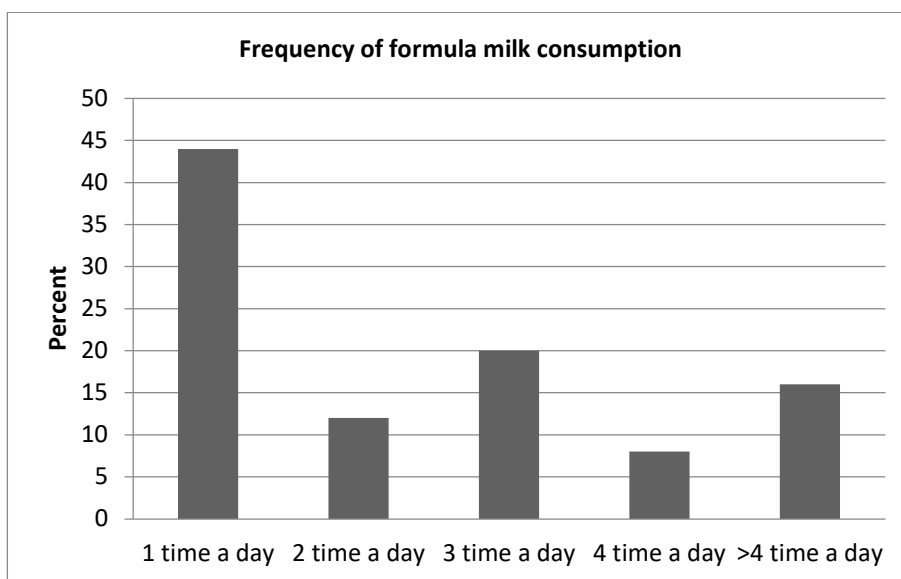


Fig. 5. The frequency of formula milk consumption patterns in toddlers at Namorambe Health Centre.

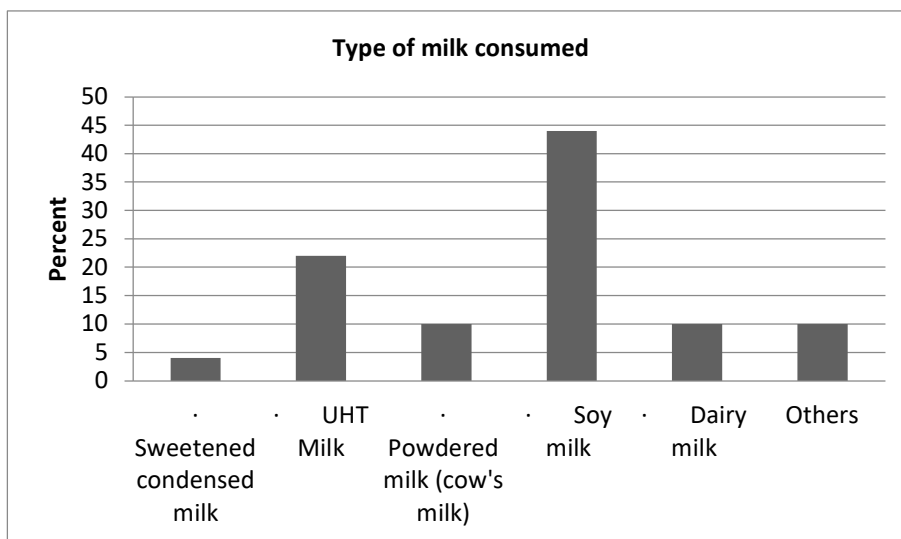


Fig. 6. The number of types of milk consumption patterns in toddlers at Namorambe Health Center.

3.2 Recommendations for providing free milk to toddlers

Based on Table 4, it can be concluded that the provision of free milk to toddlers should be adjusted according to the toddler's age. For toddlers aged 6 months to 2 years who are the target of free milk, it should be in the form of powdered formula milk, served by the toddler's caregiver. Meanwhile, for toddlers aged 2 years -5 years, if they are the target of free milk, it can be given in the form of powdered formula milk served by the toddler's mother or in the form of ready-to-drink milk in boxes or bottles. It is not recommended to provide milk in the form of sweetened condensed milk, as it does not meet the nutritional needs of toddlers.

3.3 Toddler nutritional status

The nutritional status of toddlers is analysed based on body weight, categorised by age into four groups: malnutrition, undernutrition, adequate nutrition, and overnutrition. This is evident in Table 5. Meanwhile, nutritional status, based on height and age, is grouped into three categories: very short/thin, short/thin, and normal. This can be seen in the following table 6.

Table 5. Toddler nutritional status based on BW/A.

No	Nutritional Status	n	%
1	Severe Underweight	0	0.0
2	Underweight	11	22.0
3	Normal (Good)	39	78.0
4	Overweight	0	0.0

Based on table 5, it shows that the nutritional status of toddlers at the Namorambe Health Center based on BW/A, 39 toddlers (78%) had good nutrition and 11 toddlers (22%) had poor nutritional status, which means that 22% of toddlers still need to handle nutritional problems so that their nutrition can be improved to good nutrition and not become malnourished.

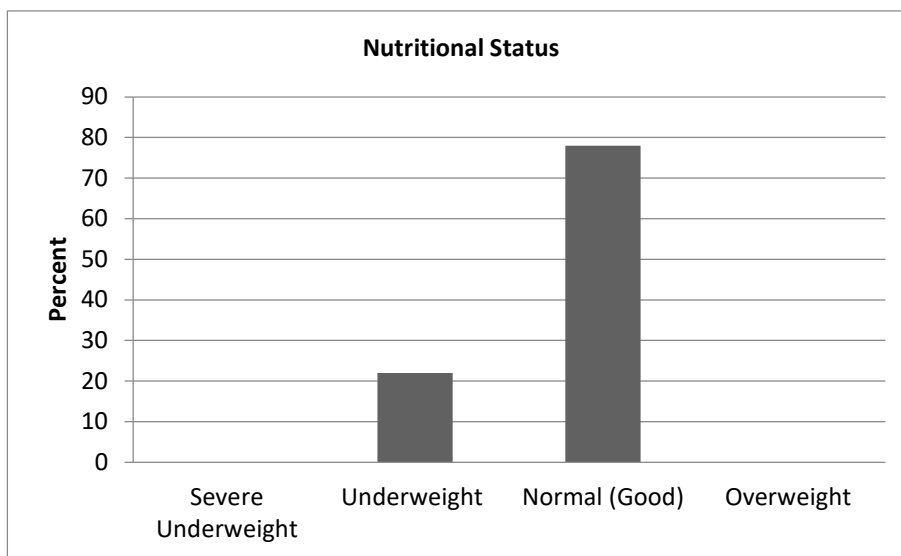


Fig. 7. The nutritional status in toddlers at Namorambe Health Center.

Table 6. Toddler nutritional status based on BH/A.

No	Nutritional Status	n	%
1	Very Thin	28	56.0
2	Thin	11	22.0
3	Normal (Good)	11	22.0

Table 6 shows that the nutritional status of toddlers at the Namorambe Health Centre, as assessed by BH/A, indicates that 11 toddlers (22%) have normal nutrition, 11 toddlers (22%) are thin, and 28 toddlers (56%) are very thin. This thin and very thin condition is interpreted as stunting, which requires nutritional treatment to prevent it from having an impact on other, more severe health problems later. There are 78% of toddlers who require nutritional treatment because they have a thin and very thin dietary status (stunting).

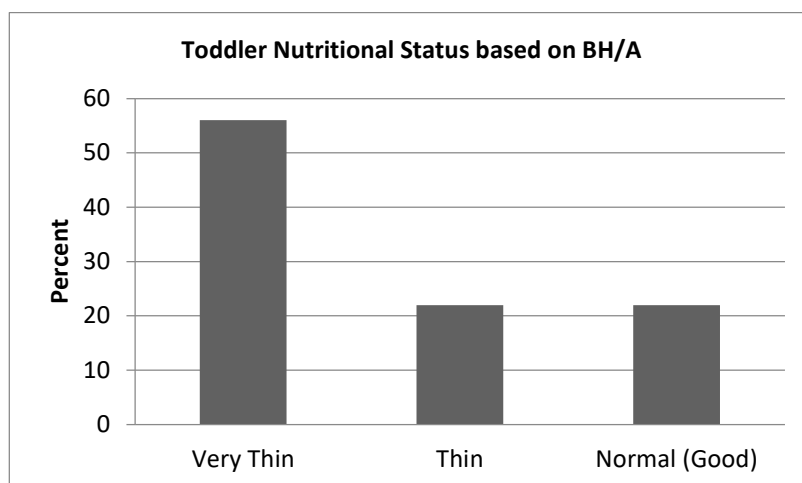


Fig. 8. The nutritional status of toddlers based on BH/A in toddlers at Namorambe Health centre.

3.4 Discussion

The research conducted in the Namorambe Health Center work area describes important conditions regarding milk consumption habits and toddler nutritional conditions, which are the main basis for designing a targeted free milk program. Based on data from Table 1, it is known that of the 50 toddlers who were respondents, 76% (38 toddlers) received colostrum shortly after birth, while the remaining 24% (12 toddlers) did not receive colostrum. In addition, 78% of toddlers (39 children) were recorded as having received exclusive breastfeeding for the first six months of their lives, but this figure decreased sharply when viewed from the length of breastfeeding, namely only 20% of toddlers (10 children) received breast milk until the age of two years according to WHO recommendations (Table 2), while the other 56% (28 toddlers) were weaned before two years and even 24% of toddlers (12 children) did not receive breast milk at all.

These data show that although the initial breastfeeding was quite good, its continuity was not optimally maintained. This condition encourages increased dependence on substitute milk, such as formula milk, especially among toddlers who do not receive breast milk until they are two years old. This should be a concern because a specific age period is a critical stage for brain development and physical growth in children. In this context, achieving optimal nutritional intake is crucial, especially for toddlers who do not receive adequate breast milk, making it necessary to find an appropriate and safe milk alternative.

Referring to Table 3, it is known that as many as 68% of toddlers (34 children) routinely consume formula milk. However, only a small portion of them, namely 20% (10 children), consume formula milk three times a day. In contrast, as many as 44% of toddlers (22 children) only consume it once a day, and even 12% of toddlers (6 children) do not consume it at all. This irregular consumption pattern and limited amount certainly poses a risk of causing an imbalance in energy and nutrient intake, especially for toddlers who are no longer receiving breast milk. An additional concern is the finding of sweetened condensed milk consumption in 4% of toddlers (2 children), despite its high sugar content and low protein content, which are not recommended for toddlers due to their importance in the growth and development process.

Furthermore, as shown in Table 4, the initial provision of formula milk occurs at various ages, which are quite varied, ranging from 6 months (12%) to over 2 years (8%). The irregularity in providing additional milk in the early stages of complementary breastfeeding (MP-ASI) indicates that not all toddlers receive an appropriate intake from an early age, despite this stage being crucial for the development of eating habits and the adjustment of digestive tract function. Consumption levels also vary; most toddlers (44%) receive only one feeding per day, while only 16% receive more than three times a day. In terms of type, there are significant differences, with 22% consuming UHT milk, 10% using powdered milk, 44% opting for soy milk, and the rest using expressed milk or other types. This condition reflects the absence of uniform standards regarding the quantity, type, or quality of milk provided, which may result in not meeting nutritional needs optimally.

This pattern is also closely related to the function of the lactase enzyme, which is responsible for breaking down lactose, the primary sugar found in milk. Lactase production in the human body is naturally high in infancy, but can decrease after the age of two. In toddlers who experience decreased lactase activity, consuming milk containing lactose can trigger symptoms of lactose intolerance, such as diarrhoea, bloating, and abdominal pain. These symptoms are often not recognized by parents and are instead attributed to reactions to other foods or diseases. In some instances, this discomfort can cause children to refuse milk, thereby consistently reducing their nutritional intake. Therefore, the recommendation that toddlers aged 6 months to 2 years should be given powdered formula milk is the right step. Powdered formula milk has flexibility in processing and dosage. It is usually fortified with essential nutrients such as iron, calcium, and vitamin D. However, the success of

providing this milk is also largely determined by the mother's ability to process it hygienically and correctly. WHO emphasizes that brewing powdered milk should be done with water at a minimum temperature of 70°C to kill pathogenic bacteria, such as *Cronobacter sakazakii*, which can be harmful to toddlers. Therefore, counseling and technical assistance to mothers on how to prepare formula milk is very important in supporting this program.

Meanwhile, for toddlers aged over two to five years, milk can be given in the form of powdered milk or ready-to-drink milk such as UHT or bottled milk. However, it should be noted that the digestive system of children over two years old begins to vary in its lactose digestion capacity, so this program must be flexible, including providing low-lactose or lactose-free milk options for children with lactose intolerance. In addition, taste preferences become an increasingly important factor. The data in the article shows the consumption of flavoured milk (such as sweetened condensed milk and UHT), which may indicate that children prefer milk with a sweet taste. A study by Hennessy et al. showed that a preference for sweet tastes increases at an early age and is often associated with children's emotional attachment to food. On the other hand, this can be a trap because the high sugar content in flavored milk can increase the risk of obesity and tooth decay.

Milk provision should not only consider its physical availability, but also the quality, type, and how the milk is consumed and received by the child. Consuming milk that is not suitable in terms of frequency, type, or nutritional content can exacerbate an already fragile nutritional status. As evidenced by the results in Table 5, which show the nutritional status of toddlers based on body weight/age (BW/A), although 78% of toddlers are classified as well-nourished, 22% still exhibit poor nutritional status. Even more worrying is the data in Table 6, which shows that only 22% of toddlers have normal height for their age (BH/A), while 22% are classified as thin, and 56% are very thin (stunting). This suggests that although the weight appears sufficient, the issue of disrupted linear growth remains a significant challenge closely linked to the quality of food and milk consumption.

According to the official website of the Thai School Lunch Program (TSL), which is directly managed by the Thai Ministry of Education (MOE), a free lunch and milk program has been provided for all public preschools and elementary schools in Thailand. This program has reached approximately 30,000 schools, and 700,000 students have benefited from this free lunch and milk program. The program is provided for 200 days during the academic year. The provision of nutritious meals in Thailand aims to reduce malnutrition rates and provide support to families who are unable to provide their children with nutritious meals, ensuring they remain in school and improve their academic performance and cognitive abilities. One of the programs to reduce malnutrition rates among Thai students is the free lunch and milk program, known as the School Lunch Program (SLP). Padang Besar Child Development Centre is one of the preschools for children aged 2 to 4 years, located in the southern region of Thailand, specifically in the province of Songkhla, within the Chana sub-district. Padang Besar Child Development Center is one of the schools that has implemented the free lunch and milk program (School Lunch Program) since its establishment in 2019 [7].

3.5 Toddler nutritional status

Growth is a key nutritional indicator for children, serving as a tool for assessing their health and well-being. In general, infant status is determined by length, height, weight, and age. This is generally determined by the availability of indicators that indicate length/height for age (stunting), weight for length/height (wasting), and weight for age (underweight), among others [8]. One of the most important risk factors for stunting is poor nutritional status, especially in older adults. Adequate nutrition during childhood also significantly inhibits cognitive development and delays the onset of chronic diseases later in life [9].

Nutrition is an important nutritional need, especially for newborns and toddlers. The nutritional status of toddlers is crucial for their overall development. Age determines the nutritional status of children [10]. The nutritional status of toddlers can be assessed by determining body weight (BW), height (HB), and age (A). Toddlers' weight is measured using a digital scale with a precision of 0.1 kg, and length or height is measured using a measuring instrument with an accuracy of 0.1 cm. Nutritional status assessment is divided into two categories, namely standard nutritional status assessment (BW/A) and standard nutritional status assessment (BH/A) [11].

A study by Ref. [12] found a significant correlation between diet and the nutritional status of toddlers. Children will remain healthy and grow according to their developmental phase if they receive ideal nutrition. Anthropometric standards, including weight and height, of children can be used to measure the impact of feeding on the nutritional status of children who develop according to their stage [13]. Nutritional problems that are not adequately addressed can have negative impacts, including physical delays or stunted growth, which can hinder physical abilities. Therefore, proper feeding and health practices are essential for toddlers to restore and increase their nutritional intake and develop healthy eating habits that can help prevent malnutrition in adulthood. Providing a healthy food menu for toddlers will help mothers. The form of food served to toddlers can affect their appetite. For instance, changing the colour of food, avoiding foods that are difficult for them, such as those with lots of bones, and choosing foods that are soft, easy to process, and rich in nutrients can all play a role.

One of the problems that often occurs in society, especially among toddlers, is the inadequate treatment of the family's daily food intake—starting from not providing nutritional protection, such as not practising exclusive breastfeeding, providing complementary foods (MP-ASI) too early, the habit of consuming non-nutritious snacks, and a lack of parental awareness about providing food that meets needs. However, several methods can be employed to overcome malnutrition, including increasing the availability of food in both quantity and quality, as well as implementing healthy parenting practices [14]. To prevent malnutrition problems in toddlers or children, it is important to make preventive efforts. Especially to overcome the difficulty of implementing a diet in toddlers. Additional efforts that can be made include external roles or encouragement, such as parties involved in improving health services, which are also educational and provide treatment for toddlers experiencing deficiencies or malnutrition [15]. There are observable differences in health conditions, which are largely due to living and working conditions, resulting in disparities in the standards of living among people [8]. In newborns, adequate energy and nutrition lead to healthy brain growth and development, strong bones, and a robust immune system.

Mothers' understanding of balanced nutrition is crucial for improving family health, which in turn affects nutritional status and overall well-being. To improve their health and well-being, knowledge, Attitude, and practice (KAP) regarding a balanced diet and a healthy lifestyle are very important. Knowledge is a structured framework of information, skills, and expertise acquired through experience or education. Based on the results of this study, it can be concluded that providing milk is one option for addressing nutritional problems in toddlers through school feeding.

4 Conclusion and Suggestions

4.1 Conclusion

1. 76% of toddlers received colostrum and 78% of toddlers had received exclusive breastfeeding. However, 24% of toddlers did not receive breast milk, and only 20%

of toddlers received breast milk according to the provisions, which stipulate a duration of 2 years.

2. Consumption of formula milk at least three times a day resulted in 44% of toddlers using various types of formula milk, but there was still 4% consumption of sweetened condensed milk.
3. The nutritional status of toddlers at the Namorambe Health Centre, based on body weight/age (BW/A) data, showed that 39 toddlers (78%) were well-nourished. And based on BH/A, data was obtained that 11 toddlers (22%) had normal height.
4. For toddlers aged 6 months to 2 years, free milk should be provided in the form of powdered formula milk, served by the toddler's mother. Meanwhile, for toddlers aged 2 to 5 years, it can be given in the form of powdered formula milk, served by the toddler's mother, or in the form of ready-to-drink milk in boxes or bottles.

4.2 Suggestions

Things that can be suggested for further research are to evaluate nutritional needs based on socio-economic status, toddler food consumption patterns, conduct comparative studies with similar programs in other countries that have successfully reduced the incidence of stunting, and conduct preference tests and evaluations of free milk programs to find out what challenges are faced during the program.

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