

Original Article**Mothers' Experiences in Implementing Responsive Feeding for Stunted Toddlers: A Qualitative Phenomenological Study**Erna Julianti¹, Elni¹, Restu Amalia Azmy¹, Zamziri¹¹ Department of Nursing, Faculty of medicine and health sciences, Universitas Bangka Belitung, Kepulauan Bangka Belitung, Indonesia**ARTICLE INFO****Article History**

Submit : Augusts 6, 2025
Accepted : October 30, 2025
Published : November 7, 2025

Correspondence

Erna Julianti; Department of nursing, Faculty of medicine and health sciences, Universitas Bangka Belitung, Bangka Belitung Islands Province, Indonesia.

Email:

erna.julianti08@gmail.com

Citation:

Julianti, E., Elni, E., Azmy, R. A. ., & Zamziri, Z. (2025). Mothers' Experiences in Implementing Responsive Feeding for Stunted Toddlers: A Qualitative Phenomenological Study. *Journal of Applied Nursing and Health*, 7(3), 418-431. <https://doi.org/10.55018/janh.v7i3.387>

ABSTRACT

Background: Reducing stunting rates is a priority for health programs in Indonesia, including in Bangka Belitung. One of the factors of stunting is a responsive feeding problem. The problems experienced by mothers related to responsive feeding are that the way of feeding according to age is not optimal, does not provide examples of healthy eating habits, does not encourage children to eat, and does not interact with children when eating, because they are busy with household chores.

Methods: The research used a descriptive phenomenological approach, and the ethical considerations in the study were beneficence, justice, and Respect for human dignity. The research participants involved were five mothers having stunting children, because saturation (data saturation) was achieved during data collection, so that no new information was obtained. The sample was selected using a purposive sampling technique. Inclusion criteria included mothers with stunting toddlers who could express their experiences and spoke Indonesian. Researchers also conducted in-depth interviews to collect data. Researchers used COREQ as a guideline. The data were analyzed using the Colaizzi method.

Results: This research discovered five themes, including children's independence in eating versus being fed, refusal to eat, interaction between parents and children when eating, knowing signs of hunger and fullness in children, and eating texture according to the child's age.

Conclusion: Eventually, it is expected that mothers can apply responsive feeding and use it as a nursing intervention to improve children's eating habits and abilities more optimally.

Keywords: Toddler, Nutritional Physiological Phenomena, Feeding Behavior, Stunting.

Implications for Practice:

- Responsive feeding can improve children's independent eating skills, form good eating habits, increase affection between mothers, and improve the quality of food intake.
- Implementing responsive feeding can be a nursing intervention to meet children's nutritional needs.
- Recommending that community health centers provide responsive feeding education during family visits

Introduction

Child malnutrition for stunting indicators globally occurred in 149.2 million infants (22.0%) (WHO, 2022). Based

on the results of the Indonesian Nutrition Status Study (SSGI) 2023, the prevalence of stunting decreases from 21.6% in 2022 to 21.5% in 2023. However, it has not yet reached the government's target of 14.4%.

The 2023 Indonesian Health Survey result show that the prevalence of stunting in the Bangka Belitung Islands Province increased by 2.1%, from 18.6% in 2022 to 20.6% in 2023 ([Kementrian Kesehatan, 2023](#)). Therefore, stunting becomes one of the priority nutritional problems in Indonesia. Stunting is a growth faltering, where chronic malnutrition occurs due to prolonged insufficient nutritional intake caused by the provision of food that does not meet the nutritional needs ([Arintasari & Puteri, 2022](#)).

Several factors causing stunting are the nutritional status of pregnant women, lack of knowledge about nutrition, inadequate children feeding practices, and infections ([Arintasari & Puteri, 2022](#)). Previous research project ([Julianti & Elni, 2020](#)) claimed that other factors that also cause stunting are the history of exclusive breastfeeding, the history of infection and the culture of child feeding. Apart from that, one of the most important factors influencing stunting is the nutritional intake of children where mothers play a role in feeding their children, known as responsive feeding. Children aged 6 months are starting to be given Complementary Food for Breast Milk. This is a transition period from breast milk to solid food so there is a risk of nutritional deficiencies and infections. In addition, it is also a period to instill concepts about food which will influence the children eating habits ([Latifah et al., 2020](#)).

Responsive feeding is a mother's ability to feed her child actively and responsively, such as by providing age-appropriate feeding methods, providing examples of healthy eating habits, encouraging the child to eat, responding to poor appetite, feeding in a safe environment, and using positive interactions ([Septamarini et al., 2019](#)). Responsive feeding can improve the quality of healthy food and child development ([Killion et al., 2024](#)). Another research result also reported that Responsive

Feeding practices in Indonesia only reached 26.5% ([Robert et al., 2021](#)). The implementation of responsive feeding is not optimal due to the lack of knowledge of mothers of toddlers about responsive feeding and also the lack of nutritional education for pregnant and breastfeeding mothers ([Purwanti et al., 2023](#)).

Responsive feeding not only focuses on nutritional intake and growth but also child development ([Febriani & Noer, 2016](#)). Previous research states that providing responsive food to children increases children's acceptance of food ([Waqiyah et al., 2023](#)). Furthermore, another previous research project ([Arintasari & Puteri, 2022](#)) stated that there are no participants who have carried out comprehensive responsive feeding, whether it is in terms of feeding the children directly or helping them to eat themselves, responding to children being hungry and full, being patient in feeding the children, responding to contact when feeding, minimizing eating distractions, and the child's rejection response. Implementing responsive feeding is important for stunting children to increase food acceptance and achieve optimal cognitive, psychomotor and mental growth and development ([Febriani & Noer, 2016](#)).

The results of a preliminary study on mothers of infants found that most mothers in Pangkalpinang City were working mothers so they have caregivers to take care of their children. The problems experienced by mothers related to responsive feeding are that the way of feeding according to age is not optimal, does not provide examples of healthy eating habits, does not encourage children to eat, does not interact with children when eating because mothers are busy with household chores. Responsive feeding also determines the success of complementary feeding. The challenges of responsive feeding in this study include time constraints. Parents' busy schedules, especially mothers', often hinder them from

giving their full attention to feeding their children. Lack of support from family members during the feeding process can also be a barrier. Furthermore, in response to food refusal, some parents tend to give up when their child refuses food or use inappropriate methods to persuade them to eat.

Responsive feeding experience can train children's eating patterns, help children train themselves to be disciplined in time and appreciate food. In addition, feeding according to schedule will make children recognize when hunger and the desire to eat arise. Responsive feeding in stunted children refers to the mother's capacity to actively and attentively provide food to children, considering age, promoting eating habits, addressing lack of appetite, ensuring a safe eating environment, and using positive interactions.

This study aimed to explore mother's experiences related to responsive feeding in stunted toddlers

Methods

Study Design

This research applied a qualitative method through a descriptive phenomenological approach, aiming to explore mothers' experiences who have stunted toddlers in implementing responsive feeding in Pangkalpinang. The descriptive phenomenological approach describes in depth and detail the experiences of mothers who have stunted toddlers regarding the phenomenon of implementing responsive feeding, namely the mother's limited time, lack of family support and the toddler's refusal to eat.

Research Team and Reflexivity

This study was led by a principal investigator with a Master's degree and a specialist degree in pediatric nursing. The research team ever conducted qualitative

research using a phenomenological approach. The researchers had no prior personal relationships with the participants. Participants served as sources of information in this study. The research team maintained research ethics. To minimize bias, the research team conducted peer debriefing with a supervisor specializing in qualitative research to ensure objectivity and critical reflection during data collection and analysis.

Participants

The sampling technique employed was purposive sampling namely the selection of participants must be based on the criteria, conditions or time units that have been set. Inclusion criteria included mother's who have stunting children aged 6 months old and above could express their experiences, spoke Indonesian and are willing to become the research participants, as well as taking part in the research by signing an informed consent form. The exclusion criteria in this study were that mothers were unable to express their experiences of responsive feeding their toddlers. The number of participants in qualitative research was five participants because saturation (data saturation) was achieved during data collection so that no new information was obtained. Creswell stated that the number of samples in qualitative research with phenomenology is three to ten people, and if saturation occurs, the number of participants does not need to be increased.

In this study, there was no rejection from the participants and the participants were able to work well in revealing their experiences of responsive feeding in toddlers. The community health center in Pangkalpinang City recommended these participants. The compensation given to the participants was a package of healthy food such as eggs, green beans, and milk.

Data Collection

The data collection process was carried out through in-depth interviews which were recorded using an audio recorder. This process was carried out until data saturation was reached. The interview time with the participants was 60 minutes. The interviews were conducted face-to-face. The interview guide used the WHO responsive feeding standards and also utilized field note guidelines as a form of researcher reflection.

After completing the interview, the researcher immediately wrote a transcript (verbatim script) based on the recorded interview results and field notes based on information sources provided by the participants, both verbal and nonverbal. The researcher then read the entire data, coded the data, created categories from selected keywords, and interpreted the themes.

Data Analysis

The data analysis process in this study uses the Colaizzi method with the following steps: After completing the interview, the researcher immediately wrote a transcript (verbatim script) based on the results of the recorded interview and field notes based on information sources provided by the participants, both verbal and nonverbal data. The researcher read the transcript repeatedly to obtain and determine the overall meaning of the interview results according to the participants' statements. In the verbatim manuscript, the researcher will code significant participant statements (keywords) related to the research objectives, then create categories from the selected keywords and interpret the themes.

Data analysis was done manually. One coder was involved to avoid any disputes.

Trustworthiness and Rigor

There are four ways to assess the validity of data, namely credibility,

confirmability, dependability, and transferability. Credibility can be obtained by clarifying data to participants by submitting the results of data analysis whether it is in accordance with the statements submitted by participants. Researchers reflect on the research results with journals related to the experience of responsive feeding in caregivers / mothers of stunting toddlers, and present the research results. In addition, confirmability is carried out by researchers collecting verbatim transcripts and field notes, and asking expert researchers as external reviewers to carry out comparative analysis to ensure the objectivity of the research results. Dependability is a form of data stability carried out by conducting an inquiry audit, which is a data audit process carried out by external reviewers (people who have competence) to examine supporting data and documents during the research process. The transferability of the results of this study is by providing a clear picture to the reader to be able to understand the presentation of the research results that have been prepared. The triangulation method looks at the phenomenon of responsive feeding implementation from various perspectives, making the research findings stronger and more credible.

Ethical Consideration

The ethical considerations in the research include beneficence, justice, and Respect for human dignity. The researcher also has received approval to pass the ethical test from the Health Research Ethics Commission of 'Aisyiyah University of Yogyakarta, with number [2844/KEP-UNISA/V/2023](#) in an effort to protect the confidentiality of the respondents. The principle of justice in this study is by not distinguishing status or class in determining participants, not distinguishing ethnicity/race, education level, economic

status, but all mothers who meet the research criteria can participate if they are willing. The right to privacy is given to participants by guaranteeing confidentiality that personal data or information from participants will only be known to researchers. In addition, participant data will be kept confidential by anonymity, not including the participant's name but replaced with a certain code. The principle of beneficence is expected to provide benefits in developing nursing science,

improving the quality of nursing services, and optimal child growth and development.

Results

Table 1 illustrates that the number of participants involved in this research was five mothers who have children under five. The age range of children in this study ranged from the youngest of 22 months old and the oldest of 30 months old. In addition, most mothers have a high school education.

Table 1. Characteristics of Participants

Parents	Age Parents (years)	level of education	Children	Age Children (Month)	Gender Children	Body Height(cm)
Ny.C	30	Elementary and junior high school	An.L	22	Female	74
Ny.Y	28	Senior High school	An. S	25	Male	75.5
Ny.Z	35	Senior High school	An. R	30	Male	83
Ny.V	32	Elementary and junior high school	An.K	24	Female	78
Ny.H	30	Senior High school	An.A	23	Male	80

The researcher describes each theme that emerged as a result of research findings related to the experience of implementing responsive feeding in mothers of stunted toddlers. Interpretation can also be a meaning derived from a comparison between research results and information from literature or theory. There are five themes obtained in this research, including

Children' Eating Independence versus Being Fed

The interview results that the researcher has done with the participants obtained Children's Eating Independence versus Being Fed. These statements were conveyed in the following quotes (**Figure 1**).

Participant 3, a 35-year-old mother explained : *"When he eats by himself, he will throw away the food, so I shall feed him, hence he is often being fed instead."*

Participant 2's 28-year-old mother explained: *"He sometimes eats alone. When he wants tom, he eats by himself and is sometimes fed. However, he eats by himself more often. When he eats by himself, he likes to play the food so it becomes a mess and I will just clean it using tissue. If he cannot finish his food, I will take it because it sometimes lasts about half an hour. I also will not give the food that he has been played, I will give him new food instead."*

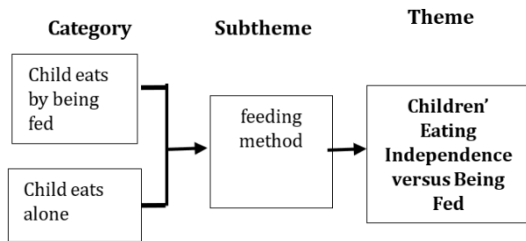


Figure 1. Children' Eating Independence versus Being Fed

is eating by himself. I am beside him while he is eating. While eating, we tell each other a story."

Participant 5, a 30-year-old mother explained: *"When I fed my child and he eats, we tell each other a story, just a common story. He cannot speak yet but understands what I tell him."*

Refusal to Eat

The result of the interview that was carried out by the researcher with the participant obtained that most of the children refused to eat as described in the following quotes (**Figure 2**):

Participant 1, a 30-year-old mother explained: *"sometimes he does not want to be fed. He will close his mouth when I was going to fed him."*

Participant 3, a 35-year-old mother explained: *"I sometime give him a breakfast meal at 7 in the morning, but he has drank his milk at 5 in the morning. Therefore, when I give him milk early, he will not eat, he will not even open his mouth"*.

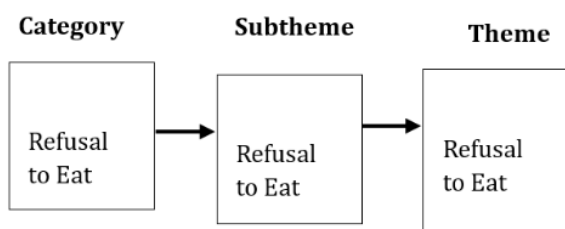


Figure 2. Refusal to Eat

Interaction between Parents and Children while Eating

The results of the research obtained that participants who conducted interaction while feeding their children. It can be seen in the following quotes (**Figure 3**):

Participant 4, a 32-year-old mother explained: *".....Yes, I accompany him while he*

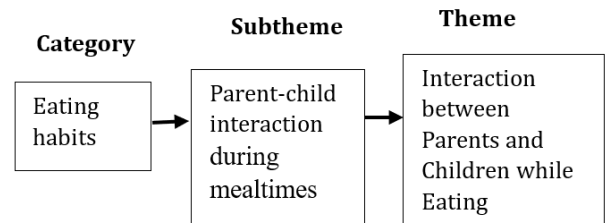


Figure 3. Interaction between Parents and Children while Eating

Knowing the Signs of Being Hungry and Full on Children

The results of the interview obtained that all mothers know the sign of their children when they are hungry or full. It is described in the following statement (**Figure 4**):

Participant 4, a 32-year-old mother explained: *"When he is hungry, he usually says "Mamam". When he is full, he will stay away from his food"*.

Participant 2, a 28-year-old mother explained: *"When he is hungry, he will ask for food. When he is already full, he will not eat although I have fed him. When he is already full, he will throw the food up, so I will not feed him anymore because it means he is already full."*



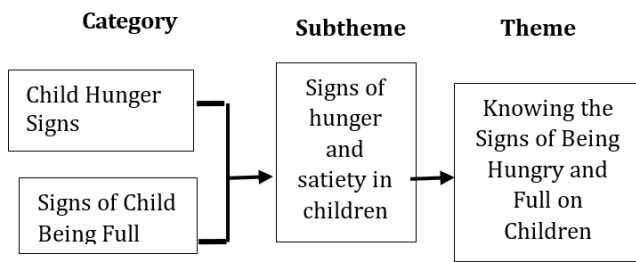


Figure 4. Knowing the Signs of Being Hungry and Full on Children

Food Texture According to Children’s Age

The results of the research found that the food texture of all children are in accordance with their age. This is in accordance with the following statements (Figure 5).

Participant 5, a 30-year-old mother explained: *“I will give normal rice to my child and the child wants to eat rice.”*

Participant 1, a 30-year-old mother explained: *“he eats our rice, the food is the same as ours.”*

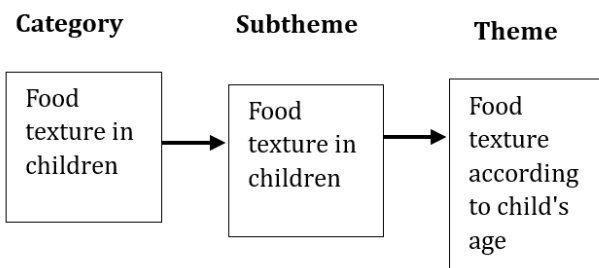


Figure 5. Food Texture According to Children’s Age

Discussion

Children’s Eating Independence versus Being Fed

The results of this study showed that two mothers make their children eat themselves. In a previous study (Desiyanti & Agustina, 2022), most mothers gave their children the opportunity to eat themselves so that it could influence the child's gross and fine motor development. However,

mothers find it difficult in its implementation because the child makes it when eating. Mothers find it difficult when they have to clean up scattered food, especially if the mother lives alone at home without the help of other families. Research in Ethiopia shows that time constraints cause mothers' difficulties in giving children the opportunity to feed themselves because mothers do housework (Abas et al., 2020).

Family support influences responsive feeding behavior (Nurwulansari et al., 2024). Families provide emotional support, information, and support during decision-making regarding good nutrition for toddlers. Families play a significant role in mothers' decision-making when choosing nutritious foods for their children. The presence of family members helps mothers make decisions when they encounter challenges regarding meeting their toddler's nutritional needs (Al Yazeedi et al., 2021).

The results of this study also showed that three mothers fed their children to eat. This study's results align with the previous research (Dayuningsih et al., 2020) that discovered 96.7% of mothers feed their children while eating. According to mothers, they need to feed their children slowly and with patience in addition to persuade and do not force them to eat. In addition, mothers also need to wait their children to stop chewing their food before feeding them again, avoiding eating disorders, trying to stay with the child while eating, and giving them full attention. The responsive feeding method emphasizes the importance of eye contact between mother and baby, where the mother feeds their children directly while paying attention to their signs of fullness and ending the feeding process if the children refuse to eat (Mobley et al., 2023a). Responsive feeding (RF) involves reciprocal nurturing feeding practices between the caregiver and the child that encourage the child to develop preferences

for healthy foods and beverages and to eat autonomously ([Pérez-Escamilla et al., 2021](#)). In addition, letting children eat by themselves can provide various benefits for the child's growth and development process, such as: teaching children to be independent, helping to develop fine motor skills and learning to recognize the texture, aroma, and temperature of food ([Manuputty et al., 2024](#)).

Refusal to Eat

The results of this research showed that refusal to eat occurs in stunting children. Parents give milk to children before the main meal, leading to them being full so they refuse to eat it. This shows that parents do not implement feeding rules, causing children to refuse to eat so that children's nutritional needs are not met. According to WHO, feeding rules are a regular schedule of main meals and snacks, and a maximum meal duration of 30 minutes. These results are in line with previous research ([Munjidah & Rahayu, 2020](#)) showing a significant influence between the implementation of feeding rules on eating difficulties. Children often refuse to eat, which is called the shut-up movement. If this habit is not handled properly, it will cause eating difficulties in children and it will continue until pre-school age ([Syahdani et al., 2023](#)). Children's habit of having difficulty eating for a long time can cause nutritional problems, namely stunting. Mothers have a big role in taking care of food and regulating children's eating patterns, as well as ensuring that their children get adequate nutritional intake from the food they consume ([Pebruanti & Rokhaidah, 2022](#)). Although young children develop liking with repeated exposure to healthy foods, consistent food refusal can be emotionally taxing and lead parents to present preferred foods instead of more nutrient-dense "challenge foods". Additionally, caregivers' emotional

reactions to children's food refusals such as feelings of frustration and anger may increase the child's negative association with such foods ([Killion et al., 2024](#)).

Food refusal impacts children's growth and development, making it crucial to implement responsive feeding. Responsive feeding encompasses practices that encourage the development of healthy eating practices and food preferences in young children, thereby promoting optimal nutrition. Adequate nutrition is key to a child's physical, psychoemotional, social, and cognitive development ([United Nations Children's Fund \(UNICEF\) & World Health Organization, 2023](#)).

Interaction between Parents and Children while Eating

The results of this research showed that mothers interact with their children when feeding them. This is in line with research that states that mothers have practiced positive interactions, allowing their children to learn to eat themselves and providing finger food. The Responsive Feeding technique for children is carried out by giving the children a positive response in the form of a smile, eye contact and words. This is also in addition to giving food slowly and as well as joking around ([Purwanti et al., 2023](#)). Furthermore, mothers also need to wait and pay attention to their children when eating ([UNICEF, 2016](#)). Another study ([Kretz et al., 2022](#)) states that mothers interact with children during mealtim, actively give love to children while eating, and do not force them to eat. Research in developing countries regarding responsive feeding and malnutrition has proven that verbal interaction between mother and child can increase the child's acceptance of food. A good active and responsive feeding practice for mothers is to invite their children to talk, sing, and eat with siblings ([Juherman et al., 2022](#)). The study also explains that when

feeding the children, mothers must respond to their children with a smile, eye contact, patience, and positive words or praise that encourage them to eat. Children need time to adapt to new foods and mothers must create a pleasant atmosphere when eating.

Knowing the Signs of Being Hungry and Full on Children

The results of this study show that all mothers know the signs of being hungry and full on their children. This is in accordance with the research previously conducted ([Nurfitri et al., 2021](#)) which found that mothers recognize signs of being hungry in children more than they recognize signs of being full. When the mother understands the signs of being hungry, the children can easily consume food. On the other hand, when the mother understands the signs of their child being full, the mother can control the food their children consumes so that they will not eat continuously. If the mother pays attention to the child's signs of being hungry and full, she will create the most suitable feeding schedule for the child. The results of previous research ([Purwanti et al., 2023](#)) also show that mothers are able to recognize signs of their children being hungry and full. For example, when children are hungry, they tend to be fussy and cry. However, when they are full, the children will be quiet and do not want to eat anymore. Responsive feeding is the process of recognizing a child being hungry and full as well as responding appropriately to the child's signs of being hungry and full. This encourages self-regulation and supports children's cognitive, emotional and social development. Implementing responsive feeding from birth helps children maintain their ability to recognize and respond to signals of being hungry and full, so that food intake is more optimally regulated based on physiological needs and prevents stunting ([Mobley et al., 2023b](#)). Infants whose caregivers are more responsive to their

feeding cues have healthier weight gain trajectories ([Redsell et al., 2021](#))

According to ([Almaatani et al., 2017](#)) the ability of children to give signals about them being hungry and full as well as parents being able to recognize and respond appropriately to these signs is an important part of responsive feeding practices. The higher the mother's attention to child rearing patterns and responsive feeding behavior, the better the child's nutritional status ([Latifah et al., 2020](#)). Establishing a good eating pattern will result in children feeling hungry and full. When a mother recognizes her child's hunger, she immediately provides food. On the other hand, if a mother sees signs of fullness in her child, she will stop giving him food. This allows mothers to easily regulate their children's eating patterns and plan their meals correctly based on their needs and age ([Waqiyah et al., 2023](#)).

Food Texture According to Children's Age

The results of this study are in accordance with research that has been done previously ([Arintasari & Puteri, 2022](#)) where it was found that the texture of children's food are in accordance with the children's age. This is also in line with another research project ([Juherman et al., 2022](#)) which also found that children aged over 12 months are given family food and the texture has been in accordance with their age, namely solid and rough food. Children aged 12 months need more energy to fulfill their nutritional intake which is obtained from family food. Family food contains complete nutrients to meet children's nutritional needs by following the 'fill my plate' guidelines regarding recommended portions and diversity of food ingredients ([Khaerunnisa et al., 2019](#)). If a child does not receive sufficient nutrition, he will experience a lack of nutritional intake, resulting in insufficient energy intake for the body's metabolism. So,

the body will physiologically make adjustments for sustainable metabolism by breaking down stores of nutrients, fat and muscle in the body to ensure vital organs get sufficient energy intake and result in nutrient stores that will be used for growth being used for the energy intake needs of vital organs. Thus, children will need additional food to prevent chronic malnutrition ([Anggryni et al., 2021](#)).

Responsive feeding is one that determines the success of feeding children. The importance of mothers in fulfilling the principle of responsive feeding so that the fulfillment of nutrition in children can be achieved. Mother's knowledge of feeding is proven to improve the quality of feeding so that knowledge is important in determining the attitude and behavior of mothers in feeding children. This research ([Nurfitri et al., 2021](#)) showing that mothers with good responsive feeding knowledge show more occurrence in children who are not stunted. The limitation of the research is that the parents' focus was divided between the child and the interview.

Implications and limitations

This study provides valuable insights into mothers' experiences in implementing responsive feeding for stunted toddlers in Indonesia, emphasizing the importance of culturally tailored interventions that strengthen maternal understanding, promote positive mother-child interactions, and improve feeding practices. The findings suggest that responsive feeding should be integrated into community-based health programs and family education to address barriers such as limited time, lack of family support, and inadequate knowledge. However, the study has limitations, including a small sample size of five participants that restricts generalizability, reliance on self-reported data that may be influenced by recall bias, and the possibility that mothers' attention

during interviews was divided between caregiving and participation. Future studies with larger, more diverse populations and mixed-method designs are recommended to validate and enrich these findings.

Relevance to For Practice

The findings of this study are highly relevant to nursing and public health practice, particularly in maternal and child health services. Nurses and community health workers should integrate responsive feeding education into routine health visits to empower mothers to recognize hunger and satiety cues, create interactive feeding environments, and foster children's eating independence. Family involvement should also be encouraged to build a supportive atmosphere that sustains healthy feeding practices. By incorporating responsive feeding principles into nutrition counseling and growth monitoring, healthcare providers can improve the quality of feeding behavior, enhance nutritional outcomes, and contribute to reducing the prevalence of stunting among toddlers in Indonesia.

Conclusion

The results of exploring mothers' experiences in implementing responsive feeding are children's independence in eating versus being fed, refusal to eat, interaction between parents and children when eating, knowing signs of hunger and fullness in children, and eating texture according to the child's age. Eventually, it is expected that mothers apply responsive feeding to infants in order to increase optimal growth and development in toddlers. Mothers of toddlers need to receive education and outreach regarding responsive feeding. The responsive feeding method is closely related to the nutritional status of children.

Funding

Bangka Belitung of University funded this research. The funding body had no role in the study design, data collection, analysis, interpretation, or manuscript writing

CrediT Authorship Contributions Statement

Erna Julianti: Conceptualization, Methodology, Supervision, Writing - Original Draft

Elni: Data acquisition, data analysis

Restu Amalia Azmy: Investigation, Resources, Data Curation

Zamziri: Investigation, Resources, Data Curation

Conflicts Of Interest

There is no conflict of interest.

Acknowledgments

The authors would like to thank University of Bangka Belitung for supporting this study.

References

- Abas, A. H., Ahmed, A. T., Farah, A. E., & Wedajo, G. T. (2020). Barriers to Optimal Maternal and Child Feeding Practices in Pastoralist Areas of Somali Region, Eastern Ethiopia: A Qualitative Study. *Food and Nutrition Sciences*, 11(06), 540–561. <https://doi.org/10.4236/fns.2020.116038>
- Al Yazeedi, B., C Berry, D., Crandell, J., & Waly, M. (2021). Family Influence on Children's Nutrition and Physical Activity Patterns in Oman. *Journal of Pediatric Nursing*, 56, e42–e48. <https://doi.org/https://doi.org/10.1016/j.pedn.2020.07.012>
- Almaatani, D. E., Kelly, E., & Rossiter, M. (2017). Responsive Feeding Practices and Influences: A Qualitative Analysis of Parent Experiences with Feeding their Young Children. In *American International Journal of Contemporary Research* (Vol. 7, Issue 2). www.aijcrnet.com
- Anggryni, M., Mardiah, W., Hermayanti, Y., Rakhmawati, W., Ramdhanie, G. G., & Mediani, H. S. (2021). Faktor Pemberian Nutrisi Masa Golden Age dengan Kejadian Stunting pada Balita di Negara Berkembang. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 5(2), 1764–1776. <https://doi.org/10.31004/obsesi.v5i2.967>
- Arintasari, F., & Puteri, I. R. P. (2022). Analisis stunting 1000 Hari Pertama Kehidupan (HPK) dengan perilaku responsive feeding dan pemberian therapy massage eating difficulties untuk menunjang tumbuh kembang. *Journal of TSCNers*, 7(1), 1–12. <https://doi.org/https://doi.org/10.35720/tscners.v7i01.340>
- Dayuningsih, Permatasari, T. A. E., & Supriyatna, N. (2020). Pengaruh pola asuh pemberian makan dengan kejadian stunting pada balita. *Jurnal Kesehatan Masyarakat Andalas*, 14(2), 3–11. <http://jurnal.fkm.unand.ac.id/index.php/jkma/>
- Desiyanti, I. W., & Agustina, R. (2022). Responsive feeding education for parents with stunting babies aged 12–36 months. *Journal of Health Technology Assessment in Midwifery*, 5(1), 20–28. <https://doi.org/10.31101/jhtam.2446>
- Febriani, B. R., & Noer, R. (2016). Faktor determinan responsive feeding pada balita stunting usia 6-36 bulan (Studi kualitatif di Wilayah Kerja Puskesmas Halmahera). *Journal of Nutrition College*, 5(3). <http://ejournal-s1.undip.ac.id/index.php/jnc>

- Juherman, Y. N., Sutrio, Mulyani, R., & Wahyuni, S. E. (2022). Analisis kualitatif praktik pemberian makan pada bayi dan anak di Wilayah Kerja Puskesmas Rajabasa Kota Bandar Lampung. *Prepotif: Jurnal Kesehatan Masyarakat*, 6(2), 1115–1127. <https://doi.org/10.31004/prepotif.v6i2.4375>
- Julianti, E., & Elni. (2020). Determinants of stunting in children aged 12-59 months. *Nurse Media Journal of Nursing*, 10(1), 36–45. <https://doi.org/10.14710/nmjn.v10i1.25770>
- Kemntrian Kesehatan, B. (2023). *Survey Kesehatan Indonesia (SKI) tahun 2024*.
- Khaerunnisa, I., Nurhayati, A., & Yulia, C. (2019). Praktik pemberian makan pada anak stunting usia bawah Dua Tahun Di kelurahan Cimahi. *Media Pendidikan, Gizi, Dan Kuliner*, 8(2), 7–13. <https://doi.org/https://doi.org/10.17509/boga.v8i2.21954>
- Killion, K. E., Corcoran, A., Romo-Palafox, M. J., Harris, J. L., Kagan, I., Gilbert, L., & Duffy, V. B. (2024). Responsive Feeding Practices to Promote Healthy Diets: A Mixed Method Study among Low-Income Caregivers with Toddlers. *Nutrients*, 16(6). <https://doi.org/10.3390/nu16060863>
- Kretz, E. C., Itaru, A., Glas, M. G., Waswa, L. M., & Jordan, I. (2022). Is Responsive Feeding Difficult? A Case Study in Teso South Sub-County, Kenya. *Nutrients*, 14(21). <https://doi.org/10.3390/nu14214677>
- Latifah, U., Prastiwi, R. S., & Baroroh, U. (2020). The Responsive Feeding Behavior and Stunting Incident on Toddlers. *Jurnal Kebidanan*, 10(2), 143–148. <https://doi.org/10.31983/jkb.v10i2.6286>
- Manuputty, N. H. K., Sumarmi, S., Studi Gizi, P., Kesehatan Masyarakat, F., & Airlangga, U. (2024). Pengaruh edukasi responsive feeding terhadap pengetahuan pada ibu balita usia 6-24 tahun di Wilayah Kerja Puskesmas Kalirungut. *Jurnal Kesehatan Tambusai*, 5(3), 7730–7737.
- Mobley, A. R., Jake-Schoffman, D. E., Fedele, D. A., Varela, E. G., & Zeldman, J. (2023a). BabyByte: Qualitative Research to Inform the Development of an App to Improve Responsive Feeding Practices in Parents of Infants and Toddlers. *International Journal of Environmental Research and Public Health*, 20(6). <https://doi.org/10.3390/ijerph20064769>
- Mobley, A. R., Jake-Schoffman, D. E., Fedele, D. A., Varela, E. G., & Zeldman, J. (2023b). BabyByte: Qualitative Research to Inform the Development of an App to Improve Responsive Feeding Practices in Parents of Infants and Toddlers. *International Journal of Environmental Research and Public Health*, 20(6). <https://doi.org/10.3390/ijerph20064769>
- Munjidah, A., & Rahayu, E. P. (2020). Pengaruh penerapan feeding rules sebagai upaya mengatasi kesulitan makan pada anak (picky eater, selective eater dan small eater). *Jurnal Kesehatan Masyarakat*, 8(1), 29–39. <https://doi.org/10.31596/jkm.v8i1.564>
- Nurfitri, M., Andhini, D., Rizona, F., & studi Ilmu Keperawatan Fakultas Kedokteran Universitas Sriwijaya, P. (2021). Hubungan pengetahuan responsive feeding ibu dengan kejadian stunting pada anak usia 12-24 bulan. *Proceeding Seminar Nasional*

- Keperawatan*, 99–104.
<http://conference.unsri.ac.id/index.php/SNK/article/view/2381>
- Nurwulansari, F., Nurul Aini, E., Islamiah, A., Mar, S., Sholikhah, atus, Kebidanan, J., & Kesehatan Kemenkes Surabaya, P. (2024). Pengaruh Karakteristik Keluarga Dan Social Support Terhadap Perilaku Responsive Feeding Ibu Balita. *Journal of Midwifery Science and Women's Health*, 18. <https://doi.org/10.36082/jmswh.v5i1.1684>
- Pebruanti, P., & Rokhaidah. (2022). Hubungan picky eating dengan kejadian stunting pada anak prasekolah di TKA Nurul Huda Tumaritis Kabupaten Bogor. *Jurnal Keperawatan Widya Gantari Indonesia*, 6(1), 1–11. <https://doi.org/10.52020/jkwgi.v6i1.3181>
- Pérez-Escamilla, R., Yakes Jimenez, E., & Dewey, K. G. (2021). Responsive Feeding Recommendations: Harmonizing Integration into Dietary Guidelines for Infants and Young Children. *Current Developments in Nutrition*, 5(6). <https://doi.org/https://doi.org/10.1093/cdn/nzab076>
- Purwanti, R., Margawati, A., Wijayanti, H. S., Rahadiyanti, A., Kurniawati, D. M., & Fitranti, D. Y. (2023). Strategi Peningkatan Pengetahuan, Sikap, dan Praktik Responsive Feeding untuk Pencegahan Stunting pada Balita. *Wikrama Parahita : Jurnal Pengabdian Masyarakat*, 7(2), 270–280. <https://doi.org/10.30656/jpmwp.v7i2.5874>
- Redsell, S. A., Slater, V., Rose, J., Olander, E. K., & Matvienko-Sikar, K. (2021). Barriers and enablers to caregivers' responsive feeding behaviour: A systematic review to inform childhood obesity prevention. *Obesity Reviews*, 22(7). <https://doi.org/10.1111/obr.13228>
- Robert, R., Creed-Kanashiro, H., Marin, M., & Penny, M. (2021). Responsive feeding is associated with minimum dietary diversity in Rural Areas of Peru, Nicaragua and Indonesia. *Current Developments in Nutrition*, 5(2), 682. https://doi.org/https://doi.org/10.1093/cdn/nzab045_064
- Septamarini, R. G., Widyastuti, N., & Purwanti, R. (2019). Hubungan pengetahuan dan sikap responsive feeding dengan kejadian stunting pada baduta usia 6-24 bulan di wilayah kerja Puskesmas Bandarharjo, Semarang. *Journal of Nutrition College*, 8(1), 9–20. <https://doi.org/https://doi.org/10.14710/jnc.v8i1.23808>
- Syahdani, F., Ar Rabbani, F., Gymnastiar Daffa, F., Saputra, A., Wina, A., Permatasari, M., Aidah, S., Fadhilah Azzahra, N., Syafriani, E., Nisa, K., & Perikanan dan Kelautan Universitas Riau, F. (2023). Demo inovasi makanan pendamping asi (MPASI) sebagai bentuk gerakan anti stunting di Desa Banglas. *Journal of Rural and Urban Community Empowerment*, 4(2), 66–71. <https://doi.org/DOI:10.31258/jruce.4.2.65-71>
- UNICEF. (2016). *Responsive feeding: Supporting families for nurturing care*. <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/12/Responsive-Feeding-Infosheet-Unicef-UK-Baby-Friendly-Initiative.pdf>
- United Nations Children's Fund (UNICEF), & World Health Organization. (2023). *Nurturing young children through responsive feeding*. UNICEF dan WHO.
- Waqiyah, H., Maineny, A., & Nurfatimah, N. (2023). The Relationship between the Timing of Complementary Feeding

and Maternal Knowledge of Responsive Feeding and the Incidence of Stunting in Children Aged 6-24 Months. *Poltekita: Jurnal Ilmu Kesehatan*, 17(1), 147-154. <https://doi.org/10.33860/jik.v17i1.1889>

WHO. (2022). *The Global health observatory: Joint child malnutrition estimates*.