

# The Booklet and Daily Food Guide Cards to Improve Responsive Feeding Practice of Mothers, on Stunted Children Aged 6-24 Months in Rural Area, West Lombok

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## Abstract

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**Keywords:** responsive feeding; booklets; complementary feeding; daily eating guide card; stunting

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**BACKGROUND:** Stunting is at high risk of occurring in the first two years of a child's life (0-24 months), and will be difficult to overcome if it continues until the child is more than 2 years old. An important determinant of complementary feeding to prevent stunting is the ability of caregivers/parents to provide food, including knowledge, attitudes and practices of feeding.

**AIM:** This study investigates the effectiveness of booklet and daily eating guide card in improving mothers' feeding practice regarding responsive feeding.

**METHODS:** This study is an experimental research and development study (R&D) with pre-posttest design. Samples were selected using a purposive sampling technique and random sample technique.

**RESULTS:** Results showed differences in the level of knowledge, attitudes and practices of respondents between before and after being given education (Sig. (2-tailed): 0.000<0.05). It can be concluded that Booklet and daily eating guide card are proven to be effective in improving feeding practice of mothers of stunted toddlers.

**CONCLUSION:** These media can be used in education to improve knowledge, attitudes and practice of responsive feeding among mothers.

## Introduction

Stunting is a condition in which children experience growth failure, unable to achieve linear growth potential as seen in the height-for-age curve [1]. Inadequate care and feeding contribute to high rates of stunting and malnutrition in children [2]. Around 186 million children in the world experience stunting, 90% of whom are spread across 36 developing countries, including Indonesia [1]. The prevalence of stunting in Indonesia is even the 4th highest in Southeast Asia, namely 36.4% in 2015 [3]. In 2018, the prevalence of stunting fell to 30.8% [4]. However, stunting is still a major problem affecting the growth and development of children in Indonesia. The provinces with the highest prevalence of stunting are NTT (37.8%), West Sumatra (33.8%), Aceh (33.2%), NTB (31.4%) and South Kalimantan (30%) [5]. In NTB, in January 2023, the districts with the highest prevalence of stunting were North Lombok (26.36%), Central Lombok (21.25%),

and West Lombok (21.07%).

Stunting is at high risk of occurring in the first two years of a child's life (0-24 months), and will be difficult to overcome if it continues until the child is more than 2 years old [6], [7]. During this period, children's growth is very rapid, both in terms of brain growth and height and weight. WHO recommends providing food for children aged 0-24 months, namely exclusive breastfeeding for 6 months and continued with complementary feeding. However, in practice, not all children get adequate complementary feeding for their growth and this is the main cause of malnutrition in children in Indonesia [7].

An important determinant of complementary feeding is the ability of caregivers/parents to provide food, including knowledge, attitudes and practices of feeding [7]. Parents, especially mothers, play an important role in providing food and eating behavior for children, through the way the mother feeds [6]. To support children in getting adequate nutrition, WHO

and UNICEF recommend responsive feeding practices that are implemented since a baby is exclusively breastfed and when the baby starts receiving complementary feeding. Responsive feeding is a feeding practice that is carried out actively and responsively, including providing food according to age, providing examples of healthy eating habits, motivating children to eat, responding to poor appetite, feeding in a safe environment and using positive interactions during feeding [8]. The application of responsive feeding in providing additional food (responsive complementary feeding) is closely related to increased appetite and nutrient intake [9]. Meanwhile, the lack of knowledge and skills of mothers in practicing responsive complementary feeding has been shown to increase the risk of stunting [6].

Most mothers have less knowledge about the implementation of responsive complementary feeding (RCF). To improve mothers' knowledge and skills in implementing RCF, education about feeding is needed. Previous studies have shown that there is an influence of providing nutrition education on the practice of providing additional feeding, increasing nutrition and child growth [10], [11]. Based on this description, this study aims to identify the influence of education about RCF using booklets about responsive feeding and daily food guide cards on the ability of mothers with stunted children to implement responsive complementary feeding in the NTB region, especially West Lombok Regency to overcome stunting. Booklets as educational media have been proven effective in increasing knowledge, attitudes and behaviors related to health and balanced nutrition [12], [13]. Previous studies have also shown the effectiveness of guide cards as interactive media that increase knowledge and guide the implementation of expected practices/actions [14], [15].

## Method

This research is an experimental study with a pre-posttest design. The population in this study were mothers who had stunted toddlers in the West Lombok Regency. The determination of the area was because it had high cases of stunting, including the top 4 highest cases in the provinces of West Nusa Tenggara (NTB). Although not the area with the highest cases, the rate of decline in cases is still slow, even tending to increase. The research sample was selected using a random sampling allocation technique. The inclusion criteria were mothers who had children aged 0-24 months and experienced stunting, mothers who could read and write, were the main caregivers of the child, and were willing to be respondents until the end of the research process. Exclusion criteria included: mothers who resigned and mothers who moved outside the research area.

Data collected in this study consist of primary data and

secondary data. Primary data are the knowledge, attitude and the ability of mothers practicing responsive feeding before and after they were given education about responsive feeding using booklet and daily eating guide card. In writing the booklet on responsive feeding and the daily eating guide card, experts in nutrition were involved and following these steps:

1. The research team designed the booklet and daily eating guide card;
2. The material/substances of the booklet and the daily eating guide card were tested and revisions was made according to the results of the material test;
3. The research team conducted a trial of the booklet, revised it and finalized the booklet and guide card;
4. The research team made a questionnaire according to research needs and conducted validity and reliability tests.

Informed consent was obtained prior to data collection of all respondents. Education was given to all the respondents in group based on their area of living (per village). The respondents were given the booklet, read the booklet and the daily eating guide card. Prior to education, they were asked to answer the questionnaire. After given education, they were asked to answer the same questionnaire about their knowledge and attitude. Then, they were asked to practice the responsive feeding in minimum of 7 days and write their practice in the mealtime history card included in the daily eating guide card. After 7 days, they were asked to fill out the questionnaire about responsive feeding practice. Data analysis used was Wilcoxon signed ranked test.

## Results

In this study, only three out of thirty respondents who taken piroxicam. Other respondents did not get any medication. Table 1 shows the distribution of respondents by age, education level and occupation status (unoccupied/housewives or occupied).

**Table 1: Distribution of Respondents by Age, Education Level and Occupation status**

No	Category	n	(%)
<b>Age</b>			
		n	%
1	≤ 18 year	3	4
2	19 - 30 year	29	48
3	31 - 40 year	22	38
4	41 - 50 year	6	10
	Total	60	100
<b>Education</b>			
		n	%
1	Elementary school	17	29
2	Junior high school	19	31
3	Senior high school	18	30
4	Higher education	6	10
	Total	60	100
<b>Occupation Status</b>			
		N	%
1	Occupied	16	27
2	Unoccupied/housewives	44	73
	Total	60	100

Table 1 shows that overall, most respondents have basic education level, namely junior high school and high school (total 64%) and only a few have higher education (10%). The age of most respondents is in the range of 19-30 years (48%), and most respondents are housewives or do not work outside the home (73%).

The results of knowledge, respondents' attitudes and responsive feeding practices by respondents before and after education was shown in table 2.

**Table 2: Knowledge, Respondents' Attitudes and Responsive Feeding Practices by Respondents Before and After Education (n = 60)**

No	Category	Pretest		Post test	
		n	%	n	%
<b>Knowledge</b>					
1	Good	37	62	51	85
2	Sufficient	19	32	9	15
3	Poor	4	6	0	0
<b>Attitude</b>					
1	Positive	49	82	100	100
2	Negative	11	18	0	0
<b>Praktice of Responsive Feeding</b>					
1	Good	29	48	39	65
2	Sufficient	22	37	21	35
3	Poor	9	15	0	0

Table 2 shows that in the pretest, most respondents had good knowledge about (62%), but there were 6% of respondents whose knowledge level was lacking and 32% who had sufficient knowledge about responsive feeding.

Based on table 2. it can also be seen that some respondents have a positive attitude towards responsive feeding (82%), but there are still some who have a negative attitude (18%) while after being given education, all respondents have a positive attitude towards responsive feeding. In the attitude assessment, there are 5 statement points where respondents are asked to determine their attitude Strongly agree, agree, disagree or disagree. The five points are about 1) feeding children according to their needs, 2) feeding that pays attention to children's hunger and fullness signals, 3) feeding in a calm and pleasant atmosphere, 4) children should not be forced to eat and 5) feeding children slowly and patiently.

Table 2 shows that 48% of respondents have practiced responsive feeding well but there are still 15% of respondents who are lacking in implementing responsive feeding practices. Meanwhile, after being given education and given the opportunity to implement responsive feeding for at least 7 days, the percentage of respondents who implemented the practice well increased to 65% and 35% of respondents implemented the practice quite well.

The results of Wilcoxon Signed Ranks were shown in table 3.

The results of the Wilcoxon test in Table 3 show differences in the level of knowledge, attitudes and practices of respondents between before and after being given education (Sig. (2-tailed): 0.000<0.05). These results prove that education using booklets and

daily feeding guide cards is effective in increasing the knowledge, attitudes and practices of responsive feeding of mothers who have stunted toddlers.

**Table 3: Results of the Wilcoxon Signed Rank Test for Data on Knowledge, Attitudes and Practices of Respondents Before and After Education**

Wilcoxon signed rank test	Pre test – Post test Knowledge
Total N	100
Z	-5.024
Asymptotic Sig (2 Sided Test)	.000
Wilcoxon signed rank test	Pre test – Post test Attitude
Total N	100
Z	-5.897
Asymptotic Sig (2 Sided Test)	.000
Wilcoxon signed rank test	Pre test – Post test Responsive feeding practice
Total N	100
Z	-4.690
Asymptotic Sig (2 Sided Test)	.000
Significance level is .050	

## Discussion

### Respondents' knowledge before and after being given education

In general, education for respondents, both mothers or caregivers of stunted infants/toddlers in this study has proven effective in increasing the knowledge, attitudes and practices applied by respondents. There was an increase in the category of respondents' knowledge before and after being given education with booklet media from 62% to 85% with good knowledge and a decrease in respondents with less than 6% knowledge to 0% and only 15% of respondents had sufficient knowledge.

In this study, at the beginning of education, all respondents stated that they did not know about responsive feeding, they even said that it was their first time hearing the term. However, after studying more about responsive feeding, they said that some of the principles of responsive feeding were not new to them, although not all and not always they could apply and there were also principles of responsive feeding that had never been done by respondents at all or were not known by respondents. This is in line with the results of previous studies where most mothers in rural areas had never heard the term responsive feeding but knew that feeding behavior was important [16]. The principle that is often unknown to caregivers or that is often misunderstood is the principle of child-led feeding, where the one who determines the feeding itself should be the child, not the parent or caregiver. This means that feeding is adjusted to 1) the child's hunger and fullness signals, 2) the child's nutritional needs and 3) the child's desires/preferences to eat. Mothers/caregivers have a very important role in feeding children, because this is closely related to parenting patterns and the success of child growth and development [17].

After being given education, the category of most respondents' knowledge was in the good category (85%) and none had insufficient knowledge.

Education made respondents know about the definition of responsive feeding, the principles of responsive feeding, how to overcome feeding problems and solutions that can be applied. This information was obtained from education and from booklets that had been distributed. Previous research also showed that training on responsive feeding can increase knowledge about responsive feeding [18].

Parents, especially mothers, play an important role in providing food and eating behavior for children, through the way the mother feeds them [6]. In responsive feeding, the practice of feeding is carried out actively and responsively [19]. Responsive feeding is part of responsive parenting that shows reciprocity between children and parents who respond quickly to children's needs, support children's needs emotionally, do not interfere and control, but are responsive according to child development [8]. Responsive feeding has been recognized as a component of a strategy needed to prevent all forms of nutritional disorders including stunting and obesity in childhood, because it encourages the regulation of healthy food intake in children in response to hunger and satiety [20]. The results of this study are also in line with previous studies showing that education about responsive feeding is effective in increasing the knowledge of mothers of toddlers [21]. Lack of caregiver knowledge about responsive feeding is correlated with the incidence of stunting in toddlers aged 6-24 months [6]. So that the knowledge of mothers or parents about responsive feeding is very necessary, but in reality, parental knowledge about responsive feeding is still very lacking so it is very important to provide education. In this study, after being educated, an increase in respondents' knowledge can occur because through the responsive feeding booklet, respondents gain knowledge about the importance of paying attention to and responding appropriately to children's hunger and fullness signals. Respondents receive information about the principles of responsive feeding and how to apply it. The booklet in this study has also been compiled with illustrations and language that is easy for mothers/respondents to understand, making the learning process easier and making it easier for respondents to receive information. Several previous studies have shown that booklets are effective in increasing mothers' knowledge about infant and toddler nutrition [22], [23] and have even been shown to be more effective than educational software media [24].

### **Respondents' attitudes before and after being given education**

From the results of this study, it can be seen that some respondents have a positive attitude towards responsive feeding (82%), but there are still those who have a negative attitude (18%), while after being given education, all respondents have a positive attitude towards responsive feeding. In the attitude assessment, there are 5 statement points where

respondents are asked to determine their attitude Strongly agree, agree, disagree or disagree. The five points are about 1) feeding children according to their needs, 2) feeding that pays attention to children's hunger and fullness signals, 3) feeding in a calm and pleasant atmosphere, 4) children should not be forced to eat and 5) feeding children slowly and patiently.

Most respondents who have a negative attitude, disagree that feeding children is done when the child is hungry and stops when the child is full and disagree that it is not permissible to force children to eat. They argue that children should be fed according to their meal times and if they do not want to eat at all, it is okay to force children to eat, so that they do not get sick and lack nutrition. Previous studies have also shown that mothers sometimes force their children to eat and set a scheduled time for their children to eat [25]. Other studies related to responsive complementary feeding also show that there are parents/mothers who consider that responsive complementary feeding is not a crucial factor in supporting children's growth and development [26]. The study emphasized the need for education to change the mindset, attitude or perception of parents regarding the importance of providing complementary foods in a responsive manner.

After receiving education using the booklet media, the attitudes of all respondents were positive, which means that there was a change in attitude and shows the effectiveness of education using the responsive feeding booklet. The knowledge gained by respondents from the booklet increased their knowledge, so that respondents had sufficient knowledge and understanding. This knowledge ultimately influenced the attitudes of respondents, who previously disagreed to agree; who previously had a negative attitude, to a positive attitude.

### **Responsive feeding practices before and after education**

The results showed that 48% of respondents had practiced responsive feeding well, but there were still 15% of respondents who were lacking in implementing responsive feeding practices. Assessment of responsive feeding practices includes the principles of 1) child-led feeding (recognizing children's hunger and satiety signals), 2) interactive feeding, with patience and healthy eating and 3) a safe, comfortable and enjoyable eating atmosphere. Respondents who were lacking in implementing feeding practices, mostly did not apply the first feeding principle, where they fed according to a predetermined schedule without paying attention to children's hunger and satiety signals and fed children with diversions such as watching videos on TV and smartphones.

Some respondents also stated that implementing patient feeding is often difficult to implement because of the burden on caregivers to do

other work, so they want their children to finish their meals immediately. In fact, based on previous research, feeding children slowly and patiently is recommended to reduce the burden of malnutrition in children under 5 years of age [8].

After being given education, and given the opportunity to implement responsive feeding for at least 7 days, the percentage of respondents who implemented the practice well increased to 65% and 35% of respondents implemented the practice quite well. This increase shows the effectiveness of education using booklet media and the effectiveness of using daily food guide cards used by respondents to implement responsive feeding. Respondents said that one of the obstacles in implementing it was that children did not want to eat and were picky eaters. Respondents also found it difficult to determine or think about what menu their children might like. In the food guide card, there is information about alternative menu choices that can be prepared for children that are in accordance with the child's nutritional needs. When the child does not want to eat, the caregiver pays attention to the child's hunger signals, then gives the child food when the child shows signs of hunger. If the child does not seem to want to eat or has little appetite to eat, the caregiver can provide another alternative menu, by looking at the list of recommended menus on the daily food guide card.

Caregivers can also record the feeding that has been done so that they can learn the child's favorite foods, the time of feeding that suits the child's hunger and the atmosphere that the child likes to eat. The card also contains information on ways that caregivers can do if they experience obstacles or challenges in eating, for example when the child chooses a certain food or the child does not want to eat. Caregivers can choose and try alternative solutions contained in the daily food guide card. The results of this study are in line with previous studies, where guidelines, such as daily food guide cards, have been shown to improve responsive feeding practices [17].

## Conclusion

Based on the description in the discussion, Booklet and daily eating guide card are proven to be effective in improving feeding practice of mothers of stunted toddlers. These media can be used in education to improve knowledge, attitudes and practice of responsive feeding among mothers.

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## References

- Febriani BR, Noer ER. F Determinant Factors of Responsive Feeding Behavior in Stunted Toddlers Aged 6-36 months (qualitative study in the Halmahera Health Center work area): Diponegoro University; 2016 (Faktor Determinan Perilaku Responsive Feeding pada Balita Stunting Usia 6-36 bulan (studi kualitatif di wilayah kerja Puskesmas Halmahera)).
- Vazir S, Engle P, Balakrishna N, Griffiths PL, Johnson SL, Creed-Kanashiro H, et al. Cluster-randomized trial on complementary and responsive feeding education to caregivers found improved dietary intake, growth and development among rural Indian toddlers. *Maternal & child nutrition*. 2013;9(1):99-117. <https://doi.org/10.1111/j.1740-8709.2012.00413.x> PMID:22625182 PMCid:PMC3434308
- Rahmadhita K. Provinces with the most cases of stunting, Jakarta. 2015 [Available from: <https://nasional.tempo.co/read/1683885/angka-stunting-di-indonesia-masih-tinggi-ini-5-> (Provinsi dengan kasus stunting terbanyak).
- Ministry of Health of the Republic of Indonesia. Key Results of Basic Health Research (RISKESDAS). Jakarta; 2018. Contract No.: 8. (Hasil Utama Riset Kesehatan Dasar).
- Malini. Stunting Rates in Indonesia Are Still High, These Are the 5 Provinces with the Most Stunting Cases. *Tempoco*. 2023. (Angka Stunting di Indonesia Masih Tinggi, Ini 5 Provinsi dengan Kasus Stunting Terbanyak).
- Septamarini RG, Widyastuti N, Purwanti R. The corelation between knowledge and attitudes of responsive feeding with the incidence of stunting in toddlers aged 6-24 months in the Bandarharjo Health Center work area, Semarang. *Journal of Nutrition College*. 2019;8(1):9-20. (Hubungan pengetahuan dan sikap responsive feeding dengan kejadian stunting pada baduta usia 6-24 bulan di wilayah kerja Puskesmas Bandarharjo, Semarang) <https://doi.org/10.14710/jnc.v8i1.23808>
- Nirmalasari NO. Stunting in Children: Causes and Risk Factors of Stunting in Indonesia. *Qawwam: Journal For Gender Mainstreaming*, 14 (1), 19-28. 2020. (Stunting Pada Anak: Penyebab dan Faktor Risiko Stunting di Indonesia).
- Mugode RH, Puoane T, Michelo C, Steyn NP. "Feeding a child slowly:" a responsive feeding behavior component likely to reduce stunting: Population-based observations from rural Zambia. *Journal of Hunger & Environmental Nutrition*. 2018;13(4):455-69. <https://doi.org/10.1080/19320248.2017.1403409>
- Finnane JM, Jansen E, Mallan KM, Daniels LA. Mealtime structure and responsive feeding practices are associated with less food fussiness and more food enjoyment in children. *Journal of nutrition education and behavior*. 2017;49(1):11-8. e1. <https://doi.org/10.1016/j.jneb.2016.08.007> PMID:27707544
- Dewi M, Aminah M. The effect of nutritional knowledge on feeding practice of mothers having stunting toddler aged 6-24 months. *Indonesian Journal of Human Nutrition*. 2016;3(1):1. <https://doi.org/10.21776/ub.ijhn.2016.003.Suplemen.1>
- Shi L, Zhang J. Recent evidence of the effectiveness of educational interventions for improving complementary feeding practices in developing countries. *Journal of tropical pediatrics*. 2011;57(2):91-8. <https://doi.org/10.1093/tropej/fmq053> PMID:20558381
- Bagaray FE, Wowor VN, Mintjelungan CN. Differences in the effectiveness of DHE with booklet media and flip chart media on increasing dental and oral health knowledge of students at SDN 126 Manado. *e-GiGi*. 2016;4(2). (Perbedaan efektivitas DHE dengan media booklet dan media flip chart terhadap peningkatan

- pengetahuan kesehatan gigi dan mulut siswa SDN 126 Manado) <https://doi.org/10.35790/eg.4.2.2016.13487>
13. Suryani S, Nurti T, Heryani N, Rihadatul'Aisy R. The Effectiveness Of Audiovisual Media And Booklets On Pregnant Women's Knowledge Of Nutrition In Preventing Chronic Energy Deficiency. *Nursing Care and Health Technology Journal (NCHAT)*. 2022;2(1):48-54. (Efektivitas media audiovisual dan booklet terhadap pengetahuan ibu hamil tentang gizi dalam pencegahan kekurangan energi kronis). <https://doi.org/10.56742/nchat.v2i1.36>
  14. Fitriani F, Rusman ADP. The Effectiveness of Stunting Prevention Cards on Pregnancy Knowledge of Prospective Brides at the Kua of Parepare City. *Jurnal Ilmiah Manusia Dan Kesehatan*. 2021;4(3):332-41. (Efektivitas Kartu Cegah Stunting Terhadap Pengetahuan Kehamilan Calon Pengantin Di Kua Kota Parepare). <https://doi.org/10.31850/makes.v4i3.617>
  15. Priawantiputri W, Rahmat M, Purnawan AI. The Effectiveness Of Nutrition Education Using Nutrition Education Cards As A Medium For Increasing Knowledge, Attitudes And Behavior Regarding Snack Foods Among Elementary School Children. *Jurnal Kesehatan*. 2019;10(3):374-81. (Efektivitas pendidikan gizi dengan media kartu edukasi gizi terhadap peningkatan pengetahuan, sikap dan perilaku makanan jajanan anak Sekolah Dasar). <https://doi.org/10.26630/jk.v10i3.1469>
  16. Pallewaththa P, Agampodi TC, Agampodi SB, Pérez-Escamilla R, Siribaddana S. Measuring responsive feeding in Sri Lanka: Development of the responsive feeding practices assessment tool. *Journal of Nutrition Education and Behavior*. 2021;53(6):489-502. <https://doi.org/10.1016/j.jneb.2021.02.003> PMID:33775569
  17. Perez-Escamilla R, Segura-Pérez S, Lott M. Feeding guidelines for infants and young toddlers: a responsive parenting approach. *Nutrition Today*. 2017;52(5):223-31. <https://doi.org/10.1097/NT.0000000000000234>
  18. Sleet K, Sisson SB, Dev DA, Love C, Williams MB, Hoffman LA, et al. The impact of responsive feeding practice training on teacher feeding behaviors in tribal early care and education: The food resource equity and sustainability for health (FRESH) study. *Current Developments in Nutrition*. 2020;4:23-32. <https://doi.org/10.1093/cdn/nzab076> PMID:32258996 PMCid:PMC7101487
  19. Pérez-Escamilla R, Jimenez EY, Dewey KG. Responsive feeding recommendations: harmonizing integration into dietary guidelines for infants and young children. *Current Developments in Nutrition*. 2021;5(6):nzab076. <https://doi.org/10.1093/cdn/nzab076> PMID:34104850 PMCid:PMC8178105
  20. Pérez-Escamilla R, Segura-Pérez S, Hall Moran V. Dietary guidelines for children under 2 years of age in the context of nurturing care. *Maternal & child nutrition*. 2019;15(3):e12855. <https://doi.org/10.1111/mcn.12855> PMID:31240831 PMCid:PMC7199077
  21. Manuputty NHK, Sumarmi S. Pengaruh Edukasi Responsive Feeding Terhadap Pengetahuan Pada Ibu Balita Usia 6-24 Bulan Di Wilayah Kerja Puskesmas Kalirungkut. *Jurnal Kesehatan Tambusai*. 2024;5(3).
  22. Djannah SN, Hadayani L. Efektivitas Media Edukasi Booklet terhadap Pengetahuan dan Sikap Ibu Balita Stunting Aceh. *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*. 2023;6(5):931-7. <https://doi.org/10.56338/mppki.v6i5.3153>
  23. Wulansari RM. Efektivitas Model Edukasi Booklet Terhadap Pengetahuan Gizi Pada Ibu Balita Di Wilayah Kerja Puskesmas Harapan Baru Kota Samarinda. 2019.
  24. Jamalivand S, Mirghafourvand M, Sakineh M-AC. Comparison of the effects of educational software and training booklet on maternal self-efficacy and infant care behavior in Iranian mothers: a randomized controlled trial. *Int J Pediatr*. 2019;5(10):5923-34.
  25. Purwanti R, Margawati A, Wijayanti HS, Rahadiyanti A, Kurniawati DMA, Fitranti DY. Strategi Peningkatan Pengetahuan, Sikap, dan Praktik Responsive Feeding untuk Pencegahan Stunting pada Balita. *Wikrama Parahita: Jurnal Pengabdian Masyarakat*. 2023;7(2):270-80. <https://doi.org/10.30656/jpmwp.v7i2.5874>
  26. Kittisakmontri K, Fewtrell M, Roekworachai K, Phanpong C, Lanigan J. Complementary feeding: Attitudes, knowledge and practices of urban families in northern Thailand. *Nutrition & Dietetics*. 2019;76(1):57-66. <https://doi.org/10.1111/1747-0080.12474> PMID:30216613