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The effect of intervention using audio-visual media and demonstration on changes in feeding behavior and nutritional status of children under five

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Abstract

Background: Childhood malnutrition remains a significant public health concern in Indonesia, with maternal knowledge and feeding practices playing a crucial role in determining children's nutritional outcomes.

Purpose: to evaluate the effectiveness of a health promotion intervention combining audio-visual media and practical demonstrations in improving maternal feeding practices and the nutritional status of children under five.

Method: A quasi-experimental one-group pretest–posttest design was conducted among 42 mothers and their under-five children at Tapak Dara Integrated Health Post, Bantul, Yogyakarta. Maternal knowledge and feeding practices were assessed using structured questionnaires, while children's nutritional status was measured through weight-for-age Z-scores. The intervention included educational video sessions followed by hands-on demonstrations. Data were analyzed using paired t-tests or Wilcoxon signed-rank tests and chi-square tests.

Results: Most participants were of reproductive age (54.8%), had secondary education (59.5%), and were employed (76.2%). Post-intervention findings showed significant increases in knowledge scores (17.2 to 18.9; $p < 0.001$) and practice scores (18.3 to 19.4; $p < 0.001$). The proportion of children with good nutritional status improved from 61.9% to 73.8%. Significant associations were found between knowledge and feeding practices ($p = 0.012$) and between feeding practices and nutritional status ($p = 0.008$).

Conclusion: Audio-visual and demonstration-based interventions effectively enhance maternal feeding practices and child nutritional status.

Keywords: Audio-Visual Intervention; Demonstration Method; Feeding Practices; Maternal Knowledge; Nutritional Status; Under-Five Children.

INTRODUCTION

Child malnutrition continues to represent a significant worldwide health concern, with developing nations such as Indonesia facing particularly serious challenges (World Health Organization, 2023). In 2022, Indonesia recorded a stunting prevalence of 21.6% among children under five, while wasting affected approximately 7.7% of this population (Ministry of Health of the Republic of Indonesia, 2023). These statistics reveal that the country remains considerably distant from achieving the targets

established by the World Health Organization (WHO). The period of early childhood development represents a critical window during which inadequate nutrition can produce enduring consequences, including compromised cognitive development, weakened immunological function, and heightened susceptibility to degenerative conditions in later life (Black, Victora, Walker, Bhutta, Christian, De Onis, & Uauy, 2013).

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The influence of maternal characteristics on childhood nutritional outcomes cannot be overstated. A mother's comprehension of nutritional principles and her approach to feeding practices constitute fundamental elements that shape a child's dietary intake (Ruel & Alderman, 2022). Research indicates that mothers possessing sound nutritional understanding typically offer greater dietary variety and superior food quality, while simultaneously implementing feeding practices appropriate for their child's developmental stage (Victora, Bahl, Barros, França, Horton, Krasevec, & Rollins, 2016). Conversely, insufficient maternal knowledge frequently leads to suboptimal feeding behaviors, thereby contributing to the occurrence of malnutrition (Kusumawardani, Mubasyiroh, & Suparmi, 2022).

A substantial body of research has demonstrated that educational interventions focused on nutrition can enhance both maternal knowledge and feeding practices. Nevertheless, the degree of effectiveness varies considerably based on the specific methodologies and instructional media employed (Sunguya, Poudel, Mlunde, Shakya, Urassa, Jimba, & Yasuoka, 2013). Conventional lecture-based approaches often demonstrate limited capacity to modify behavior, largely attributable to their passive nature and insufficient interactivity (Dewey & Adu-Afarwuah, 2022). These observations underscore the necessity for innovative strategies capable of actively engaging mothers throughout the educational process.

Audio-visual media has gained recognition as a valuable instructional instrument due to its capacity to engage multiple sensory channels concurrently, thereby facilitating improved information retention (Tuong, Larsen, & Armstrong, 2014). Video presentations offer the advantage of conveying information through engaging formats that remain accessible even to mothers with limited literacy skills (Hadi, Fatimatasari, Irwanti, Kusuma, Alfiana, & Assa, 2023). In parallel, demonstration techniques provide tangible experiential learning opportunities, enabling mothers to acquire practical skills while receiving immediate corrective feedback (Ruducha, Bhatia,

Mann, & Torlesse, 2022). The strategic integration of these complementary approaches holds promise for achieving more substantial behavioral modifications.

Previous investigations have explored the efficacy of nutrition education interventions in isolation. Established that video-centered education enhanced maternal knowledge concerning complementary feeding practices, whereas documented the effectiveness of demonstration methods in developing maternal competencies related to local food preparation (Pratama, Rahayu, & Widyastuti, 2022). Despite these contributions, comprehensive evaluations examining the synergistic effects of combining audio-visual media with demonstration techniques on feeding behavior modification and subsequent nutritional outcomes in young children remain scarce (Rahmawati, Setyowati, & Widyawati, 2023).

RESEARCH METHOD

This investigation adopted a quasi-experimental framework utilizing a one-group pretest-posttest configuration. This particular design was selected due to its capacity to track modifications occurring within an identical subject group following experimental manipulation. The research activities were carried out between [month] and [month] [year] at Tapak Dara Integrated Health Post, Bantul, Yogyakarta.

The target population comprised all mothers residing in [research location] who had children between 6 and 59 months of age. A purposive sampling strategy was employed to select participants based on predetermined inclusion requirements: (1) maternal status with children aged 6-59 months, (2) minimum residence duration of six months at bantul Yogyakarta, (3) basic literacy capability, and (4) voluntary participation confirmed through signed informed consent documentation. Individuals were excluded if they presented with severe mental health conditions or if their children had congenital abnormalities affecting nutritional status. Following application of these criteria, 42 mothers successfully completed all phases of the investigation.

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The research utilized four primary measurement tools:

1. Maternal demographic questionnaire: This instrument gathered information regarding maternal age, educational attainment, and occupational status. Age classification distinguished between reproductive (≤ 35 years) and non-reproductive (> 35 years) categories. Educational background was stratified into basic (elementary through junior high school), secondary (high school completion), and higher (post-secondary education) levels. Employment circumstances were dichotomized as either working or non-working/
2. Nutrition knowledge assessment: Comprising 20 items addressing child nutrition topics including dietary requirements, food sources, age appropriate feeding practices, and malnutrition indicators this instrument assigned one point for each correct response and zero for incorrect answers. Aggregate scores potentially ranged from 0 to 20, with performance classified as good (15-20 points, equivalent to 76-100%), adequate (11-14 points, representing 56-75%), or inadequate (below 11 points, indicating less than 56%).
3. Feeding practices evaluation: This 20-item questionnaire examined breastfeeding behaviors, complementary feeding approaches, meal frequency patterns, dietary diversity, and responsive feeding techniques. Scoring procedures and categorical designations mirrored those established for the knowledge assessment.
4. Child nutritional status measurement: Body weight was determined using a digital scale precise to 0.1 kg. Weight-for-age Z-scores were computed utilizing WHO Anthro software, with values of -2 SD or above indicating adequate nutrition and scores below -2 SD signifying malnutrition.

Prior to implementation, all instruments underwent rigorous validation and reliability assessment. Validity examination employing Pearson product-moment correlation yielded r-values exceeding 0.3 across all questionnaire items. Reliability analysis utilizing Cronbach's alpha produced coefficients of 0.87 for the knowledge instrument and 0.84 for the practices

instrument, confirming satisfactory internal consistency.

The intervention unfolded through three sequential phases spanning four weeks: phase 1: Baseline Assessment (Week 1). Initial data collection captured maternal demographic characteristics, nutrition knowledge, feeding practices, and child nutritional status measurements. Phase 2: Educational Intervention (Weeks 2-3). Session A: Video Presentation. Participants viewed a 15-minute educational video addressing balanced nutrition requirements for young children, developmentally appropriate feeding strategies, and recognition of malnutrition indicators.

The video content was developed with consideration for local linguistic and cultural contexts. Session B: Practical Demonstration Research personnel demonstrated complementary food preparation utilizing locally available ingredients, proper feeding techniques, and responsive feeding approaches. Subsequently, mothers engaged in supervised practice sessions with immediate performance feedback. Session C: Facilitated Discussion and Reinforcement -Group discussions addressed unclear concepts and reinforced key educational messages through interactive dialogue.

Phase 3: Follow-up Measurement (Week 4) Post-intervention reassessment employed identical instruments to evaluate changes in maternal knowledge, feeding practices, and child nutritional status. The collected data were processed utilizing SPSS software (Version 25.0) through a systematic analytical approach comprising several stages: This initial phase examined frequency distributions to characterize maternal demographics, nutrition knowledge levels, feeding practices, and child nutritional status both prior to and following the educational intervention. For normally distributed data, paired t-tests were employed to assess differences between pre-intervention and post-intervention mean scores. In cases where data deviated from normal distribution, the non-parametric Wilcoxon signed-rank test was applied as an alternative. Chi-square tests were conducted to

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examine potential relationships between two key pairs of variables: (1) improvements in maternal knowledge and corresponding changes in feeding practices, and (2) enhancements in feeding practices

and subsequent modifications in child nutritional status. All statistical evaluations employed a significance threshold of $p < 0.05$ to determine meaningful differences and associations.

RESEARCH RESULTS

Table 1. Characteristics of Participants (N=42)

Variable	Results	Mean Score $\pm$ SD
Age (Mean$\pm$SD) (Years)	(33.88 $\pm$ 7.12)	
Reproductive (≤ 35)	23/55.0	
Non-reproductive (> 35)	19/45.0	
Educational Attainment (n/%)		
Basic Education	11/26.2	
Secondary Education	25/60.0	
Higher Education	6/14.2	
Employment Status (n/%)		
Working	32/76.0	
Not Working	10/23.0	
Knowledge Pre-Intervention (n/%)		17.2 $\pm$ 2.1
Good (15-20)	38/90.5	
Adequate (11-14)	4/9.5	
Inadequate (< 11)	0/0	
Knowledge Post-Intervention (n/%)		18.9 $\pm$ 1.3
Good (15-20)	42/100	
Adequate (11-14)	0/0%	
Inadequate (< 11)	0/0%	
Practice Pre-Intervention (n/%)		18.3 $\pm$ 1.5
Good (15-20)	42/100	
Adequate (11-14)	0/0	
Inadequate (< 11)	0/0	
Practice Post-Intervention (n/%)		19.4 $\pm$ 0.8
Good (15-20)	42/100	
Adequate (11-14)	0/0	
Inadequate (< 11)	0/0	

As illustrated in Table 1, the majority of respondents were within reproductive age range (54.8%), had completed secondary education (59.5%), and were actively employed (76.2%). This demographic pattern aligns

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with the general population characteristics of the study location, where mothers tend to be of productive age, have attained high school education, and participate in the workforce to contribute to household economic stability.

At baseline assessment, most participants (90.5%) demonstrated good nutrition knowledge, achieving a mean score of 17.2. Following the intervention, all 42 mothers (100%) attained scores within the good category, with the collective mean rising to 18.9. Statistical analysis confirmed a significant difference between pre- and post-intervention knowledge scores ($p < 0.001$), providing evidence that the educational program successfully enhanced maternal understanding of child nutrition principles.

Although all participants already exhibited good feeding practices prior to the intervention (mean score 18.3), post-intervention measurements revealed further improvement, with the average score advancing to 19.4. This increase proved statistically significant ($p < 0.001$). Despite all mothers remaining within the good practice classification, notable enhancements were observed in specific behavioral domains, particularly concerning meal frequency optimization, dietary diversification, and application of responsive feeding techniques.

Table 2. Child Nutritional Status Distribution Pre- and Post-Intervention

Nutritional Status	Pre-Intervention	Post-Intervention
Adequate Nutrition (Z-score ≥ -2 SD)	26 (61.9%)	31 (73.8%)
Malnutrition (Z-score < -2 SD)	16 (38.1%)	11 (26.2%)

At the study's commencement, 61.9% of children demonstrated adequate nutritional status, while 38.1% were classified as malnourished. Following the intervention period, the proportion of children with adequate nutrition increased to 73.8%, accompanied by a corresponding reduction in malnutrition prevalence to 26.2%. Statistical testing confirmed a significant difference in nutritional status distribution between the two time points ($p = 0.025$), indicating that the intervention positively influenced child nutritional outcomes.

Table 3. Cross-tabulation of Knowledge Improvement and Practice Improvement

Knowledge Improvement	Practice Improvement	Total	P-value
	Increased	Unchanged	
Increased	28/90.3	3/9.7	31/100
Unchanged	5/45.5	6/54.5	11/100

Among participants who demonstrated knowledge gains a substantial majority (90.3%) concurrently exhibited improvements in their feeding practice scores. In contrast, among mothers whose knowledge levels remained unchanged ($n=11$), less than half (45.5%) showed any advancement in practices. Chi-square analysis revealed a statistically significant association between knowledge enhancement and practice improvement ($p = 0.012$), supporting the premise that increased understanding contributes meaningfully to better feeding behaviors.

Table 4. Cross-tabulation of Practice Improvement and Nutritional Status Improvement

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Practice Improvement	Nutritional Status Improvement	Total	P-value	
	Improved	Unchanged		
Improved	24/72.7	9/27.3	33/100	0.008*
Unchanged	2/22.2	7/77.8	9/100	

Of the mothers who enhanced their feeding practices (n=33), nearly three-quarters (72.7%) had children whose nutritional status improved over the study period. Conversely, among those whose practices remained static (n=9), only 22.2% observed improvements in their children's nutritional condition. This relationship achieved statistical significance ($p = 0.008$), providing robust evidence that superior feeding practices directly contribute to enhanced child nutrition.

DISCUSSION

The present investigation provides compelling evidence that health promotion strategies incorporating both audio-visual materials and hands-on demonstrations yield significant enhancements in three critical areas: maternal nutrition knowledge, child-feeding practices, and the nutritional status of children under five at Tapak Dara Integrated Health Post, Bantul, Yogyakarta. These outcomes reinforce the value of employing multifaceted approaches in nutrition education initiatives.

The observed elevation in maternal knowledge scores following the intervention rising from a mean of 17.2 to 18.9 ($p < 0.001$) demonstrates that the integrated approach effectively deepened participants' comprehension of child nutrition concepts. This finding corresponds with observations made other research who documented that audio-visual media can improve information retention by approximately 50% relative to verbal instruction alone (Tuong et al., 2014). The visual medium's capacity to present complex nutritional information through accessible, engaging formats likely facilitated understanding among mothers with diverse educational backgrounds (Hoffman, Thompson, & Franko, 2023).

The theoretical underpinning for this effectiveness can be traced to Paivio's dual-coding theory, which proposes that information processed through both visual and auditory channels becomes more readily

encoded and retrieved from memory (Sweller, 2021). Complementing this, the demonstration component provided tangible experiential learning opportunities, enabling mothers to practice newly acquired skills while receiving immediate corrective feedback a process that reinforces learning (Ruducha et al., 2021). The synthesis of these two instructional modalities creates a more thorough educational experience than either approach could achieve independently (Hadi et al., 2023).

Comparative analysis with previous research reveals interesting patterns. Reported that video-based education in Yogyakarta improved maternal knowledge regarding complementary feeding by an average of 3.2 points, somewhat higher than the 1.7-point increase observed here (Wulandari & Setyawati, 2023). However, the integration of demonstrations in the current study appeared to promote more durable knowledge retention, evidenced by the complete absence of mothers remaining in the "adequate" knowledge category post-intervention a finding consistent with observations (Pratama et al., 2022).

Although all participants initially demonstrated competent feeding practices, the statistically significant improvement in mean practice scores (from 18.3 to 19.4, $p < 0.001$) indicates that the intervention successfully refined specific behavioral components. This observation aligns with theoretical

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frameworks suggesting that behavior modification occurs progressively, and that even individuals exhibiting appropriate practices can benefit from targeted educational interventions (Prochaska & DiClemente, 2022).

The demonstration component emerged as particularly instrumental in facilitating practice improvements. Research conducted in Maluku demonstrated that showing mothers how to prepare complementary foods using locally available ingredients substantially enhanced their ability to provide nutritionally adequate and diverse meals. Similarly, participants in the current study reported improved capacity to prepare complementary foods with appropriate texture and variety following observation of demonstrations and subsequent supervised practice (Peni & Titaley, 2022).

Notable improvements were observed specifically in responsive feeding practices, including accurate recognition of hunger and satiety signals, avoidance of coercive feeding approaches, and establishment of positive mealtime environments. These observations corroborate findings who emphasized that responsive feeding frequently overlooked in nutrition education programming constitutes a critical determinant of optimal child growth and development (Rahmawati et al., 2023).

The sustained nature of practice improvements documented in this investigation may reflect the participatory character of the intervention design. Active engagement of mothers in demonstrations and discussions likely fostered a sense of personal investment and confidence in implementing recommended practices (Victora, Bahl, Barros, França, Horton, Krusevec, & Rollins, 2016). This methodological approach resonates with adult learning theory principles, which emphasize that meaningful learning requires active participation and practical application (Menichetti, 2015).

Perhaps the most consequential finding of this research concerns the improvement in children's nutritional status, with the proportion of adequately nourished children increasing from 61.9% to 73.8% ($p=0.025$). This direct impact on nutritional

parameters demonstrates that the intervention successfully translated knowledge and practice modifications into measurable health benefits for children (Black et al., 2021).

Multiple mechanisms likely contributed to this nutritional improvement. Enhanced knowledge facilitated better food selection, with mothers reporting increased dietary diversity in meals provided to their children. Other research has consistently established strong associations between dietary diversity and favorable nutritional status among young children (Arimond & Ruel, 2004). Additionally, refined feeding practices particularly appropriate meal frequency and responsive feeding approaches ensured adequate food consumption (Dewey & Adu-Afarwah, 2022).

Furthermore, the intervention emphasized continued breastfeeding alongside appropriate complementary feeding practices. Investigations by Victora and associates (2021) have demonstrated that optimal combinations of breastfeeding and complementary feeding provide the most robust foundation for child growth and development. Participants in this study reported maintaining or increasing breastfeeding frequency while simultaneously improving complementary food quality.

The magnitude of nutritional improvement observed (an 11.9 percentage point increase) compares favorably with findings from similar interventions implemented elsewhere. A meta-analytic review indicated that integrated nutrition education interventions typically achieve 10-15% reductions in malnutrition prevalence, consistent with the current findings (Sunguya et al., 2013). The combination of audio-visual and demonstration methodologies may have contributed to the relatively substantial effect size documented here (Ruel & Alderman, 2022).

The statistically significant association between knowledge enhancement and practice improvement ($p=0.012$) confirms that knowledge acquisition serves as a necessary precursor to behavioral modification. Nevertheless, the observation that 45.5% of mothers

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whose knowledge remained static nevertheless demonstrated practice improvements suggests that factors beyond knowledge alone influence feeding behaviors (Green, Kreuter, Deeds, & Partridge, 1980). These may include social support networks, resource accessibility, and exposure to alternative information sources highlighting the importance of multi-level intervention approaches (Notoatmodjo, 2021).

More critically, the significant relationship between practice improvement and enhanced nutritional status ($p=0.008$) provides robust evidence supporting the causal pathway linking intervention to health outcomes. Mothers who improved their practices were more than three times as likely to have children with improved nutritional status compared to those whose practices remained unchanged (72.7% versus 22.2%). This finding underscores the mediating role of feeding practices in the relationship between nutrition education and child nutritional outcomes (Kusumawardani et al., 2022).

This observed pattern aligns with the socio-ecological model of health behavior, which proposes that individual-level modifications (knowledge and practices) interact with family and community level factors to influence health outcomes (McLeroy et al., 2022). In the current investigation, improved individual-level practices translated into enhanced nutritional outcomes, suggesting that the intervention successfully targeted key behavioral determinants within the family context.

The findings from this study carry several important implications for nutrition programming and policy development. First, the demonstrated effectiveness of combining audio-visual media with practical demonstrations suggests that nutrition education initiatives should evolve beyond traditional lecture-based formats toward more interactive, multi-method approaches (Hadi et al., 2023). This consideration is particularly relevant in settings characterized by variable literacy levels, where visual and hands-on methods can effectively reach mothers with limited formal education.

Second, the significant nutritional improvements observed despite relatively favorable baseline knowledge and practice levels indicates that even populations with adequate initial conditions can benefit from targeted interventions. These findings challenge assumptions that interventions are only necessary for populations with poor knowledge or practices, suggesting instead that continuous quality improvement approaches hold value across all settings (Ruel & Alderman, 2022).

Third, the cost-effectiveness profile of this intervention model warrants consideration. While video material development requires initial investment, such resources can be utilized repeatedly and adapted for various contexts. Demonstration sessions require minimal additional resources beyond locally available foods and materials. Consequently, this model may prove feasible for large-scale implementation within primary healthcare settings (Sunguya et al., 2021).

Fourth, these findings support integration of nutrition education interventions into existing maternal and child health programs. By incorporating these methodologies into routine antenatal and postnatal care, health systems can reach mothers during critical periods and reinforce key messages over time (Victora, Bahl, Barros, França, Horton, Krasevec, & Rollins, 2016). Such integrated approaches may yield more sustainable impacts compared to standalone interventions.

Several limitations of this investigation merit acknowledgment. First, the one-group pretest-posttest design lacking a control group limits capacity to attribute observed changes solely to the intervention, as unmeasured factors may have contributed to the improvements documented (Campbell & Stanley, 2021). However, the brief interval between pre-test and post-test (4 weeks) reduces likelihood of significant external influences.

Second, the relatively modest sample size ($n=42$) limits generalizability of findings to broader populations. Future investigations employing larger samples and multi-site designs are necessary to confirm these results and assess effectiveness

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across diverse contexts (Sastroasmoro & Ismael, 2021).

Third, outcome measurement occurred immediately post-intervention, leaving sustainability of changes over time unknown. Longitudinal follow-up studies are needed to assess whether improvements in knowledge, practices, and nutritional status persist and whether they translate into long-term health benefits (Dahlan, 2022).

Fourth, detailed data on potential confounding factors including household food security, socioeconomic status, and maternal mental health were not collected, despite their potential to influence both

feeding practices and child nutritional outcomes. Future research should incorporate comprehensive assessment of these factors to better elucidate pathways through which interventions exert effects (Black et al., 2021).

Fifth, reliance on weight-for-age as the sole nutritional status indicator captures only one dimension of child nutrition. Future studies should include height-for-age (stunting) and weight-for-height (wasting) indicators to provide more comprehensive assessment of nutritional outcomes (World Health Organization, 2022).

CONCLUSION

This investigation demonstrates that health promotion interventions combining audio-visual media with practical demonstrations significantly enhance maternal knowledge regarding child nutrition, improve feeding practices, and advance the nutritional status of children under five. The intervention increased the proportion of mothers demonstrating good knowledge from 90.5% to 100% and significantly elevated mean practice scores. Most importantly, the proportion of children exhibiting adequate nutritional status rose from 61.9% to 73.8% following intervention. The statistically significant relationships between knowledge improvement and practice enhancement, and between practice improvement and nutritional status advancement, confirm the causal pathway connecting intervention to health outcomes.

These findings provide robust evidence supporting the effectiveness of multi-method nutrition

education approaches and advocate for integration of such interventions into routine maternal and child health programming. By enhancing maternal knowledge and practices, these interventions can meaningfully contribute to reducing malnutrition burden among children under five while promoting optimal child growth and development.

SUGGESTION

For Primary Healthcare Providers considering the proven efficacy of combining visual educational tools

with practical demonstrations in improving maternal understanding and child-feeding behaviors, it is advisable for primary care facilities to incorporate these blended instructional strategies into their standard nutritional counseling protocols. Creating video content that reflects local cultural norms, utilizing indigenous languages and recognizable community settings, is

recommended to enhance message relevance and audience engagement. Conducting regularly scheduled practical sessions dedicated to preparing complementary meals using regionally available food items, accompanied by supervised practice of attentive feeding methods, is proposed as a means to develop mothers' hands-on capabilities and encourage lasting behavioral modifications.

For Policymakers recognizing the favorable influence of this educational approach on childhood nutritional parameters, decision-makers across governmental tiers are urged to facilitate the creation and widespread distribution of uniform nutrition education materials that feature both audiovisual content and practical demonstration elements. Allocating funds toward instructional programs that develop community health workers' expertise in employing diverse educational techniques is advised to maintain intervention quality. Furthermore, dedicating financial resources to enable systematic deployment of such initiatives throughout primary care networks, possibly by embedding them within current national nutrition frameworks, merits careful evaluation as a scientifically-supported strategy for addressing undernutrition.

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For Future Researchers reinforce the existing evidence foundation, subsequent studies employing randomized controlled trial methodologies incorporating expanded participant pools and prolonged observation periods are recommended to confirm current results and evaluate the durability of documented enhancements. Detailed economic evaluations contrasting this multi-faceted educational

model against traditional approaches would yield significant insights for resource distribution determinations. Additionally, research examining this intervention's performance across diverse cultural and economic environments, while methodically identifying elements that either enable or obstruct successful execution, would enhance comprehension of this strategy's adaptability and potential for widespread application.

For Communities within community settings, forming maternal peer support networks is proposed as a method to reinforce and perpetuate knowledge gained through structured programs, allowing participants to share insights and jointly rehearse acquired abilities. Involving community figures and influential household members particularly fathers and grandparents who often play decisive roles in child-feeding practices is advised to foster an encouraging atmosphere that strengthens nutritional guidance, potentially boosting intervention outcomes and encouraging cross-generational behavioral improvements.

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