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A qualitative study of mothers' feeding practices for stunted toddlers in coastal areas

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Abstract

Background: Stunting is a chronic malnutrition condition that reflects the cumulative effects of inadequate nutritional intake over time. Feeding practices are among the modifiable factors associated with stunting. Although coastal areas have abundant potential sources of marine animal protein, the prevalence of stunting remains a persistent public health problem.
Purpose: To explore mothers' experiences in feeding practices among toddlers with stunting in coastal areas.
Method: A qualitative design with a descriptive phenomenological approach. The participants were 17 mothers of stunted toddlers living in the coastal area of Tarakan City. Data were collected through semi-structured in-depth interviews and direct observation, and were analyzed using thematic analysis. Data trustworthiness was ensured through source triangulation and member checking with participants.
Results: Four main themes emerged from the analysis: (1) the coastal food ecosystem: between marine potential and structural constraints; (2) dietary transition: the dominance of instant foods and snacking culture; (3) maternal dilemma: psychological burden and resilience in feeding practices; and (4) socio-cultural influences and support systems in feeding practices.
Conclusion: Feeding practices among stunted toddlers are influenced by economic constraints, food access, and maternal capacity. Community-based interventions should strengthen maternal support and practical nutrition education.

Keywords: Coastal Areas; Feeding Practices; Mothers' Experiences; Phenomenological Study; Stunted Toddlers.

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INTRODUCTION

Stunting is a manifestation of chronic malnutrition resulting from the cumulative effects of inadequate nutritional intake. Globally, stunting remains a major challenge in human resource development because of its impact on children's physical growth and cognitive development. Children with stunting may experience irreversible short- and long-term consequences, including impairments in cognitive, motor, and language development (Haron, Rohana, Hamid, Omar, & Abdullah, 2023). Data reported by the World Health Organization (WHO) showed that in 2020, approximately 149 million toddlers worldwide were affected by stunting (World Health Organizatiom, 2023), the majority of whom lived in low-income and developing countries such as Indonesia (Yulianti, Sukiyono, Yuliarso, & Sulistyo, 2022).

The Indonesian Nutritional Status Survey (SSGI) reported that the prevalence of stunting in Indonesia declined from 24.4% in 2021 to 21.6% in 2022 (Health Policy Agency, 2023). Although this decline is encouraging, the figure has not yet reached the expected target of less than 20%. Indonesia therefore remains in the category of a significant stunting burden, particularly in areas with specific geographical characteristics such as coastal regions. Stunting in coastal areas may be influenced by various factors, including inadequate nutritional intake, limited maternal knowledge regarding healthy diets, restricted access to health services, and low protein adequacy in coastal communities (Muchtar, Srinugraha, & Hibali, 2025; Yulianti et al., 2022).

This problem is also evident in North Kalimantan Province. As the youngest province in Indonesia, North Kalimantan continues to face complex health disparity challenges due to its geographical conditions, which are dominated by waters and archipelagic areas. According to data from the Ministry of Health in 2018, the prevalence of stunting in North Kalimantan Province was 33.6% (Health Policy Agency, 2023). This figure indicates the need for accelerated and more specific interventions at the local level.

The condition of coastal areas in Indonesia presents a unique phenomenon in the context of food security. In coastal regions, food security among fishing communities represents a complex challenge shaped by the intersection of social and economic factors (Solihati & Dayanti, 2025). Geographically, coastal areas should be able to provide adequate seafood such as fish, which can be introduced from the beginning of *complementary feeding* (Setiawan, Yulidasari, & Rahayu, 2023). However, despite the abundance of fish protein and other potential food resources, communities in coastal areas continue to face problems of malnutrition (*undernutrition*) (Najah, Noveyani, Simanjuntak, Wati, & Ridzkyanto).

Tarakan City is the main center of economic activity and health services in North Kalimantan Province. Family data collection conducted in 2021 showed that there were 7,019 toddlers at risk of stunting across the five sub-districts of Tarakan City. SSGI data further showed that the prevalence of nutritional status based on height-for-age among children aged 0–59 months in Tarakan City was 12.71% in the short category and 3.98% in the very short category (National Institute of Health Research and Development, 2019). As a coastal area, Tarakan illustrates a reality in which the abundant availability of marine resources does not automatically guarantee nutritional security for toddlers in the community. As an archipelagic area, Tarakan is also highly dependent on food distribution from outside the region. Paradoxically, the substantial local fisheries potential is often oriented more toward economic commodities than toward meeting domestic nutritional needs.

In addition to economic aspects, the dense settlement patterns in the coastal areas of Tarakan also shape caregiving culture, which is strongly influenced by environmental interactions. The close proximity between houses and the strong social networks in shoreline settlements or communities built over water mean that child feeding practices are not merely a private matter for mothers, but are also influenced by group norms and habits in the surrounding environment (Nafikadini, Yusi, & Nurika, 2024). Current conditions suggest that although parents may have basic knowledge about nutrition, the implementation of feeding practices in daily life often clashes with the social realities of the environment and the limits of household economic resources.

Although numerous studies have examined the determinants of stunting, most have focused primarily on quantitative indicators such as nutritional intake,

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socioeconomic status, and environmental risk factors. Previous studies have shown that maternal feeding practices, knowledge, and attitudes are important determinants influencing children's nutritional status and the occurrence of stunting (Novitasari & Wanda, 2020). While such studies provide important epidemiological evidence, they offer limited understanding of how mothers themselves experience and interpret feeding practices in their everyday lives. In coastal communities, feeding practices are often shaped not only by food availability, but also by maternal perceptions, family dynamics, social expectations, and environmental constraints that influence children's dietary patterns (Fontanezi, Maximino, Machado, Ferrari, & Fisberg, 2024). The results of the study show that during the *complementary feeding* period, factors related to accessibility, food preferences, and carer knowledge and beliefs about fish influence young children's fish consumption (Cartmill, Blackmore, Sarange, Mbeyu, Cheupe, Cheupe, Kamau-Mbuthia, Iannotti, Wamukota, & Humphries, & Lesorogol, 2022). Consequently, evidence remains limited regarding the lived experiences of mothers in managing feeding practices for stunted toddlers, particularly in coastal settings where geographic and socioeconomic conditions create distinctive challenges.

According to the ecological framework approach, food choices and eating behaviors are driven by a combination of individual factors, such as cognitive traits, biological drivers, and *self-efficacy*, as well as environmental contexts, including social influences like peer modeling and physical settings that determine food availability and accessibility (Robinson-O'Brien, 2021). In addition, maternal *self-efficacy* theory highlights the importance of mothers' confidence in their ability to manage feeding challenges and make appropriate nutritional decisions for their children, which has been shown to influence child feeding behaviors and dietary outcomes (Duraccio, Zaugg, Nottingham, & Jensen, 2021). *Responsive feeding* theory also emphasizes the bidirectional nurturing interaction between caregiver and child, fostering the development of healthy dietary preferences and supporting the child's transition toward self-directed eating (Pérez-Escamilla, Jimenez, & Dewey, 2021). These theoretical perspectives indicate that feeding practices among mothers of stunted toddlers are complex processes embedded within social, psychological, and environmental contexts.

Feeding practices that align with WHO recommendations remain challenging, especially in areas where food security is threatened (Al Mamun, Saha, Li, Binta A Ghani, Al Hasan, & Begum, 2022). Feeding patterns in children significantly influence nutritional status, with a direct relationship between food quality and the incidence of stunting (Najah et al., 2024). Therefore, efforts are needed to strengthen knowledge at the individual, community, and government levels regarding nutritional improvement and the provision of health education (Munawar, Mukhtar, Roy, Majeed, & Jalaludin, 2024).

Most stunting prevention programs in North Kalimantan still focus on physical interventions and general nutritional supplementation. Given the complexity of feeding practices and the influence of social and environmental contexts, a phenomenological approach is particularly relevant for exploring mothers' lived experiences in caring for stunted toddlers. By centering mothers' perspectives, this approach offers deeper insight into the emotional, social, and practical challenges they face in implementing feeding practices. Understanding these experiences is essential for developing context-sensitive interventions that are responsive to the realities of mothers living in coastal communities.

RESEARCH METHOD

This study employed a qualitative design using a descriptive phenomenological approach to explore the lived experiences of mothers in managing feeding practices for stunted toddlers in coastal areas. Phenomenology is an appropriate methodological framework when the aim of the research is to explore and interpret the subjective meanings individuals attach to their lived experiences, primarily through their own narratives (Dodgson, 2023). Within this approach, researchers seek to understand the essence of a phenomenon while minimizing personal assumptions through the process of *bracketing*, thereby allowing participants' experiences to be described as authentically as possible. In qualitative research, *bracketing* functions as a methodological strategy to reduce the influence of preconceived notions and personal biases that could otherwise compromise the integrity of the findings (Habibullah, Mohammed, & Hamza, 2023).

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Participants were selected using purposive sampling to ensure the inclusion of individuals who had direct experience with the phenomenon under study. This study was conducted in June 2025 and involved 17 mothers who had toddlers with stunting conditions living in the coastal area of Tarakan City, North Kalimantan, Indonesia. Stunted toddlers were identified based on anthropometric records from local community health centers using the *height-for-age Z-score* (HAZ) of less than minus two *standard deviations* (SD), according to World Health Organization child growth standards.

The recruitment process was carried out in collaboration with community health workers and nurses at community health centers located in the coastal sub-districts of Tarakan City. Health workers first identified toddlers who met the stunting criteria based on existing health records. Mothers who fulfilled the inclusion criteria were then approached by the researcher with assistance from health workers and community health cadres. Before participation, the researcher explained the purpose of the study, research procedures, and the rights of participants, after which mothers were invited to participate voluntarily.

The inclusion criteria were as follows: (1) mothers who had toddlers aged 12–59 months with stunting status based on anthropometric measurements (*height-for-age Z-score* < -2 SD); (2) mothers residing in the coastal area of Tarakan City; (3) mothers who were able to communicate in Bahasa Indonesia; and (4) mothers who were willing to participate by signing informed consent. The exclusion criteria included mothers of toddlers with chronic medical conditions that could affect feeding processes, such as congenital heart disease or metabolic disorders, and mothers who were unavailable during the data collection period. Recruitment was continued until data saturation was achieved, that is, when no new information or themes emerged from the interviews.

Data were collected through semi-structured in-depth interviews and direct observation. The interview guide was developed based on relevant literature and was validated by pediatric nursing experts. Interviews were conducted face-to-face in the participants' homes in order to create a natural and comfortable environment. Each participant was involved in one to two interview sessions, and each session lasted approximately 45–60 minutes. All interviews were audio-recorded with participants' consent, and field notes were taken to document non-verbal expressions as well as contextual and environmental information observed during the interviews.

The interview transcripts were analyzed using the Colaizzi phenomenological analysis method, which consists of seven systematic steps (Donel, IK, & Mathew, 2026; Praveena & Sasikumar, 2021). First, the researcher read all transcripts repeatedly to gain a comprehensive understanding of the participants' experiences. Second, significant statements related to feeding practices were identified from the transcripts. Third, meanings were formulated from those significant statements. Fourth, the formulated meanings were organized into clusters of themes that reflected common patterns across participants' experiences. Fifth, the findings were integrated into an exhaustive description of the phenomenon. Sixth, the fundamental structure of the phenomenon was developed to capture the essence of mothers' experiences. Finally, *member checking* was conducted by returning the findings to several participants to verify whether the interpretations accurately reflected their experiences.

To ensure the rigor and trustworthiness of the study, several strategies were applied, including triangulation, prolonged engagement with participants, and *member checking*. Triangulation was conducted by comparing interview data with observational field notes. *Member checking* enabled participants to confirm the accuracy of the researcher's interpretations. Before data collection began, all participants received a full explanation of the study objectives, procedures, confidentiality, and their right to withdraw at any time. Written informed consent was obtained from all participants prior to participation.

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RESEARCH RESULTS

Table The Distribution of Participants' Sociodemographic Characteristics (N=17)

Variable	Results
Mother's Age (n/%)	
(Mean±SD)(Range)(Year)	32.65±7.75 (19–48)
19–35 (Early adulthood)	11/64.71
≥35 (Middle adulthood)	6/35.29
Mother's Last Education (n/%)	
Basic (Elementary–Junior High School)	8/47.06
Secondary (Senior High School)	8/47.06
Higher (Bachelor's degree)	1/5.88
Mother's Occupation (n/%)	
Housewife	14/82.35
Employee	1/5.88
Trader	2/11.77
Number of Children (n/%)	
<3 children	10/58.82
≥3 children	7/41.18
Age of Stunted Toddlers (n/%)	
12–24 months	5/29.41
>24–59 months	12/70.59

This table highlights that the most participants were in the *early adulthood* age group of 19-35 years (11/64.71), while the remaining participants were aged ≥35 years (6/35.29). In terms of education, nearly all mothers had a secondary education level or lower, with equal proportions in the basic and secondary education groups (8/47.06 each). Only one participant had attained higher education (1/5.88). Most participants were housewives (14/82.35), while only a small number worked as employees (1/5.88) or traders (2/11.76). More than half of the mothers had fewer than three children (10/58.82), whereas 7/41.18 had three or more children. Regarding the children's age, the majority of stunted toddlers were in the ≥24-59 months age group (12/70.59), while 5/29.41 were aged 12-24 months.

The thematic analysis of interviews with 17 mothers generated four major themes that reflect the complexity of feeding practices among mothers of stunted toddlers. These themes were: (1) *the coastal food ecosystem: between marine potential and structural constraints*; (2) *dietary transition: the dominance of instant foods and snacking culture*; (3) *maternal dilemma: psychological burden and resilience in feeding practices*; and (4) *socio-cultural influences and support systems in feeding practices*.

The Coastal Food Ecosystem: Between Marine Potential and Structural Constraints

This theme highlights the gap between the abundance of marine resources in coastal areas and mothers' actual access to nutritious food for their toddlers. Although fish and other seafood are widely associated with coastal living, mothers still faced barriers such as limited mobility, distant markets, irregular food availability, and high food prices. As a result, feeding practices were often shaped more by affordability and accessibility than by nutritional preference.

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Examples of participants' statements illustrating this theme include:
"I can't ride a motorcycle, and in this area, there are no vegetable sellers, so it's difficult when it comes to vegetables for him to eat." (P2)

"The availability of fish is the difficult part, fresh fish. If we buy it at the market, it's not always certain; sometimes it's expensive, and it's not fresh." (P5)

"*…but it's an economic factor. There are many needs as well.*" (P3)

"*But if there's no money, it's still difficult; we just eat whatever is available.*" (P10)

"I more often give my child eggs only… because the market is quite far, and mobile vegetable vendors rarely pass by." (P17)

"Sometimes I want to give this food (fish), but it's expensive." (P1)

"The price of healthy food ingredients is also quite high… what's important is that it's easy to get and affordable." (P15)

Dietary Transition: The Dominance of Instant Foods and Snacking Culture

This theme reflects a shift in children's eating patterns toward instant foods and frequent snacking. Mothers described processed foods as practical and easily accepted by children, especially when time was limited or when children refused regular meals. At the same time, the surrounding environment reinforced a snacking culture that reduced appetite for main meals and contributed to less balanced feeding practices.

Examples of participants' statements illustrating this theme include:
*"Sometimes when he's already crying, I give him Ind*mie. But he shouldn't eat Ind*mie."* (P11)

"Sometimes my child asks for noodles (instant noodles), I give it once a week." (P16)

"…sometimes he eats fried rice, sausages. But he only eats a little." (P6)

*"His grandfather gives him 'chiki-chiki' first, like 'b*ng-b*ng' (chocolate wafer) … If it's already past 10 a.m., he doesn't want to eat anymore because he's already had sweets."* (P2)

"*For snacks, it's usually chips*." (P8)

"…like wafers. If he doesn't sleep, he just keeps snacking. He snacks more than eating main meals." (P14)

"*If he has eaten ice cream, he only eats twice*." (P5)

"*In the morning, my child usually snacks first. So, after waking up, he definitely snacks… Other children in this neighbourhood mostly buy unhealthy snacks, so sometimes my child also wants to follow them.*" (P15)

"My child is strong with snacks, Miss. In one day his meals decrease; usually he eats up to 3 times, but it can become only once because of the snacks." (P16)

Maternal Dilemma: Psychological Burden and Resilience in Feeding Practices

This theme describes the emotional burden mothers experienced when managing the feeding of stunted toddlers, particularly when children were difficult to feed or refused food. Mothers often felt confused, pressured, and stressed, yet they continued to seek ways to improve their children's intake. Their efforts included trying different menus, using affordable food ingredients creatively, searching for information through social media, and following advice from health workers.

Examples of participants' statements illustrating this theme include:
"*It's stressful, people always ask why my child's weight doesn't increase.*" (P2)
"*Sometimes I'm confused about what to give…*" (P3)
"*But he always cries. So, I just look for something safe; I don't want to stress myself*." (P6)
"*But I still force him to eat, because if he doesn't eat, then what?*" (P11)
"*…he really likes smoked fish… Sometimes I see on F*c*b**k and T*kT*k, there are people teaching how to feed children. I try it too*." (P10)
"*I also follow what health workers say… But now there is also a lot on social media, I see recipes there too.*" (P11)
"*It varies, sometimes chicken. Chicken mixed with vegetables, tofu, tempeh, fish, everything… It's varied, like today, in the morning he ate eggs, rice, eggs with vegetables*." (P12)

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Mothers also showed efforts to visit health service facilities to seek solutions to their problems. Mothers stated that they had tried to follow the advice given by health workers, although many still encountered obstacles in its implementation.

"*They told me to give more vegetables, side dishes like eggs, protein, fish, chicken liver is also good… I also follow what the health workers say*." (P11)

"*Yes, they told me to feed him more often. He eats little, so I was told to feed him more frequently. Actually, it's possible. But it's still difficult, we just try our best. There are still difficulties.*" (P12)

"*I was once given protein milk, but after I gave it, he kept vomiting, so I stopped… and it was suggested that the child eat 5–6 times a day, not only 3 times. But because of economic conditions, I can only feed him 3 times a day.*" (P13)

Socio-Cultural Influences and Support Systems in Feeding Practices

This theme shows that feeding practices were influenced not only by mothers themselves, but also by family members, local beliefs, and available support systems. Grandparents and other relatives often played an important role in shaping children's eating habits, sometimes in ways that differed from the mothers' intentions. In this context, health services, nutrition education, supplementary feeding programs, and economic support were seen as important resources to help mothers provide better care for their children.

Examples of participants' statements illustrating this theme include:

"*…taken by his grandfather, I don't know what he was fed.*" (P2)

"*He used to stay often at his grandmother's place, so he already knew how to eat noodles*." (P5)

Mothers also still face pressure from family influences that hold traditions or local cultural practices related to feeding practices.

"*Sometimes his grandmother gives him herbal medicine, but I don't give it, I monitor it, I'm afraid he won't want to eat.*" (P10)

"*His grandmother forbids giving 'kundur' fruit to the child*." (P16)

Although mothers face many challenges from within the family, they can still rely on health service facilities. Mothers feel that health worker interventions in the form of education and the government Supplementary Feeding Program (PMT) to address children's nutritional problems are greatly needed.

"*Sometimes given milk, vitamins. There was assistance like eggs, chicken, but now I don't know why it's no longer available.*" (P1)

"*In the nutrition room we are told that if the child is given this food, processed this way, the child will want it, given like this so the child is interested.*" (P2)

"*For three days he already received food from the community health center, thank God he ate*." (P7)

"*My child likes the food from the community health center. Since receiving food from there, his weight once increased by 1 kilogram*." (P9)

Mothers also expressed their hopes for economic assistance to fulfil their children's nutritional intake.

"*…the most important thing is economic assistance.*" (P5)

"*If there is economic assistance, it would be even better.*" (P7)

"*…economic assistance. That is the main thing.*" (P14)

In addition to economic assistance, mothers also conveyed the need for information, education, and support in feeding practices for children with stunting.

"*What is needed is simply information, Miss. Information about how to properly process food ingredients for children, what kind of food is good to support the child's health*." (P8)

"*I hope to be given support, so I am more motivated*." (P15)

"*I just want information, for example from the community health center, about how to properly feed my child*." (P16)

DISCUSSION

The findings of this study illustrate that feeding practices among mothers of stunted toddlers in coastal areas are shaped by complex interactions among individual, social, and environmental factors. The study reveals a contradiction within coastal settings: the abundance of animal protein, which should represent a nutritional advantage of coastal regions, does not necessarily translate into the fulfilment of nutritional needs among stunted toddlers. With such food resources, coastal areas should theoretically have food security and be able to meet the daily nutritional needs of toddlers (Setiawan et al., 2023). However, participants in the coastal area of Tarakan experienced economic hardship and limited

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access to these sources of animal protein. This situation is particularly ironic given that many participants' households depend on the fisheries sector, with husbands working as fishermen. Coastal communities often struggle to maintain adequate nutrition and are unable to optimize the consumption of available high-protein seafood because entrenched poverty, fluctuating fish yields, and dependence on limited natural resources remain major barriers to consumption (Najah et al., 2024; Solihati & Dayanti, 2025).

This study also reveals a dietary transition toward the consumption of *ultra-processed foods* and a strong snacking culture in coastal areas. The shift from nutrient-rich foods to unhealthy foods during main mealtimes has become a pattern that may disrupt children's eating habits. This finding is consistent with previous research showing that stunting is associated with unhealthy snacking habits among children in urban areas (Loihala, Indar, Syam, Syafar, Abdullah, & Muis, 2023).

These findings can be interpreted through the ecological framework, which explains that health behaviors are influenced not only by individual knowledge but also by interpersonal relationships, community norms, and broader environmental structures (Robinson-O'Brien, 2021). In this study, mothers' feeding practices were shaped not only by their understanding of nutrition, but also by family members, neighborhood food environments, and the accessibility of food sources in coastal areas. The strong snacking culture and the influence of extended family members, such as grandparents, reflect how interpersonal and community-level factors shape children's dietary habits.

Furthermore, the psychological experiences described by mothers in this study can be understood through the perspective of maternal *self-efficacy* theory. Maternal *self-efficacy* refers to mothers' confidence in their ability to perform parenting tasks effectively, including the management of children's feeding behaviors (Duraccio, 2021). Several participants expressed feelings of confusion, stress, and pressure when dealing with children who refused to eat or when facing social expectations regarding their children's growth.

However, despite these challenges, mothers demonstrated resilience by seeking information from health workers and digital media to improve their children's diets. Evidence suggests that parental decisions regarding child nutrition are significantly influenced by *self-efficacy* related specifically to caregiving and feeding practices (Bahorski, Childs, Loan, Azuero, Morrison, Chandler-Laney, Hodges, & Rice, 2019). This finding indicates that maternal *self-efficacy* may play an important role in shaping adaptive strategies in feeding practices.

The condition of stunting also creates a psychological burden for mothers. This situation often triggers conflict in feeding management, as mothers feel compelled to pressure their children to eat in an effort to compensate for delayed growth. Nevertheless, this study also identified maternal resilience and creativity. Mothers took the initiative to use social media to seek recipe ideas and modify food ingredients. This suggests that maternal *self-efficacy* can be strengthened through digital information support. This is consistent with a study stating that various forms of support are related to infant feeding experiences (Myers, Page, & Emmott, 2021). Another study also argues that providing support to parents to adopt and maintain *responsive feeding* practices is vital for the development of healthy eating habits during toddlerhood, which may continue into adulthood (Fraser, Markides, Barrett, & Laws, 2021).

The fact that almost all participants were housewives does not necessarily indicate that mothers were able to implement appropriate feeding practices. One study revealed that housewives feed their children at appropriate frequencies because they have more opportunities and time to prepare and provide food for them (Suryani, Kusdalinah, Krisnasary, Simbolon, & Angraini, 2022). However, this study shows that even though mothers do not carry dual roles outside the home as working mothers, they still face many challenges in implementing feeding practices.

In addition, the findings related to children's *picky eating* behaviors and mothers' responses during feeding can be interpreted using the *responsive feeding* framework. Positive developmental outcomes are observed in children raised in *responsive feeding* environments, where caregivers recognize internal hunger and satiety cues and provide immediate, age-appropriate, and emotionally sensitive responses (McIsaac, MacQuarrie, Barich, Morris, Turner, & Rossiter, 2022). In this study, some mothers reported forcing children to eat when they refused food, which

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may reflect the psychological pressure experienced when children are identified as stunted. Such practices may unintentionally disrupt the natural regulation of children's appetite. At the same time, other mothers attempted to introduce food variations and modify menus to make meals more appealing, demonstrating emerging *responsive feeding* practices.

These findings highlight that feeding practices among mothers of stunted toddlers cannot be understood solely as individual behaviors, but must be viewed within broader socio-cultural and environmental contexts. In coastal communities, structural barriers such as limited access to fresh food, economic constraints, and strong community norms surrounding children's snacking habits create significant challenges for mothers in implementing optimal feeding practices. Therefore, interventions aimed at preventing stunting should not focus only on improving maternal knowledge, but must also address the environmental and social factors that shape feeding practices. The findings suggest that stunting prevention requires culturally sensitive initiatives, strong community participation, and better cross-sectoral coordination (Meiyenti, Effendi, Djafri, & Devianto, 2025).

There is a need to strengthen stunting interventions in coastal communities, with the main focus on individual education to improve child nutrition by utilizing food resources available in the local environment (Najah et al., 2024). Mothers also need to receive counseling at integrated health posts regarding the importance of appropriate food consumption, correct meal frequency, nutritional intake surveys, and routine health checks for toddlers (Suryani et al., 2022). In addition, the government needs to make greater efforts to improve food security among communities in coastal areas. One study found the need to develop interventions that simultaneously support ecological preservation and establish social frameworks conducive to sustainable food security (Yusriadi & Cahaya, 2022).

From a pediatric nursing perspective, strengthening maternal *self-efficacy*, promoting *responsive feeding* education, and improving community-based support systems may help mothers better manage feeding practices for stunted toddlers. Community health programs in coastal areas should integrate culturally sensitive nutrition education, family engagement strategies, and improved access to affordable nutritious foods in order to support sustainable improvements in child nutrition.

CONCLUSION

Feeding practices among mothers of stunted toddlers are shaped not only by individual factors, but also by economic limitations, barriers to food access, and mothers' capacity to manage feeding practices. Improving child nutrition therefore requires not only nutrition education, but also stronger psychosocial support and community-based interventions that are responsive to local conditions and available food resources.

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