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Original Research Article

The Relationship between Family Food Access and the Nutritional Status of Stunting Toddlers in Kupang Regency

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Abstract: ***Background:*** One part of improving the degree of health that is the responsibility of the government is through efforts to improve nutrition. Poor nutritional status is the impact of multisectoral problems, one of which is poor family food security. Adequate food security is needed as an effort to fulfill nutrition in order to improve nutritional status for the age group of toddlers and pregnant women. Seeing the high nutritional status of toddlers, especially in Kupang Regency, research will be conducted on the relationship between family food access and the nutritional status of stunted toddlers in Kupang Regency. ***Objective:*** Analyze the relationship between family food access and the nutritional status of stunted toddlers in Kupang Regency. ***Method:*** This study is an observational analytical study with a cross sectional approach and uses secondary data obtained from Yayasan Jaringan Peduli Masyarakat (JPM) Kupang. From this data, a total of 40 toddlers were obtained as research subjects spread across four research locations, namely Tesabela Village (n = 8), Lifuleo Village (n = 5), Sumlili Village (n = 10), and Bolok Village (n = 17). Anthropometric measurements are carried out by health workers and determine the type of nutritional status based on three measurement indices, namely Weight according to Age (BB / U), Height or Length according to Age (TB / U or PB / U), and Weight according to Height or Length (BB / TB or BB / PB). The study respondents were parents of toddlers of the study subjects. Data analysis was carried out non-parametric tests with Spearman's Rho correlation analysis to determine the relationship between family food access as a dependent variable and nutritional status in toddlers as an independent variable. ***Results:*** There was a significant relationship between family food access and nutritional status of stunted toddlers only in the measurement of the Weight According to Age index (p value = 0.016); in the other two indices there was no significant relationship (p value Height or Body Length According to Age = 0.346; p value Body Weight by Height = 0.573). ***Conclusion:*** Family food access only affects the nutritional status of toddlers stunting in Kupang Regency based on Weight Index According to Age.

Keyword: Nutrition, Family Food Access, Nutritional Status of Toddlers.

INTRODUCTION

Nutrition is an important indicator to determine the quality of a country's human resources. Improving people's nutritional status is closely related to physical and cognitive health, affects the high and low risk of infectious and non-communicable diseases, and affects from early life to old age. In addition, it was also mentioned that the problem of maternal and child mortality and morbidity in Indonesia is still a serious problem so that maternal and child health services are a top priority in development health in Indonesia. (Ministry of Health of the Republic of Indonesia, 2022b)

Regarding the nutritional status of the toddler age group, the results of the 2022 Indonesian Nutritional Status Survey (SSGI) show that the percentage of stunting under five in Indonesia is 21.6%. This figure decreased by 2.8% from 2021, which was 24.4%.

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Despite the decline, this figure is still quite far from the target of the 2024 National Medium-Term Development Plan (RPJMN), which is 14%. Meanwhile, the results of measurements in August 2022 of 436,129 toddlers in East Nusa Tenggara, there were 77,338 toddlers or 17.7% stunted spread across 22 regencies and cities. This figure also decreased by 3.2% compared to 2021, which was 81,354 toddlers or 20.9%. (Duma, 2023) From these data, it is concluded that the number of toddlers still does not obtain adequate quality nutritional intake and experiences nutritional deficiencies.

As a country with a large population and a very large area, food security is an important thing in Indonesia's economic development. Poor nutritional status is also an impact of poor family food security. According to data exposure from the Central Statistics Agency (BPS),

The prevalence of people with moderate or severe food insecurity based on the food insecurity experience scale decreased in 2022 with figures of 5.12% in 2020, 4.79% in 2021, and again increased to 4.85% in 2022. This is directly proportional to the trend of nutritional status of Indonesian toddlers from SSGI 2022 which also decreased from 24.4% in 2021 to 21.6% in 2022. East Nusa Tenggara Province in 2020 ranks first in the prevalence of people with moderate or severe food insecurity based on the food insecurity experience scale with a rate of 15.46%. This is a common concern of stakeholders in East Nusa Tenggara to improve the food security of the population in the region. (Central Bureau of Statistics, 2022; Ministry of Health of the Republic of Indonesia, 2023)

Seeing the multisectoral problems experienced by the community, government policies are needed to deal with stunting as a national problem related to the quality of Indonesian Human Resources (HR) in the future. Food access as an important part of family food security is one of the fundamental things that can be evaluated in determining the nutritional status of toddlers. Based on the description above, researchers are interested in analyzing the relationship between family food access and the nutritional status of stunted toddlers in Kupang Regency.

RESEARCH METHODS

This research is a collaboration between Yayasan Jaringan Peduli Masyarakat (JPM) Kupang and Danone Indonesia with the Faculty of Medicine and Veterinary Medicine, Nusa Cendana University. This research is one of the activities in a series of Gasing Nekmese Phase III programs to improve public health and capacity in preventing stunting.

The study will be conducted from August 14 to September 30, 2023. Researchers used secondary data, which is a database from Yayasan Jaringan Peduli Masyarakat (JPM) Kupang and nutritional status data from auxiliary health centers in Lifuleo Village, Tesabela Village, Sumlili Village, and Brook Village, West Kupang District, Kupang Regency. The research design used in this study is observational analytics with a cross sectional approach, namely research related to the relationship or correlation between risk factors and effects carried out at one time.

The population in this study is stunted toddlers in the areas of Lifuleo Village, Tesabela Village, Sumlili Village, and Bolok Village, West Kupang District, Kupang Regency. The sampling technique used is data-based sampling with the total sampling method. Researchers will take the entire population of stunted children under five in four villages in West Kupang District as samples in the study. The inclusion criteria in this study are data on toddlers with stunting nutritional status from villages under the care of the Kupang Community Care Network Foundation in 2022. The data must contain complete information about the identity and measurement results of stunting toddlers. The exclusion criteria are incomplete data on stunting toddlers according to the needs of researchers.

The research stage begins with the submission of a data request letter to the Kupang Community Care Network Foundation (JPM) as the research data provider institution. Researchers obtained baseline and endline survey data for toddlers in Lifuleo Village, Tesabela Village, Sumlili Village, and Bolok Village collected from the results of stunting control programs conducted by the Kupang Community Care Network Foundation in 2022.

Baseline data is survey data collected before program implementation. After the implementation of the program within six months, the Kupang Community Care Network Foundation (JPM) conducted another survey to collect endline data. As for the nutritional status data needs of stunting toddlers, researchers get it at the auxiliary health center at the research location. Data on stunting toddlers is data collected from April to August 2022 by auxiliary health centers in each village where the study is located. The researcher continued the research stage by sorting data based on inclusion and exclusion criteria so that 8 respondent data were obtained in Tesabela Village, 5 respondent data in Lifuleo Village, 10 respondent data in Sumlili Village, and 17 respondent data in Brook Village. The total data to be processed by researchers is 40 respondents.

RESEARCH RESULTS

Characteristics of Respondents

The data in this study contains the frequency distribution of parental characteristics as research respondents based on demographic characteristics (Table 1) and the frequency distribution of toddler characteristics as research subjects (Table 2). Characteristics based on demographic conditions include the location of the study, gender, age, and the incidence

of stunting experienced by toddlers. These characteristics can be seen in the table below.

Table 1: Characteristics of Parents

Characteristics of parents	Frequency (n) n = 40	Percentage (%)
Research Location		
Tesabela	8	20
Lifuleo	5	12,4
Sumlili	10	25
Bolok	17	**42,5**
Mother's Education		
Low (No school - high school)	35	**87,5**
College (College)	5	12,5
Parents' Work		
Laborer	3	7,5
Housewives	7	17,5
Fisherman	3	7,5
Farmer	10	25
Self employed	17	**42,5**
Marital Status of Parents		
Unmarried	7	17,5
Marry	32	**80**
Widow	1	2,5
Family Income		
< 1 million rupiah	25	**62,5**
1-3 million rupiah	15	37,5

Note: The number in bold is the largest percentage

Data in Table 1 shows that most respondents came from Bolok Village with 17 respondents (42.5%). Of the 40 respondents, the average level education at the high school level. As many as 80% of all respondents are married and 32.5% of respondents work as self-employed with a low average income.

Table 2: Characteristics of Toddlers

Characteristics of Toddlers	Frequency (n) n = 40	Percentage (%)
Location		
Tesabela	8	20
Lifuleo	5	12,4
Sumlili	10	25
Bolok	17	**42,5**
Gender of Toddler		
Man	24	**60**
Woman	16	40
Age Group Toddler (Month)		
13-24	19	**47,5**
25-36	17	42,5
37-48	3	7,5
49-60	1	2,5
Nutritional Status based on BB/U		
Usual	12	30
Less	20	**50**
Very lacking	8	20
Nutritional Status based on TB/U		
Short	31	**77,5**

Characteristics of Toddlers	Frequency (n) n = 40	Percentage (%)
Very short	9	22,5
Nutritional Status based on BB/TB		
More nutritional risks	1	2,5
Good nutrition	28	70
Undernutrition	9	**22,5**
Poor nutrition	2	5

Note: Numbers in bold are the largest percentage

Data in Table 2 shows that the most stunted children under five come from Bolok Village (42.5%). The majority of study subjects were male (60%). According to age group, in the age group of 13-24 months it is 19 people (47.5%). and the least number of toddlers is in the age group of 49-60 months, which is 1 person (2.5%). Based on measurement index weight According to age, it is known that half of the subjects are toddlers with less nutritional status (50%). As for the height measurement index according to age, the number of short toddlers as many as 31 people (77.5%) and 9 people (22.5%) are very short toddlers. Weight measurement index according to body length or height, the majority of toddlers have good nutritional status (70%).

Descriptive Analysis

The following are the results of a descriptive analysis to determine the relationship between family food access with Status nutrient toddler stunting in Kupang Regency.

Table 3: Overview of Family Food Access Indicators

Indicators	Frequency (n) n = 40	Percentage (%)
Mother's knowledge of balanced nutrition		
Know	29	72,5
Lack of knowledge	11	27,5
Mother's knowledge of the source of nutrients		
Know	17	42,5
Lack of knowledge	23	57,5
Mother's knowledge of the consequences of malnutrition		
Know	12	30
Lack of knowledge	28	70
Mother's knowledge of the usefulness of nutrition		
Know	11	27,5
Lack of knowledge	29	72,5
Food that mothers give to toddlers		
Nutrients fulfilled	8	20
Nutrients are not fulfilled	5	12,5
Unfulfilled nutrients	27	67,5
Ownership of vegetable garden		
Yes	30	75
Not	10	25
Types of vegetables grown in the yard of the house		
One type	5	16,7
More than one type	25	83,3
Fish pond ownership		
Yes	21	52,5
Not	19	47,5
Types of fish kept		
Common catfish/sangkuriang	8	38,1
Catfish dumbo	13	61,9

Data in Table 3 shows that most families surveyed know about the concept of balanced nutrition (72.5%). However, as many as the majority of respondents (57.5%) lack knowledge about food sources of nutrients. Most respondents (70%) have less good knowledge of the indicator. Regarding the indicator of knowledge about nutrition, the results showed that as many as 28 respondents lacked knowledge related to nutrition. The results of the analysis of the picture of feeding given by mothers to toddlers showed that as much as 67.5% of the total respondents gave food but the nutrients contained in food did not meet the nutritional needs of toddlers. A total of 30 respondents had their own vegetable garden at home. From of the 30 respondents, most families (83.3%) grow more than one type of vegetable in their vegetable garden. Sum families that have and do not have fish ponds are almost the same. A total of 21 families have fish ponds at home and 19 families do not have fish ponds at home. Of the 21 families that have fish ponds at home, most types of fish kept are dumbo catfish, which are as many as 13 families.

Table 4: Overview of Family Food Access

Family Food Access	Frequency (n) n = 40	Percentage (%)
Good family food access (food survey score 15-31)	21	52,5
oor family food access (food survey score <15)	19	47,5

Based on the results presented in Table 4, it was found that family food access for stunted toddlers with good categories (52.5%) dominated compared to access poor family food (47.5%). The study subjects were said to have good family food access if the food survey score was at least 15 out of 31 total food survey scores.

Table 5: Cross-Tabulation of Characteristics of Research Subjects and Respondents with Family Food Access

Family Food Access						
Characteristic	**Good**		**Bad**		**Sum**	
	n	%	n	%	n	%
Location						
Tesabela	8	38,1	0	0	8	20
Lifuleo	5	23,8	0	0	5	12,5
Sumlili	8	38,1	2	10,5	10	25
Bolok	0	0	17	89,5	17	42,5
Gender of Toddler						
Man	9	42,9	15	79	24	60
Woman	12	57,1	4	21	16	40
Mother's Education						
Low	19	90,5	16	84,2	35	87,5
Tall	2	9,5	3	15,8	5	12,5
Parents' Work						
Laborer	2	9,5	1	5,2	3	7,5
Housewives	3	14,2	5	26,3	8	20
Fisherman	4	19	0	0	4	10
Farmer	9	42,8	0	0	9	22,5
Self employed Civil servants	3 0	14,2 0	12 1	63,1 5,2	15 1	37,5 2,5
Family Income						
<1 Million Rupiah	17	81	10	52,6	27	67,5
1-3 Million Rupiah	4	19	9	47,4	13	42,5

The cross-tabulated results in Table 5 showed that as many as 17 families in Bolok Village had poor family access to food from a total of 40 respondents. The number of families with good access to food is not much different in the four villages surveyed, namely Tesabela Village and Sumlili Village as many as 8 families and Lifuleo Village as many as 5 families. Meanwhile, all families in Bolok Village have poor access to family food. In the maternal education category, the percentage of family food access is almost the same. A total of 19 poorly educated mothers still have good access to food, and 16 others have poor access to food. While 2 families with highly educated mothers have good family food access with a percentage of 9.5% and 3 others have poor family access to food with a percentage of 15.8%. Poor food access is most common with parents working as self-employed with as many as 12 families. Poor food access is also more dominant among families with

incomes below 1 million rupiah, which is as much as 67.5%. This result is twice as much when compared to toddlers with parents earning 1-3 million rupiah.

The Relationship between Family Food Access and the Nutritional Status of Stunting Toddlers

Bivariate analysis was conducted to determine the relationship between family food access as an independent variable and stunting nutritional status in toddlers as a dependent variable. Before performing a bivariate analysis for knowing the relationship between two variables, a normality test was carried out using the Shapiro-Wilk test. The Shapiro-Wilk test is an effective normality method used for small samples. This test was chosen by researchers to test the normality of research data because the data used in this study was < 50 samples or respondents. The Shapiro-Wilk test showed that the study data were abnormally distributed with a p value of < 0.05. Therefore, a non-parametric test with Spearman's Rho correlation analysis was used to determine the relationship between family food access and the nutritional status of stunted toddlers. Spearman's Rho correlation analysis is one of the simplest correlational analysis techniques intended to calculate and determine the degree of correlation between two variables that are ordinally scaled. Before data processing is carried out, existing quantitative data is first analyzed in the form of rankings. Furthermore, the strength and direction of the correlation are said to have a significant relationship if the calculation result < 0.05. Meanwhile, if the calculation result > 0.05, then the relationship between the two variables can be concluded to be insignificant. Insignificant Shapiro-Wilk test results were obtained on the indicator of determining nutritional status based on the weight index according to age with a value of p = 0.016 and insignificant results on the other two indices with significance values of p = 0.346 respectively for the index of body length or height according to age and p = 0.573 for the index of body weight according to body length or height.

Table 6: Relationship between Family Food Access and Nutritional Status of Stunted Toddlers

Family Food Access					
Nutritional Status Index	**Good**		**Bad**		**p**
	n	**%**	**n**	**%**	
BB/U					
Normal	2	9,5	10	52,6	0,016*
Less	14	66,7	6	31,6	
Very less	5	23,8	3	15,8	
TB/U or PB/U					
Short	15	71,4	16	84,2	
Very short	6	28,6	3	15.8	0,346*
BB/TB or BB/PB					
More nutritional risks	0	0	1	5,3	
Good nutrition	15	71,4	13	68,4	0,573*
Undernutrition	4	19,1	5	26,3	
Poor nutrition	2	9,5	0	0	

* Note: P value based on Spearman's Rho test results

DISCUSSION

The results of the Spearman's Rho test presented in Table 6 show that family food access only has a significant relationship with the nutritional status of toddlers based on weight index according to age, while the other two nutritional status indices do not have a significant relationship. This can happen due to several causes. Toddler families may have knowledge about nutrition and good food access, have their own gardens, raise fish to be used as a source of protein, but in its utilization becomes less than optimal. These foodstuffs are not used for nutritional fulfillment but to be sold to the market. The condition of toddlers who sometimes only eat certain foods is also a potential for children to become malnourished. Nutritional status is important to support growth and development in toddlers. This is in line with research conducted by Hairunis *et al.,* (2018) which states that undernutrition will inhibit the rate of child development and will result in the rate of child development. (Hairunis *et al.,* 2018) There are several factors that can affect nutritional status in toddlers. Research conducted by Putri *et al.,* (2015) in Padang proves that maternal education, mother's work, family income, number of children, and mother's parenting style are also important things that can affect the nutritional status of toddlers. (Putri *et al.,* 2015)

The data shown in Table 2 shows that male children under five are most likely to be in families with poor food access with a percentage of 79%. In contrast, female toddlers have the most families with good access to food with a percentage of 57.1%. This does not have any effect because access to food for toddlers is given individually by their respective families regardless of gender. It is considering that the toddler period is a golden period of growth (Golden Period) where every toddler needs appropriate nutritional intake with the needs of the body. (Kurniawati &; Yulianto, 2022).

Cross-tabulating for maternal education indicators on under-five food access in Table 1 found

that 19 low-educated mothers had good access to food, and 16 others had poor access to food. While 2 families with highly educated mothers have good family food access with a percentage of 9.5% and 3 others have poor family food access with a percentage of 15.8%. This means that maternal education and family food access do not have a significant relationship. This result is in line with research conducted by Ryveka *et al.,* (2021) which states that maternal characteristics such as maternal education level and food access are not related to food intake in toddlers. (Ryveka *et al.,* 2021) Although mothers have a high level of education, it does not guarantee that toddlers have good access to meet their nutritional needs. This can happen due to the condition of toddlers who are experiencing a certain disease so that they experience a decrease in appetite. This will result in the toddler's weight when the measurement becomes low so that it affects the results of nutritional status interpretation based on the assessment of weight index according to age.

Although mothers have a high level of education, it does not guarantee that toddlers have good access to meet their nutritional needs. This can happen due to the condition of toddlers who are experiencing a certain disease so that they experience a decrease in appetite. This will result in the toddler's weight when the measurement becomes low so that it affects the results of nutritional status interpretation based on the assessment of weight index according to age.

Another thing related to parental employment in the same table shows that toddlers with parents who work as self-employed have the largest percentage of poor food access at 63.1%. These results differ greatly when compared to the percentage of toddlers who have parents as farmers and fishermen who all have good access to food. This condition can be caused by good use of food, such as consumption of vegetables and fruits grown by themselves in the field and yard and consumption of protein derived from fish raised by themselves in the family pond. In addition, the geographical condition of West Kupang District which is located on the coast makes it easier for people to access seafood or seafood.

This supports the fulfillment of protein needs in toddlers with parents who work as fishermen. Previous research conducted in Surabaya in 2018 concluded that the type of work as one of the characteristics of the family affects family income and the amount of expenditure on food. Furthermore, this situation will also affect the status of food security in households. Toddlers with self-employed parents rank second after toddlers with non-working parents in the number of toddlers with malnutrition status in the working area of the Wonokusumo Health Center in Surabaya City. (Jayarni &; Sumarmi, 2018).

The working conditions of the parents of toddlers as a self-employed person do not guarantee that the toddler is free from poor nutritional status. Although working as a self-employed person, the total expenses in the family also need to be considered. A small income will also affect the family's access to food to meet nutritional needs every day.

In this study, the Spearman's Rho test was conducted to determine the correlation between family food access and the incidence of stunting in toddlers. This test was carried out three times on each index of nutritional status. Bivariate analysis between family food access variables and nutritional status of stunted toddlers based on weight index according to age resulted in p value = 0.016. The BB/U indicator produces a significant p-value. This can happen due to several factors when measuring toddler weight. Toddlers who suffer from diarrhea during anthropometric measurements are most likely to have a lower body weight. Conversely, toddlers who take anthropometric measurements shortly after eating will also affect weight gain. Bivariate analysis between family food access variables and nutritional status of stunted toddlers based on height index according to age resulted in p value = 0.346. This result is not significant because the factor of height gain is something that occurs chronically. Unlike weight, height gain in toddlers takes longer. Meanwhile, the results of the analysis for the weight index according to height obtained a p value = 0.573. Therefore, it can be concluded that there is no relationship between family food access and the nutritional status of stunting toddlers in toddlers in Lifuleo Village, Tesabela Village, Sumlili Village, and Brook Village. These results are in line with research conducted in 2016 in Kenya which concluded that there was no significant association between family food security in general and the incidence of stunting. Kaibi *et al.,* 2017) Similar results were also found in 2017 and 2020 studies in Ethiopia which concluded that food insecurity is more associated with underweight conditions in toddlers. While wasting and stunting conditions are more associated with sociodemographics and child characteristics such as the number of children under five who are cared for in the family and morbidities such as upper respiratory tract infections, fever, and diarrhea. It further stated that food security is a necessary condition in the family but it is not enough to guarantee good nutritional status of toddlers. (Dinku *et al.,* 2020; Mulu &; Mengistie, 2017)

The insignificant results also indicate that interventions on food access have no effect on the condition of nutritional status of toddlers. Family food access is considered very important because the fulfillment of nutrition in toddlers begins during the process of preparing food ingredients to their metabolism in the body. Food access as part of the food preparation process is an important factor because if food access at the family level is poor, then the needs of toddlers for a variety of food consumption to nutritional fulfillment can

be disrupted. Food access is only one of the factors that determine nutritional status in toddlers. This allows other factors that are not studied can lead to an increase or even decrease in nutritional status in toddlers. Other factors include low family income, poor care during pregnancy, feeding practices for toddlers related to breastfeeding and complementary foods, poor hygiene and health care, and unfavorable environmental conditions such as clean water services and poor sanitation. Children with poor and poor nutritional status also need to pay attention to a history of low birth weight, whether at birth the child is BBLR or not, because this is a direct factor that can affect the nutritional status of stunting toddlers. However, in this study, no further research was conducted on the relationship between other factors that are directly related to stunting conditions in toddlers.

This research has various limitations, including:

a) Family food data is the result obtained from a survey of the Nekmese Gasing program conducted by Yayasan Jaringan Peduli Masyarakat (JPM) Kupang, so researchers cannot determine the accuracy of the data.
b) Data on the nutritional status of toddlers is secondary data obtained from
c) Each village of the research location.
d) Researchers did not further examine other factors outside the dependent and unbound variables, namely family food availability, family food utilization, nutritional intake in toddlers, history of infectious diseases in toddlers, and the condition of toddlers with low birth weight (BBLR).

DISCLAIMER

This research is a collaboration between Yayasan Jaringan Peduli Masyarakat (JPM) Kupang and Danone Indonesia with the Faculty of Medicine and Veterinary Medicine, Nusa Cendana University. This research is one of the activities in a series of Gasing Nekmese Phase III programs to improve public health and capacity in preventing stunting.

This paper is the result of a personal analysis of researchers without involving other objectives from Yayasan Jaringan Peduli Masyarakat and Danone Indonesia as data owners. In its implementation, researchers also do not receive any compensation from the institution concerned.

CONCLUSION

Food access in families only has a relationship with the nutritional status of stunted toddlers in Kupang Regency based on the Index of Body Weight According to Age, but for the Index of Height or Length According to Age and Weight According to Height or Length of Body there is no significant relationship with family food access.

SUGGESTION

1. Further researchers are expected to conduct research with a wider location coverage to determine the distribution of nutritional status of toddlers based on family food access. It is hoped that the next researcher can do the study used other indicators in the aspect of family food security using primary instruments and data so that the research results obtained were more in-depth.
2. The local Puskesmas as a primary health facility through posyandu activities is expected to be able to monitor the target toddlers of the posyandu by conducting anthropometric measurements regularly as an effort to monitor nutritional status and prevent stunting in toddlers.
3. Through this research, it is expected to be used as input material for the government for planning and implementing cross-sectoral programs at the village, West Kupang District, and Kupang Regency levels in a wider scope to overcome nutritional problems by involving various factors such as the availability of food and clean water, sanitation, and improving family economic status to prevent malnutrition in toddlers and for family welfare.
4. Researchers expect coverage of family coaching programs with toddlers stunting conducted by Yayasan Jaringan Peduli Masyarakat (JPM) Kupang is wider so that it reaches more the community of West Kupang District and Kupang Regency in general, so as to reduce the incidence rate stunting in Kupang Regency.
5. It is expected that the community will play the role of parents and caregivers toddler Can utilize food around the house to meet the nutritional needs of toddlers, increase knowledge about nutrition with existing media to support the achievement of improved nutritional status in toddlers.

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