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Analysis of Weight Faltering among Toddlers in Jakarta in 2025

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Abstract

Weight faltering in toddlers is an early indicator of nutritional status disorders that can impact a child's growth and development. This condition reflects an imbalance between nutritional intake, metabolic needs, and infectious disease factors. In Indonesia, cases of Weight Faltering in toddlers are still quite high and are a concern in efforts to improve toddler nutrition, including in the Jakarta area. The objective was to analyze factors related to the incidence of Weight Faltering in toddlers. These factors included a history of exclusive breastfeeding, dietary patterns, history of infectious diseases, and immunization history. The study used a quantitative descriptive correlational design with a cross-sectional approach. The study population was 87 toddlers in the Jakarta area, using a total sampling technique. Data were collected through weight measurements, interviews using questionnaires, 24-hour dietary recall forms, and searches of KIA books. Data analysis was performed using univariate and bivariate methods. The results of the bivariate analysis showed that dietary patterns (p = 0.002) and history of infectious diseases (p = <0.001) had a significant relationship with the incidence of Weight Faltering in toddlers. Toddlers with poor diets and a history of infectious diseases are at higher risk of experiencing poor Weight Faltering. Weight faltering in toddlers is influenced by diet and a history of infectious diseases. A history of exclusive breastfeeding and immunizations are not directly related to the incidence of poor or stable weight faltering.

Keywords: weight faltering, exclusive breastfeeding, diet, infectious diseases, immunization.

Introduction

Child growth is an important indicator in assessing health and nutritional status, particularly in toddlers. One early sign of malnutrition is a lack of Weight Faltering for age. This condition is known as weight faltering, a condition in which a child's Weight Faltering rate is slower than the growth standards based on the World Health Organization (WHO) curve. Weight faltering reflects an imbalance between nutrient intake, absorption, and energy needs and is often the initial stage before developing into malnutrition and stunting [7,15].

Various previous studies have shown that weight faltering is a nutritional problem closely linked to the risk of stunting and malnutrition in toddlers. Studies in Indonesia report that impaired weight growth is an early indicator of chronic malnutrition, which can impact a child's growth and development [7]. Other research also shows that toddlers experiencing weight faltering have a higher risk of immune system disorders, delayed cognitive and motor development, and an increased risk of morbidity and mortality [2]. These findings confirm that weight faltering is not simply a matter of Weight Faltering, but a condition that has a broad impact on a child's quality of life.

Toddler growth is influenced by various factors, including nutritional intake, diet, breastfeeding history, immunization status, and history of infectious diseases [11]. Exclusive breastfeeding plays a role in meeting infants' nutritional needs and increasing the body's resistance to infection [10,12]. In addition, an adequate diet, especially one that meets the principles of minimum dietary diversity and minimum meal frequency, is very important to ensure adequate macro and micronutrients [8,16]. Infectious diseases such as diarrhea and acute respiratory infections can reduce appetite, interfere with nutrient absorption, and increase energy needs, thus contributing to weight faltering [6]. Immunization plays a protective role by preventing infectious diseases that impact toddler growth [3,19].

Locally, the 2017 LB3 report from Jagakarsa Health Center showed that only 47.8% of toddlers experienced Weight Faltering from all toddlers weighed, this figure is still far below the target of the Ministry of Health of the Republic of Indonesia of 73% [18]. This condition shows that the incidence of Weight Faltering in toddlers is still a problem that requires serious attention, especially in urban areas. Therefore, research on factors related to the incidence of weight faltering in toddlers is important to be carried

out as a basis for planning nutritional interventions and preventing growth disorders in a sustainable manner.

Method

Method should be structured as follows:

1. Research design

This research design is a quantitative analytical study with a cross-sectional design, emphasizing the simultaneous measurement of independent and dependent variables. It is a descriptive correlational study, examining the relationship between exclusive breastfeeding history, dietary patterns, infectious disease history, and immunization history with stunted Weight Faltering in toddlers.

2. Settings and samples

The population in this study was toddlers in the Jakarta area in December 2025. The sampling technique used was total sampling, namely, 87 respondents. Inclusion criteria were toddlers aged 12-59 months, having a record of weight in the KIA book, mothers or caregivers willing to be respondents by filling out an informed consent form, exclusion criteria were toddlers who were suffering from chronic diseases or serious medical conditions (such as congenital heart defects, kidney failure or metabolic disorders) and mothers or caregivers who were not willing to be respondents. The research location was at the local RW hall. The independent variables in this study were the history of exclusive breastfeeding, diet, history of infectious diseases, and immunization history, and the dependent variable was Weight Faltering.

3. Measurement and data collection

The research instruments used were infant scale and standing scale used to measure body weight in kilograms. The instrument for exclusive breastfeeding used a closed questionnaire based on exclusive breastfeeding indicators. Measurement of toddlers' dietary patterns in this study used the 24-hour dietary recall method according to Krause's Food and the Nutrition Care Process guidelines by [9], then measured using the Dietary Diversity Score (DDS), which is a food diversity score based on the number of different food groups consumed by children in the last 24 hours. DDS to assess the quality of dietary patterns because food diversity reflects the adequacy of micronutrients [5]. For the variables of infectious diseases and immunization history, the KIA book and information

from parents or caregivers were used as instruments.

4. Data analysis;

Data analysis in this study was carried out in stages using the Statistical Package for the Social Sciences (SPSS 27). Data collected through anthropometric measurements, questionnaires, 24-hour dietary recall forms, and KIA book searches were first edited, coded, and entered to ensure completeness and consistency of the data before being analyzed. Univariate analysis to describe the characteristics of each research variable, including Weight Faltering , history of exclusive breastfeeding, eating patterns, history of infectious diseases, and history of immunization, the results of the analysis are presented in the form of frequency distribution tables and percentages. Bivariate analysis was carried out to determine the relationship between independent variables (history of exclusive breastfeeding, eating patterns, history of infectious diseases, and history of immunization) with the dependent variable (Weight Faltering or remains the same in toddlers. The statistical test used was chi square, with a statistical significance level set at $p < 0.05$.

Results

Univariate Analysis

No Weight Faltering, history of exclusive breastfeeding, eating patterns, history of infectious diseases, history of immunization.

Table 1 Distribution of frequency of Weight Faltering, history of exclusive breastfeeding, diet, history of infectious diseases, history of immunization in toddlers in the Jakarta area in 2025

No Weight Faltering	Frequency	%
Yes	40	46
No	47	54
History of Exclusive Breastfeeding		
Not given	31	35.6
Given	56	64.4
Dietary Habit		
Not good	36	41.4
Good	51	58.6
History of Infectious Diseases		
There is	34	39.1
There isn't any	53	60.9

Immunization History		
Not Complete	23	26.4
complete	64	73.6
Total	**87**	**100**

Based on the table above, it is known that the number of incidents of Weight Faltering in toddlers was 47 toddlers (54%), had a history of exclusive breastfeeding as many as 56 toddlers (64.4%), had a good eating pattern as many as 51 toddlers (58.6%), had no history of disease as many as 53 toddlers (60.9%) and completed their immunizations as many as 64 toddlers (73.6%).

Bivariate Analysis

Table 2
The relationship between exclusive breastfeeding history, diet, infectious disease history and immunization history with weight faltering in toddlers in the Jakarta area in 2025

History of Exclusive Breastfeeding	Weight faltering						P value	OR
	Yes		No		Total			
	f	%		%	n	%		
Not given	16	51.5	15	48.4	31	100	0.575	
Given	24	42.9	32	57.1	56	100		
Dietary Habit								
Not good	24	66.7	12	33.3	36	100	0.002	4,375
Good	16	31.4	35	68.6	51	100		
History of Infectious Diseases								
There is a history	26	76.5	8	23.5	34	100	< 0.001	9,054
No History	14	26.4	39	73.6	53	100		
Immunization History								
Not Complete	12	52.2	11	47.8	23	100		

							0.625
Complete	28	43.8	36	56.2	64	100	
Total	40	46.0	47	54.0	87	100	

From Table 2, it is known that the variables that have a relationship with not gaining weight in toddlers are the dietary pattern variable with a p value (p = 0.002) and a history of infectious diseases with a value (p value = <0.001). Meanwhile, the variable history of exclusive breastfeeding (p value = 0.575) and history of immunization with a value (p Value = 0.625) did not have a relationship with not gaining weight in toddlers.

Discussion

The relationship between a history of exclusive breastfeeding and Weight Faltering in toddlers in the Jakarta area in 2025.

Exclusive breastfeeding during the first six months of life plays an important role in supporting optimal growth and preventing infectious diseases, which indirectly contributes to the increase in toddler weight, breast milk is a balanced food source and meets the nutritional needs of babies so that exclusive breastfeeding can reduce the possibility of growth failure. Babies who breastfeed well can get all the nutrients they need from breast milk alone [10].

Research by [4] shows that there is no significant relationship between a history of exclusive breastfeeding and the incidence of stunting in toddlers. This finding indicates that a child's growth status is not only determined by breastfeeding practices in the first six months of life, but is also influenced by various other factors that play a role after the exclusive breastfeeding period ends.

Researchers assume exclusive breastfeeding is defined as providing only breast milk for 0-6 months, so its primary protective effect is strongest during that period. It does not provide direct protection that persists indefinitely after 6 months of age. Exclusive breastfeeding plays a crucial role in meeting the optimal nutritional needs of infants aged 0-6 months, providing passive immune protection through antibodies (especially IgA) that help prevent infectious diseases early in life. However, after 6 months of age, infants' energy and nutrient needs increase and can no longer be met solely by breast milk, necessitating adequate complementary foods. During this phase, toddler Weight Faltering is more influenced by the quality (diversity of food) and quantity of food intake, meal

frequency, and exposure to infectious diseases, rather than by a history of exclusive breastfeeding in infancy. Furthermore, information regarding exclusive breastfeeding is obtained based on the memory of mothers or caregivers, so there is the possibility of recall bias that can affect the accuracy of the data. This condition can cause the relationship between exclusive breastfeeding and Weight Faltering to be stagnant.

The relationship between dietary patterns and Weight Faltering in toddlers in the Jakarta area in 2025.

Eating good food will enable you to achieve good health and nutritional status. Parents who understand the importance of health in the family will teach their children good eating habits by eating regularly, three times a day, and always paying attention to nutritional content, which refers to a balanced diet. Food consumption should demonstrate diversity. This is very good because no single type of food contains all types of nutrients. Therefore, toddlers really need to consume a variety of foods. If a certain nutrient is lacking in one type of food, it will be found in other types of food. Consuming a variety of foods will ensure the fulfillment of balanced nutrition [13].

This study is in line with research conducted [6], namely that most toddlers do not experience weight faltering who have a good diet, while toddlers with weight faltering have a poor diet. This proves that the variable of diet patterns with the incidence of weight faltering in toddlers found a relationship between diet patterns and the incidence of weight faltering in toddlers in the working area of the Sei Mesa Health Center, Banjarmasin City. Another study by [13], namely Respondents with less diet patterns were more weight faltering toddler group (32.7%) than the normal group (9.1%). The results of the Chi-Square test showed a significant relationship between less diet patterns in toddlers and the incidence of underweight toddlers ($p = 0.005$), located in Taban Village, the working area of the Jambe Health Center.

Therefore, researchers assume that poor or inadequate dietary patterns caused by low food diversity, insufficient meal frequency, and inappropriate portion sizes can result in insufficient energy and protein intake for toddlers' growth needs, resulting in Weight Faltering that does not meet growth standards. Furthermore, a monotonous diet with low nutritional quality is optimal, especially during a child's rapid growth period. In these conditions, even if the toddler does not show signs of serious illness, an imbalance between intake and metabolic needs can still potentially lead to LBW. This study also found

that toddlers with poor dietary patterns experienced significant Weight Faltering.

The relationship between a history of infectious diseases and Weight Faltering in the Jakarta area in 2025.

Infectious diseases are a direct cause of suboptimal nutritional status. If someone experiences an infectious disease, such as diarrhea, cough, cold, fever, and so on, they will need more energy to fight the disease, so their nutritional intake must also be increased. Unfortunately, they are also susceptible to decreased appetite, which can potentially reduce the amount and type of nutrients entering the body. With diarrhea, a person can even experience nutrient and fluid loss, which can further worsen their health. Thus, it can be said that infectious diseases can affect a person's nutritional status. Infectious diseases in children vary from mild with few or no symptoms to serious diseases such as organ damage or death. Diarrhea and pneumonia are infectious diseases that are the main causes of death in toddlers. As many as 36% of toddler deaths are caused by pneumonia and 10% by diarrhea [6].

Previous research by [3] showed that repeated infections in children play a significant role in the occurrence of undernutrition through various mechanisms, including decreased appetite, impaired nutrient absorption, and increased metabolic needs during illness. Respiratory tract infections and diarrhea, in particular, can cause an imbalance between energy intake and needs, thus directly impacting children's weight growth. The results of this study are in line with research conducted by [6], which reported a significant relationship between a history of infectious diseases and the incidence of weight faltering in toddlers. Based on the results of statistical tests using the chi-square test, a ρ-value of 0.048 was obtained, where this value is smaller than the significance level ($\alpha = 0.05$), so the null hypothesis (Ho) was rejected. These findings indicate that toddlers with a history of infectious diseases are at greater risk of experiencing weight faltering than toddlers without a history of infection.

Researchers assume that a history of infectious disease is related to the incidence of underweight in toddlers, because infection can reduce appetite, increase energy needs, and interfere with the absorption and utilization of nutrients. This condition causes an imbalance between intake and metabolic needs, potentially inhibiting Weight Faltering. One factor associated with the incidence of infectious disease is the nutritional status of toddlers. Toddlers with malnutrition tend to have lower immune systems, making them

vulnerable to attacks by infectious microorganisms. Deficiencies in macro and micronutrients, such as protein, vitamin A, iron, and zinc, can weaken the immune system so that the body is unable to fight infections optimally. In line with the theory that states there is a two-way relationship between infection and nutritional status, where infection can worsen nutritional status and conversely, poor nutrition increases infectious diseases.

Environmental and sanitation factors also play a role in the occurrence of infectious diseases. Unsanitary living environments, limited availability of clean water, and poor waste management can increase toddlers' exposure to disease-causing germs, especially diarrhea and acute respiratory infections (ARI). Toddlers living in environments with poor sanitation are at greater risk of contracting infectious diseases. Hygiene behavior and parenting patterns. Irregular handwashing habits, before and after defecation, unhygienic food, and parenting patterns that pay little attention to hygiene and child health can increase the risk of recurring infectious diseases.

The relationship between immunization history and Weight Faltering in the Jakarta area in 2025.

Immunization is an effort to provide immunity to toddlers by administering vaccines to the body so that the body produces antibodies to prevent certain diseases. However, immunization is not directly related to the incidence of WEIGHT FALTERING because it is not an intervention to fulfill nutritional needs, but rather an effort to prevent infectious diseases. Immunization plays an indirect role in supporting child growth by reducing the risk of infections that can interfere with nutrient intake and utilization [3].

The results of this study are in line with previous research conducted by [1] which stated that from the results of the relationship analysis, it was found that there was no relationship between the completeness of basic immunization and the incidence of weight faltering in infants aged 8-12 months in the working area of the Pakem Sleman Community Health Center. The absence of this relationship can be explained because basic immunization functions as an effort to prevent infectious diseases and does not play a direct role in fulfilling children's nutritional needs. The growth of infant weight at that age is more influenced by the adequacy of nutritional intake, the practice of providing complementary feeding, and parenting patterns. Therefore, although immunization is important in maintaining infant health, its completeness is not always directly proportional to Weight Faltering or prevention of weight faltering. Different results from re-

search conducted by [14], namely based on the results of the Mann Whitney test p value = 0.041 stated that there is a relationship between nutritional status and the completeness of basic immunization in infants aged 1-5 years at the Labuhan Sumbawa Community Health Center. This difference in results understands that there are other factors that are more determinant, namely dietary factors and a history of infectious diseases, as shown in this study.

The researcher's assumption is that immunization history is not directly related to the incidence of Weight Faltering in toddlers, because immunization is an infection prevention intervention and not an intervention to fulfill nutrition. Immunization does not directly affect energy or nutrient intake, so its effect on weight change is indirect through reducing the risk of infection, not through the mechanism of Weight Faltering itself. Furthermore, in toddlers, the more dominant factors influencing weight change are diet, quality and diversity of nutritional intake, meal frequency, and the presence of recurrent infectious diseases. If these factors are not optimal, then even though the toddler has received complete immunizations, the incidence of underweight can still occur. This indicates that immunization plays a role in supporting children's health, but is not the main determinant of Weight Faltering. Furthermore, in this study, immunization status was categorized based on completeness according to records, so it did not take into account the timing of immunization administration, the individual's immune response, and exposure to other infections in the environment. This condition may cause the relationship between immunization status and the incidence of weight faltering not to be statistically apparent in the study results.

Limitation

This study used a cross-sectional design, meaning that variables were measured at the same time. This study focused on analyzing the relationships between variables and cannot yet explain direct cause-and-effect relationships. The study was conducted in a single region with a limited number of respondents, so the results reflect local conditions and require caution when generalizing the results to other regions with different characteristics. Dietary data was collected using the 24-hour dietary recall method, which relies on memory and information from mothers or caregivers. Although this method is commonly used in nutrition research, data accuracy is highly dependent on respondents'

ability to recall the types and amounts of food consumed by children, so there is still the possibility of inaccuracies or discrepancies in reporting food consumption.

Data on infectious disease history and immunization history were obtained from the KIA (Child Health) book and confirmed by the mother or caregiver. Therefore, data quality is highly influenced by the completeness of the records and the respondents' recall. This study did not fully address all factors related to toddler Weight Faltering, such as maternal nutritional status during pregnancy, birth weight, family economic factors, and environmental sanitation conditions. Toddler weight was measured using a Posyandu scale, so there is still the possibility of variation in results due to technical conditions during weighing (clothing, diapers, child movement, and differences in weighing time). This has the potential to cause measurement bias that can affect the accuracy of determining weight change categories.

Conclusion

This study concludes that the incidence of Weight Faltering or plateau in toddlers is influenced by various interrelated factors. The results indicate that dietary factors and a history of infectious diseases play a more direct role in the occurrence of weight faltering, while a history of exclusive breastfeeding and immunization status do not show a statistically significant relationship with the incidence of weight faltering. These findings indicate that in toddlers, especially after the exclusive breastfeeding period ends, the continuation of adequate nutritional support and prevention of infectious diseases are more important factors in determining a child's Weight Faltering.

This study contributes to the understanding that efforts to prevent LBW cannot focus solely on exclusive breastfeeding practices, but also need to be supported by strengthening age-appropriate feeding patterns, routine growth monitoring, and controlling infectious diseases in toddlers. The results of this study can serve as a basis for health workers, particularly at the primary care level and integrated health posts (Posyandu), in designing more comprehensive nutrition interventions. Future research is recommended to use a longitudinal design and consider socioeconomic factors and nutritional intake quality more thoroughly to obtain a stronger causal picture.

Ethical Considerations

This research was conducted in accordance with the ethical principles of health research involving humans. Prior to the study, ethical approval was obtained from the Health Research Ethics Committee of the Faculty of Health Sciences, National University, under the number 00117/EE/2025/0192243174. Furthermore, research permits were also obtained from relevant parties in the research area.

Informed consent was obtained from all respondents, including parents or guardians of toddlers, prior to data collection. Respondents were given a clear explanation of the research objectives, procedures, expected benefits, and potential risks. Participation in this study was voluntary, and respondents had the right to refuse or discontinue participation at any time without any consequences. Respondent confidentiality and anonymity were strictly maintained throughout the research process. Respondent identities were not included in the research instruments, and all data collected were used solely for research purposes. This study did not pose any physical or psychological risks to respondents, as data collection was conducted through interviews and review of toddler growth monitoring records.

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Conflict of Interest

The author declares that there is no conflict of interest in the implementation and publication of this research.

Author contribution

The authors are responsible for the research design, data collection, data analysis and interpretation, and manuscript preparation and revision. All authors have read and approved the final version of the manuscript.

References

1. Abdul, R. (2025). Determinants of weight faltering in infants aged 8–12 months at the Pakem Community Health Center. Islamic University of Indonesia, Yogyakarta.
2. Apriani, LA, Arsanah, E., Wiguna, RI, Wahyudi, I., & Husen, LMS (2024). Education on Cooking Healthy and Nutritious MP-ASI for Mothers with Weight Faltering Toddlers. Jmm (Jurnal Masyarakat Mandiri), 8(3), 3213-3221.
3. Black, R.E., et al. (2021). Maternal and child undernutrition: Science for a healthier world. The Lancet, 397, 233–248.
4. Dahlan, FM, Rohmawati, A., & Azzahroh, P. (2024). Factor Analysis of Stunting in CIlincing Public Health Center North Jakarta. International Journal of Midwifery and Health Sciences, 2(1), 71-89.
5. Food and Agriculture Organization. (2020). Minimum dietary diversity for women (MDD-W): Global dietary diversity indicator for better nutrition assessment. F.A.O.
6. Haqueena, A., Nurhamidi, N., Aprianti, A., & Farhat, Y. (2025). The Relationship between Exclusive Breastfeeding, Nutritional Knowledge, Family Income, Diet, and Infectious Diseases with the Incidence of Weight Faltering (Study in the Sei Mesa Banjarmasin Community Health Center Work Area). Journal of Multidisciplinary Research Nation, 1(10), 1881-1903.
7. Ministry of Health of the Republic of Indonesia. (2023). Results of the 2022 Indonesian Nutritional Status Survey (SSGI). Health Development Policy Agency, presented at the Socialization of Stunting Intervention Policy, Jakarta, February 3, 2023.
8. Ministry of Health of the Republic of Indonesia. Balanced Nutrition Guidelines. Jakarta: Ministry of Health of the Republic of Indonesia; 2020.
9. Mahan, L. K., & Raymond, J. L. (2020). Krause's food and the nutritional care process (15th ed.). Elsevier. St. Louis, Missouri, United States.
10. Maulida, SAM (2025). Analysis of Weight Faltering Incidence in Toddlers in the Tanjung

Rambang Community Health Center Work Area, Prabumulih City in 2024 (Doctoral Dissertation, Bina Husada College of Health Sciences).

11. Mertens, A., Benjamin-Chung, J., Colford Jr, J.M., Coyle, J., Van der Laan, M.J., Hubbard, A.E., ... & Arnold, B.F. (2023). Causes and consequences of child growth faltering in low-resource settings. Nature, 621(7979), 568-576.Meyer, R. (2024). An update on the diagnosis and management of faltering growth and catch-up growth in young children. Annals of Nutrition and Metabolism, 80(Suppl. 1), 18–28.
12. Nisa, A., & Hekmah, N. (2022). Analysis of Fat Content in Exclusive Breast Milk and Its Relationship to Infant Growth. Indonesian Health Journal, 12(2), 62-68.
13. Novfrida, Y., Simatupang, EJ, Djami, ME, Pusmaika, R., & Sumiati, I. (2022). The Relationship between Family Income and Dietary Patterns with the Incidence of Underweight in Toddlers. Indonesian Health Issue, 1(1), 1-7.
14. Pebrianti, MD, Wiguna, PA, & Nurbaiti, L. (2022). The Relationship between Completeness of Basic Immunization and Nutritional Status of Infants Aged 1-5 Years at the Labuhan Sumbawa Community Health Center. Lombok Medical Journal, 1(1), 1-7.
15. Tang, M.N., Adolphe, S., Rogers, S.R., & Frank, D.A. (2021). Failure to thrive or growth faltering: Medical, developmental/behavioral, nutritional, and social dimensions. Pediatrics in Review, 42(11), 590-603
16. United Nations Children's Fund (UNICEF). Improving Young Children's Diets during the Complementary Feeding Period: UNICEF Programming Guidance. New York: UNICEF; 2020. Available from:https://www.unicef.org/media/93981/file/Complementary-Feeding-Guidance-2020.pdf
17. World Health Organization. (2020). Guideline: Assessing and managing children at primary health-care facilities to prevent overweight and obesity in the context of the double burden of malnutrition. Geneva: WHO.
18. Jagakarsa Health Center. LB3 Report (Monthly Toddler Report) Jagakarsa Health Center 2017. Jakarta: Jagakarsa Health Center; 2017.
19. Ministry of Health of the Republic of Indonesia. (2023). Technical Guidelines for Routine Child Immunization. Jakarta: Directorate General of Disease Prevention and Control (P2P).