

The Role of Mothers with Underweight Toddlers in Food-Security Households in the Rasanae Timur Community Health Center Work Area

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ABSTRACT

The problem of underweight toddlers remains a crucial public health challenge, even in areas with good food security. The nutritional paradox phenomenon demonstrates that abundant food availability does not automatically guarantee optimal nutritional status in children if it is not accompanied by appropriate parenting practices. This study aims to uncover behavioral and managerial barriers in the parenting practices of mothers with underweight toddlers in food-secure households within the Rasanae Timur Community Health Center (Puskesmas) coverage area. This qualitative study used a phenomenological approach with purposive sampling of 10 primary informants (mothers of underweight toddlers) and 3 supporting informants. Data were collected through in-depth interviews and analyzed using the Miles and Huberman interactive model. The findings indicate a knowledge-practice gap, where mothers possess basic nutritional knowledge but have not consistently applied it. Mothers tend to have a permissive parenting style, using instant strategies such as providing snacks and gadget distractions to address picky eating. Time constraints due to working mothers are a major managerial barrier to maintaining regular meal schedules for children. The incidence of underweight in this region is predominantly influenced by parenting behaviors, mothers' perceptions of child health, and time management, rather than food constraints. Nutrition interventions need to focus on behavioral changes and education on responsive parenting at the household level.



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INTRODUCTION

Nutritional problems in children under five (toddlers) remain the most crucial and persistent public health challenge globally. Internationally, although various countries have shown significant progress in reducing malnutrition rates through various strategic policies, the prevalence of underweight remains a serious threat to achieving Sustainable Development Goals (SDGs) target 2.2, namely ending all forms of malnutrition by 2030 (Karimah et al., 2024). According to the 2006 World Health Organization (WHO) standards, underweight is clinically defined as a nutritional status based on the weight-for-age (WFA) index, where a child is categorized as underweight if their Z-score is less than -2 standard deviations (< -2 SD)." (Khan et al., 2021). Based on the latest WHO data (2024), approximately 42.8 million children worldwide are still trapped in this state of malnutrition. In Indonesia, the results of the 2024 Indonesian Nutritional Status Survey (SSGI) show that the prevalence is still high, a figure that requires a more comprehensive, measurable, and root-based handling strategy, reaching 16.8% nationally, equivalent to approximately 3.6 million toddlers in Indonesia based on SSGI data, while at the regional level in West Nusa Tenggara (NTB) Province, this condition affects 50,424 toddlers."

The incidence of underweight in toddlers is inextricably linked to the mother's role as a central figure in managing the family's nutritional needs (Abimayu & Rahmawati, 2023). Mothers

hold complete control over the nutritional chain, from selecting food ingredients at the market, processing techniques to maintain nutritional integrity, hygienic presentation, and the ability to create a mealtime environment that supports children's psychosocial well-being (Avindharin et al., 2024). Inappropriate maternal feeding practices, such as limited menu variety, unappetizing presentation, and irregular eating patterns, have been shown to significantly increase the risk of malnutrition in toddlers (Rhamadani & Adrianto, 2020).

Referring to the UNICEF Framework of Malnutrition, a child's nutritional status is determined by direct factors such as nutritional intake and infectious diseases, but behind this lies the factor of parenting (caregiving) as an indirect factor that often determines nutritional success (Hatini & Eka, 2025). From this perspective, the Maternal Role Theory positions mothers as nutritional gatekeepers who are not only responsible for the physical availability of food on the table, but also for the managerial and emotional dimensions, including how mothers provide positive stimulation when children experience difficulty eating, known as the Closed Mouth Movement (GTM) phenomenon (Irawan et al., 2022).

Recent nutritional research has consistently confirmed that parenting styles significantly influence the stability of a child's nutritional status. For example, a study by Samino (2020) empirically found that parenting styles were the dominant variable influencing toddler weight, with an odds ratio (OR) of 5.07. This explicitly indicates that toddlers raised with poor parenting styles have a five-fold higher risk of being underweight compared to those receiving optimal care (Samino et al., 2020).

This argument is also supported by Rhamadani & Adrianto (2020), who emphasized that maternal nutritional knowledge is the "cornerstone" or main foundation in carrying out this parenting role. Without adequate knowledge, abundant food availability in a household will not automatically be converted into quality nutritional intake for toddlers (Ningsih et al., 2026). However, one critical note for the current literature is that the majority of previous research by Pratiwi (2021) still focuses heavily on low-income populations, where poverty is often a confounding variable that masks the true influence of parenting patterns themselves (Pratiwi et al., 2021).

This is where the research gap underlies the urgency of this study. To date, there has been very limited research specifically examining how mothers operate in households that are already food secure. There is a common assumption in society that households with the economic capacity to purchase quality food will certainly have healthy and well-nourished children (Kumala, 2023). However, the phenomena occurring in the working area of the Rasanae Timur Community Health Center, Bima City, empirically disproves this assumption. This region, geographically and economically, has excellent market access and is known as a local food barn for the surrounding area.

However, preliminary data recorded at the end of 2025 indicated that contradictory figures, with 82 children (8.92%) categorized as underweight. Even more concerning, in Dodu Village, the prevalence of underweight reached 25.44%, and in Nungga Village, it reached 7.84%. Based on the WHO emergency threshold, the figure in Dodu Village has exceeded 20%, categorizing it as a public health problem with a "Very High Severity" level of urgency. This situation indicates a broken link between food availability at the regional level and nutritional adequacy at the individual toddler level.

To conclude this introductory section, the primary objective of this study is to explicitly uncover behavioral and managerial barriers to parenting for mothers with underweight toddlers, even those in food-secure households, in the Rasanae Timur Community Health Center work area. Identifying these barriers is crucial as a preventative measure to prevent permanent stunting and future declines in toddler cognitive and productivity. Through improved literacy and appropriate feeding practices, it is hoped that the prevalence of underweight in this region can be significantly reduced, while ensuring that household-level food security is positively correlated with children's health.

METHODS

This study uses a qualitative research method with a phenomenological approach. The phenomenological approach is used to deeply understand an individual's lived experience of a phenomenon they experience. This study was conducted in the working area of the Rasanae Timur Community Health Center, with a focus on Dodu and Nungga Villages, Bima City. These locations were chosen because they have the highest underweight prevalence of 25.44% (Dodu) and 7.84% (Nungga) despite the area having good food access (food security). This study was implemented from March 2026 to April 2026, with data processing, analysis, and interpretation conducted from May–June 2026.

This qualitative research with a phenomenological approach involved two groups of subjects (informants). The main informants were determined using a purposive sampling technique with the following inclusion criteria: mothers as primary caregivers who have toddlers (0–59 months) with underweight nutritional status (Z-score < -2 SD, verified through direct anthropometric re-measurement using calibrated scales and analyzed via WHO Anthro software), permanently residing in Dodu and Nungga Villages, and coming from food-secure households (operationally assessed using the Household Food Insecurity Access Scale / HFIAS and verified by official non-recipient status of poverty social assistance). Based on these criteria, 10 main informants were selected, Subject retrieval and in-depth interviews were stopped when the data had reached saturation point, namely when the information extracted from informants no longer showed variation or no new themes were found (Kumala, 2023). Furthermore, To establish data trustworthiness, this study employed source and method triangulation (combining in-depth interviews, observational field notes, and document analysis) alongside member checking, where primary findings and transcript summaries were returned to key informants to confirm interpretive accuracy, this study also determined purposive supporting informants consisting of 1 nutrition officer from the Rasanae Timur Community Health Center and 2 Posyandu cadres from the Dodu and Nungga Villages. All informants have voluntarily stated their willingness, all participants provided written informed consent prior to data collection. This study was conducted in accordance with the 2016 CIOMS guidelines and seven WHO 2011 standards. Ethical approval was officially granted by the Health Research Ethics Committee of the Ministry of Health, Semarang Health Polytechnic (Approval No. 847/EA/F.XXIII.38/2026).

The data used in this study include primary and secondary data. Primary data were obtained directly from primary sources (key informants and supporting informants) through structured in-depth interviews using an interview guide. The interview process was recorded using an audio recorder with the informant's consent, accompanied by field notes to capture the subject's non-verbal responses. Meanwhile, secondary data were obtained through documentation methods, which included real-world data on the nutritional status of underweight toddlers from the Rasanae Timur Community Health Center, demographic profiles of Dodu and Nungga Villages, and supporting documents related to the regional food security status. Data collection was carried out until data saturation reached, where no new information or variations in themes were found from the informants.

Data analysis in this qualitative phenomenological study was conducted interactively and continuously from data collection until completion, beginning with transforming the audio recordings of in-depth interviews into complete and verbatim written transcripts, then organized using NVivo version 12 software to facilitate systematic data management and field notes (Firmansyah et al., 2021). The thematic analysis process was then carried out through three main stages, starting from data reduction in the form of systematic coding on the mother's role information unit, data cleaning by eliminating irrelevant information using the Word Frequency Query feature, to grouping codes with similar meanings into categories such as responses to GTM, feeding patterns, and time constraints. Next, data presentation was carried out (data display) where these categories were visually synthesized into the form of a concept map and a research matrix to clearly show the relationship between parenting behaviors. The final stage in the form of drawing and verifying conclusions (conclusion drawing/verification) is carried out by drawing

a common thread from the categorization results into the main themes of the research, which are then verified using the theory of food utilization and the UNICEF Framework of Malnutrition to answer the phenomenon of why toddlers in food-secure households in the working area of the Rasanae Timur Community Health Center still experience underweight conditions.

RESULTS

Table 1. Characteristics of Key Informants

Characteristics	n
Mother's Age	
25 - 30 Age	5
31 - 35 Age	4
> 35 Age	1
Last education	
D3/S1	4
SMA	6
Profession	
Farmer	5
Teacher/Employee/Trader	4
Housewife	1
Domicile (Sub-district)	
Dodu	8
Nungga	2
Total	10

Table 1 outlines the demographic characteristics of the ten key informants in this study. The informants were predominantly in their early-to-mid adulthood, with most aged between 25 and 30 years (n=5). Regarding educational background, all mothers had completed formal secondary or tertiary education, with the majority holding a senior high school diploma (n=6) and others having completed higher education (n=4). In terms of occupation, half of the participants were actively engaged in the agricultural sector as farmers (n=5), while others worked in trading, formal employment, or teaching (n=4), and one mother was a dedicated housewife (n=1). Spatially, the participants resided across two target areas, with the majority domiciled in Dodu Village (n=8) and the remainder in Nungga Village (n=2).

Table 2. Characteristics of Toddlers

Characteristics	n
Toddler Age	
12 - 24 Months	3
25 - 36 Months	4
37 - 59 Months	3
Nutritional Status (BW/U)	
Severely underweight	2
Underweight	8
Family Food Security Status	
Food Security	10
Total	10
Toddler Age	
12 - 24 Months	3
25 - 36 Months	4
37 - 59 Months	3
Total	10

Table 2 describes the characteristics of the toddlers observed in this study (n=10). The toddlers ranged in age from 12 to 59 months, with the largest age group concentrated between 25 and 36 months (n=4), while the remaining children were distributed across the 12–24 months (n=3) and 37–59 months (n=3) age brackets. Clinically, all children originated from food-secure households; however, their nutritional evaluation based on the weight-for-age (WFA) index revealed that the majority were categorized as underweight (n=8), with a smaller group classified as severely underweight (n=2).

Table 3. Characteristics of Triangulation (Supporting) Informants

Characteristics	n
Informant Age	
25 – 30 Age	2
31 - 35 Age	1
Position/Role	
Nutrition Officer	1
Integrated Health Post Cadres	2
Work experience	
5 - 10 Age	2
> 10 Age	1
Working area	
Dodu	1
Nungga	2
Total	3

Table 3 presents the profile of the three supporting (triangulation) informants included to validate the study's qualitative findings. Most of these informants were aged between 25 and 30 years (n=2), with one aged between 31 and 35 years (n=1). In terms of professional roles, two informants served as community health post cadres, while one was a Public Health Center nutrition officer. Reflecting strong qualitative credibility and field mastery, all supporting informants possessed extensive work experience, with two having served between 5 and 10 years (n=2) and one exceeding 10 years of service (n=1). Their working jurisdictions directly encompassed the study loci in Dodu Village (n=1) and Nungga Village (n=2), ensuring that triangulation data originated from key actors with technical competence and lived context knowledge.

Table 4. Frequency Distribution, Categories, and Themes of Main Interview Results (Mothers of Toddlers)

No	Theme	Category	Sub-Category / Specific Finding	Representative Narrative Quotes (Informants)
1	Parenting Patterns & Feeding Practices	Knowledge vs. Feeding Practice	Good understanding of nutritional concepts, but daily feeding execution remains inconsistent.	<i>"I know that children need to eat vegetables and nutritious side dishes, but once I'm at home, I get confused because my child often refuses to eat when fed."</i> (Primary Informant / Mother of Toddler - Dodu Village)

		Response to Meal Rejection / Food Refusal (GTM)	Mothers' permissive attitude during child meal refusal, relying on practical/quick-fix solutions.	<i>"When he screams or refuses to eat rice, I don't have the heart to force him. Rather than having him cry continuously and not eat anything at all, I just give him whatever he wants."</i> (Primary Informant / Mother of Toddler - Nungga Village)
		Provision of Unhealthy Snacks & Screen Distraction	Reliance on low-nutrient instant snacks and smartphone use during mealtimes.	<i>"To get him to sit quietly while being fed, I usually play videos on my phone or buy him snacks from the local kiosk. He only opens his mouth when there are snacks."</i> (Primary Informant / Mother of Toddler - Dodu Village)
2	Time Management & Role Allocation	Constraints from Mothers' Economic Activities	Work commitments in the agricultural/daily labor sector lead to limited time for preparing specialized toddler meals.	<i>"Early in the morning, I already have to go to the field/farm, so I don't have time to cook special meals for the toddler. I just cook whatever is available for the household, and sometimes the child eats the adult food."</i>
		Shift in Nutritional Gatekeeper Role	Shift in decision-making or child-feeding responsibilities to other family members (grandmothers/relatives).	<i>"Mothers here are busy outside during the planting or harvest season. So, toddlers are often left with their grandmothers. Well, grandmothers tend to give in easily, offering snacks or sweet tea whenever the grandchild cries."</i>
3	Household Food Utilization	Availability vs. Quality of Consumption (Nutritional Paradox)	Adequate household food supply (food security), but micro-nutritional variety for toddlers remains suboptimal.	<i>"Rice and side dishes are always available and sufficient in the kitchen. However, this toddler often only wants to eat rice with broth or fried dishes, rarely wanting fresh fish or complete vegetables."</i>

Evaluation & Mentoring by Nutrition Officers	Need for responsive feeding education rather than solely providing physical food assistance.	<i>"In terms of food availability, this area is actually quite sufficient. The issue lies in parenting patterns and feeding habits. Mothers need direct guidance on how to handle picky eaters without relying on instant snacks."</i>
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Based on the qualitative findings in Table 4, the incidence of underweight toddlers in food-secure households is predominantly driven by maternal feeding behaviors and time constraints rather than absolute food shortages; despite possessing basic nutritional knowledge, mothers frequently adopted permissive feeding strategies during food refusal (Gerakan Tutup Mulut), as noted by a primary informant from Nungga Village who admitted to giving in to whatever her child wanted to prevent continuous crying, and routinely resorted to immediate distractions like commercial snacks and mobile devices to manage mealtime difficulties, a behavioral barrier validated by healthcare professionals who emphasized that structural food security fails to yield positive nutritional outcomes because mothers lack direct guidance on handling picky eaters without relying on instant coping mechanisms.

Table 5. Frequency Distribution of Themes and Categories of Supporting Interview Results

No	Main Theme / Focus of Discussion	Field Findings Category (Essence of Findings)	Representative Narrative Quotes (Supporting Informants)
1	The Context of Food Security and Epidemiology	Underweight cases persist in well-off families despite easy access to food in the area.	<i>"Economically and in terms of food availability, households in Dodu and Nungga are actually classified as sufficient and capable. However, cases of underweight toddlers are still found because the problem is not whether there is food at home or not."</i>
2	Mothers as Nutritional Knowledge and Determinants	There is a knowledge-practice gap and mothers' consultation participation is still passive.	<i>"When asked during counseling sessions, mothers actually know what healthy food is. But the practice at home is different. During consultations, they also tend to be passive, attending only to weigh their children without truly applying the nutritional advice."</i>
3	Time Management and Job Influence	There are time constraints and delegation of childcare to grandparents/family members.	<i>"Many mothers work in the fields or trade from early morning. Childcare is ultimately delegated to grandmothers. However, grandmothers' parenting styles are usually more indulgent and exercise less control over the toddler's nutritional intake."</i>
4	Parenting Patterns and Local Customs	Feeding practices tend to be practical, instant	<i>"When a child refuses to eat, the quick-fix solution parents often take</i>

		(noodles/biscuits), and irregular.	<i>is giving biscuits, instant noodles, or kiosk snacks. What matters most to them is that the child is willing to eat and not fussy, without paying attention to its nutritional value."</i>
5	Implementation of Health Programs and Education	Low compliance and the mistaken perception of mothers who feel that their children are fine	<i>"The obstacle lies in parental perception. Many consider their thin toddlers to be normal or 'just naturally built that way,' so compliance in following nutrition recovery programs remains low."</i>

As detailed in Table 5, qualitative institutional cross-validation from primary healthcare personnel confirms that toddler underweight in Dodu and Nungga Villages is primarily an operational and behavioral challenge rather than an economic one; health professionals emphasized an epidemiological paradox wherein abundant household food supply fails to ensure optimal intake because the root issue is non-financial, a challenge compounded by a distinct knowledge-practice gap where mothers passively attend monitoring sessions without applying dietary advice at home, as well as entrenched perceptual barriers that normalize toddler thinness as "naturally built," ultimately undermining parental compliance with nutritional recovery programs.

DISCUSSION

Research results and data triangulation indicate that the incidence of underweight toddlers in the Rasanae Timur Community Health Center area represents a nutritional paradox rooted not in limited food access, but rather in the dynamics of maternal parenting and behavior, which tend to be permissive and instantaneous. Mothers play a dominant role but are often trapped in managerial constraints due to work demands, thus preferring to provide snacks or gadget distractions as a quick solution to children's eating difficulties rather than implementing the principles of balanced nutrition. This condition is exacerbated by the gap between knowledge and practice, the cultural perception that thin children are still healthy as long as they are active, and the delegation of care to family support systems that do not necessarily have a uniform understanding of nutrition. Although health facilities and local food availability are very adequate, the still passive utilization of services emphasizes that future interventions must prioritize behavioral change and responsive parenting education to address this multidimensional nutritional problem. To address the time poverty experienced by working mothers in Dodu and Nungga Villages, Puskesmas Rasanae Timur must adapt its nutrition education delivery mechanisms. Rather than relying on time-consuming group health lectures, the community health center should implement integrated micro-learning modules during routine Posyandu weighing sessions specifically through targeted 3-minute counseling and leverage flexible digital communication channels. Furthermore, because daily caregiving is frequently delegated to grandmothers during peak planting and harvesting seasons, educational outreach must explicitly involve secondary caregivers to align responsive feeding practices across the entire household.

The research findings reveal that the role of mothers as primary caregivers in food-secure households in the Rasanae Timur Community Health Center working area, particularly in Dodu and Nungga Villages, is a central yet complex determinant in determining the nutritional status of toddlers. This research successfully identified the phenomenon of a "nutrition paradox," where the objective conditions of areas categorized as food barns with abundant availability and accessibility of independent food do not automatically correlate linearly with optimal nutritional status in toddlers. The clinical reality of the persistence of underweight toddlers in the midst of food independence confirms that the problem of malnutrition in the research location is no longer simply a matter of structural poverty or limited economic purchasing power, but rather a

manifestation of individual behavioral barriers and managerial weaknesses in domestic care carried out by mothers as nutritional gatekeepers (Nikmah et al., 2024).

The complexity of this problem is rooted in a profound contradiction between the cognitive and practical dimensions of maternal care, or what is known as the knowledge-practice gap. In general, mothers in the region have a good understanding of the macronutrient literacy, understanding the importance of meeting animal protein needs (such as fish and eggs) and regularly utilizing health services at the Integrated Health Post. However, this basic knowledge fails to translate into concrete actions at the household level due to a permissive and unresponsive parenting style. When toddlers refuse side dishes or experience the "Close-Mouth Movement" (GTM) phase, a manifestation of picky eating behavior, mothers experience psychological exhaustion and resort to quick shortcuts. Maladaptive coping strategies often employed include digital distraction techniques (giving devices during feeding) and compensating with market snacks, instant noodles, bread, or low-nutrient biscuits, with the primary excuse being "as long as the child's stomach isn't empty" (Haris et al, 2019). Consuming empty calories from these snacks biologically suppresses children's appetite, so they fail to finish their nutritious, balanced meal portions at main meal times (Ulfa et al., 2025).

Based on the analysis of the UNICEF Framework of Malnutrition and the theory of food utilization, conventional physical interventions such as Supplementary Feeding (PMT) will not achieve maximum effectiveness if not accompanied by a reorientation of intervention strategies that target behavior change communication, time management education for working mothers, and strengthening collective nutrition education that involves all members of the extended family (Rohma, 2022).

Mothers have full control as gatekeepers of nutrition within the family, but in reality, domestic practices tend to be permissive. Daily feeding decisions are driven more by the subjective preferences of picky eaters than by adherence to the principles of balanced nutrition. To overcome this refusal of nutritional intake, mothers often resort to maladaptive compromise strategies, such as providing instant snacks or biscuits as a substitute for rice and using gadget distractions (cell phones or TVs) as a quick solution to calm children while being fed. Theoretically, this permissive and unresponsive parenting style not only acutely weakens the quality of toddlers' daily nutritional intake but also hinders the formation of long-term healthy eating habits in children. This failure of maternal control in utilizing the abundant availability of local food is a crucial psychosocial factor that perpetuates underweight conditions in toddlers in food-secure households (Mursyida et al., 2025).

Maternal employment emerges as a dominant managerial constraint in the dynamics of domestic nutritional care. Mothers actively working in the agricultural and trade sectors in this suburban area face acute time poverty, which directly impacts the irregularity of their toddlers' daily meal schedules. The double burden and extreme physical exhaustion after a day of activities in the fields or markets prompt mothers to choose practical solutions to save time, such as purchasing cooked side dishes from food stalls or serving ready-made meals with minimal nutritional variety. This situation aligns with UNICEF's (2020) theoretical framework, which emphasizes that the quality of nutritional care is significantly influenced by the availability of time and energy by the primary caregiver. As a result, mothers' control over the quality, hygiene, and variety of food at the household level is poorly monitored, perpetuating underweight in toddlers despite the abundance of local food ingredients in the surrounding environment (Pratiwi et al., 2021).

The family environment, particularly the role of grandmothers, serves as a crucial support system for maintaining continuity of care when mothers must work outside the home. However, this intergenerational involvement presents its own challenges in the form of dualism and differences in parenting styles, with substitute caregivers (grandmothers) psychologically tending to be much more permissive than biological mothers (Mufdlilah et al., 2023). Furthermore, utilization of community health services through Integrated Health Posts (Posyandu) remains trapped in a passive participation pattern. Mothers or caregivers attend only to fulfill routine weighing and administrative requirements for KIA (Child Health Card) documents, but rarely engage in active nutritional consultations regarding the child's growth curve. This lack of two-way communication is exacerbated by the strong subjective perception of

local culture, which holds that small or thin toddlers are still healthy as long as they appear active, lively, and do not fall ill (Wijayanti et al., 2016). Consequently, this sociocultural bias reduces parental awareness of clinically underweight conditions, often delaying nutritional recovery interventions at the household level (Djais., 2020).

Fundamentally, the study area meets the criteria for good food security in terms of availability and accessibility. Foodstuffs such as fish and vegetables are readily available from both gardens and street vendors. However, according to the framework, the "food utilization" dimension in the study area remains weak. Food is physically available, but not processed and provided appropriately to meet the physiological needs of toddlers (Aeni et al., 2021).

This study also identified a knowledge-practice gap. Mothers had good basic knowledge about animal protein (fish and eggs), but failed to implement it consistently. This reinforces research that knowledge alone is insufficient to change behavior without motivation and independence in addressing children's psychological barriers to eating (Syafriani et al., 2023).

Overall, these findings suggest that nutrition interventions in food-secure areas like Dodu and Nungga Villages can no longer rely solely on physical food assistance. The primary focus must shift to behavior change communication, improving responsive parenting literacy, and empowering mothers in time management and processing a variety of local foods. Without synchronization between food availability and quality parenting, the problem of underweight in food-secure households will remain a persistent challenge (Listyawardhani & Yulianto 2024).

Based on these results, it can be concluded that the food security context in the study area is relatively good, but it is not yet able to guarantee optimal nutritional status for toddlers. This suggests that the problem of underweight in toddlers is more influenced by factors such as parenting behavior, feeding practices, and mothers' perceptions of their children's condition. Therefore, interventions need to emphasize improving the quality of food utilization through changes in behavior and parenting patterns, not just increasing food availability (Suryana et al., 2020).

Several limitations of this study should be acknowledged when interpreting the findings. First, regarding generalizability, this study adopted a qualitative design with a relatively small sample size consisting of 10 primary informants (mothers of toddlers) alongside supporting informants within a single administrative area of Puskesmas Rasanae Timur (Dodu and Nungga Villages). Consequently, the findings cannot be directly generalized to broader populations or region-specific contexts with differing socio-economic structures. Second, there is a risk of recall bias during in-depth interviews, as mothers relied on memory to report past feeding habits and dietary patterns. Third, social desirability bias and potential researcher bias may have influenced the responses, as informants might have reported culturally expected parenting practices rather than actual daily behaviors. Nevertheless, data trustworthiness was maintained through source triangulation and rigorous thematic analysis.

CONCLUSION

This study concludes that toddler underweight in Dodu and Nungga Villages represents a "nutritional paradox" driven by maternal behavioral and managerial constraints rather than structural poverty or food scarcity. Severe time poverty and physical exhaustion among working mothers create a distinct knowledge-practice gap, leading to delegated caregiving to grandmothers and permissive feeding practices such as reliance on low-nutrient snacks and screen distractions during meal refusal. This issue is further compounded by local cultural perceptions normalizing toddler thinness, which weakens parental clinical vigilance. Consequently, interventions in this area must pivot from physical food assistance toward transforming parenting behavior through responsive feeding education.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

SYA : Conceptualization, Data Collection and Investigation, Manuscript Drafting and Revision, Data Analysis and Interpretation

DPF : Research Design, Supervision and Validation, Final Approval of Manuscript

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Personal expenses

Availability of data and materials

All data and supporting materials for this study are available and can be requested directly from the corresponding author.

Competing interests

The authors declare that they have no competing interests related to this study.

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