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FACTOR INFLUENCING HEALTHY EATING PATTERNS AND NUTRITIONAL STATUS OF CHILDREN AGED 3-7 YEARS: LAWRENCE GREEN THEORY APPROACH

Faktor-faktor yang Mempengaruhi Pola Makan Sehat dan Status Gizi Anak Usia 3-7 Tahun: Pendekatan Teori Lawrence Green

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ABSTRACT

Background: Nutrition issues among children in Indonesia remain a significant challenge, with the prevalence of stunting in children under five reaching 24.4% in 2021. **Objective**: This study aim to analyse the dominant factors affecting healthy eating patterns and nutritional status in children aged 3-7 years: Lawrence Green's theory approach. **Material and Methods:** Used observational study with a cross-sectional approach, the sample consisted of 44 children. Data collection was carried out using weight scales, microtoises, observation sheets, and food recall questionnaires. **Results:** Showed that the knowledge level was quite good (52.3%); family support was quite good (56.8%); children's eating patterns were mostly healthy (65.9%); children's nutritional status scored between ≥-2SD and ≤+2SD (65.9%). Heteroscedasticity scatter plot shows a certain pattern, normal PP Plots closely approach the line. **Conclusion:** That the most dominant factor affecting children's nutritional status is the parents' knowledge level about nutrition and children's eating patterns.

Keywords: *Children 3-7 Years Old, Healthy Eating Pattern, Lawrence Green Theory, Nutritional Status*

ABSTRAK

Latar Belakang: Masalah gizi pada anak-anak di Indonesia masih menjadi tantangan yang signifikan, dengan prevalensi stunting pada anak di bawah lima tahun mencapai 24,4% pada tahun 2021. **Tujuan**: Penelitian ini bertujuan untuk menganalisis faktor dominan yang mempengaruhi pola makan sehat dan status gizi pada anak usia 3-7 tahun: pendekatan teori Lawrence Green. **Bahan dan Metode:** Menggunakan studi observasional dengan pendekatan cross-sectional, sampel terdiri dari 44 anak. Pengumpulan data dilakukan dengan menggunakan timbangan berat badan, mikrotés, lembar observasi, dan kuesioner pengingat makanan. **Hasil**: Menunjukkan bahwa tingkat pengetahuan cukup baik (52,3%); dukungan keluarga cukup baik (56,8%); pola makan anak sebagian besar sehat (65,9%); status gizi anak mendapat skor antara ≥-2SD dan ≤+2SD (65,9%). Plot sebaran heteroskedastisitas menunjukkan pola tertentu, plot PP normal mendekati garis. **Kesimpulan**: Bahwa faktor paling dominan yang mempengaruhi status gizi anak adalah tingkat pengetahuan orang tua tentang gizi dan pola makan anak.

***Kata kunci**: Anak Usia 3-7 Tahun, Pola Makan Sehat, Teori Lawrence Green, Status Gizi*

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INTRODUCTION

The healthy diet and nutritional status of children aged 3-7 years are crucial in determining their growth and development. At this stage, children experience rapid growth, making adequate nutrition essential to support their physical, cognitive, and social development. According by (Candra Pertiwi et al. 2020), good nutritional status in preschool children is closely related to a healthy diet that includes food variety, nutritional balance, and food hygiene.

Nutritional issues in children in Indonesia remain a major challenge. Data from the (Ministry of Health of the Republic of Indonesia 2018) shows that the prevalence of stunting among toddlers reached 24.4% in 2021, with factors such as an unbalanced diet, lack of parental knowledge about nutrition, and limited access to healthy food contributing to this problem. Data from the East Java Health Department indicate that about 30% of children experience stunting, highlighting issues with dietary patterns and nutritional status. Surveys show that 60% of parents in Malang have a poor understanding of the importance of balanced nutrition. Preliminary study results conducted at Playgroup and Kindergarten As-Sakinah involving 10 children indicated that 7 children (70%) had eating issues, particularly they did not like for vegetables and fish. Children preferred to eat snacks or ready-to-eat meals purchased from street vendors.

The Lawrence Green Theory approach can be used to analyse the factors that influence healthy eating patterns and nutritional status in children. This theory emphasises the importance of understanding individual behaviour within the context of their social and cultural environments. In the context of children aged 3-7 years, factors such as parental knowledge about nutrition, access to healthy food, and social environmental influences can play a significant role in shaping children's eating patterns. According by (Aeiny 2021), parents who have a good understanding of nutrition tend to provide healthy food for their children, thereby improving the nutritional status of the child.

In addition, economic factors also contribute to children's healthy eating patterns. (Hulu et al. 2022) Note that low-income families often face difficulties in purchasing nutritious food, putting them at risk of malnutrition. Data from the Central Statistics Agency (BPS) shows that the prevalence of stunting in Indonesia reached 24.4% in 2021, indicating that many children still do not receive adequate nutrition.

Nutrition education for parents is also an important factor in shaping a healthy diet for children. According to (Ismanto and Suprianto 2024), it is stated that education through engaging methods, such as games, can enhance parents' understanding of the importance of healthy food. The difference between this research and previous studies lies in the behavioural theory model associated with the issues of dietary patterns and nutritional status of children aged 3-7 years.

To enhance healthy eating habits and nutritional outcomes for children aged 3-7 years, collaboration among key stakeholders—including government agencies, schools, and families—is crucial. Initiatives that increase access to nutritious foods, deliver targeted nutrition education, and promote awareness of dietary importance must be reinforced. A holistic and enduring strategy requires synchronized actions to align policies, allocate resources, and involve participants at all levels.

The aim of the research is to analyse the dominant factors influencing healthy eating patterns and nutritional status of children aged 3-7 years using the Lawrence Green Theory approach in As-Sakinah Playgroup and Kindergarten.

MATERIAL AND METHODS

Methods

It was a used observational study with a cross-sectional approach, the sample consisted of 44 children. Technique sampling was used for total sampling. This study was conducted in playgroups and kindergartens in As-Sakinah Sawojajar, Malang City, on 21 May 2025. Independent Variables in this study were the age of the mother, level of education, employment, level of knowledge of the mother, children's pocket money, and social support of parents or peers. Dependent variables were healthy eating patterns, nutritional status.

Data Collection and Materials

It was carried out using weight scales, microtoises, observation sheets, and food recall questionnaires. Informed consent was obtained before study to the respondents.

Data Analysis

Data analysis was conducted using descriptive frequency and multiple linear regression.

Ethical Approval

Ethical approval in Hafshawaty Zainul Hasan University with No: 689/KEPK-UNHASA/VIII/2025.

RESULTS AND DISCUSSION

Results

Characteristics of Respondents

Table1. Characteristics of Respondents

Variables	f	%	Mean; SD
Age of Mother (y.o)			Mean= 35,45; SD= 10,089
<20	0	0.0	
20-35	28	63,6	
>35	16	36,4	
Level of Education of Mother			
Didnot Finish School	1	2,3	
Elementary School	5	11,4	
Junior High School	7	15,9	
Senior High School	21	47,7	
Collage	10	22,7	
Employment			
House Wive	23	52,3	
Private Employment	13	29,5	
Entrepreneur	5	11,4	
Factory Worker	1	2,3	
Nurse	2	4,5	
Household Income per Month (IDR)			
<1 million	15	34,1	
2-3 million	16	36,4	
>3 million	13	29,5	
Level of Education of Children			
Playgroup	27	61,4	
Kindergarten	17	38,6	
Gender			
Male	25	56,8	
Female	19	43,2	
Age of Children (y.o)			Mean= 5,646; SD= 1,1713
3-5	12	27,3	
>5-7	32	72,7	
Children's Pocket Money (IDR)			
<5.000	8	18,2	
5.000-10.000	34	77,3	
>10.000	2	4,5	
Level of Knowledge of Mother			Mean= 60,89; SD= 18,384
0-34 (Less)	10	22,7	

35-67 (Fairly good)	23	52,3	
68-100 (Good)	11	25,0	
Family or Cargiver Support			Mean= 64,75; SD= 21,818
1-34 (Less)	11	25,0	
35-67 (Fairly good)	25	56,8	
68-100 (Good)	8	18,2	
Eating Pattern of Children			
Unhealthy	15	34,1	
Healthy	29	65,9	
Nutritional Status of Children			Mean= 15,355; SD= 2,1432
<=-3SD (Malnutrition)	4	9,1	
>=-3SD - <-2SD (Undernutrition)	11	25,0	
>=-2SD - <=+2SD (Normal)	29	65,9	
>+2SD - <=+3SD (Overweight)	0	0,0	
>+3 SD (Obesity)	0	0,0	
Total	44	100,0	

The research results in Table 1 above from 44 respondents indicate that the majority of the preschool children's mothers are aged between 20-35 y.o, with 28 people (63.6%) having a mean age of 35.45 y.o and a standard deviation of 10.089 y.o. Nearly half of the mothers have senior high school, with 21 people (47.7%), and most mothers work as housewives, which accounts for 23 people (52.3%). Almost half of the respondents have a monthly family income of 2-3 million IDR, which includes 16 individuals (36.4%). The majority of children's education levels are in Playgroups, with 27 children (61.4%), and most of the children who responded were aged between >5-7 y,o, a total of 32 children (72.7%). Children's pocket money for snacks per day is about 5,000 to 10,000 IDR, which includes 34 children (77.3%). Furthermore, the mothers had a generally good level of knowledge about the children's nutritional status, with 23 people (52.3%) having a mean score of 60.89 and a standard deviation of 18.384. Family or caregiver support for children's eating patterns was also in a fairly good category, with 25 people (56.8%) having a mean score of 64.75 and a standard deviation of 21.818. Most of the children had consumed healthy foods, with 29 people (65.9%), and most children's nutritional status was in the normal category (>=-2SD - <=+2SD), also with 29 children (65.9%).

1. Crosstabulation of Independent Variables toward Dependent Variables.

Table 2. Crosstabulation of the Relationship between Mothers' Knowledge Level toward the Nutritional Status of Children Aged 3-7 Years Old

Level of Knowledge	Nutritional Status of Children										Total	
	<=-3SD (Malnutrition)		>=-3SD-<-2SD (Undernutrition)		>=-2SD-<=+2SD (Normal)		>+2SD-<=+3SD (Overweight)		>+3 SD (Obesity)			
	f	%	f	%	f	%	f	%	f	%	f	%
0-34 (Less)	2	4,5	8	18,2	0	0,0	0	0,0	0	0,0	10	22,7
35-67 (Fairly good)	1	2,3	2	4,5	20	45,5	0	0,0	0	0,0	23	52,3
68-100 (Good)	1	2,3	1	2,3	9	20,5	0	0,0	0	0,0	11	25,0
Sum	4	9,1	11	25,0	29	65,9	0	0,0	0	0,0	44	100,0

Chi Square Tests wiht p value=0,000 < α 0,25

Table 3. Crosstabulation of the Relationship between Family or Cargiver Support toward the Nutritional Status of Children Aged 3-7 Years Old

Family or Cargiver Support	Nutritional Status of Children										Total	
	<=-3SD (Malnutrition)		>=-3SD-<-2SD (Undernutrition)		>=-2SD-<=+2SD (Normal)		>+2SD-<=+3SD (Overweight)		>+3 SD (Obesity)			
	f	%	f	%	f	%	f	%	f	%	f	%
0-34 (Less)	2	4,5	8	18,2	1	2,3	0	0,0	0	0,0	11	25,0
35-67 (Fairly good)	2	4,5	3	6,8	20	45,5	0	0,0	0	0,0	25	56,8
68-100 (Good)	0	0,0	0	0,0	8	18,2	0	0,0	0	0,0	8	18,2
Sum	4	9,1	11	25,0	29	65,9	0	0,0	0	0,0	44	100,0

Chi Square Tests wiht p value=0,000 < α 0,25

Table 4. Crosstabulation of the Relationship between Eating Pattern of Children toward the Nutritional Status of Children Aged 3-7 Years Old

Eating Pattern of Children	Nutritional Status of Children										Total	
	<=-3SD (Malnutrition)		>=-3SD-<-2SD (Undernutrition)		>=-2SD-<=+2SD (Normal)		>+2SD-<=+3SD (Overweight)		>+3 SD (Obesity)			
	f	%	f	%	f	%	f	%	f	%	f	%
Unhealthy	4	9,1	10	22,7	1	2,3	0	0,0	0	0,0	15	34,1
Healthy	0	0,0	1	2,3	28	63,6	0	0,0	0	0,0	29	65,9
Sum	4	9,1	11	25,0	29	65,9	0	0,0	0	0,0	44	100,0

Chi Square Tests wiht p value=0,000 < α 0,25

2. Results of Classical Assumption Testing

The results of the classical assumption test are known (the Durbin Watson test to identify the presence of autocorrelation obtained a value of 2.239 (d>dL and dU), heteroscedasticity using a scatter plot showed a certain pattern, and normal PP Plots indicate that the points were close to the line, thus concluding that there is no autocorrelation among the independent variables.

Dependent Variable: Nutritional Status Numeric

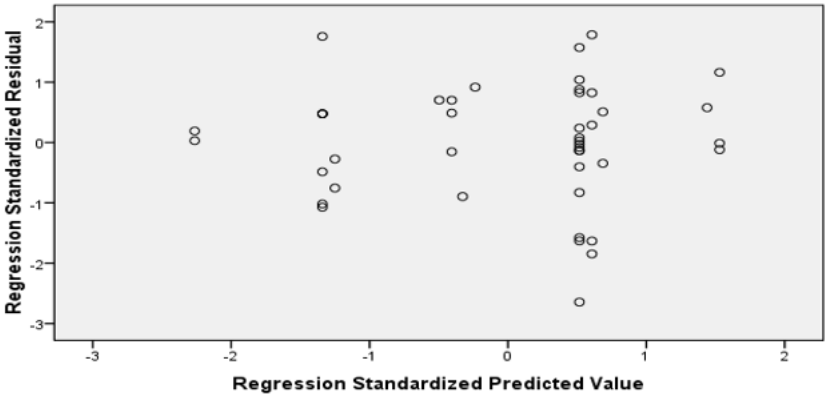

Figure 1. Scatter Plot

Dependent Variable: Nutritional Status Numeric

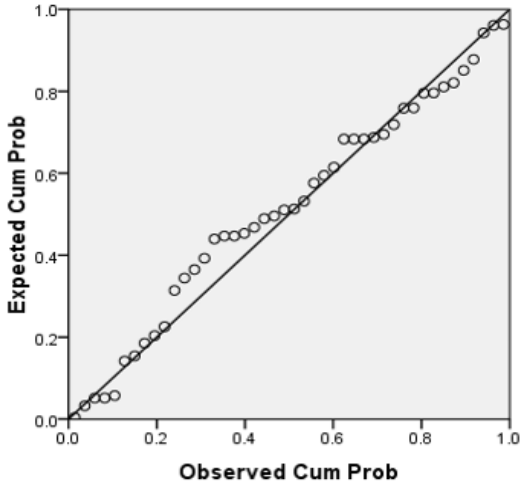

Figure 2. Normal P-P Plot of Regression Standardized Residual

1. Factors Influencing Healthy Eating Patterns and Nutritional Status of Children Aged 3-7 Years Old Using the Lawrence Green Theory Approach

Table 5. The Result of Multiple Logistic Regression

Variables	B	t	p-value	95% CI		Colinearity Statistics	
				Lowwer Bound	Upper Bound	Tolerance	VIF
Mother's Level of Knowledge	1.170	2.433	0.020	0.198	2.141	0.723	1.383
Family or Cargiver Support	-0.032	-1.758	0.086	-0.069	0.005	0.508	1.969
Eating Pattern Children	2.040	2.543	0.015	0.419	3.661	0.551	1.815

Table 5. showed that the mother's level of knowledge positively influences the nutritional status of the child with a value of p=0.020<α 0.05 (score t count were 2.433> score t table were 2.020), and the child's eating pattern positively affects the nutritional status of the child with a value of p=0.015<α 0.05 (score t count were 2.543> score t table were 2.020), whereas family support has no effect on nutritional status with a value of p 0.086>α 0.05 (score t count were -1.758< score t table were 2.020).

Discussions

The results of this study show that maternal knowledge positively affects children's nutritional status as measured by the Weight-for-Height (W/H) parameter, and children's dietary patterns also have a positive impact on their nutritional status. However, family or caregiver support in nutrition does not necessarily influence children's nutritional status.

Nutrition is a key component that can influence the growth and development of (Hafsah et al. 2019). Meanwhile, nutritional status is a condition of a person as a result of food consumption and the use of nutrients in the body for activities such as physical exercise, thinking, and so on. There are various indicators in determining a person's nutritional status, including weight relative to height (W/H), measurement of the Mid-Upper Arm Circumference (MUAC) of children, and/or weight and height analysis against a child's age (Hidayat et al. 2020); (Wardani 2024). There are various factors that can affect a child's nutritional status, including direct factors such as the child's eating patterns, food intake viewed from food variety, quantity, and frequency of meals, as well as childhood diseases such as gastroenteritis and respiratory infections (Candra Pertiwi et al. 2020). Indirect factors such as parents' knowledge level, family income, parents' eating habits, mothers' education level,

number of family members, and parents' occupation can affect children's nutritional status (Khair et al. 2021); (Scaglioni et al. 2018).

This is in line with the findings of this research that a good level of parental knowledge will positively influence the nutritional status of children as well, making it good or normal. The level of knowledge is a measure of how much an individual knows, understands, or masters a certain information, concept, or skill about something. Knowledge of parents and children about healthy eating can help children maintain a healthy diet so that their nutritional status remains normal or good (Ismanto and Suprianto 2024). The ease of absorbing information that can enhance parents' knowledge about nutrition is partly due to the level of education of the parents, especially mothers, as the child's closest caregivers. In this study, the majority of parents' education levels are high school. High school education is a level of education that is relatively easy to receive various kinds of information from outside, with a small portion having higher education (Cha and Kim 2023).

This is in accordance with research (Picauly et al. 2024) and (Hamidah et al. 2024) that the level of knowledge about nutrition has a significant impact on children's nutritional status. The mother's knowledge as the child's parent or primary caregiver about healthy food and the selection of healthy foods can influence growth as an indicator of nutritional status and child development, as well as the child's health, so that the child is less prone to illness.

Furthermore, in addition to the level of knowledge, dietary habits are known to directly influence children's nutritional status. Dietary habits refer to an individual's behaviour or habits regarding the management of the types of food consumed, portion sizes, mealtimes or frequency, and daily drinking (Permatasari et al. 2023). This is supported by research (Khadijah et al. 2022) on children's eating behaviour, which indicates that a child's eating behaviour can affect their nutritional status. A child with good eating behaviour will also have good nutritional status. Children with good eating behaviour will also have a good nutritional status. Children who refuse to eat, only choose certain types of food, and often do not finish what they eat, can affect their weight gain and height, which are indicators of a child's nutritional status. This is also supported by research (Novitasari and Zaida 2021) and (Rahayu and Munastiwi 2018) that nutritious and healthy eating management, as a form of healthy eating behaviour, can influence a child's nutritional status. To achieve a healthy eating pattern, it is necessary to plan the child's meal costs, create a varied menu with flavours that the child enjoys, organise when the child eats and how many times a day, as well as the portion sizes. This should then be practised with the child to establish daily eating habits, with supervision on their eating patterns to see if they finish the meals provided. Children who eat on a regular schedule can positively affect their weight and height, as well as their mid-upper arm circumference (MUAC). It means they have good dietary habits (Marliany et al. 2022); (Chilapur and Natekar 2022).

Observing the characteristics of parents based on income reveals that family income ranges from 2-3 million per month. The level of family income also indicates the family's ability to access healthy food (in terms of quality and quantity) to support the child's nutritional status. If the family income falls into the adequate and high categories, the needs for the quantity and types of food will vary, so that children do not become bored and are willing to eat at mealtimes, which will also reduce snacking outside (Fisher et al. 2022).

The pocket money given by parents will also indicate the quality and quantity of food that children will buy. This can influence the fulfilment of macro and micronutrients for children. The results of this study show that the average pocket money for children is between 5,000 to 10,000 IDR per day. The hope is that by providing pocket money, children will buy healthy food at school and get used to having breakfast at school if they do not have time to eat breakfast at home because both parents work and food is not available in the morning (Hamidah et al. 2024). But in several cases that children who accept pocket money from their parents will buy unhealthy food if they

do not have enough knowledge about nutrition. The habit of having a healthy breakfast can also affect children's nutritional status, as well as other factors such as improved academic performance, body resilience, and so on (Li et al. 2017).

The results of this research also indicate that the majority of respondents are boys aged 5-7 years. This age reflects a stage of rapid growth and development in children, so nutritional needs must be considered. Boys tend to have higher activity levels than girls; therefore, a sufficient quantity and quality of food intake are essential for their growth and development. As stated in the research (Putri 2024), gender can also affect nutritional needs, particularly caloric requirements. This is necessary for their higher physical activity levels compared to girls. This statement is similar to research by Okorie *et al*., 2024) that males or boys have an enjoyment of food, desire to drink in males, and food responsiveness of males was more than females, but for emotional overeating, satiety responsiveness, slowness in eating, and emotional under-eating of females was more than males. It was influencing the quality and quantity of nutrition that they consume. It will have an impact on the anthropometric development of the body.

In order for children to consume healthy and nutritious food at appropriate meal times, support from family or caregivers is necessary. According to research (Suharmanto 2019), family support has a significant impact on determining a child's nutritional status. Family support, as an internal function, is manifested in the form of providing information about nutrition and offering praise to the child. However, family support is not always the determining factor in improving a child's nutritional status. Even if family support is sufficient or good, if the family's eating habits and the child's diet are unhealthy, the child's nutritional status will be inadequate (Syahroni et al. 2021). Based on this, the most important factor with a direct influence on nutritional status is the child's food intake and dietary patterns. This indeed contradicts several studies that indicate family support greatly influences a child's nutritional status.

CONCLUSION

The most dominant factor affecting children's nutritional status is the parents' knowledge level about nutrition and children's eating patterns. Recommendation that Schools or early childhood education institutions can be involved in forming healthy eating habits by incorporating a simple curriculum on nutrition and providing examples of healthy foods. Furthermore, health workers integrate health education about healthy eating patterns for children into primary care services for their parents or caregivers.

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