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THE RELATIONSHIP OF PARENTING SELF-EFFICACY AND COMMUNITY PEER GROUP SUPPORT WITH FEEDING PRACTICES AND NUTRITIONAL STATUS OF PRESCHOOL CHILDREN

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Abstract

Nutritional issues among preschool children remain a concern, as they are influenced by feeding practices and parenting factors. This study aimed to analyze the relationship of parenting self-efficacy and community peer group support with the feeding practices and nutritional status of preschool children. A quantitative method with a cross-sectional design was employed. The study population consisted of mothers with preschool-aged children at TK PGRI 3 Gambiran, Genteng, Banyuwangi; a total sampling technique was used to select 40 respondents. Data were collected via questionnaires and analyzed using the Spearman test. The results revealed significant relationships between parenting self-efficacy and both feeding practices (p=0.000; r=0.552) and nutritional status (p=0.002; r=-0.469). Additionally, peer group support was associated with feeding practices (p=0.002; r=0.468) and nutritional status (p=0.003; r=-0.463). Respondents with high levels of self-efficacy and community support tended to exhibit optimal feeding practices and have children with normal nutritional status.

Keyword: *Feeding behavior, Nutritional status, Parenting self-efficacy, Peer group support, Preschoolers*

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1. Introduction

Nutritional issues among preschool-aged children remain a significant public health challenge. A child's nutritional status is heavily influenced by the feeding practices of their parents particularly mothers, as primary caregivers. However, many parents still lack the knowledge, skills, and confidence needed to provide appropriate diets for their children.[1][2] Furthermore, a lack of social support from the surrounding environment can also contribute to suboptimal feeding practices. This situation has the potential to cause nutritional issues in children, which can impact their growth and development [3].

Globally, the nutritional status of children remains a primary concern for the World Health Organization (WHO), which reports that 150.2 million children under the age of five suffer from stunted growth (stunting) and 42.8 million suffer from acute malnutrition (wasting). Results from the 2024 Indonesian Nutritional Status Survey (SSGI) indicate that the national stunting prevalence has dropped to 19.8%, while 13.9% of children suffer from undernutrition. In East Java Province, the prevalence of wasting stands at 7.4%, and the prevalence of being underweight is 14.5% [4]. Based on data from the Banyuwangi Health Office, the prevalence of stunting is 21.9% [5].

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A preliminary study involving mothers of preschool-aged children conducted via interviews and observations at TK PGRI 3 Gambiran revealed that four mothers possessed low parenting self-efficacy and admitted to lacking confidence in managing their children's diets, particularly when the children refused to eat or were picky eaters. Furthermore, five mothers reported not actively participating in *Posyandu* (Integrated Health Post) activities or mothers' groups, resulting in limited community-based support (peer group support) for accessing information on nutrition and child-rearing. Assessment results also indicated that four mothers practiced suboptimal feeding behaviors such as providing food based solely on the child's preferences without regard for nutritional balance while nutritional status measurements identified three children with undernutrition and seven with normal nutritional status.

Feeding behavior in preschool children is shaped by the interaction between individual, family, and social environmental factors [6]. Low parenting self-efficacy in parents can cause a lack of confidence in managing children's eating patterns appropriately [7]. Furthermore, a lack of support from peer groups or the community can result in parents receiving insufficient information and motivation regarding proper feeding practices. Preschoolers also frequently go through a phase of picky eating, which can compromise nutritional intake if not managed effectively. This process unfolds gradually and may lead to an imbalance between the child's nutritional needs and their actual intake [8][9].

Poor feeding practices and suboptimal nutritional status can have negative impacts on preschool-aged children. These impacts include growth disorders such as stunting and wasting, as well as increased susceptibility to infectious diseases. Furthermore, malnutrition can affect a child's cognitive and emotional development and social skills. In the long term, this condition can diminish the quality of human resources and future productivity. Therefore, this issue requires serious attention [10].

One way to address this issue is by enhancing parenting self efficacy through education and training for parents on appropriate feeding practices. Additionally, establishing and strengthening community-based peer support groups can serve as a platform for parents to share experiences, information, and motivation. Healthcare professionals also play a crucial role by providing nutritional counseling and regularly monitoring child growth. Community-based programs, such as *Posyandu* (integrated health posts), can be utilized to improve knowledge and promote good feeding practices. Through this comprehensive approach, it is hoped that children's nutritional status will improve [11][12].

Although various studies have demonstrated that parenting self-efficacy is linked to parenting practices and the fulfillment of children's nutritional needs and that peer group support plays a role in enhancing mothers' parenting knowledge and behaviors most research continues to examine these two factors in isolation. Furthermore, there is limited research simultaneously analyzing the relationships of parenting self efficacy and community-based peer group support with the feeding behaviors and nutritional status of preschool-aged children, particularly at the community or early childhood education level in Indonesia. Yet, children's feeding behaviors and nutritional status are influenced by a complex interplay of internal and external factors. Therefore, research examining these two factors concurrently is essential to provide a more comprehensive understanding of the determinants of preschool children's feeding behaviors and nutritional status, and to serve as a foundation for designing more effective interventions.

2. Method

This study employed a quantitative approach and a cross-sectional design. It

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was conducted at TK PGRI 3 Gambiran in October 2025. The study population consisted of 40 parents with children aged 3–6 years at the school. A total sample of 40 participants was selected using the total sampling technique. The instruments used included questionnaires assessing parenting self-efficacy, peer group support, and feeding behaviors; nutritional status (based on WHO Z-scores); and observation sheets for recording body weight and height. Data were analyzed using the Spearman rank correlation test.

3. Results and Discussion

The frequency distribution of respondents based on the characteristics of preschool children and mothers at TK PGRI 3 Gambiran is presented in Table 1 below.

Table 1. Characteristics of Preschool Children and Mothers (n=40)

Characteristics	n	%
Age		
3 year	4	10
4 year	14	35
5 year	14	35
6 year	8	20
Gender		
Male	18	45
Female	22	55
Mother's Occupation		
Employed	12	30
Unemployed	28	70
Parenting Self-Efficacy	14	35
High	20	50
Moderate	6	15
Low		
Peer Group Support Community		
Good	8	20
Fair	29	72,5
Poor	3	7,5
Feeding Behavior		
Optimal	31	77,5
Suboptimal	9	22,5
Nutritional Status		
Underweight	4	10
Normal	35	87,5
Overweight	1	2,5

Source: Primary Data, 2025

Table 1 presents data on respondent characteristics at TK PGRI 3 Gambiran. Regarding age, the majority of children were 4 and 5 years old, with 14 children (35%) in each group. In terms of gender, the majority were female (22 children, 55%). Regarding maternal occupation, the majority were unemployed (28 mothers, 70%). Regarding parenting self-efficacy, the majority fell into the moderate category (20 mothers, 50%). Regarding peer group support, the majority fell into the adequate category (29 mothers, 72.5%). Regarding feeding behavior, the majority demonstrated optimal practices (31 mothers), and regarding nutritional status, the majority fell into the normal category (35 children, 87.5%).

The results of the bivariate analysis regarding the relationship of parenting self-efficacy and community peer group support with the feeding practices and nutritional status of preschool children at PGRI 3 Gambiran Kindergarten are presented in Table 2 below.

Table 2. Relationship between parenting self-efficacy and community peer group support regarding feeding practices at TK PGRI 3 Gambiran.

Variable	Feeding Behavior				*P-value*
	Optimal		Suboptimal		
	n	%	n	%	
Parenting self-efficacy					
High	13	92,9	1	7,1	0,000
Moderate	18	100	2	10	
Low	0	0	6	100	
Peer Group Support					
Good	8	100	0	0	0,002
Moderate	23	79,3	6	20,7	
Poor	0	0	3	100	

Source: Primary Data, 2025

Table 2 presents cross-tabulation results showing that the majority of respondents with high and moderate levels of parenting self-efficacy exhibited optimal feeding behaviors 92.9% and 100%, respectively. Conversely, all

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respondents (100%) with low parenting self-efficacy exhibited suboptimal feeding behaviors. Bivariate analysis using the Spearman rank correlation test yielded a p-value of 0.000 ($p < 0.05$), indicating a relationship between parenting self-efficacy and the feeding behaviors of preschool-aged children.

All respondents (100%) who received good support demonstrated optimal feeding behaviors. In the category of adequate support, the majority (79.3%) exhibited optimal feeding behaviors, whereas among those with insufficient support, all respondents (100%) displayed suboptimal feeding behaviors. Analysis using the Spearman rank correlation test yielded a p-value of 0.002 ($p < 0.05$), indicating a relationship between community peer group support and the feeding behaviors of preschool-aged children.

Table 3. Relationship between parenting self-efficacy and peer group support within the community and the nutritional status of preschool children at PGRI 3 Gambiran Kindergarten

Variable	Nutritional Status						*P-value*
	Underweight		Normal		Overweight		
	n	%	n	%	n	%	
Parenting self-efficacy							
High	0	0	13	92,9	1	7,1	0,002
Moderate	1	5	19	95	0	0	
Low	3	50	3	50	0	0	
Peer Group Support							
Baik	0	0	7	87,5	1	12,5	0,003
Cukup	2	6,9	27	93,1	0	0	
Kurang	2	66,7	1	33,3	0	0	

Source: Primary Data, 2025

Among respondents with high parenting self-efficacy, the majority of children had normal nutritional status (92.9%), while a small proportion were overweight (7.1%); no cases of undernutrition were found. For respondents with moderate parenting self-efficacy, the majority of children also had normal nutritional status (95%), with a small proportion experiencing undernutrition (5%). In contrast, among respondents with low parenting self-efficacy, the distribution of nutritional status indicated unfavorable outcomes, with 50% of children experiencing undernutrition and only 50% having normal nutritional status. Analysis using the Spearman rank correlation test yielded a p-value of 0.002 ($p < 0.05$), indicating a relationship between parenting self-efficacy and the nutritional status of preschool children.

Among respondents with good community support, the majority of children had normal nutritional status (87.5%), while a small proportion were overweight (12.5%); no cases of undernutrition were found. Where community support was categorized as adequate, the majority of children also had normal nutritional status (93.1%), although a small proportion still suffered from undernutrition (6.9%). In contrast, where community support was categorized as poor, the majority of children suffered from undernutrition (66.7%), and only a small proportion had normal nutritional status (33.3%). Analysis using the Spearman rank correlation test yielded a p-value of 0.003 ($p < 0.05$), indicating a relationship between community support and the nutritional status of preschool children.

The Relationship Between Parenting Self-Efficacy and Preschooler Feeding Behavior

The study results indicate a relationship between parenting self-efficacy and feeding behaviors among preschoolers. This is evidenced by the fact that the majority of respondents with high and moderate levels of parenting self-efficacy demonstrated optimal feeding behaviors specifically 92.9% and 100%, respectively. These findings suggest that parental confidence in child-rearing plays a crucial role in feeding practices. Conversely, all respondents with low parenting self-efficacy (100%) exhibited suboptimal feeding behaviors. These findings confirm that low parental confidence in parenting can lead to inappropriate child feeding patterns.

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Parenting self-efficacy refers to a parent's belief in their own ability to care for and meet their child's needs, including regarding feeding [7]. Parents with high self-efficacy tend to be more confident in selecting foods, managing meal schedules, and handling child behaviors such as picky eating. Conversely, parents with low self-efficacy tend to be hesitant when making decisions regarding their child's diet, making them more likely to yield to a child's desire for less healthy food options. This can result in the provision of food that does not meet the child's nutritional needs. Therefore, parenting self-efficacy is a crucial factor in shaping optimal feeding practices [13][14].

Optimal feeding behavior is also influenced by the characteristics of the mother as the primary caregiver. Research findings indicate that the largest group of respondents 20 individuals (50%) demonstrated a moderate level of parenting self-efficacy. Furthermore, the majority of the mothers (28 individuals, or 70%) were not employed, allowing them more time to care for their children and attend to their dietary habits. This situation can facilitate more controlled and purposeful feeding practices. However, without sufficient self-confidence, the available time does not necessarily translate into optimal feeding behavior [15][16].

According to researchers, parenting self-efficacy plays a crucial role in determining the quality of feeding practices for preschool-aged children. Mothers with high self-efficacy tend to be more consistent and precise in providing food that meets their children's needs. Conversely, low self-confidence can lead to a lack of firmness in managing a child's diet. Therefore, efforts to enhance parenting self-efficacy through education and support from healthcare professionals and the surrounding environment are essential. Such measures are expected to optimize feeding practices, thereby contributing to improved nutritional status for the children.

The Relationship of Community Peer Groups to Preschoolers' Feeding Behavior

The study results indicate a relationship between peer group support and feeding practices for preschool-aged children. This is supported by the fact that all respondents (100%) receiving good support demonstrated optimal feeding practices. In the category of adequate support, the majority of respondents (79.3%) also exhibited optimal feeding practices. Conversely, in the category of poor support, all respondents (100%) engaged in suboptimal feeding practices. These findings demonstrate that the level of support from peer groups or communities plays a crucial role in shaping feeding practices for children.

Peer group support is a form of social support whether emotional, informational, or motivational that individuals receive from their peers or community. Such support can enhance mothers' knowledge and awareness regarding appropriate dietary practices for their children. Through peer interaction, mothers can share experiences, acquire new information, and strengthen their confidence in their feeding practices. Conversely, a lack of social support can leave mothers feeling under-informed and lacking in confidence, potentially leading them to adopt unsuitable feeding patterns. Therefore, the presence of a supportive community is crucial for fostering optimal feeding behaviors [8].

Optimal feeding practices are also influenced by the level of support from the community or peer groups. Research findings indicate that the majority of respondents (29 individuals, or 72.5%) fell into the category of receiving "adequate" peer group support. This suggests that most mothers receive sufficient social support regarding child rearing and feeding practices. While this level of support assists mothers in gaining information and motivation, it does not reach the optimal level found in the "good" support category. Therefore, improving the quality of community

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support remains necessary to achieve more optimal feeding practices [17][18].

According to researchers, peer group support plays a strategic role in shaping the feeding behaviors of preschool-aged children. Community support can serve as a source of information, motivation, and reinforcement for mothers in adopting appropriate feeding practices. The better the support received, the more likely mothers are to implement optimal dietary patterns for their children. Therefore, it is essential to strengthen the role of community entities such as mothers' groups or integrated health posts (Posyandu) in providing ongoing education and support. This approach is expected to improve the quality of feeding practices and positively impact children's nutritional status.

The Relationship Between Parenting Self-Efficacy and the Nutritional Status of Preschool Children

The research results indicate a relationship between parenting self-efficacy and the nutritional status of preschool children at PGRI 3 Gambiran Kindergarten. This is supported by the finding that among respondents with high parenting self-efficacy, the majority of children had normal nutritional status (92.9%), while only a small proportion were overweight (7.1%), and no cases of undernutrition were found. In the moderate parenting self-efficacy category, the majority of children also had normal nutritional status (95%), with a small percentage experiencing undernutrition (5%). Meanwhile, in the low category, the distribution of nutritional status showed less favorable conditions, with 50% of children experiencing undernutrition and only 50% having normal nutritional status. These findings demonstrate that the level of parental confidence in child-rearing is associated with the child's nutritional status.

Parenting self-efficacy reflects parents' confidence in their ability to meet their child's needs, including nutritional requirements. Parents with high self-efficacy tend to be more capable of managing dietary patterns, selecting nutritious foods, and maintaining consistency in feeding practices. This leads to the optimal fulfillment of the child's nutritional needs, thereby supporting good nutritional status. Conversely, low self-efficacy can result in inadequate feeding practices regarding both quality and quantity. Therefore, parenting self-efficacy is a crucial factor influencing the nutritional status of preschool-aged children [19][20].

In addition to parenting self-efficacy, a child's nutritional status is influenced by various other factors, such as the child's age and maternal characteristics. Research findings indicate that the largest groups of children were aged 4 and 5 comprising 14 children (35%) in each category a stage of active growth that requires optimal nutritional intake. Furthermore, the majority of mothers (28 individuals, or 70%) were not employed, potentially allowing them more time to care for their children and attend to their dietary intake. These circumstances can facilitate more intensive monitoring of dietary patterns and the fulfillment of nutritional needs. However, without the support of adequate skills and confidence, these factors do not necessarily guarantee optimal nutritional status [21][22].

According to researchers, parenting self-efficacy plays a crucial role in determining the nutritional status of preschool-aged children. High parental confidence fosters better parenting practices, including the fulfillment of a child's nutritional needs. Conversely, low self-efficacy can hinder the provision of proper nutrition. Therefore, interventions involving education and guidance for parents are necessary to enhance parenting self-efficacy. Such measures are expected to optimize children's nutritional status and support their maximum growth and development.

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The Relationship of Community Peer Groups to the Nutritional Status of Preschool Children

The study results indicate a relationship between community peer group support and the nutritional status of preschool children. This is supported by the finding that among respondents receiving good community support, the majority of children had normal nutritional status (87.5%) and a small proportion were overweight (12.5%), with no cases of undernutrition observed. In the category of adequate support, the majority of children also had normal nutritional status (93.1%), although a small proportion still suffered from undernutrition (6.9%). Conversely, in the category of poor support, the majority of children suffered from undernutrition (66.7%), while only a small proportion had normal nutritional status (33.3%). These findings demonstrate that the level of community support plays a significant role in determining the nutritional status of preschool children.

Community-based peer group support is a form of social support that can influence parental behavior and child-rearing practices regarding the fulfillment of children's needs, including nutritional requirements. This support encompasses the sharing of information and experiences, as well as mutual motivation among parents within the community. With effective support, parents find it easier to access information on balanced nutrition and appropriate feeding practices. This leads to improved quality in children's dietary intake, thereby supporting optimal nutritional status. Conversely, a lack of community support can result in limited information and reduced motivation to meet children's nutritional needs [18].

Furthermore, active communities can serve as a platform for social learning, helping parents adopt effective parenting practices. Peer interactions facilitate the exchange of knowledge and experiences, thereby reinforcing healthy feeding practices. The emotional support provided by the community can also boost parents' confidence in raising their children. Consequently, higher-quality peer group support increases the likelihood of children achieving good nutritional status. This demonstrates that social environmental factors play a significant role in children's health [23][24].

Researchers indicate that community-based peer group support is a crucial factor in improving the nutritional status of preschool-aged children. Community support not only provides information but also fosters parental motivation and confidence in meeting children's nutritional needs. The stronger the support provided, the more likely parents are to adopt appropriate parenting and feeding practices. Therefore, it is essential to strengthen the role of community entities such as integrated health posts (*posyandu*) or mothers' groups in delivering ongoing education and support. In this way, children's nutritional status can be optimally improved through a community-based approach.

4. Conclusion

This study demonstrates a relationship between parenting self-efficacy, community peer group support, and the feeding practices and nutritional status of preschool children; specifically, higher parental confidence and better community support are associated with more optimal feeding practices and nutritional outcomes. These findings highlight the importance of healthcare professionals providing education to enhance parenting skills and strengthening community support through initiatives such as integrated health posts (*Posyandu*) or mothers' groups. Consequently, it is recommended that parents actively increase their knowledge and participate in community groups, healthcare professionals strengthen nutrition counseling programs, and future research examine other factors influencing children's nutritional status to achieve more comprehensive results.

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This study has several limitations: 1) the cross-sectional research design allows only for the identification of relationships between variables; and 2) the small sample size prevents generalization on a large scale.

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