

NUTRITION MISINFORMATION ENCOUNTERED BY NUTRITIONISTS IN KULON PROGO REGENCY, INDONESIA: A QUALITATIVE CONTENT ANALYSIS

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Abstract

Nutrition misinformation is a serious public health issue because it can influence eating behaviors and reduce the effectiveness of nutrition programs. This study aims to identify nutrition misinformation encountered by nutritionists in Kulon Progo Regency and to explore the challenges they face in addressing it. A qualitative descriptive study using content analysis was conducted among 25 nutritionists working at community health centers across all 12 subdistricts in Kulon Progo Regency. Data were collected via an open-ended online questionnaire and analyzed through coding, categorization, theme development, and interpretation. A total of 35 nutrition misinformation claims were identified and analyzed. The most frequently encountered topics were pregnancy, the introduction of complementary foods, and noncommunicable diseases. Nutritionists also reported challenges in addressing nutrition misinformation, such as cultural beliefs, family influence, social media, and limited counseling time. The study's findings indicate that nutrition misinformation is not solely caused by limited nutritional knowledge but is also influenced by sociocultural factors. Therefore, nutrition education should incorporate cultural sensitivity, local contexts, family involvement, and community health workers to enhance the effectiveness of nutrition programs.

Keywords: health communication, nutrition misinformation, nutritionist



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INTRODUCTION

Nutrition plays a crucial role as one of the determinants of a person's health and quality of life (Szreiter & Lachowicz-Wiśniewska, 2025). Adequate nutrition is crucial during critical periods such as pregnancy, infancy, and childhood, as well as in the management of noncommunicable diseases (NCDs). Although efforts to improve nutritional status continue, nutrition-related issues

remain a concern for the government and the public. This challenge is further exacerbated by the widespread dissemination of misinformation about nutrition, which influences dietary patterns and health-related decision-making.

Kulon Progo Regency, located in the Special Region of Yogyakarta, has implemented various community nutrition programs through its Community Health Centers (Puskesmas), including interventions targeting stunting prevention, maternal and child nutrition, anemia prevention, and the control of noncommunicable diseases. Nevertheless, the regency continues to face nutritional challenges related to malnutrition and the rising burden of chronic diseases. Amid local government efforts to improve nutrition literacy and promote balanced diets, the circulation of misinformation about nutrition within the community has become a significant obstacle to the effectiveness of these programs. The public's limited understanding of the principles of balanced nutrition leaves them vulnerable to accepting unverified information, whether from family, local traditions, or digital media (Diekman et al., 2023).

The spread of misinformation is often fueled by non-nutrition experts on social media, as well as limited access to accurate and ongoing nutrition education (Ryan et al., 2020). The accumulation of this widely believed misinformation can lead to eating behaviors that do not align with scientific recommendations and may potentially worsen nutritional status, particularly among vulnerable groups (Suarez-Lledo & Alvarez-Galvez, 2021). This knowledge gap indicates that the nutrition information circulating does not yet align with guidelines published by trusted sources, such as the Ministry of Health. Education is key to improving nutrition literacy; however, in practice, health professionals often face challenges in delivering education that is easy to understand, contextually relevant, and capable of countering narratives that are more prevalent in the community. If left unaddressed, this situation could contribute to unbalanced dietary patterns, the emergence of misguided restrictive eating practices, and an increased risk of malnutrition and chronic diseases (Caballero et al., 2025).

Healthcare professionals, particularly dietitians working in primary care, play a crucial role in correcting misinformation and demonstrating evidence-based nutritional practices. However, nutrition counseling is often hindered by deeply rooted beliefs and cultural norms, specific food taboos, and contradictory information obtained from family members or social media. Understanding this recurring misinformation is essential for developing nutrition education strategies that are responsive to local cultural contexts and community needs.

Previous research has generally focused on the prevalence of misinformation about nutrition among the general public, its relationship to dietary behavior, and the influence of social media on the spread of such misinformation (Diekman et al., 2023). A study by (W. Rahmawati et al., 2021) also explored healthcare workers' experiences in providing nutrition education and identified barriers such as limited consultation time, inconsistent nutrition guidelines, and inadequate resources. Although previous studies have documented nutrition misinformation among pregnant women, caregivers, and patients with non-communicable diseases in Indonesia, evidence describing the range of nutrition misinformation encountered by frontline nutritionists in community health settings remains limited. Little is known about the types of nutrition misinformation encountered by nutritionists during routine counseling in primary healthcare settings and how this misinformation reflects local sociocultural beliefs. Understanding this recurring nutrition misinformation is essential for developing culturally appropriate nutrition education strategies that are responsive to community needs.

Therefore, this study aims to identify and classify nutrition misinformation encountered by nutritionists working at community health centers (Puskesmas) in Kulon Progo Regency using a qualitative content analysis approach. By exploring the nutrition-related issues reported by nutritionists, this study provides an overview of the dominant themes of nutrition misinformation reported by nutritionists during community nutrition practice and their implications for strengthening evidence-based and culturally appropriate nutrition education programs.

RESEARCH METHOD

Research Design

This study employed a descriptive qualitative design using qualitative content analysis to examine nutrition misinformation encountered by nutritionists during community nutrition practice in Kulon Progo Regency. This approach was chosen because it enables an in-depth understanding of the types of nutrition misinformation reported by nutritionists and facilitates the systematic categorization and interpretation of participants' responses. The analysis aimed to identify recurring themes of nutrition misinformation and explore the challenges faced by nutritionists in providing nutrition education.

Research Target/Subject

The subjects of this study were nutritionists working at primary healthcare facilities in Kulon Progo Regency. Participants were recruited using a voluntary response sampling method. The nutritionists who participated in this study agreed to complete the questionnaire of their own free will. A total of 25 nutritionists participated and provided feedback on nutrition misinformation and challenges related to nutrition encountered during nutrition community practice.

Research Procedure

This study began with the development of an open-ended questionnaire designed to identify nutrition misinformation frequently encountered by nutritionists during community nutrition practice. The questionnaire was distributed online via Google Forms through a WhatsApp group for nutritionists coordinated by the Kulon Progo Regency Health Office. Participation was voluntary, and responses were collected from nutritionists working at primary healthcare facilities in Kulon Progo Regency who voluntarily agreed to participate in the study.

Instruments and Data Collection Techniques

The questionnaire was developed by the research team based on common nutrition issues encountered in community nutrition practice and relevant literature. Prior to data collection, the questionnaire was reviewed by two senior dietitians from the Kulon Progo District Health Office with experience in community nutrition programs to assess the clarity, relevance, and comprehensiveness of the questions. Minor revisions were made based on their feedback before the questionnaire was distributed. The questionnaire consisted of open-ended questions designed to allow respondents to report nutrition misinformation frequently encountered during community nutrition practice. Respondents were also asked to describe the affected population groups, the challenges they experienced in addressing nutrition misinformation, and the strategies they used during nutrition education activities.

To support the interpretation of the findings, secondary data was obtained from official nutrition guidelines published by the Ministry of Health of the Republic of Indonesia, including the Guidelines for a Balanced Diet and "Isi Piringku," as well as relevant scientific articles and

publications. These sources were used to verify the scientific accuracy of the reported nutrition misinformation and to provide evidence-based clarification.

Data analysis technique

The data were analyzed using qualitative content analysis, which involved the following stages: data comprehension, coding, categorization, theme development, and interpretation. The responses were reviewed repeatedly to identify meaningful units of information related to nutrition misinformation. Similar codes were grouped into broader categories and themes, such as nutrition misinformation related to pregnancy, breastfeeding, complementary feeding, and non-communicable diseases.

To enhance the validity of the findings, the identified issues were cross-referenced with official nutrition guidelines and scientific evidence. The results were then presented descriptively in the form of narratives and thematic tables to illustrate patterns of nutrition misinformation as well as the challenges faced by nutritionists in public nutrition education.

RESULTS AND DISCUSSION

Characteristics of Respondents

Twenty-five nutritionists working at community health centers (Puskesmas) in Kulon Progo Regency participated in this study. Each sub-district was represented by at least one nutritionist who was actively involved in community health center programs, enabling them to provide firsthand information about nutrition misinformation commonly found in the community.

Table 1. Characteristics of Respondents

Participation by Kapanewon	n	%
Temon	1	4.0
Wates	4	16.0
Panjatan	2	8.0
Galur	1	4.0
Lendah	4	16.0
sentolo	6	24.0
Pengasih	2	8.0
Kokap	1	4.0
Girimulyo	1	4.0
Nanggulan	1	4.0
Kalibawang	1	4.0
Samigaluh	1	4.0
Total	25	100.0

The largest proportion of respondents came from Sentolo (24.0%), followed by Wates and Lendah (16.0% each). Nevertheless, all kapanewon in Kulon Progo were represented, allowing the findings to reflect the nutrition misinformation reported by nutritionists across all subdistricts of Kulon Progo Regency.

Frequency of Nutrition Misinformation

Responses from the 25 participating nutritionists yielded 35 distinct statements of nutrition misinformation. These were categorized into four major thematic areas: (1) pregnancy, postpartum, and breastfeeding; (2) complementary feeding and child nutrition; (3) nutrition related to non-communicable diseases; and (4) general nutrition misinformation. Among these themes, pregnancy-related nutrition misinformation was the most frequently reported.

Table 2. Frequency of Nutrition Misinformation

Theme	Number of Issues	Percentage (%)
Nutrition misinformation related to pregnancy	11	31.4
Nutrition misinformation related to breastfeeding	4	11.4

Theme	Number of Issues	Percentage (%)
Nutrition misinformation related to postpartum	1	2.9
Nutrition misinformation related to complementary feeding and child nutrition	6	17.1
Nutrition misinformation related to diabetes	2	5.7
Nutrition misinformation related to hypertension	1	2.9
Nutrition misinformation related to weight management	2	5.7
Other nutrition misinformation	8	22.9
Total	35	100.0

These findings suggest that nutritionists most frequently encountered nutrition misinformation related to pregnancy, maternal nutrition, and child feeding during community nutrition practice.

Major Themes Identified from Content Analysis

The qualitative content analysis generated several major themes representing the dominant types of nutrition misinformation reported by nutritionists during community nutrition practice.

1. Nutrition misinformation related to pregnancy

Most statements within this theme were related to food taboos during pregnancy. There is a belief that pregnant women should avoid eating pineapple, cold drinks, durian, papaya leaves, charred foods, tea, and several other foods. The most common and frequently encountered nutrition misinformation is that drinking cold beverages causes the baby to grow too large, a belief found in various sub-districts. These findings suggest that nutritionists frequently encountered pregnancy-related nutrition misinformation influenced by traditional beliefs and advice from older family members.

2. Nutrition misinformation related to breastfeeding and postpartum

Respondents frequently reported beliefs that breastfeeding mothers should avoid fish and other “smelly” food, consume large amounts of green vegetables to increase milk production, and consume herbal beverages to improve milk quantity. Another nutrition misinformation was that breastfeeding causes undesirable changes in breast shape. These beliefs may lead mothers to unnecessarily restrict nutrient-rich foods that are important for recovery and lactation.

3. Nutrition misinformation related to complementary feeding and child nutrition

Some respondents reported that parents believe animal-based foods are unnecessary at the start of complementary feeding, that coconut milk should not be used in complementary foods, and that children develop a “fishy odor” after consuming animal protein. This misinformation is particularly concerning because it can reduce dietary diversity and protein intake during a critical period of children’s growth and development.

4. Nutrition misinformation related to non-communicable diseases

Nutritionists frequently reported misinformation related to diabetes and hypertension. The most common misinformation related to diabetes is that leftover rice is beneficial for diabetics and that palm sugar or other non-white sugars can be consumed without restrictions. There was also misinformation related to hypertension, such as the prohibition on consuming cassava leaves. These findings indicate that there are still misunderstandings in the management of diabetes and hypertension among the public.

5. Challenges in nutrition education

Beyond identifying misinformation, respondents also described the challenges they faced in addressing nutrition misinformation during nutrition education activities. Common challenges included strong adherence to traditional beliefs, pressure from family members,

fear of conflict with parents, limited time for counseling, and conflicting information from health workers. This theme highlights that nutritional misinformation is not only a knowledge issue but also a social and cultural one.

DISCUSSION

This study identified various forms of nutrition misinformation circulating in the community in Kulon Progo Regency. Findings indicate that nutrition misinformation related to pregnancy was most frequently reported by nutritionists, followed by misinformation regarding complementary feeding and child nutrition, breastfeeding, and nutrition practices related to non-communicable diseases. This suggests that nutrition misinformation is particularly prevalent during critical periods of the life cycle, such as pregnancy, breastfeeding, and childhood, when nutritional needs increase, and health-related decisions are heavily influenced by family and community beliefs.

Nutrition Misinformation Related to Pregnancy, Postpartum, and Breastfeeding

The results of this study indicate that nutrition misinformation related to pregnancy, the postpartum period, and breastfeeding was among the most frequently reported nutrition issues encountered by nutritionists in Kulon Progo. These findings are consistent with previous research showing that food taboos and certain behavioral restrictions during pregnancy are deeply rooted and continue to shape maternal dietary practices in Indonesia (Gayatri et al., 2023). The phases of pregnancy, the postpartum period, and breastfeeding are often regarded as vulnerable life stages, leading women to adhere to traditional customs believed to protect the health of both the mother and infant (Köhler et al., 2019).

The persistence of these beliefs is closely associated with Javanese cultural values and the intergenerational transmission of knowledge. A qualitative study of first-time mothers in Malang Regency found that many women follow pregnancy-related traditions not only because of their personal beliefs but also out of respect for cultural customs and advice from parents or older family members (Gayatri et al., 2023). Family members, particularly mothers-in-law and husbands, play a crucial role in determining the mother's dietary choices and encouraging adherence to these traditional practices (Sulistiyorini et al., 2025). Similarly, an ethnographic study in Central Java reported that dietary restrictions during pregnancy are passed down from one generation to the next (Triratnawati, 2019). In many communities, elders, traditional birth attendants, and older family members are regarded as trusted sources of knowledge because they are considered more experienced. This reinforces the belief that avoiding certain foods or behaviors can protect mothers and infants from harm (Ningtyias & Kurrohman, 2020; Sulistiyorini et al., 2025). Consequently, this nutrition misinformation is not merely inaccurate information but is embedded within a cultural system that continues to influence dietary practices despite increasing access to evidence-based health information (Triratnawati, 2019).

Although these practices hold important cultural value, they may adversely affect maternal and infant nutrition when they lead to unnecessary dietary restrictions. Pregnancy, the postpartum period, and breastfeeding are stages with increased nutritional requirements, requiring adequate dietary diversity and sufficient intake of macro- and micronutrients to support maternal health, fetal growth, infant development, and successful lactation (Köhler et al., 2019; Labonté et al., 2023). Therefore, nutrition education should adopt a culturally sensitive approach that respects existing beliefs while providing evidence-based recommendations and actively involving influential family members to improve the acceptance

and implementation of appropriate maternal nutrition practices within the local cultural context (Tobing et al., 2019).

Nutrition Misinformation Related to Complementary Feeding and Child Nutrition

The content analysis identified several instances of misinformation related to complementary feeding (MPASI), particularly regarding the timing of complementary food introduction, the delayed provision of animal-source foods, and the belief that a child's willingness to eat is more important than the nutritional quality of the diet. Similar findings have been reported in Javanese communities, where complementary feeding practices are often influenced by family traditions and cultural beliefs rather than evidence-based recommendations (Anggraeni et al., 2022; Herman et al., 2023; Maryuni et al., 2024). These misinformations are closely related to the sociocultural context in which child feeding decisions are made. In many Javanese families, caregivers, particularly grandmothers and other older family members, have a strong influence on complementary feeding practices, thereby intergenerationally transmitting traditional beliefs (Triratnawati, 2019). Consequently, caregivers may prioritize whether the child is willing to eat rather than ensuring dietary diversity and nutritional adequacy. Such practices can delay the introduction of nutrient-dense foods, especially animal-source foods, and reduce the intake of protein, iron, and other essential micronutrients during a critical period of growth (Damanik et al., 2020; Herman et al., 2023; Paramashanti et al., 2025).

These findings have important implications for stunting prevention. Studies conducted in Indonesia consistently demonstrate that suboptimal complementary feeding practices, characterized by low dietary diversity and inadequate consumption of iron-rich and animal-source foods, are associated with an increased risk of stunting among children aged 6–23 months (Kartasurya et al., 2023; Nurokhmah et al., 2022; Yuliastini et al., 2020). Furthermore, misinformation that stunting is primarily hereditary may reduce caregivers' motivation to adopt recommended feeding practices and utilize available nutrition services, thereby limiting opportunities for early prevention (Trisilawati et al., 2025).

These findings underscore the importance of strengthening nutrition education during the first 1,000 days of life, a critical window for child growth and development. Nutrition education should extend beyond mothers to include grandparents and other family members who influence child feeding decisions. Delivering culturally sensitive, evidence-based education that acknowledges local beliefs while promoting appropriate complementary feeding practices may improve nutrition literacy, encourage optimal infant feeding, and contribute to stunting prevention (Herman & Huang, 2025; Qoyimah et al., 2024).

Low Nutrition Literacy and Nutrition Misinformation Related to Non-Communicable Diseases (NCDs) Management

The content analysis identified several pieces of misinformation regarding the dietary management of non-communicable diseases (NCDs), particularly type 2 diabetes mellitus and hypertension. Common misinformation included the belief that palm sugar or coconut sugar can be consumed freely because they are "natural" sweeteners, that leftover rice is beneficial for people with diabetes, and that hypertension can be managed solely through herbal remedies or lifestyle modifications without regular medical treatment. These findings suggest that nutrition-related decisions are often influenced by information that is not supported by scientific evidence, consistent with previous studies conducted among Javanese communities (R. Rahmawati & Bajorek, 2018; Sari et al., 2022).

This misinformation reflects inadequate nutrition literacy, which limits individuals' ability to obtain, understand, evaluate, and apply nutrition information in everyday life. Nutrition literacy is essential for distinguishing evidence-based recommendations from nutrition misinformation and translating dietary advice into appropriate food choices. Previous studies have shown that individuals with low health and nutrition literacy are more likely to misunderstand disease risk factors, dietary recommendations, and treatment strategies, resulting in poorer disease management (Lovrić et al., 2022; Tajdar et al., 2021).

In the Javanese context, nutrition literacy is closely intertwined with cultural beliefs and social norms. Dietary advice is often interpreted through family traditions, social obligations, and religious values rather than biomedical recommendations. For example, maintaining social harmony is highly valued in Javanese culture, making individuals reluctant to refuse food offered during family gatherings or community events even when it conflicts with dietary advice for diabetes or hypertension (Kusumo et al., 2020; Sari et al., 2022). As a result, culturally rooted beliefs may reinforce nutrition misinformation and influence food choices despite increasing access to health information.

These findings highlight the importance of strengthening nutrition literacy as an integral component of NCD prevention and management. Nutrition education should extend beyond providing dietary recommendations by helping individuals critically evaluate nutrition information while considering the influence of family traditions and local cultural beliefs. Delivering culturally appropriate, evidence-based nutrition education may reduce misinformation, improve adherence to dietary and pharmacological recommendations, and ultimately support better prevention and management of diabetes and hypertension in the community (Braga et al., 2025; Osborne et al., 2022).

Challenges in Addressing Nutrition Misinformation

This study identified family influence as one of the major challenges faced by nutritionists in correcting nutrition misinformation within the community. Respondents reported that advice from parents, grandparents, and other senior family members often outweighed recommendations provided by healthcare professionals. This finding is consistent with recent studies showing that family members play a central role in shaping dietary behaviors, particularly during pregnancy, breastfeeding, and early childhood, where nutrition decisions are strongly influenced by intergenerational knowledge transfer rather than evidence-based recommendations (Vázquez-Vázquez et al., 2022). Family advice is frequently perceived as more trustworthy because it is supported by personal experience and cultural traditions that have been maintained across generations (Labonté et al., 2023). Consequently, nutritionists often encounter resistance when evidence-based nutrition messages contradict long-established family beliefs. The findings of this study suggest that combating nutrition misinformation requires approaches beyond individual counseling. Involving influential family members in nutrition education may improve the acceptance of evidence-based recommendations and strengthen community nutrition literacy.

This study also found that nutritionists frequently encountered misinformation originating from social media platforms, where nutrition-related content is often disseminated by individuals without formal nutrition qualifications. This finding is consistent with recent evidence indicating that social media has become one of the primary sources of nutrition information, despite substantial concerns regarding the quality and scientific accuracy of its content (Gamito et al., 2025). The rapid dissemination of nutrition messages through algorithms, combined with

persuasive communication styles and personal testimonials, may increase public trust in misinformation over evidence-based recommendations delivered by healthcare professionals (Rogers et al., 2022). Consequently, nutritionists are challenged not only to provide accurate nutrition education but also to address nutrition misinformation that have already been reinforced through repeated online exposure. A recent systematic review further highlights that although social media offers valuable opportunities for nutrition education, nutritionists and dietitians continue to face challenges in competing with the public's high level of trust in non-expert influencers and misleading nutrition content (Gamito et al., 2025). The findings of this study underscore the importance of qualified nutritionists in promoting digital health literacy to increase the public's exposure to nutrition information obtained from online platforms.

This study also identified communication challenges experienced by nutritionists in delivering nutrition education. Nutritionists reported limited counseling time, difficulties in explaining scientific nutrition concepts, and inconsistent nutrition messages from different healthcare providers. Similar challenges have also been reported in primary healthcare settings, where limited consultation time may reduce the effectiveness of nutrition counseling (Knight et al., 2021). Furthermore, communicating nutrition recommendations to individuals with pre-existing beliefs or nutrition misinformation requires more than simply providing factual information. Research suggests that correcting misinformation is particularly challenging because individuals tend to interpret new information in ways that reinforce their existing beliefs, a phenomenon known as confirmation bias (Ecker et al., 2022). In addition, inconsistent nutrition messages from different information sources, including healthcare providers and online platforms, may further reduce public confidence in evidence-based recommendations. The findings of this study highlight the need to strengthen communication skills among nutritionists, including culturally appropriate counseling, communication using language that is easy to understand, and improving the public's understanding of nutrition.

Implications for Community Nutrition Practice

The findings of this study indicate that addressing misinformation about nutrition requires communication strategies tailored to the local context, rather than relying solely on standardized nutrition education materials. Since beliefs about nutrition are often influenced by cultural traditions, family practices, and misinformation circulating at the local level, evidence-based messages must be adapted to reflect the sociocultural characteristics of the community while maintaining scientific accuracy. Tailoring nutrition messages by using familiar food examples, local dietary practices, and culturally appropriate language can increase message acceptance and promote behavioral change (Lambert et al., 2021). Furthermore, incorporating discussions about widespread nutrition misinformation into nutrition education sessions can help nutritionists clarify common misinformation. These findings emphasize that effective community nutrition programs must prioritize context-specific communication strategies. This approach can build public trust and increase the adoption of evidence-based nutrition recommendations.

Nutritionists have identified many misconceptions that are closely linked to long-standing cultural beliefs and traditional dietary practices. This suggests that simply providing scientific information may not be enough to change health behaviors. Recent evidence suggests that culturally adapted nutrition interventions are more effective at improving knowledge, promoting healthy eating behaviors, and increasing acceptance of health messages because these interventions respect local beliefs and values while integrating evidence-based

recommendations. Therefore, nutritionists should adopt respectful and culturally appropriate communication strategies that foster dialogue rather than directly rejecting traditional beliefs.

The involvement of families and community health volunteers is crucial for enhancing the effectiveness of efforts to prevent nutrition-related misinformation. Given the important role family members play in shaping beliefs about dietary patterns, involving them in nutrition education can reinforce evidence-based messages beyond individual counseling sessions. Furthermore, public health volunteers serve as trusted intermediaries between health care providers and the community, placing them in an ideal position to disseminate accurate nutrition information and address misinformation at their root. Recent evidence suggests that community-based health promotion interventions are more effective when trusted local actors actively participate in health education and behavior change initiatives (Perry et al., 2021). Such a collaborative approach can strengthen community trust and enhance the sustainability of community nutrition programs.

This study has several limitations. First, the findings were based solely on the perspectives of nutritionists working in public health centers and did not directly explore community beliefs or practices. Therefore, the findings represent nutritionists' perceptions of commonly encountered nutrition misinformation rather than the actual prevalence of misinformation among community members. Second, the study was conducted only in Kulon Progo Regency, which may limit the transferability of the findings to other regions with different sociocultural characteristics. Third, data were collected via an online open-ended questionnaire, which limited opportunities for in-depth exploration of participants' responses and potentially introduced recall and social desirability biases. Future studies involving community members are recommended to validate the prevalence and determinants of nutrition misinformation identified by nutritionists.

CONCLUSION

This study identified 35 nutrition misinformation issues reported by nutritionists in Kulon Progo Regency, encompassing nutrition misinformation related to pregnancy, postpartum, breastfeeding, complementary feeding and child nutrition, and NCDs. The findings indicate that misinformation about nutrition is influenced not only by limited nutrition literacy but also by cultural beliefs, family influences, and information obtained through social media. Nutritionists also face significant challenges in addressing this misinformation, including deeply rooted community beliefs, limited counseling time, and inconsistent nutrition messages. These findings highlight the need for culturally sensitive, community-based nutrition education, locally tailored communication strategies, and the active involvement of families and community health volunteers to improve nutrition literacy and counter nutrition misinformation. Further research involving community members and qualitative interviews across broader geographic settings is recommended to provide a more comprehensive understanding of nutrition misinformation and its underlying determinants.

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AUTHOR CONTRIBUTIONS

Conceptualization, A.U.K. and P.K.; Methodology, A.U.K. and P.K.; Validation, A.U.K. and P.K.; Formal Analysis, A.U.K. and P.K.; Investigation, A.U.K. and P.K.; Data Curation, A.U.K. and P.K.; Writing – Original Draft Preparation, A.U.K. and P.K.; Writing – Review & Editing, A.U.K. and P.K. All authors have read and agreed to the published version of the manuscript.

CONFLICTS OF INTEREST

The authors declare no conflict of interest. This study did not receive any specific grants from public, commercial, or not-for-profit funding agencies. The supporting institutions had no role in the study design, data collection, data analysis, interpretation of the findings, manuscript preparation, or the decision to publish the results.

DECLARATION OF ARTIFICIAL INTELLIGENCE USE

The authors used ChatGPT (OpenAI) to assist with language refinement, improve grammar and readability, and provide technical writing advice. All scientific content, study design, data interpretation, conclusions, and the final manuscript have been reviewed, verified, and approved by the authors, who are fully responsible for the accuracy and integrity of this work.

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