International Journal of Community Medicine and Public Health
Dey M et al. Int J Community Med Public Health. 2026 Aug;13(8):4459-4465
https://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20262728

Original Research Article

Age-specific determinants of child growth among under-five children in Southern West Bengal, India

Mala Dey, Sambaran Mondal, Sudipta Banerjee, Shankarashis Mukherjee*

Public Health Analytics Unit, Department of Food and Nutrition, West Bengal State University, Kolkata, West Bengal, India

Received: 02 June 2026
Accepted: 18 July 2026

***Correspondence:**
Dr. Shankarashis Mukherjee,
E-mail: msasish@yahoo.co.in

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Child growth is a key indicator of health and nutritional status, influenced by socio-demographic and feeding-related factors. Undernutrition is a consistent public health concern among under-five children in India. Objectives of the study were to assess age-specific variations in nutritional status and examine the role of socio-demographic and feeding-related indicator amid children aged 12–59 months.
Methods: An observation based study was conducted among 662 children of age 12 to 59 months in Southern West Bengal. Data on socio-demographic characteristics, feeding practices, and feeding behaviours were collected using a predesigned questionnaire. Anthropometric measurements were used to assess nutritional status. Chi-square tests were applied to examine associations.
Results: Wasting showed significant variation across age groups (χ^2=18.618, p<0.005), with higher prevalence observed among older children. Socio-demographic factors such as father's occupation (χ^2=98.712, p<0.01) and family structure (χ^2=41.609, p<0.01) varied significantly across age groups. Feeding practices indicated that feeding site (χ^2=223.52, p<0.01), feeding problems (χ^2=296.309, p<0.01), and self-feeding behaviour (χ^2=8.623, p<0.03) differed significantly with age. Feeding in front of television or mobile devices was the most common practice, and a high proportion of children exhibited feeding problems such as limited appetite.
Conclusions: Child growth is influenced by age-specific socio-demographic and feeding-related factors. Improving feeding environments and addressing feeding behaviours may play an important role in enhancing nutritional outcomes among under-five children.

Keywords: Child growth, Undernutrition, Wasting, Sociodemographic factor, Feeding practices

INTRODUCTION

Child growth is extensively renowned as a sensitive measure of population health and reflects the cumulative influence of nutrition, health care, and socio-economic conditions during early life.[1-3] Child growth retardation, or growth faltering, refers to a slower-than-expected increase in height or weight relative to age and serves as a key indicator of inadequate nutritional status in children.[4,5] Adequate nutrition throughout the initial five years of life is crucial for optimal physical nourishment, cognitive progress, and immune function.[6-8] However, undernutrition continues to be a primary public health problem with in India, specifically amid children below five years of age. Undernutrition is usually measured applying three key anthropometric indicators: stunting (reduced height relative to age), wasting (reduced weight relative to height), and underweight (reduced weight relative to age).[6-8] Globally, child undernutrition is a consistent primary public health concern. According to WHO (World health organization) 149 million children under 5 were estimated to be stunted (reduced height relative to age), 45 million were estimated to be wasted (too thin for height).[9] Based on National Family Health Survey (NFHS-5) findings, in India highlight a continued high prevalence of undernutrition among children aged 0–

59 months. Approximately 35.5% of children are stunted, 19.3% are wasted, and 32.1% are underweight.[10] At the regional level, the situation remains concerning; in West Bengal, stunting, wasting and underweight amid the children were reported as 33.8%, 20.3%, and 31.6% respectively, reflecting a significant burden of chronic and acute malnutrition.[11] Child growth is influenced by a range of socio-demographic and feeding-related factors. Maternal education is a key determinant, as it affects knowledge and adoption of appropriate child feeding and care practices.[12-15] Family type may influence care giving patterns and intra-household resource distribution, while father's occupation reflects the socioeconomic status of the household, which in turn affects food access and living conditions.[16-19] Feeding practices also play a critical role in child growth. Early initiation practices such as colostrum feeding are important for establishing immunity and supporting early nutrition. In later stages, factors such as feeding site, feeding problems (e.g., poor appetite or selective eating), and the child's ability to self-feed can influence dietary intake and feeding behaviour. These factors collectively contribute to variations in nutritional status and growth outcomes among children.[12,19-21] Evidence suggests that growth faltering does not occur uniformly across age groups; rather, its magnitude varies with age, socio-economic conditions. Therefore, this individual study aims to measure the age-specific indicators of child growth among under-five children in Southern West Bengal, India, with a particular focus on the role of socio-demographic and feeding-related practices.[1,12,22]

METHODS

This study adopted a community-based observational cross-sectional design to examine age-specific indicators of child growth amid children between 12 to 59 months of age. The study was carried out between January 2025 and February 2026 in North 24 Parganas. The district includes both rural and urban settings, representing varied socio-economic and cultural conditions.

The study participants composed of children between 12 to 59 months living in the selected area, along with their mothers or primary caregivers. Only those children who were permanent residents of the district were considered eligible.

Children with severe illness during the time of survey and those whose caregivers did not provide consent were excluded.

The participants were selected by applying simple random sampling. Initially, a list of households with children aged 1–5 years was prepared. From this sampling frame, eligible children were selected randomly, ensuring equal probability of selection, until the desired sample size was reached.

Data collection methods

Data collection was carried out through direct interviews with mothers or caregivers using a pre-tested structured questionnaire after obtaining informed consent. The questionnaire captured information on socio-demographic variables (age, sex, maternal education, and occupation), young child feeding practices (exclusive breastfeeding, colostrum feeding, self-feeding behaviour) and feeding-related issues such as appetite and feeding difficulties.[20,21]

Statistical assessment

The study data were coded, entered into statistical package for the social sciences (SPSS), and subsequently analyzed. The data were summarized using descriptive statistics such as frequency distributions and percentages. Associations between age groups and selected variables were examined using the Chi-square test. A p value of less than 0.05 was considered statistically significant.

RESULTS

Table 1 showed the age wise distribution of nutritional status among children with difference in outcome across the different ages. The magnitude of wasting (weight-for-height) has been decreased with increasing age, from 86.0% among children aged 12-23 months to 76.0% in those aged 48-59 months. On the other hand, moderately wasted children increased with age, reaching 16.0% in the oldest age group. Severe wasting remained relatively low among all the age groups. The association between age and wasting was statistically significant (χ^2=18.618, p<0.005), indicating that wasting varied meaningfully with age. In terms of stunting (height-for-age) the proportion of children having normal nutritional status remained relatively stable across age groups, ranging from 75.0% to 81.0%. Moderate stunting was slightly higher among children aged 48–59 months (17.0%), while severe stunting varied minimally between 6.0% and 8.0% among ages. The distribution of underweight (weight-for-age) showed relatively consistent patterns across all age groups. The proportion of normal nutritional status ranged from 73.0% to 77.0%, while moderate and severe underweight showed only minor variations.

Figure 1 report that amid the 12-23-month age children, underweight was the most frequently observed nutritional problem, affecting 26 % of the children, followed by stunting (21%) and wasting (14%).

As shown in Figure 2, among children aged 24–35 months, 26% were underweight, 25% were stunted, and 24% were wasted. Underweight was the most prevalent nutritional problem in this age group.

According to Figure 3, among the children age group of 36-47 months, around 23% of children were suffering from underweight, 19% were stunted and 16% were wasted.

Underweight was the most prevalent form of undernutrition in these ages.

According to Figure 4, among the age group of 48-59 months, around 26% of children were suffering from underweight, 19% were stunted and 16% of children were wasted. In this age group also majority of children were suffering from underweight.

Overall the findings showed that the children from later age group, showed a higher proportion of malnutrition, specifically wasting and underweight, than the younger children. This individual pattern indicates inadequate nutrition among older group children.

Table 2 showed distributions of socio-demographic characteristics varied across ages. Most of the mothers had secondary education (75.0%), followed by tertiary education (16.0%), while only a small proportion had no or primary education. Regarding maternal occupation, most mothers were not employed (87.0%), and only 13.0% were employed. Father's occupation showed a diverse pattern, with the majority being semi-skilled workers (82.0%), followed by unskilled (11.0%) and skilled workers (7.0%). A statistically significant relationship was observed between father's occupation and age group (χ^2=98.712, p<0.01). According to the family structure, joint families (57.0%) were more common than nuclear families (43.0%). The distribution of family type varied significantly across age groups (χ^2=41.609, p<0.01).

Table 3 showed age wise distribution of young children ages 12-59 months. Exclusive breastfeeding was reported in 73.0% of children overall, with higher prevalence in younger age groups (82.0% in 12–23 months) compared to older children (55.0% in 48–59 months). Similarly, colostrum feeding was practiced among the majority of children (80.0%), with a gradual increase among older ages. As per results, in case of feeding site, feeding in front of the TV/phone was the most common practice among all the ages (73.0%), while feeding at a child table or having no definite place was relatively uncommon. Feeding site showed a strong and statistically significant association with age (χ^2=223.52, p<0.01). Feeding problems also varied significantly with age (χ^2=296.309, p<0.01). Overall, 62.0% of children had limited appetite, followed by little interest (21.0%) and selective eating (47.0%). The pattern of feeding difficulties differed across age groups, indicating age-related changes in feeding behaviour. In case of self-feeding practices, 39.0% of children were self-feeders, with a higher proportion recorded in the youngest age group (61.0%) compared to older groups. This association was statistically significant (χ^2=8.623, p<0.03).

Table 1: Age-wise distribution of nutritional status indicators among children aged 12–59 months.

Indicator	Category	12 to 23 months (n=161)	24 to 35 months (n=166)	36 to 47 months (n=156)	48 to 59 months (n=179)	Total (N=662)	χ^2 value
Wasting	Normal	138 (86.0)	144 (87.0)	131 (84.0)	136 (76.0)	549 (83.0)	18.618 (p value <0.005)
	Moderate	14 (9.0)	11 (7.0)	15 (10.0)	29 (16.0)	69 (10.0)	
	Severe	9 (6.0)	11 (7.0)	10 (7.0)	14 (8.0)	44 (7.0)	
Stunting	Normal	127 (79.0)	133 (80.0)	126 (81.0)	134 (75.0)	520 (79.0)	2.327 (p value 0.887)
	Moderate	24 (15.0)	23 (14.0)	17 (11.0)	31 (17.0)	95 (14.0)	
	Severe	10 (6.0)	10 (6.0)	13 (8.0)	14 (8.0)	47 (7.0)	
Underweight	Normal	120 (75.0)	121 (73.0)	120 (77.0)	133 (74.0)	494 (75.0)	1.765 (p value 0.942)
	Moderate	29 (18.0)	29 (18.0)	21 (14.0)	32 (18.0)	111 (17.0)	
	Severe	12 (8.0)	16 (10.0)	15 (10.0)	14 (8.0)	57 (9.0)	

Table 2: Distributions of socio-demographic characteristics across age groups of children age 12-59 months.

Characteristics	12 to 23 months (n=161)	24 to 35 months (n=166)	36 to 47 months (n=156)	48 to 59 months (n=179)	Total (N=662)	χ^2 value
Mother education						
No education primary	8 (5.0)	8 (5.0)	11 (7.0)	12 (7.0)	39 (6.0)	14.836 (p value 0.09)
Primary education	6 (4.0)	4 (2.0)	7 (5.0)	4 (2.0)	21 (3.0)	
Secondary education	119 (74.0)	124 (75.0)	113 (72.0)	141 (79.0)	497 (75.0)	
Tertiary education	28 (17.0)	30 (18.0)	25 (16.0)	22 (12.0)	105 (16.0)	
Mother occupation						
Employed	28 (17.0)	17 (10.0)	26 (16.0)	16 (9.0)	87 (13.0)	1.924 (p value 0.588)
Not employed	133 (83.0)	149 (90.0)	130 (83.0)	163 (91.0)	575 (87.0)	
Father occupation						
Skilled	10 (6.0)	16 (10.0)	14 (8.0)	7 (4.0)	47 (7.0)	

Continued.

Characteristics	12 to 23 months (n=161)	24 to 35 months (n=166)	36 to 47 months (n=156)	48 to 59 months (n=179)	Total (N=662)	χ^2 value
Semiskilled	143 (89.0)	129 (78.0)	116 (74.0)	156 (87.0)	544 (82.0)	98.712 (p value <0.01)
Unskilled	8 (5.0)	21 (12.0)	26 (17.0)	16 (9.0)	71 (11.0)	
Family type						
Nuclear	78 (48.0)	72 (43.0)	85 (54.0)	48 (31.0)	283 (43.0)	41.609 (p value <0.01)
Joint	83 (52.0)	94 (57.0)	71 (46.0)	131 (84.0)	379 (57.0)	

Table 3: Age-wise distribution of infant and young child feeding practices and feeding behaviours among children age 12-59 months.

Characteristics	12 to 23 months (n=161)	24 to 35 months (n=166)	36 to 47 months (n=156)	48 to 59 months (n=179)	Total (N=662)	χ^2 value
Exclusive breast feeding						
Yes	132 (82.0)	131 (79.0)	121 (78.0)	98 (55.0)	482 (73.0)	3.739 (p value 0.29)
No	29 (18.0)	35 (21.0)	35 (22.0)	81 (45.0)	180	
Colostrum feeding						
Yes	107 (66.0)	114 (69.0)	117 (75.0)	142 (79.0)	530 (80.0)	3.77 (p value 0.28)
No	54 (34.0)	52 (31.0)	39 (25.0)	37 (21.0)	182 (27.0)	
Feeding site						
No definite place to feed	10 (6.0)	8 (5.0)	11 (7.0)	15 (8.0)	44 (7.0)	223.52 (p value <0.01)
Front of the TV/phone	124 (77.0)	119 (72.0)	120 (77.0)	122 (68.0)	485 (73.0)	
Feed on the floor	26 (16.0)	37 (22.0)	23 (15.0)	39 (22.0)	125 (19.0)	
Child table	1 (1.0)	2 (1.0)	2 (1.0)	3 (2.0)	8 (1.0)	
Feeding problem						
None	52 (32.0)	38 (23.0)	57 (37.0)	64 (36.0)	211 (32.0)	296.309 (p value <0.01)
Limited appetite	105 (65.0)	63 (38.0)	119 (76.0)	122 (68.0)	409 (62.0)	
Little interest	31 (19.0)	46 (28.0)	29 (19.0)	34 (19.0)	140 (21.0)	
Highly selective	16 (10.0)	14 (9.0)	31 (20.0)	23 (13.0)	84 (47.0)	
Irrational fear	6 (4.0)	5 (3.0)	2 (1.0)	1 (1.0)	14 (2.0)	
Self-feeder						
No	62 (39.0)	116 (70.0)	101 (65.0)	124 (69.0)	403 (61.0)	8.623 (p value <0.03)
Yes	99 (61.0)	50 (30.0)	55 (35.0)	55 (31.0)	259 (39.0)	

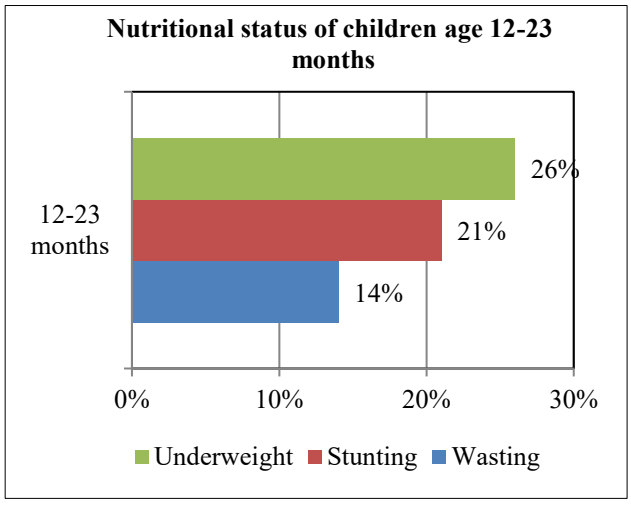

Figure 1: Distribution of underweight, stunting, and wasting within children aged 12–23 months.

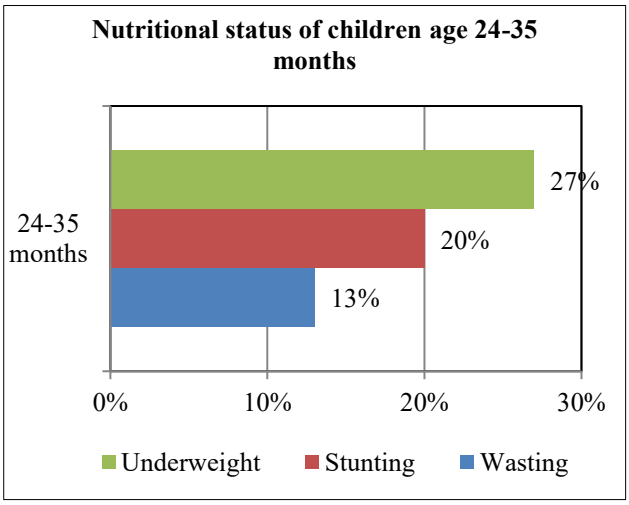

Figure 2: Distribution of underweight, stunting, and wasting within children aged 24-35 months.

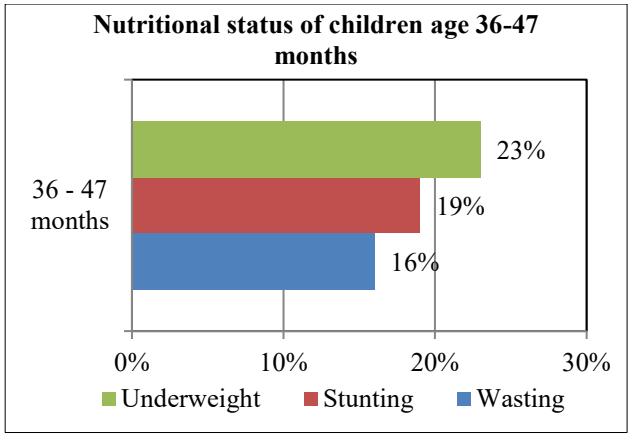

Figure 3: Distribution of underweight, stunting, and wasting within children aged 36-47 months.

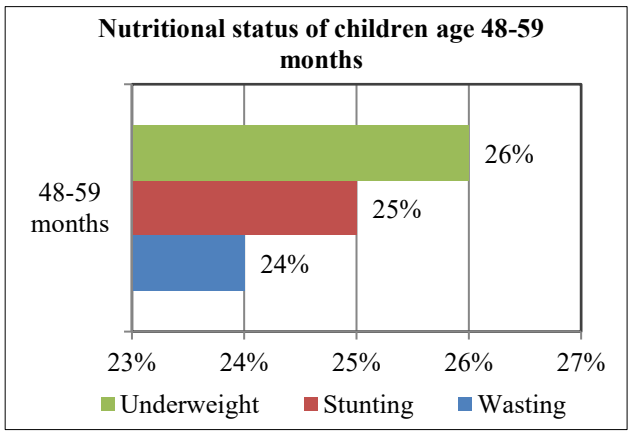

Figure 4: Distribution of underweight, stunting, and wasting within children aged 48-59 months.

DISCUSSION

Child growth reflects the overall nutritional and health status of children and is inclined by an amalgamation of biological, socio-economic, and behavioural aspects. Growth faltering, wasting, in particular, continues to pose a significant public health challenge across many low- and middle-income nations.[23,24] The present study result reflects a clear age related variation in child growth within children aged 12–59 months in Southern West Bengal. The findings demonstrate that wasting showed a significant association with age (χ^2=18.618, p<0.005), with a decline in normal nutritional status as age increased, while moderate wasting increased in older age groups.[4] This specific pattern suggests that children may become more vulnerable to acute malnutrition as they grow older. According to a study related to multiple countries data showed that nutritional status changes with age and reflects accumulated exposure to adverse condition.[25] On the other hand, stunting and underweight did not show significant variation across the age groups, showed a relatively stable distribution. This pattern indicates that chronic undernutrition initiate early in life and persist across age groups without fluctuation.[2,26] According to a study conducted in Sub–Saharan-Africa showed that stunting shows stable growth deficit over time.[27] This study found a significant association between father's occupation and ages provide a age specific variation in socio economic condition of households that eventually influencing child growth. A similar study also showed reported that father occupation directly influences child growth via household income and living condition.[14] According to present study outcome, the significant relationship between family type and different ages reflect variation in the care giving pattern and recourses of that individual household. Similar studies have reported that family structure influence child growth through its impacts on care practices, food access and economic support.[13,29] According to the study outcome majority of mother's were having secondary education and not employed to any work.[31] As per this study outcome young children's were having higher prevalence of breast feeding and colostrum feeding. Similar study results also reported that breast feeding related practices are more frequent during the early days of childhood.[28] This study outcome revealed the predominance of feeding in front of the TV/phone and a significant association was also showed between feeding site and ages. According to a study conducted in Korea revealed that 30.7% of children were exposed to media during meals was significantly associated with unhealthy food eating pattern, poor eating and poor dietary quality.[29] This present study outcome showed a significant age wise variation in feeding problem among children. Limited appetite was the most usual feeding problem, followed by little interest in food and selective eating. A similar study finding showed in some recent studies, were feeding difficulties such as food selectivity and low interest in eating were found to vary across developmental stages in young children.[30,31] According to the findings of the present study, self-feeding practices differed significantly across age groups among young children. A higher proportion of self-feeding was observed in younger children, indicating age-related differences in feeding independence. Similar findings have been reported in previous studies, which demonstrated a significant association between child age and the development of feeding behaviours.[31]

CONCLUSION

The findings revealed notable age-related differences in wasting among children, with a gradual reduction in the proportion of children exhibiting normal nutritional status as age increased (χ^2=18.618, p<0.005). Feeding-related behaviours, particularly the location of feeding, were significantly linked to age (χ^2=223.52, p<0.01), reflecting behavioral transitions during child development. A statistically significant relationship was also observed between age and feeding-related difficulties (χ^2=296.309, p<0.01), where poor appetite emerged as the most frequently reported concern. Variations in self-feeding behaviour across age groups were significant (χ^2=8.623, p<0.03), indicating progressive development of feeding autonomy with advancing age. Furthermore, socio-demographic characteristics, including father's occupation

(χ^2=98.712, p<0.01) and family structure (χ^2=41.609, p<0.01), showed significant associations with age, suggesting their potential contribution to child nutritional and developmental outcomes. These observations emphasize the importance of implementing age-sensitive nutritional strategies that promote suitable feeding practices and timely recognition of feeding-related concerns. Enhancing caregiver awareness regarding healthy child-feeding behaviours, alongside improving socio-economic support within households, may contribute to lowering the prevalence of undernutrition.

ACKNOWLEDGEMENTS

The authors extend their sincere gratitude to all children and their caregivers who willingly participated in the study and contributed valuable information. The authors are also thankful to their mentors and colleagues for their continuous support, insightful suggestions, and encouragement throughout the research.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Mertens A, Benjamin-Chung J, Colford JM Jr, Coyle J, van der Laan MJ, Hubbard AE, et al. Causes and consequences of child growth faltering in low-resource settings. Nature. 2023;621(7979):568-76.
2. Kundu RN, Gautam RK, Chatterjee A, Bharati P, Liczbińska G, Malina RM. Nutritional status of infants and young children in India across three decades: Analysis of five National Family Health Surveys. Eur J Clin Nutr. 2024;78:591-606.
3. Kundu RN, Liczbińska G, Gautam RK, Bharati S, Pal M, Bharati P, et al. Early childhood growth and nutritional status in India: Trends in five National Family Health Surveys spanning 1992 and 2021. Eur J Clin Nutr. 2025;79:553-66.
4. Yadav S, Bhandari P. Age heterogeneities in child growth and its associated socio-demographic factors: A cross-sectional study in India. BMC Pediatr. 2022;22(1):384.
5. Saha J, Chouhan P, Malik NI, Ghosh T, Das P, Ahmed F, et al. Effects of dietary diversity on growth outcomes of children aged 6 to 23 months in India: Evidence from National Family Health Survey. Nutrients. 2023;15(1):159.
6. DiGirolamo AM, Ochaeta L, Mejía Flores RM. Early childhood nutrition and cognitive functioning in childhood and adolescence. Food Nutr Bull. 2020;41(1 Suppl):S31-S40.
7. Roberts M, Tolar-Peterson T, Reynolds A, Wall C. The effects of nutritional interventions on the cognitive development of preschool-age children: A systematic review. Nutrients. 2022;14(3):532.
8. Saran R, Kasar J, Jha M, Sahu JK, Babu SS, Mutreja A. Building blocks of life: improving nutrition and health outcomes through fortification and breastfeeding in the first 1000 days of a child's life. Front Nutr. 2025;12:1517247.
9. World Health Organization. Malnutrition. 2024. Available at: https://www.who.int/news-room/fact-sheets/detail/malnutrition. Accessed on 15 March 2026.
10. International Institute for Population Sciences (IIPS), ICF. National Family Health Survey (NFHS-5), India, 2019-21. Mumbai: Ministry of Health and Family Welfare, Government of India; 2021.
11. International Institute for Population Sciences (IIPS), ICF. National Family Health Survey (NFHS-5), 2019-21: West Bengal Fact Sheet. Mumbai: Ministry of Health and Family Welfare, Government of India; 2021.
12. Jeyakumar A, Babar P, Menon P, Nair R, Jungari S, Medhekar A, et al. Determinants of complementary feeding practices among children aged 6-24 months in urban slums of Pune, Maharashtra, India. J Health Popul Nutr. 2023;42(1):4.
13. Mete B, Randev S, Guglani V. Impact of maternal sociodemographic characteristics on infant and child nutrition and growth: A cross-sectional observational study. Int J Contemp Pediatr. 2025;12(7):1173-9.
14. Tariq I, Khan JI, Malik MA. Decomposing acute malnutrition by educational inequality of mothers among under-five children in Jammu and Kashmir. Sci Rep. 2023;13:10493.
15. Basu Roy T, Das T, Das P, Das P. Analyzing determinants from both compositional and contextual level impeding desired linear growth of children in Indian context. BMC Nutr. 2023;9:69.
16. Jain A, Kim R, Swaminathan S, Subramanian SV. Socioeconomic inequality in child health outcomes in India: Analyzing trends between 1993 and 2021. Int J Equity Health. 2024;23(1):149.
17. Jain A, Rodgers J, Kim R, Subramanian SV. The relative importance of households as a source of variation in child malnutrition: A multilevel analysis in India. Int J Equity Health. 2021;20:225.
18. Bhati D, Tripathy A, Mishra PS, Srivastava S. Contribution of socio-economic and demographic factors to the trend of adequate dietary diversity intake among children (6-23 months): Evidence from a cross-sectional survey in India. BMC Nutr. 2022;8:153.
19. Sharma M, Anand A, Goswami I, Pradhan MR. Factors associated with delayed initiation and non-exclusive breastfeeding among children in India: Evidence from National Family Health Survey 2019-21. Int Breastfeed J. 2023;18(1):28.
20. Meshram II, Rao KM, Balakrishna N, Harikumar R, Arlappa N, Sreeramakrishna K, et al. Infant and young child feeding practices, sociodemographic factors and their association with nutritional status of children aged <3 years in India: Findings of the

National Nutrition Monitoring Bureau survey, 2011-2012. Public Health Nutr. 2019;22(1):104-14.
21. Hamsa L, Kumar PNG, Ranganath TS. Feeding practices among under two years children in urban slum, Bengaluru: A cross-sectional study. Int J Community Med Public Health. 2023;10(5).
22. Upadhyay RP, Pathak BG, Raut SV, Kumar D, Singh D, Sudfeld CR, et al. Linear growth beyond 24 months and child neurodevelopment in low- and middle-income countries: A systematic review and meta-analysis. BMC Pediatr. 2024;24:94.
23. Karlsson O, Kim R, Guerrero S, Hasman A, Subramanian SV. Child wasting before and after age two years: A cross-sectional study of 94 countries. EClinicalMedicine. 2022;46:101353.
24. Bharati S, Pal M, Hossain MG, Bharati P. Study on stunting, underweight and wasting among under-five children in India: Changes with respect to age. Int J Stat Sci. 2024;24(20):137-48.
25. Bitew FH, Sparks CS, Nyarko SH, Apgar L. Spatiotemporal variations and determinants of under-five stunting in Ethiopia. Food Nutr Bull. 2023;44(1):56-72.
26. Barik SS, Singh A, Singh M. Living with mother alone: Exploring the risk of stunting among under-five children in India. Front Nutr. 2025;12.
27. Reddy NS, Dharmaraj A, Jacob J, Sindhu KN. Exclusive breastfeeding practices and its determinants in Indian infants: Findings from the National Family Health Surveys-4 and 5. Int Breastfeed J. 2023;18(1):69.
28. Han YH, Shin S, Woo EY, Park HK, Hyun T. Screen time, mealtime media use, and dietary behaviors in Korean preschoolers: A cross-sectional study. Korean J Community Nutr. 2023;28(3):206-19.
29. Tang MY, Liu XM, Yang F. The prevalence and predictors of feeding difficulties in children at self-feeding transition stage. Front Pediatr. 2023;11:1175927.
30. Serel-Arslan S, Elmalı Y, Harmancı Ö, Yılmaz AY. Screening of swallowing and feeding-related problems in typically developing children. Clin Pediatr (Phila). 2023;62(10):933-41.
31. Song G, Chang J, Guan H, Zhang Y, Zhang T, Zhang Z. Professional feeding guidance improved infants' self-feeding proportion during complementary foods introduction in Beijing, China: An exploratory study. Children (Basel). 2023;10(11):1740.

Cite this article as: Dey M, Mondal S, Banerjee S, Mukherjee S. Age-specific determinants of child growth among under-five children in Southern West Bengal, India. Int J Community Med Public Health 2026;13:4459-65.