



The Influence of Cooking Activities on the Introduction of Healthy Food for Early Childhood Education

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Abstrak

Pengenalan makanan sehat esensial untuk membentuk pola makan dan gaya hidup sehat anak usia dini, namun pendekatan pembelajaran teoritis seringkali kurang efektif dalam meningkatkan pemahaman gizi. Penelitian ini bertujuan menganalisis secara kuantitatif efektivitas kegiatan *Food cooking* dalam meningkatkan pengenalan makanan sehat pada anak usia dini, mencakup pengetahuan dan minat. Dengan desain one-group *pretest-posttest*, penelitian melibatkan 17 anak usia 5-6 tahun dari PAUD Sekolah Langit Biru, Kota Bengkulu. Data dikumpulkan melalui observasi dan tes pengenalan makanan sehat, yang dilakukan sebelum dan sesudah intervensi memasak sederhana selama empat minggu. Hasil menunjukkan peningkatan signifikan skor rata-rata pengenalan makanan sehat, dari 2,34 (*pretest*) menjadi 3,68 (*posttest*) dari skor maksimal 4 per indikator. Uji *paired sample t-test* mengkonfirmasi perbedaan yang signifikan secara statistik ($p < 0,01$), dengan nilai Cohen's $d = 3,74$ menunjukkan efek intervensi yang sangat besar dan substansial. Temuan ini membuktikan bahwa kegiatan *food cooking* sangat efektif dalam meningkatkan pemahaman dan minat anak terhadap makanan sehat, berkontribusi pada pengembangan model pembelajaran aktif berbasis praktik dalam pendidikan gizi anak usia dini.

Kata Kunci: Food cooking, makanan sehat, anak usia dini, Pendidikan gizi

Abstract

Introducing healthy foods is crucial for establishing healthy eating patterns and lifestyles in young children, but theoretical learning approaches are often ineffective in improving nutritional understanding. This study aimed to analyse the effectiveness of this activity quantitatively. Cooking meals increased the introduction of healthy foods in young children, including knowledge and interest in healthy eating. Using a single-group pretest-posttest design, this study involved 17 children aged 5-6 years from a preschool. Langit Biru, Bengkulu City. Data were collected through observations and healthy food recognition tests conducted before and after a four-week simple cooking intervention. The results showed a significant increase in the average score of healthy food recognition, from 2.34 (pre-test) to 3.68 (posttest), with a maximum score of 4 per indicator. A paired sample t-test revealed a statistically significant difference ($p < 0.01$), with Cohen's $d = 3.74$ indicating a substantial intervention effect. These findings demonstrate that cooking activities are highly effective in enhancing children's understanding and interest in healthy food, thereby contributing to the development of a practice-based, active learning model in early childhood nutrition Education.

Keywords: Cooking food, healthy food, early childhood, nutrition education

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INTRODUCTION

Introduction Healthy food in children aged early is an aspect crucial in building good eating habits that will affect health long-term, in the early phase of life, children tend to develop a strong preference for foods that often survive into adulthood, so result in unhealthy and risky eating patterns tall to obesity and disease related other (Liberali et al., 2020; Murillo-Llorente et al., 2025; Znyk et

al., 2024). Frequent cases in front of parents dealing with it are fussy eating behaviour or limited food choices, which can interfere with the child's intake, nutrition, and growth (Markides et al., 2022). Nutrition Education interventions, particularly through activities such as cooking classes, are crucial for facilitating children's understanding of the importance of a healthy diet (Helle et al., 2017; Mikkelsen et al., 2014).

Interventions in the form of cooking activities (cooking food) are expected to be an effective strategy in introducing children to the concept of healthy food. This activity not only provides a theoretical understanding of nutrition, but also allows children to participate directly in the cooking process, thereby creating deeper engagement and interest in healthy food (Nix et al., 2021; Varela et al., 2025). It is hoped that children will be more easily able to accept and consume highly nutritious foods, which in turn will contribute to their long-term health (Mahmood et al., 2022; Z. Lafave et al., 2023).

Awareness of the importance of nutrition Education is growing, but gaps remain in the implementation of strategies for introducing healthy foods that involve active participation from children. Most teaching methods in Early Childhood Education are still one-way, lacking the involvement of children in the real-life food exploration process. This results in a lack of interest in healthy foods and a limited understanding of the importance of balanced nutrition in everyday life. Therefore, activities that can boost children's self-confidence are needed (Aghitsny, 2024; Daryati & Suryadi, 2025)

The main problem to be examined in this study is the extent to which cooking activities can influence the increasing understanding of healthy food in early childhood. In addition, this study will also examine which aspects of cooking activities have a significant impact, both cognitively and affectively, on children. This indicates that there is an urgent need to develop more participatory and enjoyable food introduction methods so that the healthy food Education process can be carried out effectively and comprehensively (Karlina et al., 2021; Putri & Mahyuddin, 2023).

The primary objective of this study was to analyse the Influence of cooking activities on improving early childhood understanding of healthy eating. It also aimed to identify the aspects of cooking activities that contribute most to this nutritional Education process.

Introducing healthy foods to young children through hands-on approaches, such as cooking, has attracted much attention in the last decade. Studies have Alliot et al (2016) shown that involving children in cooking activities can increase their acceptance of healthy foods, particularly vegetables. Similar findings are supported by (Van Der Horst & Sleddens, 2017), which states that sensory experiences and children's direct participation in the cooking process contribute to increased healthy food consumption.

Cooking food is one of the fun health promotion media for early childhood, so it can increase children's interest in learning about food, as research [Winahyu \(2023\)](#) shows that a responsive feeding approach can reduce children's tendencies towards picky eating behavior, as well as promote healthier eating habits. Other studies [Murillo-Llorente et al \(2025\)](#) show that Education about nutrition has a positive impact on children's eating habits and prevents obesity, in addition, [Skouteris et al \(2014\)](#) emphasise the importance of the curriculum in early childhood Education to raise awareness about the factors of desire and active eating practices. Through these various studies, it can be seen that school-based and home-based interventions are critical to teach children about the importance of healthy food choices and sufficient physical activity ([Wang & Stewart, 2012](#)).

This research is expected to provide new contributions to the field of nutrition Education interventions, particularly in the context of cooking for young children. This research will not only validate previous findings but also explore new aspects, such as children's active role in the cooking process and its contribution to the acquisition of nutritional knowledge and healthy eating habits. In this way, the study has the potential to broaden our understanding of how practical methods such as cooking classes can be used as effective educational tools to improve health among children ([Nix et al., 2021](#); [Varela et al., 2025](#)).

While cooking directly influences healthy eating knowledge and practices among young children, most previous research has focused on theoretical aspects and has not sufficiently explored the practical aspects that occur in home and school settings. This study aims to bridge the gap by gathering relevant empirical data on the effects of this activity.

The importance of this study cannot be underestimated, from both scientific and practical perspectives. This study has the potential to fill the gap in the existing literature and provide a strong foundation for effective nutrition Education in the context of early childhood Education. In contrast, the results of this study can be used by educators and policymakers to design more effective intervention programs that promote healthy eating patterns among children, ultimately contributing to a decrease in diet-related health problems in the future.

METHODOLOGY

Types of research

This study used a quantitative approach with a quasi-experimental design. This design was chosen because it allows researchers to directly observe the effects of a treatment, without using a randomised control group ([Abraham & Supriyati, n.d.](#); [Anantasia & Rindrayani, 2025](#)). This model is suitable for early childhood education contexts where randomisation of subjects is ethically and practically impossible.

The study used a quasi-experimental model with a one-group pretest-posttest design. One group of children was given a cooking activity, and their understanding of healthy eating was then compared before and after the intervention. This design enables the measurement of changes in children's understanding resulting from the intervention.

Time and Place of Research

The research was conducted at the Langit Biru School, Kindergarten Group B PAUD, from March to June 2024.

Research Objectives (Research Population and Sample)

The population in this study consisted of all students in Group B (aged 5–6 years) at the Early Childhood Education (PAUD) institution, Langit Biru School, in Bengkulu City. Sampling was conducted using a purposive sampling technique, which involved selecting subjects who met specific criteria relevant to the research objectives. The number of samples used was 17 children from one PAUD institution who had met the inclusion criteria, namely: (1) aged between 5 and 6 years, (2) actively participating in learning, and (3) obtaining permission from their parents to participate in the food cooking program for the duration of the study.

Instrument Study

Observation sheet for children's involvement in cooking activities and tests the introduction of healthy food (pretest and posttest), designed in the form of 4 indicators (1). Recognising types of unhealthy food. (2). Mentioning the benefits of healthy food. (3). Showing interest in healthy food. (4). Showing interest in healthy food.

Data collection technique

Data is collected through three stages:

1. A pretest, conducted before the cooking activity begins, is used to measure children's initial understanding of healthy food.
2. Food cooking activities, which are carried out for 4 weeks (8 sessions), with fun and straightforward cooking activities such as making fruit salads, healthy sandwiches, and smoothies.
3. Posttest, conducted after all cooking sessions were completed, to determine the increase in children's understanding based on four indicators.

Data Analysis Techniques

The pretest and posttest data were analysed using statistics. Descriptive and inferential statistics are used to describe the average value, standard deviation, and distribution of scores in children's understanding before and after treatment. Meanwhile, the difference test (paired sample t-test) is used to determine the significance of improvement in children's understanding after participating in food cooking activities.

RESULTS AND DISCUSSION

RESULTS

Indicators become a valid and reliable foundation for measuring changes that occur after intervention in cooking food. The variables of each show interrelated aspects to assess program effectiveness in the context of Education and nutrition in children from an early age.

Table 1: Indicators Observation

NO	Indicator
1	Children can recognise types of healthy food (vegetables, fruit, milk, etc.)
2	Children can identify types of unhealthy foods (such as candy and junk food).
3	Children understand the benefits of healthy food for the body.
4	Children show interest in trying healthy foods.

Score per indicator:

1 = Very Poor

2 = Less

3 = Enough

4 = Good

Maximum score per child = 16

Table 1 describes four indicator observations that become a framework conceptual measurement of food health in children aged early. These indicators include the child's ability to recognise types of healthy food (I1), the ability to name unhealthy food (I2), understanding the benefits of healthy food (I3), and interest in trying healthy food (I4). The maximum score for each child is 16. This score is used to measure the child's level of understanding quantitatively, which will be compared before and after the food cooking intervention. Before the intervention, which consisted of food cooking activities, researchers conducted initial observations (pretest) of 17 children in group B at the Langit Biru School PAUD. The aim is to map their initial level of understanding of healthy food using the prepared indicators.

Table 2. Distribution of Pretest Observations

Child's Name	Indicator I1	I2 Indicator	I3 Indicator	I4 Indicator	Pre-exam
Child 1	2	2	2	2	8
Child 2	3	2	2	3	10
Child 3	2	3	2	3	10
Child 4	2	2	2	2	8
Child 5	3	3	3	3	12
Child 6	2	3	2	3	10
Child 7	2	2	2	2	8
Child 8	2	2	2	2	8
Child 9	3	3	3	3	12

Child 10	3	3	2	3	11
Child 11	2	2	2	3	9
Child 12	3	2	2	3	10
Child 13	3	2	2	3	10
Child 14	3	3	3	3	12
Child 15	2	3	2	3	10
Child 16	2	2	2	2	8
Child 17	3	2	2	2	9

The pretest results show that the part of the big child scores between 8 and 12 out of a maximum score of 16. This indicates that the majority of children do not fully understand the overall health of food. These values demonstrate that good knowledge of fundamental (indicators 1 and 2) as well as affective (indicators 3 and 4) is still at a moderate to low level. This fact confirms that intervention is urgently needed to strengthen literacy and nutrition. After the child participates in food cooking activities for 4 weeks (8 sessions), the researcher again conducts measurements using the same instrument to observe changes in the children's understanding and attitudes towards food health.

Table 3. Posttest Observation Distribution

Child's Name	Indicator I1	I2 Indicator	I3 Indicator	I4 Indicator	Post-test
Child 1	3	3	3	3	12
Child 2	4	3	3	3	13
Child 3	4	4	3	4	15
Child 4	3	3	3	3	12
Child 5	4	4	4	4	16
Child 6	3	4	3	3	13
Child 7	2	3	2	3	10
Child 8	3	3	3	3	12
Child 9	4	4	4	4	16
Child 10	4	4	3	3	14
Child 11	3	3	2	3	11
Child 12	3	4	3	3	13
Child 13	3	3	3	3	12
Child 14	4	4	4	4	16
Child 15	4	3	4	4	15
Child 16	3	3	3	3	12
Child 17	4	3	3	3	13

The posttest scores show significant improvement. The average child's mark is between 12 and 16, with many children reaching a perfect score. This shows that children are not only able to recognize healthy food but also understand its benefits and show interest in consuming it. This proves

that cooking activities are interactive and capable of improving cognitive understanding and interest in children's emotions towards healthy food.

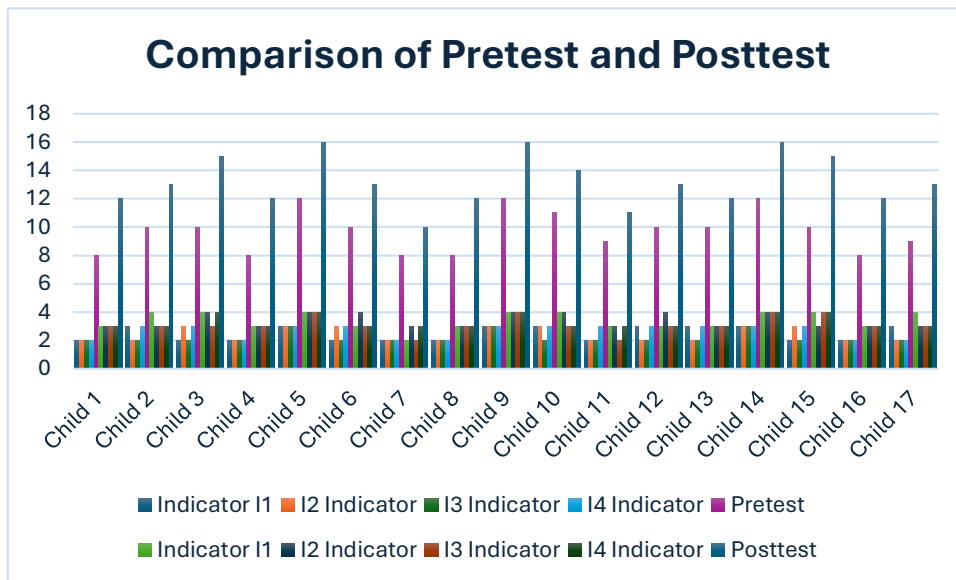


Chart 1. Comparison of Pretest and Posttest

A visible improvement was striking. The children's average score increased from approximately 2.34 to 3.68. This jump reflects the positive impact of the practical and fun intervention. This visualisation reinforces the quantitative conclusion that a hands-on, practice-based educational approach is far more effective than conventional, one-way methods in fostering healthy habits from an early age.

Before conducting the paired sample t-test, a homogeneity of variance test was performed using Levene's Test. This test aims to ensure that the pretest and posttest data have equal or homogeneous variance (dispersion).

Table 4. Homogeneity Test

		Levene Statistics	df1	df2	Signature.
Pretest and Posttest	Based on Average	.642	1	32	.429
	Based on Median	.623	1	32	.436
	Based on Median and with adjusted df	.623	1	28,463	.437
	Based on the trimmed mean	.626	1	32	.435

The Sig value of all methods is greater than 0.05, indicating that the variance of the data in the pretest and posttest groups is homogeneous. Thus, the data meet one of the requirements. Assumptions are crucial in parametric analysis, as they strengthen the validity of t-test results.

Normality test. It is necessary to determine whether the remaining data, representing the difference between the pretest and posttest scores, is usually distributed. In this study, the normality test was conducted using the Shapiro-Wilk (with Lilliefors correction) because the sample < 50.

Table 5. Normality Test

		Unstandardized Residues
N		17
Normal Parameters ^{a,b}	Means	.0000000
	Standard Deviation	2.29878016
The Most Extreme Difference	Absolute	.156
	Positive	.156
	Negative	-.082
Test Statistics		.156
Assimilation. Sig. (2-tailed)		.200 ^{c,d}

The results show a marked significance of 0.200 (more than 0.05), which indicates that the distribution of residual data is normal. Thus, the data meet the assumptions of normality and worthiness. Analysed using parametric tests such as paired sample t-tests and effect size calculations.

Table 6. Paired Samples Test

		Paired Differences					T	df	Signature (2-tails)
		Means	Standard Deviation	Mean Standard Error	95% Confidence Interval of the Difference				
					Lower	On			
Couple	Pre-Test and Post-Test	-22,882	2,913	.706	-24,380	-21,385	-32,389	16	.000

The results of the paired t-test ($t = -32.389$; $p < 0.01$) show a significant difference between the pretest and posttest scores. This proves the intervention is statistically effective in increasing the recognition of healthy foods in early childhood. Effect size was calculated using Cohen's d to measure the strength of the intervention.

Calculation of Cohen's

$$SD_{pooled} = \text{root} ((SD_1^2 + SD_2^2) / 2)$$

$$= \text{sqrt} ((0.40^2 + 0.31^2) / 2)$$

$$= \text{sqrt} ((0.1600 + 0.0961) / 2)$$

$$= \text{sqrt} (0.12805)$$

$$= 0.3579$$

Step 2: Calculate Cohen's d

$$d = (3.68 - 2.34) / 0.3579$$

$$= 1.34 / 0.3579$$

$$= 3.74$$

Cohen's $d = 3.74$

Based on Cohen's classification (1988), values above 0.8 are categorised as significant effects, and a value of 3.74 indicates huge and substantial effects. This indicates that the activity of cooking food not only provides statistically significant changes but also has a practical and strong impact. In other words, this activity is very effective in improving nutritional literacy in early childhood.

DISCUSSION

This discussion aims to interpret the research findings in depth, analyse the effectiveness of the interventions, and relate them to previous findings in the literature. Furthermore, the discussion also outlines the scientific and practical contributions of this research to the field of early childhood Education, particularly in developing healthy eating habits through active learning activities.

To comprehensively examine the impact of cooking activities, this section is structured into several subsections. The first subsection describes the children's baseline conditions before being exposed to cooking activities (pretest), followed by the changes that occurred after the intervention (posttest). Next, we discuss how these findings compare to previous research, followed by a critical analysis of the study's design and implementation, and an explanation of the proposed theoretical and practical contributions and implementations. Finally, we present the study's limitations as a basis for reflection and future research improvement.

The following is a complete description of the discussion based on the stages and indicators that have been designed:

Pretest Given Cooking Activity

Before the intervention, the children were observed to determine their initial level of understanding regarding healthy foods. Pretest results indicated that most children still had a moderate to low level of understanding. The average score was only 2.34 out of a maximum scale of 4 per indicator. The children appeared to be unable to differentiate between healthy and unhealthy foods optimally and had not shown any genuine interest in healthy foods.

These findings confirm that the current learning model has not sufficiently encouraged children to understand the importance of nutritious food. This situation is exacerbated by a learning approach that is primarily theoretical and lacks direct child involvement. Therefore, cooking activities were designed to address the limitations of previous approaches, hoping to build understanding through hands-on practice.

Posttest Given Cooking Activity

After participating in the cooking activities for four weeks (eight sessions), posttest results showed a significant increase in scores, both quantitatively and qualitatively. The average score of children rose to 3.68, indicating that most children understood the concept of healthy food and showed a strong interest in it. Activities such as cooking fruit salads, smoothies, and healthy sandwiches are effective in increasing children's engagement and sensory experiences.

This intervention not only improved cognitive aspects (children's knowledge of the types and benefits of healthy foods), but also affective aspects (attitudes and interest in healthy foods). The results of the paired sample t-test confirmed the significance of the difference ($p < 0.01$), and the Cohen's *d* calculation of 3.74 indicated a powerful intervention effect.

These results reinforce the findings Alliot *et al* (2016) of Van Der Horst *et al* (2017), who stated that hands-on cooking experiences increase acceptance of healthy foods, especially vegetables. Similarly, this study supports research Winahyu (2023) showing that responsive feeding based on real-life activities can reduce picky eating behavior. Other researchers have found that cooking classes improve children's knowledge of nutritious foods and fine motor skills (Angelina & Aulina, 2024; Laely & Subiyanto, 2020; Nawangsih & Isnaningsih, 2024)

The contribution of this research lies in the systematic application of this approach in early childhood Education settings in Indonesia, a previously underexplored area. Compared to previous research that focused more on theoretical nutrition Education, this study demonstrates that practical methods are more effective in shaping early childhood nutrition understanding. Although the results show high effectiveness, the one-group pretest-posttest approach has limitations, particularly in terms of controlling for external factors. The lack of a comparison group requires caution in interpreting the results. Furthermore, the sample size was limited to one school with 17 children, so generalizability still needs to be tested through further, broader studies.

The strength of this research lies in the use of reliable indicators and valid instruments, as well as comprehensive data reporting, from descriptive to inferential analysis. This research contributes to the development of interactive learning approaches in Early Childhood Education that prioritise active child involvement by incorporating cooking activities into lessons. Teachers not only convey knowledge but also instil healthy values and habits from an early age. This learning model can serve as a reference in the development of a thematic curriculum based on real-life experiences in PAUD.

The results of this theory support the principle of constructivism, which posits that children construct knowledge through direct experience and interaction with their environment. In practice, cooking activities are an ideal means of developing various aspects of child development, including cognitive, fine motor, social-emotional, and scientific literacy.

This study did not include a control group, which could potentially bias the measurement of the intervention's effects. Furthermore, no follow-up was conducted to determine whether changes in understanding translate into consistent healthy eating behaviours. Future research is recommended to employ an experimental design with a control group and to conduct long-term observations.

Early childhood Education teachers and parents can replicate this activity at school and home, for example, under the theme "Plants and Healthy Food." Children can be encouraged to select healthy ingredients, wash them, prepare them, and even reflect on their cooking, all while developing a contextual understanding of nutrition.

CONCLUSION

This study demonstrates that cooking activities have a significant impact on enhancing knowledge of healthy eating in early childhood. Based on the pretest and posttest results, there was a significant increase in the average score from 2.34 to 3.68, with a Cohen's *d* of 3.74, indicating a substantial effect. This demonstrates that hands-on learning interventions can build children's knowledge, attitudes, and interest in healthy food consumption.

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