

Socio-cultural Factors Influencing the Incidence of Stunting among Children Under Five in the Tengger Tribe, East Java, Indonesia

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ABSTRACT

Background: Indications of stunting incidence in toddlers of the Tengger Tribe in East Java, related to socio-cultural practices in daily life that have an impact on health conditions and nutritional fulfillment of toddlers. This study aims to analyze the socio-cultural factors that affect the incidence of stunting in Tengger Tribe toddlers in East Java.

Subjects and Method: This study is a qualitative research with a phenomenological approach. The research was conducted at the Lumajang Regency Health, Population Control, and Family Planning Office (P2KB), Senduro District Office, Senduro Health Center, and Ranupani Village. A total of 9 key informants, including the head of nutrition and public health, the head of population and family planning, the head of the Senduro Health Center, nutritionists, village midwives, family planning field officers of Senduro District, the head of the Ranupani Village government, the traditional shaman of the Tengger Tribe, and the baby shaman. A total of 9 mothers of toddlers as the main informants and 9 supporting informants were purposively sampling, including family members, cadres, health care officers, and sanitarians. Data collection was carried out through interviews, observations, and documentation, then analyzed using the Miles and Huberman interactive model.

Results: The study showed limited maternal knowledge about the health conditions and growth of toddlers. Traditional shamans play an important role in social decision-making, while gender equality affects the workload of mothers in economic activities. The parenting and care of toddlers is influenced by the cultural practices of the Tengger Tribe which are still strongly attached to daily life, as well as the environmental conditions of mountain communities who mostly depend on the agricultural sector for their livelihoods. Belief in ancestral spirits influences health decisions, through restrictions on maternal activity and mobility during pregnancy and after childbirth, as well as dietary restrictions that are believed to have adverse effects on pregnancy and toddlers.

Conclusion: The incidence of stunting in toddlers of the Tengger Tribe is related to socio-cultural factors which include maternal knowledge, social interaction patterns, toddler parenting patterns, and belief in ancestral spirits in health decision-making.

Keywords: socio-cultural factors, stunting, children under five.

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BACKGROUND

Stunting is still a global health problem that is closely related to the achievement of the Sustainable Development Goals (SDGs), especially the goals of eliminating malnutrition and health and welfare. Based on the World Health Organization (WHO) in 2022, the prevalence of stunting globally is 22.3%. In Indonesia, the prevalence of stunting based on the 2024 Indonesian Nutrition Status Survey (SSGI) is 19.8%, although it has decreased, the figure is still above the national target of 14% in 2024 and the sustainable development target in 2030. In response to these conditions, the Indonesian government has established various strategic policies through Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction. However, the achievement of stunting reduction programs has not been evenly distributed throughout the region, especially in remote areas inhabited by indigenous peoples.

One of the remote areas in Lumajang Regency, East Java is Ranupani Village, Senduro District, which is inhabited by the Tengger Tribe. Geographical challenges and limited access to health services have the potential to affect the monitoring of the growth and development of toddlers and the optimal implementation of nutrition interventions. Socio-cultural practices in daily life play a role in shaping consumption patterns and habits inherited from generation to generation, mothers' perspectives, attitudes, and behaviors in undergoing pregnancy, childbirth, breastfeeding, and

childcare (Swierad et al., 2017; Ilahi and Muniroh, 2020). Socio-cultural factors related to diet, parenting, education, and the position of women in the family influence decision-making related to the fulfillment of child nutrition (Sarma et al., 2017; Budhathoki et al., 2019).

Indications of stunting incidence in toddlers can be seen from the high rate of child marriage and school dropouts, which are the initial factors in increasing the risk of nutritional and health problems in toddlers. Research by Wahyuningsih et al. (2022) in Ranupani Village shows that the increase in marriages at the age of <20 years and early pregnancy is due to low use of contraception, as well as limited access to health and nutrition information. In the social structure, traditional shamans occupy a central position as the main figure in social and spiritual decision-making. Baby shamans are still the main reference in the childcare process. Some types of food are considered taboo for pregnant women and toddlers because they are considered contrary to traditional values or can disrupt spiritual balance, thus limiting food variety and potentially reducing the nutritional fulfillment of toddlers. This is in line with the findings of Rahmawati et al. (2023) who show that some Tengger Tribe toddlers are malnourished due to the habit of giving instant food, mothers' busyness in the fields, and food restrictions. The majority of the people of the Tengger Ranupani tribe make a living as farmers, with activities in the fields that do not distinguish gender. The

socio-cultural practices of the Tengger Tribe are oriented towards traditional values and belief systems against supernatural powers. People also believe in traditional medicine armed with spells and traditional herbs from shamans. Therefore, a comprehensive understanding of local culture-based values, beliefs, attitudes, and parenting practices is expected to be the basis for formulating stunting intervention strategies that are more acceptable to indigenous peoples.

SUBJECTS AND METHOD

1. Study Design

This was a qualitative method with a phenomenological approach (Sulaeman, 2022). This study was carried out from October to November 2024 in the working area of the Health, Population Control, and Family Planning Office (P2KB) of Lumajang Regency, Senduro District Office, Senduro Health Center, and Ranupani Village. The main focus of the research is to explore the perspectives, values, beliefs, and socio-cultural practices of the Tengger Tribe community related to the incidence of stunting in children under five.

2. Population and Sample

Sample was selected purposively. A number of 27 informants met the inclusion criteria. The informants in this study consisted of 9 key informants, 9 main informants, and 9 supporting informants. Informants were selected based on their relevance to the research focus and their ability to provide sufficient information. Data collection ceased when no new information emerged, indicating data saturation (Utarini, 2023).

3. Inclusion Criteria

The inclusion criteria for the main informants are as follows: (1) mothers of toddlers aged 0-59 months who are stunted; (2) from the Tengger Tribe in Ranupani Village; (3) Actively involved in the care of toddlers; (4) Have knowledge or experience related to

traditions, beliefs, health behaviors, and habits of the Tengger Tribe in daily life; (5) Willing to be a research informant and undergo in-depth interviews, as well as have sufficient time for interviews.

4. Exclusion Criteria

The exclusion criteria for informants in this study were individuals who did not meet the primary informant criteria, as mentioned in the inclusion criteria.

5. Study Instrument

This study obtained data from primary sources through in-depth interviews, participatory observations, and documentation. Secondary sources in this study were obtained from literature studies conducted by researchers. Secondary data was obtained from health reports and data from the Lumajang Regency P2KB Health Office, Senduro Health Center, Ranupani Village Auxiliary Health Center, and Ranupani Village Office.

6. Data Analysis

Data analysis was carried out using the Miles and Huberman interactive model which included data reduction, data presentation, as well as conclusion drawing and verification. Data was obtained through transcription of interview results which were then organized based on the source and time of collection. The analysis process begins with data reduction through coding to identify units of meaning, group codes into categories, and trace the relationships between categories until the main themes of the research are obtained (Utarini, 2023).

7. Research Ethics

This research has obtained an ethical license from the Health Research Ethics Commission of Dr. Moewardi Hospital with No. 2.254/IX/HREC/2024 on September 20, 2024.

RESULTS

1. Characteristics of Informants

a. Key Informants

Table 1 shows that the key informants in this study are community leaders, traditional leaders, health workers who have important roles and positions in the Tengger Tribe

community in Ranupani Village, as well as understanding the socio-cultural conditions of the Tengger Tribe community. Key informants have a closeness or understanding of the main informant, involvement in stunting control, and are willing to be the place to ask questions of researchers.

Table 1. Key Informant Characteristics

Informant Code	Age	Final Education	Status/Job Title
Mr. IB	43 years old	Bachelor of Economics	Family planning field officer
Mrs. IM	51 years old	Master's of Public Health	Head of P2KB
Mrs. FN	51 years old	Master's of Public Health	Head of the nutrition KIA team
Mrs. YH	51 years old	D3 Nutrition	Nutrition program person
Mrs. DF	33 years old	Midwife Profession	Village midwives
Mr. BM	75 years old	-	Traditional shamans
Mrs. SK	44 years old	Elementary school	Baby shaman
Mrs. SW	44 years old	Senior High School	Head of government of Ranupani Village
Mrs. ML	40 years old	S1 Medical doctor	Head of UPT Senduro Health Center

b. Principal Informant

Table 2 shows that the main informant in this study is the mother of stunted toddlers from the Tengger Tribe in Ranupani Village who come from Besaran Hamlet and Sidodadi Hamlets. Mothers of toddlers have met the inclusion criteria of the study. All

mothers under five are included in the productive age group (15-64 years) with an age range between 20 and 40 years. Most mothers of toddlers have a last level of education in junior high school and work as farmers.

Table 2. Characteristics of Primary Informants

Informant Code	Age	Final Education	Jobs	Address
Mrs. R	40 years old	Elementary school	Farmer	Besaran Hamlet
Mrs. IT	27 years old	Junior High School	Farmer	Besaran Hamlet
Mrs. SI	20 years old	Junior High School	Housewife	Besaran Hamlet
Mrs. LH	28 years old	Junior High School	Farmer	Besaran Hamlet
Mrs. IY	23 years old	Junior High School	Farmer	Siddhartha Village
Mrs. S	36 years old	Elementary school	Scarlet Witch	Siddhartha Village
Mrs. NA	24 years old	Junior High School	Housewife	Siddhartha Village
Mrs. RR	23 years old	Junior High School	Farmer	Siddhartha Village
Mrs. P	22 years old	Junior High School	Farmer	Siddhartha Village

c. Supporting Informants

Table 3 shows that the supporting informants in this study are family members who play a role in the care of toddlers and parties who provide additional information to

complement the data obtained from key and main informants. Supporting informants can provide a socio-cultural overview that can be an indication of stunting in toddlers.

Table 3. Characteristics of Supporting Informants

Informant Code	Age	Final Education	Status/Job Title
Mr. F	23 years old	Junior High School	Toddler's father A
Mrs. N	37 years old	Elementary School	Grandmother of toddler F
Mr. Fe	26 years old	Junior High School	N's Toddler Father
Mrs. T	44 years old	Elementary School	Grandmother of toddler AF
Mrs. SU	32 years old	Elementary School	Integrated health post cadre
Mrs. E	23 years old	Junior High School	Integrated health post cadre
Mrs. M	37 years old	Elementary School	Integrated health post cadre
Mrs. RT	28 years old	Bachelor of Public Health	Health promotor
Mrs. NN	25 years old	Bachelor of Public Health	Sanitary staff

2. The results of a qualitative analysis of the socio-economic actors in the incidence of toddler stunting in the Tengger Tribe

a. Maternal Knowledge of Health Conditions and Growth of Toddlers

Several informants (Mrs. S, Mrs. SK, Mrs. E) expressed their lack of understanding about stunting. The key informant, Mrs. IM, explained that stunting is understood as a short and stupid child. One of the mothers of toddlers also expressed ignorance regarding the causes of stunting,

"opo yo mak penyebab e?"

*(What is the cause? *the informant asks his mother)* (Interview, Main informant, Mrs. IY, 2024)

Several supporting informants (Mrs. M, Mrs. N, Mrs. E) revealed that the causes of stunting according to the mother's perception are associated with hereditary factors, lack of nutritious food intake, breastfeeding factors, and the condition of pregnant women. This is strengthened by the statement of the key informant Mrs. YH who stated that the public's understanding of stunting is still limited,

"Semuanya itu sebenarnya eee cuma sedikit yang mengenal apa itu stunting. Adapun ada yang ngerti, itu pemahamannya kurang maksimal"

(Actually, few people know what stunting is. Even though there are

those who understand, their understanding is not optimal) (Interview, Key informant, Mrs. YH, 2024)

In addition, the limited knowledge of mothers is shown in the lack of understanding of the concept of toddler growth and signs of healthy toddlers. Some mothers showed expressions of confusion and uncertainty in explaining the health and growth indicators of toddlers. One of the informants revealed,

"Bingung kula mboten paham nggih. Nggih sing kathah maeme niku, aktif, mboten rewel, mboten sakit-sakitan ngoten"

(Confused, I don't understand. Yes, those who eat a lot, are active, not fussy, rarely get sick) (Interview, Main informant, Mrs. RR, 2024).

Healthy toddlers according to the mother's perception are judged from their physical condition and daily behavior. Healthy toddlers are perceived as children who breastfeed frequently, eat a lot, appear active, are not fussy, sleep well, and rarely experience pain. In addition, body conditions that look fat or contain are used as indicators of the health of toddlers. The main informant, Mrs. SI, linked the health of toddlers with good growth and development.

b. Social Interaction Patterns of the Tengger Tribe Community

Traditional shamans as respected figures become a guideline for the community in various aspects of life, especially in social and spiritual decision-making. One of the main informants, Mrs. IT, revealed the community's compliance with traditional shamans,

"Kalo disini itu semuanya harus ijin sama dukunnya, terus minta doa. Kalo ndak boleh ya ndak berani takut kena sial"

(Here, everything must first ask permission from the traditional shaman and ask for prayer. If it is not allowed, the community does not dare to do it for fear of being hit by misfortune) (Interview, Main Informant, Mrs. IT, 2024).

The statement was supported by the key informant Mrs. DF who explained that most of the people obeyed the directions and recommendations of traditional shamans. Mr. F's supporting informant revealed that every activity related to Tengger customs and traditions was led directly by Father Shakun. This was also expressed by the key informant Mr. BM as a traditional figure,

"Nek umpami Desa niki pemimpin pemerintahane wonten kepala desa, nah Romo Dukun niki nggih kados pemimpin, tapi pimpinan adate. Masyarakat tansah nyuwun pitutur, pangestu, lan pepeling damel miwiti hajat ingkang ageng, kados mbangun griya, maringi asmane anak, utawi bade tindak dhateng panggonan sing tebih"

(If this village is the leader of the government, there is a village head, the traditional shaman is like a leader, but the traditional leader. People always ask for advice, blessings, and reminders before starting

a big activity, such as building a house, naming a child, or traveling to a distant place) (Interview, Key informant, Mr. BM, 2024).

The community's obedience to the directions and advice of traditional shamans forms a social agreement in community life, so that the Tengger Tribe has a strong social solidarity relationship with the values of mutual cooperation, tolerance, and mutual respect for customs. In addition, in the social structure of the Tengger Tribe there is no caste system or social layering. The Tengger Tribe has shown strong gender equality through equal positions and roles between men and women, especially the division of labor in economic activities. Based on observations, the majority of Tengger women, including mothers under five, work in the fields every day, from morning to noon or evening, depending on the location and type of work performed. One of the key informants revealed,

"Here it is between men and women of the same position, both working in the fields" (Interview, Key informant, Mrs. SW, 2024).

Pregnancy is not seen as a condition that limits the role of the mother in economic activities. During pregnancy, most mothers continue to work in the fields with strenuous physical activity, such as hoeing, until nine months of gestation. This is seen as a natural and accepted thing in the daily life of the Tengger people. One of the main informants revealed,

'Waktu hamil itu ndak pernah dirumah, tetep kerja di ladang"

(During my pregnancy I was never at home, I still worked in the fields) (Interview, Main Informant, Mrs. LH, 2024).

c. Parenting and Care for Toddlers

1) The Role of Baby Shamans in Toddler Care

Baby shamans are in charge of helping mothers after giving birth and caring for the baby until the umbilical cord is loosened. The treatments carried out are bathing the baby, massaging, cleaning the umbilical cord, and taking care of the mother after giving birth to the postpartum period of 40 days. This is as revealed by several informant statements,

"After giving birth, assisted by a shaman, usually here until the umbilical cord is removed." (Interview, Principal Informant, Mrs. IT, 2024)

"Nggih sampe cuplak udele, teng mriki ngeten"

(Yes until the umbilical cord comes off, here it is) (Interview, Main informant, Mrs. RR, 2024)

The statement was supported by key informants Mrs. SK and Mrs. DF,

"Dukun bayi niki sing ngurusi wong mbobot, lahiran, kale ngurusi bayine. Biasane ngurusi sampe cuplak udele" (Baby shamans who take care of pregnant women, give birth, and take care of their babies. Usually treat until the umbilical cord is loose (Interview, Key informant, Mrs. SK, 2024).

"Their task is to help after giving birth, take care of the baby's placenta until it is buried, depending on the request, some are 42 days, some are up to 1 month, 1 week, some are until the umbilical cord is loose" (Interview, Key informant, Mrs. DF, 2024)

2) The Habit of Bringing Toddlers to the Farm from an Early Age

One of the typical forms of parenting found in the Tengger Tribe community is the habit of taking children to the fields. The Tengger Tribe people introduced and taught farming

skills from an early age. This habit is a form of community adaptation to limited time and the dual role of women as workers and caregivers of toddlers. Most mothers start taking their children to the field at the age of 2-6 months. Several key informants revealed,

"Kadang usia 3 bulan itu sudah dibawa ke ladang, sambil digendong gitu kadang"

(Sometimes the 3-month-old has been taken to the field, while being carried) (Interview, Main informant, Mrs. IY, 2024)

"Umur 3 bulanan, nggih pun biasa" (3 months old, here it's normal) (Interview, Main informant, Mrs. RR, 2024)

"Yes, sometimes I go to the fields" (Interview, Main informant, Mrs. S, 2024)

The statement is supported by key informants and supporting informants,

"But after giving birth while being carried, sometimes the age of 2 months is put in a basket, lined with sacks and carpets." (Interview, Key informant, Mrs. DF, 2024)

"The people here are mostly young children who have been taken to the fields" (Interview, Supporting informant, Mr. FE, 2024)

3) Hygiene and Sanitation Practices in Toddler Care

Fields that are growing spaces for toddlers have health risks, because toddlers are exposed to dust, soil, and a less hygienic environment. The habit of washing hands before eating is not applied, while toddlers are given food or snacks without washing their hands first. The key informant Mrs. YH and Mrs. NN's supporting informant revealed,

"There is a lack of PHBS, they spend

time in the fields while bringing their children. Sometimes a 3-month-old baby is carried. Sometimes the child gets dirty with bread or snacks" (Interview, Key informant, Mrs. YH, 2024)

"... Moreover, the children must all be dirty, their faces are also full of dirt. The habit of washing hands before eating has not been implemented." (Interview, Supporting informant, Mrs. NN, 2024)

Sanitation facilities in the farm environment are also limited, including access to toilets and clean water. This was revealed by the supporting informant,

"The problem is that, when in the field, it is possible that they defecate in the field because there is no access to clean water and far from toilets." (Interview, Supporting informant, Mrs. NN, 2024).

4) Lack of Exclusive Breastfeeding

The implementation of exclusive breastfeeding practices of the Tengger Tribe community is influenced by several factors, including early feeding factors, the physical condition of the mother, and the habit of giving formula milk. Supplemental feeding before babies are six months old, such as bananas or mashed rice, is still done because of the perception that babies need additional food from an early age. The key informant, Mrs. FN, revealed,

"Then talking about Exclusive Breastfeeding, there are still some who still give newborns like scraped bananas. So indeed the coverage of exclusive breastfeeding is still lacking due to the factor of early feeding" (Interview, Key informant, Mrs. FN, 2024).

Physical conditions such as blistered nipples, swollen breasts, and unhealthy breastfeeding cause discomfort, so mothers

stop or reduce the frequency of breastfeeding. One of the main informants revealed,

"Swollen, then the nipples are blistered, sometimes bitten like that when breastfeeding." (Interview, Principal Informant, Mrs. IT, 2024)

Some mothers switch to using formula milk and use formula milk as one of the quick ways to calm their children when they cry, fuss, or don't want to eat. Several key informants revealed,

'Nggih langsung ASI, tapi awal niku ASI mboten bancar. Empat bulan niku terus dilanjut sufor soale tambah mboten keluar ASI ne" (Yes, it is directly breast milk, but not smoothly. Only four months later, she continued with formula milk because she no longer came out of breast milk) (Interview, Main informant, Mrs. S, 2024)

"ASInya cuma keluar sedikit, jadi mulai usia 2 minggu itu dibantu sama sufor"

(The breast milk only comes out a little, so from the age of 2 weeks it is assisted with formula milk) (Interview, Main informant, Mrs. P, 2024)

"Nggih sering, tapi ndak dihitung. Sebotol dot kecil. Kalo nangis, rewel gitu langsung saya beri susu"

(Yes often, but not counted. A small bottle of nipples. If I cry, I will give you milk) (Interview, Main informant, Mrs. RR, 2024)

'Kalo ndak mau makan gitu langsung saya kasih susu"

(If I don't want to eat, I will give you milk) (Interview, Main informant, Mrs. R, 2024)

5) Toddler Eating Habits

Some mothers give their children freedom in determining their daily diet. One of the main informants, Mrs. RR, said that children will cry if they are not given snacks such as *ciki-*

ciki, so they choose to give the food so that children do not cry. The main informant, Mrs. LH, revealed that letting children eat on their own as they wished. Children sometimes only eat a little or even only once a day.

Most toddlers have a poor food intake, both in terms of the number and frequency of meals. Some informants revealed that toddlers only eat two to three meals a day, but the amount of food consumed at each meal time is very small and not spent. In certain conditions, toddlers have difficulty eating and do not want to eat rice. Toddlers only consume one to two spoonfuls of food or only eat once a day. This is as expressed by several key informants,

"Kalau lagi doyan makan bisa satu centong kecil itu bisa habis kadang dua kali, tiga kali makan kalo doyan. Tapi kalo ndak mau paling cuma satu sampe dua sendok aja"

(If you are hungry, one small spoon can be used up, sometimes twice, three times. But if you don't want to, only one to two spoons) (Interview, Main informant, Mrs. NA, 2024)

"Makane tiga kali, tapi kadang mau kadang endak, paling ada lima sendok kalo lahap"

(Eat three times, but sometimes you want to sometimes not, maybe there are five spoons if you eat gluttony) (Interview, Main informant, Mrs. IT, 2024)

"Ndak tentu, kadang dua kali kadang tiga kali gitu"

(Not necessarily, sometimes twice, sometimes three times) (Interview, Main informant, Mrs. SI, 2024)

"Nggih, mboten purun maem, kedhik-kedhik ngoten"

(Yes, I don't want to eat, little by little) (Interview, Main informant, Mrs. S, 2024)

"Nggih, mboten purun maem, kedhik-kedhik ngoten"

(Sometimes I don't want to eat, I don't finish) (Interview, Main informant, Mrs. R, 2024)

The statement was supported by the statements of key informants Mrs. YH and supporting informants of Mr. FE,

"That's the first thing that is clear from parenting. This parenting style will affect their diet. The fulfillment of nutrients is lacking. Children are fed twice a day as much as 2 tablespoons, rarely eat fish and chicken" (Interview, Key informant, Mrs. YH, 2024)

"Nasi ndak mau, paling sehari cuman satu kali. Padahal sudah didulang"

(Rice doesn't want to, maybe only once a day. Even though the food has been fed) (Interview, Supporting informant, Mr. FE, 2024)

In addition, the key informant, Mr. IB, said that the majority of people store and consume instant food, so that the intake of animal protein is less optimal. This is reinforced by the statement of the key informant Mrs. DF, who revealed that the diet of toddlers is dominated by carbohydrates. Some informants mentioned that toddlers only consumed meatball sauce. Toddlers rarely consume chicken, fish, and eggs, while meat is almost never consumed. Toddlers prefer processed foods such as sausages. On the other hand, the use of local food is part of people's daily consumption patterns. Toddlers often eat potatoes, carrots, and cabbage. This is as revealed by several informant statements,

"Likes to eat instant noodles" (Interview, Supporting informant, Mr. FE, 2024)

"Vegetables, potatoes, tofu, tempeh, gitu" (Interview, Main informant, Mrs. NA, 2024).

"Because sometimes these eggs don't want to. Fish don't want it, chicken doesn't want it, meat doesn't want to. He likes sausages." (Interview, Principal Informant, Mrs. IT, 2024)

"Meatballs just want the soup" (Interview, Main informant, Mrs. LH, 2024)

d. Trust in Ancestral Spirits in Maternal and Toddler Health Decision-Making

Trust in ancestral spirits in health decision-making is shown through restrictions on maternal activity and mobility, both during pregnancy and after childbirth. One of the key informants revealed,

"There, the posyandu must be invited first, usually on Friday because the community believes that that day is considered sacred, thus reducing activities outside the home" (Interview, Key informant, Mrs. YH, 2024)

This statement was supported by the statement of the key informant, Mrs. DF, who revealed that there were mothers of toddlers who did not dare to come to the auxiliary health center because they were forbidden by shamans to pass through the T-junction where there was puddles. The ban is based on the belief that certain places can bring negative energy or spiritual disturbances, so mothers choose not to access health services. This was also revealed by the main informant Mrs. S, explaining that mothers who have just given birth are not allowed to leave the house until 40 days after childbirth. Mothers are prohibited from passing through certain T-junctions, dark places, or puddles. According to public belief, violations of the ban can cause babies to become fussy and the delivery process does not go smoothly. The key informant, Mr. BM, revealed,

"Kangge wong meteng niku, mboten

pareng liwat sakwetoro mergi per-telon, utawi blumbang miline banyu, amergi saget nggowo hawa sing ala ingkang saged dados molo. Umpami pamaline niku dipun langgar, bayine sakmengken rewel, laire mboten lancar. Damel sing kagungan bayi, mboten pareng tindak tebih sak derenge bayine kiat, supados mboten kesamber hawa sing ala"

(For pregnant people, it is not allowed to pass through part of the T-junction or puddle of water, as it can bring negative energy that is dangerous. If the prohibition is violated, the baby will be fussy and the delivery process will not go smoothly. For those who already have babies, they should not travel too far before the baby is strong, so as not to be affected by bad weather) (Interview, Key informant, Mr. BM, 2024)

In addition, various dietary restrictions are believed to prevent health problems or adverse effects on pregnancy and childbirth. Some informants said that pregnant women are not allowed to eat spicy food, salted fish, anchovies, and goat meat. During the postpartum period, some mothers avoid the consumption of eggs in the belief that the food can affect the healing process of labor wounds. Some mothers also limit feeding certain animal protein sources to toddlers, such as eggs and sea fish. These restrictions are based on the belief that the food can cause fishy odors, itching, or health problems in the child. This is as revealed by several informant statements,

"There are those who believe that if children eat these eggs, they will smell fishy. Then the cob and sea fish cause itching so they are not given" (Interview, Key informant, Mrs. DF, 2024)

"Terus anak ndak boleh makan telur, takut nanti anaknya bau"

(Children should not eat eggs, afraid that their child will smell) (Interview, Main informant, Mrs. IT, 2024)

"Yes, but here there are those who say that if you eat eggs, your child will smell fishy" (Interview, Main informant, Mrs. P, 2024)

DISCUSSION

1. Mother's Knowledge of Health Conditions and Growth of Toddlers

The results of the study showed that mothers' knowledge about stunting was limited, by assessing the child's condition based on body size and daily behavior. Stunting is perceived as a small or short child and is understood as a hereditary factor, while the causes and impacts of stunting have not been comprehensively understood.

This finding is in line with the theory of G.M Foster (1978) in Suryadarma and Swarsono (2013), stating that the low level of public health knowledge due to local knowledge is shaped by cultural experiences and long-rooted belief systems. From a cultural point of view, illness is understood as a condition when a person is considered no longer able to carry out a proper social role, so that society considers that the situation requires certain actions or treatment. Pain behavior refers to how the individual recognizes, assesses, and responds to perceived symptoms, including discomfort or disturbance in bodily function.

Several studies have shown that a mother's understanding significantly affects a child's growth outcomes. Mothers with low levels of education have poorer knowledge of nutritional needs, thus negatively impacting the growth and development of the child (Beal, et al., 2018). Research by Atamou, et al. (2023), shows that maternal knowledge plays an important role in determining stunting risk. A good level of maternal

knowledge about nutrition has a significant effect on reducing the risk of stunting (Salsabila et al., 2021). This is in line with the research of Siagian and Ramschie (2024), that more educated mothers not only have better knowledge about nutrition for toddlers, but also show a better attitude towards stunting prevention.

2. Social Interaction Patterns of the Tengger Tribe Community

The theory of G.M Foster (1978) in Suryadarma and Swarsono (2013), states that health decision-making in traditional societies is the result of collective considerations, not individual decisions. Such decisions are influenced by the social status and position of the individual in the social structure, so that the response to the disease and treatment options are determined by the socio-cultural dynamics of the community. Several studies have shown that indigenous leaders have a great influence on decision-making at the village level through interaction and collaboration with the government, which has an impact on community participation and sustainable development (Ohal and Supardal, 2025). This is in line with the research of Elga, et al. (2023), shamans play a role in choosing alternative medicine, so individuals not only turn to formal medical treatment but consider their beliefs and social connections with shamans in health decision-making. People in rural areas who still depend on shamans have difficulty accessing appropriate information and health services, thus potentially increasing the risk of stunting in children (Vaivada, et al., 2020).

On the other hand, Tengger women still play a major role in the care and care of toddlers, while mothers have to divide their time with activities in the fields. This is in line with Silalahi (2022), that indigenous women are the backbone that has an impor-

tant role in the preservation and transmission of traditional ancestral knowledge. Indigenous women are the key to determining the welfare of their indigenous communities through family economic independence by practicing knowledge through farming, farming, and farming activities.

3. Parenting and Care for Toddlers

This finding is in line with the research of Dyson (2016), in traditional practice, baby shamans still have a role in the childbirth process of the Tengger Tribe community as a companion to village midwives to provide psychological support to mothers and care for babies after birth up to 40 days. Baby shamans also play a role in providing direction related to breastfeeding care and postpartum nutrition fulfillment. Communication between baby shamans, mothers, and health workers has an effect on promotive and preventive efforts to prevent stunting (Sutarto et al., 2022; Widyastuti et al., 2024).

The Tengger Tribe has instilled a work ethic in children from an early age. When parents are involved in strenuous physical work in the fields, their attention to the nutritional needs of toddlers can be reduced (Pati, 2024). In addition, exposure to a less hygienic environment is related to sanitation and the availability of clean water in Ranupani Village which is still inadequate. Several studies show that environmental conditions exposed to pesticides and inadequate sanitation make toddlers vulnerable to infections, thereby worsening their nutritional status and affecting the risk of stunting (Dhefiana et al., 2023; Adriany et al., 2021; Mishra et al., 2020).

Inadequate exclusive breastfeeding during the first six months has an effect on the incidence of stunting in children under the age of five (Sjnj, et al., 2020). Formula feeding is a risk factor for gastrointestinal infections, so it is important to pay attention

to formula feeding in environments with poor sanitation conditions (Saputra, et al., 2022).

When children are given excessive freedom in food choices without adequate supervision, they tend to choose foods that are less nutritious, thus affecting the intake of macronutrients and micronutrients necessary for optimal growth (Ayu et al., 2023). Some studies have shown that inadequate feeding during the early period of a child's life (1000 HPK) contributes to an increased risk of stunting (Svefors, et al., 2019). Irregular feeding and inadequate nutritional intake make children susceptible to stunting (Qi et al., 2021). Inadequate protein consumption increases the likelihood of stunting by up to four times. Protein intake has an important role in promoting optimal growth and development in children (Endrinikapoulos, et al., 2023). The diversity of food provided has a great influence on children's growth. Unvaried foods can lead to malnutrition. Children who receive food regularly and with good variety have a lower chance of experiencing stunting (Dwipajati, et al., 2022).

4. Belief in the Ancestral Spirit in Mother's and Toddler's Decision Making

Parents associate illness with witchcraft beliefs, so they are reluctant to take their children to medical services (Edward and Richard, 2023). This finding is in line with Foster's (1978) theory, that such beliefs can have an impact on the decision to seek medical attention. Research shows that strong social bonds and trust of people who tend to adopt healthy behaviors can reduce the risk of stunting. Conversely, myths and misconceptions in a cultural perspective can hinder effective health interventions, potentially leading to an increase in stunting incidence (Setyaningsih et al., 2024; Muharry et al., 2024).

Some studies show that food taboos among the Tengger Tribe people on certain foods are considered taboo due to cultural beliefs. This can lead to a diet that does not support adequate nutritional intake. Maternal adherence to dietary restrictions can contribute to stunting incidence (Rahmawati, et al., 2023). In line with research by Tobing, et al., (2021), mother's inadequate knowledge about feeding and adherence to dietary restrictions can increase the risk of stunting in children. In addition, certain abstinences can result in a lack of food intake from animal sources, which is important for obtaining various micro-nutrients, such as iron and vitamin B12, which are difficult to obtain from plant sources (Khamis et al., 2019).

AUTHORS CONTRIBUTION

Annessa Marknalia Sasqia Putri contributes to problem formulation, research design, data collection and analysis, and the preparation of research results. Argyo Demartoto and Bhisma Murti contributed to problem formulation, research design, data analysis, and preparation of research results. Revi Gama Hatta Novika and Erindra Budi Cahyanto contributed to the data analysis and preparation of research results.

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CONFLICT OF INTEREST

There was no conflict of interest.

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