



Understanding parenting patterns and their influence on the nutritional status of stunted toddlers: A phenomenological study

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ABSTRACT

Background: Stunting in toddlers remains a critical public health concern in Indonesia due to its long-term effects on child development, quality of life, and national human capital. It is not merely a result of chronic undernutrition, but also deeply influenced by parental care patterns—especially those of mothers socioeconomic conditions, nutritional literacy, time constraints, and engagement with primary health services such as posyandu and community clinics. Despite multiple government interventions, stunting rates remain high, highlighting a gap between policy frameworks and ground realities. **Methods:** This study employs a qualitative phenomenological approach to explore how low-income mothers manage household food security, develop feeding strategies, and respond to the risk of stunting. Data were gathered through in-depth interviews, participatory observations, and focus group discussions (FGDs). Thematic analysis was conducted through transcription, data reduction, coding, and interpretive synthesis. **Findings:** Often shaped by children's activity levels rather than biomedical indicators. Community health interventions were found more effective when participatory and trust-based. The study identifies a significant gap between technocratic approaches focused on nutrition metrics and the contextual needs of mothers. **Conclusion:** Advocating for locally grounded, dialogic, and empowering interventions that strengthen emotional, social, and cultural capacities to sustain household nutritional resilience. **Novelty/Originality of this article:** The novelty/originality of this article lies in exploring mothers' lived experiences managing stunting risk, revealing gaps between technocratic nutrition policies and the contextual, culturally grounded needs of low-income Indonesian families.

KEYWORDS: household food security; maternal care practices; stunting; toddlers.

1. Introduction

Children are a group that experiences rapid growth, which requires a high nutritional intake for every kilogram of their body weight. The role of parents is crucial in fulfilling children's nutritional needs because during this stage, children need significant attention and support from parents to cope with rapid growth and development. To ensure children receive adequate nutrition, parents must have sufficient nutritional knowledge to provide a balanced menu (Alzaben et al., 2021). Stunting is a condition in which children experience growth retardation caused by nutrient absorption disorders, which can be observed from height-for-age compared to the median of the child growth standards. Stunting in children can affect their cognitive, motor, and socio-emotional development, and as a result, this may lead to poor academic performance (Pratiwi et al., 2021).

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Nutrition is an important factor that affects the quality of human resources, and the daily food intake must contain all the necessary nutrients to support optimal growth, prevent diseases, poisoning, and avoid health-threatening conditions that may endanger a child's survival (Hariyadi et al., 2010). Nutritional status is the state of the body resulting from food consumption and nutrient utilization, where nutrients are essential as a source of energy, growth, tissue maintenance, and body regulation. The nutritional status of toddlers can be assessed through anthropometric measurements consisting of age, body weight, and height variables. Age plays a key role in determining nutritional status, and misjudging it may lead to incorrect interpretation. Accurate body weight and height measurements are meaningless without correct age determination, where the standard used is 12 months for one year and 30 days for one month, meaning that any remaining days are not counted in full-month age calculation.

Body weight reflects tissue mass, including body fluids, and it is highly sensitive to sudden changes due to infectious diseases or decreased food intake (Hamani et al., 2023). Short stature or stunting in toddlers is caused by prolonged undernutrition that hinders the growth process and is used as a long-term indicator. Family type may influence the incidence of stunting, along with the number of children in the family, as family size is determined by the number of children. In this study, most families had more than two children, which can affect the fulfillment of family nutritional needs. This is because children in larger families tend to receive less individual attention and care, and the number of children may further influence the occurrence of stunting, especially when considering the family's economic status that depends on household.

Toddlers from families with sufficient per capita income tend to have a lower risk of stunting. This is because economic status influences access to health facilities, a clean environment, proper sanitation, and the role of parents, especially mothers, who often work to support the family economy. Ultimately, the issue of economic status is related to factors such as health, hygiene, and parenting patterns, which means that economic status also affects the likelihood of stunting in children (Tyarini et al., 2023). Parenting refers to how parents educate, care for, and guide their children in physical, social, emotional, and intellectual development. This parenting process involves various practices and behaviors that influence child development. Stunting in toddlers is caused by several interrelated factors, one of which is the child's nutritional intake. The role of parents, particularly the mother's knowledge, is crucial in ensuring that children receive proper nutrition, because toddlers undergo rapid growth and development. Therefore, parents must pay close attention to meeting their children's nutritional needs (Dewi & Ariani, 2021).

Maternal knowledge is an important factor in meeting the nutritional needs of toddlers so they can grow and develop appropriately for their age. According to Notoadmojo (2010), knowledge is the result of a process of understanding something after sensing or perceiving it, involving the five senses such as sight, smell, hearing, and touch. The more health-related information mothers receive, whether directly or indirectly, the broader their knowledge will become, particularly regarding toddler nutrition, which is one of the efforts to prevent stunting (Dewi & Ariani, 2021). Failure to address the issue of stunting can result in very serious consequences, such as the inability to achieve national development goals and a significant burden on the country due to the low competitiveness of human resources. If this issue is not resolved, Indonesia risks missing the opportunity to benefit from the demographic bonus in 2030 and may fail to achieve its Vision of a Superior Indonesia by 2045 (Fadilah, 2019). Several studies have been conducted on the relationship between parenting patterns and stunting among toddlers in Indonesia. Many of these studies reveal that suboptimal parenting, such as a lack of attention to nutritious food intake, contributes significantly to the high rates of stunting. For instance, research conducted in the Gayamsari District of Semarang shows that poor feeding practices can increase the risk of stunting in toddlers by up to six times. Furthermore, the study also revealed a significant relationship between parenting patterns in fulfilling nutritional needs and the family's economic condition with the incidence of stunting in toddlers.

However, there are still several research gaps that need further exploration. Most existing studies use a cross-sectional design, which makes it difficult to establish a definitive cause-and-effect relationship between parenting and stunting. In addition, there is still limited research on effective specific interventions to improve nutritional parenting practices. Longitudinal studies and randomized controlled trials are needed to evaluate the effectiveness of educational programs and other interventions in enhancing parents' practices related to toddler nutrition. Moreover, contextual aspects such as culture, access to healthcare services, and the role of gender in decision-making related to family nutrition also need further investigation to understand the dynamics that influence parenting and the nutritional status of toddlers in various regions of Indonesia. This study aims to increase public awareness of stunting prevention by understanding its root causes in each family. Based on this background, the activity aims to improve knowledge and awareness among the community, especially parents, about stunting, so that they can develop skills for early detection, implement appropriate parenting practices for stunting prevention, and enhance residents' understanding of dietary patterns that meet nutritional needs (Rusmana et al., 2022).

Although stunting has become a key concern in the national health development agenda, policy approaches and interventions have largely focused on technical and medical dimensions, such as nutrition education, supplement distribution, and monitoring child growth through anthropometric indicators. This approach tends to position families, especially mothers, as passive recipients of information rather than as active subjects who must deal with the social, cultural, and economic complexities of child-rearing. Many previous studies have emphasized the link between nutritional status and economic factors, but few have deeply examined how parenting patterns, maternal perceptions, and adaptive strategies in daily life influence efforts to meet toddlers' nutritional needs under limited conditions.

Most studies on stunting in Indonesia have used quantitative approaches, which, although providing an important general picture and aggregate data, often fail to capture the subjective experiences, emotional burdens, and personal meanings mothers carry in the parenting process. The perspective of mothers as key actors in household decision-making remains underexplored both contextually and in-depth. Yet understanding these experiences is crucial for designing more relevant and effective interventions. This gap becomes more apparent in low-income communities, where mothers must play a dual role as household economic managers and primary caregivers responsible for fulfilling their children's nutritional needs without adequate structural support.

This study addresses a significant gap in the literature by presenting a phenomenological approach that explores the lived experiences of mothers facing the challenges of meeting the nutritional needs of toddlers affected by stunting (Azzahra et al., 2024). This study not only captures reality in a qualitative and narrative manner but also highlights the disconnect between formal, top-down approaches and the emotional and practical needs of mothers in their daily lives. At the same time, this study contributes to enriching stunting intervention strategies so they can become more empathetic, dialogic, and connected to the socio-cultural realities of local communities. This research employs several theories to answer the main research questions, namely how do parenting patterns influence the fulfillment of nutritional needs in stunted toddlers, and what factors affect the relationship between parenting and the nutritional status of toddlers who experience stunting?

Health management is one of the components within the National Health System, encompassing health management and health information. This subsystem plays a role in organizing various aspects such as health policies, health administration, health law regulations, and the management of health data and information. All these elements support one another to strengthen other subsystems within the National Health System in order to achieve an optimal level of public health (Ministry of Health of the Republic of Indonesia, 2023). The main objective of this subsystem is to develop relevant, evidence-based, and operational health policies, to organize effective, efficient, and accountable health

administration, and to be supported by legal regulations and a reliable health information system to support health development and maximize the improvement of public health (Fadilah, 2019). Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction serves as the legal foundation for the implementation of the National Strategy for the Acceleration of Stunting Reduction that began in 2018. This regulation strengthens the structure of interventions and institutions involved in the effort to accelerate stunting reduction, with the goal of reducing the stunting prevalence rate to 14 percent by 2024 (Aryastami & Tarigan, 2017).

Parenting patterns refer to the interaction between parents and children that reflects a particular caregiving style within the family. This interaction significantly influences the development and personality formation of the child (Vaisarova, 2020). The parenting method applied greatly affects how the child navigates developmental stages appropriate to their age. Parenting is also an important factor that can influence the risk of stunting in toddlers. Children of parents with poor parenting practices tend to be at higher risk of stunting compared to children raised with effective parenting. One of the main causes is the mother's parenting approach, especially related to her behavior and practices in feeding the child. When mothers fail to provide adequate nutritional intake, it can lead to stunting in children (Syahdariantie et al., 2022). Toddlers who suffer from undernutrition or malnutrition are at risk of facing an uncertain future due to the long-term impacts of inadequate nutrient intake. Nutritional deficiencies can lead to a decline in children's intellectual capabilities (Black et al., 2013). The low quality of young human resources may result in the loss of essential potential that is needed for national progress. The under-five age range is a crucial phase in a child's life, as it is a vital period for growth and development. This stage serves as the foundation for a child's future health, cognitive abilities, mental, spiritual, and social well-being. During this time, children experience growth and learning more rapidly than at any other age. Nutritious food intake plays a key role in shaping a healthy and intelligent child. Therefore, attention to toddlers' nutritional status becomes a critical concern for every mother with children in this age range (Kurniati, 2021a).

The role of parenting is essential in determining the nutritional status of toddlers, especially those who experience stunting, a condition characterized by growth impairment due to prolonged malnutrition. Effective parenting includes knowledge, attitudes, and actions of parents particularly mothers in providing nutritious food and proper health care for their children. A lack of parental understanding regarding children's nutritional needs, limited access to information, and social and economic factors often result in improper feeding practices. This condition directly affects children's nutritional adequacy, which, if unmet, can hinder physical growth and mental development. Family environment, culture, and educational level also influence how parents care for and meet their children's nutritional needs. Therefore, intervention programs that focus on enhancing parental capacity through nutrition education and improved parenting practices represent a strategic step toward reducing the prevalence of stunting in Indonesia (Rahayuwati et al., 2023).

2. Methods

This study is a qualitative research using a phenomenological approach, aiming to deeply understand the meaning behind the experiences of housewives in managing household food security and responding to the issue of stunting in toddlers (Creswell & Poth, 2021; Sandelowski, 1995). This approach was chosen because it aligns with the research objective to capture subjective realities, adaptive strategies, and social and emotional dynamics that cannot be measured quantitatively (Creswell & Poth, 2021). The phenomenological approach in this study was selected not merely because of its qualitative nature, but because of its capacity to uncover the profound meaning of subjective experiences of housewives who are at the center of this research (Sandelowski, 1995). Phenomenology as an approach allows researchers to understand the world as it is directly experienced by the subject, not as assumed by theories or measured by statistical

instruments. In this context, the experience of mothers in managing household food security and confronting stunting is not an objective and uniform reality, but rather highly personal, emotional, and contextual. Food choices, survival strategies, and responses to nutrition information are all influenced by cultural background, family values, social relationships, and the economic pressures they face.

Through in-depth interviews, mothers revealed various layers of emotion and considerations in their daily decision-making, from feelings of anxiety and fear about their child's growth, to guilt when they are unable to provide what is considered nutritious food. There is also tension between nutritional ideals conveyed by health professionals and the economic realities and family habits that are often misaligned. For example, some informants acknowledged understanding the importance of animal protein for their child's growth, yet still had to replace eggs or meat with tempeh or tofu due to budget constraints. On the other hand, they also had to deal with picky eaters, children who are difficult to feed or only want to eat certain types of food, which forces them to be creative in preparing meals in appealing ways without adding financial burden.

Phenomenology allows all these narratives to be treated not merely as data, but as windows into how the structure of experience is shaped by social, economic, cultural, and even historical contexts (Creswell & Poth, 2021). One of the strengths of this approach lies in its ability to capture dynamics that are invisible in quantitative data, such as the hidden despair behind efforts to be frugal yet healthy, or the pride a mother feels when she manages to get her child to eat without coercion. This process also illustrates how the identity of being a mother is formed and tested in situations of limitation, and how community solidarity, such as relationships with neighbors, Integrated Health Service Post/*Pos Pelayanan Terpadu* (posyandu) volunteers, or mothers' forums, becomes both a source of strength and a medium for informal learning. The phenomenological approach helps shift the perspective from viewing food security and stunting merely as "technical problems" requiring medical or nutritional solutions, to understanding them as issues involving power relations, resource distribution, and social justice. For instance, in several informants' narratives, there were feelings of being "judged" by health workers for not meeting certain nutritional standards, even though what they truly needed was empathetic guidance and realistic solutions tailored to their local conditions. In this sense, phenomenology is not only a research method but also an ethical and political approach that places mothers' experiences at the center of social analysis, recognizing that they are the most affected and simultaneously hold a key role in the success of stunting interventions (Creswell & Poth, 2021).

The selection of phenomenology as the approach in this study contributes significantly not only to understanding household food security practices and strategies but also to voicing experiences often marginalized in development and public health discourses. The findings of this study are expected not only to enrich academic literature but also to offer an alternative perspective in formulating more humane, participatory, and context-sensitive intervention policies. In this study, the researcher employed three main techniques for data collection: in-depth interviews, participatory observation, and focus group discussions (FGDs) (Creswell & Poth, 2021). These methods were strategically chosen to build a comprehensive and contextual understanding of housewives' experiences in managing household food security and responding to the issue of stunting. Since the study is grounded in a phenomenological approach, it is essential to explore not only what the informants do but also how they interpret their actions and experiences.

In-depth interviews were conducted in a semi-structured format to allow flexibility in exploring topics while maintaining focus on the core research issues. Through this method, the researcher gathered personal stories from mothers about how they cope with daily financial limitations, their adaptive strategies in shaping household consumption patterns, and their understanding of nutrition and stunting. The interview process revealed narratives reflecting emotional pressure, the burden of responsibility, as well as creativity in managing food with limited resources. This method also opened space for deep reflection that might not surface in group discussions, such as feelings of guilt when a child is ill,

concerns about the child's future, or a sense of marginalization within a health care system that is overly technocratic.

To complement the verbal data from interviews, the researcher also conducted participatory observations in the homes and communities of the informants. This technique provided a tangible picture of everyday behaviors and practices that may not be fully captured through interviews. The researcher noted how mothers fed their children, the types of food prepared, how they selected ingredients at the market or local shops, and how they interacted with neighbors, health volunteers, and other family members. The observations also revealed various forms of local solidarity, such as sharing food supplies, exchanging affordable nutritious recipes, or accompanying neighbors facing economic hardship. Within the context of phenomenology, this observation is essential to grasp the meaning of actions in their original context, an aspect that cannot be fully accessed through verbal statements alone (Creswell & Poth, 2021).

FGDs were used to understand social dynamics and how collective meaning is formed through interaction among mothers. Through group discussions, the researcher was able to capture how mothers shared experiences, compared practices, debated the most effective approaches, and even shaped shared narratives about their roles in stunting prevention. FGDs also revealed how social pressures, such as cultural norms, public perceptions of "good mothers," and family expectations, influence how they manage food security. On the other hand, this forum also served as a shared reflective space that demonstrated how individual experiences can shape collective awareness and, in some cases, generate transformative forms of mutual support.

Combined, these three methods produced not only data that is descriptively rich but also deeply meaningful within the phenomenological framework. The data collected is not merely factual information but living narratives that reflect the complexity of housewives' realities in performing multifunctional roles amid structural limitations. Thus, this approach does not only describe what happens but also reveals why and how these events and experiences are interpreted by the research subjects (Creswell & Poth, 2021).



Fig. 1. Participation observation

The data analysis process in this study followed the principles of qualitative analysis using a phenomenological approach, aiming to interpret and uncover the meaning of the informants' subjective experiences (Moustakas, 1994; Groenewald, 2004). Data obtained through in-depth interviews, participatory observation, and focus group discussions (FGDs) were systematically processed through several important stages. Each stage was designed to maintain the integrity of the narratives, reveal key themes, and explore the social, emotional, and cultural depth of the mothers' experiences in managing food security and responding to the issue of stunting (Moustakas, 1994; Groenewald, 2004).

The first step in data analysis was verbatim transcription, which involved transcribing all interview and group discussion recordings word for word, including intonation, pauses, and meaningful nonverbal expressions. This transcription was done to preserve the originality and depth of meaning in each informant's statement. In phenomenological research, it is important to retain the nuances of the informants' original language because language serves as the vessel for authentic lived experience. This process also became the initial stage for the researcher to begin familiarizing with the data, which means immersing oneself in the stories and experiences of the informants (Groenewald, 2004).

After the transcription was completed, a data reduction process was carried out, which involved filtering information based on its relevance to the research focus. Reduction does not mean arbitrarily eliminating data but rather selecting and sorting information that substantively answers the research questions, such as how mothers manage food security, respond to economic limitations, or understand the risks of stunting. Information that was repetitive, not directly related, or too general was noted as context but not used as a primary focus. The relevant data were then reorganized thematically to allow for deeper analysis (Moustakas, 1994; Groenewald, 2004).

2.1 Coding

The next stage is coding, which is the process of assigning labels or codes to segments of data that reflect recurring patterns, meanings, or issues (Saldaña, 2021; Creswell & Poth, 2021). Coding is conducted openly and reflectively, following the emergence of themes from the narratives rather than based on pre-established categories (inductive coding) (Braun & Clarke, 2006). The initial codes that have been created are then grouped into broader categories or overarching themes. This process is called thematic analysis, which involves identifying major themes that illustrate general patterns in the experiences of the mothers (Braun & Clarke, 2006; Creswell & Poth, 2021). Each theme is further explored to examine the relationships between themes and how these themes form a collective narrative about household food security and stunting prevention efforts (Saldaña, 2021).

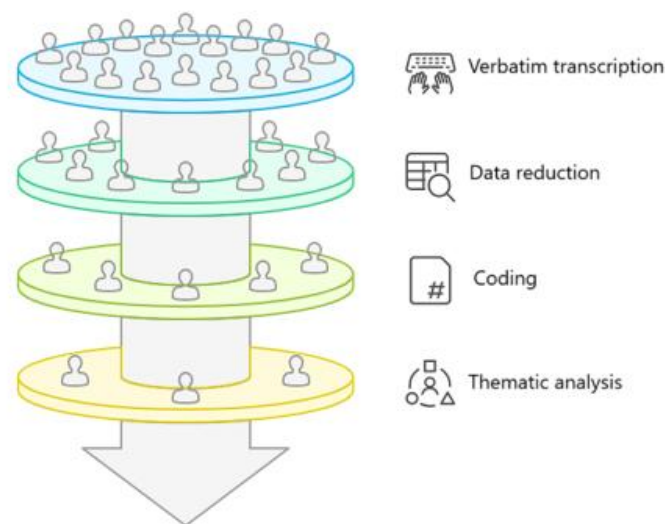


Fig. 2. Phenomenological data analysis process

This process is not linear but iterative. The researcher may return to the raw data whenever necessary to re-examine interpretations, check for consistency in meaning, or deepen understanding (Creswell & Poth, 2021; Nowell et al., 2017). In this way, the results of the analysis are not merely descriptive but also interpretive and reflective, as emphasized in the phenomenological approach (Vaismoradi et al., 2016). Through this stage, the research does not simply portray empirical reality but also creates space to capture the

complexity of meaning and the survival strategies used by mothers in facing the structural challenges that shape their household food security (Creswell & Poth, 2021).

This study employed thematic analysis, a method used to identify, analyze, and report patterns or themes within the data (Braun & Clarke, 2006; Nowell et al., 2017). Although the qualitative approach provides deep understanding, there are several inherent limitations in this type of research. The findings cannot be generalized to the entire population because the research focus is on depth rather than statistical representation (Creswell & Poth, 2021). Data interpretation heavily depends on the researcher's understanding, which may be influenced by personal bias or analytical limitations (Vaismoradi et al., 2016). The quality of data relies greatly on the researcher's ability to build rapport with informants, probe information deeply, and conduct sharp analysis. The data collection and analysis process in qualitative research requires a long time and intensive involvement, including transcription and data verification (Creswell & Poth, 2021). Because it involves personal issues such as parenting stress or poverty, the researcher must be ethically and emotionally sensitive to avoid triggering additional psychological burdens for the informants (Nowell et al., 2017).

3. Results and Discussion

The informants in this study consisted of housewives who had toddlers with stunting or who were at risk of stunting. They came from diverse socioeconomic backgrounds but shared similarities in their limited access to nutritional information and economic resources. The majority of the informants were mothers without stable employment, relying on their husbands' income or informal work such as operating small stalls or working as daily laborers. Some of them also played dual roles, functioning as housewives while contributing to the household income.

The informants' ages ranged from 25 to 40 years, with educational backgrounds varying from elementary to senior high school. Not all of them had adequate access to nutritional information. Their understanding of stunting was still limited, with most only recognizing it through physical symptoms such as "a short child" or "a child who eats poorly." More in-depth information was usually obtained only after consulting at the local health post or through community health volunteers in their neighborhoods. In decisions related to child nutrition, mothers played a dominant role, although financial decisions were often still influenced by the husband.

The characteristics of the informants indicate that a mother's role in managing child nutrition is significantly affected by economic, social, and emotional factors. In in-depth interviews, many expressed anxiety, guilt, and even uncertainty in dealing with their child's stunting condition. For example, one informant, Mrs. M, stated that she only realized her child was stunted after frequent illness and examination by a health post officer. Such information highlights the importance of empathetic and contextual educational approaches to address stunting at the family level. In the daily lives of households with toddlers, food security does not only refer to food availability but also reflects the family's ability to survive and adapt amid various social and economic pressures. Most informants in this study were housewives who did not work formally but held dual or even multiple roles as family economic managers, child health caretakers, emotional stabilizers within the family, and primary decision-makers in consumption. In such situations, decisions regarding child meals were often made through compromises between nutritional needs, financial limitations, health conditions, and the child's eating preferences. One of the informants, Mrs. D stated:

"I try to make sure my child keeps eating even though our finances are tight. I usually go shopping early in the morning because prices are cheaper. I choose ingredients that last longer and do not spoil easily, like tempeh or vegetables" (Mrs. D, Microeconomic actors and guardians of family welfare).

This statement may seem simple, but it carries a complex meaning: a mother's choice of food ingredients is the result of a long deliberation process that considers the shelf life of food, economic value, storage capacity at home without a refrigerator, and the potential to be processed into various menu variations tailored to the child's preferences. Behind this shopping strategy lies a form of practical intelligence practical knowledge not acquired through formal education but from daily experience continuously shaped by necessity and constraint. Mothers like Mrs. D take on roles as microeconomic actors and guardians of family welfare. They are not merely "managing the kitchen" but are risk managers, strategic decision-makers, and adaptive agents in the face of economic crises. In many cases, they must navigate circumstances by rotating inexpensive yet nutritious ingredients, such as substituting animal protein with tempeh or eggs, or cooking leafy vegetables that grow wild but are rich in nutrients. Food security in this context cannot be measured solely by calorie availability, but also by the creativity and endurance internalized in the mothers' daily practices.

Furthermore, it is essential to understand that within a social structure that places the burden of caregiving and domestic management almost entirely on women, mothers are the frontline defenders against all forms of food vulnerability. When social assistance is uneven, food prices increase, or a child experiences eating difficulties such as picky eating, the mother is the one who must immediately find solutions by modifying recipes, adjusting meal times, or even sacrificing her own food portion for the sake of her child. In in-depth interviews, several informants stated that they often set aside the best food for their children, even if it meant eating minimally or not at all themselves. This situation underscores that household food security is often built on maternal sacrifice, where the mother becomes a crisis buffer in a system that does not always favor women and the poor.

The affective dimension of eating practices must also not be overlooked. Eating is not merely a physical activity, but also a social and emotional experience. Many mothers express their love through food by cooking their child's favorite dishes, trying to prepare visually appealing school lunches even with modest ingredients, or even borrowing money to buy specific foods when the child is ill. These actions show that caregiving in the context of low-income families is carried out through intensive, layered, and emotionally burdensome care work. In this sense, food becomes a relational medium that strengthens the bond between mother and child, while also reflecting the dynamics of resilience, love, and crisis.

In addition, cultural structures also shape how food security is managed. In communities that still strongly uphold traditional roles, the mother's role as the primary person responsible for kitchen matters is seen as normal, even absolute. When husbands do not participate in consumption planning or do not understand the difficulties of daily food management, both psychological and practical burdens fall entirely on women. In some cases, this leads to mothers being trapped in prolonged stress, feeling guilty when the child is sick or refuses to eat, and experiencing emotional exhaustion that often goes unnoticed.

In this context, it is important to view food security not only from technical or economic dimensions but also as a political space where power relations, gender role distribution, social inequality, and structural injustice converge. Housewives from low-income families are not merely users of the food system, but also producers of social resilience who support the survival of the next generation. When they manage to maintain a relatively stable diet during a crisis, it is not because the system supports them but because they create their own system, with logic, values, and social networks that are often overlooked by policymakers.

This study emphasizes that understanding household food security, particularly with toddlers, requires a holistic approach that is sensitive to local realities. It demands an understanding that does not see mothers as passive subjects receiving impact but as active agents who negotiate, innovate, and resist within the domestic sphere. Their experiences must serve as a foundation for formulating food policy, nutrition intervention programs, and community education, so that the proposed solutions are truly relevant and have real impact. Time constraints also become a significant challenge for mothers who have informal jobs or assist their husbands with work from home. In the case of Mrs. M, for instance, efforts

to provide meals for her child were carried out after the child was asleep, due to work activities that could not be left unattended. She explained:

"My time is limited because I help my husband work from home, so I schedule cooking after my child is asleep. I usually cook for two meals" (Mrs. M).

This strategy shows how time is flexibly mapped to ensure the child still receives food despite limited conditions. Such decisions also reflect emotional resilience, where the mother does not surrender to the situation but instead finds ways to continue giving her best. Most of the informants indicated that food choices for their children were more influenced by the child's preferences than by formal nutritional guidelines. This pattern emphasizes that in the context of limitation, adherence to nutritional theory is often overridden by the pragmatic need to ensure the child keeps eating. As Mrs. P said:

"There was a time when our finances were tight, so I cooked with whatever ingredients we had. Thankfully, a kind neighbor often gave us vegetables. As for nutrition, I am learning slowly from the health volunteers at the community post" (Mrs. P).

This quote reflects not only limitations but also the existence of informal social networks that function as buffers for food security. Assistance from neighbors and emotional closeness-based social relations become alternative resources when formal supports are insufficient. Interestingly, although many families do not yet have a comprehensive understanding of balanced nutrition, some mothers have begun to show initiative by learning from community health sessions or other sources of information. They record low-cost, nutritious menu ideas, substitute expensive ingredients with nutritionally equivalent alternatives, or experiment with different cooking methods. As Mrs. M expressed:

"We agreed that even if money is tight, food for the child should not be reduced. I also learn from the internet, making homemade vegetable porridge that is healthy but cheap" (Mrs. M).

Such practices illustrate a gradual transformation from consumption patterns based on immediate need to more reflective consumption oriented toward the child's health, although still in very gradual and context-dependent forms.

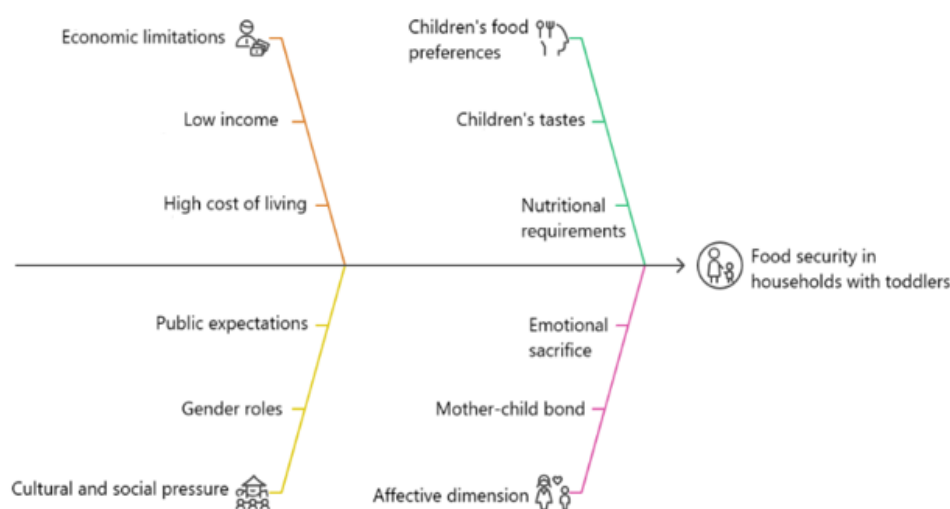


Fig. 3. Navigating food security challenges in households with toddlers

From all of these narratives, it can be concluded that household food security strategies in times of limitation are not merely survival efforts but expressions of love, responsibility,

and creativity. These mothers, with all their limitations, do not simply give up but constantly seek ways to ensure that their children continue to eat, even if not always with ideal meals. They are not merely domestic actors but also active agents negotiating between economic systems, consumption culture, and caregiving responsibilities. In this context, household food security appears as the result of emotional, social, and intellectual resilience of mothers who continue to struggle quietly.

Parents' understanding of their children's stunting conditions remains highly varied, ranging from being entirely unaware to beginning to connect physical symptoms with nutritional problems. In most cases, delays in height or weight gain are not immediately perceived as something that needs to be addressed. This is evident in Mrs. F's statement, who said:

"Nothing's changed, really" (Mrs. F).

When asked about her stunted child's condition. Such a view reflects low literacy in nutrition and child development, which often results in delayed responses to stunting. There are also informants who begin to realize that their child's condition is not ideal, although they do not immediately label it as stunting. Mrs. W, for instance, expressed:

"Her height is not increasing compared to other children her age, she's much shorter" (Mrs. W).

This statement indicates concern but not yet enough information to connect it with long-term risks. In this context, recognizing the early signs of stunting becomes a crucial aspect that needs to be strengthened in public education, especially since many parents tend to perceive growth delays as something normal or hereditary. Parental perception is also influenced by the child's general health experience. When the child appears active, not fussy, and does not show severe illness symptoms, parents often believe there is nothing to worry about. On the other hand, symptoms such as prolonged coughing, lethargy, or appearing overly thin begin to trigger deeper concern. Mrs. M stated:

"I saw my child was very skinny and got sick easily. Every month he had a cold or fever. At that time I thought it was normal, but after a check-up, it turned out his weight and height were not increasing according to his age" (Mrs. M).

This transformation from unawareness to awareness becomes an important entry point for family-based stunting interventions. Interestingly, in the cases of Mrs. P and Mrs. M, awareness of stunting arose not only from direct experience but also through interactions with health workers or online information. Mrs. M said:

"I thought maybe it was due to lack of food, but after going to the posyandu, they said it was stunting. From there, I started following the suggested nutrition program" (Mrs. M).

This shows that primary services such as posyandu remain at the forefront of early detection and transformation of nutritional awareness at the family level. The success of education is strongly determined by the accessibility of information and the strength of local narratives. Overall, parental understanding of stunting reflects disparities in access to child health information. Knowledge about nutrition and growth is not evenly distributed, and in many cases, personal experience dominates over conceptual understanding. This affirms that improving nutrition literacy must be grounded in contextual, interactive, and continuous approaches, by strengthening the presence of health cadres and community-based facilitators as key agents of change.

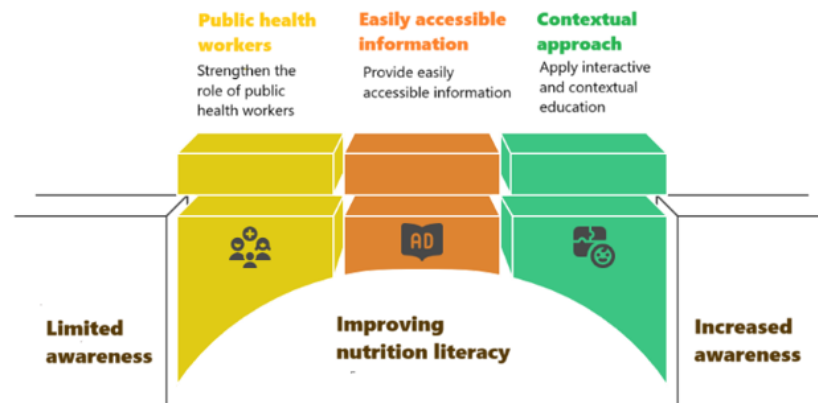


Fig. 4. Improving parents' understanding of stunting

The process of feeding toddlers who refuse to eat becomes a significant source of emotional tension for parents, especially mothers. In interviews, nearly all informants reported feeling stress, frustration, or even a sense of failure as a parent when their children refused to eat. Mrs. D expressed:

"Honestly, I often feel stressed when my child doesn't want to eat. After all the effort cooking, it just gets rejected. But I'm learning to be patient" (Mrs. D, Microeconomic actors and guardians of family welfare).

This statement reveals the emotional burden mothers carry daily, where feeding is not merely a routine task but a battlefield to ensure children receive adequate nutrition. This emotional response leads to the emergence of various improvisational strategies in dealing with picky eaters. Some mothers try to navigate mealtime by using toys, singing, or creating a pleasant atmosphere. Others choose not to force the child and prefer to wait until the next mealtime. Mrs. M shared:

"I used to get annoyed, but I realized that didn't help. Now I try to be more patient and consistent. If today they don't want to eat, I offer it differently the next day" (Mrs. M).

This statement reflects a learning process and a transformation toward a more adaptive and non-authoritarian parenting style. For some parents, their child's refusal to eat also generates feelings of shame or social pressure from those around them. When a child appears thin or less active, comments from neighbors or extended family often blame the parents. This reinforces guilt and adds to the already heavy psychological burden. Nevertheless, some informants were able to build emotional resilience through the support of their spouses or a supportive environment. Mrs. M recounted:

"I was really frustrated and felt like a failure as a mother. But my husband helped calm me down. We tried different approaches, like eating together as a family so our child would join in" (Mrs. M).

When parenting strategies are carried out under limited conditions in terms of time, energy, and finances, a mother's ability to remain calm and creative becomes a crucial aspect. Food refusal is not just an issue of consumption but also a symbol of power relations, communication, and emotional bonding within the family. Mothers who can manage their emotions well tend to be more flexible in finding solutions, such as hiding vegetables in soup or substituting ingredients with ones the child prefers. The psychological dynamics involved in parenting picky eaters reveal the deeply human side of efforts to maintain child nutrition. This is a realm where love, exhaustion, anxiety, and perseverance blend together. In this context, stunting interventions cannot be separated from strengthening parents'

emotional capacity. Approaches that focus solely on food provision, without addressing the psychosocial dimensions of caregiving, will lack long-term impact.

In community life, beliefs about certain types of food are often passed down from generation to generation and shape family consumption patterns, including in feeding children. In this study, it was found that some families did not establish specific food restrictions, while others held certain beliefs about the importance or undesirability of particular foods. For example, Mrs. P stated:

"Green vegetables are a must. They say it's good for the blood and growth. My grandmother also taught me to give egg yolks and chicken liver to children" (Mrs. P).

Such beliefs show that nutritional knowledge does not always come from formal education but often originates from family experience and cultural inheritance. These beliefs carry both positive aspects and challenges. On one hand, the practice of giving children nutritious foods like vegetables and egg yolks demonstrates an understanding aligned with nutritional principles. On the other hand, this information may be mixed with myths or beliefs that are less relevant. For instance, Mrs. M said:

"In my family, there's a belief that ice makes children sick. So we rarely give them cold drinks. But I don't really believe it, I trust information from the posyandu volunteers more" (Mrs. M).

This statement reflects a shift in understanding, where scientific information begins to serve as a reference, even though traditional beliefs still strongly shape family attitudes toward food. The dominance of practical culture is also evident in families' decisions to serve instant foods such as noodles, sausages, or nuggets due to convenience, children's preferences, or limited resources. This indicates a conflict between nutritional value and the growing popularity of fast-food consumption culture. However, some families still try to maintain balance by providing natural foods to the best of their ability. Mrs. W mentioned:

"We believe fish is really important for children. So even though it's expensive, I try to buy it once a week" (Mrs. W).

This practice indicates a high level of dedication, even when it requires sacrificing spending for other needs. Interestingly, responses to food-related beliefs are quite flexible. Many informants did not rigidly adhere to prohibitions or restrictions but focused more on the child's reaction and the availability of food at home. This attitude suggests that family-level consumption culture is more adaptive and contextual than dogmatic. When new information is introduced by health workers or posyandu, some parents begin to shift their thinking and practices, demonstrating a progressive space for cultural transformation in nutritional parenting. Beliefs about food among the informants' families are not merely about myths but also represent a form of cultural capital that shapes everyday caregiving practices. This traditional knowledge can serve as a strategic starting point to connect modern nutrition education, as long as the approach remains dialogic, on-judgmental and respect local knowledge. In this context, empowering families to sort and filter information is key to ensuring that culture and science can coexist. Handling stunting at the family level cannot be separated from the role of community institutions such as posyandu, community health centers, and local social networks. Findings from this study show that the majority of informants received various forms of support, including education, growth monitoring, and assistance in the form of nutritious food. Posyandu has become the most active institution and the one closest to the daily lives of mothers with toddlers. As Mrs. M explained:

"Posyandu gives vitamins, supplementary food, and education. I feel really helped because I've learned how to cook healthy meals for toddlers" (Mrs. M).

This statement affirms that posyandu not only plays a role in health data collection but also serves as an agent of change in eating patterns and nutritional awareness. Routine monitoring activities, such as monthly weight and height measurements, function as an important mechanism for the early detection of stunting. Posyandu volunteers also conduct household visits, evaluate home conditions, and provide supplementary feeding (PMT) when signs of stunting are identified. A health worker informant explained:

"If the child's height does not meet the standard for their age, we begin by providing assistance, and then they can receive PMT" (A health worker informant).

This approach illustrates a systematized nutritional intervention that includes physical, environmental, and behavioral aspects of the family. Community support also plays a major role in building mothers' confidence and reducing economic burdens. Assistance in the form of rice, eggs, and milk from the village office or local figures such as the neighborhood head was mentioned as a highly meaningful support. Mrs. P shared:

"If I only have fifteen thousand rupiah, I choose to buy eggs and vegetables for my child. My husband and I will just eat rice and salt" (Mrs. P).

This story reflects how parental love and sacrifice are often supported by community empathy, making stunting prevention a shared responsibility rather than an individual burden. Education provided by posyandu volunteers and health workers at community health centers has proven to significantly strengthen mothers' capacities in maintaining their children's health and nutritional status. In households with toddlers, the mother's knowledge and information are critical in making decisions about food and caregiving practices. This educational process is not merely top-down or one-way, but rather becomes a dialogic space between medical knowledge and the local experiences of mothers. Through routine activities such as nutrition counseling, child growth monitoring, and informal discussions with volunteers, mothers are encouraged to be more reflective about their child's condition, recognize nutritional development dynamics, and build healthier feeding interactions.

They are not only taught about healthy menus or balanced nutritional composition, but are also trained to understand responsive feeding techniques, how to create a pleasant mealtime atmosphere, and how to recognize early signs of nutritional disorders such as wasting and stunting. This broadens their understanding from previously just ensuring their child was "full," to paying attention to food quality, meal frequency, and the psychological aspects involved in eating. One informant stated:

"I've learned a lot, from how to feed to recognizing signs of malnutrition" (Mrs. I).

This statement confirms that the education received is not only informative, but also transformative, changing the mother's perspective and daily caregiving practices. Primary health interventions such as these show that food security cannot be separated from knowledge and empowerment. When nutritional information and caregiving techniques are delivered in an accessible and contextual manner, mothers become more confident and independent in making decisions. They no longer rely solely on food assistance or government programs, but are able to build their own coping systems based on a stronger understanding of their child's needs. At the same time, the presence of volunteers as "bridges" between formal health systems and the community also strengthens public trust in health institutions. The emotional closeness between volunteers and mothers, often from the same social environment, facilitates the educational process because it is built on empathetic and trusting relationships.

The success of this educational process is heavily influenced by program continuity, the capacity of volunteers, and structural support from local government. If the education process is sporadic or merely ceremonial, its impact will be minimal. Therefore, consistency,

participatory approaches, and attention to local context are essential. Education must not be seen solely as a transfer of knowledge, but as a process of social and cultural empowerment that positions mothers as agents of change within their domestic environments. In the context of stunting management, community-based interventions have proven to be a key pillar in prevention efforts and in strengthening family capacities. When mothers are able to understand their child's condition more holistically not only in terms of physical health but also emotional and behavioral aspects of eating new awareness emerges that goes beyond traditional practices or myths related to eating habits. In many cases, this education also dismantles long-standing habits that may not align with the child's nutritional needs, such as introducing solid food too early, inappropriate portion sizes, or forcing a child to eat, which can lead to trauma and long-term food refusal. Thus, consistent and community-based primary health interventions not only increase nutritional literacy but also expand the space for mothers and families to make independent and sustainable decisions in addressing stunting.

All of these findings show that interventions to address stunting do not solely rely on formal government programs but are heavily shaped by social dynamics at the community level and the active involvement of families, especially mothers. In many cases, the success of stunting prevention efforts lies in relational strength the long-term, trust-based relationships between posyandu volunteers and families. Volunteers are not merely extensions of the health system, but also function as cultural connectors capable of bridging technical knowledge with the everyday realities of the community. When interactions between volunteers and mothers occur consistently and in a dialogic manner, the education provided does not stop at the level of information, but evolves into a participatory, contextual, and grounded learning process.

Community solidarity in this context plays an important role as a social ecosystem that supports behavioral change. For example, when the practice of providing healthy food is shared in mothers' forums, or when there is mutual concern if a child experiences growth disorders, a social space is formed that supports healthier childcare practices. This solidarity is not ceremonial, but rooted in shared experiences of facing limitations and hardship. In such environments, families do not feel they are walking alone, but instead become part of a social network that mutually strengthens one another. Moral support, information exchange, and even sharing food resources all become part of the social infrastructure that reinforces household food security.

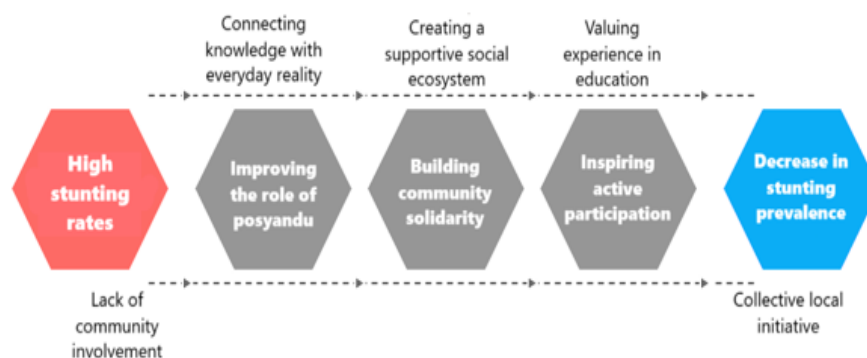


Fig. 5. Combating stunting through community & family involvement

Active family participation, particularly the role of mothers, is also a key determinant in this process. However, such participation is not passive or merely the execution of external instructions, but involves reflection, adaptation, and complex decision-making amid economic pressure and limited resources. The extent to which mothers feel appreciated, included in the educational process, and have space to voice their experiences will significantly influence the effectiveness of the programs. When interventions are implemented with a top-down approach that fails to understand the local context, resistance or a sense of helplessness may arise. On the other hand, if mothers feel that their

voices and experiences are valued in the process of change, then stunting prevention is more likely to become a collective movement that grows from the ground up.

Through a participatory approach, stunting prevention can evolve into a collective initiative that is not only focused on achieving national health targets, but also cultivates a sense of ownership and shared responsibility at the local level. This process enables deeper social transformation, as it touches on cultural aspects, power relations, and social structures that influence consumption patterns and childcare practices. In this context, stunting prevention is not merely a matter of nutrition, but also one of social justice, community capacity building, and the reconstruction of caregiving values that are more adaptive to contemporary challenges.

3.1 Discussion

In the dynamics of household life with toddlers, food security is proven to be not merely an issue of food availability, but rather a complex reflection of the family's capacity to respond and adapt to constantly changing social, economic, and cultural pressures (Herman et al., 2012; Khanna et al., 2020). The findings of this study show that most informants were housewives who did not work formally, but in fact held key roles in managing daily household affairs, including in microeconomic matters and child health care (Herman et al., 2012). They became central actors in decision-making, even while operating within limited resources and without full economic autonomy (Khanna et al., 2020).

Decisions regarding children's food in this context cannot be simplified as efforts to fulfill nutrition alone, but rather result from complex negotiations between economic constraints, ideal nutritional standards, children's eating preferences (which often change), and cultural values inherited in family consumption patterns. Some mothers, for instance, choose food ingredients that are easy to prepare, long-lasting, and economical, such as tempeh, eggs, or local vegetables, not only because of cost but also considering limited time and the child's ability to accept the food. These choices reflect adaptive strategies that are practical, emotional, and relational in nature (Herman et al., 2012; Khanna et al., 2020).

This dynamic affirms that household food security must be understood within a broader spectrum beyond just the presence of food ingredients (Herman et al., 2012). It includes the affective dimension of the mother-child relationship, such as guilt when the child refuses to eat, anxiety about growth and development, and efforts to create an enjoyable mealtime atmosphere (Khanna et al., 2020). On the other hand, there are also social dimensions in the form of pressure from the surrounding environment, such as neighbors' comments when a child appears too thin or certain cultural expectations regarding what is considered "good" food for children. Survival strategies in these situations are not solely based on economic rationality but also touch deeply emotional and cultural domains (Khanna et al., 2020).

This perspective aligns with the health management framework in the National Health System, which places sociocultural context and the role of the family as integral components in health intervention management (Yin, 2023). In this framework, interventions are considered more effective when they are not only based on medical and technocratic standards but also take into account the actual capacity of households to negotiate within the family. In this regard, the mother is not merely an executor of external health instructions but an active agent who manages various tensions between nutritional ideals and the social realities they face daily.

Decision-making processes in the household, particularly regarding children's food, are often nonlinear and not always based on formal nutritional knowledge. On the contrary, such decisions are shaped by experience, intuition, family values, and surrounding social networks, including neighbors, extended family, and community health volunteers. In this case, household food security can be seen as a form of social practice that develops from the ground up rather than merely the outcome of government programs that are instructive from the top down. A simple decision like choosing a side dish often involves multidimensional considerations: whether the food is liked by the child, whether it can be

cooked quickly because the mother must also care for a younger sibling, whether it will draw comments from neighbors or in-laws, and whether the ingredients can last for a few days to save time and money.

By understanding that food security is multidimensional and contextual, intervention approaches must also be adapted to the social realities on the ground. Government programs that are too focused on formal indicators such as recommended nutritional intake or ideal body weight often fail to capture the complexities of family life. In many cases, efforts to educate mothers about the importance of animal protein or dietary diversity are not fully successful because they do not take into account structural conditions such as market price fluctuations, limited time, domestic workload, or family relational dynamics.

Therefore, effective nutrition interventions must recognize that mothers are not merely “objects of education” but are subjects who possess agency and the capacity to formulate survival strategies relevant to their context. Within this framework, household food security should no longer be viewed solely as an individual responsibility, but as the result of interactions between public policy, local economic conditions, social networks, and family consumption culture. This is the key to designing policies that are more responsive and humanistic in addressing child nutrition challenges and the sustainable prevention of stunting.

The strategies used by mothers in this study, such as shopping early in the morning to get lower prices, choosing long lasting ingredients, and cooking twice a day for time efficiency, represent concrete forms of microlevel food security management in the household. These strategies also show that under constrained conditions, childcare practices are not merely domestic routines but also spaces where women actively articulate social and emotional responsibilities. This reflects the essence of parenting, namely how parents, particularly mothers, manage care, communication, and decision making that directly impacts a child’s wellbeing (Syahdariantie et al., 2023).

One of the critical issues that emerged is the low level of nutritional literacy among parents. Many still do not fully understand what stunting is, and some even perceive delayed child growth as something normal or hereditary. This lack of understanding delays intervention and can worsen the child’s nutritional status over the long term. However, findings also reveal a process of awareness transformation through interaction with health workers and community health volunteers. As access to information increases, some mothers begin to shift their household consumption practices toward a more reflective and nutrition conscious direction. This process aligns with a community based health management approach, which emphasizes the importance of education, community involvement, and local institutions such as posyandu as the vanguard of change (Aryastami, 2022; Guest et al., 2020).

Parenting style is also shown to significantly affect the care of picky eaters. In interviews, nearly all informants admitted to experiencing emotional stress when their children refused to eat. In such situations, mothers are expected to be flexible and avoid forcing their children, instead trying more humanistic and patient approaches such as making mealtimes more enjoyable or substituting ingredients with those preferred by the child. This illustrates the importance of emotional and social competence in parenting. According to Kurniati (2021b), children raised in a supportive environment with good nutritional understanding tend to have better nutritional status compared to those from families with authoritarian or neglectful parenting styles.

In addition to economic and time factors, cultural values also play a significant role in household food decision making. Some families continue to uphold generational beliefs such as the importance of green vegetables or restrictions on cold drinks. However, there are also positive indications that these beliefs are not entirely rigid. Informants indicated a willingness to adapt traditional practices in light of new information from health volunteers or online media. These findings demonstrate the presence of cultural negotiation where local knowledge and modern science can coexist as long as the approach is dialogic and nonjudgmental (Tracy, 2020; Braun & Clarke, 2022). In relation to meeting toddlers’ nutritional needs, this study finds that mothers show high commitment despite financial

constraints. They are willing to make sacrifices such as prioritizing nutritious food for their children over their own meals. This shows that parental motivation to provide the best for their children remains high, but it needs to be facilitated through well directed programs. According to Kurniati (2021a), the toddler stage is a critical period in building a child's physical and mental health foundations. Therefore, strengthening nutrition education and providing structured assistance with nutritious food are strategic steps to support low income families in meeting their children's nutritional needs.

Stunting interventions cannot stand alone as technical programs but must be grounded in community solidarity, as seen in the role of posyandu volunteers and informal social networks. The findings show that food donations from neighbors, education from health volunteers, and a sense of communal care all serve as valuable social capital. When formal programs are combined with relational strength at the local level, efforts to reduce stunting become more inclusive and sustainable (Palinkas & Zatzick, 2021). Thus, this discussion affirms that stunting management must be approached integratively by combining nutrition education, emotional support for parents, culturally sensitive approaches, and community empowerment. Food security and child nutritional status are not solely about food availability but also about how knowledge, emotion, culture, and social structure interact dynamically within the household. Therefore, family and community based interventions that strengthen parental capacity as agents of change are key to successfully reducing stunting rates nationally in pursuit of the 14 percent target by 2024 (Coordinating Ministry for Human Development and Cultural Affairs, 2023).

This study also reveals that parenting practices, especially by mothers, play a crucial role in shaping a child's nutritional status. When facing challenges such as picky eating, mothers show emotional resilience by avoiding coercion and instead trying more empathetic and responsive approaches. This tension becomes more intense when combined with social pressures such as judgment from neighbors or extended family. In such situations, feeding becomes an emotionally charged responsibility. Furthermore, many parents still lack a clear understanding of stunting and fail to recognize its early signs or treat growth delays as something serious. Despite this, education provided by posyandu volunteers and health workers proves to have a significant positive impact. Consistent and dialogic interaction, paired with contextual and accessible information, often leads to transformations in awareness. Mothers begin to move from ignorance to concern, and from habit to reflection.

The findings also underscore the importance of informal social networks and community solidarity in strengthening family food security. Support from neighbors, mothers' discussion forums, and the presence of posyandu not only offer access to food and information but also help build a sense of confidence and shared responsibility among mothers. In this setting, posyandu volunteers are not only health workers but also serve as cultural intermediaries and agents of empowerment who align medical knowledge with local practices. In addition, local cultural beliefs continue to influence food and caregiving practices. While some families still follow traditional food taboos, many show openness to new information. This flexibility suggests that nutrition education will be more effective if it is delivered through respectful and dialogic approaches that acknowledge and value local knowledge.

4. Conclusions

Based on the overall findings of this study, a comprehensive conclusion can be drawn that the issue of stunting and food security in families with toddlers is not merely about access to nutritious food, but rather the result of a series of social, emotional, structural, and cultural dynamics that intertwine within daily household life. The mother plays a central role in this context. Although many mothers do not work formally, they serve as the primary subjects managing household consumption, child health, and the emotional stability of the family. Within limited economic conditions, they develop various adaptive strategies, such as shopping early in the morning to get lower prices, choosing long lasting ingredients, and

preparing nutritious menus with available resources. These choices demonstrate not only practical intelligence but also hidden forms of resilience. The decisions made by mothers are not random acts but reflect multidimensional considerations involving financial capacity, children's preferences, cultural values, available time, and emotional motivations such as guilt and love for their children.

The most important conclusion from this study is that stunting intervention cannot rely solely on technical or sectoral programs. These efforts must reach the household as a space of adaptation and negotiation, where mothers act as the true agents of change. Government programs that are not contextually grounded often become additional burdens rather than support. In contrast, when interventions are designed to strengthen family capacity, consider local cultural values, and build collective solidarity, stunting prevention transforms into a bottom up movement. Stunting prevention therefore requires an integrative and participatory approach. It must combine nutrition education, emotional support for parents, cultural sensitivity, and community empowerment. Mothers should not be treated merely as beneficiaries but as knowledgeable, experienced, and resilient partners. For this reason, they must be recognized as primary collaborators in every policy aimed at improving child nutrition in Indonesia.

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Author Contribution

Jelita was responsible for conceptualizing the research idea, conducting in-depth interviews and field observations, and preparing the initial draft of the manuscript. Tyas contributed to the methodological framework, performed data analysis, and participated in interpreting the findings. Fitri supported the coordination of focus group discussions, curated field data, and assisted in refining the manuscript. Vikri supervised the overall research process, provided critical revisions for academic rigor and clarity, and approved the final version of the manuscript. All authors contributed equally to the development of the discussion and conclusions, and agreed to be accountable for all aspects of the work.

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Not available.

Conflicts of Interest

The authors declare no conflict of interest.

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