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Original Research

Exploration of Mothers' Perceptions of The Eating Habits of Children with Stunting in The Banjar Ethnic Community: An Ethnographic Study

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ABSTRACT

Stunting remains a major public health issue in Banjar Regency, especially among the Banjar ethnic community living along riverbanks. Poor child feeding habits, shaped by cultural, social, and economic factors, are key contributors. This study aims to explore mothers' perceptions of child-feeding practices within the cultural context of the Banjar community. A qualitative ethnographic approach was employed. Data were collected through in-depth interviews with 17 Banjar mothers of children with stunting, selected using purposive sampling. Data analysis involved transcription, categorization, and thematic analysis using NVivo 12. The study identified five main themes: child dietary patterns, children's mealtime behaviors, maternal expectations, household food decision-makers, and maternal perceptions of healthy food. The findings indicate that both maternal and child-related factors significantly shape children's eating habits. Culturally sensitive stunting interventions that actively involve mothers and household decision-makers are therefore recommended.

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INTRODUCTION

Malnutrition remains a global health concern that profoundly affects child growth, development, and overall survival. Among the various forms of chronic malnutrition, stunting has gained increasing international attention as it reflects long-term nutritional inadequacy and poor health conditions (Tamir et al., 2024). According to the World Health Organization (WHO), stunting is defined as a child's height-for-age being more than two standard deviations below the WHO Child Growth Standards median. In 2022, the global prevalence of stunting was reported at 22.3%, while in Indonesia, the 2023 Indonesia Health Survey (SKI) recorded a prevalence of 12.9% (Badan Kebijakan Pembangunan Kesehatan, 2023; World Health Organization, 2023). Although a gradual decline has been observed, South Kalimantan continues to face significant challenges, with a stunting rate of 13.7% (Ikasari et al., 2025).

Banjar Regency is one of the regions with a relatively high rate of stunting. In 2018, the prevalence of stunting reached 29.1% and increased to 40.2% by 2021. Although the figure declined to 20.89% in 2023, it still indicates that stunting remains a serious health concern (Ikasari et al., 2025). A preliminary study conducted in the working area of Martapura 1 Primary Health Center revealed an increase in stunting prevalence among children under two, from

4.55% in 2022 to 6.55% in 2023, and a further rise to 17% by September 2024.

In the Banjar ethnic community, there are various prohibitions or taboos commonly referred to as pamali. Pamali in Banjar culture encompasses many aspects of life, including natural phenomena, religion, manners, and sacred life events such as marriage, birth, and death. Among the Banjar people, pamali serves as a social mechanism to regulate behavior and ensure adherence to existing moral and cultural norms. Several pamali are associated with eating practices. For instance, pregnant women are forbidden to suck on bones while eating because it is believed that doing so will cause the unborn child to be "sucked" by buyu (Veniaty, 2023). Buyu is a supernatural entity believed to drain a child's blood, leading to malnutrition (Ikasari et al., 2025). Another taboo for pregnant women is eating twin bananas, which is thought to cause the birth of twins. Pregnant women are also discouraged from consuming kuini (a type of mango) and durian fruits, as these are believed to cause miscarriage (Veniaty, 2023).

Food restrictions in the Banjar culture are not limited to pregnancy but also apply to women during the postpartum period. During this time, mothers are advised to avoid eating meat, certain types of fish, or seasoned vegetables. The types of vegetables allowed are limited, usually spinach and katuk leaves, which are believed to support lactation. Typically, this period of dietary restriction lasts for approximately 41 days (Noveni et al., 2025). From a biomedical perspective, however, there are no dietary prohibitions for pregnant or postpartum women as long as foods are consumed in moderation. Pregnant women are encouraged to eat fruits as a source of vitamins for fetal development, while postpartum mothers require adequate protein intake to support recovery after childbirth (Purwaningsih et al., 2025)

These cultural food taboos reflect how traditional beliefs influence dietary behaviours and maternal nutrition, which can indirectly contribute to child growth outcomes. When nutrient-rich foods such as eggs, meat, and fish are restricted due to cultural beliefs, both mothers and children may experience nutritional deficiencies that increase the risk of stunting. Therefore, understanding these cultural determinants is essential for designing contextually relevant interventions that address stunting not only from a biomedical perspective but also from a sociocultural standpoint.

Stunting is a multifactorial condition resulting from a combination of biological, environmental, and socio-economic determinants, including inadequate nutrition, recurrent infections, poor parenting practices, inadequate sanitation, and limited access to healthcare services (Dadras et al., 2024; Ikasari et al., 2024). Its consequences extend beyond increased susceptibility to infectious diseases and impaired cognitive development; stunting also reduces individual productivity and, ultimately, hampers national economic growth (Nduwayezu et al., 2025). In response, the World Health Organization (WHO) emphasizes the need for a multisectoral approach encompassing both nutrition-specific and nutrition-sensitive interventions, such as improving access to education, food security, and sanitation (Sin et al., 2024).

An important determinant of stunting prevention is children's eating habits, particularly their daily patterns of food selection and consumption. These habits are shaped by the family environment, cultural values, and individual preferences. In the Banjar ethnic community, predominantly residing in Banjar Regency, eating behaviors are deeply influenced by local traditions and geographical conditions, especially their proximity to riverbanks. Traditional Banjar foods, including nasi kuning (yellow rice), ketupat kandangan (Banjar-style rice cake with haruan fish in coconut milk broth), and various freshwater fish dishes, constitute staple components of their diet. However, the extent to which these culturally rooted dietary practices contribute to or protect against stunting remains insufficiently explored (Alfisyah, 2019; Syahroni et al., 2021).

Previous research by the authors on maternal experiences in caring for stunted children revealed that children's eating habits included incomplete meals, small portions, irregular mealtimes, frequent consumption of snacks, and only eating twice a day (Ikasari et al., 2024). Nevertheless, no studies have specifically explored the perceptions of Banjar mothers regarding the eating habits of children with stunting, despite the critical role of cultural factors in shaping child feeding practices. This gap highlights the need to understand Banjar mothers' perceptions of their children's eating habits in order to identify culturally embedded influences on child nutrition. The findings are expected to serve as a basis for designing culturally tailored interventions to prevent and address stunting in Banjar Regency. Therefore, this study aims to explore mothers' perceptions of the eating habits of children with stunting within the Banjar ethnic community living along the riverbanks of Banjar Regency, South Kalimantan Province.

METHOD

This research is a qualitative study using an ethnographic approach to explore in-depth maternal perceptions of feeding practices among children with stunting in the Banjar ethnic community. The ethnographic approach was chosen to allow a contextualized understanding of maternal experiences within their cultural and social environment. Sampling was conducted using purposive sampling. Participants were identified and recruited through collaboration with community health workers and data from the Martapura 1 Primary Health Center, which maintains a registry of children classified as stunted. Mothers who met the inclusion criteria were approached directly by health workers and informed about the study before being contacted by the researcher for voluntary participation. The inclusion criteria were: (1) being of Banjar ethnicity, (2) having at least one child diagnosed with stunting based on WHO child growth standards, (3) being able to communicate effectively, and (4) providing informed consent to participate.

A total of seventeen mothers of stunted children were selected to ensure a range of experiences and perspectives. Diversity in cultural and socioeconomic backgrounds was ensured by selecting participants from different neighborhoods (urban, semi-urban, and rural areas) and varying levels of education, occupation, and family income. These variations were identified through initial screening interviews and community health records. The study was conducted in the service area of Martapura 1 Primary Health Center, a predominantly Banjar ethnic region that provides a rich cultural context for understanding feeding practices. Data were collected through face-to-face, in-depth interviews conducted in participants' homes to create a familiar and comfortable environment. Interviews lasted approximately 30–60 minutes and were guided by a semi-structured interview guide developed by the researchers based on a review of previous literature and preliminary field observations. The interview guide covered key themes such as mothers' understanding and beliefs about child nutrition and stunting, daily feeding routines and food preparation practices, cultural beliefs and taboos surrounding child feeding, perceived barriers to providing adequate nutrition, and sources of information and support related to feeding practices.

Interviews were conducted in Bahasa Indonesia, with the inclusion of Banjar language expressions when preferred by participants. To ensure accuracy, the primary researcher, who is fluent in both languages, transcribed all interviews verbatim and verified the translations with a native Banjar speaker. The primary researcher is a nursing lecturer with a background in community and child health and has prior experience working with Banjar communities through health education programs. This positionality facilitated rapport and trust-building with participants but also required reflexivity to minimize bias. To maintain neutrality, the researcher engaged in reflective journaling after each interview and discussed emerging interpretations with peer researchers to avoid subjective assumptions.

Data were analyzed thematically using NVivo 12 software to identify recurring patterns and themes related to maternal perceptions of feeding practices. The analysis followed Braun and Clarke's six-phase framework: data familiarization, initial coding, theme generation, reviewing, defining, and reporting. To ensure the trustworthiness of the findings, several strategies were implemented: (1) Member checking was conducted by summarizing key findings to several participants for confirmation; (2) A detailed audit trail was maintained, documenting methodological and analytical decisions; (3) Reflexive notes and peer debriefing were used to minimize researcher bias; and (4) Thick descriptions of the cultural context and participant characteristics were provided to enable transferability to similar settings. This study was approved by the Health Research Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Intan Martapura (Certificate No.: 049/KE/YBIP-SI/VI/2025). All participants provided informed consent before participation, and confidentiality was strictly maintained throughout the research process.

RESULT

Participant Characteristics

The participants in this study were mothers of Banjar ethnicity who had children diagnosed with stunting and resided within the service area of Martapura 1 Public Health Center. The identification of stunted children was based on a list provided by the coordinator of the stunting program at Martapura 1 Public Health Center, which had been compiled from diagnoses made by pediatric specialists at Ratu Zalecha Regional Hospital. A total of 17 participants were involved in this study. Their ages varied, with the youngest being 24 years old (P6) and the oldest 43 years old (P10). The participants' educational backgrounds ranged from elementary to senior high school, and most of them were housewives (n = 14), while the remaining three participants were small-scale traders. The number of children per participant ranged from one to four, with the mean age of stunted children being 2.6 years.

Table 1. Characteristics of research participants (n=34)

Participant Code	Age (Year)	Tribe	Education	Work	Number of Children	Age of children with stunting
P1	29	Banjar	JHS	Housewife	2	3
P2	33	Banjar	JHS	Housewife	4	2,7
P3	34	Banjar	JHS	Seller	2	2
P4	30	Banjar	JHS	Seller	2	4
P5	35	Banjar	JHS	Housewife	4	3
P6	24	Banjar	SHS	Housewife	1	2,5
P7	32	Banjar	SHS	Seller	2	2
P8	28	Banjar	SHS	Housewife	1	1,5
P9	27	Banjar	SHS	Housewife	1	3
P10	43	Banjar	ES	Housewife	3	3
P11	34	Banjar	ES	Housewife	4	2
P12	36	Banjar	JHS	Housewife	3	2,5
P13	34	Banjar	JHS	Housewife	2	4,5

P14	29	Banjar	JHS	Housewife	3	2
P15	32	Banjar	JHS	Housewife	1	2,5
P16	30	Banjar	ES	Housewife	2	3
P17	34	Banjar	JHS	Housewife	3	2,5

Source: Primary Data

In-depth interviews with the 17 participants revealed several themes related to the research topic. The data analysis using NVivo 12 software resulted in the identification of five main themes: children's eating patterns, children's eating habits during meals, mothers' expectations, decision-makers in food selection, and mothers' perceptions of healthy food.

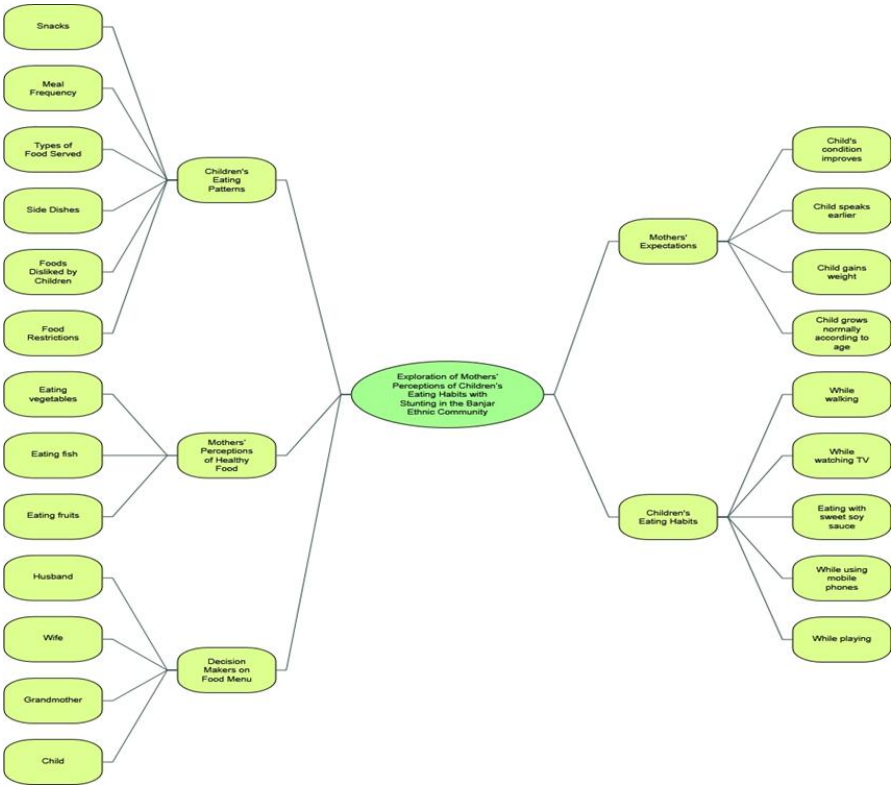

Fig. 1. Mind map exploring mothers' perceptions of the eating habits of children with stunting In the Banjar Tribe Community Used NVivo-12

Based on thematic analysis, these themes represent key aspects of mothers' perceptions regarding the eating habits of children with stunting in the Banjar ethnic community. The five main themes identified in this study were: children's eating patterns, children's eating behaviors, mothers' expectations, decision-makers regarding the food menu, and mothers' perceptions of healthy food.

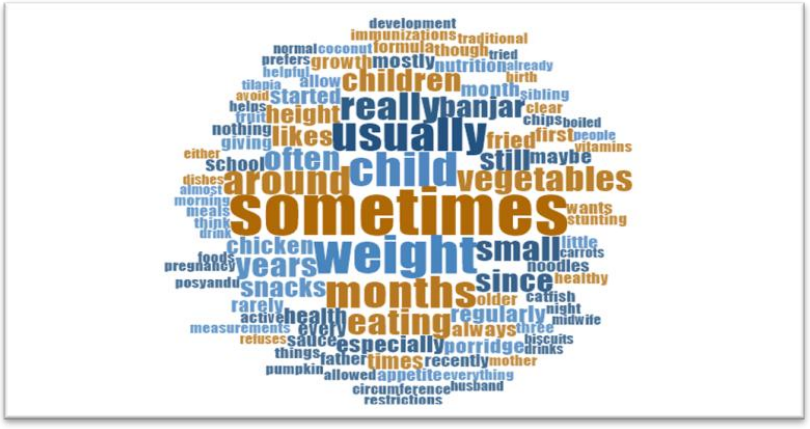

Fig. 2. Word cloud exploring mothers' perceptions of the eating habits of Children with stunting in the Banjar Tribe Community

In our study, three keywords emerged as the most frequently mentioned during the in-depth interviews. The most frequently occurring word was "sometimes," which appeared 51 times (1.32%). This was followed by the phrase "body weight," appearing 39 times (1.01%), and the word "child," which appeared 35 times (0.90%).

Children's Eating Patterns

This theme reflects the daily eating behaviours and parental practices that influence children's nutritional intake within the Banjar ethnic community. The findings of this study revealed several aspects related to the eating patterns of children with stunting, including snacking habits**,** meal frequency**,** types of foods served**,** side dishes**,** foods disliked by the child, and dietary restrictions imposed on the child. These findings are summarized in Figure 3 below.

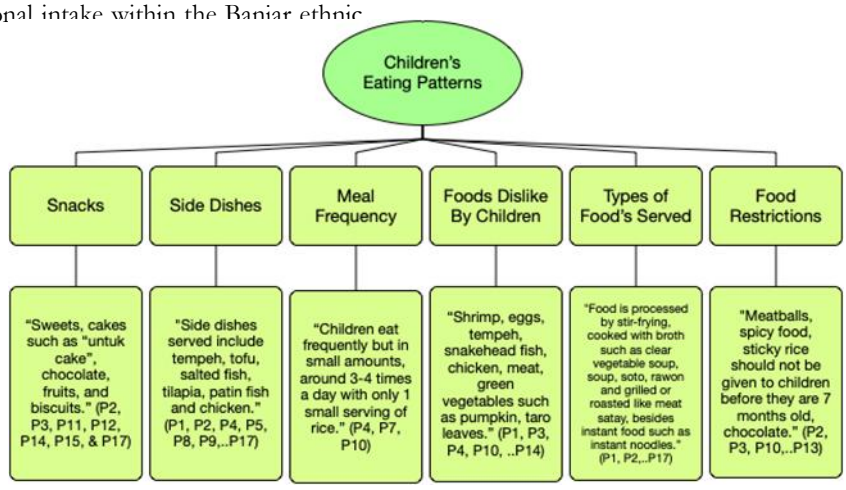

Fig. 3. Mind Map of Children's Eating Patterns

The mind map illustrates the thematic elaboration of *children's eating patterns*. According to the participants, their children tended to enjoy eating snacks such as local cakes known as *"untuk"*, chocolate, biscuits, and similar foods. The participants also mentioned that their children preferred side dishes such as *tempeh*, tofu, and other local foods. In terms of meal frequency, the children tended to eat frequently but in small portions. Meanwhile, foods that were disliked by the children included shrimp, eggs, and *tempeh*. The participants described several common methods of food preparation, including stir-fried dishes (*oseng-oseng*), vegetable soups (*sup sayur*), *soto*, and *satay*. Some food restrictions were also reported, such as avoiding *pentol* (meatballs), spicy foods, sticky rice (*ketan*) before the age of seven months, and chocolate.

Children's Eating Habits During Meals

The findings identified in this study regarding the eating habits of children with stunting include eating while walking, eating while watching TV, eating with sweet soy sauce, eating while using a mobile phone, and eating while playing. Our findings are outlined in Figure 4 below.

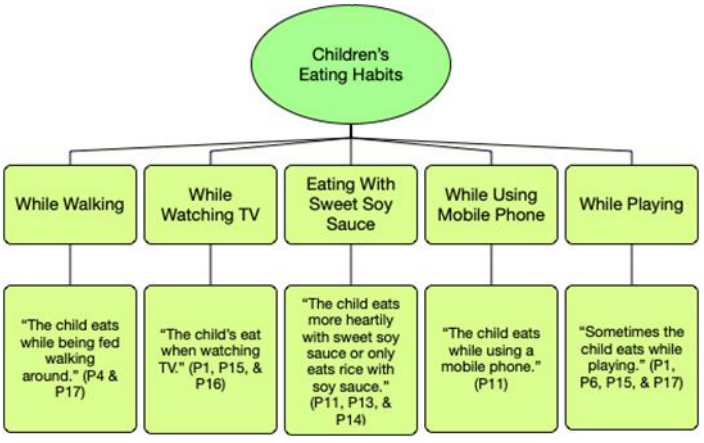

Fig. 4. Mind Map of Children's Eating Habits During Meals

The mind map illustrates the thematic elaboration of *children's eating habits during meals*, showing that, according to the participants, their children engaged in various activities while eating.

Mothers' Expectations

The findings identified in this study regarding mothers' expectations for their children with stunting include the child's condition improving, the child speaking sooner, the child gaining weight, and the child growing normally according to their age group. Our findings are outlined in Figure 5 below.

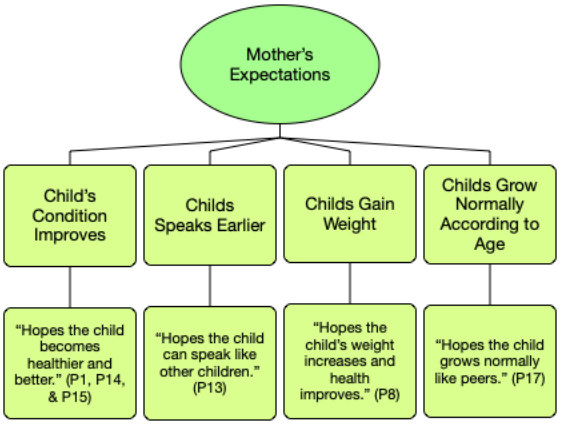

Fig. 5. Mind Map of Mothers' Expectations

The mind map illustrates the thematic elaboration of *mothers' Expectations*, in which the participants expressed various expectations regarding their children's growth and development, hoping for improvement and age-appropriate progress.

Decision-Makers on Meal Menus

The findings identified in this study regarding decision-makers on meal menus include the husband, wife, grandmother, and child. Our findings are outlined in Figure 6 below.

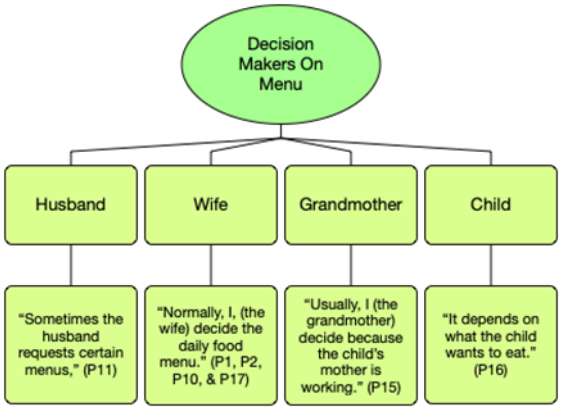

Fig. 6. Mind Map of Decision-Makers on Meal Menus

The mind map illustrates the thematic elaboration of *decision-makers on meal menus*, showing that, according to the participants, meal decisions were not solely made by mothers or other nuclear family members. Grandmothers also played a role in determining the child's menu, as many children were left in their care from morning until evening. Consequently, grandmothers often decided what foods were prepared and served to the children.

Mothers' Perceptions of Healthy Food

The findings identified in this study regarding mothers' perceptions of healthy food include the consumption of vegetables, fish, and fruits. These findings are presented in Figure 7 below.

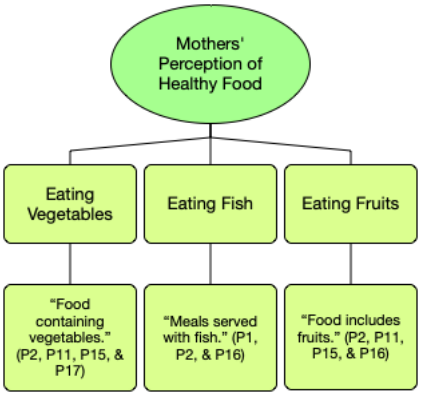

Fig. 7. Mind Map of Mothers' Perceptions of Healthy Food

The mind map illustrates the theme *mothers' perceptions of healthy food*, in which participants described healthy food as consisting of vegetables, fish, and fruits. This perception reflects that mothers possess a basic understanding of the importance of balanced nutrition to support children's growth and development. However, their understanding tends to focus on specific types of food commonly perceived as "healthy," without fully considering dietary diversity or the adequacy of other essential nutrients, such as plant-based proteins, milk, or complex carbohydrates.

DISCUSSION

Our findings indicate that mothers' perceptions regarding the eating habits of children with stunting in the Banjar community are reflected in five key themes.

Children's Eating Patterns

Our findings revealed that children with stunting consumed a variety of foods such as snacks, candies, steamed cakes (*kue untuk*), fruits, and biscuits. Although they ate frequently—about three to four times a day—the portion sizes were small, typically only one scoop of rice per meal. The types of food prepared were commonly cooked by stir-frying or boiling (e.g., clear vegetable soup, *soto* (Indonesian aromatic soup), *rawon* (Indonesian black beef soup)) or grilling (such as chicken meat satay). In addition, children frequently consumed

instant noodles and side dishes like *tempeh*, tofu, salted fish, *nila* fish, *patin* fish, and chicken. However, certain foods were disliked by the children, including shrimp, eggs, *tempeh*, *ikan gabus* (snakehead fish), chicken, meat, and green vegetables such as squash and taro leaves. There were also specific food restrictions, such as avoiding sticky rice (*ketan*) before the age of seven months and limiting chocolate consumption.

These eating patterns reflect not only children's food preferences but also the influence of Banjar cultural beliefs and socioeconomic conditions. In Banjar families, certain foods are traditionally categorized as *"cold"* (*dingin*) or *"hot"*(*panas*) and are believed to affect a child's health balance. For instance, foods like shrimp, eggs, and *ikan gabus* are often avoided because they are thought to cause allergies or "internal heat" (*panas dalam*), which may lead to illness or fever. Consequently, mothers may restrict these foods even though they are nutritionally valuable. Moreover, many Banjar households have limited financial resources, leading mothers to prioritize low-cost and easily accessible foods, such as instant noodles, salted fish, and fried dishes. These choices are also shaped by practical considerations—convenience, family food preferences, and the perception that these foods are "safe" and well-tolerated by children.

Overall, unbalanced dietary patterns and limited food variety can contribute to stunting in children (Martony, 2023). Therefore, improving dietary diversity is essential to ensure sufficient nutritional intake for optimal growth. Promoting better eating habits requires not only providing more nutritious and diverse meals but also addressing the underlying cultural and socioeconomic factors that shape mothers' food choices. Interventions that consider local food beliefs and preferences—such as using culturally accepted foods or modifying cooking methods—are more likely to be effective in improving child nutrition.

Previous studies by Suling, Ariani, and Fetriyah (2024) found a significant relationship between children's eating patterns and stunting, consistent with other studies (Nabuasa, 2024; Pujiati et al., 2021; Suling et al., 2024). However, other research reported no significant association between children's eating patterns and stunting (Angraini et al., 2023; Ruswati et al., 2021). These conflicting findings suggest that the relationship may be context-dependent, influenced by cultural food practices, household food security, or variations in measurement across studies. Therefore, further investigation is needed to clarify the role of children's eating patterns in stunting prevalence within different settings.

In addition, maternal education plays a crucial role in shaping children's eating patterns, particularly among families experiencing stunting. Mothers with higher education levels tend to have a better understanding of nutrition and health. They are more likely to recognize the benefits of diverse diets and to adopt healthy food preparation methods. Educated mothers are also more proactive in seeking information about nutrition and in following health professionals' advice. Conversely, mothers with lower educational backgrounds often lack sufficient nutritional knowledge and rely on traditional food beliefs or convenience-based feeding practices. This was evident in the current study, where the majority of participants (58.8%) had completed only junior high school.

The Global Nutrition Report (2021) highlights the critical role of maternal education in shaping family nutrition practices. Mothers with limited knowledge of nutritious foods are more likely to provide diets that do not meet their children's nutritional requirements. This underscores that maternal education is not merely an influencing factor but a key determinant of children's dietary adequacy. Strengthening maternal knowledge through targeted nutrition and health education programs may therefore represent a strategic and evidence-based approach to preventing stunting and promoting optimal child growth and development (Global Nutrition Report, 2021).

Children's Eating Habits During Meals

Our findings revealed several common behaviors exhibited by children during mealtimes. These included walking around while eating, eating while watching television, adding sweet soy sauce to meals, eating while using a mobile phone, and eating while playing with toys. These behaviors indicate that children often engage in other distracting activities during meals.

Children's activities such as watching television and using mobile phones while eating are commonly facilitated by parents so that the child becomes distracted and easier for the mother to feed. This is consistent with a previous study by Risnawaty and Monika (2022), which found that mothers give gadgets to children who are difficult to feed so that they become easier to spoon-feed, as the children are distracted by TV and YouTube shows, even though the mothers stated that this is only done during feeding (Risnawaty & Monika, 2022). In the findings of Risnawaty and Monika (2022), mothers mentioned that when children are given something to watch, they become calm and thus easier to feed. Without gadget-based distractions, children tend to be fed while walking or running, so distraction is considered necessary to make them eat while sitting (Risnawaty & Monika, 2022). Supporting these findings, a study conducted by Juherman, Sutrio, Mulyani, and Wahyuni (2022) also reported that 8 out of 12 mothers still used toys, mobile phones, and television as distractions during meals (Juherman et al., 2022).

A distinct habit among the Banjar community is adding sweet soy sauce to meals. In fact, findings from a previous study revealed that children with stunting in Banjar Regency were willing to eat even if only served rice with sweet soy sauce (Ikasari et al., 2024). In line with the study by Kumalasari and Wulandari (2024), many mothers still feed their children based on family eating habits and use whatever food is available at home, without necessarily understanding its nutritional content. Food choices for toddlers are often based on what is available, what the child prefers, and what is

easy and convenient to prepare, with little attention given to nutritional balance or variety (Kumalasari & Wulandari, 2024).

Although mothers in Banjar culture commonly provide fish one of the community's staple protein sources daily food choices are still largely guided by convenience and household availability rather than structured nutritional planning. The provision of fish reflects a culturally rooted habit rather than a deliberate nutritional strategy. Consequently, mothers often rely on whatever ingredients are easily accessible, quick to prepare, or preferred by children, which may limit dietary diversity. This indicates that while some traditional practices are nutritionally beneficial, overall feeding patterns remain unstructured, highlighting the need for education programs that help mothers adopt more intentional and nutrition-guided feeding practices.

Mother's Expectations

Our findings identified that mothers of stunted children expressed expectations for their children to become healthier, speak sooner, gain weight, and grow according to their age. These findings are consistent with previous studies in which mothers of children with stunting expressed expectations for their child's recovery (Sari & Dinarsih, 2025). These expectations reflect the mothers' concerns about their children's delayed growth and development, which they clearly observe. Children with stunting typically have lower height and weight compared to standard growth benchmarks. In addition to physical delays, mothers are also aware of potential cognitive issues, such as difficulties in speech, thinking, memory, and communication. These concerns are supported by the observable symptoms of stunting namely, shorter height and lower weight relative to peers—which are clear indicators of nutritional deficiencies.

Beyond physical growth retardation, stunted children are also at risk for cognitive impairments, including problems with reasoning, memory, learning, language, and communication. Furthermore, they often struggle with concentration in school, emotional instability, and lower engagement in their learning environment (Fauziah et al., 2024). Based on the mothers' statements, it can be interpreted that their expectations are not solely limited to physical recovery but also include a desire to see their children develop optimally across various aspects of life. These expectations act as an important motivational factor in the mothers' role as the primary decision-makers in daily child feeding practices.

Furthermore, our study adds a dimension that remains insufficiently explored in the current literature by emphasizing mothers' future expectations for their stunted children. While previous research has predominantly focused on risk factors, feeding practices, and caregiving challenges, the emotional and aspirational perspectives of mothers have been largely overlooked. By capturing this underreported aspect, our study offers an important contribution to understanding the broader psychosocial context of stunting and provides meaningful insight for designing more empathetic and family-centered intervention programs.

Decision-Makers on Family Meals

Our findings revealed that decision-making about daily food menus in Banjar families varies and may involve the husband, wife, grandmother, or child. However, in most cases, the wife (mother) plays the dominant role in deciding the daily menu. This finding aligns with previous research which investigated differences in food coping strategies between rural and urban households in relation to stunting. Their findings showed that wives were more dominant in food-related decisions, including menu planning, food expenditure, and the selection and preparation of nutritious meals. Some of the respondents in that study were also from the Banjar ethnic group (Pujokaroni et al., 2023). The dominant role of mothers in food-related decision-making in Banjar families is closely related to their domestic responsibilities, such as selecting, purchasing, and preparing food for the household. Meanwhile, the husband, as the head of the household, is generally more involved in work outside the home to provide for the family. However, our study found that not only wives serve as the key decision-makers in determining the family's meals. Some participants mentioned that husbands, children, and grandmothers also contribute to deciding the daily food menu. Husbands sometimes request specific dishes, and children may express food preferences. Grandmothers may decide on meals when they take care of the children in the mother's absence.

Parents, particularly mothers, need to possess the ability to provide diverse and nutritious meals to fulfill children's nutritional needs during their golden growth years. Menu diversity significantly affects children's appetite and willingness to eat. A study by Maulidia, Simatupang, and Adhe (2022) analyzing menu variety and its effects on children aged 2–4 years in Badang Village revealed that children had better appetites when served with varied meals and snacks. Not only did their appetite increase, but they also accepted the food more readily and ate properly (Maulidia et al., 2022). This finding highlights the importance of food variety in enhancing children's eating habits and acceptance of meals.

However, menu selection is not independent of a family's economic capability to purchase complete food ingredients. From the authors' perspective, several participants in this study had limited financial means, making it difficult to provide diverse meals in a single serving. Although varied meals from the five food groups can be achieved with minimal cost by selecting low-priced ingredients, some groups, such as fruits and protein sources, typically require extra spending due to their relatively high prices in Martapura, South Kalimantan.

Mothers' Perceptions of Healthy Food

Our findings showed that mothers perceived healthy food as consisting of vegetables, fish, and fruits. This indicates that Banjar mothers generally understand that healthy foods include vegetables, fish, and fruit. This result is in line with a qualitative study conducted by Hapzah, Asmuni, and Nurbaya (2023), which explored mothers' perceptions of stunting and its risk factors. Their study found that

mothers believed stunting was caused by children refusing to eat vegetables and fruits or having a poor appetite (Hapzah et al., 2023). Similarly, research by Heiko and Yurochko (2023), titled *Mother's Perceptions of Healthy Diet for Children in Ukraine*, revealed that mothers considered fresh fruits and vegetables as complementary components of a healthy diet for children, though not as the foundation. Moreover, none of the mothers fully understood the World Health Organization's recommendations for a healthy diet (Heiko & Yurochko, 2023).

While the participants in our study recognized vegetables, fruits, and fish as healthy food, this understanding is only partially correct because it does not fully represent the complete concept of balanced nutrition for young children. According to the Indonesian Ministry of Health Regulation No. 41 of 2014 on Balanced Nutrition Guidelines, children aged 6–24 months should receive a balanced diet that includes all five essential food groups: (1) staple foods as energy sources, (2) animal-based protein, (3) plant-based protein, (4) vegetables, and (5) fruits, accompanied by adequate fluids. The guidelines emphasize the importance of gradually introducing a variety of foods starting at six months to ensure adequate nutrient intake. The participants' view is considered incomplete because they tended to focus only on vegetables, fruits, and fish, whereas balanced nutrition requires a wider diversity of foods, including staple foods (e.g., rice, porridge, tubers) and plant-based protein sources (e.g., tofu, tempeh, beans). No single type of food—other than breast milk—can meet all nutritional needs for growth and health; therefore, children must receive food from multiple groups to achieve adequate and balanced nutrition (Peraturan Menteri Kesehatan Republik Indonesia Nomor 41 Tahun 2014, 2014).

The types of healthy food mentioned by participants in this study were still limited to vegetables, fish, and fruit. In fact, there are many other healthy food options representing each food group essential for children's consumption. For example, staple foods may include rice, potatoes, corn, noodles, and more; protein sources may include eggs, fish, chicken, beef, tempeh, and others; vegetables can range from carrots, spinach, and water spinach; and there is a wide variety of fruits and beverages. A diverse diet is especially crucial for toddlers and family members to support optimal growth and development (Pujokaroni et al., 2023).

Limitations and Cautions

This study has several limitations. First, the research was conducted in a specific cultural context, namely among mothers of the Banjar ethnic group living in riverbank areas of Martapura. Therefore, the results may not be generalizable to other ethnic groups or geographic regions with different socio-cultural and economic characteristics. Second, the data collection relied heavily on self-reported information through in-depth interviews, which may be subject to recall bias, social desirability bias, or misinterpretation of questions by participants. Although efforts were made to build trust and clarify meanings during the interviews, these biases cannot be entirely ruled out. Third, the study involved a relatively small sample size (n = 17), which, while sufficient for qualitative research using an ethnographic approach, may limit the diversity of perspectives captured, particularly across different age groups, education levels, or parenting experiences. Finally, the interpretation of cultural practices and beliefs was conducted through the lens of the researchers, which may introduce researcher bias despite the use of triangulation and coding validation procedures. Therefore, caution is advised when applying these findings to broader populations. Future research is encouraged to include a larger and more diverse sample, incorporate observational methods, and explore the influence of cultural beliefs in a comparative manner across different ethnic groups to strengthen the validity and transferability of the results.

Recommendations for Future Research

Based on the findings and limitations of this study, several recommendations can be made for future research. First, future studies should explore the decision-making processes of mothers regarding child feeding practices, particularly in relation to cultural beliefs, food taboos, and traditional health perceptions. Understanding these deeper cultural dimensions may provide stronger insights into how social norms influence child nutrition and contribute to stunting. Second, integrating observational methods or participatory ethnographic techniques—such as field immersion, direct observation of feeding routines, or community-based participatory research—would enable researchers to capture child-feeding practices in natural settings. These approaches can help validate self-reported data and enrich the interpretation of maternal behaviors with contextual evidence.

Third, future research should also consider involving fathers, grandparents, and other family members who play significant roles in food-related decision-making within households. Examining the dynamics of shared caregiving could reveal key influencers beyond mothers and contribute to a more comprehensive understanding of family nutrition practices. Finally, there is a need for applied or interventional research that develops and evaluates culturally tailored educational programs aimed at improving maternal knowledge and practices related to child nutrition and stunting prevention. Such interventions should be designed with sensitivity to local food beliefs and cultural norms to ensure relevance and sustainability.

Although this study employed several strategies to minimize potential biases—including member checking with participants, peer debriefing with qualitative experts, and maintaining a detailed audit trail—the authors acknowledge that researcher subjectivity is inherent in ethnographic work. Nevertheless, the reflexive process, documentation of analytical decisions, and triangulation between interview data, field notes, and community observations strengthened the credibility, dependability, confirmability, and overall trustworthiness of the findings. Future qualitative studies are encouraged to continue integrating these methodological rigor techniques to enhance confidence in data interpretation and transferability of results.

CONCLUSION

This study explored maternal perceptions of feeding practices among children with stunting in the Banjar ethnic community, emphasizing how cultural, social, and household factors shape these practices. The dominant theme identified was children's eating patterns, which encompassed snack consumption, meal frequency, types of foods served, preferred and disliked foods, and variations in side dishes. These eating patterns strongly influenced nutritional intake and commonly guided maternal decisions related to daily feeding. In addition to the dominant theme, several non-dominant but influential themes emerged. These included maternal decision-making in food selection, shaped by family habits and internal household dynamics; maternal expectations around healthy growth; and culturally rooted food taboos that restricted certain foods believed to be unsuitable for young children. Together, these themes illustrate how maternal beliefs, traditions, and caregiving norms interact to influence feeding behaviours in Banjar families. The findings offer new insights into culturally embedded feeding perceptions, underscoring the need for culturally sensitive nutrition education and behaviour-focused interventions. Tailored, community-based strategies that address local eating patterns and cultural beliefs may strengthen stunting prevention efforts. This study's limitations include its restricted geographic focus and reliance on self-reported data. Future research should examine feeding practices in diverse cultural groups, incorporate observational methods, and evaluate targeted educational interventions. Such approaches may deepen understanding of child nutrition behaviours and support more context-specific public health strategies.

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