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NEGOTIATING NUTRITION KNOWLEDGE AND PARENTING PRACTICES IN RURAL FAMILIES: A CASE STUDY OF STUNTING IN KEPAHIANG REGENCY

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ABSTRACT
Stunting remains a serious problem in human development as it affects children's growth and development and has long-term implications for the quality of human resources. Various efforts to address stunting have generally emphasized health interventions and the dissemination of nutritional information; however, these approaches often overlook family dynamics as the main arena for parenting decision-making. This study aims to analyze how nutrition knowledge is negotiated in parenting practices among rural families with stunting cases in Kepahiang Regency. This study employs a qualitative approach with a case study design. The informants consisted of 16 participants, including mothers of stunted children under five, husbands, children who are able to communicate their preferences, and supporting local actors such as village midwives, members of the Stunting Task Force, and village officials. Data were collected through in-depth interviews and observations and analyzed using thematic analysis. The findings show that nutrition knowledge within families is derived from multiple sources and is not applied linearly, but is continuously renegotiated in accordance with socio-economic conditions, family relations, and everyday parenting practices. Parenting practices are shaped through a negotiation process involving mothers, other family members, and interactions with local institutional actors. This study contributes to the literature by conceptualizing nutrition knowledge as a negotiated social process embedded in rural family dynamics. It concludes that stunting prevention efforts need to position families as active subjects, with approaches that are sensitive to social, economic, and cultural contexts in rural settings.
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Keywords: stunting; rural families; parenting practices; negotiation of nutritional knowledge; family sociology

NEGOSIASI PENGETAHUAN GIZI DAN PRAKTIK PENGASUHAN DALAM KELUARGA PEDESAAN: STUDI KASUS STUNTING DI KABUPATEN KEPAHIANG

ABSTRAK
Stunting masih menjadi permasalahan serius dalam pembangunan manusia karena memengaruhi pertumbuhan dan perkembangan anak serta berdampak jangka panjang terhadap kualitas sumber daya manusia. Berbagai upaya penanggulangan stunting umumnya menekankan intervensi kesehatan dan penyebaran informasi gizi, namun pendekatan tersebut sering kali belum sepenuhnya mempertimbangkan dinamika keluarga sebagai arena utama dalam pengambilan keputusan pengasuhan. Penelitian ini bertujuan untuk menganalisis bagaimana pengetahuan gizi dinegosiasikan dalam praktik pengasuhan pada keluarga pedesaan dengan kasus stunting di Kabupaten Kepahiang. Penelitian ini menggunakan pendekatan kualitatif dengan desain studi kasus. Informan penelitian berjumlah 16 orang yang terdiri dari ibu dengan anak balita stunting, suami, anak yang telah mampu mengungkapkan preferensinya, serta aktor pendukung di tingkat lokal seperti bidan desa, anggota Satgas Stunting, dan perangkat desa. Data dikumpulkan melalui wawancara mendalam dan observasi, kemudian dianalisis menggunakan analisis tematik. Hasil penelitian menunjukkan bahwa pengetahuan gizi dalam keluarga diperoleh dari berbagai sumber dan tidak diterapkan secara linear, melainkan terus dinegosiasikan sesuai dengan kondisi sosial ekonomi, relasi keluarga, dan praktik pengasuhan sehari-hari. Praktik pengasuhan terbentuk melalui proses negosiasi yang melibatkan ibu, anggota keluarga lain, serta interaksi dengan aktor kelembagaan lokal. Penelitian ini berkontribusi dengan mengonseptualisasikan pengetahuan gizi sebagai proses sosial yang dinegosiasikan dalam dinamika keluarga pedesaan. Kesimpulannya, upaya penanggulangan stunting perlu menempatkan keluarga sebagai subjek aktif, dengan pendekatan yang sensitif terhadap konteks sosial, ekonomi, dan budaya masyarakat pedesaan.

Kata kunci: stunting; keluarga pedesaan; praktik pengasuhan; negosiasi pengetahuan gizi; sosiologi keluarga

INTRODUCTION

Stunting is still seen as one of the most serious obstacles to human development as it is associated with limited physical-cognitive development and long-term impacts on productivity and health across the life cycle (WHO, 2025). In Indonesia, stunting is also often discussed as a cross-dimensional issue because its consequences do not only appear at the individual child level, but have the po-

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tential to reinforce intergenerational cycles of vulnerability at the family and community levels (Brian & Clark, 2020). Therefore, understanding stunting needs to go beyond anthropometric indicators alone and include the social context that shapes care practices and the fulfillment of children's basic needs (Mulyani et al., 2025).

Various global frameworks on child development emphasize that effective nutrition relies on nurturing care carried out by parents/caregivers in the family, including parenting responsiveness and household environmental support (Agrawal et al., 2021). Thus, stunting can be understood as a phenomenon related to family dynamics, namely how daily decisions about feeding, health care and parenting are shaped by socio-economic conditions, norms and relationships in the household (Ariadi, 2023). Qualitative studies have also shown that preventing and addressing stunting in rural areas requires a contextual reading of family practices, as nutrition challenges are often linked to limited services, sanitation, and household survival strategies (Sari & Siregar, 2023).

At the family level, nutrition knowledge gained from health workers, media, and programs is often not applied in a linear manner, but is renegotiated to align with economic capabilities, family habits, and parenting authority within the household (Rocha, 2023). Findings from an article by Ariadi on stunting interventions in rural areas indicate that intervention strategies are more effective when they take into account the challenges faced by families in ensuring adequate child nutrition within their local context (Ariadi, 2023). The causal framework of stunting also suggests that feeding and parenting practices lie within a broader layer of factors, so family-based analysis is needed to read how parenting decisions are shaped and impact on child growth (Nugroho et al., 2023).

Kepahiang Regency, a rural area in Bengkulu Province, continues to experience a relatively high prevalence of stunting. According to the Survei Status Gizi Indonesia (SSGI) 2023 published by the Ministry of Health of the Republic of Indonesia, the national stunting prevalence was 21.5% (Kementerian Kesehatan Republik Indonesia, 2023). Regional government data reported that the prevalence of stunting in Kepahiang Regency reached approximately 22.01% in 2023, remaining slightly above the national average. These conditions make Kepahiang Regency a relevant setting for examining how nutrition knowledge is negotiated and translated into parenting practices within rural families..

Although the difference is relatively small, this condition still suggests that Kepahiang represents an area with a notable stunting burden. Therefore, this region is considered relevant for further investigation, particularly in understanding family practices and the social dynamics contributing to the persistence of stunting.

Research in rural Indonesia shows that the risk of stunting tends to be higher in rural areas, influenced by factors such as limited access to health services, sanitation conditions, and family economic challenges compared to urban areas (Syarifah & Sumarmi, 2024). In addition, the relationship between family food security, parenting, and child nutrition adequacy was also shown to be significantly correlated with under-five stunting status in some rural areas, suggesting that the socio-economic and parenting contexts of families play an important role in stunting prevention (Rahmatika et al., 2024).

Preliminary field data in Kepahiang District shows that although families have received information on child nutrition and health through public health services, feeding and childcare practices are often not fully consistent with existing nutrition recommendations due to limited household resources and prioritization of daily needs. Family food security and parenting patterns are reported to be interrelated, with economically deprived families likely to face challenges in providing enough diverse food for their children, with implications for children's long-term nutritional status (Khasana et al., 2025). In addition, the role of family actors such as fathers has also been shown to be associated with stunting, with evidence that education and family characteristics can influence parenting decisions related to child nutrition in rural areas (Sugianti et al., 2024).

Approaches to stunting prevention that have emphasized providing nutrition information and health service interventions alone often do not capture the internal family negotiation process in translating this knowledge into daily parenting practices, creating a need for research that considers family dynamics as the main social arena for decision-making (Endah & Umasugi, 2025). In fact, studies in various rural communities show that feeding and parenting decisions are closely linked to family socioeconomic conditions such as income, household food security, and parenting patterns that influence child development (Syamola & Nurwahyuni, 2019). Therefore, a distinctive qualitative study is needed to reveal how the negotiation of nutrition knowledge takes place in rural family life, especially in Kepahiang District, so that parenting practices can be understood as the result of complex so-

cial, cultural and economic relations within the household.

Various studies on stunting in Indonesia have shown that this issue cannot be separated from the social context of the family, both through studies of the social construction of parenting, the role of women, and the dynamics of stunting prevention programs and practices at the local level. However, most studies still place the family as the unit receiving the intervention, so they have not fully explored the internal social processes of the family in translating nutritional knowledge into daily parenting practices (Siswati et al., 2025; Susilawati et al., 2020).

In line with previous findings that emphasize the importance of the family's role in stunting prevention, studies in rural areas indicate that feeding and childcare decisions are influenced by household socio-economic conditions, family food security, and intra-household relationships and roles. These factors shape how nutritional knowledge is interpreted and applied in daily parenting practices. However, studies that specifically examine the negotiation of nutritional knowledge as a social process in the family, especially through a qualitative approach, are still relatively limited in the social science literature (Evelyn & Savitri, 2020; Syamola & Nurwahyuni, 2019).

Based on this gap, this research is important because it not only continues the academic discourse on stunting that has developed, but also deepens the analysis by placing the family as the main arena for negotiating knowledge and parenting practices. Using a qualitative approach, this research aims to analyze how rural families, particularly in Kepahiang District, negotiate nutrition knowledge in parenting practices, so that the practices formed can be understood as the result of complex social, cultural and economic relations within the household.

METHOD

Research Approach and Design

This research uses a qualitative approach with a case study design, which aims to deeply understand the process of negotiating nutritional knowledge in childcare practices in rural families. A qualitative approach was employed to examine family dynamics in childcare, defined in this study as patterns of interaction, decision-making processes, and the distribution of roles among family members in managing child nutrition.

This approach enables an in-depth understanding of how parenting decisions are shaped by everyday experiences and social relations within the household. A case study design was used to focus the analysis on a particular social context, namely families with stunted children in Kepahiang Regency, taking into account the social, cultural and economic conditions that shape parenting practices. Case studies are relevant in this research because they allow for in-depth exploration of family dynamics as social arenas where the negotiation of everyday parenting knowledge and practices takes place (Neuman, 2017).

Research Location and Context

This research was conducted in Durian Depun Village (an urban administrative unit at the sub-district level), Kepahiang Regency, Bengkulu Province, which is a rural area with a relatively high prevalence of stunting. Province, a rural area where the prevalence of stunting was recorded at approximately 22.01% in 2023, which is slightly higher than the national average of around 21–22%, based on the Survei Status Gizi Indonesia (SSGI) 2023 published by the Kementerian Kesehatan Republik Indonesia.

The choice of research location was based on the social characteristics of rural communities, where family life is shaped by strong intergenerational norms, including the central role of mothers in childcare, the influence of extended family members in decision-making, and the persistence of traditional feeding practices. In addition, these communities often experience limited access to health and nutrition services, such as the distance to healthcare facilities, irregular availability of health personnel, and limited exposure to nutrition education.

Variations in household socioeconomic conditions, including differences in income levels, parental education, and types of livelihood, further influence family capacities in managing child nutrition. The rural context is therefore important in this study, as parenting practices are often formed through the interaction between formal knowledge obtained from health services and everyday family experiences (Nambiar et al., 2024).

Research Informants and Sampling Technique

This study used purposive sampling technique, which is the deliberate selection of informants based on certain criteria relevant to the research objectives (Stratton, 2024). This technique was used because the research aims to gain an in-depth un-

derstanding of the process of negotiating nutritional knowledge and parenting practices in families with stunted children.

The number of informants in this study was 16 participants, selected purposively to capture diverse perspectives relevant to the research focus. Data collection was conducted until data saturation was achieved, indicated by the repetition of information and the absence of new themes emerging from subsequent interviews. At this point, additional data collection was considered unnecessary as the findings had become sufficiently comprehensive to address the research objectives.

The informants consisted of nine married women (housewives) with stunted children under five, two husbands, two children with stunting who were able to interact, and three supporting informants, including a village midwife, a representative of the village stunting task force, and the head of the village. The primary focus of data collection was on mothers as the main caregivers, given their central role in daily childcare practices and decision-making related to feeding and nutrition.

The inclusion of husbands, children, and local institutional actors aimed to capture family dynamics and the broader social context influencing parenting practices. A detailed description of informant categories, roles, and their relevance to the study is presented in Table 1. Informants were identified after the research proposal was approved, beginning with consultations with local residents and health workers to locate families with stunted chil-

Table 1. Informant Characteristics

No	Category	Number	Role in Study	Relevance
1	Mothers (housewives) with stunted children	9	Primary caregivers	Main source of parenting practices & decision-making
2	Husbands	2	Supporting family members	Provide perspective on household decision dynamics
3	Children with stunting	2	Lived experience subjects	Reflect child condition and interaction context
4	Village midwife	1	Health provider	Source of formal nutrition knowledge
5	Stunting task force representative	1	Program implementer	Insight into local intervention programs
6	Village head	1	Local authority	Provides policy and community context

Source: Primary data, processed by the authors

The initial step was to search for information at the research location through parties with local knowledge, such as local residents and health workers, to identify women who have children under five with stunting. After obtaining initial information, the researcher confirmed directly to the residence of prospective informants to ensure compliance with the research criteria and willingness to participate in interviews. This approach allowed the researcher to build rapport with informants, which is important in qualitative research to obtain rich and reflective data (McGrath et al., 2018).

Data Collection Technique

Data were collected over a period of three months, from January to March. The data collection techniques included in-depth interviews, observations, and documentation. In-depth interviews were conducted with each informant, with each session lasting approximately 30–60 minutes. The interviews were primarily carried out in the participants' homes to ensure a comfortable and familiar setting. In several cases, female informants were accompanied by their children during the interviews, reflecting their ongoing caregiving responsibilities.

This situation also provided additional insights into how childcare practices are embedded in everyday family life. This interview technique was chosen because it is effective in exploring informants' experiences, views, and interpretative processes towards childcare practices in daily life (McGrath et al., 2018).

Observation was conducted to complement the interview data through direct engagement with participants in their home environments. The research team did not reside in the participants' households

but conducted repeated visits to observe childcare practices, interactions among family members, and household conditions related to child nutrition.

Each observation session lasted approximately 1–2 hours and was carried out across nine families, corresponding to the nine mothers of children with stunting who served as the primary informants in this study. These observations provided contextual insights into everyday parenting practices and family dynamics. Non-participant observation was used so that researchers could capture the social context of parenting without intervening in the informants' daily activities (Hasanah, 2017).

Ethical Considerations

Prior to data collection, all participants were informed about the objectives, procedures, and purpose of the study. Participation in the research was entirely voluntary, and informed consent was obtained from all adult participants before interviews and observations were conducted. For children involved in the study, consent was obtained from their parents or legal guardians.

Participants were assured that all information provided would be treated confidentially and used solely for academic research purposes. To protect participants' privacy and anonymity, pseudonyms were used in reporting the findings, and any identifying information was removed from research records. Participants were also informed of their right to decline participation or withdraw from the study at any stage without any consequences.

Throughout the research process, the study adhered to ethical principles of voluntary participation, confidentiality, anonymity, and respect for participants' rights and dignity.

Research Procedure

The research procedure in this study was adapted from qualitative research guidelines as outlined by Kaharuddin, with adjustments to fit the field context. While the general stages included preparation, data collection, and analysis, the implementation was flexible and responsive to conditions in the field. For instance, the process of identifying informants and conducting interviews was adjusted based on participants' availability and daily routines, particularly considering the caregiving responsibilities of mothers.

This adaptive approach allowed the researcher to engage more naturally with participants and to capture the dynamics of family life as they unfolded in everyday settings (Kaharuddin, 2021). These stages are carried out systematically to ensure the traceability of the research process and the replicability of the method.

Data Analysis Technique

Data analysis was conducted using thematic analysis, which began with a data familiarization process through repeated reading of interview transcripts and field notes (Neuman, 2017). The next stage included initial coding, grouping the codes into main themes, reviewing and interpreting the themes, and writing a narrative of the findings. Thematic analysis was chosen because it allows researchers to identify patterns of meaning related to the negotiation of nutrition knowledge and parenting practices in family relationships.

Data Validity

Data validity was ensured through source and method triangulation. In this study, the unit of analysis was the family, with data collected and compared across different members within the same household, including mothers, husbands, and children, as well as supporting informants such as health workers and local officials. Triangulation was conducted by examining the consistency of information obtained from these various sources and by combining findings from in-depth interviews and observations. This approach allowed the researcher to capture both intra-family dynamics and the broader social context influencing childcare and nutrition practices (Saadah et al., 2022).

In addition, the researcher utilized field notes and analytical memos to support the data interpretation process. Field notes were used to document observations during fieldwork, including interactions among family members, non-verbal expressions, and the contextual conditions of the household environment. In contrast, analytical memos were written to capture the researcher's reflections, preliminary interpretations, and emerging patterns during the data collection and analysis process.

These two forms of documentation served different but complementary purposes in strengthening the analytical depth of the study. Data triangulation and interpretation were conducted simultaneously in an iterative manner, allowing the researcher to continuously compare findings from interviews and observations. This approach is consistent with qualitative research practices that emphasize ongoing analysis throughout the research process.

RESULTS AND DISCUSSION

Negotiation of Nutrition Knowledge in Rural Family Caregiving Practices

The results showed that nutritional knowledge in rural families is obtained from various sources, including midwives, posyandu (integrated community health service posts), the media, previous parenting experiences, and knowledge passed down through generations within the family. The diversity of these information sources often results in families having a partial and fragmented understanding of nutrition.

For example, some mothers are aware of the importance of balanced diets and regular feeding schedules promoted by health services. However, in practice, they often prioritize satiety over nutritional quality by relying on readily available foods, such as instant porridge or snacks. Nutritional knowledge is also shaped by everyday experiences and intergenerational influences. Consequently, different family members may hold conflicting views regarding appropriate child feeding practices. For instance, younger mothers who have received health education may adopt different approaches from older family members who continue to follow traditional feeding practices. As a result, nutritional knowledge is applied selectively according to what families perceive as practical and relevant to their everyday lives.

One mother explained that she had received recommendations on nutritious food from a midwife, including advice on providing balanced meals consisting of carbohydrates, protein, vegetables, and fruits, as well as maintaining regular feeding schedules. However, she only partially applied this information in her daily caregiving practices. For instance, she often served rice with instant side dishes or snacks because these foods were more readily available and preferred by her child. She explained that these choices were influenced by limited household resources and her child's eating preferences, as the child tended to refuse vegetables and more varied meals.

Similarly, other informants described tensions between formal nutrition advice and family-based knowledge. In several cases, older family members, particularly grandmothers, recommended feeding practices based on traditional beliefs that differed from the advice provided by health workers. Consequently, mothers negotiated between these different sources of knowledge and adopted feeding practices that they considered the most practical within their everyday circumstances (Mrs. RN, Informant 1).

Another mother reported that although she had frequently received nutrition counseling from health workers, including guidance on exclusive breastfeeding, complementary feeding, and the importance of balanced meals, she relied primarily on her previous parenting experience and advice from family members when deciding on her child's diet. In her case, advice was mainly provided by her mother and mother-in-law, who recommended feeding practices based on their own experiences, such as introducing solid foods earlier or prioritizing foods that made the child feel full.

She explained that these recommendations were considered more practical and easier to implement, particularly when her child was perceived as a picky eater. To reconcile these differences, she selectively combined both sources of knowledge by following general advice from health services while adapting it to align with family practices and her child's preferences (Mrs. WR, Informant 2).

This finding is consistent with previous research showing that nutritional knowledge within families functions as socially constructed knowledge developed through experience and interaction, rather than merely as the transfer of technical information from health workers (Booth, 2020)

In parenting practices, nutritional knowledge does not automatically translate into actions that fully reflect health recommendations. As the primary caregivers, mothers often adapt nutritional information by considering household economic conditions, children's food preferences, and food availability. One mother explained that although she understood the importance of providing a varied diet, she often chose foods that were more filling and readily available because of the family's limited income. As she stated, "I know children should eat vegetables and varied food, but sometimes I just give what is available and what makes the child full because our income is limited" (Mrs. WT, Informant 3).

This finding illustrates how economic constraints influence the application of nutritional knowledge in everyday parenting practices. Another mother explained that when her child refused nutritious foods, such as vegetables and protein-rich side dishes recommended by health workers, she adjusted the menu to ensure that the child continued to eat. Rather than insisting on these foods, she often served alternatives that were more acceptable to the child, such as fried foods, instant noodles, or snacks. As she stated, "My child does not like vegetables or fish, so I usually give fried eggs

or instant noodles, as long as the child wants to eat. If I force it, the child will not eat at all" (Mrs. RS, Informant 4). This finding illustrates how mothers negotiate between nutritional recommendations and children's food preferences in their everyday feeding practices.

This phenomenon indicates that child feeding practices are shaped through a process of negotiation between nutritional knowledge and the realities of family life. For example, although mothers are aware of recommendations to provide balanced meals that include vegetables and protein-rich foods, in practice they often adjust these guidelines due to limited household income, children's food preferences, and the influence of family members. As a result, mothers tend to prioritize foods that are affordable, readily available, and acceptable to the child, even when these choices do not fully align with nutritional recommendations.

This finding is consistent with previous studies showing that parenting decisions are influenced by families' adaptive strategies in response to resource constraints and everyday caregiving challenges (Bob & Moshabela, 2020; Hunter & Douglas, 2025).

This study also found that mothers are not always the sole actors in parenting decisions. Decisions related to food and childcare often involve husbands and other family members, particularly parents or in-laws. One mother explained that although she obtained nutritional information from *posyandu* (integrated community health service posts), the final decision regarding the child's diet was often adjusted to her husband's preferences and established family eating habits. As she noted, "I usually follow what my husband prefers, because he is the one who earns the income" (Mrs. GN, informant 5). A husband similarly emphasized that food choices must align with the household's economic capacity, stating that "we provide what we can afford, even if it is not always what is recommended" (Husband, informant 3).

These findings suggest that parenting practices are shaped by relational dynamics within the family, including gendered roles and authority structures. In several cases, husbands were positioned as key decision-makers due to their control over financial resources, which influenced whether nutritional recommendations could be implemented. At the same time, older family members, such as mothers-in-law, contributed to decision-making through advice rooted in traditional norms and past experiences.

From the researcher's perspective, this reflects a context in which caregiving responsibilities are primarily assigned to women, while decision-making power, particularly in economic matters, is often held by men. However, rather than indicating a rigid or absolute hierarchy, the data show that mothers actively negotiate these constraints by adapting nutritional practices to align with both family expectations and available resources. These findings are consistent with studies highlighting how gender relations and family role divisions shape the application of child health knowledge (Alakarppa et al., 2025; Ceci & Purkis, 2021)

From a family sociology perspective, the process of negotiating nutritional knowledge found in this study can be understood as part of family practices, where parenting practices are shaped through interaction, legitimization and mutual adaptation between family members. Nutrition knowledge does not work linearly from knowledge to practice, but through a process of interpretation influenced by power relations, family norms, and household structural conditions. One mother stated that even though she understood nutrition recommendations from health workers, she still had to adapt her parenting practices to family conditions in order to avoid tensions within the household. She explained that disagreements could arise when her efforts to follow nutritional advice, such as providing vegetables or more varied meals, were not supported by her husband or other family members, who preferred familiar and more affordable foods. As she noted, "If I insist on following what the health worker said, sometimes my husband disagrees because it costs more, and the child also refuses to eat it" (Mrs. LA). This situation led her to adjust her practices to maintain harmony in the family while ensuring that the child continued to eat. These results reinforce the findings of recent international research that concludes that family nutrition interventions often fail because they do not fully consider the internal dynamics of the family and the social context in which parenting practices take place (Chin, 2019; Cortés-Moreno, 2018; Headey & Ruel, 2023).

Socio-economic Dynamics and Family Relationships in Parenting Decision-Making

The results showed that the socio-economic condition of the family is a key factor influencing parenting practices and the application of nutrition knowledge in daily life. Limited household income encourages families to prioritize the most urgent basic needs, which in turn shapes children's food choices toward options that are easily accessible, filling, and aligned with the family's financial ca-

pacity. However, the limitations faced by families are not solely related to the cost of food, but also involve issues of accessibility, children's food preferences, time constraints in food preparation, and established household eating habits.

One mother explained her situation as follows: "I actually know that children should eat vegetables, fish, and other nutritious food, but sometimes it is difficult because the child does not want to eat them, and I also cook what is simple and available at home" (Mrs. MN, Informant 6).

This statement indicates that the challenge is not merely about the price of nutritious food, but also about the child's acceptance and the practicality of food preparation in daily life. Similarly, a husband emphasized the need to prioritize overall household needs: "We have to adjust everything to our income. It is not only about the child's food, but also other daily expenses. So we choose what is possible for us" (Husband, Informant 1).

These findings also reflect gendered dynamics within the household, where mothers are primarily responsible for childcare and food preparation, while fathers tend to hold authority over financial decisions. As a result, mothers often need to negotiate their knowledge of nutrition within the constraints of household economic priorities and decision-making structures.

These conditions show that childcare practices in rural families cannot be separated from household survival strategies. Families try to balance the fulfillment of children's nutritional needs with their limited resources. In this context, parenting practices are not merely a matter of knowledge, but part of the family's adaptation to economic pressures.

However, these survival strategies are not gender-neutral. They are closely shaped by social norms regarding the division of labor within the family, where mothers are primarily responsible for childcare and food preparation, while fathers are positioned as breadwinners and economic decision-makers. As a result, mothers often bear the main responsibility for ensuring children's nutrition, yet they have limited control over household financial resources. This condition influences how nutritional knowledge is applied and negotiated in everyday practices.

This finding is in line with gender-based analyses in Indonesian contexts, which show that household survival strategies are embedded in socially constructed roles and expectations of men and women. In particular, the concept of State Ibuism highlights how the state has historically reinforced women's roles as mothers and primary caregivers, while at the same time maintaining their limited access to economic power and decision-making (Hyunanda et al., 2021). As a result, mothers in deprived families often carry the burden of childcare and nutrition under constrained conditions, shaping pragmatic parenting strategies to ensure that children continue to eat, even if the nutritional quality is not optimal (Nambiar et al., 2024).

In addition to economic factors, relationships between family members also play a role in shaping parenting decisions. This study found that the division of roles in the family remains relatively traditional, with mothers primarily responsible for childcare, while husbands tend to act as breadwinners and key decision-makers in economic matters. One mother reported that she often has to adjust her parenting practices according to her husband's decisions regarding household expenses, including in determining the type of food that can be provided to the child (Mrs. KR, Informant 7).

In this study, the children involved were aged between 3-4 years old and were considered capable of basic interaction, such as expressing food preferences, responding to simple questions, and indicating likes or dislikes toward certain foods. One child, for example, expressed a preference for foods that were more frequently provided at home, such as instant noodles or fried foods (Child, Informant 5).

This indicates that children's preferences do play a role in shaping parenting decisions. However, the influence of children's opinions is often situational rather than based on deliberate parenting values. Parents tend to accommodate children's food preferences primarily to ensure that the child continues to eat and to avoid resistance, such as refusal to eat or crying. As a result, decisions regarding children's diets are shaped through a negotiation process not only between parents, but also involving children's responses, which further reflects the complexity of everyday parenting practices in rural families.

The involvement of external actors such as village midwives and the Stunting Task Force plays an important role in shaping the dynamics of family caregiving practices. The Stunting Task Force at the village level is a local institutional body responsible for coordinating and implementing stunting prevention programs, including monitoring child growth, providing nutrition education, and assisting families identified as at risk.

Village midwives explained that families often understand nutritional recommendations but face difficulties in implementing them consistently due to economic limitations and deeply rooted family

habits (Midwife, supporting informant). In several cases, the recommendations provided, such as the need to serve diverse and nutritionally balanced meals, were perceived by families as difficult to apply in their daily context, either because certain food items were not regularly available, less familiar, or not preferred by children.

Similarly, the Stunting Task Force revealed that family assistance often exposes a gap between program expectations and actual parenting practices at home, particularly among families with vulnerable socio-economic conditions (Stunting Task Force, supporting informant). From a critical perspective, this gap also reflects the programmatic and administrative orientation of stunting interventions, which tend to emphasize measurable targets and standardized recommendations, sometimes without fully accommodating the lived realities of rural families.

As a result, while interactions between families and institutional actors contribute to the dissemination of nutritional knowledge, parenting practices remain strongly shaped by household structural conditions and everyday constraints. This indicates that stunting prevention efforts are not merely technical interventions, but also involve negotiation between policy frameworks and the socio-cultural realities of family life.

From a family sociology perspective, these dynamics emphasize that parenting decisions are the result of power relations, role sharing, and economic conditions that are intertwined within the family. Childcare practices cannot be understood as an individual choice of the mother alone, but rather as a collective practice negotiated within the family structure and social environment.

This finding is consistent not only with recent international studies, but also with research conducted in the Indonesian context, which shows that economic inequality and gender relations within households significantly influence parenting patterns and child nutrition outcomes (Rahmatika et al., 2024; Sugianti et al., 2024). These studies highlight that the division of roles between mothers and fathers, as well as household resource constraints, shape how decisions related to child feeding and care are made in everyday life.

Family Interactions with Local Actors and Implications for Stunting Prevention

The results show that families with stunted children routinely interact with various local actors, namely village midwives, the Stunting Task Force, and village officials, primarily through posyandu (integrated health service post) activities and local stunting prevention programs. These interactions generally take place once a month through posyandu services, which include child growth monitoring, nutrition counseling, and basic health services. In addition, the Stunting Task Force occasionally conducts family assistance and monitoring visits, particularly for families identified as at risk.

From the perspective of institutional actors, these interactions are intended to ensure that families receive adequate information about child nutrition, monitor child development, and encourage behavioral change in parenting practices. However, from the families' perspective, these interactions are often perceived as informative but not always fully applicable to their daily conditions. One mother reported that although she frequently receives guidance on nutritious food from midwives, she finds it difficult to implement the recommendations consistently due to economic limitations and established family habits (Mrs. WT, Informant 8).

These findings suggest that while routine interactions between families and local actors serve as an important channel for disseminating nutritional knowledge, there remains a gap between program expectations and the realities faced by families in their everyday lives.

This suggests a gap between the health messages delivered by institutional actors and the reality of rural family life. This gap emerges from several interrelated factors. First, economic constraints limit families' ability to consistently follow nutritional recommendations, even when they understand them. Second, deeply rooted family habits and children's food preferences often shape daily food choices, making it difficult to introduce new dietary patterns. Third, gender dynamics within the household, where mothers are responsible for food preparation but have limited control over financial resources, further complicate the implementation of nutritional knowledge.

In addition, the delivery of health messages tends to be normative and one-directional, emphasizing ideal standards without fully considering the socio-economic and cultural context of the target families. As a result, families are required to adapt these recommendations to their own realities, which often leads to partial or inconsistent implementation. This finding is in line with recent international research highlighting that one-way nutrition education approaches are often less effective if they are not accompanied by a contextual understanding of the lives of the target families (Metcalfe et al., 2023).

In addition to midwives, the role of the Stunting Task Force at the village level is also part of the family's interaction with local policy structures. The Stunting Task Force functions as a liaison between government programs and target families, but in practice faces challenges in ensuring the sustainability of changes in family parenting behavior.

A member of the Stunting Task Force explained that family assistance is often focused on administrative monitoring and the fulfillment of program indicators, while meaningful changes in parenting practices require more time and a more personalized approach (Stunting Task Force, supporting informant). From a critical perspective, this indicates that the implementation of stunting programs tends to be oriented toward measurable outputs, which may lead to a "tick-box" tendency in practice. However, this condition is not solely the result of the actors' performance, but is also shaped by the structure of the program itself, which prioritizes reporting and target achievement over long-term behavioral engagement.

This shows that the success of stunting prevention programs is not only determined by the presence of institutional actors, but also by the program's ability to adapt to family dynamics and provide more context-sensitive interventions.

Village officials, particularly the village head, view stunting not only as a health issue but also as one closely related to the social and economic conditions of the community. The village head explained that stunting prevention efforts at the village level require cross-sectoral cooperation and a clear understanding of the actual conditions faced by families, as general policies often do not fully address the needs of vulnerable groups (Village head, supporting informant).

In practice, village officials play a role in facilitating coordination between local actors, such as midwives, the Stunting Task Force, and community groups, as well as supporting the implementation of programs such as posyandu and family assistance. They are also involved in identifying and reporting families at risk, ensuring that they are included in intervention programs. However, their role tends to be more facilitative and administrative, as policy design and program frameworks are largely determined at higher levels of government.

From an analytical perspective, this indicates that village officials act as intermediaries between policy and practice. While they have an understanding of local realities, their capacity to develop more context-sensitive policies remains limited. As a result, the effectiveness of stunting prevention efforts depends not only on local initiatives, but also on how far broader policy frameworks can accommodate the specific needs of families at the grassroots level.

From the perspective of family sociology and social policy, the interaction between families and local actors in stunting prevention can be understood as a negotiation process between policy logic and family practices. Families do not passively accept the programs and information provided, but rather actively make selections, adjustments, and interpretations based on their internal conditions, including economic capacity, family habits, and social relations.

This finding reinforces international studies showing that the success of community-based nutrition interventions depends on the ability of institutional actors to understand families as active subjects rather than passive policy targets. Beyond this, the findings suggest that stunting prevention programs need to move beyond one-size-fits-all approaches and adopt more flexible, context-sensitive strategies that take into account the everyday realities of families. Without such adaptation, there is a risk that programs will remain normative and only partially implemented, limiting their long-term effectiveness in changing parenting practices (Gillespie, 2016; Laar et al., 2024).

Thus, the results of this study confirm that tackling stunting at the local level requires an approach that places the family at the center of the intervention, taking into account the social relations, economic conditions, and parenting practices lived within the family. More dialogic interactions between families and local actors are key to bridging the gap between policies and parenting practices, and to encourage more sustainable changes in stunting prevention in rural areas.

Negotiation Model of Nutrition Knowledge and Parenting Practices in Rural Families

The conceptual model presented in this study (see Figure 1) is a synthesis of empirical findings on the process of negotiating nutrition knowledge in parenting practices in rural families. The model is built inductively from field data and illustrates that nutritional knowledge is not simply present as medical knowledge passively received by families, but rather as social knowledge constructed through interactions between various actors, sources of knowledge, and the realities of family life (Berger & Luckmann, 2023; Sulaiman, 2016).

At the externalization stage, the family, especially the mother as the main caregiver, interacts with various sources of knowledge. Medical and

formal knowledge is obtained from midwives, posyandu, health workers, and stunting prevention programs run by the government. On the other hand, families also interact with non-medical knowledge sourced from cultural values, social norms, family traditions, and myths that live in the community. These interactions produce initial ideas and understandings about stunting, child development, and parenting practices that are considered good or natural in the family context.

The next stage is objectivation, where the knowledge gained begins to form an objective reality that is perceived together in the family. At this stage, nutrition knowledge is understood as an ideal standard of how children should be cared for and fed. However, this objective reality does not stand alone, but rather confronts the socio-economic conditions of the family, such as income limitations, household food security, gender roles, and power relations within the family. The tension between ideal standards and the reality of everyday life is what then gives rise to a negotiation process in parenting practices.

In the internalization stage, mothers as the main actors of parenting carry out the process of accepting, selecting, and adjusting nutritional knowledge into daily parenting practices. This process does not take place symmetrically, but asymmetrically, because it is influenced by the greater gender responsibilities of women, economic limitations, and the influence of other family members such as husbands and extended family. Nutritional knowledge that is successfully internalized is then integrated into the mother's identity as a caregiver, forming habits (habitualization) and parenting roles that are carried out in everyday life.

The model also shows that the results of the internalization process produce typifications, which are patterns of parenting practices that are considered "possible" and "natural" by rural families. This typification is then reproduced repeatedly and becomes a practical reference for families in responding to the problem of stunting and fulfilling child nutrition. Thus, parenting practices not only reflect the knowledge that families have, but also reflect the family's adaptation to the structural conditions and social relations that surround them.

Reflectively, this model can be read in line with the framework of social construction of knowledge as proposed by Berger and Luckmann, especially through the processes of externalization, objectivation and internalization (Berger & Luckmann, 2023). However, consistent with the methodological approach of this study, social construction theory is not positioned as the initial theoretical framework, but rather as an interpretative lens used to make sense of the empirical findings obtained from the field.

With this approach, the theory serves to enrich the meaning of the process of negotiating nutritional knowledge within the family, without shifting the main focus of the research from the lived experiences and everyday practices of rural families. Thus, this model of negotiating nutritional

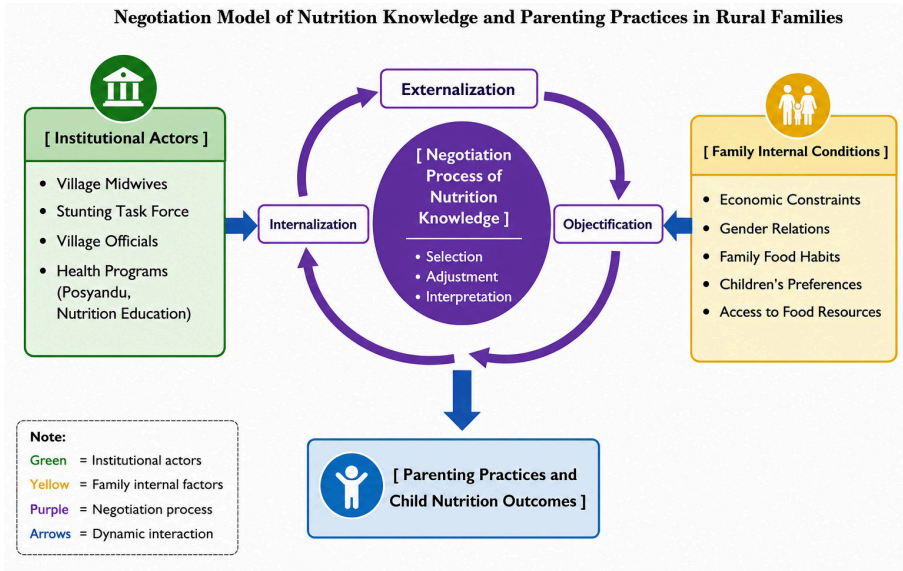

Figure 1. Negotiation model of nutrition knowledge and parenting practices in rural families

Source: Developed by the authors based on the study findings and Berger and Luckmann's theory (2026)

knowledge and parenting practices emphasizes that stunting prevention cannot be understood solely as a matter of individual lack of knowledge, but rather as the result of a complex social process in which knowledge, family relations, and structural conditions interact to shape parenting practices.

CONCLUSION

This study demonstrates that stunting prevention in rural family contexts cannot be understood solely as a matter of insufficient nutritional knowledge, but rather as the outcome of complex social processes within the household. Nutritional knowledge obtained from formal and non-formal sources is not applied in a linear manner; instead, it is continuously negotiated in everyday parenting practices. This negotiation process is shaped by interrelated factors, including household economic constraints, gender relations and the division of roles within the family, children's preferences, and interactions with local institutional actors such as village midwives, the Stunting Task Force, and village officials.

The findings also reveal a persistent gap between programmatic health messages and the lived realities of rural families. This gap emerges not only from structural limitations, but also from the normative and one-directional nature of program delivery, which often does not fully consider the socio-economic and cultural contexts of target families. As a result, families actively select, adapt, and reinterpret nutritional recommendations according to their own conditions, rather than implementing them as intended by policy frameworks.

Through the synthesis of empirical findings, this study proposes a negotiation model of nutrition knowledge and parenting practices that positions the family as the central arena where knowledge is constructed, contested, and applied. This model highlights that parenting practices are shaped not only by knowledge, but also by power relations, social norms, and institutional interactions.

Theoretically, this research contributes to family sociology by demonstrating that parenting practices in the context of stunting are socially constructed and negotiated processes, rather than purely individual decisions. Practically, the findings underline the need for more context-sensitive and adaptive approaches to stunting prevention. Policy interventions should move beyond standardized and target-oriented approaches toward more relational, participatory, and contextually grounded strategies that recognize families as active subjects. Such an approach is essential for achieving more effective and sustainable stunting prevention outcomes in rural areas.

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