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Culturally-Based Social Intervention Model: Muhammadiyah Da'wah for Women's Empowerment in Stunting Prevention

Linda Safitra[1*], Wulan Angraini[2], Mohammad Reevany Bustami[3]

[1]Faculty of Social and Political Sciences, Universitas Muhammadiyah Bengkulu, Bengkulu, Indonesia

[2]Faculty of Health Science, Universitas Muhammadiyah Bengkulu, Bengkulu, Indonesia

[3]Centre for Policy Research, Universiti Sains Malaysia, Gelugor, Malaysia

*Email: lindasafitra@umb.ac.id

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Abstract: *Decisions about what young children should eat are not always made by mothers alone. In many families, feeding practices are influenced by advice from older relatives, inherited beliefs about food, and expectations surrounding childcare. Drawing on a qualitative case study in Rejang Lebong, Bengkulu, this article examines how these relationships shape maternal decision-making and how Muhammadiyah–'Aisyiyah religious outreach contributes to discussions about child nutrition. The study involved 30 informants, including mothers of young children, 'Aisyiyah cadres, posyandu cadres, and religious or community leaders. Data were collected through interviews, participatory observation, and focus group discussions and examined thematically. The findings show that food-related beliefs persist partly because they are embedded in relationships of care and intergenerational authority. Although mothers are responsible for daily feeding, introducing different practices may require negotiation with senior family members. Religious gatherings provide some participating mothers with opportunities to discuss nutritional information and connect proposed changes with familiar moral understandings of parental responsibility. These findings suggest that maternal empowerment involves more than acquiring knowledge; it also depends on the ability to negotiate established family expectations. The article proposes a Nusantarazation-led culturally situated intervention framework linking community discussion, maternal agency, and household negotiation. Its contribution lies in identifying potential social mechanisms for changing feeding practices rather than demonstrating a measurable reduction in stunting.*

Keywords: Stunting Prevention; Social Construction; Maternal Agency; Household Negotiation; Muhammadiyah–'Aisyiyah

A. INTRODUCTION

Stunting remains one of the most serious public health challenges in many developing countries, including Indonesia (Helmizar et al., 2025). National data indicate that approximately 21.5% of Indonesian children experience stunting, a

condition that significantly affects physical growth, cognitive development, and long-term human capital formation (Nafikadini et al., 2024). In Bengkulu Province, the problem is particularly alarming. Rejang Lebong District recorded a stunting prevalence of 28.6% in 2024, the highest in the province (Kompas.com, 2024). These figures indicate that stunting is not merely a nutritional deficiency but a complex social problem influenced by economic conditions, family structures, cultural practices, and access to health information. Although the government has implemented various stunting prevention programs, many families still practice unbalanced diets that prioritize carbohydrates such as rice, while vegetables and protein-rich foods are often neglected (Soedarsono & Sumarmi, 2021).

A culturally grounded perspective can also be strengthened through a Nusantarazation perspective. The Nusantarazation perspective argues that indigenous contextualization provides an epistemological framework that recognizes local ecological knowledge and cultural practices as meaningful sources of knowledge (Salleh et al., 2021). In the context of stunting prevention, this perspective suggests that food beliefs and childcare practices should not be approached merely as barriers to intervention, but should be understood within the social, cultural, and historical relationships that give them meaning.

Women's empowerment has increasingly been recognized as a critical factor in improving child nutrition and preventing stunting. Women, particularly mothers, play a central role in determining children's dietary patterns, food preparation, and daily childcare practices (Wassie et al., 2024). Previous studies demonstrate that women's access to information, decision-making autonomy, and control over household resources are closely associated with improved child nutritional outcomes (Khan & Raza, 2020). However, women in many rural communities, including Rejang Lebong District, continue to face structural and cultural constraints. Limited access to health information, socio-cultural myths about food, and gender norms within extended family systems often restrict mothers' ability to implement balanced nutritional practices (Safitra et al., 2024). These conditions highlight the need for culturally sensitive empowerment strategies that address not only knowledge gaps but also social and cultural influences on family nutrition practices.

In this context, Muhammadiyah, one of the largest Islamic organizations in Indonesia, plays an important role in community empowerment through its women's organization, Aisyiyah. Historically, Aisyiyah has been actively involved in social, educational, and health programs aimed at improving the welfare of women and families. Through community-based activities such as religious study groups, health education programs, and maternal and child health initiatives, Aisyiyah has contributed to increasing health awareness among mothers at the grassroots level (Rachmawati, 2019). In recent years, Aisyiyah has also supported stunting prevention initiatives by integrating nutrition education into religious outreach activities and community empowerment programs. These initiatives indicate that religious-based social organizations can serve as strategic partners in public health interventions, particularly in communities where religious leaders and organizations hold strong social legitimacy (Ghufron, 2023).

Although stunting scholarship has documented nutritional, economic, and cultural determinants, an important sociological question remains: how does advice about child feeding acquire authority within families, and under what conditions can

mothers act on information that conflicts with that advice? A focus on individual knowledge alone risks overlooking the relational costs of challenging parents and parents-in-law. Research on religious outreach also needs to distinguish exposure to messages from the household negotiations through which messages might become practice (Islamiyah, 2022).

Therefore, this study aims to formulate a Nusantarazation-led culturally based social intervention model grounded in Muhammadiyah's da'wah to strengthen women's empowerment in stunting prevention efforts in Rejang Lebong District. This study addresses the following research questions: (1) how socio-cultural norms influence family nutrition practices and childcare behavior in stunting prevention, and (2) how Muhammadiyah's da'wah activities through the Aisyiyah network can function as a community-based intervention

In addition, by integrating perspectives from social construction theory, women's empowerment, and religious-based social intervention, this study contributes to the development of an alternative framework for community-based stunting prevention. Unlike previous studies that primarily focus on biomedical or policy-based approaches, this research positions Muhammadiyah's da'wah as a structured socio-cultural intervention model embedded in local Nusantara wisdom that empowers women as key agents of change in transforming family nutrition practices.

B. METHOD

This study employed a qualitative case study approach to explore the sociocultural dynamics of stunting prevention and the role of Muhammadiyah da'wah in empowering women in family health practices in Rejang Lebong District, Bengkulu Province. A qualitative case study was chosen because this research aims to understand complex social phenomena in their real-life context. In this study, the phenomena include family nutrition practices, cultural beliefs, gender roles, and religious outreach activities that influence women's participation in stunting prevention.

Fieldwork was conducted from March to September 2025 in several villages in Rejang Lebong District that were identified as areas with relatively high stunting prevalence based on local health office data. Data were collected through in depth interviews, participatory observation, and focus group discussions involving mothers with toddlers, Aisyiyah cadres, health cadres, and religious leaders.

1. Research Informants and Sampling Strategy

Informants in this study were selected using purposive sampling and snowball sampling techniques. Purposive sampling was used to identify individuals who possessed relevant knowledge and experience related to child nutrition, family health practices, and Muhammadiyah da'wah activities (Stratton, 2024).

The criteria for purposive sampling included several categories of participants. First, mothers who had toddlers and were directly responsible for daily childcare and feeding practices. Second, Aisyiyah cadres who were actively involved in community empowerment activities or health-related programs. Third, posyandu cadres who regularly interact with mothers and children through community-based health services. Fourth, religious or community leaders who participate in religious outreach activities within the community.

Snowball sampling was applied to identify additional Aisyiyah cadres and religious leaders who were actively involved in religious outreach and community empowerment activities. Initial informants recommended other individuals who had relevant experience in delivering health messages or participating in Muhammadiyah da'wah activities related to family welfare and community health.

A total of 30 informants participated in this study. The participants consisted of 15 mothers with toddlers, 5 Aisyiyah cadres, 5 posyandu cadres, and 5 religious or community leaders. Mothers were included in larger numbers because they are the primary actors in everyday childcare and family nutrition practices. Their perspectives are important for understanding how sociocultural norms and religious messages influence feeding behavior and parenting decisions within the household.

In this research, Aisyiyah cadres and religious leaders served as key informants because they are directly involved in Muhammadiyah da'wah activities and community outreach programs that promote health awareness and women's empowerment.

2. Data Collection Techniques

Data collection was conducted through three techniques, namely in-depth interviews, participatory observation, and focus group discussions (Chand, 2025).

In-depth interviews were conducted to explore informants' experiences and perceptions regarding child feeding practices, parenting patterns, and the influence of religious teachings on family health behavior. Interviews were conducted face-to-face using a semi-structured interview guide that allowed flexibility in exploring emerging themes during the conversation. The interview questions focused on three main aspects. These aspects included family dietary practices, women's roles in childcare and household decision-making, and the influence of Muhammadiyah da'wah on health awareness and parenting practices.

Participatory observation was conducted during community activities such as posyandu services, religious study gatherings, and Aisyiyah organizational meetings. Through these observations, the researcher documented how religious messages, social interactions, and cultural values shape family nutrition practices and parenting behavior.

Focus group discussions were conducted with groups of mothers, Aisyiyah cadres, and community members. These discussions aimed to explore shared perceptions related to food myths, child feeding practices, and the role of religious outreach in promoting community health awareness. The discussions were conducted in several villages to capture diverse sociocultural perspectives within the research area.

The research instruments were developed based on a literature review on women's empowerment, Muhammadiyah da'wah, and sociocultural factors influencing child nutrition. The interview guide was tested with several informants before the main data collection to ensure the clarity and relevance of the research questions.

3. Data Analysis and Validation Techniques

Thematic analysis was used to organize the interview, observation, and discussion material. The reported analytical sequence involved familiarization with transcripts, coding passages concerning feeding routines and family advice, grouping

related codes, and interpreting themes concerning food beliefs, household authority, maternal negotiation, and religious communication (Lenaini et al., 2021). The manuscript does not provide a codebook or a detailed audit trail; consequently, the analysis is presented as an interpretation of recurring accounts rather than a measurement of theme prevalence.

After the familiarization process, relevant segments of the data were coded and grouped into categories that reflected the main themes of the study. The themes included family dietary practices, sociocultural influences on child feeding behavior, women's decision-making roles in family nutrition, and the influence of Muhammadiyah da'wah on health awareness.

Several strategies were employed to ensure the credibility and validity of the findings. Source triangulation was conducted by comparing information obtained from different categories of informants, including mothers, health cadres, and religious leaders. Method triangulation was also applied by integrating findings from interviews, observations, and focus group discussions.

Member checking was conducted by discussing preliminary findings with several informants in order to confirm that the interpretations accurately represented their experiences. In addition, peer debriefing was carried out through discussions with other researchers involved in the study to critically review the interpretation of the data and to minimize potential researcher bias. Through these procedures, the study ensured the credibility, reliability, and validity of the qualitative findings.

C. LITERATURE REVIEW

1. Stunting as a Sociocultural Phenomenon

The understanding of stunting as a socio-cultural phenomenon is compatible with Nusantarazation perspective. Nusantarazation is a discourse of decolonization and indigenization that repositions local knowledge systems as legitimate foundations for addressing societal challenges (Bustami, 2023). From this perspective, culturally based health interventions should engage with existing community values and practices while critically negotiating those elements that may influence child nutrition outcomes.

Stunting is widely recognized as a major public health problem affecting child growth and development. However, contemporary studies increasingly emphasize that stunting cannot be understood solely as a biomedical or nutritional issue. Child malnutrition is also influenced by sociocultural norms, family structures, and everyday childcare practices that shape dietary behavior within households (Medhyna, 2019; Soedarsono & Sumarmi, 2021). In many rural communities, child feeding practices are inherited across generations and are strongly influenced by local beliefs, myths, and traditions that define which foods are considered appropriate for children (Safitra et al., 2024; Safitra et al., 2025).

Berger and Luckmann's theory of social construction provides a useful perspective for understanding how these practices emerge and persist in society. According to this theory, social reality is produced through continuous interaction between individuals and their social environment. Knowledge about food, parenting, and childcare practices becomes institutionalized through habitual actions and is legitimized by elders, religious leaders, and community norms (Ocasio, 2023; Safitra

& Angraini, 2026). As a result, mothers often internalize these practices as common sense knowledge even when they contradict modern nutritional recommendations.

In this study, social construction theory is used to examine how beliefs about child nutrition, maternal responsibilities, and caregiving practices are socially produced and maintained within families and communities.

2. Women's Empowerment and Child Nutrition

Women's empowerment is widely recognized as a crucial factor in improving child health and nutritional outcomes. Women's empowerment refers to the ability of women to access information, participate in decision-making, and control resources related to family welfare (Saaka, 2020; Wassie et al., 2024). Research consistently shows that empowered women are more likely to practice appropriate child feeding, adopt dietary diversity, and actively utilize maternal and child health services.

Despite this potential, women's decision-making authority within families is often constrained by patriarchal structures and sociocultural expectations. In many traditional households, decisions regarding childcare and feeding are influenced by older family members such as grandparents or senior relatives (Khan & Raza, 2020). These dynamics may reduce mothers' autonomy in determining appropriate nutrition for their children.

Previous studies also highlight that improving knowledge alone is insufficient when broader social norms remain unchanged. Effective strategies therefore require approaches that strengthen women's capacity while also addressing social and cultural influences that shape household practices (Safitra et al., 2021). In this research, women's empowerment is understood as a process that enables mothers to critically reflect on traditional norms while adopting healthier childcare and nutrition practices.

3. Religious Communication and Social Behavioral Change

Religious communication plays an important role in shaping social values and behavioral norms in many Muslim communities. Da'wah refers to the process of communicating Islamic teachings and guiding social behavior in accordance with religious principles. Beyond its spiritual dimension, da'wah can function as a medium for social change by integrating health-related messages with religious values that resonate with community beliefs (Rachmawati, 2019).

Research shows that religious-based communication strategies can be particularly effective in rural communities where trust in religious leaders often exceeds trust in formal institutions. Health messages delivered through religious narratives are more easily accepted because they align with the moral and cultural framework of the community (Haris, 2021). For example, child care and child nutrition can be framed as a moral responsibility entrusted to parents.

This perspective suggests that religious communication has the potential to influence behavioral change while maintaining cultural legitimacy and community acceptance.

4. Community-Based Intervention Models in Stunting Prevention

Various intervention models have been developed to address stunting through health, nutrition, and community empowerment strategies. Many public health interventions focus on improving maternal knowledge, promoting exclusive breastfeeding, and strengthening health services. However, several studies indicate

that biomedical approaches alone are often insufficient when sociocultural practices strongly influence childcare behavior (Rahayu et al., 2020).

Community-based interventions that involve local actors and culturally relevant communication strategies are increasingly recognized as more effective in promoting sustainable behavioral change. Programs that engage community leaders, social organizations, and women's groups have demonstrated greater success in improving maternal awareness and participation in health initiatives.

In the Indonesian context, religious organizations have played an important role in community development and social welfare. Muhammadiyah, through its women's organization Aisyiyah, has long been involved in education, health promotion, and social empowerment activities that directly engage mothers at the grassroots level (Rachmawati, 2019). Studies indicate that Aisyiyah programs contribute to improving maternal health awareness and community participation in health related activities (Haris, 2021).

Despite this potential, limited research has examined how Muhammadiyah da'wah can be systematically utilized as a structured social intervention model to address stunting through women's empowerment. Most existing studies focus on medical or policy-oriented approaches, with limited attention to culturally grounded and religiously informed intervention strategies.

5. Conceptual Framework of the Study

Based on the reviewed literature, this study integrates three main theoretical perspectives. The first perspective is social construction theory which explains how childcare practices and nutrition behavior are shaped by socially shared beliefs and norms. Connected to this perspective is the significance of Nusantara local wisdom embedded in the practices, norms and belief system**.** The second perspective is women's empowerment which highlights the importance of women's agency in household decision making related to child nutrition. The third perspective is religious communication through da'wah which functions as a culturally relevant medium for influencing community behavior.

These three perspectives are situated within the institutional context of Muhammadiyah and Aisyiyah outreach activities. In this framework, religious outreach functions as a channel through which health messages and empowerment strategies are communicated to mothers in the community.

This conceptual framework guides the data analysis by examining how sociocultural norms, women's empowerment processes, and religious communication interact in shaping family nutrition practices and stunting prevention efforts in Rejang Lebong District.

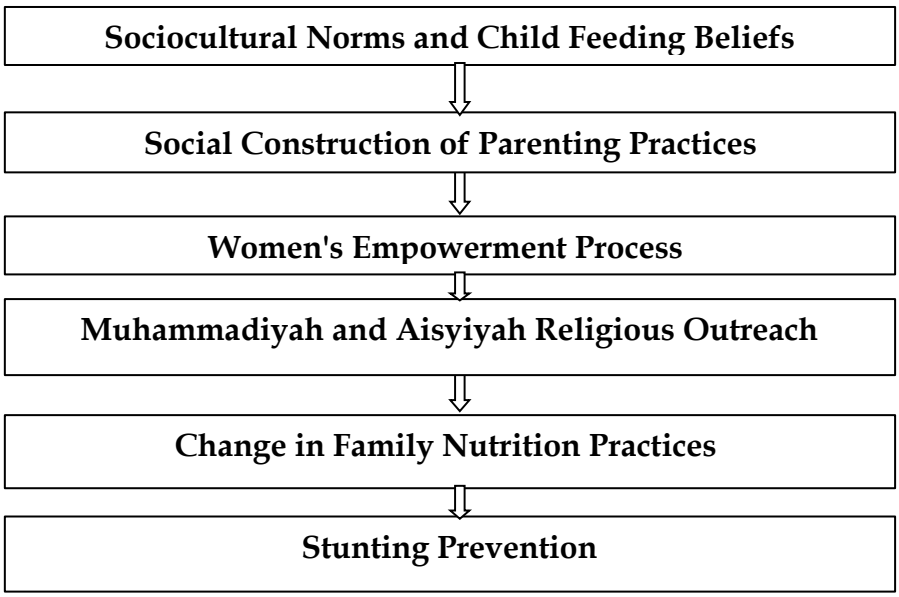


Figure 1. Conceptual Model of the Study
Source: Data processed by the author

The framework may also be interpreted through Nusantarazation perspective, which emphasizes that social change in the Nusantara context should consider relational, communal, and culturally embedded forms of knowledge. Therefore, Muhammadiyah and Aisyiyah outreach can be viewed not only as channels of health communication but also as spaces where local meanings, religious values, and contemporary nutrition knowledge are negotiated**.**

The conceptual model of this study illustrates the interaction between sociocultural norms, women's empowerment, and religious communication in shaping family nutrition practices. Social construction theory explains how beliefs regarding child feeding and parenting practices are reproduced within families and communities. Women's empowerment represents the process through which mothers gain greater knowledge, confidence, and decision-making capacity in managing family nutrition. Muhammadiyah and Aisyiyah outreach activities function as a medium for communicating health messages through culturally and religiously meaningful narratives. Through this interaction, religious communication supports behavioral change in family nutrition practices, which ultimately contributes to stunting prevention at the household and community levels.

D. RESULTS AND DISCUSSION

Results

1. Women's Social Construction of Child Nutrition and Care Practices

Mothers were closely involved in preparing food and organizing everyday care, but their feeding decisions were made within wider family relationships. Accounts from the interviews suggest that advice from parents and parents-in-law remained an important source of guidance, alongside information obtained from health services. This overlap matters because mothers were not simply choosing between 'traditional' and 'modern' knowledge; they were responding to different people whose opinions carried different forms of authority.

A recurring example concerned the meaning attached to rice in children's meals. In the account attributed to Mother M (32 years old), eggs or fruit did not necessarily count as a complete meal when rice had not been served. The point is not that every household followed the same rule, but that rice could operate as a familiar benchmark for judging whether a child had eaten adequately.

This understanding places rice in two roles: as an everyday staple and as a socially recognizable sign of proper feeding. When a meal is assessed primarily through the presence of rice, the nutritional contribution of other foods may receive less attention. The interviews therefore draw attention to how nutritional choices are evaluated through shared family meanings, not only through information about nutrients.

Observations described in the study were consistent with the prominence given to rice in some feeding routines. These observations do not establish the prevalence of the practice across Rejang Lebong or its direct effect on children's nutritional status; rather, they help explain why advice about dietary diversity may encounter established household expectations.

2. Food Myths Influencing Child Feeding Practices

Interview and group-discussion accounts also identified beliefs that could discourage the use of particular foods for young children. Such beliefs were often conveyed as protective advice rather than as deliberate resistance to nutrition guidance. Table 1 summarizes the reported beliefs and their possible nutritional implications; the entries should not be read as evidence that all families shared these views.

Table 1 presents several myths identified during interviews and focus group discussions.

Table 1. Food-Related Myths Influencing Child Feeding Practices

Traditional Belief	Perceived Reason	Potential Impact on Child Nutrition
Toddlers should not eat river fish frequently	Believed to cause intestinal worms	Reduces protein intake
Eggs should be limited for young children	Considered to cause body heat or illness	Limits access to affordable protein
Children should mainly eat soft porridge	Believed to protect digestion	Delays introduction of diverse foods
Children should avoid certain vegetables	Believed to cause stomach discomfort	Reduces micronutrient intake

Source: Data processed by the author

The significance of these beliefs lies partly in who communicates them. Advice from older relatives may be difficult to question because it is connected to experience, care and respect within the family. The interviews suggest that mothers sometimes had to weigh alternative health information against the social consequences of disagreeing with senior family members.

An account attributed to Grandmother T (58 years old) expressed concern that foods other than soft porridge might be unsuitable for a young child's digestion. This account illustrates a protective rationale for food restriction. The analytical issue is therefore not simply whether a belief is nutritionally accurate, but how a well-intentioned concern becomes an accepted rule of childcare. For mothers, negotiating such rules may require reassurance and discussion rather than the straightforward replacement of one piece of information with another.

3. The Role of Muhammadiyah and Aisyiyah Da'wah in Transforming Childcare Practices

Muhammadiyah and Aisyiyah activities emerged in participants' accounts as familiar settings in which child nutrition could be discussed alongside religious and family responsibilities. Religious gatherings offered opportunities to raise questions and exchange experiences with other mothers, rather than receiving information only through formal health-service encounters.

Participation was not universal. Mothers who attended Aisyiyah activities described learning about balanced diets, breastfeeding, and child growth monitoring, while the experiences of non-participants were less visible in these accounts. This difference is important when considering the reach of a community-based intervention.

Religious gatherings commonly include several discussion topics such as:

a. the importance of exclusive breastfeeding
b. balanced nutrition for children
c. parental responsibility in child care
d. the moral obligation of protecting children's health

These messages are delivered through religious lectures, group discussions, and interactive question-and-answer sessions led by Aisyiyah cadres and religious leaders.

Mother R (35 years old) described religious gatherings as accessible settings for asking questions and comparing experiences with other mothers. The value of these gatherings, as suggested by the account, was not limited to the religious framing of a message. Familiarity with the setting and the possibility of discussion may have made information easier to consider in relation to household routines. The evidence supports this interpretation of the communication process, rather than a general claim that religious outreach is more effective than clinical counseling.

4. Religious Narratives and Household Negotiation of Childcare Practices

The interviews also point to negotiation within the family as a possible link between receiving nutrition information and changing feeding routines. Some mothers described feeling more able to discuss alternatives with older relatives after taking part in 'Aisyiyah discussions.

The account attributed to Mother L (31 years old) concerned a discussion with her mother about including eggs and fish in a child's diet. The older relative was initially hesitant, and the mother drew on both nutrition information and a religious understanding of parental responsibility when explaining the proposed change.

In this account, the reported adjustment was gradual and followed further conversation and family support. The episode should be read as an example of a possible process of negotiation, not as evidence that all participants changed their children's diets after attending religious activities. What matters sociologically is the route through which the mother sought agreement. Rather than rejecting the older relative's authority, she used a moral language already familiar within the family to make a different feeding practice more acceptable.

Discussion

1. Social Construction of Child Nutrition Practices

The accounts from Rejang Lebong show how feeding practices can be sustained through ordinary family interactions. The idea that a child has not fully eaten without rice, for example, is more than an individual preference. Repetition within the household can turn a customary way of evaluating meals into an apparently self-evident standard of responsible care.

Read through social construction theory, these accounts illustrate the movement from repeated family advice to taken-for-granted knowledge (Ocasio, 2023). The authority of parents and parents-in-law helps explain why a practice may persist even when mothers encounter different recommendations. This interpretation does not imply that local knowledge is uniformly harmful; it identifies the social process through which particular feeding rules gain legitimacy. This is where Nusantarazation perspective is not only relevant but also significant. It identifies local practices and re-align them with embedded indigenous norms that uphold higher aims within the given society or community. A Nusantara proverb states *"Buang yang keruh, ambil yang jernih"*. It literally means "discard the murky, keep the clear"; hence, encouraging community members to let go of unhealthy practices and embrace better ones.

Earlier studies link food beliefs to child-feeding practices (Medhyna, 2019; Soedarsono & Sumarmi, 2021). This case specifies a mechanism that is sometimes obscured by the broad category of 'culture': beliefs persist through particular relationships of trust, obligation, and respect. It would therefore be misleading to portray inherited knowledge as uniformly harmful or mothers as passive recipients. The accounts instead show competing understandings of care that must be managed within the family.

2. Women's Empowerment and Household Decision-Making

The findings distinguish the labor of care from authority over care. Mothers were responsible for preparing food, yet some described needing to accommodate older relatives' judgments about what a child should eat. Responsibility without equivalent decision-making power can make nutritional guidance difficult to implement. In this setting, agency is not simply the freedom to make an individual choice; it is the situated capacity to propose, justify, and negotiate a choice without rupturing valued family relationships.

A process-oriented account of empowerment, including awareness, capacity development, and participation, is useful here (Sekarningrum et al., 2024). Yet the present findings indicate an additional relational dimension. Information may increase a mother's confidence, but whether it changes feeding practices can depend

on the response of other household members. This interpretation is consistent with research on decision-making autonomy and child feeding (Saaka, 2020; Wassie et al., 2024), while offering a closer view of how authority is exercised in everyday interactions. The study cannot estimate how often negotiations succeed or their nutritional effects.

For some mothers, 'Aisyiyah meetings appeared to provide language and peer discussion that could be brought back into family conversations. The account of negotiating eggs and fish with an older relative illustrates a possible shift from privately knowing an alternative to being able to argue for it in socially acceptable terms. The account is illustrative, not evidence that attendance routinely produces dietary change.

This interpretation complements work on community-based education (Yulastini & Hidayati, 2025), while remaining attentive to differences in participation and to the possibility that some families face constraints that discussion alone cannot resolve.

3. Religious Communication as a Mechanism for Behavioral Change

Religious outreach may influence interpretation because it occurs within relationships participants already regard as familiar and credible. In the accounts, 'Aisyiyah gatherings created opportunities to ask questions, compare experiences, and connect nutritional advice with shared responsibilities toward children. Trust in the setting may help a message become discussable, but trust does not by itself establish that the information is accurate or that behavior changes. The accounts of non-participants are also less developed, limiting claims about reach.

A study of stunting governance in Bandung emphasizes institutional networks and actors that connect formal programmes with community activities (Malahina et al., 2026). In Rejang Lebong, 'Aisyiyah can be interpreted as a potential interface between health information and household discussion. The distinctive mechanism proposed here is not the replacement of clinical advice by religious instruction; it is the translation of information into explanations that women may use in family negotiations. Existing literature on Muhammadiyah outreach provides context for this interpretation (Haris, 2021; Rachmawati, 2019).

Such translation is conditional. Religious language may make a proposed change seem consistent with family values, but it may carry less weight where senior relatives disagree, material resources are constrained, or women do not participate in the network. An intervention model should therefore attend to whose voices are heard, which households are reached, and whether respectful discussion is accompanied by access to appropriate foods and professional health advice.

4. Da'wah and the Transformation of Social Norms

The findings can be interpreted as a possible sequence of social reinterpretation. Familiar feeding rules are reproduced through everyday advice; community discussions introduce alternative understandings; and mothers may then test these alternatives in conversations with relatives. This is a proposed pathway drawn from participants' accounts, not a demonstrated causal sequence across the study population.

The integration of Nusantarazation perspective also provides a broader theoretical implication. Rather than viewing inherited food practices only as obstacles to modernization, Nusantarazation perspective encourages researchers to examine how communities construct knowledge through lived experiences, cultural relationships, and local moral frameworks. This approach may enrich culturally situated intervention models by balancing scientific nutrition guidance with community-based processes of interpretation and negotiation.

Seen in this way, changes in feeding practice are not simply a response to technical information. They may involve renegotiating what counts as good care and whose judgment is trusted. Research on community participation provides a relevant comparison (Rua & Nahak, 2024; Wulandari, 2022), although longer-term evidence would be needed to establish whether reported adjustments endure.

5. Theoretical and Practical Implications

The study's principal theoretical contribution is a relational account of maternal agency in stunting prevention. It links the social construction of feeding beliefs to the practical problem of negotiating authority within extended families, and identifies trusted religious gatherings as one possible setting in which alternative interpretations become discussable, confirming the Nusantarazation perspective that viable solutions can be found through local wisdom from local communities such as trusted religious organizations.

The proposed pathway also has boundaries. Participation in ‘Aisyiyah activities was uneven; the accounts of non-participating mothers are less visible, and the material does not establish nutritional outcomes. Household income, food availability, family composition, and the willingness of senior relatives to discuss alternatives may constrain any translation from awareness to practice. These conditions should be treated as substantive features of future intervention design, not as minor implementation details (Syamsir et al., 2023).

For practice, health professionals and Muhammadiyah–‘Aisyiyah cadres could jointly develop discussion-based sessions that invite mothers to describe specific family dilemmas about food, check claims against reliable nutrition guidance, and consider ways to involve senior relatives respectfully. This is a recommendation arising from the qualitative interpretation, not an evaluated programme. Future assessments should examine participation, accuracy of messages, household decision processes, observed feeding practices, and child outcomes separately.

Training for Aisyiyah cadres could emphasize both nutrition accuracy and facilitation skills, particularly ways of discussing inherited beliefs without dismissing the family relationships in which they are embedded (Artanti et al., 2023).

E. CONCLUSIONS

This case study shows that decisions about young children's diets in Rejang Lebong are embedded in family relationships. Accounts of rice as a marker of a complete meal, restrictions on particular foods, and deference to senior relatives illustrate how everyday feeding practices acquire social legitimacy. Mothers' responsibility for feeding does not necessarily give them unilateral authority to change those practices. Some participants described ‘Aisyiyah gatherings as useful spaces for

discussing alternatives and developing explanations they could bring into household conversations.

The central contribution is a relational pathway from shared feeding norms, through community discussion, to maternal negotiation of family expectations. The pathway clarifies why nutritional information alone may be insufficient, but it remains a proposition derived from qualitative accounts. Neither a reduction in stunting nor the effectiveness of a particular outreach programme was measured in this study.

1. Theoretical Contribution

The study extends a social-construction account by connecting the legitimacy of inherited feeding advice to the everyday exercise of maternal agency. It conceptualizes religious outreach as a potential space for negotiating meaning rather than presuming that religious messages directly produce behavioral change.

2. Practical Implications

Health services and community organizations could use existing 'Aisyiyah gatherings to encourage discussion of child nutrition while making space for mothers to describe the family pressures they face. Any program based on this approach should monitor participation, check the accuracy of information shared and evaluate changes in practice before claiming improved nutritional outcomes.

3. Limitations of the Study

The study was conducted in a particular socio-cultural setting and cannot establish how widespread the reported beliefs or negotiation patterns are. Participation in 'Aisyiyah activities was uneven, and the experiences of mothers outside organized religious networks are less fully represented. The qualitative material also does not permit causal claims about the effectiveness of outreach or changes in child growth outcomes.

4. Directions for Future Research

Further research could follow families over time to examine whether negotiated changes in feeding routines persist, compare participating and non-participating households, and evaluate the proposed pathway using appropriate process and nutritional measures. Comparative studies across community organizations would help establish which features of trusted outreach are transferable.

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