



Local cultural practices of the sasak community and their potential role in stunting prevention in Lombok

Praktik budaya lokal masyarakat sasak dan peran potensialnya dalam pencegahan stunting di Lombok

Mukminah^{1*}, Najah Sholehah², Pahrurrozi³

¹ Anesthesiology Nursing Program, Mataram State Islamic University, Mataram, Indonesia.

E-mail: mien_mukminah@uinmataram.ac.id

² Biology Education Program, Mataram State Islamic University, Mataram, Indonesia.

E-mail: najahsholehah@uinmataram.ac.id

³ Department of Islamic Education, Mataram State Islamic University, Mataram, Indonesia.

E-mail: oijkvomyawawa@gmail.com

*Correspondence Author:

Anesthesiology Nursing Study Program, Universitas Islam Negeri Mataram. Jl. Gajah Mada No. 100, Jempong, Kota Mataram, Nusa Tenggara Barat, 83116 Indonesia.

E-mail: mien_mukminah@uinmataram.ac.id

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Abstract

Stunting is a persistent public health concern in Indonesia. Although national efforts to reduce stunting have been widely implemented, the integration of local cultural practices into community-based prevention strategies has received limited attention. This study aimed to identify the local wisdom of the Sasak people that can provide sustainable solutions for stunting prevention. This study employed a descriptive qualitative design and an exploratory ethnographic approach. The study was conducted in two high-burden stunting districts, East Lombok and North Lombok, Indonesia, from August to December 2025. Ten participants, including mothers, community health volunteers, and Sasak traditional leaders, were purposively selected. Data were collected through in-depth interviews, observations, and document analysis. The data were analyzed using thematic analysis, which involved data reduction, categorization, and interpretation. Several forms of local wisdom related to maternal and child health were identified, including traditional postpartum care practices, the consumption of nutritious local foods, breastfeeding traditions extending up to 24 months, and culturally based food taboos. Sasak local wisdom plays an important role in preventing stunting. In particular, the consumption of nutritious local foods and traditional postpartum practices supports maternal and child health. Furthermore, breastfeeding practices up to 24 months, which are influenced by cultural and religious values, promote exclusive breastfeeding and sustained optimal infant feeding practices. In conclusion, the local wisdom of the Sasak ethnic community has the potential to serve as a sustainable approach to stunting prevention, as these practices are deeply embedded in the community's cultural and social lives.

Keywords: Cultural practices, local wisdom, maternal and child nutrition, Sasak community, stunting prevention

Abstrak

Stunting masih menjadi permasalahan kesehatan masyarakat di Indonesia. Meskipun upaya penurunan stunting telah dilakukan melalui berbagai program nasional, integrasi praktik budaya lokal dalam strategi pencegahan berbasis masyarakat masih mendapat perhatian yang terbatas. Studi ini bertujuan untuk mengidentifikasi kearifan lokal masyarakat Sasak yang dapat memberikan solusi berkelanjutan untuk pencegahan stunting. Penelitian ini menggunakan desain kualitatif deskriptif dengan pendekatan etnografi eksploratif. Studi dilakukan di dua distrik zona merah stunting di Lombok Timur dan Lombok Utara, Indonesia, pada periode Agustus–Desember 2025. Sebanyak 10 informan yang terdiri atas ibu, kader kesehatan, dan tokoh adat Sasak dipilih secara purposive. Data dikumpulkan melalui wawancara mendalam, observasi, dan dokumentasi, kemudian dianalisis secara tematik melalui proses reduksi, kategorisasi, dan interpretasi data. Hasil, beberapa bentuk kearifan lokal yang berkaitan dengan kesehatan ibu dan anak,

termasuk praktik perawatan tradisional pascapersalinan, konsumsi makanan lokal bergizi, tradisi pemberian ASI hingga 24 bulan, dan pantangan makanan berbasis budaya. Kearifan lokal masyarakat Sasak juga memiliki peran penting dalam upaya pencegahan stunting, selain itu konsumsi makanan lokal bergizi dan tradisi pascapersalinan mendukung kesehatan ibu dan anak. Lebih lanjut, praktik pemberian ASI hingga 24 bulan, yang dipengaruhi oleh nilai-nilai budaya dan agama, meningkatkan pemberian ASI eksklusif. Kesimpulan, kearifan lokal Suku Sasak dapat menjadi solusi berkelanjutan untuk pencegahan stunting, karena merupakan tradisi yang tertanam kuat dalam kehidupan masyarakat Sasak.

Kata Kunci: Kearifan lokal, komunitas Sasak, pencegahan stunting, gizi ibu dan anak, praktik budaya

Introduction

Stunting is defined as impaired linear growth resulting in a height-for-age Z-score below -2 standard deviations, according to the WHO Child Growth Standards. The main risk factors are malnutrition during the first 1,000 days of life (HPK) FTD, from conception to 23 months of age, and recurrent infections (Fatmawati et al., 2024). Putri & Sudiyat (2021) stated that the main cause of stunting in Indonesia is a long-term lack of nutritional intake, which makes it difficult for children to achieve physical and cognitive development.

Stunting has negative short- and long-term impacts on a child's life. Stunting is associated with impaired cognitive development, lower educational achievement, and reduced productivity in adulthood (Ariani et al., 2021; Rakhmalia Imeldawati, 2025; Sunarto et al., 2025). Furthermore, the most noticeable impact is low productivity during the productive years (Quamme & Iversen, 2022). Stunting is usually irreversible after the age of two years; therefore, early prevention is crucial (Titaley et al., 2025). Intervening early in the development of cases is essential to prevent new cases of stunting (Nshimyiryo et al., 2019). Stunting is a key focus of the Indonesian government's development agenda.

Globally, Stunting continues to be a major public health issue. The World Health Organization has set a goal of reducing its prevalence by 40% by 2025, in alignment with the United Nations Sustainable Development Goals (SDGs), which aim to eliminate all forms of malnutrition. In Indonesia, reducing stunting is a national priority, with a target of lowering its prevalence to 14% through coordinated multisectoral efforts. The stunting rate reached

22% in 2020, or approximately 149.2 million children under five years of age. Meanwhile, in Indonesia, based on data from the Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting was 21.6% in 2022 and decreased slightly to 21.5% in 2023. Despite showing a downward trend, stunting remains a serious health problem, as its prevalence remains above the 20% threshold. (Kusumaningsih et al., 2025).

Furthermore, Haryani et al. found that stunting cases are strongly linked to adequate protein intake, with children who consume low amounts of protein having a nearly seven-fold greater risk of experiencing stunting. Stunting is closely linked to adequate protein consumption, with children with low protein consumption having a nearly seven-fold greater risk of experiencing stunting. (Haryani et al., 2024). Other studies have shown that maternal education level, food intake, and environmental factors such as climate change are major risk factors (Quamme & Iversen, 2022).

Through Presidential Decree No. 72 of 2021, the government established the Action Plan for Reducing Indonesia's Stunting Rate (RAN-PASTI), which includes at least five activities, one of which is mentoring families at risk of stunting. The goal of this activity is to serve as a preventive measure that can improve children's nutritional status, thereby sustainably reducing stunting rates. One form of support for families at risk of stunting is providing education and counseling on the application of appropriate parenting patterns, particularly regarding the methods and procedures for providing appropriate food to children or toddlers.

Previous research has shown that stunting is mostly influenced by low nutritional intake, and other factors that play a role are limited knowledge regarding fulfilling nutritional needs

during pregnancy and toddlerhood (Wijayatri et al., 2023). Infants and toddlers require high levels of macronutrients and micronutrients to support rapid growth and development. The quality of food consumed plays a crucial role in determining nutritional adequacy, with menu diversity being one measure of this quality. However, food selection and quality are often influenced by local customs and traditions. Local wisdom in each region also shapes how families and communities, especially mothers with toddlers, plan and prepare meals for their children.

Local wisdom as a stunting treatment is highly effective because it has no side effects, is easy to develop, and is inexpensive (Khotimah et al., 2023). The sustainability of this program is significant as it involves mothers, families, and Indigenous communities in each region (Astuti et al., 2023; Lamawuran et al., 2023; Wildia et al., 2025).

Previous research has found that maternal education is a major risk factor for stunted growth. Furthermore, several policies implemented by local governments to alleviate stunting have not comprehensively addressed this issue. Convergence efforts to increase public knowledge of the sustainability of stunting prevention programs remain relatively low. This situation has the potential to persist unless accompanied by the search for effective alternative solutions, one of which is the integration of local wisdom in each region (Wijayatri et al., 2023; Wildia et al., 2025). The application of local wisdom in various regions of Lombok Island is expected to provide education to the community, especially mothers, as the main actors in efforts to overcome stunting, so that they better understand nutritional needs, food processing techniques, and the preparation of food menus that are suitable for toddlers (Wijayatri et al., 2023). Previous research has focused more on risk factors, such as maternal education and the effectiveness of policy-based programs. However, identifying local wisdom that can provide sustainable solutions for stunting prevention has not been widely conducted, particularly in Lombok's Sasak community.

Lombok Island, with its Sasak tribe, is rich in food and local wisdom. This study provides qualitative insights into how traditional Sasak knowledge related to food consumption, postpartum care, and breastfeeding practices

can support community-based strategies for stunting prevention. This study aimed to explore the local wisdom of the Sasak community related to maternal and child health practices that may contribute to stunting prevention.

Methods

This study employed a descriptive qualitative design using an exploratory ethnographic approach to explore the local cultural practices of the Sasak community and their potential contribution to stunting prevention. This approach was considered appropriate because the study aimed to understand the experiences, perceptions, and practices of community members in their sociocultural context. This enabled an in-depth exploration of how local cultural values influence behaviors and decisions related to maternal and child health and stunting prevention. The study was guided by the Health Belief Model, which posits that health-related behaviors are influenced by individuals' perceptions of susceptibility, severity, benefits, and barriers, while also being shaped by sociocultural values and local beliefs.

The study was conducted in East Lombok and North Lombok Regencies, West Nusa Tenggara Province, Indonesia, which are classified as districts with a high prevalence of stunting, according to national public health indicators. Data collection will be conducted from September to December 2025.

Participants were recruited using purposive sampling methods. Mothers were eligible if they had children aged 0–59 months, resided in areas with a high prevalence of stunting, were between 20 and 55 years of age, possessed knowledge or experience related to local cultural practices and stunting prevention, and were willing to participate in the study. Posyandu cadres were included if they had been actively involved in community health services for at least one year, had experience in maternal and child health programs, and resided in the study area of the study. Traditional and community leaders were eligible if they were recognized by the local community, possessed knowledge of cultural traditions related to maternal and child health, and had lived in the area for at least five years.

Individuals who declined to participate, experienced communication difficulties during

interviews, or were unavailable during the data collection period were excluded. Mothers with severe health conditions that could limit their participation were also excluded. In addition, posyandu cadres and community leaders who were no longer actively engaged in their respective roles or who lacked sufficient knowledge of relevant cultural practices were not included. A total of 10 participants were recruited, comprising six mothers of children under five years of age, two Posyandu cadres, and two Sasak traditional and community leaders.

Data were collected through semi-structured, in-depth interviews, direct observation, and document review. Face-to-face interviews were conducted using an interview guide and lasted approximately 30–60 min. The interview guide ensured consistency across interviews while allowing the participants to elaborate on their experiences and perspectives. Observations were conducted in the participants' natural settings to capture behaviors, practices, and interactions related to the implementation of local cultural practices for stunting prevention. Relevant documents, including community health program records and supporting materials, were reviewed to enrich the findings.

All interviews were audio-recorded with the participants' consent, and detailed field notes were documented during the observations. The data were transcribed verbatim and systematically organized prior to analysis. The data were analyzed using thematic analysis informed by Miles and Huberman's interactive model, which consists of data collection, data reduction, data display, and conclusion drawing and verification. The analysis process involved repeated reading of transcripts, coding of meaningful data segments, categorizing codes, identifying themes, reviewing thematic patterns, and defining final themes. Coding was conducted manually using Microsoft Excel to facilitate the organization and retrieval of data.

Several strategies were employed to ensure trustworthiness. Credibility was enhanced through data source triangulation and the member check. Triangulation involved

comparing information obtained from mothers, Posyandu Cadres, and traditional leaders to identify convergent and divergent perspectives. Dependability was maintained through a systematic and well-documented research process. Confirmability was strengthened by maintaining an audit trail and minimizing researcher bias during the data interpretation. Transferability was supported through detailed descriptions of the study setting, participants, and sociocultural context, enabling the readers to assess the applicability of the findings to other settings.

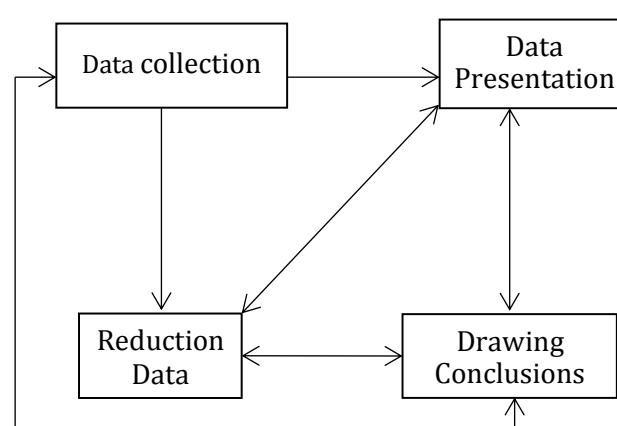


Figure 1. Qualitative research flowchart interactive analysis model Miles and Huberman (Bingham, 2023).

Ethical approval was obtained from the Health Research Ethics and Academic Integrity Committee of Bima International University MFH on August 4, 2025, with the number 31/KEPK-IA/VIII/2025. Informed consent was obtained from all the participants in this study.

Result and Discussion

This study involved 10 participants. Their diverse characteristics, professions, and educational levels provide a comprehensive overview of local wisdom practices and stunting prevention efforts from various perspectives of the community. Table 1 presents the informant characteristics.

Table 1. Informant characteristics

Code	Age (Years)	Highest Education Level	Occupation	Description of Role
IF 1	25	Senior High School	Housewife	A woman who cares for a child under five years old
IF 2	27	Junior High School	Housewife	A woman who cares for a child under

IF 3	30	Senior High School	Posyandu Cadre	five years old A community volunteer who helps provide basic health services at a posyandu.
IF 4	32	Diploma in Midwifery	Midwife	A trained health professional who cares for women during pregnancy, childbirth, and the postpartum period.
IF 5	32	Junior High School	Farmer	A woman who cares for a child under five years old
IF 6	38	Senior High School	Housewife	A woman who cares for a child under five years old
IF 7	37	Senior High School	Housewife	A woman who cares for a child under five years old
IF 8	51	Elementary School	Community Leader	A person who has strong influence in a community
IF 9	30	Senior High School	Housewife	A woman who cares for a child under five years old
IF 10	55	Junior High School	Traditional Leader	A person who leads and preserves the customs and norms of the community.

Theme 1: Traditional Sasak Maternal and Child Health Practices Supporting Stunting Prevention

The interview results indicated that the Sasak people have various local traditions that indirectly support stunting prevention. Traditions such as *beboreh*, *bebubus*, *bepilis*, and *berorah* (a type of massage after childbirth), as well as drinking herbal medicine, are postpartum recovery practices that emphasize continuous care for both the mother and baby. The informants stated that these traditions are deeply ingrained in Sasak life.

"New mothers have to do beboreh (a kind of ritual bath) every day to keep their bodies warm and their breast milk flowing smoothly. We were given pilis (a kind of ritual bath) or bepilis (a kind of ritual bath) to prevent postpartum headaches. If we are feeling sore, we get a diorah (a kind of gentle massage) to relieve the aches and pains" (IF5, 37 years old).

"When we have just given birth, for example, a week after, we usually berorah ritual or di orah so that our bodies don't ache or feel light" (IF1, 25 years old).

"Women who have just given birth must wear a long belt (besabuk) to wrap around their stomach and waist, this is at least until we finish postpartum, some even wear it for years" (IF2, 27 years old).

The findings revealed that several traditional postpartum care practices remain widely practiced among the Sasak community

and are perceived as important for maintaining maternal and child health. These practices include the use of *beboreh*, *pilis*, traditional therapeutic massage (*di orah*), and abdominal binding (*bengkung*). Participants described these practices as inherited cultural traditions that continue to be implemented during pregnancy and the postpartum period to promote recovery, physical well-being, and maternal health.

One of the most commonly reported practices was *beboreh*, a traditional herbal preparation applied to the bodies of pregnant and postpartum women. According to the participants, before the birth, it was believed to maintain physical health, restore energy, and accelerate recovery following childbirth. This practice reflects the Sasak community's local wisdom in utilizing natural resources for maternal care and has been preserved across generations (Jamaluddin et al., 2018). Beyond its perceived physical benefits, *beboreh* represents the integration of traditional knowledge and community health practices that remain deeply embedded in Sasak culture.

Another commonly practiced tradition is *pilis* or *bepilis*, a herbal paste applied to the forehead during the postpartum period. Participants reported that *pilis* are used to relieve dizziness, reduce fatigue, and enhance maternal comfort after childbirth. The preparation typically contains turmeric, galangal, cumin, cubeb pepper, and other spices. Previous studies have documented the continued use of

pilis among Sasak women as a culturally accepted form of postpartum care (Triandini & Hairani, 2022). In addition to its perceived therapeutic benefits, *pilis* reflects family involvement and social support for postpartum mothers, factors that may positively influence maternal well-being and caregiving capacity.

Traditional therapeutic massage (*di orah*) was also identified as an important component of postpartum care in our study. Participants explained that this practice is commonly performed on pregnant women, postpartum mothers, and young children using techniques transmitted across generations. Massage is believed to reduce physical discomfort, improve blood circulation, and restore bodily balance. Consistent with previous studies, traditional massage serves not only physiological functions but also social and emotional functions by strengthening family and community support systems (Triandini & Hairani, 2022). Evidence from other settings suggests that therapeutic massage may contribute to pain reduction, relaxation, and improved postpartum comfort, thereby supporting maternal recovery during the postnatal period (Fasihi et al., 2022).

The study further found that postpartum women commonly wore long abdominal cloths or traditional binders following childbirth. Participants reported that this practice was intended to support the abdominal muscles, provide comfort, and facilitate physical recovery after delivery. The abdominal binder, often made from locally woven fabric, also carries cultural significance as a symbol of family concern and collective responsibility for maternal and infant well-being. Previous studies have reported that abdominal binding may reduce lower back discomfort and improve maternal comfort during the postpartum period (Dolde et al., 2019; Handayani et al., 2025). Although the physiological mechanisms remain debated, the Sasak community continues to value this practice as part of traditional postpartum care.

From a public health and nutrition perspective, these postpartum traditions may indirectly contribute to stunting prevention by promoting maternal recovery, psychological well-being, and caregiving readiness after childbirth. Improved maternal health can facilitate successful breastfeeding initiation and continuation, enhance the maternal capacity to provide appropriate infant care, and support

optimal child growth and development. Similar findings have been reported in culturally based child nutrition studies, which emphasize that local cultural values can influence health behaviors and should be considered when designing stunting prevention interventions (Agustina & Kesumawati, 2025). Therefore, culturally sensitive nutrition and health programs that acknowledge and integrate beneficial local practices may improve the effectiveness and sustainability of stunting prevention efforts in the Sasak community.

Theme 2: Local Food Practices and Infant Feeding Traditions Supporting Stunting Prevention

Interviews and field observations revealed that the Sasak community continues to maintain various local food traditions that support maternal and child nutrition. Pregnant women, breastfeeding mothers, and young children regularly consume nutrient-dense local foods, including moringa leaves, turi leaves (*Sesbania grandiflora*), pigeon pea leaves, maize, sweet potatoes, fish, legumes, and komak beans (*Lablab purpureus*). These foods are widely recognized within the community as important sources of strength, recovery, and growth. Participants consistently emphasized the importance of consuming locally available foods during pregnancy, the postpartum period, and early childhood as part of the family tradition passed down across generations.

One participant explained the importance of consuming traditional vegetables during the postpartum period:

"After giving birth, we are encouraged to eat vegetables made from moringa leaves or turi leaves because our parents taught us that these foods help increase breast milk production" (IF7, 37 years old).

Similarly, mothers reported that locally sourced foods are essential components of their children's daily diets:

"My children often eat home-cooked meals such as moringa leaves, tilapia, and eggs. My parents taught me that homemade food is healthier for children" (IF1, 25 years).

Another participant highlighted the traditional belief regarding legumes and lactation:

"When mothers wanted to produce more breast milk, they were advised to eat vegetables and beans, especially komak beans, because our

parents believed these foods helped increase milk production" (IF3, 30 years).

The findings also showed that traditional complementary foods remain a part of infant feeding practices. One participant described the preparation of traditional porridge for infants:

"For complementary feeding, we prepare white and red porridge. This tradition has been passed down through generations" (IF8, 51 years old).

Participants further described a wide variety of traditional snacks prepared using locally available agricultural products.

"We often make traditional foods such as corn urap, urap ambon, klepon, and kolak using ingredients harvested from our gardens and rice fields" (IF6, 38 years).

Breastfeeding until two years of age was consistently identified as a strongly embedded cultural and religious practice in the Sasak community. Participants emphasized that prolonged breastfeeding is regarded as both a cultural obligation and religious teaching.

"We are not allowed to stop breastfeeding before a child reaches two years of age because our elders teach that it is recommended in Islam and beneficial for children" (IF10, 55 years).

This study also identified food-related values and beliefs that extend beyond nutritional considerations. Participants emphasized that food should be obtained through ethical means and prepared appropriately because it is believed to influence not only physical health but also children's character and behavior.

"Food must come from good sources and be obtained properly because it becomes part of the child and influences their behavior and character" (IF8, 51 years old).

These findings indicate that food practices among the Sasak community encompass nutritional, cultural, moral, and religious dimensions that collectively shape the feeding behaviors of mothers and children.

From a nutritional perspective, many locally consumed foods identified in this study have substantial health benefits. Moringa (*Moringa oleifera*) is widely recognized as a nutrient-dense plant rich in protein, vitamins A, C, and B-complex, and essential minerals, including calcium, iron, and magnesium. Previous studies have demonstrated that Moringa leaves contain bioactive compounds, such as flavonoids and phenolic acids, that may

contribute to improved nutritional status and maternal health (Fatmawati et al., 2024; Kashyap et al., 2022). The regular consumption of moringa by breastfeeding mothers, as reported by the participants, may support maternal nutrition and lactation.

Similarly, turi leaves (*Sesbania grandiflora*) provide important nutrients, including plant protein, calcium, phosphorus, potassium, and vitamins B and C, which are essential for growth and development (Bhokre et al., 2022). These nutritional characteristics suggest that locally available vegetables can contribute to household dietary diversity and support child nutrition in the study area. Previous studies have highlighted the potential of indigenous food resources to improve dietary quality and nutritional adequacy in vulnerable populations (Avila et al., 2025).

Komak beans (*Lablab purpureus*), another staple food frequently mentioned by participants, are rich in plant-based proteins, complex carbohydrates, iron, phosphorus, and potassium. These nutrients are particularly important during pregnancy and lactation because they support tissue growth, energy metabolism and hematopoiesis. The continued consumption of komak beans in the Sasak community demonstrates how traditional food systems can contribute to nutritional resilience and food security.

These findings further highlight the important role of breastfeeding traditions in promoting child health. Previous studies have consistently shown that inadequate breastfeeding practices and inappropriate complementary feeding increase the risk of stunting in children under five years of age (Nisa & Setyoputri, 2021; Umiyah & Hamidiyah, 2020; Vivandita et al., 2023). Evidence indicates that children who do not receive exclusive breastfeeding are at a substantially higher risk of experiencing stunting than those who are exclusively breastfed. The Sasak tradition of continued breastfeeding until 24 months, combined with maternal consumption of nutrient-rich local foods and culturally accepted complementary feeding practices, represents a potentially protective cultural framework for child growth and development.

Overall, the findings suggest that local food practices within the Sasak community are an important cultural asset for stunting prevention. The integration of nutrient-rich indigenous

foods, prolonged breastfeeding, and culturally embedded feeding practices may contribute to improved maternal nutrition, optimal infant and young child feeding, and better growth outcomes. Because these practices are deeply rooted in local cultural and religious values, they may provide a sustainable foundation for culturally sensitive interventions to prevent stunting.

Theme 3: Cultural Food Taboos and Their Implications for Maternal and Child Nutrition

The findings revealed that food taboos remain an important component of Sasak cultural practices during pregnancy, the postpartum period, and early childrearing. Participants described a variety of dietary restrictions traditionally observed to protect maternal and infant health. Commonly restricted foods include pineapple, durian, salak (snake fruit), cucumber, highly spicy foods, coconut milk-based dishes, and several types of seafood. These prohibitions are deeply embedded in local beliefs and continue to influence the dietary behaviors of pregnant and breastfeeding women. One participant explained this as follows:

"Women who are newly pregnant or still experiencing pregnancy cravings are not allowed to eat pineapple, especially unripe pineapple, because it is believed to increase the risk of miscarriage" (IF6, 38).

These findings suggest that cultural restrictions influence food choices during pregnancy and lactation. Participants reported adhering to these taboos because they believed that violating them could result in adverse outcomes for either the mother or infant. Similar patterns have been documented in other cultural contexts. For example, pregnant women in the Afar region of Ethiopia reportedly practice multiple dietary restrictions during pregnancy based on culturally transmitted beliefs regarding maternal and fetal wellbeing (Kebede et al., 2025).

Several participants described postpartum restrictions that extended beyond food consumption and included limitations on physical activities.

"After giving birth, we were not allowed to sit carelessly or lift heavy objects, especially when squatting. Our parents, particularly our mothers, were very protective of us during that period" (IF1, 25 years old).

Another participant explained the dietary restrictions commonly observed during the postpartum period:

"After childbirth, we are advised not to eat spicy foods or foods cooked with coconut milk because they are believed to cause digestive problems and negatively affect health" (IF7, 37 y).

The health workers who participated in the study confirmed that some traditional beliefs continue to influence the dietary practices of pregnant women.

"As Posyandu cadres, we still encounter taboos that pregnant and breastfeeding women are expected to follow, such as avoiding octopus, squid, or shrimp because they are believed to cause complications during pregnancy" (IF3, 30 years old).

Similarly, another participant stated:

"Some taboos that are still practiced include avoiding fish because breast milk is believed to become fishy, avoiding durian and pineapple because they are believed to cause miscarriage, and avoiding salak because it is believed to cause constipation" (IF4, 32).

These findings indicate that food taboos continue to shape maternal dietary behavior within the Sasak community. Some restrictions may have protective intentions, such as discouraging the excessive consumption of foods perceived as harmful during pregnancy. However, other prohibitions may unintentionally reduce the intake of nutrient-rich foods that are important sources of protein, essential fatty acids, vitamins and minerals during pregnancy and lactation.

Previous studies have shown that cultural beliefs and maternal nutritional knowledge are important determinants of dietary restrictions during pregnancy (Belew et al., 2025; Kebede et al., 2025). Therefore, food taboos should not be viewed solely as barriers to nutrition, but rather as culturally embedded practices that require careful understanding within their social context. Similar findings have been reported in studies examining dietary restrictions among pregnant women in diverse cultural settings, where traditional beliefs strongly influence food selection and consumption.

Some foods restricted by the Sasak community have been scientifically investigated. For example, previous studies have reported that moderate consumption of durian is not associated with significant increases in blood pressure among healthy individuals, although excessive intake is generally discouraged because of its high energy content (Kumolosari et al., 2016; Sinulingga et al., 2019). These findings suggest that nutritional recommendations should

be based on scientific evidence while remaining sensitive to local and cultural beliefs.

The persistence of food taboos presents both opportunities and challenges for maternal and child nutrition programs in the region. On the one hand, certain cultural norms may encourage caution and promote maternal self-care during pregnancy and the postpartum period. However, restrictions on nutrient-dense foods, such as fish and seafood, may limit dietary diversity and nutrient intake if not appropriately addressed. Consequently, culturally sensitive nutrition education is essential to help families distinguish between beneficial traditional practices and restrictions that may compromise nutritional adequacy of the diet.

Within the study area, Posyandu cadres and health professionals reported providing nutrition education to pregnant and breastfeeding women regarding the nutritional value of foods commonly subjected to dietary restrictions. Such educational efforts aim to strengthen maternal nutritional knowledge while respecting local cultural norms. Integrating scientific nutrition information with culturally appropriate communication strategies may improve the acceptance of health messages and contribute to more effective stunting prevention interventions in the Sasak community.

Conclusion

This study highlights the important role of Sasak local wisdom in supporting maternal and child health and contributing to the prevention of stunting. Traditional practices such as *beboreh*, *bebubus*, *beipilis*, *besabuk*, and *berorah* remain widely practiced within the community, providing culturally embedded mechanisms for maternal care during pregnancy and the postpartum period. These traditions are complemented by the consumption of nutrient-rich local foods, prolonged breastfeeding up to 24 months, and culturally grounded complementary feeding practices reinforced by both cultural and religious values.

The findings suggest that local cultural practices can serve as valuable community assets for promoting maternal well-being, optimal infant and young child feeding practices, and healthy child growth. However, certain food taboos and dietary restrictions may limit access to nutritionally important foods and present

challenges for maternal and child nutrition programs in the region. Therefore, public health interventions should adopt culturally sensitive approaches that recognize and preserve beneficial local practices while providing evidence-based nutrition education to address beliefs that may negatively affect dietary adequacy of pregnant women.

Integrating local wisdom into maternal and child health programs offers a promising strategy for strengthening community engagement and enhancing the sustainability of stunting prevention efforts. Future studies should evaluate the effectiveness of specific traditional practices on maternal nutritional status, infant feeding outcomes, and child growth indicators, as well as explore strategies for harmonizing indigenous knowledge with contemporary public health interventions.

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