



Literature Review: The Influence of Grandmother Parenting Culture on Stunting Toddler Feeding Practices

Salis Miftahul Khoeriyah,^{1*} Yanti Susanti,² Maesaroh,³ Lilis Yuliarsih,⁴ Risti Tamara Tahanora,⁵ Anjas Upi Rachmawati,⁶ Firmina Theresia Kora,⁷ Khusana Rahma⁸

^{1-4,8} Faculty of Health Sciences, Universitas Bhakti Husada Indonesia, Jl. Lkr. Bayuning No.2, Kadugede, Kec. Kadugede, Kuningan Regency, West Java 45561 miftakhul.khoery@gmail.com,

⁵ Faculty of Health Sciences, Medika Suherman University, Jl. Raya Industri Pasir Gombang, Jababeka, Pasirgombang, Kec.

⁶ Faculty of Health Sciences, Kusuma Husada University Surakarta, J. Jayawijaya No. 11, Kadapiro, Banjarsari District, Surakarta City, Central Java 57146

⁷ Wira Husada College of Health Sciences, Jl Babarsari, Glendongan, Tambak Bayan, Caturtunggal, Depok District, Sleman Regency, Special Region of Yogyakarta 55281

Abstract

Background: Stunting is a global health issue deeply rooted in household sociocultural factors. In extended families, grandmothers significantly influence or hinder successful toddler feeding practices. **Objectives:** This article synthesizes the literature on how a grandmother-led parenting culture affects feeding practices associated with stunting risk. **Methods:** Following PRISMA guidelines, nine original research articles (2020–2025) from PubMed, ScienceDirect, and Google Scholar were analyzed using thematic analysis. **Results:** Three major themes emerged: 1) grandmothers as primary family decision-makers (identified in 3 studies); 2) traditional nutrition myths promoting early complementary feeding (4 studies); and 3) fatalistic perceptions viewing stunting as a genetic trait (2 studies). **Conclusions:** Grandmothers' cultural authority significantly shapes feeding decisions and contributes to the risk of stunting the preservation of traditional myths.

Keywords: Parenting Culture, Grandmothers, Feeding Practices, Stunting, Sociocultural.

Academic Editor: Yafi Sabila Rosyad

Received: 11 January 2026

Accepted: 18 February 2026

Published: 21 February 2026

publisher's Note: HNP stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2026 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Introduction

Stunting remains a critical global health challenge, affecting approximately 150.2 million children under five (23.2%) worldwide in 2024. The highest burden of stunting is still found in Sub-Saharan Africa and South Asia, reflecting the strong influence of structural, social, and cultural factors on children's nutritional status¹.

In Indonesia, despite a decline to 19.8% in 2024, the prevalence still exceeds the national target of 14%².

Extensive research has identified various direct determinants of this condition, including the impact of maternal nutritional knowledge^{3,4}, inadequate intake of macronutrients such as protein and micronutrients

such as zinc ⁵, parenting practices, and poor environmental sanitation ^{6,7}. However, the persistence of high stunting rates suggests that improving these clinical and knowledge-based factors alone is insufficient. There is a deeper, often invisible, layer of influence where nutritional decisions are heavily filtered through prevailing sociocultural norms and traditional parenting beliefs ⁸⁻¹⁰.

While many studies discuss the nutritional and medical causes of stunting, there is a critical research gap regarding the role of grandmother-led parenting culture in shaping feeding behaviors ^{11,12}. In many communities, grandmothers act as the primary gatekeepers of traditional wisdom, often enforcing practices, such as early complementary feeding, based on generational myths that contradict modern health principles ^{8,13}. The novelty of this research lies in shifting the focus from a maternal-centric perspective to the grandmother's cultural authority as a primary determinant of nutritional outcomes. Therefore, the purpose of this research is to analyze and synthesize the literature regarding the influence of grandmother-led parenting culture on stunting-risk feeding practices interventions.

Materials and Methods

This study is a literature review conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. This design allows for a systematic synthesis of existing research to identify patterns in how grandmother-led parenting culture influences toddler feeding practices. A comprehensive literature search was performed across three electronic databases: PubMed, ScienceDirect, and Google Scholar, for articles published between 2020 and 2025. The search utilized combinations of English and Indonesian keywords, including "grandmother's role," "parenting culture," "feeding practices," and "stunting." Boolean operators (AND/OR) were applied to refine the search results.

To ensure the quality of the synthesis, specific criteria were established. The inclusion criteria were: (1) original research articles utilizing qualitative or mixed-method designs; (2) studies focusing on grandmother interactions in childcare and feeding; and (3) articles available in full-text. Studies were excluded if they were editorials, short reports, or focused solely on clinical medical aspects without a sociocultural analysis of family parenting factors.

The selected articles were analyzed thematically to identify and synthesize cultural patterns in feeding practices. This narrative synthesis specifically focused on extracting themes related to parenting authority,

traditional nutrition myths, and fatalistic perceptions of child growth. The following diagram 1 explains the article selection process

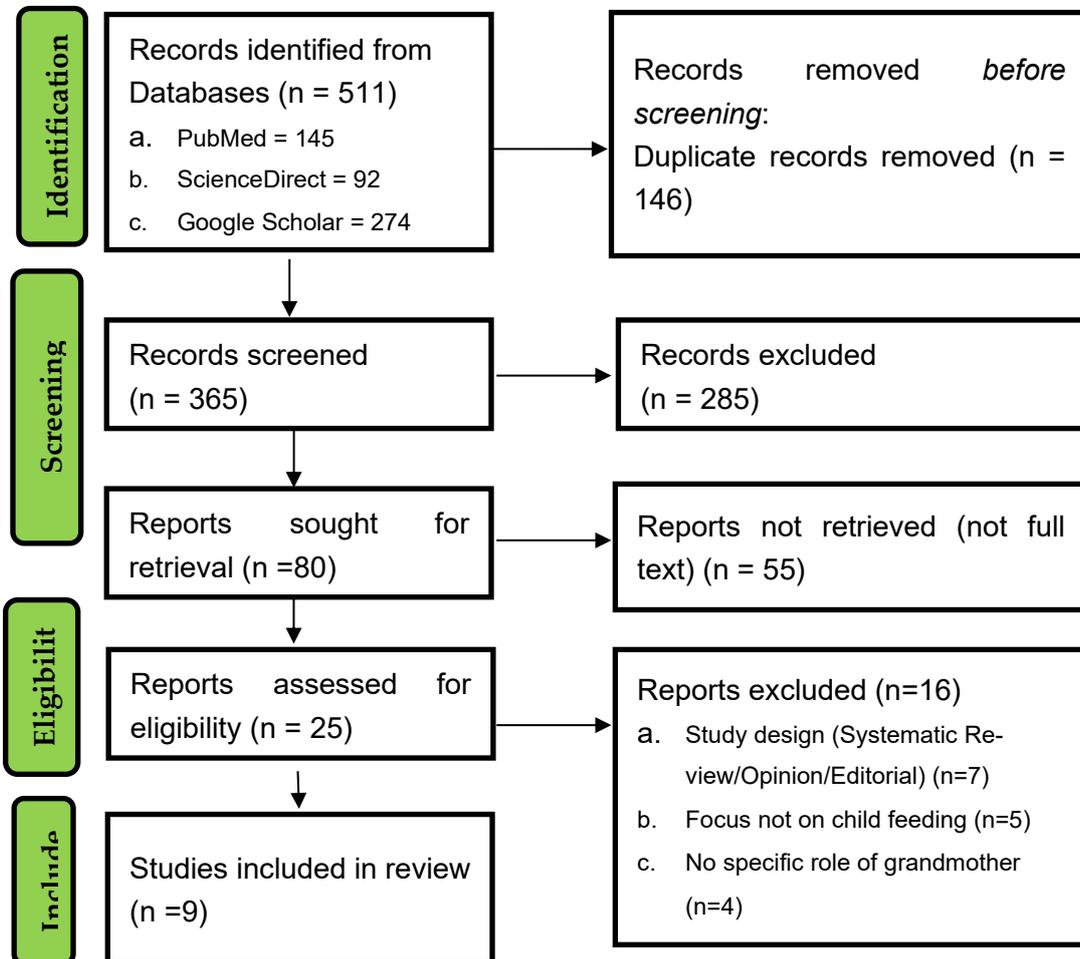


Diagram 1. Identification of studies via databases

Results

Table 1. Article Search Results

Author (Year)	Research Purposes	Design	Research Study Subjects	Method	Results
Concha (2021) ¹⁴	Explore the factors that identify grandmothers as a central resource in nutrition programs.	Longitudinal Qualitative	Teen mothers, grandmothers, and stakeholders in Colombia.	In-depth interviews (prenatal & postpartum).	Grandmothers are primary "buffers" controlling family economic decisions and feeding practices.

Abdelgawad (2023) ¹⁵	Understand the experiences of mothers with stunted children	Qualitative (Thesis)	Mother of a stunted child in two communities in Egypt.	In-depth interviews.	Sociocultural pressure from grandmothers triggered early complementary feeding, inhibiting optimal nutrition
Aubel (2021) ¹⁶	Analyzes the role of grandmothers as neglected family resources in global health policy.	Research & Theory Analysis	Global health policy data and case studies.	A critical review of health intervention models.	Grandmother's social influence is stronger than that of health workers; ignoring them is a major policy obstacle.
Fikadu et al. (2024) ¹⁷	Exploring barriers to proper child-feeding practices in rural areas.	Qualitative Phenomenology	Caregivers (mothers/grandmothers) in Ethiopia.	In-depth interviews and group discussions (FGDs).	Myths that "breast milk is insufficient" lead grandmothers to provide supplemental food immediately after birth.
Vinitchagoon et al. (2025) ¹⁸	Using <i>Social Cognitive Theory</i> to understand the perspective of feeding stunted toddlers.	Qualitative	Female caregivers (mothers/grandmothers) of stunted toddlers in Thailand.	In-depth interviews and FGDs.	Tradition is prioritized over nutritional standards; children are considered healthy if they are active.
Schneider et al. (2024) ¹⁹	Exploring the social realities of childcare in remote villages.	Qualitative	Mothers, fathers, grandmothers, and village leaders in Uganda.	Interviews, FGDs, and direct observations.	Grandmothers serve as "custodians of traditions," dominating the domestic food hierarchy.
Fioresta et al. (2024) ²⁰	Identify grandmother behavior in feeding stunted toddlers.	Qualitative Phenomenology	Grandmothers in the Dayak community (Indonesia).	In-depth interviews.	Grandmothers consider stunting as a genetic factor and give early solid food (rice)

					because they feel sorry when the baby cries.
Heriawan et al. (2021) ²¹	Providing a new perspective on stunting prevention from the side of caring for large families.	Qualitative	Families with stunted children (Kerinci, Indonesia).	In-depth interview s.	The "Ntino Ngasuh Cucung" culture gives full authority to grandmothers for traditional parenting.
Amiruddin et al. (2021) ²²	Explore the stunting nutrition phenomena in health center areas.	Qualitative Phenomenology	Mothers with stunted babies (Aceh Jaya, Indonesia)	In-depth interview s.	Older generations influence high practices of pre-lacteal feeding and early complementary foods.

Discussion

Based on the results of the analysis of 9 primary research articles, three main themes were found that underlie the influence of grandmother parenting culture on the incidence of stunting in toddlers.

1. Decision-Making Dominance and Household Hierarchy

The findings demonstrate that grandmothers are not merely secondary caregivers but occupy dominant positions within household hierarchies regarding childcare decisions. In Colombia, grandmothers function as central scaffolding figures who influence household resource allocation and infant feeding practices¹⁴. Similarly, in Jambi, Indonesia, the cultural construct of "Ntino Ngasuh Cucung" (grandmother raising grandchildren) positions grandmothers as primary authority holders over grandchildren²¹. In Thailand, mothers frequently defer to grandparents to maintain family harmony within hierarchical family systems¹⁸.

These findings are consistent with evidence showing that the presence of grandmothers in extended households significantly influences maternal compliance with exclusive breastfeeding due to hierarchical pressure. In collectivist family systems, authority is closely linked to seniority and lived experience, reinforcing the legitimacy of grandmother decision-making^{23,24}. This dynamic creates a "gatekeeper effect," where modern nutritional recommendations cannot be implemented without grandmother approval.

Therefore, stunting prevention strategies that focus solely on maternal knowledge may overlook intra-household power structures that shape feeding behavior.

2. Persistence of Nutritional Myths and Early Complementary Feeding Practices

Across Egypt, Ethiopia, Uganda, and Indonesia, a recurring belief is that breast milk alone is insufficient to satisfy infants^{15,17,18}. This perception encourages pre-lacteal feeding practices such as honey in Aceh²² and the early introduction of bananas or rice in Kalimantan and Dayak communities²⁰. Aubel (2021) emphasizes that grandmothers maintain ini practices because they are perceived as culturally validated and historically successful caregiving traditions¹⁶

Supporting studies indicate that infant crying is commonly interpreted as hunger that must be immediately addressed with solid foods, regardless of age recommendations²⁵. These practices often stem from benevolent intentions to ensure infant comfort, a phenomenon described as the “tradition of pity.” However, insufficient understanding of breastfeeding adequacy and early complementary feeding risks²⁶, as well as documented associations between early MP-ASI and stunting²⁷, contribute to sustained inappropriate feeding behaviors. Thus, stunting in these contexts is not solely driven by economic deprivation but also by culturally embedded explanatory models of infant feeding that diverge from biomedical recommendations.

3. Genetic and Fatalistic Perceptions of Stunting

Another critical finding is the fatalistic perception that short stature is hereditary or predetermined. In Dayak communities, height is frequently interpreted as a genetic trait²⁰. In Thailand, stunting status may be disregarded as long as the child appears active and healthy¹⁸. Similar normalization patterns have been reported in extended family contexts where short stature is considered a common family characteristic^{8,28}.

Research in Medan and among indigenous Baduy communities demonstrates that genetic attribution often functions as a sociocultural coping mechanism to reduce stigma associated with malnutrition^{9,29}. By framing stunting as destiny or hereditary, families protect themselves from social blame. However, this perception weakens problem recognition and reduces participation in early detection and intervention programs. While genetic factors influence height potential, environmental determinants—including nutrition and caregiving practices—remain decisive in preventing stunting. When short stature becomes culturally normalized, the motivation to engage in growth monitoring and supplementary feeding programs decreases significantly.

Practical Implications

This study suggests that family-centered nutrition programs must move beyond maternal-centric education and actively involve grandmothers as primary cultural influencers. Health interventions should be tailored to address specific generational myths and empower grandmothers as "agents of change" rather than viewing them as obstacles to progress.

Research Limitations

The main limitation is that the included studies are predominantly qualitative and context-specific, which may limit the generalizability of the findings. Additionally, reliance on self-reported data may introduce social desirability bias regarding feeding practices.

Conclusions

Grandmother-led parenting culture is a critical sociocultural determinant of stunting-risk feeding practices. Grandmothers function as household "gatekeepers" through dominant decision-making authority, the perpetuation of nutritional myths, and the normalization of stunting as a fatalistic condition. Therefore, stunting prevention strategies must shift from maternal-centric models to inclusive family-based interventions that actively integrate grandmothers as primary targets for nutrition education.

References

1. JME. Joint child malnutrition estimates (JME) (UNICEF-WHO-WB).
2. Kemenkes. *SSGI 2024- Survei Status Gizi Indonesia (SSGI) Dalam Angka.*; 2025.
3. Amalia ID, Lubis DPU, Khoeriyah SM. HUBUNGAN PENGETAHUAN IBU TENTANG GIZI DENGAN KEJADIAN STUNTING PADA BALITA. *J Kesehat SAMODRA ILMU*. 2021;12(2):146-154. doi:10.55426/jksi.v12i2.153
4. Khoeriyah SM. Hubungan Pengetahuan Ibu dengan Kejadian Stunting di Wilayah Kerja Puskesmas Patuk I. *J Kesehat Samodra Ilmu*. 2024;15(02):56-59. doi:https://doi.org/10.55426/jksi.v15i02.314
5. Matratty VM, KHOERiyAH SM, Rosyad YS, Monika R, KORA FT, Ratri TH. Analisa Pemberian Asupan Protein Dan Asupan Zinc Pada Balita Stunting. *Inf dan Promosi Kesehat*. 2024;2(2):180-186. doi:10.58439/ipk.v2i2.167
6. Sarwuna O, Khoeriyah SM. Hubungan Pola Asuh dan Sanitasi Lingkungan dengan Kejadian Stunting

- Pada Balita di Kelurahan Sawahan. *J Kesehatan Samodra Ilmu*. 2024;15(01):37-41. doi:<https://doi.org/10.55426/jksi.v15i01.300>
7. Wahyudi, Khoeriyah SM, Monika R. Gambaran faktor eksternal yang berhubungan dengan kejadian stunting pada anak usia 24 – 59 bulan di Wilayah Kerja Puskesmas Tepus II Gunungkidul. *J Kesehatan Samodra Ilmu*. 2022;13(1). doi:10.55426/jksi.v13i1.199
 8. Rosyada A, Putri DA, Anggraini R, Rahmawati AZ, Amalina A. Pengembangan Model Keluarga Pencegahan Stunting di Kota Palembang. *J Ilmu Kesehatan Masyarakat*. 2025;14(2):133-140.
 9. Lumbanraja V, Nasution NF, Magello AN. Socio-cultural Impact of Stunting Phenomenon on Children's Health in Medan City. *Indones J Med Anthropol*. 2024;5(1):24-28. doi:10.32734/ijma.v5i1.14038
 10. Dewi CS, Masykuroh K. Peran Dukungan Pengasuhan Nenek terhadap Kemandirian Anak Usia Dini : Studi Kasus di Garut. 2025;6(1):1424-1437. doi:10.37985/murhum.v6i2.1309
 11. Manoppo MW. Faktor-Faktor yang Mempengaruhi Pemberian MP-ASI. *Nutr J*. 2023;7(2):193-203.
 12. Harahap S, Karim AA, Sidiq AM. Kemandirian: Analisis Pengaruh Pola Asuh Nenek terhadap Pembentukan Karakter Anak dari Keluarga yang Terpisah. *JOECE J Early Child Educ*. 2024;1(1):1-16. doi:10.61580/joece.v1i1.26
 13. Febrianti S, Puspitasari R. Faktor-faktor yang Mempengaruhi Pemberian MPASI pada Anak Usia 6-24 Bulan di Puskesmas Gondokusuman II. *J Keperawatan Suaka Insa*. 2025;10(1):60-65. doi:10.51143/jksi.v10i1.683
 14. Concha N, Jovchelovitch S. Grandmothers: Central scaffolding sources impacting maternal and infant feeding practices in Colombia. *Matern Child Nutr*. 2021;17(S1):1-11. doi:10.1111/mcn.13162
 15. Abdelgawad R. Understanding the experiences of mothers of children with stunting in two Egyptian communities focusing on the first 1000 days. Published online 2023.
 16. Aubel J. Grandmothers - A neglected family resource for saving newborn lives. *BMJ Glob Heal*. 2021;6(2):1-9. doi:10.1136/bmjgh-2020-003808
 17. Fikadu K, Yihune M, Boynito WG, Hailemariam Z. Exploring Multiple Barriers to Proper Child Feeding Practices in Rural Districts of Ethiopia. *Food Sci Nutr*. 2025;13(3):1-14. doi:10.1002/fsn3.4757
 18. Vinitchagoon T, Rooppat Y, Sukboon P, et al. Applying Social Cognitive Theory to Understand

- Perspectives on Child Feeding Practices of Thai Female Caregivers With Young Children With Stunting. *Matern Child Nutr.* 2026;22(1). doi:10.1111/mcn.70129
19. Schneider L, Korhonen K, Ollila S, Mutanen M. Social realities in remote villages: Infant and young child feeding in Kirewa, Uganda. *PLOS Glob Public Heal.* 2024;4(9):1-17. doi:10.1371/journal.pgph.0003016
 20. Fioresta AI, Trisnawati E, Marlenywati. Perilaku Nenek dalam Praktik Pemberian Makan pada Balita Stunting di Wilayah Komunitas Dayak Kabupaten Landak. *Media Publ Promosi Kesehat Indones.* 2024;7(1):194-200. doi:https://doi.org/10.56338/mppki.v7i1.4275
 21. Toni Heriawan. Pola Asuh Tradisional Hingga Penyebab Stunting. *Indones J Relig Soc.* 2021;Vol. 3 (2).
 22. Amiruddin A, Bustami B, Anasril, Herlambang TM, Husaini M, Gustini S. Phenomenology study of stunting nutrition for babies in the work area of pante kuyun health center, aceh jaya district. *Open Access Maced J Med Sci.* 2021;9:462-467. doi:10.3889/oamjms.2021.6000
 23. Tenge W, Adam A, Alim A. Makna Sosial Budaya di Balik Praktik Perawatan Anak dan Pencegahan Stunting Pada Keluarga Balita di Wilayah Kerja Puskesmas Doda , Kabupaten Poso. *J Bid Ilmu Kesehat.* 2025;15(3).
 24. Has EMM, Krisnana I, Efendi F. Enhancing Maternal Caregiving Capabilities Model to Prevent Childhood Stunting: A UNICEF-Inspired Model. *SAGE Open Nurs.* 2024;10. doi:10.1177/23779608231226061
 25. Batubara NS, Dewi SSS. Pengaruh Pijat Oksitosin Terhadap Kelancaran ASI pada Ibu Post Partum. *J Educ Dev.* 2019;7(4):117-120.
 26. Putri SNA. Hubungan Pengetahuan Dan Sikap Dalam Pemberian Asi Eksklusif Terhadap Prenatal Breastfeeding Self-Efficacy Di Wilayah Kerja Puskesmas Bandarharjo Kota Semarang. Published online 2025.
 27. Modjo D, Sudirmasn AA, Ano O. Hubungan Pemberian Makanan Pendamping Asi Dini Dengan Kejadian Stunting Pada Anak Usia 6-12 Bulan Di Wilayah Kerja Puskesmas Limboto Kabupaten Gorontalo. *J TSCS1Kep.* 2025;10(2):34-45.
 28. Haskas Y. Haskas, Yusran. *J Ilm Kesehat Diagnosis.* 2020;15(2):2302-2531.
 29. Putri LD, Agustin H, Bakti I, Suminar JR. Genetic Perception Versus Nutritional Factors: Analyzing

the Indigenous Baduy Community's Understanding of Stunting as a Health Issue. *Int J Environ Res Public Health*. 2025;22(2). doi:10.3390/ijerph22020145