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CULTURE BASED STUNTING EDUCATION THROUGH *MADIHIN* AND TRADITIONAL TABOOS AS PILLARS OF FAMILY PARENTING

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ABSTRACT
Stunting remains a major public health problem in Indonesia, including Banjar Regency, South Kalimantan. Effective prevention requires an educational approach that is not only evidence-based but also culturally sensitive to ensure community acceptance. Integrating local wisdom, such as the oral art of madihin and traditional taboos, is considered effective because it aligns with the socio-cultural values of the Banjar community. This study aimed to evaluate the effectiveness of stunting education based on Banjar culture through madihin videos (traditional oral art), live madihin performances, and the reinforcement of traditional taboos as pillars of healthy family parenting. A quasi-experimental design with a pre-test–post-test control group was employed. The sample consisted of 100 families with toddlers in Banjar Regency, divided into 50 intervention and 50 control participants. Sampling technique used was purposive sampling. The intervention provided education on stunting, exclusive breastfeeding, complementary feeding, traditional taboos, and parenting through videos and live madihin performances, which included health messages and discussions on Banjarese traditional taboos related to diet, pregnancy, and childcare. Data were analyzed using Wilcoxon test to compare pre-test and post-test scores within groups, and Independent t-test to compare differences between intervention and control groups. The intervention group showed a significant improvement in knowledge and attitudes. The mean knowledge score increased from 26.94 to 31.58 (p=0.001), while the attitude score rose from 38.68 to 47.78 (p=0.001). In contrast, the control group showed only a small increase in knowledge (24.80 to 25.20; p=0.001) and no significant change in attitude (20.21 to 29.79; p=0.108). These findings indicate that a culture-based approach is more effective in improving knowledge and fostering positive family attitudes than conventional education. Health education that incorporates madihin and traditional taboos can serve as a strategic innovation in health promotion, particularly in stunting prevention through strengthening family parenting practices in Banjar Regency.

Keywords: banjar culture; family parenting; madihin; stunting; traditional taboos

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INTRODUCTION

Stunting is a major health problem that continues to be a serious concern, particularly for parents in Indonesia. Data from the 2018 Basic Health Research (Riskesdas) reported that the prevalence of stunting in South Kalimantan remained high at 24.7% (Riskesdas, 2018). This condition poses a significant challenge to achieving the Sustainable Development Goals (SDGs) related to child health and community well-being. In Banjar Regency, the prevalence decreased to 17.6% in 2021 but rose again to 30.1% in 2023(Dinas Kesehatan Kabupaten Banjar, 2022), highlighting the need for more serious attention and comprehensive prevention strategies to curb the surge in stunting cases.

Stunting results from chronic malnutrition in children, which hampers both physical and cognitive development. Its consequences extend beyond health, impacting the quality of future human resources. The main contributing factors in this region include an imbalanced diet and inadequate parenting practices that fail to support child growth and development. Cultural traditions, particularly dietary taboos, often restrict the consumption of nutrient-rich foods and thus exacerbate malnutrition in Banjar Regency (Setia & Kartika, 2024; Yusida et al., 2022)

These causal factors are interrelated, particularly poor dietary intake and ineffective parenting practices. Limited knowledge of balanced nutrition frequently leads families to overlook the importance of providing nutritious foods for their children. Moreover, adherence to diets that conflict with nutritional guidelines further contributes to the incidence of stunting. Despite various efforts by the government and local health centers (Puskesmas) to reduce stunting, outcomes have not yet reached optimal levels (Hidayat et al., 2022; Marlinton, 2024). Addressing this issue requires integrated interventions that combine nutrition education with culturally sensitive parenting support (Chapman et al., 2024; Marni et al., 2021; Moreno et al., 2023).

One promising strategy is the use of Banjar culture based media, such as educational videos and live madihin performances. Madihin, a traditional oral art of the Banjar community, represents a familiar and accessible form of communication, while traditional dietary taboos provide cultural context that resonates with the community's daily practices. Combining these elements in educational interventions makes health messages more engaging, culturally relevant, and easier to internalize (Azzahra et al., 2024; Harahap et al., 2024; Hartiningrum et al., n.d.; Heryyanoor et al., 2022).
The Banjar culture based approach through the madihin tradition is also aligned with national priorities, including the Asta Cita framework introduced by Prabowo Subianto and Gibran Rakabuming, which emphasizes strengthening the health system while preserving cultural heritage to empower communities and promote a healthier Indonesia. In this context, culturally grounded family empowerment is expected not only to reduce stunting prevalence but also to strengthen cultural identity and improve overall quality of life in Banjar Regency.

Moreover, this local culture based approach increases the effectiveness of education by embedding health promotion within community values. The use of digital media such as videos allows wider dissemination of information, especially for families with limited access to formal education or health facilities. Meanwhile, live madihin performances foster emotional engagement and community participation, delivering health messages in a vivid and memorable manner. This dual strategy is expected to drive significant behavioral changes, improve knowledge, and reinforce cultural values that support healthy parenting and dietary practices to prevent stunting. This research objective is to evaluate the effectiveness of culture-based stunting education through madihin videos and live madihin performances in improving parental knowledge and attitudes.

METHOD

This study used a quasi-experimental design with a pre-test and post-test control group approach. The study population was families with children aged 0-5 years in Banjar Regency, with a sample of 100 respondents divided into two groups (50 respondents each) selected using purposive random sampling. The study variables included Banjar culture-based stunting education, as well as family knowledge, attitudes, and behaviors in stunting prevention. The instrument, a questionnaire, was developed based on these variables and tested for validity and reliability before use. Data were analyzed using a paired sample t-test or the Wilcoxon test.

The study began with a literature review and preliminary study to formulate the problem and solution strategies, focusing on the prevalence of stunting in Banjar Regency. Local culture-based education was chosen as the approach, integrating the art of madihin and traditional taboos into an educational video. The video production stages included: (1) exploring cultural values through discussions with madihin experts to identify traditional taboos and childcare practices; (2) collaboratively composing madihin lyrics that incorporate evidence-based health messages such as the importance of the 1000 HPK (Five Days of Life), stunting prevention, and certain food taboos into Banjar cultural narratives; (3) video production in a typical Banjar atmosphere; (4) implementation through video screenings and live performances accompanied by discussions to strengthen family understanding.

After obtaining research permits and ethics reviews, researchers tested the validity of the questionnaire and conducted a pre-test to measure the families' baseline conditions related to stunting. Next, an educational video combining madihin art and traditional taboos was presented to the treatment group, complemented by a live madihin performance. After the intervention was completed, post-test data was collected to evaluate changes in family knowledge, attitudes, and behavior, which were then compared with the pre-test to measure the intervention's effectiveness.

RESULT

Table 1.
Characteristics of Respondents in the Intervention Group and Control Group (n=100)

Respondent Characteristics	Intervention Group	%	Control Group	%
Age of Head of Household (KK)				
a. 12-25 Years	4	8%	7	14%
b. 26-35 Years	20	40%	24	48%
c. 36-45 Years	22	44%	16	32%
d. >46 Years	4	8%	3	6%
Highest Level of Education Attained				
a. Elementary School (Primary)	15	30%	8	16%
b. Junior High School (Lower Secondary)	13	26%	20	40%
c. Senior High School (Upper Secondary)	17	34%	22	44%
d. Diploma (Associate Degree)	0	0%	0	
e. Bachelor's Degree	5	10%	0	
Family Card Occupation				
a. Unemployed	0		0	0%
b. Laborer	18	36%	22	44%
c. Farmer	3	6%	3	6%
d. Private Sector	22	44%	21	42%
e. Civil Servant	0	0	0	0%
f. Other	7	14%	4	8%
Income				
a. < Rp. 500.000	5	10%	3	6%
b. >Rp. 500.000-Rp.1.000.000	14	28%	15	30%
c. >Rp. 1.000.000-Rp. 3.500.000	27	54%	29	58%
d. > Rp. 3.500.000	4	8%	3	6%
Mother's Age				
a. 12-25 Years	10	20%	19	38%
b. 26-35 Years	26	52%	22	44%
c. 36-45 Years	14	28%	9	18%
d. >46 Years	0	0%	0	0%
Highest Level of Education Attained				
a. Elementary School (Primary)	10	20%	14	28%
b. Junior High School (Lower Secondary)	22	44%	13	26%
c. Senior High School (Upper Secondary)	16	32%	23	46%
d. Diploma (Associate Degree)	0	0%	0	0%
e. Bachelor's Degree	2	4%	0	0%
Family Card Occupation				
a. Unemployed	37	74%	36	72%
b. Laborer	1	2%	0	0%
c. Farmer	1	2%	2	4%
d. Private Sector	6	12%	10	20%
e. Civil Servant	0	0%	0	0%
f. Other	5	10%	2	4%
Number of Toddlers				
a. 1	41	82%	45	90%
b. 2-3	9	18%	5	10%
Toddlers Age				
a. < 1 Years	7	14%	19	38%
b. 1- 5 Years	43	86%	31	62%

Based on Table 1, The characteristics of respondents in both the intervention and control groups were relatively comparable. Most household heads were in the productive age range (26–45 years), with the largest proportion aged 36–45 years. Education levels were dominated by high school graduates, and the majority worked as laborers or in the private sector. Mothers of toddlers generally had lower educational attainment (junior or senior high school) and most were not engaged in formal employment, allowing greater involvement in childcare. The number of toddlers per household was relatively homogeneous, with the majority of families having only one toddler.

Table 2.
Frequency distribution of knowledge and attitudes in the intervention group (n=50) and control group (n=50)

Variable	Intervention Group		Control Group	
	Pre Test	Post Test	Pre Test	Post Test
Family knowledge about stunting, parenting styles, and traditional taboos				
Good	23 (54%)	38 (76%)	17 (34%)	23 (46,1%)
Poor	27 (54%)	12 (24%)	33 (66%)	26 (53,1%)
Stunting Prevention and Management Attitudes in Banjar Customary Parenting and Taboos				
Good	20 (40%)	42 (84%)	27 (54%)	30 (38,8%)
Poor	30 (60%)	8 (16%)	23 (46%)	19 (61,2%)

Based On Table 2, The frequency distribution results indicate that the intervention was effective in improving both knowledge and attitudes. In the intervention group, mothers with good knowledge increased from 54% to 76%, while positive attitudes rose significantly from 40% to 84%. In contrast, the control group showed only slight improvements in knowledge (34% to 46.1%) and attitudes (54% to 61.2%). These findings demonstrate that integrating madihin and traditional taboos into health education is more effective in enhancing parental knowledge and fostering supportive attitudes toward stunting prevention compared to conventional approaches.

Table 3.
Effectiveness of Stunting Education Before and After in the Intervention Group (n=50) and Control Group (n=50)

Variable	Intervention Group		Control Group	
	Pre Test	Post Test	Pre Test	Post Test
Family knowledge about stunting, parenting patterns and customary taboos				
Mean	26.94	31.58	24.80	25.20
Mean increase	4.64		0.4	
Wilcoxon test	P= 0.001		P= 0.001	
Stunting Prevention and Management Attitudes in Banjar Customary Parenting and Taboos				
Mean	38.68	47.78	20.21	29.79
Mean increase	9.1		9.58	
Wilcoxon test	P= 0.001		P= 0.108	

Analysis using the Wilcoxon test confirmed the findings of the frequency distribution. For the knowledge variable, the intervention group experienced an increase in the mean score from 26.94 to 31.58 (an increase of 4.64 points; p=0.001), while in the control group the increase was very minimal, from 24.80 to 25.20 (an increase of 0.40 points; p=0.001). These findings indicate a significant difference in the magnitude of change between the groups. For the attitude variable, the intervention group showed a significant increase from 38.68 to 47.78 (an increase of 9.10 points; p=0.001). Conversely, in the control group, although there was an increase in the mean from 20.21 to 29.79 (an increase of 9.58 points), the results were not statistically significant (p=0.108). This difference indicates that the attitude change in the control group was more fluctuating and inconsistent, while in the intervention group the increase was consistent and significant.

DISCUSSION

The results showed a significant increase in family knowledge scores in the intervention group after receiving Banjar culture-based stunting education through *madihin* and the reinforcement of traditional taboos. The average knowledge score increased from 26.94 to 31.58, a difference of 4.64 points with a significance level of p=0.001. In contrast, the control group showed only a 0.40-point increase (24.80 to 25.20). Although statistically significant (p=0.001), the change lacked strong practical significance. This difference confirms that culture-based education methods utilizing *madihin* art in the form of videos and live performances are far more effective in enhancing family understanding than conventional counseling. This finding is consistent with (Heryyanoor et al., 2022)her,who reported that the use of module and video based media significantly improves family knowledge about nutrition and malnutrition. Audio-visual media facilitates comprehension by presenting information in an interactive and engaging manner. The present study adds a new dimension by integrating traditional *madihin* art, which not only conveys information but also engages emotions, cultural identity, and community togetherness. This is in line with (Chapman et al., 2024), who emphasize that interventions tailored to local cultural values are more easily accepted because they help overcome resistance to new information.

In addition to improving knowledge, the intervention also had a significant impact on family attitudes. The marked changes in attitudes indicate that families not only gained new understanding but also showed a willingness to accept and internalize the health messages provided, particularly regarding parenting practices, child feeding, and managing traditional taboos in daily life. These findings are consistent with (Rihhadhatul Aisy et al., 2022), who reported that video based educational media can enhance mothers' motivation and confidence in adopting healthy parenting practices. This study goes further by incorporating cultural elements, so that attitudinal changes are rooted not only in new knowledge but also reinforced by a cultural identity that resonates with the community. This impact was further strengthened by the live *madihin* stunting education performances, which created an interactive, entertaining, and emotionally engaging atmosphere, making health messages easier to accept and remember for participating families.

Different results were observed in the control group. Although there was a slight increase in knowledge, changes in attitudes were not significant. This highlights the limitations of traditional counseling, which is typically delivered in a formal, one-way manner and lacks emotional engagement with the community, resulting in short-lived effects. (Yanti et al., 2025) also support this finding, showing that health counseling without active participation and without considering the cultural background of the community tends to be less effective in encouraging behavior change (Alhasni et al., 2025; Harahap et al., 2024). The clear differences between the intervention and control groups underscore the importance of innovation in educational strategies, particularly through integrating local cultural values and traditions as reinforcements of health messages (Handayani et al., 2024; Nasution et al., 2021).

The results of this study are also consistent with broader evidence emphasizing the critical role of sociocultural context in stunting prevention. (Moreno et al., 2023) highlighted that interventions in Africa were more effective when aligned with local traditions and practices. A similar situation applies to the Banjar community, where traditional taboos often influence children's dietary patterns (Soofi et al., 2021; Sudarsiwi et al., 2022) In this study, traditional taboos were not eliminated but reinterpreted to align with health principles. This approach proved effective because the community felt their traditions were respected while simultaneously being directed toward practices that support optimal child growth and development.

The characteristics of the respondents in this study also influenced the outcomes. The majority of mothers with toddlers were of productive age, had secondary education, and were not employed in the formal sector. This condition allowed them more time for caregiving, but also made them prone to maintaining long-held traditions, including dietary taboos. The significant improvements in

knowledge and attitudes following the *madihin*-based intervention demonstrate that cultural approaches can help bridge gaps in health literacy. Furthermore, the fact that most respondents had only one toddler enhanced the effectiveness of the intervention, as the health messages could be applied directly in early parenting practices. These demographic and social characteristics thus provided a favorable context for the intervention, reinforcing its effectiveness in shaping healthier family behaviors.

CONCLUSION

Banjar culture-based stunting education, which integrates madihin and traditional taboos, has proven more effective than conventional counseling in improving families' knowledge and attitudes regarding stunting prevention. This approach not only broadens families' understanding of nutrition, parenting, and stunting prevention but also strengthens the acceptance of health messages because they are delivered through media closely aligned with the community's cultural identity. The study's findings indicate that culture-based interventions can bridge health literacy gaps and encourage families to internalize healthier parenting practices. Therefore, local culture-based interventions such as madihin can be used as strategic innovations in stunting prevention efforts at the family and community levels. The practical implication of these findings is the need for cross-sector collaboration between health workers, cultural leaders, village governments, and families to expand the implementation of culture-based education. Integrating local wisdom into public health programs not only supports the effectiveness of message delivery but also strengthens community ownership and involvement in realizing a healthy, stunting-free generation.

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