

Qualitative Study Of Complementary Breast Milk Food Provision By Toddler Mothers Among The Taa Tribe In South Batui District, Banggai Regency

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ABSTRACT

Background: Providing Complementary Food for Breast Milk (MP-ASI) is an important stage in the nutritional intake of children after the age of 6 months. Socio-cultural influences play a significant role in the practice of providing MP-ASI, which includes traditions, diet, family values, and economic limitations. Children aged 0-24 months in fulfilling their nutritional intake in certain ethnic cultures also influence the provision of complementary food for breast milk (MP-ASI) to toddlers. This study aims to determine the pattern of providing complementary foods to breast milk in mothers of the Taa tribe in South Batui, Banggai Regency.

Method: This study uses a qualitative approach, by conducting Focus Group Discussion (FGD), in-depth interviews, and observations of 10 mothers of Baduta Suku Taa as informants, as well as community leaders and cadre leaders as key informants selected by purposive sampling. Qualitative data processing is carried out by Theme analysis. Data analysis according to Miles and Huberman: data reduction, data presentation, and drawing conclusions. Data validity testing uses triangulation of methods and sources, and data is presented in Narrative form.

Results: The pattern of providing complementary foods for breast milk (MP-ASI) in the Taa tribe has a tradition in the local term "Pusiri" is found among the Taa tribe in giving first food to children accompanied by rituals and prayers that are repeated 7 times with the intention that the child will be healthy, strong and have abundant fortune for seven generations, and the type of food given preferred type of banana. In the local language it is called **Louwe** banana which is boiled and mashed or filtered. The Pusiri tradition is carried out by parents in the family such as grandmothers or mothers. The provision of MP-ASI to Taa Tribe toddlers is generally given before the toddler reaches 6 months of age, namely at the age of 4, 5, and 6 months. The types of MPASI given also vary, namely homemade MPASI and manufactured MPASI. Processed MPASI is in the form of strained porridge, boiled bananas, and mashed tubers, while manufactured MPASI is in the form of SUN porridge. The frequency of giving MP-ASI varies, namely given 2 to 3 times a day. The mothers of the Taa Tribe Toddlers provide MP-ASI, most of which are not appropriate in terms of texture that is adjusted to the age of the Toddler, and the provision of MP-ASI is not yet diverse, especially in fulfilling vegetables and fruits.

Conclusion: Pusiri tradition was found in the pattern of providing MPASI to Taa Tribe mothers which was carried out before the toddler was 6 months old. In general, the provision of MP-ASI to Taa Tribe toddler mothers is not appropriate in terms of the time of administration, MP-ASI texture, frequency and diversity. Routine assistance is needed for toddler mothers in providing the right MP-ASI.

Keywords: Mentoring, Toddlers, MP-ASI, Taa Tribe, Pusiri

INTRODUCTION

The level of public health of a country is influenced by the existence of health services. Law Number 17 of 2023 concerning Health states that health services are the provision of health services, both promotive, preventive, curative, and rehabilitative, carried out by the central government, regional governments, and/or the community (Ministry of Health of the Republic of Indonesia 2023). The Health Law mandates that efforts to improve community nutrition aim to improve the nutritional quality of individuals and the community. The improvement

in nutritional quality in question is carried out through improving food consumption patterns, improving nutritionally aware behavior, and the quality of nutritional and health services in accordance with advances in science and technology to increase access (Directorate of Community Nutrition 2021) .

Accelerating the reduction of stunting is one of the government's current focuses in the Health sector. This is in line with the global targets as stated in the Sustainable Development Goals (SDGs) and the Global Nutrition Target 2025. The TPB Target states that by 2030, eliminating all forms of malnutrition, including by 2025 achieving the internationally agreed target for short and wasted children under 5 years of age, and meeting the nutritional needs of adolescent girls, pregnant and lactating mothers, and the elderly.

Based on the 2021 Indonesian Nutritional Status Study (SSGI), the prevalence of Stunting in Indonesia was 24.4%, then decreased to 21.6% in the 2022 SSGI. The results of the 2023 Indonesian Health Survey showed a decrease in stunting rates but not yet significant, namely 21.5%. This is expected to decrease according to the 2024 RPJMN target of 14%. (Ministry of Health, 2024). Banggai Regency SSGi 2021 results were 26.0% and decreased by 1.7% to 24.3% in SSGI 2022, but in the 2023 SKI Results there was an increase of 29.1%. At the sub-district level, South Batui still has high cases of Stunting, namely 22.5% in 2021 and tends to increase to 26.4% in 2022, of course this can have both short-term and long-term impacts (Banggai Health Office, 2023) .

In the first 1000 days of life (1000 HPK) especially in the age period of 0-24 months there are important factors that influence poor nutritional intake, namely the practice of providing inappropriate complementary foods (MP - ASI). MP - ASI is additional food given to babies after the age of six months until the baby is 24 months old. This food is a transitional food from breast milk to family food. If it is given according to the age recommended by WHO and the MPASI menu contains the nutrients needed by babies, then MPASI will provide great protection for babies from various diseases (Nababan & Widyaningsih, 2018).

Addressing nutritional problems must involve various parties in society, one of the parties in society that plays an important role in addressing nutritional problems in toddlers is health cadres in the village, especially regarding nutritional problems in toddlers. (Lestari and Hanim 2020) . The role of health cadres such as posyandu cadres is very important because cadres are responsible for implementing posyandu programs. Several research results show that there is a relationship between the role of posyandu cadres and the nutritional status of toddlers. Cadres are expected to play an active role and be able to become drivers, motivators and community counselors, and can 'bridge' between health workers/experts and the community and help the community identify and face/answer their own health needs (Onthonie, Ismanto, and Onibala 2015) .

In addition to knowledge factors, attitudes and actions of mothers of toddlers, socio-cultural influences in providing complementary feeding are also things that need attention, this is proven by several studies that food and eating in society have cultural and social values, so that the use of local food culture for toddler food will be easily accepted, easily obtained and affordable in terms of price has a significant influence on preventing stunting in various regions in Indonesia (Fauziah & Tri Krianto, 2022). Research (Putro, Sukoco, and Dewi 2020) to overcome the problem of malnutrition in South Sorong Regency is the utilization of natural resources and local wisdom in the form of food ingredients, fish, sea shrimp, chicken, sago and various vegetables that already exist in the community. Cultural and religious approaches are significant factors in encouraging behavioral changes in society related to nutrition.

In the Banggai district area, there are also several tribes that inhabit the Banggai district area, one of the tribes that lives in the Banggai area is the Taa Tribe , the majority of which are found in Sinorang Village, South Batui District. The Taa Tribe (Ta'a Tribe, Bare'e Taa) is the name of a tribe in Central Sulawesi , Indonesia , the Taa Tribe Unlike the To Wana tribe , the Taa tribe is an indigenous population and lives in a region, namely in the Bongka and Ampana regions , and the To Wana tribe always moves from place to place, from the process of moving several groups of the Taa tribe inhabit the Sinorang Village area until now. The Taa tribe before 1919 was included in the Bare'e tribe area, but the Taa tribe because there are so many differences in language and dialect with the Bare'e tribe, so the Taa tribe chose to form their own tribe which separated from the Bare'e tribe area which was then called the Taa tribe (Humaedi 2016) . There are not many references and information about the behavior of mothers of Taa Tribe Toddlers in providing MP-ASI in Sinorang . This study aims to explore the pattern of providing MPASI for mothers of Taa Tribe Toddlers in South Batui, Banggai Regency, Central Sulawesi.

MATERIALS AND METHODS

The type of research used is a Qualitative method with a Phenomenological approach, data collection was carried out by FGD (Focus Group Discussion) with 10 Baduta mothers, cadres, TPG, Taa tribal community leaders , village heads , then in-depth interviews were conducted with Baduta mothers as informants and key informants , the main instrument of the researcher himself, with interviews and using other tools. Data processing is done by Content analysis including the stages of recording transcripts, data reduction, data coding from informants, drawing conclusions. Data analysis techniques use Milles and Huberman (1984) analysis. Data Reduction, Data Display, Conclusion Drawing/Verification . Data Validity Testing is carried out by Method Triangulation, Source Triangulation and Theory Triangulation, Informant selection was carried out using

Purposive Sampling with the criteria of mothers who have toddlers (6-23 months), domiciled in the research location area, willing to be research informants from the beginning to the end of data collection, with a Taa ethnic background.

Research Result

a. Characteristics of Informants and Regions

Taa tribe is predominantly found in Sinorang Village, South Batui District. Taa Tribe (Ta'a Tribe, Bare'e Taa) is the name of a tribe in the Regency Banggai, Central Sulawesi, Indonesia. The Taa tribe are indigenous people and live in a region, namely the Bongka and Ampana regions. The Taa tribe before 1919 was included in the Bare'e tribe area, however Taa Tribe because there are so many. Differences in language and dialect with the Bare'e Tribe, so the Taa Tribe chose to form their own tribe which separated from the Bare'e Tribe area which was later named the Taa Tribe (Humaedi 2016).

The Taa Tribe in the Sinorang Region are residents who have inhabited the area since the settlement was opened. The Sinorang area is close to the coast and some are in the mountains. The life of the Taa Tribe in the Sinorang region can be said to be semi-modern, especially since the area has natural gas company activities, their daily lives are mostly farmers and fishermen and some work as private employees, entrepreneurs or ASN. The Taa Tribe in the Sinorang Region has been exposed to technological advances, also from the results of interviews with the Head of Sinorang Village who is a descendant of the original Taa Tribe and the results of observations of several Taa tribe communities have mixed with several existing tribes, such as the Bajo, Saluan, Banggai, Bugis, Gorontalo tribes.

The language they use everyday is Taa Language. The main food of the Taa Tribe in Sinorang is Rice, because there are rice fields and some of them have rice fields as a source of food, besides bananas are also the staple food of the Taa Tribe. The leadership of the Taa tribe in Sinorang has adopted a government system, no longer using the tribal chief as the chairman in decision making, there are only a few traditional figures who are used as a place to discuss the customs of the Taa tribe.

The results of the study related to the behavior of providing complementary feeding by mothers of toddlers of the Taa Tribe, were obtained from all mothers of toddlers in the majority Taa Tribe area, there were 10 mothers of toddlers who were of Taa Tribe descent, and were willing to be informants in this study.

The characteristics of the informants of the Baduta mothers and the Taa tribe Baduta can be seen in the following table:

Table 1. Distribution of Informant Characteristics Based on Age, Education Level and Occupation in Sinorang, South Batui District

No	Characteristics of Informants	Amount		Caption
		n	%	
1	Age			
	18-25	2	20%	
	26-30	1	10 %	
	>30	7	70 %	
2	Level of education			
	SD	2	20%	
	JUNIOR HIGH SCHOOL	5	50 %	
	SENIOR HIGH SCHOOL	3	30 %	
3	Work			
	Housewife	8	80 %	
	Private/Self-Employed	2	20 %	

Source, Primary Data 2024

b. Pattern of Providing Complementary Breast Milk to Mothers of Toddlers of the Taa Tribe Traditions in providing complementary feeding in the Taa Tribe

As in other tribes or places that have terms in their culture when giving MP-ASI for the first time to toddlers, the Taa Tribe in the Sinorang Region also has a cultural term for giving MP-ASI for the first time to toddlers, namely the term **Pusiri**, is the term of the Taa Tribe in giving food (MP-ASI) for the first time to children, by giving the first food to the child is done by the Elders in the Family, for example Grandmothers, in the Pusiri process the first feeding of babies is given food accompanied by rituals or prayers that are said to Allah SWT, the Almighty God, the reading of prayers is done 7 times repeatedly by directing the spoon that has been filled with food to the mouth like feeding a child but later on the 7th mouthful the food is then put into the baby's mouth, with the hope that the child when receiving the food will be strong, healthy for seven generations, it is

attempted that the first food given is boiled bananas and then drained or strained, the type of banana that is recommended is Louwe bananas (in the local community's term). The implementation of this tradition is carried out in each baby's home.

Pusiri tradition is still carried out by the Taa Tribe families in Sinorang, South Batui District, but there are several families who no longer perform Pusiri, because there are no Elders in the family who know about the Pusiri process. As stated by several informants below:

"...If I have a child, I still do Pusiri, coincidentally there is a mother who knows how to eat the first meal with that custom, so I am the mother who makes it, so that I can make my child healthy, strong, basically with good hopes, then the first thing given to the child is **louwe** banana, the banana is boiled, then crushed and then strained, then given to the child with the following conditions: 7 times given near the child's mouth, but only the seventh time is the food given into the baby's mouth..."

(Informants: Srw 36, Swn 32, Wnd 29, Frn 25, Ara 22, Idw 36, Hrw 36, Msm 34,)

There were also informants who said that they did not carry out the Pusiri tradition because there were no more grandmothers or elders who gave or carried out the tradition in their families, the mothers of the Baduta themselves fed the Baduta, as in the following statement:

"...If it's the term Pusiri, I don't make it because there are no old parents at home or grandmothers, basically if we give food to our children, we give food to ourselves and no longer rely on our parents to make it a Pusiri tradition ..."

(Informant: Wsk 27, Msn 38)

The above statements are confirmed by Community Leaders and several Posyandu cadres, that currently the Pusiri process or Practice is still being carried out in providing MPASI, this is because the family still has parents, but those in the family who no longer have elders such as mothers or grandmothers, rarely pass down traditions like this. As stated by the following key informant:

"... t people can have children who are given their first meal, they are given the term Pusiri, there are still many who make it like that, because there are parents in their house, so if the parents are the first to give food, they make Pusiri. But there are also some who don't, now if they want to make it, please do, if not, that's okay too..."

(Informants: M ra 74, Nnd, 72, Hsr 45, Ryg 49)

Time to Give MP-ASI

The mothers of toddlers of the Taa Tribe vary in the initial timing of giving MP-ASI, some give MP-ASI for the first time when their toddlers are 4 and 5 months old, and some give it after 6 months, mothers of toddlers who give MP-ASI before 6 months because they receive instructions from parents to provide food because their child is crying, also because according to them their child has shown a desire to eat when they see other people eating, this is also done because the Pusiri tradition is carried out when toddlers are under 6 months old. Most informants said that even though they had given MPASI before six months, but they still give breast milk.

Some mothers provide their toddlers with their first complementary food because it is recommended by their female parents, especially for toddler mothers who are taking care of their children for the first time, as stated by several toddler mothers below:

"...I have only fed my child for 4 months because when he sees other people eating, he also likes to take the food, so I have carried out the Pusiri tradition, and at that time I started giving him food..."

(Informants: , Frn 25, Ara 22, Idw 36, Hrw 36, Msm 34, Msn 38)

"...I fed my child for the first time when he was 5 months old, because he cried so much, I just had breast milk so it wasn't smooth, so it happened that my mother was at home, my mother said to just feed him, because I didn't have any experience in taking care of a child, so at that time my mother said to just feed him, so I fed him, the food I gave him was just strained porridge, occasionally mixed with boiled eggs..."

(Informant: Srw 36, Swn 32, Wnd 29)

There is also another statement about the time of giving MPASI, namely 6 months, because the breast milk is still felt to be sufficient for the child and implementing the practice of Exclusive Breastfeeding as per the information conveyed by health workers, such as the following Informant's statement:

"...I will feed my child when he is six months old, during the integrated health post, he is always told that the child is only given breast milk until six months, then after six months he will be given food, then I will breastfeed him smoothly, then he will not be fussy..."

(Informant: Wsk 27)

This was confirmed by the key informant, namely the cadre, who said that in every integrated health post, mothers who have children are given only breast milk for 6 months, but are constrained by the condition of babies who often cry and parental instructions. such as the following statements:

"...Yes, every Posyandu is told by mothers who have babies who are less than six months old so that they don't feed their children first, so that their breast milk is exclusively breast milk, but there are also complaints from people, the children are so crying and the parents are so tell kase to eat, but make the tradition of pusiri first before giving him food. Apart from that, people also complain that they don't have enough milk. But there are

also those who have managed to only breastfeed for six months, that's because people say their breastfeeding is still smooth..."

(Informant: Hsr 45, Ryg 49)

Types of MPASI given

The types of MP-ASI given by mothers to their toddlers vary, some give processed MP-ASI and some are manufactured MPASI. Processed MPASI foods are in the form of strained porridge, mashed boiled Lowe bananas and tubers, if the age is over 12 months, they have been given family food such as rice, tubers, but there are still some informants who give mashed and soft foods to toddlers over one year old. As stated by the following informant:

"... I gave my child strained porridge when he first started eating, there were also some who gave him boiled bananas, sweet potatoes, and so when he was one year old I taught him to eat rice, but he was used to it, but when he was one year old I still gave him porridge..."

(Informants: Frn 25, Ara 22, Idw 36, Srw 36, Swn 32, Wnd 29)

In addition, it was also found that mothers gave manufactured MP ASI such as SUN porridge with various flavors. However, there were also those who were found during the research, toddlers had been given Instant Noodles. The following is a statement from the informant, a Toddler Mother:

"...Usually it's just strained porridge mixed with egg or fish, also usually just strained porridge with sun. If I like to cook porridge, I give porridge to my wife, but if I'm too lazy to cook, I buy SUN..."

(Informant: Hrw 36, Msm 34, Msn 38)

There is also information that there are mothers of toddlers who only give their toddlers sago made like jelly in the local language called onyop even though the toddler is already 11 months old. Like

"...If I give him porridge or other food, he vomits, maybe because I usually give him scallops with fish soup..."

(Informant: Wsk 27)

These statements were confirmed by the Key Informant of the cadre that the mothers of toddlers vary in their feeding, some give them strained porridge, boiled and mashed bananas, porridge mixed with eggs or fish, and some also give them rice and sweet potatoes . Here is the statement:

"... Yes, that's right, the mothers here, they give their children the same amount of food, they give them strained porridge, sometimes mixed with eggs or fish, there are also those who give them boiled bananas, sweet potatoes, I usually ask them what kind of SUN they buy, most of the time if it's SUN they give it according to what their children like, because there are various flavors of SUN. But for children who are one year old and above, they give them rice or porridge that is soft.

Cadre Informant: Hsr 45, Ryg 56, Slm 50, Msn 49,)

Frequency of giving complementary food

The frequency of giving MP-ASI to mothers of Taa Tribe toddlers also varies, some give it 2 times a day, some 3 times a day, according to them it really depends on the age of the toddler and the condition of the mother's breast milk, then some informants stated that they gave snacks to their children. such as the following informant's statement:

"...if I give my child food three times, because he is more than a year old, I have to give him food three times, in the morning he usually eats porridge, then at noon and night he eats rice, then there are usually snacks that are given..."

(Informant:Frn 25, Ara 22, Idw 36, Srw 36, Swn 32, Wnd 29 Hrw 36, Msm 34, Msn 38)

There are also statements from informants who provide complementary feeding twice a day, such as the following statements from informants:

"... I gave her food twice, because she was still breastfed so I thought it would be only twice because she still liked breastfed, but usually three times because she was still breastfed so it was usually twice or three times a day, but mostly twice a day usually only in the morning and evening , Depe is also only 11 months old ..."

(Informant: Wsk 27)

Suitability of MP-ASI texture to toddler's age

The texture of MPASI with the toddler's age group must be appropriate. The shape or texture of MP-ASI must be appropriate to the toddler's age group. Toddlers in the 6-8 month age group are given MP-ASI in the form of pureed/filtered, the 9-11 month age group has a soft/chopped texture and the 12-24 month age group has a solid texture or family food.(Ministry of Health of the Republic of Indonesia 2021) .

In the research results, it was found that most of the Taa tribe toddlers were given MP-ASI that did not match their texture and age. The discrepancy was found that the Taa tribe toddlers were given MP-ASI that was still soft and mashed even though their age should have been given MP-ASI in the form of solid food or family food. As in the following statement:

“...I gave my child his first meal before he was six months old because of the Pusiri tradition, he was given boiled bananas that were strained and mixed with a little salt, I also gave him strained porridge, only about a year later I still gave him porridge but it was just regular porridge so it wasn't strained anymore, rice was given once in a while...”

(Informant: Frn 25, Ara 22, Idw 36, Srw 36, Hrw 36, Msm 34, Msn 38)

However, there are mothers of toddlers who provide complementary feeding according to their age and the texture of complementary feeding. Toddlers who are more than 1 year old have been given family food. This information was obtained during the integrated health post from health center officers.

“...He is over one year old, so when he attended the integrated health post, he was told by Ses from the health center that he could be given rice or other solid foods that the family eats, so he could be given...”

(Informant: Swn 32, Wnd 29)

There are also those who give sago made from Papaeda/Onyop (local term) to children who are already 11 months old who should have been given soft food so that toddlers can learn to chew . As stated by the following informant:

“...If I give him porridge or other food, he vomits, maybe because I've been used to giving him styes since the first time I gave him food ...”

(Informant: Wsk 27)

Diversity of Food Types

The provision of MP-ASI to toddlers of the Taa tribe is mostly not diverse or does not meet the elements of a balanced diet, the type of food given to toddlers is mostly given strained porridge with a little salt added for toddlers aged before 6 months to 9 months, some are given porridge with fish or eggs added if it is available. Toddlers are rarely given vegetables and sources of protein such as fish or eggs. Fulfillment of the type of fruit, toddlers in the Taa Tribe in Sinorang, are rarely given fruit, the reason is revealed that if there is excess money in the household then the toddler's mother gives the fruit that is bought. As stated by the following informant:

“...yeah, if I just give him porridge, I usually give him fish or eggs, the important thing is that he eats it, now he's been more than a year, I only give him rice but usually porridge too, rice with fish, but vegetables are rarely served, let alone fruit, later when I have extra money, I'll buy him fruit ...”

(Informants: Swn 32, Wnd 29 , Wsk 27, Frn 25, Ara 22, Idw 36, Srw 36, Hrw 36, Msm 34, Msn 38)

DISCUSSION

Providing Complementary Food for Breast Milk (MP-ASI) is an important stage in the nutritional intake of children after the age of 6 months. Socio-cultural influences play a significant role in the practice of providing MP-ASI, which includes traditions, diet, family values, and economic limitations.(Ramli et al. 2024) . Providing Complementary Foods (MP-ASI) is an important aspect in the growth and development of children after the first six months of life when they only receive breast milk.(Sari, N and Adawiah 2020) . Socio-cultural influences play a significant role in the practice of providing complementary feeding, which includes various factors such as:Family Traditions: In many cultures, there are certain traditions that regulate the type and timing of giving MP-ASI. For example, some families may adhere to advice from grandmothers or older family members regarding what foods they can and cannot give (Kumar, J. and Jain 2021) .

Food Availability: Economic factors and the availability of local food ingredients influence the type of complementary feeding that can be given. In more developed communities, processed foods may be more accessible, while in remote areas, more natural foods may be more common.(Oktafiani et al. 2023) . Education: The level of education of parents, especially mothers, also influences their knowledge of proper nutrition for children. More educated mothers may be more aware of the importance of balanced nutrition and good complementary feeding practices.(Manikam et al. 2018) . Social Norms: Discussions among friends and communities can shape views on the type of complementary feeding that is considered ideal. Stigma or support from the social environment can impact the decision to provide complementary feeding.(Dickin et al. 2021) .

Traditions and Customs of the Taa tribe in the South Batui Region still adhere to the Pusiri Tradition, with the hope that children who are given food with this tradition will get health, strength and fortune in their future lives. This tradition is carried out by the parents or grandmothers of the toddler's mother if there are still any. However, the problem is that the Pusiri Tradition is carried out before the toddler is 6 months old, so that Exclusive Breastfeeding is not achieved, so that the toddler is at risk of having their health disturbed due to the provision of MP-ASI that is not on time. The Pusiri tradition for toddlers is given Louwe banana (local banana) food which is boiled and mashed and then given to the toddler as MP-ASI. In various cultures, there are specific traditions regarding the food given to babies. For example, in some areas, the food given to babies may be made from local ingredients that are rich in nutrients or hereditary herbs that are believed to be good for health , (Sutrisno and Wiyono 2020) .

Various cultural systems assign different roles and values to food, for example, certain food ingredients by a community culture can be considered taboo or taboo for consumption for certain sacred reasons or cultural

systems related to it, (Zhou, 2022). In addition, there are certain types of food that are considered to be very high in economic and social terms, but because they have an important role in food dishes at a celebration related to the beliefs of a particular community, these food dishes are not allowed to be consumed by that group of people. Another assumption that arises from the cultural system, such as in consuming food dishes within the family, usually the father as the head of the family will be prioritized to consume more and in parts of the food (Wang 2023).

Cultural Patterns Towards Food Culture is the entire system of ideas and races, actions and works produced by humans in social life that are made their own by learning. Furthermore, it is also said that the form of culture or culture can be in the form of physical objects, a system of behavior and patterned actions/social systems, a system of ideas or customs and personality or cultural values. (Evan 2023). Based on these limitations, it can be said that food or eating habits are a cultural product related to a patterned system of behavior and actions (social system) of a particular community. While food which is a food product is highly dependent on agricultural factors in the area and is also a product of culture. Thus, the influence of culture on food or food is highly dependent on the social system of society and is the most basic human right, so food/food must be under the control of the culture itself. (Ndour 2020).

There are differences in taste, aroma, color and physical form of food from each ethnic group; Example: Padang people's food tastes spicy, Javanese people's food is sweet and Timorese people's food is always salty. There are various types of names for these foods or different typical foods for each region; example: Soto Makasar comes from the Makasar area of South Sulawesi, Jagung "Bose" from the Timor-East Nusa Tenggara area, another example from the Maluku area is sago lempe which is usually used for snacks and is more commonly used as an ingredient byby (Wijaya 2019).

Different cultural systems assign different roles and values to food, for example, certain food ingredients may be considered taboo or forbidden for consumption by a particular culture for certain sacred reasons or the cultural systems associated with them. (Rahman 2024), (D. Sari 2023). In addition, there are certain types of food that are considered to have very high economic and social existence, but because they have an important role in serving food at a celebration related to the beliefs of a particular community, these food dishes are not allowed to be consumed by that community group. (D. Sari 2023). Another assumption that arises from the cultural system, such as in consuming food dishes within the family, usually the father as the head of the family will be prioritized to consume more and in parts of the food that contain high taste value. (Putri 2023). While other family members such as the mother and children consume parts of the food dishes that are low in taste and physical quality. For example, in the cultural system of the people of Timor, namely: if chicken is served, the father will get the thigh or breast while the mother and children will get the wings or others. (Hidayati 2023).

Meanwhile, our local food is only consumed by those from the lower middle economic class because there is an assumption that food from abroad is rich in protein nutritional value and instant food is more practical to consume, while the nutritional value of our local food is more in carbohydrates. (Sari R, 2023). In relation to the issue of prestige, there is a custom in Timor that if a guest visits their house, the guest is always served with food made from rice, even though they always consume corn, cassava and other local foods on a daily basis, so that rice has been considered as an image of a food ingredient that has a high prestige value. (Son 2023).

Paying attention to the existence of culture, habits and social systems in society regarding food such as eating patterns, taboos or prohibitions, lifestyle, prestige in consuming certain types of food, or the prestige of these food ingredients which often occur in society. If this situation continues for a long time and they also do not understand properly about the importance of nutritional factors in consuming food, it is impossible that it will result in nutritional problems. (Jannah 2024), (Amelia, 2021). Furthermore, if the community affected by the social or cultural system of eating comes from a group of individuals who are vulnerable to malnutrition such as pregnant women, breastfeeding mothers, infants and toddlers and the elderly, then this condition will be more susceptible to the emergence of malnutrition problems. (Winatasari, D., & Mufidaturrosida 2020).

Another factor is the perception of breast milk and complementary feeding. Some people may have strong views on the importance of breast milk as the main source of nutrition, and this can influence decisions about when and how complementary feeding is introduced. There are also Education and Knowledge factors. The level of education of parents, especially mothers, is closely related to their understanding of the nutritional value and the correct way to provide complementary feeding. Good education will have a positive impact on the choice of food given, (Rahmawati 2021).

CONCLUSION

The results of the study can be concluded that the assistance of cadres to mothers of toddlers regarding the provision of complementary feeding is limited to providing incomplete information and is carried out during integrated health posts, and there has never been any special assistance to mothers of toddlers regarding the provision of appropriate complementary feeding because cadres have never been given training on how to provide assistance. There is a Pusiri tradition in the Taa Tribe culture which still widely practiced in the provision of MP-ASI but given at the age of under 6 months. The type of food given first in the Pusiri tradition

is mashed boiled Louwe banana. The timing of giving MP-ASI to toddlers is partly not right, the frequency of giving MP-ASI is mostly appropriate, the texture of MP-ASI is mostly not right for the toddler's age, and the provision of MP-ASI is also mostly not diverse. Suggestions Toddler mothers are given regular assistance in providing appropriate complementary feeding.

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