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Analysis Of Socio-Cultural Factors Affecting Diet In Hypertension Prevention In Moyongkota Village, West Modayag District, East Bolaang Mongondow Regency

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Abstract

Hypertension is one of the non-communicable diseases that is a major cause of morbidity and mortality in Indonesia. Unhealthy dietary patterns are one of the risk factors for hypertension, and are often influenced by the socio-cultural factors of the community. This study aims to analyze the socio-cultural factors that influence dietary patterns in the prevention of hypertension in Moyongkota Village, Modayag Barat Subdistrict, Bolaang Mongondow Timur Regency. This research used a qualitative approach with data collection techniques through in-depth interviews, observation, and documentation. The research subjects included the community who suffered from and did not suffer from hypertension, village officials, and health workers at Moyongkota Village Health Center. Data analysis was carried out using interactive analysis (content analysis) by Miles and Huberman. The research findings indicate that socio-cultural factors such as traditions of high-salt, meat, and fat-rich foods, habits of consuming food at traditional events, parties, and family gatherings in determining the menu, as well as economic limitations, significantly influence the community's dietary patterns. Shared eating culture during large events often leads to excessive consumption of salty, fatty, and meat-based foods. In addition, the perception that traditional foods are not harmful also contributes to dietary patterns that are at risk of causing hypertension. It can be concluded that socio-cultural factors greatly influence dietary patterns in Moyongkota Village and contribute to the high risk of hypertension. Culturally-based interventions and education that sensitively incorporate community social values are urgently needed to support effective hypertension prevention efforts.

Keywords: *Socio-Cultural, Dietary Patterns, Prevention Hypertension, Moyongkota*

Abstrak (Indonesian)

Hipertensi merupakan salah satu penyakit tidak menular yang menjadi penyebab utama morbiditas dan mortalitas di Indonesia. Penelitian ini bertujuan untuk menganalisis faktor sosial-budaya yang mempengaruhi pola makan dalam pencegahan hipertensi di Desa Moyongkota, Kecamatan Modayag Barat. Penelitian ini menggunakan pendekatan kualitatif dengan teknik pengumpulan data melalui wawancara mendalam, observasi, dan dokumentasi. Subjek penelitian meliputi masyarakat dengan dan tanpa hipertensi, kepala desa, serta tenaga kesehatan di wilayah kerja Puskesmas Modayag Barat. Data dianalisis menggunakan metode analisis isi dari Miles dan Huberman. Hasil penelitian menunjukkan bahwa pola makan masyarakat dipengaruhi oleh faktor sosial-budaya seperti tradisi makanan tinggi garam, konsumsi berlebihan saat acara adat, peran keluarga dalam menentukan menu makanan, keterbatasan ekonomi, serta anggapan bahwa makanan tradisional tidak berbahaya. Pola makan ini berkontribusi terhadap peningkatan risiko hipertensi. Kesimpulan, faktor sosial-budaya berpengaruh kuat terhadap pola makan masyarakat dan diperlukan intervensi berbasis budaya lokal untuk pencegahan hipertensi yang efektif.

Kata Kunci: Sosial-budaya, pola makan, pencegahan hipertensi, Moyongkota

INTRODUCTION

Hypertension is one of the most prevalent non-communicable diseases (NCDs) contributing to global morbidity and mortality. According to the World Health Organization (2021), approximately 1.28 billion adults worldwide are living with hypertension, with nearly two-thirds residing in low- and middle-income countries. The increasing consumption of foods high in salt, fat, and calories has become one of the major contributors to the rising global prevalence of hypertension (Mills et al., 2020).

At the national level, data from the Indonesian Health Survey (Kementerian Kesehatan Republik Indonesia [Ministry of Health of the Republic of Indonesia], 2023) indicate that the prevalence of hypertension among Indonesians aged 18 years and older reached 30.8%, while awareness and treatment rates remain relatively low. Many people are still unaware of the close relationship between dietary patterns and the risk of developing hypertension. In Indonesia, the prevalence of hypertension continues to increase, particularly among the productive-age population. One of the major factors contributing to the development of hypertension is an unhealthy dietary pattern, characterized by excessive consumption of salt, saturated fats, and inadequate intake of dietary fiber and potassium (Whelton et al., 2020).

At the local level, within the service area of Modayag Barat Community Health Center (Puskesmas Modayag Barat) in East Bolaang Mongondow Regency, hypertension is among the most frequently reported diseases. According to the local health profile, there were 1,594 recorded cases in 2023 and 1,530 cases recorded through September 2024. Despite the availability of healthcare services, the persistently high number of cases suggests that medical interventions alone are insufficient. The dietary habits of the local community are characterized by high consumption of salty foods, processed foods, and excessive food intake during traditional ceremonies and family celebrations.

According to Hendrik L. Blum's Health Field Theory, four major determinants influence an individual's health status: the environment, lifestyle, heredity, and healthcare services. Environmental factors contribute approximately 40% to health status, behavioral or lifestyle factors account for 30%, healthcare services contribute 20%, and hereditary factors contribute 10%. Lifestyle is considered the second most influential determinant of community health because the health of individuals, families, and communities largely depends on their lifestyle practices. Furthermore, lifestyle is shaped by habits, customs, cultural beliefs, educational attainment, socioeconomic conditions, and other behavioral characteristics inherent within individuals.

Therefore, this study aims to analyze the socio-cultural factors influencing dietary patterns in the prevention of hypertension among residents of Moyongkota Village, Modayag Barat District, East Bolaang Mongondow Regency.

METHODS

Research Design, Setting, and Period

This study employed a qualitative approach using a descriptive research design. The study aimed to explore the socio-cultural factors influencing dietary patterns in the prevention of hypertension. This design enabled the researchers to gain an in-depth understanding of social phenomena within the community through in-depth interviews and document analysis. The study was conducted in Moyongkota Village, Modayag Barat District, East Bolaang Mongondow Regency, Indonesia. The study site was selected because of its high prevalence of hypertension and its distinctive local dietary culture. Data collection was carried out from April to May 2025.

Study Participants and Sampling Technique

Participants were selected using a purposive sampling technique. The inclusion criteria were community members aged 45–60 years who were knowledgeable about their family's dietary habits and willing to participate in interviews. The participants consisted of five individuals diagnosed with

hypertension, five individuals without hypertension, the village head, and one healthcare professional from Modayag Barat Community Health Center (Puskesmas Modayag Barat).

Data Types and Data Collection Methods

This study utilized qualitative data collection techniques through two primary methods: in-depth interviews and documentation. In-depth interviews were conducted with participants, including individuals with hypertension, individuals without hypertension, healthcare professionals, and village officials. The interview guide was developed based on socio-cultural indicators influencing dietary patterns, including family eating habits, traditional ceremonies, and perceptions of traditional foods.

Documentation involved the collection of secondary data, such as hypertension case reports from the community health center, village activity records, and visual documentation of community events. Data triangulation was employed to ensure the credibility and trustworthiness of the findings by comparing information obtained from these different data sources, thereby providing a more comprehensive understanding of the research phenomenon.

Data Processing and Analysis

The data obtained from interviews and documentation were analyzed using the interactive analysis model proposed by Miles and Huberman. The analysis consisted of three stages: data reduction, data display, and conclusion drawing and verification.

During the data reduction stage, the researchers selected and organized information relevant to the study's focus on socio-cultural factors and dietary patterns. The data were then presented in the form of descriptive narratives organized according to the major themes identified from the interview findings. Finally, conclusions were drawn to identify the relationships between socio-cultural factors and community dietary habits in the context of hypertension prevention.

Throughout the analytical process, data triangulation was continuously applied to enhance the credibility, validity, and trustworthiness of the study findings.

RESULTS AND DISCUSSION

A. RESULTS

This study found that the dietary patterns of the people in Moyongkota Village are influenced not only by individual preferences but also by various social factors, including cultural traditions, family eating habits, communal events, and interfaith tolerance and social harmony.

First, traditional celebrations and community events, such as mogama, halal bi halal, and ketupatan, play a significant role in the social life of the community. During these events, residents customarily organize mosipun, an evening gathering where community members share responsibilities and prepare food for the following day's celebration. Social influences are also reflected in the types of food served during major events, with dishes such as chicken, rendang, binarundak, satay, and nasi jaha commonly prepared. Nearly all participants emphasized that meat-based dishes are essential components of festive meals. As one participant stated:

"There is beef, rendang, satay, and spicy chicken… mostly meat dishes." (Participant 2, Mrs. E.M.)

Within the family setting, food choices are often determined by the preferences and health conditions of individual family members. Some families avoid particular foods because of health concerns, allergies, or long-standing dietary habits. As explained by one participant:

"Yes, there are family members who do not eat chicken… and for us, we prefer eating sogili (eel fish)." (Participant 1, Mrs. H.M.)

This finding indicates that dietary variations also arise from family traditions and individual circumstances.

Interfaith harmony and religious tolerance emerged as additional factors shaping food selection. Given the religious diversity within the village, food served during communal activities is carefully chosen to accommodate different religious beliefs and dietary restrictions. One participant explained:

"Yes, because people here follow different religions, we have to be careful in choosing the food so that everyone can eat it." (Participant 5, Mrs. H.M.)

Economic accessibility also influences dietary choices, although to a lesser extent than cultural and social factors. Several participants reported relying on locally grown agricultural products, such as mustard greens and patchouli, while others supplemented household income through small home-based businesses, including selling traditional cakes. As one participant noted:

"Yes, that's true, especially for those who earn a living by selling food." (Participant 5, Mrs. H.M.)

Overall, the most influential social determinants of dietary patterns in Moyongkota Village include communal norms during traditional celebrations, family eating habits, interfaith tolerance, and the strong tradition of mutual cooperation (*gotong royong*). Food serves not only as a source of nutrition but also as an important medium for strengthening social relationships and expressing cultural identity.

This study further revealed that local cultural practices exert a strong influence on food choices among the residents of Moyongkota Village. Dietary habits are largely inherited across generations and are deeply rooted in cultural traditions, often without consideration of potential health risks, including hypertension. During customary ceremonies, family celebrations, and religious events, the community typically serves foods that are rich in fat, salt, and coconut milk as symbols of hospitality, respect, and social status. As one participant explained:

"Whenever there is a celebration, there must be meat, coconut milk dishes, and rica-rica." (Participant 2, Mrs. E.M.)

The community also maintains distinctive traditional dishes such as yondog binangoan, a vegetable dish made from *gedi* leaves cooked with coconut milk and commonly served with corn rice (*nasi jagung*) or *inolut*. These foods have been consumed for generations and are regarded as an important part of the community's cultural identity. One participant remarked:

"We have been eating the same traditional foods since long ago, such as gedi cooked with coconut milk, sweet potatoes, and corn rice. These were the foods our parents used to eat." (Participant 1, Mrs. H.M.)

Traditional dietary practices become even more prominent during cultural celebrations. One participant described the preferred festive menu as follows:

> *"For special occasions, we always choose traditional foods, such as chicken cooked in coconut milk, opor ayam, corn rice served with yondog, chili relish made with fish heads, or smoked roa fish. They are so delicious that you simply forget everything else." (Participant 1, Mrs. H.M.)*

This statement illustrates the community's strong attachment to traditional cuisine, which is often perceived as more enjoyable and culturally meaningful than healthier dietary alternatives.

Within households, food choices are frequently influenced by the preferences of husbands and children, even when mothers are aware of the health risks associated with hypertension. As one participant explained:

> *"I already have high blood pressure, but my children still like fried foods." (Participant 4, Mrs. H.M.)*

Nevertheless, several participants with a history of hypertension reported making dietary modifications based on their personal experiences with the disease. These changes generally involved reducing salt intake and limiting the use of coconut milk. One participant stated:

"I used to eat a lot of salt, but now I have reduced it. I also try to cook vegetables without coconut milk whenever possible." (Participant 1, Mrs. H.M.)

However, such behavioral changes have not yet become widespread, particularly among individuals who have not personally experienced hypertension or its symptoms. Although some community members have begun reducing their consumption of salt and coconut milk, these healthier dietary practices remain limited.

Overall, the findings indicate that local cultural traditions strongly influence dietary behaviors associated with hypertension risk. Traditional foods are valued not only for their taste but also as symbols of cultural identity, social prestige, hospitality, and communal solidarity. Therefore, health promotion programs aimed at preventing hypertension should adopt culturally sensitive approaches that respect local traditions while encouraging healthier dietary practices, thereby increasing the likelihood of community acceptance and sustainable behavior change.

DISCUSSION

This study found that socio-cultural factors significantly influence the dietary patterns of the people in Moyongkota Village, which are closely associated with the risk of hypertension. Traditional practices involving the consumption of foods high in salt and fat, particularly during customary ceremonies such as thanksgiving celebrations, weddings, and religious holidays, remain deeply embedded in the community. Traditional foods such as salted fish, pork, and coconut-based dishes are widely perceived as harmless because they have been consumed for generations. This belief reinforces dietary behaviors that increase the risk of elevated blood pressure. Family dynamics also play an important role in determining daily food choices, with the head of the household often exerting considerable influence over meal selection. As

revealed during the interviews, the consumption of vegetables and fruits is frequently neglected because these foods are not considered a priority, particularly among households facing financial constraints. In addition, the cultural practice of communal dining in large portions during traditional celebrations further contributes to excessive consumption of foods high in sodium and fat.

Eating Traditions

The in-depth interviews demonstrated that the culinary traditions of Moyongkota Village are strongly shaped by local culture and customary occasions, including Eid al-Fitr, thanksgiving ceremonies, and traditional celebrations. Foods commonly served include coconut milk-based dishes, fried foods, and meat preparations such as nasi jaha (binarundak), sinabidak (traditional Bolaang Mongondow porridge), and chicken cooked in coconut milk. Traditional cuisine remains central to religious and cultural festivities, where dishes such as binarundak, sinabidak, and ayam rica-rica are regarded as essential components of the celebration. One participant explained:

"Whenever there is a thanksgiving celebration, such as Eid, we always prepare binarundak, sinabidak, yellow rice—basically everything made with coconut milk and oil." (Mrs. H.M.)

This finding indicates that foods rich in fat and coconut milk continue to symbolize hospitality, honor, and respect toward guests.

From the perspective of the Stimulus–Organism–Response (S–O–R) Theory, repeated exposure to these traditional food practices functions as a social stimulus that shapes community perceptions. Individuals (the organism) come to perceive coconut milk-based and oily foods as integral components of cultural identity and social prestige, resulting in a behavioral response characterized by repeated consumption despite their adverse health effects. Consequently, unhealthy dietary habits are maintained because they have become emotionally and socially internalized.

Previous studies support these findings. Nurfadillah et al. (2021) reported that communities maintaining traditional high-fat dietary patterns exhibit a higher risk of hypertension and cardiovascular disease. Similarly, Susanti and Ramadhani (2022) found a positive association between regular consumption of traditional fatty foods and elevated cholesterol levels in rural populations. Lestari et al. (2023) further observed that communities with strong attachment to traditional culinary practices tend to resist dietary interventions promoting healthier eating habits.

From the researchers' perspective, traditional foods rich in fat and salt represent not only cultural heritage but also reflect limited nutritional literacy within the community. Ironically, dishes such as binarundak and ayam rica-rica are considered indispensable at traditional ceremonies, despite their contribution to the growing burden of hypertension in rural communities. Rather than criticizing culture itself, these findings encourage critical reflection on whether long-standing traditions that adversely affect health should be modified while preserving their cultural significance.

Family Influence

The interviews clearly demonstrated the important role of families in shaping dietary behaviors. Many mothers reported that their children strongly prefer fast foods, spicy dishes, and fried foods. One participant stated:

> *"My children refuse to eat vegetables. They only want spicy foods, fried foods, or anything savory." (Mrs. E.M.)*

Another participant explained:

> *"We simply eat whatever we have, sometimes only rice with chili sauce and fried foods, as long as we feel full." (Mrs. A.M.)*

These findings indicate that household food decisions are largely determined by mothers, who often prioritize family members' preferences over nutritional quality. Children become accustomed to consuming processed and fried foods from an early age, establishing unhealthy eating habits that persist into adulthood. Although some families have become more aware of the importance of balanced nutrition, most continue to maintain unhealthy dietary practices because these foods are considered practical and enjoyable.

According to the S–O–R Theory, the family serves as the primary stimulus influencing children's dietary perceptions from an early age. Continuous exposure to nutritionally poor foods leads children to perceive such eating patterns as normal, thereby developing long-term preferences for unhealthy foods. Without active parental involvement in nutrition education, these behaviors are likely to continue throughout life.

These findings are consistent with previous research. Novitasari et al. (2020) demonstrated that family eating practices strongly influence children's dietary behaviors both at home and at school. Ambarwati et al. (2021) reported that many parents neglect nutritional considerations when children reject healthy foods. Likewise, Yuliana and Pranata (2022) concluded that unhealthy eating environments within the home substantially increase the risk of childhood obesity and malnutrition.

From the researchers' perspective, many families already understand the importance of healthy eating but continue to prioritize taste over nutritional value. Children become accustomed to consuming fried foods because parents allow these preferences to persist. Given the widespread availability of information regarding cholesterol and hypertension, this issue extends beyond ordinary household food choices and reflects a broader public health concern. If healthy eating habits are not established within the family environment, unhealthy dietary behaviors are likely to continue throughout adolescence and adulthood.

Economic Conditions

Economic conditions were found to substantially influence the types of foods consumed by the community. The interviews revealed that inexpensive foods such as salted fish, instant noodles, or simply rice with chili sauce constitute the primary diet for many households. One participant explained:

> *"If we don't have money, we only eat rice with chili or salt. Sometimes just instant noodles or salted fish." (Mrs. H.M.)*

Another participant stated:

> *"Sometimes, when organizing a wedding celebration, we even have to borrow money because we need to prepare plenty of food with meat and spices to make the event festive." (Mrs. E.M.)*

Financial limitations compel many households to rely on inexpensive foods with poor nutritional quality. In addition to influencing everyday food choices, economic pressures also arise from social expectations surrounding elaborate traditional celebrations, which often require families to incur debt in order to provide prestigious meals.

From the perspective of the S–O–R Theory, economic hardship serves as a powerful external stimulus affecting psychological decision-making. Individuals respond by selecting inexpensive, energy-dense, and nutritionally poor foods because these options are perceived as affordable and filling. Likewise, the social pressure to host lavish traditional ceremonies despite financial hardship reflects an economically irrational but socially reinforced behavioral response.

Previous studies have similarly reported that low-income populations are more likely to consume inexpensive, carbohydrate-rich foods with poor nutritional quality (Fitriani et al., 2022). Putri and Wijayanti (2021) found that economically disadvantaged families often prioritize inexpensive processed foods over fresh produce, while Wahyuni et al. (2023) reported that social pressure associated with traditional ceremonies frequently encourages excessive household debt.

From the researchers' perspective, poverty contributes to hypertension not only through unhealthy dietary choices but also by limiting access to healthy foods, nutrition education, preventive healthcare services, and routine blood pressure monitoring. Chronic financial stress further contributes to elevated blood pressure through physiological stress responses. Consequently, economically disadvantaged populations are particularly vulnerable to hypertension and face greater challenges in preventing, detecting, and managing the disease effectively.

Meal Frequency

Meal frequency refers to the number of eating occasions per day, including main meals and snacks. Regular meal patterns contribute to maintaining stable blood glucose and blood pressure levels. However, this study found that many residents of Moyongkota Village do not consistently follow regular meal schedules. This inconsistency is associated with financial limitations, inherited eating habits, and inadequate knowledge regarding the importance of regular meal timing.

Irregular eating patterns are often exacerbated during traditional celebrations, where abundant food encourages excessive food consumption without consideration of balanced daily intake. Such practices may increase the risk of elevated blood pressure, particularly among older adults who are more susceptible to cardiovascular disease.

Therefore, promoting regular and balanced meal frequency should be considered an important component of community-based hypertension prevention programs to improve public awareness and encourage healthier eating behaviors.

Types of Foods Consumed

The foods commonly consumed in Moyongkota Village consist primarily of traditional dishes characteristic of the Bolaang Mongondow region. Staple foods include rice, corn rice (*milu*), sweet potatoes, bananas, and sago. Common side dishes consist of chicken, beef, grilled fish, eggs, and locally grown vegetables such as gedi cooked with coconut milk, fern shoots, papaya flowers, and water spinach.

Despite this rich culinary heritage, many commonly consumed dishes contain high levels of salt, coconut milk, and cooking oil, particularly during weddings and thanksgiving ceremonies where rendang, ayam rica-rica, satay, nasi jaha, and coconut milk-based soups are frequently served. These foods are high in saturated fat and sodium, both of which are established risk factors for hypertension.

Furthermore, many community members continue to believe that traditional foods are inherently healthy simply because they have been consumed for generations, without considering their nutritional composition. Some households also modify food choices based on personal preferences, medical conditions, or dietary restrictions, such as avoiding meat or coconut milk because of high cholesterol.

From the researchers' perspective, the traditional cuisine of Moyongkota Village represents valuable cultural heritage. Nevertheless, greater attention should be given to its nutritional quality. Community misconceptions that traditional foods are automatically healthy may hinder efforts to prevent non-communicable diseases. Therefore, culturally appropriate nutrition education and health promotion programs are needed to encourage healthier preparation methods while preserving the cultural identity and heritage of traditional foods.

CONCLUSION

Based on the findings of this study on the socio-cultural factors influencing dietary patterns in the prevention of hypertension in Moyongkota Village, Modayag Barat District, East Bolaang Mongondow Regency, several conclusions can be drawn.

First, social factors, particularly the roles of family, the surrounding community, and interpersonal relationships, have a substantial influence on the dietary patterns of the community. Strong social ties and shared practices, such as consuming food during family gatherings, thanksgiving celebrations, and

traditional ceremonies, contribute to daily dietary habits characterized by high consumption of foods rich in fat and salt, thereby increasing the risk of hypertension.

Second, local cultural traditions, especially the customary preparation and consumption of high-fat traditional foods such as binarundak, beef dishes, coconut milk-based foods, and other processed meat products during customary and religious events, indirectly shape community food preferences. Regular consumption of these foods without appropriate dietary regulation may increase the risk of developing hypertension.

Finally, the findings highlight the need for socio-culturally sensitive approaches in developing health promotion strategies. Recommended interventions include implementing health education programs that respect and incorporate local cultural values, actively involving community leaders in campaigns promoting healthy dietary practices, and encouraging healthier modifications of traditional recipes without compromising their cultural significance. These culturally appropriate strategies have the potential to increase public awareness, promote healthier eating behaviors, and contribute to the sustainable prevention of hypertension.

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