

Socio-Cultural And Maternal Mental Health Factors In Stunting Among The Sasaq Tribe Central Lombok

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ABSTRACT

Background: Stunting is one of the indicators of a nation's development success, especially in the health sector. Stunting not only affects children's physical growth, making them shorter than their peers, but also impairs cognitive development, which determines the nation's competitiveness in the future. **Objective:** The general objective of this study is to explore socio-cultural factors and maternal mental health related to stunting. **Method:** The method used in this study is a qualitative-descriptive approach with content analysis. The study involved a total of thirteen participants, comprising three traditional leaders, one hamlet head, one health information system officer, three mothers with toddlers, three village midwives, and two coordinating midwives. Data were collected through in-depth interviews using interview guidelines. **Results:** The results of this study indicate that the risk factors for stunting include high rates of child marriage, low family economic resources, high divorce rates, high rates of high-risk pregnancies, and maternal mental health conditions. Based on these findings, it can be concluded that socio-cultural factors and maternal mental health are determinants of stunting. From the results of this study, it is recommended that local governments empower adolescents to reduce the rate of child marriage and prevent maternal mental health disorders, by forming youth classes in each village as forums to socialize the negative impacts of child marriage.

Keywords: Child Marriage, Mental Wellbeing, Socio-Culture, Stunting, Pernikahan Usia Anak, Kesehatan Mental, Sosial Budaya, Stunting

INTRODUCTION

Stunting, also known as short stature or dwarfism, is a growth failure condition in children under five caused by chronic malnutrition and recurring infections, especially during the First 1,000 Days of Life. According to international standards, stunting is diagnosed if a child's height is less than minus 2 standard deviations (-2 SD) of the WHO standard median for age and gender (De Onis and Branca, 2016).

Stunting is a major public health issue in Indonesia that demands serious and effective management. According to the 2019 Indonesian Toddler Nutritional Status Survey, the stunting rate in the country was recorded at 27.7%. This means that around one in four toddlers (more than eight million children) in Indonesia experience stunting. This figure is still very high when compared to the WHO threshold of 20%.

The Indonesian government has set a goal to reduce the stunting rate to 14% by 2024, as outlined in the National Medium-

Term Development Plan (Sekretariat Wakil Presiden, 2024). Achieving this target presents a significant challenge for both the government and the Indonesian population. This effort is further hindered by the current suboptimal performance of activities at the Integrated Health Service Posts (Posyandu). The average number of toddler visits to the Posyandu is calculated as the percentage of visits by toddlers divided by the total number of registered toddlers at the Posyandu. This number of visits is often referred to as the level of community participation. The community participation rate in Central Lombok Regency is 80% (Dinas Kesehatan Lombok Tengah, 2023). Consequently, approximately 20% of toddlers in the Regency do not receive services at the Posyandu, which could potentially contribute to stunting.

In West Nusa Tenggara (NTB), the number of stunted toddlers in 2018 was 82,812, accounting for 33.5%. Meanwhile, the incidence of stunting in Central Lombok Regency reached 31.5%. Thus,

both in NTB and in Central Lombok Regency, the incidence of stunting is above the national average of 29.6% (Dinas Kesehatan NTB, 2019).

To address the problem of stunting, the National Team for the Acceleration of Poverty Reduction has developed an intervention strategy in Indonesia, including specific nutritional interventions and sensitive nutritional interventions. These are translated and implemented by relevant ministries and institutions, targeting groups from pregnant women to toddlers (Dinas Kesehatan NTB, 2019).

Currently, government efforts to overcome stunting are generally limited to specific interventions aimed at addressing the direct and indirect causes (underlying factors). The Indonesian government has not yet focused on more comprehensive, sensitive interventions that address the root causes of stunting, such as socio-cultural factors, which are often outside the health sector's scope (distal factors).

The causes of stunting are complex. It results from the interaction of various factors at the individual, family, and community levels. Culture, norms, and customs are also risk factors for stunting (Yuana, Larasati and Berawi, 2021).

This aligns with UNICEF's explanation, which states that socio-cultural norms are enabling factors that influence the nutritional status of mothers and children. Positive socio-cultural norms can ensure adequate nutritional services and social protections that support food availability. Additionally, positive cultural norms can improve parenting patterns in providing nutrition to newborns that meet nutritional and hygiene standards. When nutritional intake is sufficient and infections are prevented, the risk of stunting decreases. Nutritional intake and infection are direct causes of good or poor nutritional status in mothers and toddlers (Unicef, 2021).

Besides socio-cultural factors, the mental health conditions of pregnant women also influence the incidence of stunting. WHO (2022) explains that mental health is an essential aspect of well-being that enables individuals to manage stress, develop their potential, function productively, and contribute to society. As a fundamental human right, mental health supports personal and collective decision-making, relationship building, and shaping the social environment, playing a vital role

in personal, community, and economic development.

Research by (Pertiwi and Pardede, 2023) using binary logistic regression analysis of data from the 2007-2014 Indonesia Family Life Survey found that children of mothers with mental health disorders tend to experience undernutrition in both the short and long term. The impact on stunting, however, is more evident in the long term. Similarly, (Hardiyati and Supratti, 2021) concluded that depression and conflict during pregnancy are associated with an increased risk of stunting.

From the above explanation, it can be concluded that socio-cultural factors and mental health issues are significant determinants influencing the occurrence of stunting. Therefore, in this study, the author explores the socio-cultural aspects of the Sasaq tribe and mental health issues to understand whether these factors play a role as determinants in the occurrence of stunting.

METHODS

The method used in this study is a qualitative approach with a content analysis technique. The reason for choosing a qualitative approach is that many socio-cultural factors within the Sasaq community, particularly those associated with stunting, cannot be analyzed statistically because they encompass values and meanings that are not quantifiable. Consequently, the phenomenon of stunting in this socio-cultural context can only be explored through narrative-descriptive explanations, primarily obtained via in-depth interviews. Therefore, a qualitative approach is most appropriate to gain a deeper and more comprehensive understanding of this reality.

Qualitative methods are capable of capturing and understanding the flow of events in depth, including views, perceptions, behaviors, and the underlying factors, enabling researchers to obtain complete information about cause-and-effect patterns of an event.

Additionally, this type of research was chosen because many socio-cultural factors are intangible and difficult to measure quantitatively. Researchers need to find the best way to study how meaning and interpretation are constructed

substantively. Since meaning and interpretation cannot be measured or analyzed statistically, it would be challenging to quantitatively explain how cultural practices—such as merariq—affect the incidence of child marriage, high rates of marriage and divorce, declining family economic resources, increasing mental health problems among pregnant women, and the occurrence of stunting in toddlers. Therefore, this research adopts a qualitative approach.

Participants in this study were selected based on specific criteria. Unlike quantitative research, which requires statistical representation, participants in this study are divided into two categories: typical groups and individuals directly targeted by health programs. Participants in the “typical group” are those considered to understand the customs, beliefs, norms, behaviors, and health problems of the Sasaq Tribe. These include community leaders (reference groups) and healthcare workers.

The study involved a total of thirteen participants: three traditional leaders, one hamlet head, one health information system officer, three mothers with toddlers, three village midwives, and two coordinating midwives.

The research was conducted over a four-month period, from October 2024 to January 2025. Data were collected through literature review and documentation study as preliminary steps before conducting field research. Subsequently, data were gathered through observation and in-depth interviews. These techniques are the main methods for extracting data/information in this study. As a participant observer, the researcher always strives to maintain good relationships (creating rapport) to foster mutual trust and openness, which are essential for obtaining authentic data.

Tools used in data collection included a voice recorder to record conversations during interviews and a camera to capture objects, events, or incidents supporting the authenticity of the information. The primary instrument in this study was the researcher himself, utilizing tools such as interview guidelines.

Data and information collected were analyzed continuously throughout the research process. Verbatim transcripts from interview recordings were analyzed using content analysis, focusing on the main content. From this analysis,

categorization was performed based on the content and meaning contained within the data. Through grouping related categories, themes related to socio-cultural factors and mental health issues will be identified and analyzed in relation to the incidence of stunting.

RESULTS AND DISCUSSION

The influence of the merariq tradition on the high number of child marriage cases and psychosocial stress

The number of child marriages among the Sasaq tribe, especially in Central Lombok Regency, remains high. According to Law Number 16 of 2019 on Marriage, Article 7 states that marriage is only permitted if both the man and woman have reached the age of 19 years (Ministry of State Secretariat of the Republic of Indonesia, 2019). Similarly, the Regional Regulation of West Nusa Tenggara Province Number 5 of 2021 concerning the Prevention of Child Marriage states that marriage is permitted if both parties are at least 19 years old (Sekretariat Daerah Nusa Tenggara Barat, 2021).

However, these laws and regulations have not significantly reduced the number of child marriages. The Head of the NTB Women's Empowerment, Child Protection, Population Control, and Family Planning Service described that NTB ranks second in Indonesia for the highest number of child marriages, with a provisional percentage of 16.59%. Data on marriage dispensations at the NTB High Court show that in 2019, there were 370 cases; in 2020, 875 cases; in 2021, 1,132 cases; and in early 2022, 153 cases (Wismaningsih, 2022).

The high rate of child marriage is closely linked to the Sasaq tribe's marriage customs, particularly the practice of elopement (merariq). In this practice, prospective brides and grooms do not require parental permission. When they fall in love, they agree on when and where the bride will run away without her parents' knowledge. Under these conditions, parents, especially the bride's parents, are unable to control the age at which their children marry.

During the elopement, the groom-to-be is accompanied by close friends and trusted family members. The bride is not immediately taken to the groom's house; instead, she is temporarily placed in the

care of a close relative for several days until the wedding ceremony. This practice helps prevent premarital sexual relations.

This differs from the marriage proposal process (khitbah), during which the groom's family can reject the proposal if the bride is deemed too young or still in school. In this case, parents—especially the bride's parents—maintain some control over their child's marriage age, helping to prevent child marriages that carry social and health risks.

Moreover, the spread of pornographic images or scenes on social media can trigger increased libido among teenagers. They may fantasize about sexual pleasure, which can tempt them to practice in real life. An interview with a traditional figure highlighted this connection:

"The existence of the merariq custom (elopement), which does not require parental consent, combined with rampant pornography on social media in today's digital era, has triggered the high rate of child marriage. Indeed, the Sasaq people have practiced the merariq custom since ancient times, but in the past, there were no pornographic shows, so there was nothing to trigger sexual arousal in teenagers. That's why, in the past, it was rare for teenagers to marry at a young age."

The synergy between the merariq custom and the widespread presence of pornographic content on social media has increased the occurrence of child marriage. This situation makes it difficult to control even with existing marriage laws and regional regulations.

According to health experts, child marriage is a risk factor for low birth weight (LBW). Scott's research and other studies (Nugroho, Sasongko and Kristiawan, 2021); (Takele, Gezie and Alamneh, 2022); (Leroy and Frongillo, 2019) indicate that babies born with LBW are more likely to experience stunting.

The high incidence of child marriage also contributes to a high dropout rate in education, resulting in lower maternal education levels. This, in turn, affects maternal parenting patterns. Babies born with LBW without proper maternal care are more susceptible to stunting. Several studies have identified maternal education

as a significant factor influencing stunting (Khan, Zaheer and Safdar, 2019); (Adrizain *et al.*, 2024); (Li *et al.*, 2020); (Luzingu *et al.*, 2022). Poor maternal feeding practices further increase the risk of stunting (Bella, 2020).

Decision-making around marriage often involves negative assumptions from the community and the bride's family. One common assumption is that the marriage was motivated by an out-of-wedlock pregnancy, which can encourage child marriage. Research by (Al Ayubi, 2025) shows that most child marriages in Yogyakarta occur because the girls are already pregnant before marriage.

Unpleasant comments from neighbors and community members create psychosocial pressure for pregnant women. One participant in this study said:

"I used to hear unpleasant things from my neighbors about my marriage. Those remarks made me depressed, but I gradually ignored them. After all, our marriage has happened, and now I have a child."

In addition to social pressure, pregnancy-related stress can also stem from living with in-laws. B. (Lubis *et al.*, 2021) explain that one of the stress factors during pregnancy is discomfort caused by not having a proper place to live or living with in-laws.

A village midwife added:

"Many pregnant women experience stress because they are entrusted to their mother-in-law, with whom they often have a less-than-harmonious relationship."

Psychosocial stress during pregnancy can cause metabolic disorders and decreased appetite, leading to insufficient fetal nutrition and low birth weight, which then increases the risk of stunting.

Decrease in Family Economic Resources Due to the Large Pisuka Charged

One of the requirements in the Merariq customary practice is the payment of pisuka. Pisuka is an amount of money or goods handed over from the groom's family to the bride's family. When in the form of goods, it usually consists of food (such as rice, coconut, and spices) and livestock (buffalo or cow), which are called

Gantiran. The pisuka is used as costs or materials to hold a wedding reception for the bride's family. The value of the pisuka generally depends on the social status of the bride; the higher the social status of the bride, the more expensive the pisuka that must be paid by the groom's family.

Typically, the amount of pisuka cannot be negotiated. It would be considered a disgrace if the groom's family were unable to pay the amount charged by the bride's family. Rather than face shame for seven generations, the groom's family will try to pay the pisuka by any means possible—whether by borrowing money, pawning belongings, or selling remaining assets. As a consequence, the family's economic resources will decrease, which can impact the future lives of both the bride and groom.

One of the Sasaq traditional figures stated:

"Currently, people's lives are very materialistic, everything is calculated by economic value. As a result, the size of the pisuka is determined through a bargaining process, as if girls have a selling value according to their social status. It can be said that the implementation of the merariq custom in this era of globalization has experienced distortion."

From the interview excerpt above, it can be concluded that the current amount of pisuka is very burdensome for the groom's family, leading to the depletion of their economic resources. As a result, newly forming families may experience socio-economic problems. They may find it difficult to meet their food and nutritional needs according to recommended standards. Pregnant women, in particular, are vulnerable to malnutrition, which can affect the growth of the fetus they are carrying. Poor families will also struggle to provide adequate environmental health facilities, such as waste disposal systems, garbage management, and access to clean water. If these are not sufficiently available, the environment can become a reservoir for disease transmission, increasing susceptibility to infections. It is understood that infections are a direct cause of stunting.

The decline in family economic resources will lead to decreased purchasing power, making it difficult to

meet the family's food needs. Consequently, food distribution among family members may be inadequate, resulting in low nutritional intake. Limited nutritional intake during pregnancy and lactation is significantly associated with the incidence of stunting, with nutrient intake before lactation being the most influential factor (Rosidi and Margawati, 2019). Additionally, low food availability within families can lead to poor nutritional status among pregnant women (Kang *et al.*, 2019).

Many pregnant women experience chronic energy deficiency (CED). Data from the Central Lombok Regency Health Office (2022) reported that until August 2022, the incidence of CED among pregnant women was 3,979 out of 22,431, or 17.74%. Generally, pregnant women suffering from CED are also at risk of anemia. The incidence of anemia among pregnant women until August 2022 was 8.77%.

Pregnant women who experience malnutrition (CED) are at risk of impaired fetal growth, which can often result in premature birth (Puspasari and Pawitaningtyas, 2020). Babies born prematurely or with low birth weight (LBW) are twice as likely to experience stunting compared to babies born at full term (Abbas *et al.*, 2021). Similarly, a study conducted in India (Halli, Biradar and Prasad, 2022) found that low birth weight is associated with the incidence of stunting in preschool children. The main factors influencing LBW include anemia, placental conditions, and maternal parity. The condition of the placenta is heavily influenced by the mother's age at marriage—specifically, the younger the age at marriage, the higher the likelihood of giving birth to an LBW baby (Putri *et al.*, 2019). Babies born with LBW are more prone to experiencing stunting (Sutarto *et al.*, 2021); (Putri, Salsabilla and Saputra, 2021); (Abbas *et al.*, 2021).

High Divorce Rate and its Impact on Anxiety and Parenting Patterns

The high rate of child marriage is closely related to the high divorce rate. In Central Lombok Regency, the number of divorces in 2021 reached 1,434 cases. Of these, 1,164 (81.17%) were filed by the wife. This type of divorce is generally caused by domestic violence (KDRT), which increases by 15-20% each year. Typically, this type of divorce occurs among couples

who are married for less than 19 years (Rosianti, 2021). Based on several interview results, it was stated that teenagers who marry at a young age are usually not physically or psychologically prepared. They are not ready to live in a household, which often leads to domestic violence (KDRT).

In general, after domestic violence occurs, the wife will return to her parents' house without her husband's permission. This situation is called *nyerorot* (Sasaq). From the interview with the hamlet head, it was said:

"The many cases of child marriage lead to many incidents of domestic violence due to their immature emotions. That is why there are many divorce lawsuits."

Data from the Religious Court of Central Lombok Regency indicate that the divorce rate in Central Lombok remains high, predominantly dominated by divorce lawsuits. In 2022, the divorce rate in Central Lombok reached 1,273 cases, consisting of 1,036 divorce lawsuits and 237 divorces by divorce (mutual agreement). The study results suggest that the mental readiness of both husband and wife is a significant factor contributing to the high divorce rate (Thalliwal *et al.*, 2022). The high proportion of divorce lawsuits indicates that many mothers feel their husbands are unable to meet their needs, both physically and mentally.

Low family economic resources cause most newly married couples to be left by their husbands to earn a living as migrant workers, particularly in Malaysia. Young mothers who are left by their husbands are often given the identity of *jamal* (Malaysian widows). They are generally pregnant without their husbands' accompaniment and are entrusted to their mothers-in-law, with whom relationships are sometimes strained. As a result, pregnant women may experience mental stress that affects their physical and psychological health. This disharmony in relationships reduces social support for pregnant women. According to (Bedaso *et al.*, 2021), low social support has a significant association with depression, anxiety, and self-harm behaviors during pregnancy. Based on interviews with village midwives, it was stated that:

"...20-30% of pregnant women are abandoned by their husbands as migrant workers. Pregnant women like this often show symptoms of mental disorders (anxiety). The level of anxiety becomes more severe as labor approaches.

Meanwhile, one mother said that:

"...the mother's mental disorders worsen after childbirth (postpartum). This happens because the mother thinks about how difficult it is to care for a newborn baby without the support of her husband's presence."

From the interview results above, it shows that anxiety often occurs in pregnant women, but data on this has not yet been recorded in the information system of the Central Lombok District Health Office. This is because the mental health screening forms for pregnant women have not been properly filled out by village midwives, resulting in the data not being entered into the health office's information system. A health information officer explained that the mental health screening program for pregnant women was only socialized to midwives a few months ago, so it is understandable that they have not yet fully adapted to its implementation or to filling out the reporting forms. Therefore, data on the mental health screening results for pregnant women are not yet available at the Central Lombok Health Office.

A study conducted by (Apriliana *et al.*, 2022) found that stunting was more prevalent among toddlers whose mothers experienced depression during pregnancy (33.8%), while a higher percentage of non-stunted toddlers (81.2%) were born to mothers without pregnancy-related depression. The study revealed a significant correlation between maternal depression and stunting, with a p-value of 0.044, indicating that depression during pregnancy can influence childhood stunting. Additionally, maternal depression poses risks to fetal health, including potential disruption of the emotional connection between mother and fetus, referred to as Maternal-Fetal Attachment (MFA). This bond is important because it helps the mother psychologically adjust to pregnancy and prepare herself to become a mother. A strong emotional bond is associated with

the mother's awareness of healthy pregnancy practices, such as regular prenatal check-ups and maintaining her own health and that of her fetus. Conversely, if the mother is depressed, she tends to neglect her own health and that of her baby. Furthermore, depressed mothers may find it difficult to provide proper parenting, especially in terms of nutrition and maintaining cleanliness for their babies. As a result, newborns become more susceptible to infections, which can disrupt their growth and development.

A community leader said:

"Many mothers as newly married couples are left by their husbands who go abroad as migrant workers. This causes many social and mental problems for mothers which end in divorce."

Due to the high number of divorces, many babies are born without fathers, resulting in single-parent households. This condition can lead to inadequate parenting patterns. Research by (Nuzula and Oktaviana, 2024) concluded that the growth and development of children, both physically and cognitively, are significantly influenced by parenting methods. The way parents provide care, nutrition, and a supportive environment impacts the risk of stunting.

Pregnancy Planning and Anxiety of High-Risk Pregnant Women (pregnant women with high risk)

As previously explained, child marriage (under 19 years of age) in Central Lombok and West Nusa Tenggara (NTB) remains high. Many of these marriages occur while the teenagers are still studying in junior high school (SMP/MTs) or senior high school (SMA/MA) (Ardiansyah, Yuliatin and Zubair, 2021). The decision to marry made by teenagers in Central Lombok is often not based on careful consideration of their future benefits. This lack of planning contributes to a high incidence of high-risk pregnancies. The number of high-risk pregnant women, particularly those experiencing chronic energy deficiency (CED), in Central Lombok is 22.2% (Dinkes Lombok Tengah, 2023).

Lack of marriage planning among teenagers can cause various problems that may trigger anxiety and increase the risk

of stunting. Some of these problems include: (1) Many young brides do not yet have stable jobs to support their families; (2) children married at an early age often have short stature (less than 140 cm), narrow pelvises, and many suffer from anemia and malnutrition; (3) a lack of mental readiness to become a mother. These issues can increase mental stress for underage pregnant women, which can, in turn, contribute to stunting.

Anxiety in high-risk pregnant women is related to several factors, such as support from their partners, the partner's level of education, pregnancy planning, and maternal attachment to the fetus (fetal attachment). Maternal anxiety has an inverse relationship with fetal attachment, as well as with personal characteristics such as low education levels and lack of pregnancy planning. In other words, pregnant women who do not plan their pregnancies and have low education levels tend to experience higher anxiety and lower emotional attachment to their fetuses. This situation can contribute to the occurrence of complications such as hypertension and preterm labor (چراغی and 2022, منش).

From the results of interviews with Posyandu midwives, it was found that:

"Mothers who marry at a young age are not ready yet physically or psychologically to navigate married life. Many of them experience anxiety/stress during pregnancy."

As previously discussed, the family's economic condition greatly influences the incidence of stunting. This economic factor is also a significant cause of anxiety among pregnant women. One of the sources in this study mentioned that she was forced to work during her pregnancy. She did so because she was very worried that her family's finances would not be sufficient to cover the costs of childbirth and her baby's needs later on.

"When I was five months pregnant, I worked in the rice fields to plant rice. I was forced to do that because my family's economy was very poor while my husband who was away from home could not send money. I was very worried that I would not be able to meet the nutritional needs of the baby in my womb. I also did not

have enough money if I had to take care of the delivery costs and the baby's daily needs. I regret forcing myself at that time because what I was worried about happened. When my child was born, his weight was very low. That made me even more anxious."

This incident aligns with (Ghimire *et al.*, 2021), who explained that mental disorders commonly experienced by high-risk pregnant women, such as prolonged anxiety, can increase the risk of preeclampsia/eclampsia, preterm birth, and low birth weight. Unprepared physical conditions also trigger anxiety in pregnant women. For example, pregnant women with a height of less than 140 cm have a greater chance of having children who experience stunting compared to women of normal height (> 140 cm). This is supported by research from (Ardianto *et al.*, 2024), which states that the risk of stunting increases if the pregnant woman's height is less than 150 cm and is accompanied by a baby with a length of less than 48 cm.

The presence of placental disorders in high-risk pregnant women results in a less-than-optimal transfer of nutrients and oxygen to the fetus. As a consequence, fetal development within the womb can be disrupted. This often leads to premature birth and the birth of low birth weight (LBW) babies. The high number of premature and LBW infants increases the likelihood of stunting (Putri, Salsabilla and Saputra, 2021); (Aryastami *et al.*, 2017).

One participant shared the anxiety she experienced during her pregnancy.

"I was married at the age of 16, after I graduated from junior high school. I happened to hear information from a family that women who were short and thin tended to have difficulty giving birth and their children were at risk of stunting. I was quite anxious knowing that in the early stages of pregnancy. I often felt guilty and regretted my decision to get pregnant quickly. Moreover, the stigma from people around me who said that the child in my womb was at risk of stunting made me tired. Because of the mental pressure, I was less focused

on maintaining nutrition during pregnancy."

In addition to the family's economic and physical conditions, psychological readiness also plays an important role in the mental health of pregnant women. This is supported by information from a midwife involved in this study, who stated that one of the common experiences during pregnancy is anxiety:

"Many mothers who are pregnant or post-pregnancy experience excessive anxiety. They worry about their readiness to become a mother, family economic problems, the labor process, and the condition of their baby."

Another source who is a village midwife said:

"... mothers who have a psychological burden because they are not ready to bear the burden of the family, they often act resignedly. Generally they marry at a young age and are from underprivileged families. They are the ones who often give birth to LBW children. It is different for mothers who do not have a mental burden, they will try their best to improve the quality of their generation. Logically, they will feel worried and even ashamed if they will later give birth to a stunted child. They will try to follow what is suggested by health workers, especially in meeting their nutritional needs as pregnant women."

Anxiety is one of the common mental health problems that often occurs in mothers. (Lubis *et al.*, 2024) explained that mothers with symptoms of mental disorders are nine times more likely to have children with short or very short nutritional status compared to mothers without mental disorders. Additionally, poor maternal mental health can lead to decreased attendance at antenatal and postnatal services, an increased risk of preeclampsia, breastfeeding difficulties, poor parenting practices, and inadequate nutrition in children.

The presence of mental disorders may cause mothers to become less concerned or resigned; they may lack

motivation or effort to improve the quality of the next generation. They may also feel indifferent or unworried if their child is born with an unexpected condition such as low birth weight (LBW), which can lead to stunting.

CONCLUSION

Based on the results of this study, it can be concluded that socio-cultural factors—such as child marriage, low family economic resources, high divorce rates, a high prevalence of high-risk pregnancies, and the emergence of mental health problems—are determinant factors for stunting in the Sasaq tribe in Central Lombok Regency. The government should focus on empowering teenagers by establishing a "Youth Class" to reduce the incidence of child marriages and mitigate their impact on the physical and mental health of pregnant women.

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