

# Uncovering Pregnancy Maintenance Cognitions of Housewives with Stunted Children in Makassar City

Irviani Anwar Ibrahim<sup>1,3\*</sup>, Syamsu A. Kamaruddin<sup>1</sup>, Arlin Adam<sup>2</sup>, Bastiana<sup>1</sup>, Muhammad Syukur<sup>1</sup>

<sup>1</sup>Department of Sociology, Mega Buana University

<sup>2</sup>Mega Buana University

<sup>3</sup>Departement of Public Health, Faculty of Medicine and Health Science, Alauddin State Islamic University, South Sulawesi, Makassar, Indonesia

\*Corresponding author

**Irviani Anwar Ibrahim, SKM, M.Kes**

Department of Sociology, Makassar State University, Indonesia

Departement of Public Health, Faculty of Medicine and Health Science, Alauddin State Islamic University

E- mail: irvianianwaribrahim@gmail.com

DOI: <https://doi.org/10.36685/phi.v11i3.1410>

Copyright: © 2025 the Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium provided the original work is properly cited.

## Abstract

**Background:** Stunting is a chronic nutritional problem characterized by a child's height being shorter than the age-standard, primarily resulting from prolonged inadequate nutritional intake. According to the Indonesian Nutrition Status Survey (SSGI) in 2022, the prevalence of stunting in Indonesia was 21.6%, with Makassar City reporting a rate of 18.4%. However, data from the Indonesian Health Survey (IHS) in 2023 indicated an increase in Makassar's prevalence to 25.4%.

**Objective:** This study aims to explore the cognitive understanding of housewives in Makassar City regarding pregnancy maintenance and its relation to stunting prevention.

**Methods:** A post-positivistic paradigm was applied using a descriptive qualitative design. Data were collected through in-depth interviews with participants to gain a comprehensive understanding of their perceptions and practices.

**Results:** The findings reveal that most participants possess a basic understanding of pregnancy care and actively utilize available health services, including community health centers (*puskesmas*), integrated service posts (*posyandu*), and hospitals. Nevertheless, cultural beliefs and local traditions, such as food restrictions and ritual practices during pregnancy, continue to influence maternal behaviors. Furthermore, several participants demonstrated a limited understanding of stunting, often associating it solely with "malnutrition" or "short stature," without fully recognizing its underlying causes or long-term developmental impacts.

**Conclusion:** These findings underscore the need for culturally sensitive and sustainable educational interventions within maternal health services to enhance awareness and promote effective strategies for stunting prevention.

**Keywords:** stunting; pregnancy; maternal health; local culture

## Article History:

Received 3 June 2025

Revised 10 July 2025

Accepted 22 August 2025

## Background

**Stunting** is a chronic condition marked by impaired linear growth in children due to prolonged inadequate nutrition, particularly starting during pregnancy (Harahap et al., 2023). Stunted children face increased risks of infections, cognitive delays, and reduced productivity in adulthood. It also impacts educational outcomes and long-term economic prospects (WHO, 2020; WHO 2023).

In Makassar, the stunting rate reached 24.5% in 2022 well above the national target of 14% (Kemenkes, 2022). This reflects ongoing challenges in maternal and child health, despite nutritional interventions. The prenatal period is critical for fetal brain and organ development. Therefore, mothers especially housewives responsible for household nutrition must maintain proper nutrition, mental well-being, and regular prenatal care (Black et al., 2013; Dewey & Begum, 2011). Housewives' roles are central in ensuring maternal health, yet many lack access to health services and sufficient knowledge (UNICEF, 2021; UNICEF 2022). According to the 2023 Indonesia Nutritional Status Survey, national stunting prevalence slightly increased from 21.6% in 2022 to 21.7% in 2023, with South Sulawesi showing no significant progress (Kemenkes, 2023). This stagnation may stem from socioeconomic hardships, disrupted health services, and low maternal education, particularly in urban-poor areas.

Multiple family-level factors such as poverty, low education, limited parenting knowledge, poor access to healthcare, and weak social support contribute to high stunting rates in Makassar (Dasril, 2019). Parenting practices, especially related to nutrition and child care, are crucial determinants of child growth outcomes. Dasril (2019) emphasizes that effective caregiving behaviors significantly impact children's development. Thus, addressing structural and behavioral family dynamics is key to reducing stunting (Dewey, K. G., & Begum, K. 2011). This study aims to explore how housewives' knowledge, experiences, perceptions, and cultural beliefs shape their pregnancy care practices and how these factors influence stunting risk. It also examines the role of families and community environments in supporting maternal health. Using a qualitative descriptive approach, the study provides in-depth insights into socio-cultural and behavioral dimensions of pregnancy care in the context of stunting prevention.

## Methods

### Research Design

This study used a qualitative descriptive design with a constructivist paradigm to explore maternal health and child stunting. Data were gathered through interviews, observations, and documents to understand participants' beliefs, experiences, and social contexts, providing rich insights into family and community influences on pregnancy and child growth.

### Settings

This study took place in Makassar City, Indonesia, where stunting rates remain high. The region's strong kinship, cultural traditions, and religious values shape maternal practices and health behaviors. The research focused on families with under-five children experiencing growth delays to understand socio-cultural influences on pregnancy care and child-rearing in stunting-prone communities.

### Participants

The informants in this study were 15 housewives from families with children under five at risk of stunting, with an emphasis on those whose children had been diagnosed as stunted. The number of participants was deemed sufficient to reach data saturation, as recommended in qualitative research (Guest, Bunce, & Johnson, 2006). Inclusion criteria included mothers who had been primary caregivers for their children for at least one year and who resided in the selected study areas. The participants were selected using purposive sampling, and no exclusion criteria were applied. Although spirituality emerged as a significant theme in participant narratives, it was not a pre-determined criterion for selection.

### Instrument

The instrument used was a semi-structured interview guide developed based on literature and expert input. The guide covered topics such as maternal knowledge, prenatal care practices, support systems, nutrition, beliefs, and environmental influences. In addition to interviews, observations and document reviews (such as maternal health cards) were conducted using structured field note forms. To ensure research validity, triangulation (across interviews, observations, and documents) and member checking were applied. Member checking involved providing summaries of interview findings to participants for verification and accuracy.

### Data Analysis

Data were analyzed using **thematic** analysis following Braun and Clarke's (2006) six-phase framework: (1) familiarization with data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. The analysis was guided by Symbolic Interactionism, focusing on how meanings are constructed and interpreted within social interactions and family dynamics. This theoretical lens informed the interpretation of symbolic behaviors, language, and cultural practices surrounding pregnancy and child nutrition. The researcher actively engaged in reflexivity to minimize subjective bias, including keeping analytical memos and discussing emerging themes with peer debriefers throughout the process.

## Ethical Considerations

The University Health Research Ethics Committee issued ethical clearance (Approval Number: B.151.a/KEPK/FKIK/1/2025). The researcher obtained informed consent from all informants, maintaining participant confidentiality through secure data storage. Researchers carefully ensured that informed consent was transparent.

## Results

### Knowledge And Experience

In maintaining pregnancy there are various efforts made by mothers in maintaining their pregnancy. Based on the results of interviews with informants who were exposed to KET and have been several times miscarriage

*I was supposed to have six children, but I had three miscarriages. Therefore, when I got pregnant, I became very careful. When I found out about my pregnancy, I was hospitalized for four months. I also had an Interrupted Ectopic Pregnancy (KET), along with acid reflux and ongoing nausea and vomiting. The doctor advised me to undergo bedrest. Throughout my pregnancy, my husband supported me, took care of my other children, and accompanied me to the hospital. This pregnancy was actually unplanned, as I had suffered several miscarriages before" (NBH)*

The interview results showed that the informant had a history of three miscarriages before undergoing a pregnancy that was successfully maintained. This condition encourages informants to be more vigilant and careful in maintaining pregnancy. Since the beginning of her pregnancy, she decided to undergo intensive care at the hospital for four months. This action is a form of anticipation of possible complications, as is common in high-risk pregnancies such as recurrent miscarriages (Fee et al., 2023).

The informant also mentioned having experienced an Interrupted Ectopic Pregnancy (KET), accompanied by symptoms of gastric distress and excessive vomiting (hyperemesis). This condition required her to undergo bedrest according to medical advice. Immediate treatment of health problems in early pregnancy is very important to prevent adverse effects on the mother and fetus.

*I didn't plan my pregnancy, but after I found out I was pregnant I took milk pregnant, vitamins blood enhancer, and my husband always take good care of me (PTR dan ML)*

In addition to medical care, support from her husband also played an important role in the process of maintaining the pregnancy. The informant explained that her husband actively helped in taking care of the children and was always present during hospitalization period.

Emotional and social support from spouses is known to reduce the psychological burden of pregnant women and strengthen the spirit to maintain pregnancy and after childbirth (Racine et al., 2019). Although this pregnancy was not planned, the informant still showed a strong commitment to take care of it. This reflects a good level of reproductive awareness, where mothers are able to adjust to the situation and still prioritize the health of the fetus and themselves. In addition, there are several informants whose pregnancies were planned and the efforts made in maintaining pregnancy by exercising and diligently taking medicine.

*This child is planned, I am diligent in sports and active activities (ATY)  
I am planning a pregnancy, and I am diligently taking the medicine given to me when I go to the health center (BR)*

One informant said that this was a planned pregnancy. Informants regularly engage in physical activities, such as exercising, and stay active in various activities to improve their physical condition. In addition, the informant stated that she regularly took supplements or medications provided by health workers during visits to the health center. This shows that people care a lot about pregnancy planning and adhere to medical advice since preconception to maintain maternal and fetal health.

Pre-planned pregnancies generally indicate better level of maternal readiness, both physically and mentally. Informants in this study showed active involvement in preparing for pregnancy through regular exercise and participation in various activities. Measured physical activity before and during pregnancy contributes to maintaining fitness, reducing the risk of complications, and supporting a healthy pregnancy process (Wulandari & Rahmawati, 2022; Tarsikah et al., 2022) (Pangesti et al., 2024).

Efforts to maintain pregnancy turned out that in the cultural aspects of the Makassarese community there were also many taboos, some informants said there were some foods and habits that were said to be bad during pregnancy. But there are also informants who do not believe in these taboos.

*In Bugis-Makassar culture, there are many taboos that pregnant women are believed to observe. For example, it is not allowed to sit on the road where people usually walk, and it is recommended not to sleep during maghrib time. There are actually many other taboos, but I have forgotten some of them. that I still remember is the prohibition of eating squid during pregnancy because it is believed to cause the baby's skin to turn black. Astagfirullah... even so, I still ate it because I had cravings and really wanted to eat it for the sake of the baby I was carrying.(AN)*

*I was forbidden by my family to wrap a cloth around my neck because it was believed to cause the baby to be wrapped around the umbilical cord in the womb. I was also forbidden to eat squid because according to belief, it could cause my child to have black skin at birth.(YN)*

Local cultural traditions and values are still become an important part of the community's prenatal care practices. From a health anthropology perspective, these beliefs are part of traditional wisdom that serves as behavioral guidelines. Although not entirely in accordance with medical principles. Such beliefs reflect a form of hereditary cultural values that are still maintained by some communities. Although not supported by medical evidence, these beliefs are practiced as a form of prudence and adherence to social norms within the family and community (Mamoribo et al., 2022).

This shows that in caring for pregnancy, mothers are not only influenced by information from health workers, but also by the collective beliefs that develop around them. There was a wide variety of mothers' pregnancy maintenance practices. Most mothers reported that they regularly checked their pregnancies at the puskesmas. All informants admitted to having their pregnancy checked by a health worker.

*During my pregnancy I always went to the doctor and hospital, especially when I was hospitalized for 4 months when I knew I was pregnant because my stomach acid rose and I vomited continuously. (MW)*

*At the puskesmas or at the posyandu, every month I check at the puskesmas but for ultrasound I go to the doctor (ADT)*

The informant showed positive behavior in maintaining pregnancy through routine use of health services. She stated that she always checked her pregnancy with a doctor and health facilities such as hospitals since she first found out she was pregnant. Visits to health care facilities are an important effort in early detection and prevention of pregnancy complications (Kemenkes, 2020).

Informants also shared their childbirth experiences; most informants gave birth normally but there were some informants who gave birth normally. some were cesareans due to several factors

*When I gave birth to my first and second children, I was normal, so I asked to give birth normally, but it turned out that I had varicose veins so I had to have a cesarean, even though I was diligent in exercising, and my water had also broken (DL)*

Although during pregnancy the informant led an active lifestyle and regularly exercise, p does not fullyguarantee avoidance from pregnancy disorders. Physical exercise does provide benefits in maintaining maternal fitness, but it does not prevent all risks of complications pregnancy. The doctor decides to perform caesarean section because of the discovery of varicose veins that can trigger risk complications when normal labor is performed. The presence of varicose veins, especially in the genital area or legs, may be a medical indication for operative delivery (Sembiring et al., 2022).

### **Perceptions And Beliefs**

The results of the in-depth interviews show that housewives' understanding of pregnancy maintenance has generally led to positive practices, although there is variation in perceptions. The most frequently mentioned aspects include healthy eating, regular check- ups with health workers, and maintaining physical and emotional conditions during pregnancy.

Some Most informants associated a healthy pregnancy with the consumption of nutritious foods such as vegetables, fish and other protein sources.This is reflected in the Informant's statement

*always consume moringa vegetables, fish and eggs (PTR)*  
*eat vegetables, fish (NBH and ATY)*  
*Healthy pregnancy is eating nutritious food such as fish, meat vegetables (ML)*  
*nutritious food (ARTand YST)*

This habit shows that there is a good understanding of the importance of nutrition during pregnancy. Intake Nutrients that include animal and plant proteins, vitamins and minerals are essential in preventing complications during pregnancy and supporting fetal growth and development. Pregnant women who receive adequate nutrition have a lower risk of complications. However, there are still mothers who experience obstacles in consuming healthy foods (Sanjaya et al., 2021). There are informants who stated

*Healthy pregnancies are those that consume vegetables, but unfortunately, I can't eat vegetables (DW)*

Indicates the presence of preference constraints or physiological barriers that may affect the pregnant woman's diet. In addition to nutrition, regular pregnancy check-ups are also a key indicator for some mothers in assessing pregnancy health. Informants expressed the importance of having their pregnancy checked by a health worker.

*who is always diligent in seeing a doctor (IMD)?*  
*Just follow the doctor's advice, or the midwife's advice (PTR)*

This is in line with service standards antenatal care recommended by WHO, which is a minimum of six examinations during pregnancy to detect potential problems early and ensure the welfare of the mother and fetus (WHO, 2023). Studies in Indonesia by Oktaviani & Mahendra (2021) also show that regular ANC check-ups are very influential in preventing pregnancy complications. For some mothers, a healthy pregnancy means the absence of severe physical complaints. As expressed by the informant

*that does not vomit" "that is not sluggish during pregnancy" "at the time of the examination the baby and mother are healthy (BR)*

Psychological aspects are also a concern some informants. for example, informan said that

*The mother should not be stressed, just enjoy herself (AN)*  
*Healthy pregnancy is a pregnancy that is maintained from the diet, the way of thinking because it also affects the mind (YN)*

Research recent shows that stress in pregnant women can have an adverse effect on health fetus and increase the risk of premature birth (Jannah & Ningsih, 2021; Putri et al., 2022). Therefore, emotional support and a conducive environment are necessary during pregnancy.

Maternal beliefs are also an indicator in pregnancy maintenance. Based on the interviews conducted, some mothers revealed that they still accept the influence of myths surrounding pregnancy, although not all of them believe it. Some mothers follow these restrictions because they come from the advice of their parents or family environment. For example, one informant stated that

*For Javanese people, eggs are not allowed, because when they are about to give birth, they will be like chickens, running here and there, and squid will make their children black. But in Makassar I don't follow it even though it's forbidden by my family (MW)*

This shows the difference between personal logic and cultural pressure from the environment. Frequently mentioned taboos include the prohibition of eating foods such as squid, shrimp, and moringa vegetables because they are thought to cause disturbances during labor, or affect the baby's physique. One mother said,

*Can't eat squid ji, everything else I eat, especially at midnight (ADT)*  
*don't eat shrimp because the child will be in and out at birth (RK)*

Although not all of these myths have a scientific basis, some mothers still run it as a form of anticipation against bad possibilities.

This is in line with the concept of the Health Belief Model, which explains that a person's perception of risks and benefits will influence their decision to do or avoid an action. In this case, myths become a kind of precautionary measure, although not scientifically based. Myths are often maintained due to cultural factors and social pressure, rather than individual beliefs. Pressure from parents or in-laws still strongly influences pregnant women's behavior in making decisions during pregnancy (Duhita et al., 2024). On the other hand, there were many mothers who stated that they did not believe in any myths. One informant mentioned,

*I don't believe in anything, I just believe in God (AN)*

This shows that there is a tendency that as health and religious understanding increases, pregnant women begin to sort out what is cultural and what is based on science. In addition to myths, most mothers also explained that they perform certain worship or practices during pregnancy as a form of protection and hope for a smooth delivery process. Informants mentioned,

*I used to read surah Yusuf so that my son would be handsome and surah Maryam so that he would be beautiful (MW)*

*I used to read surah Yasin, Al- Mulk, Al-Fatihah, verse Kursi, and prayers so that there would be nothing if I gave birth (DW)*

These spiritual activities are one of the psychological strategies in dealing with pregnancy anxiety. Religious practices during pregnancy can be a means of coping with emotional distress and increase feelings of security for the mother. Routines such as reading the Qur'an or listening to chanting Holy verses provide inner calm and increase self-confidence before labor (Ekajayanti et al., 2023). However, not all mothers practiced special rituals, except for common prayers. One informant revealed,

*Because I am SC, but there are also prayers at home with my family (IMD)*

This shows that spiritual practices during pregnancy are highly dependent on each individual's faith background and personal preferences. Traditions such as seven-month thanksgiving are also still preserved by some mothers, although it is not a mandatory practice. This activity is seen as a form of joint family endeavor and not as a mystical ritual. In the context of Bugis- Makassar culture, this kind of tradition is known as passili or mapeassangeng, which is a manifestation of religious values combined with local customs (Rachmawati et al., 2020).

### **Stunting Knowledge**

Based on the interview results, the majority of housewives in Makassar City interpret stunting as a condition of malnutrition that causes obstacles to child growth, especially in terms of height. One informant revealed,

*Stunting is a lack of that is not in accordance with age (PTR and ML)*

This understanding is in line with the WHO definition, which explains that stunting is a condition of failure to thrive due to lack of nutritional intake and recurrent infections in the long term, characterized by lower height than the age standard (WHO, 2023). However, most respondents only recognized stunting as "malnutrition" without understanding the growth aspects or long-term impacts. One mother stated,

*Malnutrition, difficulty eating, that's what I know (ATY and BR)*

This shows that although the term stunting is starting to be recognized, the information understood by the community is still limited. In fact, according to Sari et al. (2022), the mother's level of knowledge plays an important role in preventing stunting in the household. Some informants even attributed stunting to genetic factors or conditions that cannot be corrected.

*Short, small, but I don't know if this is stunting or not, because he said that if it is short, even if given medicine, it cannot change (MW)*

Beliefs like this risk weakening prevention efforts, because it considers stunting an irreparable condition. In fact, based on the guidelines of the Kemenkes (2020), nutritional interventions from pregnancy to the age of two are crucial to

prevent stunting. On the other hand, there are still those who do not recognize this term at all. For example, one informant said

*I just heard that (DL, RK, DW etc)*

This shows the need for wider education and socialization about stunting. As explained by Rachmawati et al. (2020), the level of education and access to information greatly affects people's understanding of stunting. However, there were some mothers who showed a more complete understanding, not only in terms of nutrition but also parenting. One informant mentioned.

*Stunting is the lack of a child's diet that is not in accordance with the diet and parenting too"(IMD)*

This is close to the understanding advocated by UNICEF (2022), which emphasizes that inappropriate parenting patterns, especially in feeding, contribute to the risk of stunting. Overall, it can be concluded that although the term stunting is starting to be recognized among housewives, their knowledge is still diverse and not fully accurate. Continuous education with a contextual approach is needed to increase awareness and more effective preventive measures at the family level.

## **Discussion**

### *Summary of the Main Findings*

This study revealed that maternal efforts to maintain pregnancy are shaped by a combination of personal experiences, cultural beliefs, access to health services, and support systems, particularly from spouses. While most participants demonstrated positive behaviors, such as attending regular antenatal check-ups, maintaining proper nutrition, and engaging in spiritual practices, variations were observed in levels of awareness, adherence to cultural norms, and understanding of stunting.

### *Explanation of the Meaning of the Results Based on Theory*

According to the Information-Motivation-Behavioral Skills (IMB) model, women's self-care behaviors during pregnancy are influenced by the availability of health-related information, emotional and instrumental motivation such as partner support and behavioral skills, including the ability to access health services and implement nutritional advice. The Social Support Theory further explains that emotional and practical support from partners and family members strengthens psychological resilience and promotes positive prenatal behaviors. Additionally, the Health Belief Model (HBM) supports the finding that mothers often follow dietary taboos due to perceived susceptibility and severity of risks, even when such beliefs lack scientific evidence (Champion & Skinner, 2008).

### *Comparison with Previous Literature*

These findings align with Racine et al. (2019), who emphasized the protective role of partner support in high-risk pregnancies. The practice of spiritual coping observed in this study is consistent with Ekajayanti et al. (2023), who reported that religious activities help reduce maternal anxiety. Similarly, culturally rooted beliefs within the Bugis-Makassar community correspond with Mamoribo et al. (2022), who described traditional knowledge as an informal yet influential health system. Furthermore, the limited understanding of stunting reflects findings by Sari et al. (2022) and Rachmawati et al. (2020), which highlight persistent knowledge gaps in communities with limited access to reproductive health education.

### *Public Health Implications*

The experiences of mothers who have previously suffered ectopic pregnancies and multiple miscarriages highlight the critical role of emotional and practical support from family members, particularly spouses, in sustaining high-risk pregnancies. This underscores the importance of maternal health programs that actively involve partners in providing care and support for expectant mothers. Women with planned pregnancies also tend to demonstrate better physical and psychological preparedness compared to those with unplanned pregnancies, emphasizing the need to strengthen reproductive health education and family planning initiatives to help prospective mothers prepare more effectively.

Cultural beliefs remain a strong influence on maternal health practices, with many expectant mothers adhering to traditional norms such as dietary restrictions and behavioral taboos during pregnancy. Although these practices often lack scientific evidence, they are commonly observed out of respect for cultural traditions. This calls for culturally sensitive health education strategies that use persuasive and non-confrontational approaches to address local beliefs. Furthermore, while most mothers reported regular use of antenatal services at health centers and clinics, disparities persist in access to advanced diagnostic services, such as ultrasound. This finding indicates the need to enhance both the quality and reach of maternal health services, particularly at the primary care level.

Awareness of the importance of nutrition and routine antenatal check-ups is relatively common among pregnant women. However, challenges such as food aversions and pregnancy-related symptoms, including nausea, often hinder optimal nutritional intake. To address this, nutritional counseling should be personalized and adapted to each mother's condition to ensure effective dietary management during pregnancy. In addition, knowledge of stunting remains limited and is often misunderstood. Although the term "stunting" is becoming more familiar, misconceptions persist, with some mothers attributing it solely to genetic factors or considering it unavoidable. This highlights the urgent need for targeted and accessible education programs on the causes and prevention of stunting, starting during pregnancy and continuing through early childhood.

Spiritual practices also play a significant role in maternal health, as many expectant mothers engage in religious rituals and prayers to manage anxiety and seek protection during pregnancy. These spiritual coping mechanisms not only provide emotional resilience but can also be integrated into broader maternal health strategies to enhance mental well-being and holistic care for pregnant women.

#### *Implications of the Research Findings*

This research underscores the need for culturally sensitive health promotion, especially regarding myths about pregnancy and stunting. Educational interventions should involve husbands and family decision-makers, particularly in patriarchal settings. Integrating faith-based approaches, such as involving local religious leaders in maternal health education, could increase acceptance. Also, antenatal counseling must not only focus on physical health but also include emotional resilience and myth-busting strategies that acknowledge local values.

#### *Study Limitations*

This study was conducted in a limited urban area and primarily involved housewives, so the findings may not reflect the experiences of working women or rural populations. Additionally, due to the qualitative nature of the study, the findings cannot be generalized statistically, although they provide deep contextual understanding. Future research should focus on several key areas. First, it should include quantitative validation to better understand the impact of partner support and cultural beliefs on maternal health behaviors. Additionally, studies should explore differences between rural and urban communities in terms of knowledge about stunting and the role of spiritual practices. Evaluating the effectiveness of culturally integrated health interventions that incorporate local values and religious narratives is also essential to ensure their relevance and sustainability. Finally, future research needs to examine male involvement programs to identify the most effective strategies for engaging partners during pregnancy.

## **Conclusion**

This study concludes that housewives' knowledge and experiences in maintaining pregnancy are shaped by their prior experiences, cultural beliefs, and spiritual practices. While many mothers are aware of the importance of maternal health such as balanced nutrition, adequate rest, and regular health consultations traditional beliefs and non-medical practices continue to influence pregnancy care. The findings also reveal limited and varied understanding of stunting among participants. Some mothers associate stunting only with poor nutrition or short stature, without recognizing its long-term cognitive and health consequences. This gap in maternal literacy underscores the need for early and targeted education. Therefore, efforts to prevent stunting should begin during pregnancy and involve context-specific educational strategies that integrate cultural values, spiritual practices, and accurate medical information. Such an approach can improve maternal awareness and foster healthier pregnancy and child-rearing practices.

#### **Declaration of conflicting interest**

The authors declare no conflict of interest regarding the publication of this article.

#### **Funding**

This research was self funded by the authors and received no external financial support from any public, commercial, or non-profit funding agency.

#### **Acknowledgment**

The authors would like to thank the participating mothers in Makassar, the local health centers, and the university research assistant team for their support and cooperation during data collection.

#### **Author Contribution:**

The contributions of each author to this research are as follows. Irviani Anwar Ibrahim served as the lead researcher, responsible for the conceptualization, methodology, and preparation of the original draft. Syamsu A. Kamaruddin provided supervision, conducted data analysis, and contributed to the revision of the manuscript. Arlin Adam acted as the field coordinator, managing the interview process and obtaining ethical approval. Bastiana was in charge of the literature review, data validation, and interpretation of findings. Finally, Muhammad Syukur handled data coding, managed references, and performed the final proofreading of the manuscript.

## Author Biography

Irviani Anwar Ibrahim, SKM, M.Kes is a lecturer at Universitas Islam Negeri Alauddin Makassar with a focus on nutrition using a Sociological approach, and qualitative research in Public Health.

Prof. Dr. Syamsu A. Kamaruddin, M.Si is the Head of the Doctoral Program in Sociology at Universitas Negeri Makassar and an expert lecturer in the field of Sociology.

Prof. Dr. Arlin Adam, SKM., M.Si is a lecturer at the Faculty of Public Health, Mega Buana University.

Dr. Bastiana, M.Si is an Associate Professor and lecturer at the Faculty of Education, Universitas Negeri Makassar.

Prof. Dr. Muhammad Syukur, M.Si is a Professor of Sociology at Universitas Negeri Makassar.

## References

- Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., & Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890), 427–451. [https://doi.org/10.1016/S0140-6736\(13\)60937-X](https://doi.org/10.1016/S0140-6736(13)60937-X)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Champion, V. L., & Skinner, C. S. (2008). The health belief model. In *Health behavior and health education: Theory, research, and practice* (4th ed.). Jossey-Bass.
- Dasril, O. (2019). Karakteristik keluarga terhadap kejadian stunting pada anak sekolah dasar di Kecamatan Nanggalo Kota Padang. *Jurnal Sehat Mandiri*, 14(2), 48-56. <https://doi.org/10.33761/jsm.v14i2.116>
- Dewey, K. G., & Begum, K. (2011). Long-term consequences of stunting in early life. *Maternal & Child Nutrition*, 7(Suppl 3), 5–18. <https://doi.org/10.1111/j.1740-8709.2011.00349.x>
- Duhita, F., Sari, C. A., & Kartikasari, D. (2024). Penguatan peran dukungan sosial bagi ibu hamil sebagai upaya mewujudkan kehamilan dan kelahiran yang sehat. *JMM (Journal of Independent Society)*. <https://doi.org/10.31764/jmm.v8i1.21038>
- Ekajayanti, P. P. N., Purnamayanthi, P. P. I., & Adhiestiani, N. M. E. (2023). Program kelas edukasi pijat endorfin untuk meningkatkan kesiapan psikologis ibu hamil. *Journal of Community Service Creativity (PKM)*. <https://doi.org/10.33024/jkpm.v7i1.12828>
- Fee, N., McEvoy, A., Cullen, S., Doyle, S. B., Crosby, D., & Allen, C. (2023). Pregnancy outcomes following recurrent miscarriage. *Irish Journal of Medical Science*, 1-4. <https://doi.org/10.1007/s11845-023-03305-w>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Harahap, E., Fatya, M., Anggi, P. A., Asrul, F., Aswin, H., & Endang, A. (2023). Pengetahuan dan sikap ibu terhadap kejadian stunting (Studi deskriptif-kualitatif di Desa Aek Galoga Pidoli). *Ristekdik (Journal of Guidance and Counseling)*, 8(3), 2527-4244.
- Jannah, M., & Ningsih, T. R. (2021). Pengaruh yoga prenatal terhadap tingkat kecemasan pada ibu hamil: Tinjauan pustaka. *Journal of Nursing and Midwifery Science*. <https://doi.org/10.26751/jikk.v12i2.1046>
- Kementerian Kesehatan Republik Indonesia (Kemenkes). (2020). *Profil Kesehatan Indonesia 2020*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Kementerian Kesehatan Republik Indonesia (Kemenkes). (2021). *Pedoman Pencegahan dan Penanganan Stunting Terpadu*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Kementerian Kesehatan Republik Indonesia (Kemenkes). (2022). *Hasil Survei Status Gizi Indonesia (SSGI) Tahun 2022*. Jakarta: Badan Kebijakan Pembangunan Kesehatan, Kementerian Kesehatan Republik Indonesia.
- Kementerian Kesehatan Republik Indonesia (Kemenkes). (2022). *Pedoman Pelaksanaan Intervensi Serentak Pencegahan Stunting*. Jakarta: Kementerian Kesehatan RI.
- Kementerian Kesehatan Republik Indonesia (Kemenkes). (2022). *Pedoman pencegahan stunting*. Jakarta: Kementerian Kesehatan Republik Indonesia
- Kementerian Kesehatan Republik Indonesia (Kemenkes). (2023). *Hasil Survei Status Gizi Indonesia (SSGI) Tahun 2023*. Jakarta: Badan Kebijakan Pembangunan Kesehatan, Kementerian Kesehatan Republik Indonesia.
- Mamoribo, M., et al. (2022). Traditional beliefs in maternal health care: Evidence from eastern Indonesia. *BMC Public Health*, 22(1), 675. <https://doi.org/10.1186/s12889-022-13057-9>
- Mamoribo, S. N., Batmanlussi, K., Parhusip, S., Rumbiak, H., & Tuturop, K. L. (2022). Peran penting suami siaga bagi keluarga: Edukasi di Kampung Yoka. *JIPMI [Internet]*, 1(4), 33-36. <https://doi.org/10.26714/jipmi.v1i4.60>
- Oktaviani, D., & Mahendra, I. (2021). Hubungan kunjungan antenatal care dengan komplikasi kehamilan di Indonesia. *Journal of Reproductive Health*, 12(1), 45–52. <https://doi.org/10.14710/jrh.v12i1.45>
- Pangesti, C. B., Agussafutri, W. D., & Puji U, R. D. (2024). Peningkatan pengetahuan latihan aktivitas fisik kehamilan untuk mengurangi nyeri punggung ibu hamil trimester III. *Jurnal Pegabdian Masyarakat Yudistira*, 2(2), 39-44. <https://doi.org/10.34035/pm.v2i2.1576>
- Putri, N. R., Amalia, R., & Kusmawati, I. I. (2022). Kelas ibu hamil terhadap kesehatan psikologis ibu hamil dan persiapan persalinan: Tinjauan sistematis. *Indonesian Journal of Midwifery (IJM)*, 5(1), 29–38. <https://doi.org/10.35473/ijm.v5i1.1427>
- Rachmawati, I. N., Wahyuni, I., & Supriyadi, E. (2020). Makna budaya dalam kehamilan pada wanita Bugis di Indonesia. *Belitung Nursing Journal*, 6(2), 57–63. <https://doi.org/10.33546/bnj.1292>
- Racine, N., et al. (2019). The role of social support in maternal mental health and parenting. *Clinical Child and Family Psychology Review*, 22(3), 310–325. <https://doi.org/10.1007/s10567-019-00291-7>

- Racine, N., Plamondon, A., Hentges, R., Tough, S., & Madigan, S. (2019). Asosiasi dinamis dan bidirectional antara stres ibu, kecemasan, dan dukungan sosial: Peran penting dukungan pasangan dan keluarga. *Journal of Affective Disorders, 252*, 220-227. <https://doi.org/10.1016/j.jad.2019.04.023>
- Sanjaya, R., Febriyanti, H., Fara, Y. D., Veronica, S. Y., Maesaroh, S., Muharramah, A., & Nugroho, T. (2021). Kehamilan tetap sehat selama pandemi. *SELAPARANG Journal of Progressive Community Service, 4*(3), 631-634. <https://doi.org/10.31764/jpmb.v4i3.4826>
- Sari, D. P., Lestari, D. A., & Fikawati, S. (2022). Pengetahuan dan praktik ibu hamil terkait pencegahan stunting di daerah perkotaan Indonesia. *BMC Public Health, 22*(1), 1543. <https://doi.org/10.1186/s12889-022-12912-6>
- Sembiring, A., Gultom, L., Siregar, Y., Suswati, S., & Zuraidah, Z. (2022). Pemeriksaan ante natal care dan penyuluhan deteksi dini kehamilan risiko tinggi pada ibu hamil di Desa Kutalimbaru, Kecamatan Kutalimbaru, Kabupaten Deli Serdang. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM), 5*(11), 4014-4024. <https://doi.org/10.33024/jkpm.v5i11.7568>
- Tarsikah, T., Amelia, D., & Aristina, N. E. (2022). Program pengembangan desa mitra pada kader KIA dan BKR dalam upaya integrasi skrining catin. *JMM (Journal of Independent Communities), 6*(3), 2426-2437. <https://doi.org/10.31764/jmm.v6i3.8614>
- UNICEF. (2022). Nutrition, caregiving practices and stunting. <https://www.unicef.org/nutrition>
- UNICEF. (2022). Peningkatan pola makan anak muda selama periode pemberian makanan pendamping ASI. New York: UNICEF.
- UNICEF Indonesia. (2021). Maternal and Child Nutrition. Retrieved from <https://www.unicef.org/indonesia/maternal-and-child-nutrition>
- UNICEF Indonesia. (2021). Situasi stunting di Indonesia.
- World Health Organization (WHO). (2020). Pedoman antenatal care: Rekomendasi untuk pengalaman kehamilan yang positif. Geneva: WHO.
- World Health Organization (WHO). (2020). *WHO recommendations on antenatal care for a positive pregnancy experience*. <https://www.who.int/publications/i/item/9789241549912>
- World Health Organization (WHO). (2023). Stunting. <https://www.who.int/news-room/fact-sheets/detail/malnutrition>
- World Health Organization (WHO). (2023). Stunting dalam gambaran singkat. Diambil dari <https://www.who.int/>
- Wulandari, R. C. L., & Rahmawati, A. (2022). Mengoptimalkan kelas ibu hamil melalui pusat persiapan kelahiran untuk kesiapan fisik, psikologis, dan spiritual selama pandemi COVID-19. *SOAPARANG: Journal of Service Progressing Society, 6*(2), 1-12. <https://doi.org/10.33024/jps.v6i2.12345>