

## Social and cultural factors and child marriage in families with stunted children

*Faktor sosial, budaya, dan kejadian pernikahan anak pada keluarga yang memiliki anak stunting*

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### Abstract

Child marriage remains a serious social and public health issue in Indonesia, particularly in high-risk regions such as Mamuju District, West Sulawesi. This study aims to analyze the sociocultural factors associated with child marriage among communities at risk of stunting. A quantitative observational study with a cross-sectional design was conducted in the working area of Puskesmas Bambu, involving 119 respondents who were parents of stunted children aged 0–24 months. Data were collected through interviews using structured questionnaires and analyzed using univariate and bivariate (Chi-square) tests. The results showed that parental support, peer influence, and involvement in risky social behavior (free association) had a statistically significant relationship with the incidence of child marriage ( $p < 0.05$ ). Meanwhile, belief systems and cultural norms were not significantly associated ( $p > 0.05$ ). The findings indicate that interpersonal and social factors play a more dominant role than individual beliefs or cultural norms in influencing early marriage practices. This study contributes to strengthening community-based interventions that address peer dynamics and family support systems to reduce child marriage and its long-term impacts, including stunting.

### Abstrak

Pernikahan anak masih menjadi permasalahan serius di Indonesia, khususnya di wilayah berisiko tinggi seperti Kabupaten Mamuju, Sulawesi Barat. Penelitian ini bertujuan untuk menganalisis faktor sosial dan budaya yang berhubungan dengan kejadian pernikahan anak pada komunitas yang memiliki balita stunting. Penelitian menggunakan metode kuantitatif dengan desain observasional cross sectional, melibatkan 119 responden yang merupakan pasangan orang tua dengan balita stunting usia 0–24 bulan di wilayah kerja Puskesmas Bambu. Pengumpulan data dilakukan melalui wawancara menggunakan kuesioner terstruktur dan dianalisis menggunakan uji univariat dan bivariat (Chi-square). Hasil penelitian menunjukkan bahwa terdapat hubungan yang signifikan antara dukungan orang tua, peran teman sebaya, dan pergaulan bebas dengan kejadian pernikahan anak ( $p < 0,05$ ). Sementara itu, tidak ditemukan hubungan yang signifikan antara kepercayaan dan norma/praktik adat dengan kejadian pernikahan anak ( $p > 0,05$ ). Temuan ini mengindikasikan bahwa faktor interpersonal dan sosial memiliki pengaruh yang lebih dominan dibandingkan faktor kepercayaan individu atau budaya dalam praktik pernikahan anak. Penelitian ini memberikan kontribusi terhadap penguatan intervensi berbasis komunitas yang berfokus pada dinamika teman sebaya dan sistem dukungan keluarga untuk menekan praktik pernikahan anak dan dampak jangka panjangnya seperti stunting.

### Keywords :

child marriage; cultural; social; stunting

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## INTRODUCTION

Internationally, child marriage is recognized as a violation of children's rights and constitutes a complex public health issue. Child marriage, particularly among girls, increases the risk of multiple adverse outcomes, including school dropout, domestic violence, transmission of infectious diseases such as HIV/AIDS, and increased mortality due to complications of pregnancy and childbirth. Beyond its impacts on health and education, this practice also contributes to long-term poverty that may persist across generations (UNICEF USA, 2024). Child marriage refers to any formal or informal union involving a child under the age of 18 years (UNICEF, 2025). According to Plan International, child marriage includes all forms of marriage in which one or both individuals are under 18 years of age or lack the capacity to provide informed and voluntary consent (Plan International, 2025). This practice is closely linked to gender inequality, with girls being the most affected group (UNICEF, 2025).

Globally, the prevalence of child marriage among boys is only about one-sixth that among girls, and approximately one in five girls marry before the age of 18. It is currently estimated that 640 million women worldwide are living with the experience of having been married during childhood (UNFPA, 2022; UNICEF, 2025). In Indonesia, despite various interventions, child marriage remains a serious concern. Data from the National Socioeconomic Survey (SUSENAS) indicate that approximately 1.2 million cases of child marriage are still occurring (Statistics Indonesia [BPS], 2023). This situation demonstrates that the practice has not been fully curtailed, despite the existence of a national regulatory framework.

The Indonesian government has undertaken strategic measures through revisions to the Marriage Law, which set the minimum legal age of marriage at 19 years for both males and females, and by integrating child marriage prevention into national development policies, including the National Strategy for the Acceleration of Stunting Reduction. These policies position child marriage as a key risk factor contributing to maternal and child health problems. Nevertheless, implementation of national policies is not always optimal at the local level. Variations in social, cultural, and economic conditions, as well as differences in institutional capacity, contribute to gaps between policy and practice (Yoshida et al., 2023).

West Sulawesi Province is among the regions with a relatively high prevalence of child marriage. In 2023, the child marriage rate in this province reached 17.71%,

significantly higher than the national average of 9%, and increased compared to the previous year, which recorded a rate of 11.7% (TP2S, 2023). In Mamuju Regency, the situation presents even greater challenges. A total of 1,347 cases of child marriage among individuals aged 15–19 years were recorded within the first five months of 2023, with 93 applications for marriage dispensation submitted to the Religious Court, most of which were related to pregnancies outside of marriage (Disdukcapil West Sulawesi, 2023; BKKBN & BPS West Sulawesi, 2022). These data indicate that, despite the availability of national policies, local-level implementation continues to face substantial barriers.

Child marriage not only undermines the fulfillment of children's rights but also has serious consequences for reproductive health, safety, and psychosocial well-being, particularly among girls. Social pressure to bear children shortly after marriage—despite physical and psychological immaturity—increases the risk of high-risk pregnancies, including miscarriage, stillbirth, and long-term health complications. Furthermore, access to reproductive health services is often constrained by geographical barriers, social stigma, and feelings of shame. Girls who marry at an early age are also more vulnerable to domestic violence—physical, sexual, and emotional—due to limited bargaining power and gender-biased social norms (UNICEF, 2023).

Several studies have shown that women who marry during childhood are more likely to experience pregnancy and childbirth at a younger age and to have a higher number of children than those who marry in adulthood. They are also less likely to receive adequate maternal health services, including delivery in health facilities and assistance from skilled health personnel, thereby increasing risks to maternal and infant safety (Fan & Koski, 2022). Child marriage is also perceived as a socially normalized practice in certain communities, as evidenced by studies conducted in Nepal (Seta, 2023). In Indonesia, the practice continues to be regarded as a structural issue closely linked to gender-based violence and social inequality (Retnowulandari et al., 2024).

Within the context of child health, child marriage significantly contributes to an increased risk of stunting. Mothers who marry at an early age are often not physically or mentally prepared for pregnancy and child-rearing, which affects nutritional intake and caregiving practices. Research by Restiana and Fadilah (2022) demonstrated that children born to mothers who married before the age of 19 have a higher risk of stunting compared to those born to mothers

who married in adulthood. Similar findings were reported by [Kasjono et al. \(2020\)](#), who found that children of mothers married before the age of 20 had a 1.7-fold higher risk of stunting. These conditions are influenced by the high nutritional demands of adolescent pregnancy, which are often unmet, as well as limited maternal knowledge regarding pregnancy health and child care.

Child marriage is strongly influenced by interrelated social and cultural factors. Social factors such as low educational attainment, economic pressure, and limited access to reproductive health information increase family vulnerability in deciding to marry children at an early age. Cultural factors further perpetuate the practice through social norms that frame early marriage as a solution to economic hardship, unintended pregnancy, or as a means of preserving family honor. The interaction of these social and cultural factors may reinforce cycles of vulnerability, particularly among families whose children subsequently experience stunting ([Bunga Faiza Nariswari, 2025](#); [Subhan et al., 2025](#)).

Although numerous studies have examined the impacts of child marriage on maternal and child health, research that specifically analyzes the relationship between social and cultural factors and the occurrence of child marriage remains limited, particularly within local contexts and high-risk populations. In Mamuju Regency, there is a lack of quantitative studies that systematically examine social and cultural factors associated with child marriage among families with stunted children. Understanding local contextual factors is essential for designing more effective and culturally appropriate interventions.

Based on these considerations, this study aims to analyze the relationship between social and cultural factors and the occurrence of child marriage among families with stunted children in Mamuju District. The findings are expected to provide an empirical basis for strengthening policy and program planning for more contextual child marriage prevention strategies, while supporting efforts to accelerate stunting reduction at the local level.

## METHODS

This study employed a quantitative approach using an observational cross-sectional study design. The research was conducted in the working area of Bambu Primary Health Center, Mamuju District, West Sulawesi Province, from February to March 2025. The study population consisted of all married couples who had children aged 0–24 months with stunting in the working area of

Bambu Primary Health Center, totaling 170 individuals. A sample of 119 respondents was selected.

Sampling was conducted using a stratified random sampling technique to ensure proportional representation from each village. Subsequently, respondents within each village were selected using simple random sampling. In this study, variables were classified into dependent and independent variables. The dependent variable was the occurrence of child marriage. The independent variables analyzed included parental support, peer influence, risky social behaviors, and beliefs, norms, or customary practices. These variables were selected based on theoretical frameworks and prior empirical evidence indicating that social and cultural factors play a significant role in influencing family and individual decisions regarding child marriage.

Data collection was carried out through face-to-face interviews using a structured questionnaire administered to 119 respondents. The collected data were analyzed using SPSS software, with results presented through univariate and bivariate analyses using the Chi-square test.

## RESULTS

[Table 1](#) shows that the majority of respondents were in the adult age group, comprising 89 individuals (74.8%), while the smallest proportion was found in the pre-elderly age group, with only 1 respondent (0.8%). Most respondents married during late adolescence, accounting for 90 individuals (75.7%), whereas the smallest proportion married during late adulthood, with only 1 respondent (0.8%).

In terms of educational attainment, most respondents had completed senior high school or its equivalent, totaling 45 individuals (37.8%), while the smallest proportion had attained a diploma (D3) level, with only 3 respondents (2.5%). Regarding occupation, the majority of respondents were housewives, amounting to 110 individuals (92.2%). Only a small proportion of respondents were engaged in other occupations, such as traders, employees, and students, with 2 individuals (1.7%) in each category. From an economic perspective, most respondents were classified as having insufficient income, totaling 116 individuals (97.5%), while only 3 respondents (2.5%) reported sufficient income.

Based on [Table 2](#), among the 44 respondents who reported negative parental support, 33 individuals (75.0%) experienced child marriage, while 11 individuals (25.0%) did

Table 1. Respondent characteristics

Variable		N	%
Age Group			
	Adolescents	29	24.4
	Adults	89	74.8
Pre-elderly		1	0.8
Age Category at Marriage			
	Early adolescence	15	12.6
	Late adolescence	90	75.7
	Early adulthood	13	10.9
	Late adulthood	1	0.8
Educational Level			
	Primary school	39	32.8
	Junior high school / equivalent	25	21
	Senior high school / equivalent	45	37.8
	Diploma (D3)	3	2.5
	Bachelor's degree (S1)	7	5.9
Occupation			
	Housewife	110	92.2
	Teacher	3	2.5
	Trader	2	1.7
	Employee	2	1.7
	Student	2	1.7
Income Level			
	Insufficient	116	97.5
	Sufficient	3	2.5

not. The chi-square test yielded a p-value of 0.038 ( $<0.05$ ), indicating a statistically significant association between parental support and the occurrence of child marriage.

Analysis of peer influence showed that among 32 respondents with negative peer influence, 26 individuals (81.25%) experienced child marriage, whereas 6 individuals (18.75%) did not. The chi-square test result produced a p-value of 0.012 ( $<0.05$ ), indicating a significant relationship between peer influence and the occurrence of child marriage.

Regarding risky social behavior, the analysis revealed that among 79 respondents who engaged in risky social interactions, 55 individuals (69.62%) experienced child marriage, while 24 individuals (30.38%) did not. The chi-square test yielded a p-value of 0.036 ( $<0.05$ ), indicating a significant association between risky social behavior and child marriage.

In the analysis of beliefs, among 87 respondents categorized as having beliefs supportive of early marriage, 55 individuals (63.22%) experienced child marriage, while 32 individuals (36.78%) did not. The chi-square test showed a p-value of 0.943 ( $>0.05$ ), indicating no significant association between beliefs and the occurrence of child marriage.

Similarly, analysis of norms or customary practices indicated that among 34 respondents with negative norms or practices, 22 individuals (64.71%) experienced child marriage, while 12 individuals (35.29%) did not. The chi-square test resulted in a p-value of 0.810 ( $>0.05$ ), suggesting no significant association between norms or customary practices and the occurrence of child marriage.

## DISCUSSION

### The Relationship Between Parental Support and Child Marriage

Parental support is a crucial social factor influencing adolescents' attitudes and decision-making regarding marriage during childhood. Numerous studies have demonstrated that adolescents who receive inadequate parental support are more likely to marry at an early age. Insufficient support—particularly in the form of open communication, constructive supervision, and provision of information on reproductive health and the risks of early marriage—can increase adolescents' vulnerability to marrying young (Afdhal & Arsi, 2022; Pramitasari & Megatsari, 2021).

The parental role extends beyond granting permission or rejecting child marriage and includes fostering

Table 2. Association between social and cultural factors and child marriage

Variable	Child Marriage (Yes)		Child Marriage (No)		Total	p-value*
	n	%	n	%	n	
Parental Support						
Negative	33	75	11	25	44	0.038
Positive	32	56	33	44	75	
Peer Influence						
Negative	26	81.25	6	18.75	32	0.012
Positive	49	56.32	38	43.67	87	
Risky Social Interaction						
Engaged	55	69.62	24	30.38	79	0.036
Not engaged	20	50	20	50	40	
Beliefs						
Believe	55	63.22	32	36.78	87	0.943
Do not believe	20	62.5	12	37.5	32	
Norms / Customary Practices						
Negative	22	64.71	12	35.29	34	0.81
Positive	53	62.35	32	37.65	85	

an emotional environment that supports adolescents' psychosocial development. Positive parent-child relationships, characterized by emotional closeness, trust, and bidirectional communication, contribute to adolescents' ability to delay marriage and prioritize education and personal readiness. Longitudinal studies have shown that the quality of the parent-daughter relationship in early adolescence has a significant protective effect against child marriage, even after controlling for educational attainment and family economic conditions (Idawati et al., 2023; Bhan et al., 2019).

However, the influence of parental support on child marriage decisions is neither singular nor absolute. In certain social contexts, parental support or encouragement may not be the dominant factor determining early marriage. This indicates that child marriage decisions often result from the interaction of multiple social factors. Previous studies suggest that even when parental support is relatively strong, adolescents remain at risk of early marriage if they are exposed to permissive peer environments or engage in risky behaviors (Ayudita, 2023).

These findings underscore that parental support must be understood in relation to other social factors, such as peer influence and patterns of social interaction. Peer environments that support delaying marriage can strengthen the protective role of parents, whereas uncontrolled social interactions can weaken family influence. In some situations, adolescents' involvement in risky social behaviors, including

premarital sexual activity, becomes a trigger for child marriage as a response to social and moral pressures faced by families.

Beyond its implications for child marriage, family support is also highly relevant to child health. Research indicates that adequate family support plays a role in preventing stunting through improved caregiving practices, fulfillment of nutritional needs, and emotional support for mothers and children. Conversely, weak family support contributes to increased child health vulnerability, including a higher risk of stunting (Palowa et al., 2023). These findings reinforce the importance of viewing parental support not only as a social determinant of child marriage but also as part of a broader set of intergenerational determinants affecting child health.

### The Relationship Between Peer Influence and Child Marriage

Peer influence is one of the most powerful social factors shaping adolescents' decision-making, including decisions related to child marriage. Peer groups function as primary socialization spaces where norms, values, and behaviors are formed and negotiated. Adolescents who belong to peer groups in which early marriage is common may be encouraged to follow similar patterns, either through direct persuasion or implicit social pressure. In contrast, supportive peer environments that emphasize education and future planning tend to serve as protective factors that

encourage delaying marriage (Nurhikmah et al., 2021).

Several studies have shown that norms and values within peer groups significantly influence adolescents' attitudes toward early marriage. Adolescents embedded in peer environments that normalize child marriage are more likely to marry early than those whose peer groups do not support such practices (Zulfa et al., 2024). This finding highlights that child marriage decisions are not purely individual but are shaped by peer group dynamics.

Peer pressure is particularly influential in communities where early marriage is socially accepted or encouraged. Such pressure may manifest as direct encouragement to marry or as feelings of isolation and discomfort when adolescents remain unmarried while many of their peers are already married. In these contexts, child marriage is often perceived as a means of conforming to prevailing social norms (Ministry of Women's Empowerment and Child Protection, 2020).

Importantly, peers also hold significant potential as agents of change in preventing child marriage and related health problems. Peer-based educational approaches have been shown to be effective in increasing adolescents' knowledge and awareness of health issues, including reproductive health and nutrition. Information delivered by peer facilitators is often more readily accepted due to emotional closeness and shared experiences (Zakiyanpri et al., 2024).

In relation to child health, peer influence is indirectly relevant to stunting prevention. Peer-based nutrition and health education has been shown to improve adolescents' understanding of balanced nutrition, anemia, and chronic energy deficiency. This knowledge is critical, as the nutritional status of adolescent girls before and during pregnancy significantly affects the risk of stunting in their children (Rasmaniar et al., 2022). Thus, peer influence not only affects child marriage decisions but also shapes health behaviors that impact the well-being of future generations.

### **The Relationship Between Risky Social Interaction and Child Marriage**

Adolescent social interactions that occur without adequate supervision and control may foster unhealthy relationships. In many contexts, such conditions increase the likelihood of risky behaviors, including premarital sexual activity, which can ultimately lead to child marriage as a response to social pressure, unintended pregnancy, or attempts to avoid social stigma. Risky social interactions

among adolescents are also often associated with substance abuse, such as alcohol and drug use, which can impair rational decision-making and heighten vulnerability to long-term life choices, including early marriage (Shivan et al., 2023).

A growing body of research indicates that high levels of risky social interaction are associated with an increased likelihood of child marriage. Adolescents exposed to social environments characterized by weak normative boundaries, sexual content exposure, and intense interactions that are incongruent with their psychosocial development are more likely to marry early than those in more regulated social environments (Titania & Amalia, 2021). These findings suggest that risky social interaction is not merely an individual behavioral issue but reflects broader social dynamics influencing collective decision-making among adolescents.

Interestingly, in some contexts, the negative effects of risky social interactions do not necessarily lead directly to child marriage when adolescents possess strong protective factors, such as positive peer influence. Peer groups that provide emotional support, emphasize education, and reinforce behavioral boundaries can function as social buffers for adolescents in high-risk environments. This highlights the complex and non-linear interaction between social variables, including risky social interaction and peer influence (M. Mbayang, 2024).

Beyond its impact on marriage decisions, risky social interaction among adolescents has long-term health implications, particularly in relation to stunting. Adolescent pregnancy that occurs without adequate physical, psychological, and reproductive health readiness increases the risk of pregnancy complications, low birth weight, and impaired child growth. As such, risky social interaction constitutes an indirect contributor to stunting through pathways involving early marriage and adolescent pregnancy (Taufikurrahman et al., 2023).

Health education initiatives targeting adolescents have proven effective in disrupting this risk pathway. Improving adolescents' understanding of reproductive health, the consequences of risky sexual behavior, and its implications for future child health represents a strategic approach to preventing both child marriage and stunting. Evidence from school-based education programs shows that adolescents who receive comprehensive information demonstrate greater awareness of sexual health risks and are better equipped to make responsible decisions (Terok et al., 2024).



### **The Relationship Between Beliefs and Child Marriage**

Family beliefs regarding traditional gender roles remain a strong cognitive framework shaping interpretations of child marriage in many communities. Within this perspective, girls are often positioned primarily as future wives and mothers, and early marriage is perceived as a fulfillment of ideal social roles. Beliefs that early marriage can protect family honor, prevent deviant behavior, and foster obedience to husbands and extended families are still prevalent, particularly in patriarchal social structures (Pourtaheri et al., 2024).

However, the findings of this study indicate that respondents' personal beliefs regarding child marriage do not necessarily play a direct role in determining early marriage decisions. Many respondents normatively expressed opposition to child marriage, reflecting increased exposure to information on the health, educational, and social risks associated with the practice. Nevertheless, such personal beliefs were often insufficient to prevent child marriage when adolescents faced stronger external pressures, including family influence, economic constraints, or consequences of risky social interactions.

This condition suggests a gap between personally held values and actual decision-making practices. In certain social contexts, marriage decisions are not fully controlled by adolescents but are the result of negotiation or even coercion by their immediate social environment. Consequently, individual beliefs opposing child marriage may not be translated into practice, particularly when family power structures and social norms limit adolescents' agency—especially that of girls.

Differences between these findings and previous studies highlight the contextual nature of belief systems. Some research has found that cultural beliefs positioning women solely as wives and homemakers continue to legitimize child marriage, particularly in rural areas and communities with limited access to education (Maulina et al., 2024). Other studies have shown that adolescents may view early marriage as a pragmatic solution to life pressures such as poverty or fear of premarital pregnancy. Biological perceptions—such as the belief that menstruation signals readiness for marriage—are also used as personal justifications for early marriage (Wibowo et al., 2021). Additionally, social desirability bias may influence respondents to express socially acceptable attitudes rather than reflect actual practices. These findings underscore that beliefs do not operate in isolation but interact with norms,

family pressure, and economic conditions. Thus, while traditional gender beliefs form an ideological foundation for child marriage, their influence in this study appears indirect and mediated by more dominant social factors.

### **The Relationship Between Norms or Customary Practices and Child Marriage**

In many communities, child marriage continues to be perceived as a socially acceptable practice, particularly as a strategy to protect girls from premarital relationships and associated stigma (UNICEF, 2021). Such social norms often intersect with religious interpretations. In certain contexts, religious teachings—including Islam—are narrowly interpreted as legitimizing early marriage, based on the belief that marriage is a moral obligation that can be fulfilled at a young age. However, religious interpretations are not monolithic; alternative perspectives emphasize physical, mental, and social readiness as essential prerequisites for marriage. In some local cultures, child marriage is even understood as a religious tradition transmitted across generations and practiced with little critical reflection (Unos & Calib, 2022).

Despite these contexts, the findings of this study indicate that norms and customary practices were not statistically significantly associated with the occurrence of child marriage. This suggests that, within the study context, customary norms no longer function as dominant factors directly determining early marriage decisions. Social change, increased access to education, and greater exposure to discourses on children's rights and reproductive health may have shifted the role of customary norms from active determinants to more passive cultural backgrounds. In other words, while customary norms may still be symbolically acknowledged, their influence on practical marriage decisions appears to be diminishing.

The findings also reveal a gap between normative acceptance of customary values and their application in real-life decision-making. Respondents who expressed agreement with certain norms or practices did not necessarily use them as the primary basis for marriage decisions. In many cases, child marriage decisions were driven more strongly by immediate and concrete factors, such as parental pressure, family economic conditions, and unintended pregnancy. This underscores that customary norms operate contextually and are often mediated by structural and situational factors.

Contrasts with previous research highlight the importance of understanding culture within specific local

contexts. Studies among Rohingya communities, for example, have shown that strong cultural norms encourage girls to marry immediately after puberty, and delaying marriage is viewed as a deviation that tarnishes family honor (Islam et al., 2021). In other Indonesian contexts, such as Gorontalo, premarital pregnancy has been identified as a primary trigger for child marriage, where customary frameworks frame such situations as family disgrace, prompting marriage as a social remedy. In these cases, support from traditional and religious leaders for early marriage often occurs without adequate education on reproductive health and girls' rights (Wantu et al., 2021).

Thus, the lack of a significant association between norms or customary practices and child marriage in this study does not negate the role of culture. Rather, it suggests that cultural influence is dynamic and context-dependent. Customary norms continue to shape community worldviews, but child marriage decisions are more directly triggered by other social factors. These findings highlight the need for intervention approaches that not only address cultural norms but also target family dynamics, education, and socioeconomic conditions that more closely shape child marriage decisions.

## CONCLUSION

This study demonstrates significant associations between parental support, peer influence, and risky social interaction with the occurrence of child marriage. In contrast, no significant associations were found between beliefs or norms/customary practices and child marriage. These findings suggest that interpersonal and social factors exert a more dominant influence than individual beliefs or cultural norms in shaping child marriage practices. This study contributes to the strengthening of community-based interventions, such as engagement in extracurricular activities and life-skills training.

Furthermore, government initiatives may benefit from school- and community-based campaigns that focus on comprehensive sexuality education and strengthening the role of families and social environments. Future research is encouraged to explore additional variables related to child marriage and to develop more advanced research models capable of demonstrating stronger causal relationships.

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## AUTHORS' CONTRIBUTIONS

Dian Rezki Wijaya conceptualized the study, designed the research methodology, coordinated data collection, performed data analysis, and drafted the original manuscript. Habibi Habibi contributed to the development of the study framework, supervised the analytical process, and critically reviewed the manuscript for intellectual content. Syarfaini Syarfaini provided expert guidance on public health and socio-cultural perspectives, validated the research instruments, and contributed to the interpretation of findings. Firdha Darmayanti assisted in data collection, data entry, and preliminary analysis, as well as supporting the literature review and manuscript preparation. All authors read and approved the final version of the manuscript.

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## COMPETING INTERESTS

The authors affirm that there are no conflicts of interest related to the research, writing, or publication of this article.

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