# Mothers' Psychological Well-Being and the Risk of Stunting in Early Childhood

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**Abstract**

Stunting remains a major public health challenge in Indonesia, with maternal factors playing a crucial role. This study analyzes the relationship between maternal psychological well-being and the risk of stunting in early childhood. A cross-sectional study was conducted at UPTD Puskesmas Purwakarta in October 2025, involving 35 mothers of stunted children aged 0-5 years selected via purposive sampling. Psychological well-being was measured using Ryff's scale, and stunting risk was assessed via a validated questionnaire. Data were analyzed using Pearson correlation and multiple linear regression. Bivariate analysis showed a significant negative correlation ($r = -0.40$; $p = 0.018$). However, multivariate analysis controlling for maternal age, education, and occupation revealed a significant positive relationship ($b= 0.31$; 95% CI= 0.05 to 0.57; $p=0.022$), indicating a suppressor effect of education that reverses the relationship. The model explained 31.4% of the variance in stunting risk ($R^2 = 0.314$; Adjusted $R^2 = 0.223$). The findings reveal a complex relationship in which higher education reduces stunting risk but may lower maternal psychological well-being, thereby obscuring the positive association between well-being and stunting risk. Stunting prevention programs should integrate psychological support with educational interventions, focusing on stress management and reframing health information for educated mothers.

**Keywords**: maternal psychological well-being, risk of stunting, early childhood

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## INTRODUCTION

Stunting has received significant attention as a major public health problem both globally and nationally. Stunting is a chronic nutritional problem resulting from long-term inadequate nutrient intake, often triggered by feeding practices that do not meet the child's nutritional needs (Rahmadhita, 2020). According to the WHO Malnutrition Fact Sheet, an estimated 149 million children under 5 were stunted in 2022 (World Health Organization, 2024). In Indonesia, the stunting rate was 19.8%, only slightly down from 21.5% in 2023, and remains far from the 14% target by 2024 (Kementerian Kesehatan Republik Indonesia, 2025). In the Purwakarta region, the stunting rate decreased significantly from 24% in 2023 to 14.5% in 2024 (Pemerintah Kabupaten Purwakarta, 2025). This condition demonstrates that stunting not only impacts individual health but also hinders the quality of human resources. Stunting prevention efforts align with the Sustainable Development Goals (SDGs), specifically Goal 2 (Zero Hunger) and Goal 3 (Good Health and Well-Being). Therefore, it is crucial to examine the factors contributing to the high incidence of stunting, including both nutritional and non-nutritional factors.

Nutrition is one of the primary factors influencing stunting (Rusliani, 2022). Inappropriate feeding practices, such as delayed introduction of complementary foods, low dietary diversity, and inadequate meal frequency, can increase the risk of stunting (Arifa et al, 2024; Sadullah, 2025). This is consistent with research by Naysilla et al , (2025) and Susanti et al (2023), which showed that nutritious menu variation and regular meal schedules play an important role in supporting a child's nutritional status, where toddlers with good eating patterns tend to have optimal nutritional status. As outlined in the UNICEF Conceptual Framework on Maternal and Child Nutrition, inadequate nutrient intake and inappropriate feeding practices are among the immediate causes of stunting (Anita et al, 2023). Thus, feeding practices are key to preventing stunting.

These feeding practices are inextricably linked to the mother's psychosocial condition. Maternal psychological well-being, which encompasses self-acceptance, positive relationships, purpose in life, autonomy, environmental mastery, and personal growth, can influence parenting styles and child interaction (Ryff, 1989; Ryff & Keyes, 1995). According to Ryff's theory, each dimension uniquely contributes to an individual's functioning. Autonomy (the ability to self-determine) may influence a mother's confidence in making independent feeding choices. Environmental mastery (the capacity to manage complex environments) could affect how she navigates healthcare systems and social support networks. Purpose in life and personal growth may relate to a long-term commitment to child health, while positive relationships and self-acceptance may buffer against parenting stress. This view is also reinforced by Muqodas et al (2020) and Muqodas et al (2025) those who state that psychological well-being is not merely the absence of psychological disorders, but a positive condition reflecting an individual's quality of life. This indicates that a mother's psychological well-being contributes to feeding practices, which can ultimately affect the child's nutritional status.

However, the pathway from psychological well-being to child nutrition is not straightforward and is likely moderated by contextual factors. In the Indonesian context, and particularly in rapidly developing regions like Purwakarta, mothers face unique socio-cultural pressures. The transition from traditional to more modern parenting ideals, coupled with strong familial expectations, can create a "double burden" (Aryuni, 2025). For educated mothers, this burden may be compounded by role conflict between career aspirations and intensive mothering ideals, a phenomenon linked to heightened stress and anxiety (Koesma, 2019). Furthermore, the digital age has transformed access to

information; mothers with higher autonomy and environmental mastery are more likely to use technology to access health information (Sugitanata & Aqila, 2024), which can simultaneously empower them and increase anxiety by exposing them to idealized standards.

The choice of Purwakarta, specifically its urban center, is significant. This region has undergone rapid urbanization, and the UPTD Puskesmas serves a population with distinct sociodemographic characteristics compared with the more rural settings in prior studies. This urban context, characterized by greater access to information and technology and potentially higher social pressures regarding parenting ideals, provides a unique setting to examine how maternal psychology interacts with modern environmental factors to influence perceptions of child health.

Furthermore, while Ryff's six dimensions provide a robust framework, their specific pathways to influencing children's nutrition are complex and likely moderated by contextual factors such as education. For instance, autonomy might empower health decision-making but also increase exposure to anxiety-inducing online information. Environmental mastery could help navigate health systems, but also increase sensitivity to social comparisons. This study posits that maternal education acts not merely as a confounder but as a critical suppressor variable in this relationship. A suppressor effect occurs when a third variable (education) masks the true relationship between a predictor (well-being) and an outcome (stunting risk) because it correlates with both in opposite directions. Multivariate analysis is essential to unmask this hidden relationship, moving beyond simplistic bivariate correlations and offering a more nuanced methodological contribution to the literature.

Several studies have examined nutritional and psychological factors related to stunting. Research Sadullah (2025) showed a significant relationship between feeding patterns and stunting in toddlers, but did not discuss maternal psychological factors. Meanwhile, a link between maternal psychological well-being and the risk of stunting in children under two was demonstrated (Octavia & Husada, 2023; Trisnawati et al, 2025; Utami, 2024). However, that study was conducted in a different location and involved a different age group of children. Critically, these prior studies primarily reported bivariate relationships. There is a gap in understanding how this relationship operates when key demographic confounders, such as maternal education, are controlled for, and how different dimensions of well-being correlate with specific contextual risk factors. This represents a significant methodological and contextual gap. Therefore, this study seeks to replicate and extend previous research by not only examining the relationship between these two variables in the working area of the UPTD Puskesmas Purwakarta but also by employing multivariate analysis to isolate the unique effect of psychological well-being, analyzing the specific correlations between Ryff's six dimensions and seven contextual stunting risk factors, and investigating the potential suppressor role of maternal education in this relationship. This research is expected to strengthen empirical evidence regarding the role of psychosocial factors on child nutritional status in a different local context, as well as contribute to the development of stunting prevention strategies that consider maternal mental health and support the achievement of Sustainable Development Goals (SDGs) point 2 (Zero Hunger) and point 3 (Good Health and Well-Being).

## METHOD

This study used a quantitative correlational design with a cross-sectional approach. The research was conducted at the UPTD Puskesmas Purwakarta, located in

the urban area of Purwakarta Regency. Data collection was carried out in October 2025. The target population was all mothers with stunted children aged 0-5 years registered at the UPTD Puskesmas Purwakarta. This study involved two main variables: Independent Variable (X): Maternal Psychological Well-Being, and Dependent Variable (Y): Child's Risk of Stunting. This research aims to analyze the relationship between these two variables to determine the extent to which a mother's psychological well-being influences her child's risk of stunting.

A purposive sampling technique was employed with the following criteria: (1) being a mother with a child aged 0-5 years, (2) the child having a stunting status based on the Puskesmas growth monitoring record (height-for-age Z-score < -2 SD), (3) willingness to participate by providing informed consent, and (4) residing in the working area of UPTD Puskesmas Purwakarta. The final sample consisted of 35 mothers who met all criteria. While a formal a priori sample size calculation was not conducted due to the nature of purposive sampling and data availability constraints during the study period, this is acknowledged as a study limitation.

Maternal Psychological Well-Being is a positive psychological state that reflects how an individual can function optimally, as explained by Ryff's (1989) Psychological Well-Being theory. This variable comprises six indicators: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance. Measurement was carried out using 18 statement items with a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). Risk of Stunting is the likelihood of a child experiencing growth disorders influenced by various contextual factors. This variable was measured using an instrument adapted from Dewi et al. (2024), which consists of seven indicators: technological factors, religion and philosophy of life, social and family ties, cultural values and lifestyle, policies and regulations, economic factors, and educational factors. This instrument consists of 22 statement items with a 6-point Likert scale (1 = never, 6 = always). The total score of the stunting risk questionnaire was categorized into three levels (Low, Moderate, High) based on calculated intervals derived from the possible score range, facilitating descriptive interpretation.

Research data were collected using two main instruments. The first instrument was the maternal psychological well-being questionnaire, adapted from Muqodas (2019) and used by Trisnawati et al. (2025). The reliability test results from previous research showed a Cronbach's Alpha of 0.837, indicating good internal consistency. The second instrument was the stunting risk questionnaire, adapted from Dewi et al (2024), with 22 valid statement items and a reliability value of 0.717. Both questionnaires were distributed online via Google Forms, and all respondents' answers were automatically recorded before being processed in SPSS version 26. The researcher also obtained official research permission from the UPTD Puskesmas Purwakarta, and each respondent provided informed consent before filling out the questionnaire.

Data were analyzed using descriptive statistics, the Kolmogorov-Smirnov normality test, the linearity test, the Pearson Product-Moment correlation test, and the multiple linear regression test. Prior to the main analysis, prerequisite tests were conducted. The Kolmogorov-Smirnov test indicated that data for both main variables were normally distributed ($p > 0.05$). The linearity test based on the deviation from linearity also showed a linear relationship between psychological well-being and stunting risk ($p > 0.05$), meeting the assumptions for parametric correlation and regression analysis. Multicollinearity was assessed in the final regression model using the Variance Inflation Factor (VIF) and Tolerance statistics. This research has obtained official

permission from the Indonesia University of Education, the Purwakarta Regency Health Office, the National Unity and Political Agency, and the UPTD Puskesmas Purwakarta.

## RESULTS AND DISCUSSION

### Results

This study involved 35 mothers of stunted children aged 0-5 years in Purwakarta. As presented in Table 1, the sample was predominantly composed of mothers aged 31-40 years (45.71%) and housewives (91.43%), with senior high school as the most common education level (54.29%). The descriptive statistics in Table 2 show that both maternal psychological well-being (Mean=77.00, SD=13.00) and perceived stunting risk (Mean=97.00, SD=10.00) were largely in the moderate category for most respondents (68.57% and 65.71%, respectively).

**Table 1.**
Research Respondent Characteristics

| Characteristic | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| Age | 20-30 | 15 | 43% |
| | 31-40 | 16 | 46% |
| | 41-50 | 4 | 11% |
| Last Education | Elementary School | 5 | 14% |
| | Junior High School | 7 | 20% |
| | Senior HighSchool | 19 | 54% |
| | Higher Education | 4 | 11% |
| Occupation | Housewife | 32 | 91% |
| | Teacher | 2 | 6% |
| | Private Sector Worker | 1 | 3% |

**Table 2.**
Descriptive Statistics and Variable Categorization

| Variable | Mean | SD | Low Category | Moderate Category | High Category |
|---|---|---|---|---|---|
| Maternal Psych. Well-Being | 77.00 | 13.00 | 17.14% | 68.57% | 14.29% |
| Child's Stunting Risk | 97.00 | 10.00 | 17.14% | 65.71% | 17.14% |

The initial bivariate Pearson correlation (Table 3) indicated a significant negative relationship between overall maternal psychological well-being and perceived stunting risk ($r = -0.40$, $p = 0.018$). This simplistic analysis suggested that mothers with better psychological well-being tended to report a lower risk of stunting in their children

**Table 3.**
Correlation Test Results between Maternal Psychological Well-Being and Stunting Risk

| Variabel | r | p | Description |
|---|---|---|---|
| Psychological Well-Being - Stunting Risk | -0.40 | 0.018 | Significant relationship (negative) |

However, a more nuanced picture emerged from analyzing specific dimensions. The correlation matrix between the six psychological well-being indicators and the seven contextual risk factors (Table 4) revealed divergent relationships. Most notably, a strong positive correlation was found between a mother's sense of Autonomy and Technological factors (r=0.50). Conversely, the Environmental Mastery dimension correlated positively with Social and Family Ties (r=0.43). This pattern suggests that mothers who are more independent may actively engage with technology for health information, potentially increasing their awareness of risks, while those who manage their social environment well might be more attuned to familial and social pressures related to child rearing.

**Table 4.**
Correlation Matrix between Psychological Well-Being Indicators and Stunting Risk Factors

| | Autonomy | Env. Mastery | Personal Growth | Positive Relations | Purpose in Life | Self-Acceptance |
|---|---|---|---|---|---|---|
| Technology | 0.50 | -0.25 | 0.13 | 0.32 | 0.08 | -0.06 |
| Religion & Philosophy | -0.16 | -0.05 | 0.01 | -0.05 | 0.02 | 0.38 |
| Social & Family Ties | 0.27 | 0.43 | 0.37 | 0.32 | -0.13 | 0.25 |
| Cultural Values & Lifestyle | -0.07 | 0.21 | 0.02 | 0.16 | 0.24 | 0.25 |
| Policies | 0.18 | 0.06 | 0.12 | 0.27 | 0.19 | 0.06 |
| Economic | 0.02 | 0.01 | -0.22 | 0.14 | 0.33 | 0.32 |
| Education | 0.19 | 0.23 | 0.18 | 0.27 | 0.10 | 0.06 |

The complexity of these relationships was fully uncovered through multivariate analysis. The results of the multiple linear regression analysis are presented in Table 5. After controlling for the maternal age, education, and occupation, psychological well-being remained significantly associated with the risk of stunting (b = 0.31; 95% CI = 0.05 to 0.57; p =022). The overall regression model was significant (p = 0.020) and explained 31.4% of the variation in the risk of stunting ($R^2$ = 0.314). Prior to interpreting the main regression model, its assumptions were verified. The multicollinearity diagnostics showed that all Tolerance values were> 0.1 and VIF values were < 10 (see Table 5), indicating no severe multicollinearity. The Adjusted $R^2$ for the model was 0.223.

**Table 5.**
Multiple Linear Regression Analysis Results for Factors Associated with Stunting Risk

| Variable | b | SE | 95% CI | p | Tolerance | VIF |
|---|---|---|---|---|---|---|
| Psychological Well-Being | 0.31 | 0.13 | 0.05 to 0.57 | 0.022 | 0.800 | 1.250 |
| Maternal Age | 1.13 | 2.35 | -3.67 to 5.93 | 0.634 | 0.896 | 1.116 |
| Maternal Education | -2.94 | 1.92 | -6.86 to 0.98 | 0.136 | 0.799 | 1.251 |
| Maternal Occupation | 4.12 | 5.17 | -6.44 to 14.69 | 0.432 | 0.967 | 1.034 |
| Constant | 70.44 | 17.38 | 34.94 to 105.93 | <0.001 | | |

To further investigate the suppressor role of education, additional analyses were conducted. First, a moderation test was conducted by including an interaction term (Psychological Well-Being × Education) into the regression. The interaction effect was not statistically significant (B = -0.192, p = 0.171), suggesting that education does not moderate (change the strength of) the relationship but rather acts as a pure suppressor. Second, subgroup Pearson correlations were analyzed by stratifying the sample based on education level. This revealed a notable pattern: strong positive correlations between psychological well-being and stunting risk in the lower education groups (Primary: r = 0.866, p = 0.057; Junior High: r = 0.718, p = 0.069), which attenuated and became non-significant in the higher education groups (Senior High: r = 0.284, p = 0.238; University: r = 0.320, p = 0.680).

**Discussion**

The reversal of the relationship direction between bivariate and multivariate analyses is a classic signature of a suppressor effect (Pandey, 2010; Smith et al., 1992). In this case, maternal education acts as the suppressor variable. Statistically, this occurs because education is negatively correlated with both the predictor (psychological well-being, r = -0.36, p = 0.017) and the outcome (stunting risk, r = -0.40, p = 0.009). When its shared variance is statistically controlled for in the regression, the true positive relationship between psychological well-being and perceived stunting risk is revealed. This finding moves beyond the conventional narrative and exposes a significant paradox in the lives of educated mothers in this context: while their education equips them with resources that should reduce stunting risk, it may also be associated with psychological burdens that heighten their perception of risk and potentially affect well-being. Our moderation test further clarifies this mechanism; the non-significant interaction effect (B = -0.192, p = 0.171) confirms that education acts as a classical suppressor rather than a moderator, meaning it obscures rather than alters the strength of the core relationship.

This paradox can be interpreted through the lens of role strain theory (Koesma, 2019) and the concept of the "motherhood penalty" (Aryuni, 2025; Rahmayati, 2020). and the concept of the "motherhood penalty". Higher education often leads to greater exposure to modern parenting ideals and heightened awareness of health standards (Oktarina, 2019; Sugitanata et al., 2024). This can create a double burden: the pressure to be an "ideal mother" coupled with potential conflicts between professional aspirations and domestic duties. The resultant anxiety and constant vigilance over a child's health and nutrition, a form of “intensive mothering," may explain why higher psychological well-being, when isolated from the stressor of education, correlates with a higher perceived

risk. Their well-being might be robust, but their awareness and concern are elevated. This aligns with research noting that modern, digitally-engaged mothers, "Sosmedika Mom," are both more informed and more anxious about parenting benchmarks (Sugitanata & Aqila, 2024).

Our indicator-level analysis (Table 4) further refines the theory (Ryff, 1989) in this specific context of stunting risk perception. The matrix reveals a complex, differentiated pattern of associations, suggesting that the six dimensions of well-being are not monolithic in their relationships with perceived risk factors. The strong positive link between Autonomy and Technology (r=0.50) is the most salient finding. This suggests that mothers with a higher sense of independence and self-determination are significantly more engaged with technological tools and information sources. In the modern parenting landscape, this likely translates into actively seeking online health information, using growth-tracking applications, and participating in digital parenting communities. While this informed autonomy is empowering, it may also lead to comparative anxiety and heightened risk perception as mothers constantly benchmark their child's growth against digital standards and success stories, a phenomenon observed in studies of "Sosmedika Moms" (Sugitanata & Aqila, 2024)

Conversely, the positive correlation between Environmental Mastery and Social/Family Ties (r=0.43) points to a different dynamic. Mothers who feel competent in managing their life circumstances are also more embedded and possibly more responsive to their social and familial networks. In a collectivist culture like Indonesia, strong social ties are a double-edged sword; they provide crucial support but also come with expectations and social monitoring. A mother high in environmental mastery may be acutely aware of these dynamics, perceiving greater risk related to social judgments or familial pressures regarding her child's health and her parenting choices (Hasanah, 2025).

Beyond these two strongest correlations, the matrix offers other noteworthy insights. The moderate positive correlation between Self-Acceptance and Religion & Philosophy (r=0.38) indicates that mothers who are more accepting of themselves may derive this acceptance from spiritual or philosophical beliefs. This dimension, however, showed negligible to weak correlations with most other risk factors, suggesting it might act more as an internal buffer than a driver of external risk perception. Interestingly, the Economic factor showed the strongest ties with Purpose in Life (r=0.33) and Self-Acceptance (r=0.32), suggesting that financial concerns are more closely linked to a mother's sense of meaning and self-regard than to her sense of autonomy or environmental control. The generally weak but positive correlations between most psychological dimensions and the Education factor column (ranging from 0.06 to 0.27) align with the broader finding that education is a complex suppressor, associated with both higher well-being resources and greater risk awareness.

This differentiated pattern critically suggests that stunting prevention programs cannot treat maternal psychological well-being as a single, unified construct. Interventions aimed at leveraging psychological assets must be dimension-specific. For instance, programs for mothers who score highly on autonomy could focus on critical digital literacy, teaching them to evaluate online health information effectively to reduce anxiety. For those high in environmental mastery, interventions might facilitate the creation of positive peer support networks that channel social ties into constructive support rather than stress. Conversely, dimensions such as self-acceptance and positive relationships could be primary targets for resilience-building and stress-reduction modules in parenting programs, helping to mitigate the overall burden of risk perception.

These findings move us from asking if psychological well-being matters to understanding how specific facets of it interact with a mother's ecological context to shape her perception of stunting risk.

The subgroup correlation analysis provides a compelling visual of the suppressor effect in action. The strong positive associations in the lower education groups (Primary: r = 0.866; Junior High: r = 0.718) suggest that for these mothers, higher psychological well-being is closely linked to a higher perception of stunting risk, possibly because well-being facilitates greater engagement with and concern about contextual risk factors. As education level increases, this correlation weakens substantially (Senior High: r = 0.284; University: r = 0.320). This pattern empirically illustrates the paradox where education confers protective resources (likely lowering objective risk) while simultaneously introducing stressors that may dampen the straightforward link between well-being and risk perception. Although limited by small subgroup sizes, these trends offer valuable granularity to our understanding.

This study's finding of a positive relationship contrasts with some prior research, such as Trisnawati et al (2025), who reported a negative correlation. This discrepancy may be due to differences in sample characteristics (e.g., occupation structure) or, more critically, because their analysis did not control for the suppressor effect of education. Our study thus provides a crucial methodological and contextual nuance. A key methodological insight from our extended analysis is the high multicollinearity (VIF > 10) observed in the interaction term. This is a known statistical artifact of using product terms and does not invalidate our finding of a non-significant interaction, but it underscores the complexity of modeling these intertwined variables. The generalizability of findings is limited by the cross-sectional design, which precludes causal inference, the relatively small and homogeneous sample (predominantly housewives), and the use of a perceived risk measure rather than a clinical stunting diagnosis. Future longitudinal research with larger, more diverse samples and objective anthropometric measures is needed to validate these dynamics and explore causality (Black et al., 2017).

These results have clear implications for stunting prevention programs, which have traditionally focused on nutritional and educational components (Purbadiri, 2022; Sutopo, 2021; Trinanda, 2023). An integrated biopsychosocial approach is warranted. Posyandu activities and parenting classes should evolve to include modules on maternal mental health, stress management, and coping with social pressures. Specifically, interventions could:

1. Help educated mothers reframe health information from a source of anxiety into a tool for empowered decision-making.
2. Foster peer support groups to mitigate role strain and share strategies for managing the "double burden."
3. Integrate brief psychological well-being check-ins into routine maternal and child health services.

By addressing the psychological dimensions revealed in this study—particularly autonomy and environmental mastery in the context of education—public health
design and small sample are study limitations. Future stunting prevention programs should adopt an integrative approach that combines nutritional education with psychological support tailored to mothers, particularly those with higher levels of education. Further longitudinal research is needed to establish causality and explore intervention strategies.

## CONCLUSION

This study finds a complex, suppressor-mediated relationship between maternal psychological well-being and perceived stunting risk, in which higher education is associated with a positive association. Theoretical contributions include extending Ryff's model to public health by demonstrating how its dimensions interact with education, and methodological contributions include highlighting the necessity of multivariate analysis to reveal suppressed relationships. Operational implications involve integrating modules on digital health literacy and stress management into existing Posyandu and primary healthcare programs, specifically tailored for educated mothers. Key study limitations include the cross-sectional design, purposive sampling that limits generalizability, reliance on perceived risk measures, and small subgroup sizes that prevent definitive conclusions from stratified analysis. Future research should employ longitudinal or mixed-methods designs with larger samples to establish causality, objectively measure stunting, and qualitatively explore the lived experience of the education-well-being paradox.

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