

## Mental Health of Mothers with Stunted Children: Early Detection and Psychosocial Support

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Kata Kunci: Stunting, Kesehatan jiwa ibu, Ibu balita, SRQ-20	Stunting adalah masalah gizi kronis pada anak-anak yang memiliki dampak jangka panjang terhadap pertumbuhan fisik dan mental. Selain itu, kondisi ini juga mempengaruhi kesehatan mental ibu sebagai pengasuh utama. Penelitian ini bertujuan untuk menggambarkan kondisi kesehatan mental ibu yang memiliki anak stunting. Desain penelitian yang digunakan adalah deskriptif kuantitatif dengan pendekatan cross-sectional. Sampel penelitian terdiri dari 72 ibu yang dipilih menggunakan teknik sampling berstrata, dengan kriteria inklusi ibu yang memiliki anak stunting, mampu membaca dan menulis, serta tinggal bersama anak-anaknya. Kriteria eksklusi meliputi ibu yang pernah dirawat karena gangguan mental atau sedang menjalani pengobatan kesehatan mental, serta ibu yang tidak bersedia menjadi responden. Alat ukur yang digunakan adalah kuesioner SRQ-20 yang dikembangkan oleh WHO pada tahun 1994. Analisis data dilakukan secara univariat menggunakan distribusi frekuensi dan persentase. Hasil menunjukkan bahwa mayoritas ibu berusia 20–35 tahun (80,6%), memiliki pendidikan SMA (69,4%), berprofesi sebagai ibu rumah tangga (77,8%), dan memiliki pendapatan keluarga di bawah 3,5 juta per bulan (76,4%). Sebanyak 43 ibu (59,7%) tidak mengalami masalah kesehatan mental, sementara 29 ibu (40,3%) mengalami masalah kesehatan mental. Gejala yang paling umum adalah kelelahan (56,9%), kesulitan tidur (50%), dan sakit kepala (43,1%).
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DOI Article: <a href="https://doi.org/10.33650/jkp.v14i1.11856">https://doi.org/10.33650/jkp.v14i1.11856</a>	Stunting is a chronic nutritional problem in children that has long-term effects on physical and mental growth. In addition, this condition also affects the mental health of mothers as primary caregivers. This study aims to describe the mental health conditions of mothers who have stunted children. The research design used is quantitative descriptive with a cross-sectional approach. The research sample consisted of 72 mothers selected using stratified sampling techniques, with inclusion criteria of mothers who had stunted children, were able to read and write, and lived with their children. The exclusion criteria were mothers who had been treated for mental disorders or were undergoing mental health treatment and mothers who were unwilling to be respondents. The instrument used was the SRQ-20 questionnaire developed by the WHO in 1994. Data analysis was performed univariately using frequency distribution and percentages. The results showed that the majority of mothers were aged 20–35 years (80.6%), had a high school education (69.4%), were housewives (77.8%), and had a family income below 3.5 million per month (76.4%). A total of 43 mothers (59.7%) did not experience mental health problems, while 29 mothers (40.3%) experienced mental health problems. The most common symptoms were fatigue (56.9%), difficulty sleeping (50%), and headaches (43.1%).
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## Introduction

*World Health Organisation (WHO) (2023) in (Putra & Sadiyyah, 2023)* Stunting is a physical condition characterised by low or very low height for age, falling within -2 standard deviations (SD) on the growth chart. This occurs due to irreversible factors caused by inadequate nutritional intake and recurrent or chronic infections during the first 1,000 days of life (HPK). Indonesia is a developing country with a rapidly growing population and rapid technological advances. Until now, discussions on stunting have mostly focused on biological and physical aspects, such as nutritional adequacy, history of infectious diseases, and parenting patterns in the context of meeting children's basic needs. Psychosocial aspects, particularly maternal mental health, including depression, stress, and anxiety, have been minimally studied as important contributing factors in stunting prevention. In fact, the mother's psychological condition greatly influences the quality of parenting practices, decision-making about the child's diet, consistency of visits to health services, and the mother's ability to respond to the child's emotional and physical needs (Achjar *et al.*, 2024).

Stunting is one of the malnutrition issues that continues to attract attention, particularly in several developing countries. The manifestations of stunting include physical, physiological, and cognitive disorders. This is the result of chronic malnutrition in early life (Sudikono *et al.*, 2022). The target of the *Sustainable Development Goals* (SDGs) is to reduce the incidence of stunting by 2030 and improve child nutrition, with the hope of overcoming various forms of malnutrition by 2025 (Palupi *et al.*, 2023). The WHO defines stunting as a growth problem that manifests as an inability to reach growth potential due to health status and/or inadequate nutrition (Mustakim *et al.*, 2022). The WHO states that the prevalence of stunting worldwide is estimated to reach 22.3% by 2022. Approximately 148.1 million children under the age of five are stunted. In Indonesia, stunting is a very serious concern. The prevalence of stunting across all regions of Indonesia remains quite high, despite a decline in the previous year (Suyanto *et al.*, 2024). In 2021, the prevalence of stunting reached 24.4%, eventually falling to 21.6% in 2022 (Kemenkes RI, 2022) and in 2023 it fell by 0.1% (Kemenkes RI, 2024). Therefore, stunting prevention is necessary from as early as possible (Adhyka *et al.*, 2023).

Stunting has negative effects on children, both in the long and short term. In the short term, stunting can disrupt brain development, reduce intelligence, hinder physical growth and

the body's metabolic processes. In the long term, stunting can result in reduced cognitive ability, poor academic performance, and low immunity, obesity risk, and increased susceptibility to non-communicable and degenerative diseases such as diabetes mellitus, heart and blood vessel disease, cancer, stroke, and disability, which ultimately reduces productivity in adulthood (Sari *et al.*, 2023).

Five-year-old children (toddlers) who experience stunting tend to have suboptimal thinking abilities, are more prone to illness, and have the potential to reduce productivity in the future. Therefore, stunting indirectly hinders economic growth, increases poverty, and widens the gap of inequality (Dewi *et al.*, 2019). Malnutrition can occur during pregnancy and early childhood, mainly due to insufficient nutritional intake during the first 1,000 days of life. The first 1,000 days of life are considered a crucial period, known as the golden age, for children to grow and develop properly. During this period, the brain develops rapidly, and a child's future quality of life is determined during this phase (Yurissetiowati & Baso, 2023).

Parenting patterns and maternal characteristics have also been shown to influence the prevalence of stunting in several regions. Influential factors such as diet, nutritional knowledge, breastfeeding phase, and maternal education play an important role in preventing or causing stunting in toddlers. The emotional condition, cognitive health, and nutritional status of children are also influenced by the health of mothers when caring for their children. Mothers are the primary caregivers of both normal and stunted children. Insufficient mother-child interaction and low levels of certain psychosocial stimuli have an impact on the growth of stunted children (Masrul, 2019).

The mental health of parents, especially mothers, can affect a child's development. Mental health here refers to the mental health status of mothers who have children. If a mother experiences mental health problems, this can lead to suboptimal parenting patterns (Putri & Rosyada, 2022). Mothers who experience mental health disorders may have reduced productivity and parenting abilities, which can affect their children's development, nutritional status and health. This can occur due to neglect in relating to children, such as unresponsive parenting practices (Pertiwi & Pardede, 2023). According to Mahshulah, (2019), Suboptimal parenting can affect a child's development at every stage and contribute to stunted growth and impaired motor skills. The results of this study show that mothers who experience depression

often neglect themselves and their children's nutrition, which affects their growth and development. When mothers experience depression, their children's needs (social-emotional, stimulation, nutritional) are not adequately met (Febristi & Antoni, 2023).

Lubis *et al.*, (2024) It also mentions that maternal mental health affects children's nutritional status, where feeding practices, hygiene practices, and the use of preventive care can play a role. Children of mothers with mental health disorders are more likely to experience malnutrition, both in the short and long term. However, the effect of maternal mental health disorders on children's stunting status is only visible in the long term. This is because if a mother's mental health is problematic, it will be difficult for her to accept information related to her child's health and to participate in stunting prevention programmes organised by the government. This is because someone with mental health problems will experience mood swings, impaired thinking, and emotional control, which can ultimately lead to bad behaviour that affects their child's health. According to WHO data, in developing countries, around 10-50% of mothers in the perinatal phase (from pregnancy to one year after giving birth) experience mental disorders, particularly depression (Hastuti *et al.*, 2022).

According to the presentation, it is known that previous studies have focused more on stunting from the perspectives of nutrition, physical health, and parenting, while the aspect of maternal mental health as a supporting factor in stunting prevention has been minimally studied and directly linked. In addition, there has been no intervention or attention to maternal mental health in stunting prevention programmes in Pekanbaru.

Based on the Pekanbaru Health Office profile, the prevalence of stunted children in Pekanbaru in 2022 was 280 children. Data obtained by researchers on 26 March 2024 showed that the highest number of stunting cases was in the Lima Puluh District Health Centre, with 60 children suffering from stunting. A study conducted in March 2024 in Lima Puluh Subdistrict obtained data from the Community Health Centre that in 2022, out of 1,642 children, 4.47% were stunted. However, no survey or specific action has been conducted regarding maternal mental health and its relationship with stunting, either in the Lima Puluh subdistrict or in the city of Pekanbaru. Therefore, in order to enable early detection and potential mental health interventions in the holistic prevention of stunting, the researchers were interested in conducting a study entitled 'A Description of the Mental Health of Mothers with Stunted Children'.

## Method

This study utilised a quantitative research method with a cross-sectional design. The cross-sectional approach was conducted by collecting data at a specific point in time without any follow-up. The study was conducted in the working area of the Pekanbaru Community Health Centre. The study was conducted from April to May 2025. The population in this study consisted of mothers who had stunted children in the working area of the Pekanbaru City Health Centre, with a total population of 254 people. The sample size in this study was 72 mothers who had stunted children, using a stratified sampling technique. Stratified sampling is often used when there is a lot of variation in a population. In this study, the basis for stratification was the health centres in Pekanbaru. The inclusion criteria for sampling were mothers who had stunted children in the Pekanbaru city health centre area, mothers who could read and write, and mothers who lived with stunted children. The exclusion criteria were mothers who had been treated for mental disorders or were undergoing treatment for mental health problems, and mothers who were unwilling to be respondents. This study used the standardised *Self Reporting Questionnaire 20 (SRQ 20)*, developed by the WHO in 1994, consisting of 20 questions to detect potential mental health issues in mothers with stunted children. The data analysis used in this study was univariate data analysis, in the form of frequency and percentage.

## Research Results

Table 1 Distribution of Respondent Characteristics

Features	Frequency	Percentage
<b>Mother's Age</b>		
20 – 35 years old	58	80.6
> 35 years old	14	19.4
<b>Mother's Education</b>		
SD	4	5.6
SMPSMA	12	16.7
S1	50	69.4
	6	8.3
<b>Mother's Work</b>		
Work	16	22.2
Housewives	56	77.8
<b>Family Income</b>		
Under MSEs (<3.5 million)	55	76.4
Above MSEs (>3.5 million)	17	23.6

Features	Frequency	Percentage
<b>Gender of Stunting Children</b>		
Men – men	38	52.8
Women	34	47.2
<b>Total</b>	<b>72</b>	<b>100</b>

Based on the table above, it shows that the largest number of respondents were in the 20–35 age range, totalling 58 people (80.6%). The majority of respondents were high school graduates, totalling 50 people (69.4%). Most respondents were housewives, numbering 56 (77.8%). Most respondents were in the category of family income below the city minimum wage (UMK) (3.5 million), numbering 55 (76.4%). And most respondents had children with stunting who were male, numbering 38 toddlers (52.8%).

Table 2 Frequency Distribution of Maternal Mental Health Overview

Overview of maternal mental health	Frequency	Percentage
There are mental health problems	29	40,3
Absence of mental health problems	43	59,7
<b>Total</b>	<b>72</b>	<b>100</b>

The table above shows that the respondents who experienced mental health problems were 29 people (40.3%). And the majority of respondents did not experience mental health problems, namely 43 people (59.7%).

Table 3 Distribution of Respondent Frequencies Based on Maternal Mental Health Aspects and Problems

No	Aspects	Health Issues	Frequency	Percentage
1.	Symptoms of Depression	1. Feeling anxious, tense or worried	20	27.8%
		9. Feeling unhappy	16	22.2%
		10. Crying more often	11	15.3%
		14. Unable to play an important role in life	11	15.3%
		15. Loss of interest	17	23.6%
		16. Feeling worthless	6	8.3%
		17. Suicidal ideation	3	4.2%
2.	Anxious Symptoms	1. Difficulty sleeping well	36	50%
		2. Easily scared	25	34.7%
		3. Tangan gemetar	7	9.7%
3.	Somatic Symptoms	1. Frequent headaches	31	43.1%
		2. Decreased appetite	9	12.5%
		7. Digestive Problems	7	9.7%
		19. Unpleasant stomach	17	23.6%

No	Aspects	Health Issues	Frequency	Percentage
4.	Cognitive Symptoms	8. Disturbed thoughts	10	13.9%
		12. Difficult to make decisions	15	20.8%
		13. Abandoned daily tasks	18	25%
5.	Symptoms of Decreased Energy	8. Disturbed thoughts	10	13.9%
		11. Difficulty enjoying daily activities	24	33.3%
		12. Difficult to make decisions	15	20.8%
		13. Abandoned daily tasks	18	25%
		18. Tired all the time	21	29.2%
		20. Fatigue easily	41	56.9%

Based on the table above, the results of mental health problems were obtained based on the items in the *Self-Reporting Questionnaire (SRQ-20)*, the most were symptoms of decreased energy, namely fatigue easily as many as 41 people (56.9%), and the few were symptoms of depression, namely suicidal ideation as many as 3 people (4.2%).

## Discussion

### Respondent Characteristics

#### Mother's Age

Based on the results of the research that has been carried out, it was found that most of the respondents were in the age category of 20-35 years amounting to 58 people (80.6%). Age has an influence on the readiness of mothers in caring for their toddlers (Mira, 2019). The age of 20-35 years is a healthy reproductive age for a mother. Generally, mothers at that age are more mentally and emotionally prepared to become parents (Hasrun, 2024). Based on research that has been obtained by researchers in the field, in line with research Astuti *et al.*, (2021) which shows that the majority of mothers who have stunted children are aged 20-35 years, namely 55 people (71.4%). However, according to Rathakrishnan *et al.*, (2019) Although the age of the respondents is in a healthy range, most mothers experience stress. When mothers are under mental stress, they tend to ignore their health as well as the condition and even progress of their children. If during the growth and development phase the child does not get enough stimulation, this causes the emergence of various problems, both physical and mental including stunting problems (Febristi & Antoni, 2023). Although the mother's age is productive, she is also at risk of experiencing mental health problems due to environmental influences such as lack of support from family and pressure from family. According to the statement of Suryani & Yazia (2022), with good family support, mothers can share their ups and downs, can be invited to exchange

ideas and can get information and advice on how to take care of children, so as to reduce stress and if there is no support from the family, it will be difficult for mothers to take care of their children alone, so they will experience stress even at a productive age.

#### Mother's Education

According to the results of the research that has been carried out, it was found that most of the final education of the respondents was high school, totaling 50 people (69.4%). Maternal education is one of the aspects that affect a child's development. With a good education, a mother gains a variety of information and knowledge about health, including the right way to raise children, children's health, education, and others. Aulia *et al.*, (2021) stated that there was no meaningful relationship between maternal education level and stunting incidence. Even though mothers have a high level of education, children may still experience stunting. This may be due to the lack of experience of mothers who still lack experience in caring for stunted children and also factors such as the mother's lack of knowledge about balanced nutrition as well as the parenting style of feeding toddlers that are not appropriate (Shodikin *et al.*, 2023).

#### Mother's Work

The results showed that most of the respondents were housewives who did not work, with a total of 56 people (77.8%). The same is true for research Stuttgart *et al.*, (2022) He said that mothers who do not work experience a lot of stress because mothers play a dual role, in addition to being a wife, mothers are also educators and take care of their toddlers. Mothers who do not work will be happier if they are able to manage their emotions in certain situations intelligently (Rathakrishnan *et al.*, 2019). In addition, emotional regulation develops as a result of mother's interaction with her family, both through parenting, parenting, and other family interactions. If the mother has difficulty controlling her emotions, this has a negative impact on her psychological well-being, as well as affecting her toddler (Utami *et al.*, 2024).

#### Family Income

According to the results of the study, it was found that most families have an income below the city minimum wage (MSE) of 55 people (76.4%). This is in accordance with Raharja's findings *et al.*, (2019) shows that toddlers from families with weak economic backgrounds are 3,182 times higher at risk of stunting than toddlers from families with good food security. This explains that stunting is more common in toddlers who come from families with low economic status and food insecurity. Also supported by Winda *et al.*, (2022) said toddlers from families

with low economic status are twice as likely to develop stunting as toddlers from families with better economic status. Socioeconomic status is affected by family income, when access to food at the household level is disrupted due to poverty, nutritional problems such as stunting will arise (Yunita *et al.*, 2022).

Research Seid *et al.*, (2019) Explaining that income is a factor related to the psychosocial welfare of mothers with stunted children. The habits of mothers who have less psychosocial welfare, in this case poor household wealth conditions, tend to be more at risk of experiencing psychosocial problems, namely depression. So that as time goes by, depressive states and untreated anxiety develop into mental disorders in mothers related to stunting (Hastuti *et al.*, 2022).

#### Gender of Stunting Children

In the research that has been carried out, it is known that the most children who experience stunting are male, namely 38 people (52.8%). This is supported by other research according to Asfaw *et al.*, (2015) which stated that stunting is more common in boys than girls. Stunting is caused by variations in the food and nutrients received, where men have a higher chance of stunting. In contrast to other studies that state that there is no relationship between children's sex and the occurrence of stunting. This is because the factors that affect stunting are usually not related to gender, namely the provision of appropriate nutrition during the baby's growth period. If babies don't get enough nutrients, their growth will be disrupted regardless of their gender (Yuningsih & Perbawati, 2022).

Another study found that *gender* had no effect on stunting. This finding is reinforced by a number of previous studies that have shown that gender is not a factor in the incidence of stunting in children under five. A possible reason behind this is that under five, the difference in speed and growth achievement between men and women has not been felt. This difference begins to be seen in adolescence, where women tend to increase their growth rate earlier. As a result, both men and women are at equal risk of stunting (Rahayu & Casnuri, 2020).

#### Overview of Mental Health of Mothers with Stunting Children

This study is one of the initial studies that examines descriptively the picture of mental health of mothers who have children with stunting in the Pekanbaru area. Based on the results of the study, 29 mothers experienced mental health problems (40.3%), while mothers who did

not experience mental *health* problems were 43 people (59.7%). The most common mental health problems experienced were symptoms of decreased energy, namely fatigue as many as 41 people (56.9%), followed by anxiety symptoms, namely difficulty sleeping as many as 36 people (50%) and somatic symptoms, namely headaches as many as 31 people (43.1%). These findings show that mothers who do not have mental health problems are more likely than mothers who do have mental health problems. However, special attention is needed because mental health problems in mothers can reduce parenting capacity, weaken decision-making, and have a direct impact on children's growth and development. Symptoms such as fatigue, difficulty sleeping, and headaches if they occur continuously, are not only indicative of ordinary physical fatigue, but are early indications of chronic psychological distress that has the potential to lead to a decrease in the function of the mother's role in the family (Romadon *et al.*, 2025).

Research by Sinaga and Jobor (2023) also states that the most common symptom felt by mothers who claim mental health is difficulty sleeping. Almost half of the total respondents had complaints of *insomnia* (41%). Anissa *et al.*, (2024) also stated that mothers who are depressed or have mental health problems will experience sleep difficulties and are also easily tired. This is due to a change in sleep schedule because of taking care of her child. So that the mother will have difficulty sleeping, get tired easily and experience headaches due to lack of sleep time.

The symptoms of fatigue easily as a decrease in energy are the highest complaints, and this deserves to be examined more deeply. Chronic fatigue in mothers is often a combination of physical fatigue due to parenting activities, household workload, and emotional fatigue due to psychological stress when dealing with children with special needs such as stunting. This condition is exacerbated by the fact that most of the respondents in this study are single parents, who have to bear the burden of parenting and the economy independently without the support of a partner. Single motherhood status significantly increases vulnerability to physical exhaustion and emotional distress, due to the absence of a division of roles in caring for children or meeting household needs. Mothers in such conditions tend to be less able to respond to the needs of their children, including in terms of providing nutrition, stimulating growth and development, and monitoring children's health (Durhaman *et al.*, 2025).

This is supported by Lubis *et al.*, (2024) who stated that there is a significant relationship between maternal mental health problems and the incidence of stunting in children. A similar

study by Mahshulah, (2019) also shows that mothers of stunted children tend to experience mental health problems with symptoms of depression and moderate to severe anxiety, which have an impact on parenting and attention to the basic needs of children. According to Rahayu *et al.*, (2022), the condition of Chronic Energy Deficiency (SEZ) in mothers, especially during pregnancy and breastfeeding, contributes to the risk of stunting in children. KEK causes mothers to easily feel tired, powerless, and not optimal in carrying out their parenting functions. In the study, it was stated that mothers with KEK have a 14 times greater chance of giving birth to stunted children than mothers with good nutritional status. In addition to physiological factors, psychosocial burdens also play an important role. Caring for stunted children requires extra effort in terms of attention, consistency, and sensitivity to child growth and development. Children with stunting not only experience physical growth stunts, but also cognitive, emotional, and motor delays (Pertiwi & Pardede, 2023). All of this adds to the stress for the mother and causes total exhaustion, both physically and mentally. Mothers who experience excessive fatigue that causes stress and social-emotional disorders. Social-emotional disorders due to maternal fatigue can cause slow development in children, growth disorders, reduced breastfeeding phases in children and decreased immunization rates (Rosyada *et al.*, 2022).

Febristi & Antoni, (2023) stated that the pressure of parenting for stunted children can cause burnout or mental fatigue, which is continuous emotional exhaustion, and increase the risk of depressive disorders. According to Marliani *et al.*, (2020), mothers who have children with special conditions, including stunting, are more susceptible to experiencing stress, anxiety, and depression, especially if they do not have an adequate emotional and social support system. This fatigue does not only come from physical activity, but also the burden of feelings of guilt, shame, or pressure from family and society, because children are considered to be stunted due to neglect of maternal care. Pertiwi & Pardede (2023) added that mothers with depression generally pay less attention to nutritional intake and stimulation of child development, so the risk of stunting is higher. The findings of this study are in line with the literature of Tyas & Setyonaluri, (2022) concluding that maternal mental health problems are positively correlated with the prevalence of stunting, where mothers with higher scores of mental health problems have children with lower growth.

The results of this study strengthen the theory that maternal mental health has a central role in child growth and development. The symptoms of fatigue in the mother are not mild symptoms, but are a real manifestation of the physical and psychological burden that affects the quality of care and nutritional status of the child. Interventions in stunting control cannot only focus on children, but must include monitoring and handling mental health and energy status of mothers. Primary health services such as health centers and posyandu need to integrate SRQ-20 screening at regular intervals to detect symptoms of mental health problems as early as possible. Therefore, the results of this study strengthen the evidence that maternal mental health should be a concern in stunting interventions.

Because in this study, the design was used *cross-sectional*, so it only looked at the picture of the mental health of mothers who had stunted children in general without explaining the cause-and-effect relationship with other variables such as the nutritional status of the mother or social support, and could not compare the characteristics of mothers who experienced and did not experience mental problems. In addition, the data collection is only in the Pekanbaru area, so the results of this study cannot be generalized. Therefore, it is recommended that researchers can further describe or look at specific risk factors for mental disorders of mothers who have stunted children and add *a longitudinal dimension* to see changes in maternal mental health conditions in a certain period of time and expand the reach of the population so that it can be generalized.

### **Conclusion**

The results of the study on the mental health picture of mothers who have stunted children in the Pekanbaru City Health Center area found that 59.7% of mothers do not experience mental health problems and 40.3% of mothers who have mental health problems. The most dominant symptoms were found to be a decrease in energy in the form of easily tired (56.9%), followed by difficulty sleeping (50%), and somatic complaints such as headaches (43.1%). Thus, it can be concluded that the mental health of the mother plays a very important role in the success of childcare and nutritional fulfillment. Handling stunting in children cannot be separated from interventions on maternal mental health. Therefore, early detection through psychological

screening such as *SRQ-20*, education, and emotional and social support are important aspects in efforts to reduce stunting rates in the community.

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