

Indonesian Mother' Experiences in Caring for Stunted Children: A Phenomenological Study with Psychosocial Perspective

Ika Juita Giyaningtyas¹, Achir Yani S. Hamid²

¹Nursing Program, STIKes Mitra Keluarga, Indonesia

²Mental Health Nursing Department, Faculty of Nursing, Universitas Indonesia, Indonesia

Article info

Article history:

Received: June 26th, 2024

Revised: November 13st, 2024

Accepted: December 12th, 2024

Corresponding author:

Ika Juita Giyaningtyas

Address: STIKes Mitra Keluarga.

Jl. Pengasinan Jl. Rw. Semut Raya,

RT.004/RW.012, Margahayu, Kec.

Bekasi Tim., Kota Bks, Jawa Barat 17113

E-mail: ika.giyaningtyas24@gmail.com

International Journal of Nursing and
Health Services (IJNHS)

Volume 7, Issue 6, December 20th, 2024

Doi: 10.35654/ijnhs.v7i6.828

E-ISSN: 2654-6310

Abstract

Background: Stunting is a condition that children are too short of normal height in their age range. One of the risk factors for stunting is parenting that is applied in families to children. Mothers are at the core in the stunting phenomenon so that understanding their experiences in caring for the children with stunting is essential. In this study, we explored the Indonesian mothers' experiences in caring for the children with stunting. **Methods:** This research was a qualitative research with descriptive phenomenology approach. Using purposive sampling, we recruited 12 mothers who were caring for the children with stunting. Data were collected through in-depth interviews and were analyzed using Colaizzi method. **Results:** We identified four themes in this study: (1) the diverse responses reflecting the mothers' subjective burden; (2) negative views from the society adding the burden to the mothers; (3) trying to be at peace with the children's stunting condition; and (4) the importance of social support in caring for the children with stunting. **Conclusion:** Mothers caring for children with stunting experienced a multifaceted burden coupled with the negative stigma from the community. They tried various ways from cognitive and religious approach to passive appraisal to cope with the stressful situation. The mothers also expressed their needs of social support from their husbands, families, and communities to help them through the stressful situation of caring for the children with stunting. Measures should be taken to address the psychosocial problems experienced by mothers due to their conditions

Keywords: stunting, stressful, mother' experience, children development.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-Non-Commercial CC BY-NC 4.0



INTRODUCTION

Stunting is a failure to thrive condition in children due to chronic malnutrition, manifesting in short stature/low-height-for-age of the children (1). Indonesia is a country with the fifth largest prevalence of stunting in the world. Stunting prevalence in Indonesia is higher than other countries in Southeast Asia, including Myanmar (35%), Vietnam (23%), and Thailand (16%) (2). The prevalence of stunting is higher in children aged 2-5 years compared to children aged 0-2 years (3). The children at that age are at an important milestone of growth and development (4,5). Therefore, stunting can have serious impacts on individuals in the future.

Stunting in childhood can alter the physical, cognitive, motor, mental and psychosocial developments of the children (6,7). Research shows a significant relationship between high anxiety levels and short stature of the adolescents aged 10-15 years (8). Symptoms of depression, low self-esteem and anti-social or withdrawal behavior also appear in stunting individuals (9). These mental health problems are only a few examples to illustrate the extensive impacts of stunting. Because of the many impacts of stunting, interventions are needed to reduce the growth of stunting rates.

The Indonesian government has provided and ensured access to clean water, provided and ensured access to sanitation, fortified food, provided access to health and family planning services, provided early childhood education, provided community nutrition education, provided sexual and reproductive health education and nutrition for adolescents, providing assistance and social security for poor families and increasing food and nutrition security (10).

The interventions that have been carried out by the government do not include interventions for caregivers who care for stunted children, especially mothers. In fact, one of the risk factors for stunting is the maternal behavior in parenting, which can be influenced by the attitude and knowledge of the mothers (11).

Mothers are at the core in the stunting phenomenon so that understanding their experiences in caring for the children with stunting is of high importance. However, research related to the psychosocial role of families and the care processes implemented by

families in caring for children with stunting is still limited. Deeper exploration is needed regarding the experiences of families, especially mothers, in caring for children with stunting, so that appropriate intervention can be determined for the family so that the family gets psychosocial support to care for children with stunting optimally.

Therefore, in this study we explored the Indonesian mothers' experiences in caring for stunting children with the highlight on the psychosocial aspects.

OBJECTIVE

The aim of this research is to explore mothers' experiences in caring for stunted children with the highlight on the psychosocial aspects.

METHODS

Design

This research was a qualitative research with descriptive phenomenological approach. Phenomenological approach aims to understand lived experiences or other phenomena (12). Through this approach, the individuals' meanings of their experiences are explored related to the concepts or phenomena (13). Phenomenological approach explains, understands, and interprets human behavior and experiences in a deep manner (14). In this study, we explored the experiences of the mothers as the primary caregiver of the children with stunting.

Sample, sample size & sampling technique

The selection of participants in this study was carried out by using purposive sampling technique. There were 12 participants. The participants were mothers of stunting children aged 2 to 5 years, live with and caring for the stunting children, and able to communicate in Indonesian language. Mothers who care for stunted children cannot be participants if they are not willing to participate in the research process being carried out.

Data collection process

The first author carried out in-depth interviews with the participants using an interview guide that had been developed by the first and second authors. Open-ended questions were chosen, so that information about

participants' experiences of caring for children with stunting could be explored in depth. Interviews were tape-recorded with the consent of the participants. During the interview, the interviewer took a field note to record the participants' non-verbal expressions and the atmosphere during the interviews. The interview was conducted for a maximum of 48 minutes 9 seconds at P6. The author conducted probing to obtain in-depth experiences from participants.

The interviews were conducted at the participants' homes as their natural and convenient environment. The study setting was in the working area of a community health center in Bondongan, North Bogor subdistrict in Bogor city, West Java Province, Indonesia. Bogor is one of the areas which has been the Indonesian government's top priority to address stunting problem in children (10).

Data analysis

Data were analyzed after conducting every interview until saturation was reached in the 12th participants using the Colaizzi's method. The interviews were transcribed verbatim and the transcripts were combined with the field note. The transcripts were read thoroughly and repeatedly to get the significant sentences or key words. Then, we made the categories or developing meanings out of the significant sentences and grouped the categories into subthemes/themes. We created a table manually that contained the significant sentences, categories, subthemes and themes. After doing the analysis, the first author returned to the participants to validate the analysis results. The author brought the transcript and analysis results to every participant to confirm the results of the analysis that the author compiled. The participants agreed with the findings.

Ethical consideration

This study has obtained an ethical approval from the Ethics Committee of Faculty of Nursing University of Indonesia (No 31/UN2.F12.D/HKP.02.04/2019).

RESULTS

We had 12 participants in this study. All participants were the biological mothers of the children with stunting aged 2-4 years. The

mothers were 18-45 years-old with the educational backgrounds ranging from the elementary school to undergraduate degree. Our data analysis resulted in four themes.

Theme 1. The diverse responses reflecting the mothers' subjective burden

The mothers caring for the children with stunting revealed their multifaceted responses on the children's stunting condition. These responses ranged from the cognitive, affective, physiological, behavioral, and social responses. All the responses indicated the subjective burden of the mothers.

Mothers felt confused and had overthinking of why their children were having stunting.

... I feel confused, don't know what to do. But my child was born in a big stature. (P3)

Mothers mostly expressed their affective responses upon knowing that their children had stunting. They felt sad, worried, guilty, and also blamed themselves for the condition of the children.

Ooh.... I was shocked, sad. It felt like my heart was sliced into pieces when I was told so (that the child had stunting). It extremely hurt. Oh Allah (God), what kind of tribulation is this? (P8)

I'm worried something happened in my children (P1)

... At that very second, I felt guilty. Oh Allah... I was afraid that Z (the child's name) became like this because of me, the mother. Astaghfirullah ("I seek forgiveness from Allah). (P8)

The psychological condition of the mothers then affected their physique. They experienced physical tension due to the stunting diagnosis of their children.

I could barely sleep... (P6)

It is exhausting, I can say. But how can I avoid that? I have to do that for my child, right? (P2)

Well, I keep thinking about it, until my head hurts (P4)

The cognitive, affective, and physiological responses of the mother also happened to influence the attitude towards the children. Some mothers felt demotivated to take

care of the children at times, as shown in the following sample quote:

...then I don't feel like feed my child. I just let him be. If I forced myself, I would be exhausted on my own (P1)

All those responses eventually affected the mother's social life. They limited their social interaction to avoid coming across people's questions of their stunting children.

So I rarely gathered with people – neighbors, or relatives. I was afraid they would ask about Z (the child). I would rather be at home, only going out if it was really necessary. (P12)

Theme 2. Negative views from the society adding the burden to the mothers

The negative perception of the people about children with stunting illustrates the existing stigma in the society. Several mothers expressed their feeling of receiving negative labels from their social circle.

People would compare my child with other people's children who were of the same age. There were quite a few. They noticed that Z (the child) was the smallest of all. And they would say that I don't feed him properly. You see, what kind of trait am I lacking? Ooh Allah...(P8)

The negative views of the people doubled the burden felt by the mothers. One participant stated her feelings to hear the people's comments of her child.

Yes, I got heartache. Of course I got offended. How could they say my child is malnourished – it sounded so awful (P3)

Theme 3. Trying to be at peace with the children's stunting condition

While caring for the children with stunting, the mothers did a lot of attempts to accept and be at peace with the children condition. Their attempts include some forms of rationalization, religious practice, and passive appraisal.

Rationalization is an affirmation to accept a condition for the individual or the people. Some mothers mentioned their efforts to rationalize the situation, for example:

But then I had a thought – oh, we, the mother and father of this child, are also small. It's fine to have a small child. (P2)

Not only rationalization, some mothers also tried many ways of religious practices to cope with the stunting problem of their children. The following excerpt shows some of the religious acts done by a mother.

I did lots of repentance, I prayed harder and harder. I kept venting all these problems to Allah (God). I had no idea what else I could do. Venting to people did not help, so I turned to Allah. I did a lot of late night prayers. (P8)

Apart from the rationalization and religious efforts, some mothers also tried to do a passive appraisal. The example of this approach is illustrated in the following quote:

Well, maybe watching television. If I watch TV I could forget the sad feelings. (P5)

Theme 4. The importance of social support in caring for the children with stunting

Mothers need social support in performing their role as the primary caregivers of the children with stunting. The social support may come from the husband, the relatives, and even neighbors. Social support may help release some burdens of the mothers, as well as motivate the mothers to keep giving the best care for the children. The mothers expressed this need in the following statements:

I always have my husband's back. He would motivate me, remind me to pray a lot so I could be more at ease. He really always supports me indeed (P2)

Also support from the relatives, the extended family. No more comparing one child to another (P8)

Maybe I would also need some support from the neighbors so that they would stop talking about me. (P7)

Table 1. Category and Theme of The Study

Category	Sub Theme	Theme
Confused	Cognitive responses	The diverse responses reflecting the mothers' subjective burden
Overthinking		
Sad	Affective responses	
Worried		
Shocked		
Feeling guilty		
Sleep disorder		

Fatigue	Physiological responses	
Dizzy		
Demotivated to take care	Behavior responses	
Restrictions on mother's social interactions	Social responses	
Restrictions on children's social interactions		
Negative views of society	-	Negative views from the society adding the burden to the mothers
Impact of negative views		
Rationalization	-	Trying to be at peace with the children's stunting condition
Religious approaches		
Passive appraisal		
Husband support	-	The importance of social support in caring for the children with stunting
Family support		
Neighborhood support		

DISCUSSION

Our interpretation of the findings of this study is discussed as follows.

The diverse responses as the mothers' subjective burden

How an individual responds to a stressor is related to the person's understanding or meaning of the situation. Responses to stressors can be classified into five domains, i.e.: cognitive, affective, physiological response, behavioral response, and social response (15). The mothers in this study also expressed their responses that ranged broadly in all those five domains when they came to know about the stunting condition of the children and taking care of them. These responses indicated the subjective burden of the mothers.

The cognitive responses such as confusion and overthinking were mentioned by several mothers. The cognitive response is the physiological mediation between the humans and the environment when individuals experience stress. It underpins on the individual's understanding of the situation (15).

Some mothers in this study showed a lack of understanding of the stunting conditions experienced by their children, hence the confusion. The individual perception of the problem plays an important role in determining the individual's strength, psychological burden, or resistance to stress. To survive stress, individuals should have a positive attitude, openness to change, and a sense of engagement and control of the situation; otherwise, they may fail to cope well (16). Lack of knowledge is most likely to be the root of the counterproductive cognitive responses of the mothers in this study.

The affective response was the most emergent response of the mothers. Mothers who cared for stunting children felt sad, anxious, shocked, and guilty. Guilt has a significant relationship with shame (17). A mother expressed her shame feeling of herself for letting her child suffer from stunting. Such feeling may prevent the family from seeking help to health services; to fulfill the health maintenance tasks of the family. Mothers were burdened from all these negative feelings that arised from stunting condition of their children.

The expected role of the mothers in the family is to be responsible for the family nutrition, family hygiene, and even overall physical health. The mothers are also expected to raise the children with good parenting, affection, and optimal stimulation (18). Failing to meet these roles dealt a blow to the mothers. Without having others pointing out the mistake at them, they would already blame themselves for having such failure.

Mothers in this study mostly had more than one child; some even had six children. The load of caring multiple small children could be huge for the mothers. This situation may lead to the stunting problem of the children, and also make the mothers feel overwhelmed in taking care the children with stunting. A study done by Sahithya et al (2019) mentioned that families with many children tended to give different attention to each children, which decreasing as the number of the children multiplies (19). Another study pointed out that having more than two children in the family could be a risk factor for stunting (20). However, in this study, we found that even the first child could also experience stunting. Further research is needed

regarding the relationship of parenting to each child in the family with the incidence of stunting. Some mothers in this study also indicated a sense of unreadiness to have children because they did not want to have a child at that time. This unreadiness may contribute to poor parenting of the children, too. That the level of education and knowledge of the mothers may be associated with the incidence of stunting, however, are debatable. Some studies showed the correlation between the two (21) and some others did not (22).

Caring for a stunting child made some mothers felt anxious. They reported their feelings of afraid, worry, and anxiety because of their children's condition. Unresolved anxiety may disrupt productivity and quality of life (23). Therefore, this psychosocial issue needs to be addressing by the health care providers taking care of the children with stunting. Some anxiety relieving activities such as relaxation and deep breathing technique could be taught to the mothers of the children with stunting.

Stress due to the care of stunting children could also lead to physiological responses. Physiological responses prove that events experienced by individuals can affect their physical condition. The mothers in this study experienced sleep disturbance, fatigue, and dizziness. These responses are associated with the sympathetic nerves that correspond with the emerging stress (15). According Ulrichová's study, a person's mental or psychological state can affect all aspects of life (24). Behavioral response is the result of individual physiological, affective and cognitive responses (25).

The majority of children with stunting in this study were in the toddler and preschool period. Toddler age is a period where the children start to develop autonomy, so that parents should give freedom and allow children to learn about their world (26). Meanwhile, preschoolers are a stage of psychosocial development where the children are very active and begin to develop the ability to live in a community (27). Preschoolers are one of the most critical and intensive periods of brain development throughout the human lifetime. Healthy brain development during this period facilitates optimal cognitive development and lays the foundation for future cognitive and

academic achievement (28). Parents who have toddlers and preschoolers should stimulate their children according to their growth and development period. In addition to that, nutritional intake is also essential to support their growth and development. However, in this study, it seemed that the mothers had not optimally nurtured and fulfilled the nutritional needs of the children.

The last response shown by mothers is the social response. The mothers in this study tended to withdraw from the social interaction due to their children's stunting. Restrictions on social interaction are usually done to avoid people's judgement and comparison of the problem with the perceived ideal condition in other people (15). The mothers' avoidance could also be related to the negative stigma of stunting problem in the community.

Negative views from the society adding the burden to the mothers

Negative views of society towards individuals or groups are the beginning of the existence of stigma. Stigma is a negative characteristic or label given to other individuals or groups, that is usually intended to demean or isolate (29). Mothers of the children with stunting received negative stigma from the community. This adds the psychosocial burden for the mothers to caring for the stunting children.

Stigma can leave negative impacts on the individual's self-concept, including low self-esteem; it can also lead to anxiety and trigger depression (29). A research conducted by Perez et al in 2023 showed that individuals who were stigmatized in society were difficult to interact social (30). This issue also emerged among the mothers of children with stunting. The mothers felt hurt and offended by the stigma and withdrew from the social interaction because of it. This finding is in accordance with a prior study finding that explained social withdrawal as a response to stigma.

Trying to be at peace with the children's stunting condition

The efforts to make peace with the fact of having children with stunting can also be referred to as the coping strategies used by the mothers in dealing with perceived stress. Being a parent of a child with a health problem is a

time of stress and change (31). The coping strategies here are more related to the ways of mothers accept the stressful situation, but not about how to overcome the stunting condition of the children.

Most mothers in this study used the religious approach to dealing with stress. In this coping strategy, the individuals made the direct efforts according to their belief, in this case including communicating with God, performing extra prayers, and surrendering to God. Many religious expressions also came up from the mothers when describing their experience in caring for the stunting children. This may indicate the magnitude of the problem they perceived so that they resorted to God to find a relief.

Another way of the mothers to make peace with the stunting problem was through rationalization. It is a coping mechanism that focuses on cognitive aspect, in which the person is trying to control the meaning of the problem and neutralize it (32). In this approach, the individuals would seek explanations that seem logical and acceptable to the public to justify their impulses, feelings, behaviors, and motives. For example, a mother tried to rationalize the stunting condition as a hereditary trait and this justification made her feel calmer.

Additionally, passive appraisal is a coping strategy that is used by individuals to overcome problems by minimizing activities, such as believing that the problem may disappear by itself as time goes (33). Mothers as caregivers from stunting children often use the passive appraisal coping mechanisms, such as drinking tea, watching television, being indifferent to their feelings and other people, or letting go their negative feelings, to just make peace with their children's condition. A prior study found that more parents used passive appraisal compared to spiritual support in dealing with their stress (34). However, another research suggested that passive appraisal has a negative influence on family strength.

The importance of social support in caring for the children with stunting

Social support is a form of support in dealing with stressors. Individuals who have high social support may have a lower stress level and also can deal with stress more

successfully than those who lack social support. Support systems are all facilities in the form of support provided by the family, friends and surrounding communities (35,36). Social support could take form in the verbal or non-verbal information, such as the advice or supportive behavior given by people who are familiar with the subject. People who perceive that they get social support are emotionally relieved because they are being cared for.

Mothers who care for stunting children expressed their need the support of their husbands, families and neighbors. Family social support works as a protector to fight changes in stressful life events (37). Through family social support, psychological well-being may increase because the attention and understanding will lead to the sense of belonging, increased self-esteem, clear self-identity and positive feelings about themselves. Meanwhile, social support from neighbors was expected to minimize the negative views which the society puts to the mothers of children with stunting.

The implications of this study for nursing services are shown from the study results, namely that mothers who care for stunted children show various responses, especially affective responses. Affective responses related to psychology are the most common responses. The psychological problems experienced by mothers who care for stunted children need to be given nursing intervention, so that they do not become ongoing problems for the mother as a caregiver. Psychological problems that are handled can optimize the mother's care for her child.

This study provides an overview of the experiences of families who are caregivers of children with stunting as additional input that handling mental health cases is not only in the scope of mental disorders, but also in the scope of risk. It can be seen that mothers who care for stunted children receive stigma from society which makes them limit their social interactions. It is feared that this condition will become a case of discrimination and isolation if it is not handled properly.

CONCLUSION

The results of study regarding the experiences of mothers who are caregivers in caring for children with stunting from a psychosocial perspective can be concluded as

follows: the experiences of mothers caring for children with stunting involved 12 participants and resulted in 20 categories, 5 sub-themes and 4 themes. The resulting themes are: 1). The diverse responses reflecting the mothers' subjective burden, 2). Negative views from the society adding the burden to the mothers, 3). Trying to be at peace with the children's stunting condition, 4). The importance of social support in caring for the children with stunting.

Mothers caring for children with stunting experienced a diverse response which implied their subjective burden. The mother's burden increased as they received negative views from the community. To accept the situation of having children with stunting, the mothers tried various ways from cognitive and religious approach, to passive appraisal. The mothers also expressed their needs of social support from their husbands, families, and communities to help them through the stressful situation of caring for the children with stunting.

The results of this study can help nurses to better understand how it is like to be a mother of a child with stunting problem. This could be the key to build the caring relationship with the mothers to eventually address the stunting problem in the children. Measures should also be taken to address the psychosocial problems experienced by mothers with stunting children. Further research should be done to understand the readiness of mothers to care for children and their care methods to find out its contribution to the incidence of stunting in Indonesia.

REFERENCES

- (1) Thurstans S, Sessions N, Dolan C, Sadler K, Cichon B, Isanaka S, et al. The relationship between wasting and stunting in young children: A systematic review. *Matern Child Nutr.* 2022;18(1). Available from: <https://doi.org/10.1111/mcn.13246>
- (2) Anggraini Y, Romadona NF. Review of Stunting in Indonesia. In: *Proceedings of the International Conference on Early Childhood Education and Parenting 2019.* 2020. p. 281–4. Available from: <https://doi.org/10.2991/assehr.k.200808.055>
- (3) Rahayuwati L, Nurhidayah I, Hidayati NO, Hendrawati S, Agustina HS, Ekawati R, et al. Analysis of factors affecting the prevalence of stunting on children under five years. *EurAsian J Biosci Eurasia J Biosci.* 2020;14 (July 2019):6565–75.
- (4) Nahar B, Hossain M, Mahfuz M, Islam MM, Hossain MI, Murray-Kolb LE, et al. Early childhood development and stunting: Findings from the MAL-ED birth cohort study in Bangladesh. *Matern Child Nutr.* 2020;16(1). Available from: <https://doi.org/10.1111/mcn.12864>
- (5) Ekholuenetale M, Barrow A, Ekholuenetale CE, Tudeme G. Impact of stunting on early childhood cognitive development in Benin: evidence from Demographic and Health Survey. *Egypt Pediatr Assoc Gaz.* 2020;68(1). Available from: <https://doi.org/10.1186/s43054-020-00043-x>
- (6) Mustakim MRD, Irwanto, Irawan R, Irmawati M, Setyoboedi B. Impact of Stunting on Development of Children between 1-3 Years of Age. *Ethiop J Health Sci.* 2022;32(3):569–78.
- (7) Ponum M, Khan S, Hasan O, Mahmood MT, Abbas A, Iftikhar M, et al. Stunting diagnostic and awareness: Impact assessment study of sociodemographic factors of stunting among school-going children of Pakistan. *BMC Pediatr.* 2020;20(1):1–9. Available from: <https://doi.org/10.1186/s12887-020-02139-0>
- (8) Moradi M, Mozaffari H, Askari M, Azadbakht L. Association between overweight/obesity with depression, anxiety, low self-esteem, and body dissatisfaction in children and adolescents: a systematic review and meta-analysis of observational studies. *Crit Rev Food Sci Nutr [Internet].* 2021;62(2):555–70. Available from: <https://doi.org/10.1080/10408398.2020.1823813>
- (9) Susiloretni KA, Smith ER, Suparmi, Marsum, Agustina R, Shankar AH. The psychological distress of parents is associated with reduced linear growth of children: Evidence from a nationwide population survey. *PLoS One [Internet].* 2021;16(10 October):1–23. Available from: <http://dx.doi.org/10.1371/journal.pone>

- (10) TNP2K. 100 Kabupaten/ Kota Prioritas untuk Intervensi Anak Kerdil (Stunting). Jakarta: Sekretariat Wakil Presiden RI; 2017.
- (11) Kullu VM, Yasnani, Lestari H. Faktor-faktor yang Berhubungan dengan Kejadian Stunting pada Balita Usia 24-59 Bulan. *J Ilm Mhs Kesehat Masy*. 2018;3(2):1-11.
- (12) Renjith V, Yesodharan R, Noronha JA, Ladd E, George A. Qualitative Methods in Health Care Research. *Int J Prev Med*. 2021;12:1-7. Available from: https://doi.org/10.4103/ijpvm.IJPVM_321_19
- (13) Creswell J. Qualitative Inquiry & Research Design: Choosing Among Five Approaches. 3rd ed. United States of America: Sage Publications; 2014.
- (14) Silverman D. Qualitative Research. 4th ed. United States of America: Sage Publications; 2016.
- (15) Stuart GW. Principles and Practice of Psychiatric Nursing. 10th ed. Missouri: Elsevier Mosby; 2013.
- (16) Shah AN, Tanveer M, Abbas A, Fahad S, Baloch MS, Ahmad MI, et al. Targeting salt stress coping mechanisms for stress tolerance in Brassica: A research perspective. *Plant Physiol Biochem*. 2021 Jan;158:53-64. Available from: <https://doi.org/10.1016/j.plaphy.2020.11044>
- (17) Leonardi J, Fimiani R, Faccini F, Gorman BS, Bush M, Gazzilloa F. An empirical investigation into pathological worry and rumination: Guilt, shame, depression, and anxiety. *Psychol Hub*. 2020;37(3):31-42. Available from: <https://doi.org/10.13133/2724-2943/17229>
- (18) Rae R, Belone L, Tafoya E, Yepa M, Cohoe-Belone B, Burbank I, et al. Family listening/circle program: The experience of community action projects to promote family and community wellness in three tribal communities in New Mexico. *Front Public Heal*. 2023;11. Available from: <https://doi.org/10.3389/fpubh.2023.1091751>
- (19) Sahithya BR, Manohari SM, Vijaya R. Parenting styles and its impact on children—a cross cultural review with a focus on India. *Ment Heal Relig Cult*. 2019;22(4):357-83. Available from: <https://doi.org/10.1080/13674676.2019.1594178>
- (20) Li Z, Kim R, Vollmer S, Subramanian S V. Factors Associated with Child Stunting, Wasting, and Underweight in 35 Low-And Middle-Income Countries. *JAMA Netw Open*. 2020;3(4):1-18. Available from: <https://doi.org/10.1001/jamanetworkopen.2020.3386>
- (21) Supadmi S, Laksono AD, Kusumawardani HD, Ashar H, Nursafingi A, Kusrini I, et al. Factor related to stunting of children under two years with working mothers in Indonesia. *Clin Epidemiol Glob Heal* [Internet]. 2024;26(May 2023):101538. Available from: <https://doi.org/10.1016/j.cegh.2024.101538>
- (22) Laksono AD, Sukoco NEW, Rachmawati T, Wulandari RD. Factors Related to Stunting Incidence in Toddlers with Working Mothers in Indonesia. *Int J Environ Res Public Health*. 2022;19(17). Available from: <https://doi.org/10.3390/ijerph191710654>
- (23) Hohls JK, König HH, Quirke E, Hajek A. Anxiety, depression and quality of life – a systematic review of evidence from longitudinal observational studies. *Int J Environ Res Public Health*. 2021;18(22). Available from: <https://doi.org/10.3390/ijerph182212022>
- (24) Ulrichova M. The Connection Between Personality Traits and Resistance to Stress. *Procedia-Social Behav Sci*. 2016;112:1246-54. Available from: <https://doi.org/10.1016/j.sbspro.2014.01.1290>
- (25) Townsend MC. Psychiatric Mental Health Nursing: Concepts of Care in Evidence Based Practice. 6th ed. Philadelphia: F. A. Davis Company; 2014.
- (26) Keliat BA, Daulima NHC, Farida P. Managemen Keperawatan Psikososial & Kader Kesehatan Jiwa CMHN (Intermediate Course). Jakarta: EGC; 2016.
- (27) Sekowski M. Attitude Toward Death

- From the Perspective of Erik Erikson's Theory of Psychosocial Ego Development: An Unused Potential. *Omega* (United States). 2022;84(3):935–57. Available from: <https://doi.org/10.1177/0030222820921604>
- (28) Roberts M, Tolar-Peterson T, Reynolds A, Wall C, Reeder N, Rico Mendez G. The Effects of Nutritional Interventions on the Cognitive Development of Preschool-Age Children: A Systematic Review. *Nutrients*. 2022;14(3):1–15. Available from: <https://doi.org/10.3390/nu14030532>
- (29) Haqq AM, Kebbe M, Tan Q, Manco M, Salas XR. Complexity and Stigma of Pediatric Obesity. *Child Obes*. 2021;17(4):229–40. Available from: <https://doi.org/10.1089/chi.2021.0003>
- (30) Niu C, Xie Y, Ren Y, et al. The impact of stigma on mental health and quality of life of infertile women: A systematic review. *Front Psychol*. 2023;9(13):01–13. Available from: <https://doi.org/10.3389/fpsyg.2022.1093459>
- (31) Thompson CE. *Raising a Handicapped Child: A Helpful Guide for Parents of The Physically Disabled*. England: Oxford University Press; 2000.
- (32) Rajgariah R, Malenahalli Chandrashekarappa S, Venkatesh Babu DK, Gopi A, Murthy Mysore Ramaiha N, Kumar J. Parenting stress and coping strategies adopted among working and non-working mothers and its association with socio-demographic variables: A cross-sectional study. *Clin Epidemiol Glob Heal* [Internet]. 2021;9(July 2020):191–5. Available from: <https://doi.org/10.1016/j.cegh.2020.08.013>
- (33) Ntre V, Papanikolaou K, Amanaki E, Tzavara C, Kolaitis G. Coping Strategies in mothers of children with autism spectrum disorder and their relation to maternal stress and depression. *Psychiatr J*. 2022; Available from: <https://doi.org/10.22365/jpsych.2022.068>
- (34) Kalla N, Purohit H. Analyzing The Impact Of Coping Strategies On Well Being: A Correlational Study. *Webology* [Internet]. 2022;19(2):5654. Available from: <http://www.webology.org>
- (35) Cohen S, McKay G. Social Support, Stress and the Buffering Hypothesis: A Theoretical Analysis. IV. Routledge; 2020. 253–267 p.
- (36) de Frias CM, Whyne E. Stress on health-related quality of life in older adults. *Aging Ment Health*. 2014;19(3):201–6. Available from: <https://doi.org/10.1080/13607863.2014.924090>
- (37) Pandani NWP. The Role of Social Support for Mother's Interest in Preventing Stunting. *Community Med Educ J*. 2021;1(1):44–52. Available from: <https://doi.org/10.37275/cmej.v1i1.103>