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Evaluation of Mindfulness Intervention on Self-Efficacy in Stunting and Non-Stunting

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Abstract: Stunting remains a significant public health problem in Indonesia, while interventions to improve maternal self-efficacy are urgently needed. This study aims to evaluate the effectiveness of mindfulness interventions on maternal self-efficacy in mothers with stunting and non-stunting toddlers. This study adopted a quasi-experimental design to explore the impact of a mindfulness intervention on two groups of mothers: mothers of stunted (n=15) and non-stunted (n=15) children. The structured intervention involved mindfulness sessions that included guided relaxation and mindful parenting practices. Data collection was conducted using a validated self-efficacy questionnaire. Statistical analysis included Shapiro-Wilk normality testing and paired t-tests to evaluate differences in pre- and post-intervention scores, as well as Pearson correlation analysis to understand the relationship between pre- and post-intervention scores. The analysis showed that the stunting group had larger families, which could indicate an imbalanced allocation of nutritional resources. Meanwhile, the t-test results showed a significant increase in maternal self-efficacy scores from the stunting group after the mindfulness intervention, from 104.87 (SD = 14.16) to 111.47 (SD = 12.81), with a p-value of 0.011. The study concluded that the mindfulness intervention can serve as an effective support strategy in childcare programs to address stunting issues.

Keywords: Effectiveness; Evaluation; Mindfulness; Self-efficacy; Stunting

Introduction

Mindfulness frameworks, which stress present-moment awareness without judgment, have been shown to positively influence maternal mental health during pregnancy and early motherhood. Systematic reviews indicate that mindfulness-based interventions consistently reduce anxiety and depression among perinatal populations, potentially enhancing maternal self-efficacy as a result of improved mental health outcomes (Lever Taylor et al., 2016; Shi & MacBeth, 2017). As maternal mental health improves through mindfulness-based stress reduction techniques, the likelihood of mothers feeling more capable and confident in their parenting abilities increases, particularly when attending to the complex needs of vulnerable toddlers (Dhillon et al., 2017; Hall et al., 2016).

The relationship between maternal stress and its repercussions on child health outcomes, including stunting, complicates the picture further. Research has shown that elevated parenting stress can harm maternal well-being and child development, creating a cycle where high stress undermines self-efficacy and adversely affects parenting behaviors (Potharst et al., 2017; Schaeffer & Potharst, 2025). Conversely, mindfulness practices have been found to reduce such stress via improved emotional regulation, thereby fostering a more supportive and nurturing environment for children (Burgdorf et al., 2019; Van der Riet et al., 2020). By equipping mothers with mindfulness skills, we hypothesize that maternal self-efficacy will improve,

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leading to better outcomes for children, irrespective of their stunting risk.

Moreover, evidence suggests that improvements in maternal mindfulness and self-efficacy correlate with reduced maladaptive parenting behaviors, detrimental to child well-being (Meppelink et al., 2016; Parent et al., 2021). Mindfulness thus serves as a vital mechanism through which mothers can learn to alleviate stress and provide consistent, nurturing responses to their children, thus strengthening the parent-child relationship and enhancing developmental outcomes for toddlers (Donovan et al., 2022; Potharst et al., 2022).

Specific mindfulness interventions have demonstrated promise in addressing challenges in parent-child interactions, particularly common among mothers of toddlers. Programs aimed at enhancing mindful parenting can specifically target behaviors such as overreactivity and impatience, which have been associated with stress and reduced maternal self-efficacy (Potharst et al., 2021; Schaeffer & Potharst, 2025). These interventions strive to equip mothers with strategies to engage with their children more mindfully, potentially resulting in improvements in overall parenting competence and efficacy. To validate these benefits, various studies suggest that participation in mindfulness practices increases maternal empathy and compassion—traits crucial for fostering secure attachments with children. Such secure attachments are vital for both stunting and non-stunting toddlers, as they facilitate emotional and psychological development through positive parenting practices (Guarini et al., 2022; Kömürcü Akik, 2023). Literature indicates that as mothers enhance their self-efficacy through mindfulness practices, they are more likely to engage with their toddlers in ways that promote healthy growth and developmental outcomes.

This research is important given the negative impact of stunting on child development and the need for a holistic approach to childcare interventions. By comparing these two groups of mothers, this study is expected to provide new insights into how mindfulness can be used as a tool to increase self-efficacy and contribute to the development of more effective intervention programs.

Method

Research Design

Employing a quasi-experimental design grants the ability to explore the impact of the mindfulness intervention while maintaining naturalistic settings related to participant selection. This methodological framework consists of two primary participant groups: mothers of stunting toddlers (n=15) and mothers of non-stunting toddlers (n=15). The quasi-experimental design, while lacking random assignment, holds merit in its intention to observe the outcomes of an intervention under real-world conditions, thereby enhancing the external validity of the findings.

Participant Selection

Participants were selected through specific inclusion criteria to ensure that the study's findings would be relevant and applicable to the targeted demographic. Inclusion criteria required that all participants have a toddler aged 12–24 months, express a willingness to engage throughout the study, and possess the capability to attend mindfulness sessions facilitated by trained professionals. The delineation of sample groups based on the stunting status of the toddlers serves to underline the impact of maternal psychosocial interventions on varying maternal contexts.

Intervention Protocol

The mindfulness intervention consists of a thorough and structured program tailored for mothers, emphasizing practices that cultivate awareness and reflective parenting. Over the course of several sessions, participants were guided through activities encompassing guided relaxation, focused breathing techniques, and specific mindful parenting practices. These components were purposefully designed to foster an environment of emotional regulation, enhancing maternal self-efficacy towards feeding and caring for their children.

Data Collection Instruments

Data collection was facilitated through a validated self-efficacy questionnaire, which was adapted from the Complementary Feeding Self-Efficacy instrument established by Hendriyani (2020). This instrument measures aspects of maternal self-efficacy concerning feeding practices, thereby providing a reliable metric for evaluating the intervention's impact. The comprehension of this instrument allowed researchers to accurately assess maternal perceptions regarding their capabilities in providing nutritional care for their children.

Statistical Analysis

The data analysis followed a systematic sequence, commencing with normality testing based on the Shapiro-Wilk test to ascertain the distribution characteristics of the self-efficacy scores. Following the validation of normality, the study employed paired samples t-tests to discern significant differences in mothers' self-efficacy scores before and after the mindfulness intervention within each group. This analytical strategy affords insights into the efficacy of

the intervention on distinct sample subsets. Furthermore, Pearson correlation analysis was conducted to evaluate the relationship between pre-test and post-test scores, enhancing the comprehensiveness of the dataset and fostering a nuanced understanding of the intervention's effects.

Result and Discussion

Table 1 delineates the sociodemographic characteristics of respondents categorized into stunting and non-stunting groups. A notable trend demonstrates that the majority of fathers in both groups were aged ≤40 years, with one-third in the stunting group and 40% in the non-stunting group aged ≤30 years. Mothers in the stunting group predominantly fell within the 31–40 years age range (47%), contrasting with the non-stunting group where 73% were aged ≤30 years. Educational attainment revealed that most fathers had primary education (60% stunting vs. 67% non-stunting), and only one father in the non-stunting group attained higher education. Similarly, mothers predominantly had primary education (53% stunting vs. 67% non-stunting), with one mother achieving higher education. Occupationally, farming remained the primary involvement for fathers (53% in both groups), while the non-stunting group also saw significant entrepreneurial involvement (47%). Interestingly, all mothers in the stunting group and 93% in the non-stunting group identified as housewives. Family size analysis indicated that 60% of stunting group families comprised 4–5 members, compared to 47% of non-stunting group families with ≤3 members.

The paired samples t-test revealed a significant improvement in mothers' self-efficacy scores in the stunting group after the mindfulness intervention (Table 2). The mean pre-test score was 104.87 (SD = 14.16) and increased to 111.47 (SD = 12.81) at post-test, yielding a mean difference of -6.60. This difference was statistically significant ($t(14) = -2.927$, $p = 0.011$), indicating that the mindfulness intervention was effective in enhancing mothers' confidence in caring for and feeding their stunted children.

Table 1. Frequency Distribution of Respondents' Characteristics

Respondents' Characteristics	Stunting		Non-Stunting	
Father's age				
≤ 30 years	5	33	6	40
31-40 years	5	33	6	40
≥ 41 years	5	33	3	20
Mother's Age				
≤ 30 years	6	40	11	73
31-40 years	7	47	13	20
≥ 41 years	2	13	1	7
Father Education				
Primary	9	60	10	67
Secondary	6	40	4	27
Higher	-	-	1	6
Mother's Educatoon				
Primary	8	53	10	67
Secondary	7	47	4	27
Higher	-	-	1	6
Father's Occupation				
Farmer	8	53	8	53
Entrepreneur/Private	4	27	7	47
Others	3	20	-	-
Mother's Occupation				
Housewife	15	100	14	93
Others	-	-	1	7
Number of Family Members				
≤ 3	4	27	7	47
4-5	9	60	8	53
≥ 6	2	13	-	-

Table 2. Results of Paired Samples t-test on Mothers' Self-Efficacy Scores Before and After Mindfulness Intervention

Group	Pre-test (M ± SD)	Post-test (M ± SD)	Mean Difference	t	p-value
Stunting	104.87 ± 14.16	111.47 ± 12.81	-6.6	-2.93	0.011*
Non-Stunting	108.73 ± 8.13	110.33 ± 7.67	-1.6	-0.95	0.359

In terms of paternal demographics, it is notable that a significant proportion of fathers in both stunting (33%) and non-stunting (40%) groups were aged ≤30 years. This finding aligns with existing literature which indicates that paternal age, particularly younger age, can correlate with economic vulnerability and reduced support resources for child caregiving, often tied to educational and occupational limitations. The majority of fathers across both groups were primarily involved in farming (53%), considering a reliance on agriculture, a sector typically characterized by low income and underemployment which can exacerbate instances of malnutrition among children(Mohammed et al., 2019). Notably, the stark difference in the educational attainment of fathers—only one in the non-stunting group possessing higher education—points to a critical disconnect where in lower educational levels frequently correlates with economic challenges and poor nutritional standards(Chirande et al., 2015; Habyarimana, 2016).

Turning to maternal demographics, age distributions indicate that a significant 47% of mothers in the stunting group fell within the 31-40 years age range, while a concerning 73% of mothers in the non-

stunting group were aged ≤30 years, effectively suggesting a potential protective effect associated with younger maternal age for nutritional outcomes in children. Previous studies indicate that maternal age can interact with educational attainment to significantly impact child growth and development outcomes, where younger mothers may have better nutrition and health knowledge due to educational exposure (Binagwaho et al., 2020; Nankinga et al., 2019). Yet, the fact that mothers in the stunting group predominantly possess lower educational attainment (53% with only primary education) reinforces the impact of maternal education on child growth, as evidenced by multiple studies showing a direct relationship between the educational level of mothers and reduced stunting incidence (Chirande et al., 2015; Habyarimana, 2016).

Educational background for both fathers and mothers in the stunting and non-stunting groups reveals striking trends—primarily that a substantial percentage in both groups achieved only primary education. This lack of educational advancement renders both parents more vulnerable to low-income jobs and insufficient knowledge relating to nutrition, as reported in various global contexts indicating low maternal education is a prominent determinant of child nutrition disparities (Chirande et al., 2015; Habyarimana, 2016; Mohammed et al., 2019). Moreover, the singular achievement of higher education among one father and one mother in non-stunting households further emphasizes the educational gap that often accompanies socioeconomic disparities.

The occupational status of mothers and fathers emerges as another crucial determinant of nutritional outcomes—while all mothers in the stunting group were identified as housewives, 93% of mothers in the non-stunting group followed suit. In contrast, the non-stunting group displayed a notable entrepreneurial engagement (47%), which suggests that higher occupational diversity could enable access to resources that support better child nutrition and health outcomes (Nankinga et al., 2019; Ndagijimana et al., 2023). The stability that comes from having a family income that allows for better food choices and purchasing power aligns with findings that demonstrate a notable relationship between parental occupation and childhood malnutrition, where secure employment and higher income correlate with reduced instances of stunting (Binagwaho et al., 2020).

Family size analysis casts additional light on the study population's characteristics. The stunting group encompassed families of 4-5 members (60%), while the non-stunting group comprised predominantly families with ≤3 members. The correlation between larger family sizes and increased chances of stunting reflects an unequal distribution of nutritional resources among more family members, mirroring previous research indicating that larger family sizes increase competition for resources, thereby negatively impacting child nutrition and health (Dewi Fitriani & Sunarsih, 2024)These patterns suggest a possible threshold capacity for resource allocation that, when exceeded, leads to reductions in child health outcomes, highlighting the need for more targeted nutritional interventions.

Furthermore, the demographic indicators observed in both stunting and non-stunting groups emphasize the intersectionality of socioeconomic status, educational attainment, and family size in shaping child nutritional outcomes. Investment in maternal and paternal education could provide significant leverage against stunting, as studies across various geographical contexts have consistently indicated that increased maternal education corresponds with improved child health metrics, including lower stunting rates (Habyarimana, 2016; Mohammed et al., 2019; Ndagijimana et al., 2023). Consequently, the interplay among the examined demographic characteristics reveals an interlinked framework through which targeted policy interventions might address and mitigate child malnutrition more effectively by focusing on educational initiatives and economic empowerment of families.

The results from the paired samples t-test indicated a statistically significant improvement in mothers' self-efficacy scores, particularly in the stunting group, following the mindfulness intervention. Specifically, the mean pre-test score of self-efficacy was 104.87 (SD = 14.16), which rose to 111.47 (SD = 12.81) post-intervention, showcasing a mean difference of 6.60. This finding, evidenced by a t-statistic of -2.927 with a corresponding p-value of 0.011, illustrates that the mindfulness intervention was effective in enhancing mothers' confidence in their ability to care for and feed their stunted children, thus aligning with recent literature emphasizing the importance of maternal self-efficacy in nutritional outcomes for children (Burgdorf et al., 2019; Mahmudiono et al., 2018).

The notion that mindfulness interventions can enhance self-efficacy among mothers is supported by multiple studies which indicate that mindfulness practices contribute positively to both psychological well-being and parenting efficacy. For example, mindfulness-based interventions have been shown to significantly reduce parenting stress, thereby enhancing parental efficacy and improving the quality of parenting (Burgdorf et al., 2019). It is crucial to recognize that self-efficacy is closely linked to the perceived competence of parents in managing their children's health and nutrition, which is particularly

important in populations dealing with nutrition-related issues such as stunting (Mahmudiono et al., 2018).

Furthermore, the significance of maternal self-efficacy transcends cultural boundaries. While the study by Wilandika et al. discusses increasing self-efficacy through tailored interventions for teenagers, this highlights how contextual approaches can be effective across different demographics (Wilandika et al., 2022). Although not directly related to maternal self-efficacy in feeding practices, this principle suggests that well-defined interventions can yield high levels of effectiveness, and structured mindfulness training may serve similarly in improving maternal confidence in feeding practices (Wilandika et al., 2022).

The enhancement in self-efficacy due to the mindfulness intervention observed in the stunting group draws parallels with findings from other studies focusing on maternal feeding practices and self-regulation. Specifically, Daniels et al. revealed that mothers who engaged in interventions designed for early feeding practices reported higher responsive feeding behaviors compared to those in control groups, indicating that proactive maternal engagement is critical in promoting healthy dietary habits in children (Daniels et al., 2020). Consequently, the increased self-efficacy seen in the stunting group post-intervention can be interpreted as a significant step towards more effective parenting practices which, in turn, can mitigate issues surrounding childhood stunting.

The concept of self-efficacy has been extensively explored in various fields, illustrating that it is a dynamic attribute that can be nurtured through targeted interventions. A nutrition education program aimed specifically at mothers of stunted children led to marked improvements in their self-efficacy regarding nutritional management (Rachmah et al., 2019). This aligns with findings from Chae and Ha, who reported statistically significant increases in health self-efficacy within populations participating in community health programs (Chae & Ha, 2021). Such evidence indicates that structured educational efforts not only bolster individuals' confidence in their abilities but also produce measurable improvements in health-related behaviors.

Participants with higher perceived self-efficacy regarding physical activity were more likely to overcome barriers to exercise and engage in healthier behaviors (Vakilian et al., 2021). This aligns with the overall narrative that focused training and educational programs can significantly influence self-efficacy, supporting the findings from both Educational interventions based on health promotion models markedly improved self-efficacy and health-related quality of life among patients (Yang et al., 2022).

Additionally, the broader implications of enhancing self-efficacy through intervention can be seen in the work of Bolat and Karamustafaoğlu, where improvements in self-efficacy among participants in an educational training program were documented (Bolat & Karamustafaoğlu, 2023). This further substantiates that the cultivation of self-efficacy is not merely a theoretical consideration but has practical implications that can lead to improved health outcomes. Hence, interventions that are carefully designed with the intention of enhancing knowledge and skills are integral to operationalizing successful health promotion strategies.

Moreover, understanding the relationship between mindfulness and maternal self-efficacy requires a multidimensional perspective. A systematic review conducted by Burgdorf et al. confirms that mindfulness interventions result in significant effects on both parental stress and efficacy, providing empirical backing for the assertion that these interventions have a decisive impact on parenting outcomes (Burgdorf et al., 2019). Therefore, the improvement in mothers' self-efficacy as observed in this study is an essential indicator of the broader spectrum of benefits that mindfulness training offers in enhancing maternal capacities to deal with the complexities of child nurturing, especially in cases of stunting.

The continuous evaluation and adaptation of interventions designed to support mothers are crucial for their long-term effectiveness and contextual relevance. Effective implementation must consider the individual circumstances and needs of mothers, as maternal feedback can significantly influence the success of these interventions. For example, a study by Barnicot et al. highlights that mothers often face barriers such as time constraints and self-doubt during interventions. However, the clinicians' ability to foster a non-judgmental environment that emphasizes parental strengths can significantly improve engagement with the intervention (Barnicot et al., 2023). This emphasizes the importance of tailoring interventions to acknowledge mothers' challenges while reinforcing their competencies.

Furthermore, the sustainability of improvements in maternal self-efficacy is a primary concern for ongoing interventions. Longitudinal studies are needed to ascertain whether gains in self-efficacy lead to lasting changes in parenting practices and dietary behaviors. For example, Sohrabi et al. demonstrated that while maternal role training provided immediate benefits, the more substantial effects on self-esteem and parenting competence were observed over time (Sohrabi et al., 2021). Similarly, research by Schmied et al. emphasizes the significance of fidelity to intervention protocols and the necessity for ongoing feedback mechanisms to

ensure that parents maintain healthy dietary practices over the long term (Schmied et al., 2015). These observations stress the imperative for follow-up studies that not only evaluate immediate outcomes but also the persistence of behavior changes several months after the intervention's completion.

Moreover, integrating culturally and contextually appropriate methodologies enhances the effectiveness of interventions. The adaptation of psychological interventions to fit the specific contexts of mothers, particularly in diverse cultural settings, is critical, as illustrated by Chowdhary et al. (2014) and Atif et al. (2017). These studies indicate that culturally relevant adaptations can improve community engagement and overall intervention success. By recognizing and integrating the unique social dynamics of diverse groups, interventions can more effectively support mothers in navigating their roles, ultimately leading to improved outcomes for both mothers and their children.

Conclusion

Mindfulness intervention significantly improved maternal self-efficacy in mothers of stunting toddlers, suggesting its potential as a supportive strategy in child care programs addressing stunting. For non-stunting toddlers, although no significant changes were observed, mindfulness may still contribute to maternal well-being. Broader implementation through community health services and digital health applications is recommended.

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Author Contributions
Concept: ZA, YU, AR, SS, YS Methodology and Software: ZA, YU, AR, SS, YS; Validation and Formal Analysis: ZA, YU, AR, SS, YS; Writing—Original Draft Preparation: ZA, YU, AR, SS, YS; Project Administration: ZA, YU, AR, SS, YS; Funding Acquisition: ZA, YU, AR, SS, YS.

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The authors declare no conflict of interest.

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