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Factors Influencing Maternal Stress: Self-Assessment by Mothers of Young Children

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Abstract: This article explores how mothers with children under the age of six years perceive the influence of different groups of factors on their stress levels. Data were collected through a survey of 200 mothers of children aged 0–6 years, residing in both urban and rural areas of Hanoi. The questionnaire included the Parental Stress Scale (PSS) and a self-developed 28-item instrument, categorized into five groups: (1) child-related factors, (2) maternal health and physical condition, (3) lack of time and difficulty in achieving work-life balance, (4) insufficient support resources, and (5) social pressures. Descriptive statistics, Pearson correlations, and multiple linear regression analyses were applied. The results showed that the average PSS score was lower than the theoretical mean, but with wide variation, indicating that a considerable proportion of mothers experienced high stress. The regression model revealed that the factor group comprising lack of time and difficulty in achieving work-life balance was the only one significantly associated with maternal stress after controlling for demographic variables. Other groups of factors also showed positive correlations with stress, reflecting its multifactorial nature—arising not from a single cause but from the interaction of multiple influences at different systemic levels. The article provides empirical evidence to inform interventions that enhance time-management skills, promote flexible working conditions, and strengthen family and social support systems to help reduce stress among mothers with young children in Hanoi.

Keywords: women with young children; parental stress; maternal stress; stress-inducing factors.

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1. Introduction

In recent years, mental health research concerning women has grown, particularly regarding those in the child-rearing phase. During this period, women simultaneously assume multiple roles: mother, wife, employee, and sometimes the primary caregiver in the family (Ayob et al. 2021; Shrestha et al. 2019). Although childcare is a shared responsibility between spouses, women often remain the primary caregivers, especially during a child's early years (Sadiq et al. 2012; Ceka and Murati 2016;

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Menon 2018). The convergence of childcare responsibilities, work pressure, societal expectations, limited rest, insufficient support resources, and physical and emotional changes can exacerbate both physical and mental health issues among women (Gjerdingen et al. 2011; O'Hara et al. 2012; Tran Thi Minh Duc et al. 2016; Slopen et al. 2022).

Numerous international studies have identified women with young children as a high-risk group for anxiety, depression, and stress (Deater-Deckard 2004; Bener et al. 2012; Walker and Murry 2022). In Vietnam, research has revealed alarming rates of mental health problems among postpartum women and mothers of young children, especially in urban settings where traditional extended-family support networks are weakening (Tran Thi Minh Duc et al. 2016; Nguyen et al. 2024). These conditions not only affect the mother's well-being but also negatively affect the care and holistic development of the child (Figner et al. 2009; Fiese and Winter 2010; Louie et al. 2017). Prolonged stress can also damage family relationships, reduce work performance, and lower life satisfaction (Chaudron and Nirodi 2010; Tran Thi Minh Duc et al. 2016).

The factors contributing to maternal stress are diverse. Some studies highlight personal factors affecting stress during the child-rearing phase, such as childhood trauma, prior mental health history, and interpersonal injuries (Manuel et al. 2012; Bush et al. 2022). Coping skills and the ability to balance work and family life also influence the degree of stress experienced during this period (Manuel et al. 2012). At the family level, factors such as spousal support and marital relationship quality have a strong impact (Aydogan and Arkan 2022; Sağlam and Çam Alegöz 2025). Social support is another crucial determinant; inadequate family support is closely associated with higher rates of depression and anxiety among mothers of young children (Bener et al. 2012; Lamar et al. 2023). Sociodemographic variables, including young maternal age and socioeconomic status (education, employment, income), also correlate with increased stress levels (Manuel et al. 2012; Algarvio et al. 2018; Lamar et al. 2024). The increased time dedicated to both professional and domestic responsibilities contributes to work-family conflict, burnout, and stress (Rullo and Musatti 2005; Deniz and Ayaz 2014; Kim and Hong 2021; Park 2015; Håkansson et al. 2016; Otterbach et al. 2016). A child's health and behavior are also stress-inducing, especially when children have health or behavioral problems requiring extra care (Manuel et al. 2012; Tran Thi Minh Duc et al. 2016; Dinh Nguyen Trang Thu et al. 2023).

Most studies on maternal stress originate from disciplines such as healthcare, clinical psychology, or education. Few studies have approached the topic from the field of social work, particularly from the perspective of community-based interventions and support for vulnerable groups. Although social work can play a vital role in providing social and emotional support for mothers at the individual and family levels, this role has not been adequately explored. Moreover, the majority of existing studies have been conducted in developed countries, where social conditions and support policies differ substantially from those in Vietnam. In Vietnam, research has primarily focused on postpartum depression, while stress among women caring for young children under the age of six years also warrants closer examination.

This study reported in this article investigated how women with young children assess the impact of various factors on their stress levels, providing data to

inform the development of psychosocial support measures in the Vietnamese context. The research aims to answer the following question: According to mothers' self-assessments, which factors influence their stress most significantly during the early child-rearing stage, and what personal and social characteristics are associated with these assessments? Within its current scope, the research primarily examined factors at the individual, family, and immediate social levels; policy- and service-related factors have yet to be addressed and will constitute avenues for future research.

2. Research Methods

2.1. Research Participants

This cross-sectional study involved a sample of 200 women currently raising children aged 0 to under 6 years and residing in urban or rural areas of Hanoi. The mothers' ages ranged from 20 to 50 years, with a mean age of 32.43 years (SD = 4.50). The study employed convenience sampling. In the rural area, the survey was conducted in Thuong Tin District with parents from two public preschools in the district. Additionally, the questionnaire was distributed to mothers raising children under preschool age (0–2 years) in the same area. The sample was structured to ensure coverage across all age groups of children from 0 to under 6 years. In the urban area, the survey was carried out at a private preschool in Hoang Mai District. Furthermore, online questionnaires were distributed to mothers from other urban districts in Hanoi.

The invitation to participate included an explanation of the study's objectives and procedures. It was clearly stated that participation was voluntary and that participants could withdraw from the study at any time. Their information would be used solely for research purposes with confidentiality ensured. Cases in which mothers declined to complete the questionnaire or provided incomplete responses were excluded from the study.

In the title section of the online questionnaire, we explicitly stated the eligibility criterion as "for mothers with children under 6 years old" allowing respondents to self-assess their suitability before participation. In addition, within the questionnaire content, participants were asked to provide information on the number of children and the specific ages of each child. This served both as research data and as a control measure to ensure that the respondents met the study criteria. In total, 130 online responses and 70 paper-based self-administered responses were collected. The socio-demographic characteristics of the research participants are presented in Table 1:

Table 1: *Characteristics of the study sample (n = 200)*

Characteristics		Number	Percentage %
Residential area	Urban	109	54.5
	Rural	91	45.5
Mother's age (years)	Average age	32.43 (SD 4.50)	
Main occupation	Government/public sector employee	63	31.5
	Private sector/company staff	51	25.5
	Worker, farmer	34	17.0

	Business owner, homemaker, freelancer	52	26.0
Education level	High school and vocational training	48	24.0
	College and above	152	76.0
Average monthly household income	Under 10 million VND	53	26.5
	From 10 to 20 million VND	75	37.5
	Over 20 million VND	72	36.0
Number of children	1	59	29.5
	2	104	52.0
	3	35	17.5
	4	02	1.0
Religion	Religious affiliation	33	16.5
	No religious affiliation	167	83.5
Child's gender	All male children	57	28.5
	Children of both genders	94	47.0
	All female children	49	24.5

2.2. Research Instruments

To measure the level of maternal stress, we used the Parental Stress Scale (PSS) developed by Berry and Jones (1995). The scale comprises 18 items with responses ranging from 1 – "Strongly disagree" to 5 – "Strongly agree." The total score ranges from 18 to 90, with a theoretical midpoint of (18 + 90)/2 = 54. A lower total score indicates lower stress levels, while a higher score reflects a higher level of maternal stress.

Data from the PSS, collected as part of the same survey, were also used in this study. While some descriptive results from this variable were published in a previous paper by Luong Bich Thuy and Truong Quang Lam (2024), the PSS serves here as the dependent variable in the regression analysis to examine its relationship with the identified groups of influencing factors. This reuse of the PSS data allows for a deeper exploration of these correlations, complementing previously reported analyses. In this study, the PSS demonstrated good internal consistency, with a Cronbach's alpha of 0.744.

Based on the findings highlighted in previous studies and the multi-level approach of Bronfenbrenner's ecological systems theory, a scale was developed for mothers to self-assess the extent to which different factors influence their stress during the early child-rearing period. The items were generated from theoretical foundations and expert consultation, and then categorized into five groups of influencing factors commonly identified in research on maternal stress: (1) child-related factors, (2) the mother's health and physical condition, (3) lack of time and difficulty in achieving work-life balance, (4) lack of support resources and social relationships, and (5) social pressures (Table 2). The scale includes 28 items across these five categories. Each item is rated on a 5-point Likert scale, from 1 – "Not at all influential" to 5 – "Very influential".

Table 2: *Cronbach's Alpha of the self-assessment scale on influencing factors of maternal stress*

No.	Specific Items	Group of Influencing Factors
1	Poor child health, frequent illness	**Child-related factors** *Cronbach's Alpha = 0.837*
2	Child's development (weight, height, cognitive and skill milestones)	
3	Stress over child's eating habits	
4	Fussy child (difficulty sleeping, frequent crying…)	
5	Child going through crisis phases	
6	Difficulty adapting to school	
7	Conflicts between siblings	
8	Poor maternal health	**Mother's health and physical condition** *Cronbach's Alpha = 0.830*
9	Sleep deprivation, insufficient rest	
10	Body image stress after childbirth	
11	Criticism of postpartum appearance by others	
12	Lack of time for oneself	**Lack of time and difficulty in achieving work-life balance** *Cronbach's Alpha = 0.848*
13	Long hours of childcare each day	
14	Excessive family responsibilities	
15	Difficulty balancing childcare and personal work	
16	Presence of an ill/elderly person needing care in the household	
17	No support in childcare	**Lack of support resources and social relationships** *Cronbach's Alpha = 0.867*
18	Lack of attention from husband/family	
19	Conflicts with husband/family	
20	Lack of social interaction	
21	Financial hardship in raising children and household expenses	
22	Hurtful comments from others	**Social pressure** *Cronbach's Alpha = 0.863*
23	Lack of autonomy in childcare decisions	
24	Others' childcare practices differ from your expectations	
25	Gender-related pressure regarding the child	
26	Being urged to have another baby	
27	Others' opinions on childrearing practices	
28	Negative comments about your child	

The reliability of the questionnaire was evaluated using Cronbach's Alpha. All scales showed good reliability with coefficients ranging from 0.830 to 0.867, indicating that the questionnaire is reliable and the data can be used for further analysis.

2.3. Statistical Analysis

Data were analyzed using SPSS software version 22.0. Several statistical techniques were employed, including Cronbach's Alpha reliability analysis, frequency counts, means (M), standard deviations (SD), Pearson correlations, and multivariate regression models.

3. Research Findings

Table 3 presents the levels of stress and the self-assessed influence of the five groups of factors on the stress experienced by mothers with young children who participated in the survey.

Table 3: *Mothers' self-assessment of stress and influencing factors*

No.	Measurement Variables	Mean	SD
I	**Maternal stress level**	**39.07**	**7.93**
II	**Groups of influencing factors**	**2.46**	**0.86**
1	Child-related factors	2.59	0.93
2	Mother's health and physical condition	2.50	1.08
3	Lack of time and difficulty in achieving work-life balance	2.60	1.02
4	Lack of support resources and social relationships	2.49	1.11
5	Social pressure	2.12	0.96

The data showed that, overall, the self-reported stress level of mothers with young children in the sample was relatively low, with a mean of 39.07 (< 54).

The study also found that the factor groups and the overall influencing factors were rated at relatively low levels. Among them, "*Lack of time and difficulty in achieving work-life balance*" had the highest average score among the five groups, suggesting that this was the most significant source of stress for mothers with young children (M = 2.60; SD = 1.02). This was followed closely by "*Child-related factors*" (M = 2.59; SD = 0.93). This indicates that caring for young children remains a source of pressure for mothers with young children, according to their own perceptions. Additionally, "*Social pressure*" was reported to have the lowest influence (M = 2.12). However, the relatively high standard deviation of 0.96 suggests that a subgroup of mothers still perceived a high level of influence from this factor.

Table 4: *Correlation between influencing factor groups*

Factor Group	(1)	(2)	(3)	(4)	(5)
(1) Child-related factors	1				
(2) Mother's health and physical condition	0.623*	1			
(3) Lack of time and difficulty in achieving work-life balance	0.586*	0.697*	1		
(4) Lack of support resources and social relationships	0.557*	0.623*	0.739*	1	
(5) Social pressure	0.521*	0.624*	0.654*	0.740*	1

*Note: *: $p < 0.001$.*

As shown in Table 4, Pearson correlation coefficients among the five groups of influencing factors were all statistically significant at $p < 0.001$. All correlations were positive, indicating that the influencing factors were positively interrelated. The correlation coefficients ranged from 0.521 to 0.740. This implies that when women perceived a higher level of influence from one group of factors, the perceived influence of other groups also tended to increase.

Table 5: *Relationship between mothers' self-assessment of influencing factors and their stress scores*

Independent variables	Standardized Coefficients (β)	Standard Error	Sig. (p-value)
	β	S.E	Sig.
Influencing Factor Groups			
(1) Child-related factors	-0.103	0.755	0.247
(2) Mother's health and physical condition	-0.045	0.773	0.674
(3) Lack of time and difficulty in achieving work-life balance	0.340*	0.876	0.003
(4) Lack of support resources and social relationships	0.232	0.841	0.051
(5) Social pressure	-0.040	0.866	0.705
Demographic variables			
Mother's age	-0.006	0.817	0.932
Total number of children	0.010	0.853	0.893
Education level (ref. High school and vocational training)			
College and above	0.054	1.701	0.556
Place of residence (ref. Rural)			
Urban	0.071	1.412	0.423
Average monthly household income (ref. Under 10 million VND)			
From 10–20 million VND	-0.076	1.614	0.440
Over 20 million VND	-0.040	1.786	0.712
Summary statistics			
R^2	0.188		
Adjusted R^2	0.147		0.000

Table 5 presents the results of a multiple linear regression model examining the associations between maternal stress levels and the groups of influencing factors. Before conducting the multiple linear regression analysis, the assumptions of the model were examined, including linearity, normality of residuals, homoscedasticity, and multicollinearity among the independent variables. All variables had VIF values < 4 and Tolerance > 0.2, indicating no serious multicollinearity issues. The overall model was statistically significant, $F = 3.960$, $p < 0.001$.The adjusted $R^2 = 0.147$ indicates that the model explains approximately 14.7% of the variance in the dependent variable, which is maternal stress level.

Among the variables included in the model, the group "*Lack of time and difficulty in achieving work-life balance*" was a statistically significant predictor value for the stress level of mothers with young children ($\beta = 0.340$, $p = 0.003$). This means that mothers who rated this factor group as having a higher influence tended to report higher stress levels.

The variable "*Lack of support resources and social relationships*" was marginally significant ($\beta = 0.232$, $p = 0.051$), suggesting a positive trend in its association with stress, although it did not reach the conventional threshold for statistical significance ($p < 0.05$). The remaining variables did not show statistically significant effects.

4. Discussion

Based on the findings, we offer several points of discussion. First, the stress scores reported by participants were lower than the theoretical average, indicating that most participants did not experience high levels of stress. This may be because many women have adapted to their maternal role or have access to certain support resources that help them alleviate stress during the child-rearing period. However, the relatively high standard deviation (SD = 7.93) suggests considerable variability in the data. In other words, while the average score is not high, a substantial subgroup of women experienced significantly higher stress than the sample average. This is an important consideration for social work practice, especially in identifying vulnerable and high-risk groups for timely intervention.

Analysis of the influence levels of each factor group revealed that "*Lack of time and difficulty in achieving work-life balance"* had the highest mean rating. In the regression model, this was the only variable significantly associated with the variance in stress levels among women with young children. The amount of time devoted to childcare is extensive and sustained, from childbirth through the early years of a child's life. Our findings are consistent with previous studies that identified time scarcity as a common condition among married women in general and mothers of young children in particular (Rullo and Musatti 2005; Deniz and Ayaz 2013; Håkansson et al. 2016; Otterbach et al. 2016). Women often struggle to maintain a balance between work and family life while also fulfilling the "invisible obligations" of cleaning, cooking, and caring for children (Kim and Hong 2021; Thakur and Goyal 2025). In Asian countries, social norms still largely regard household chores and caregiving as women's responsibilities (Qian and Sayer 2016). Regarding family characteristics, raising children under six has been found to be associated with gender inequality in the allocation of time (Park 2015). Most women do not have much time for themselves, which contributes to fatigue and stress. On the one hand, they wish to provide the best care for their children; on the other hand, this can lead to emotional and physical strain (Nomaguchi et al. 2005). If fathers are involved in playing and teaching children, it may help relieve the mothers' psychological burden related to the time and attention devoted to childcare.

"*Child-related factors*" were also rated among the highest stress-inducing categories for mothers of young children. Within this category, a child's poor health or frequent illness and developmental crises were the leading stressors. These findings align with numerous studies conducted in Vietnam and internationally. A child's characteristics are one of the three main areas directly linked to maternal stress in the child-rearing context (Deater-Deckard 2004). Caring for young children during their early years often brings difficulties and exhaustion for mothers, including issues such as picky eating, poor sleep, frequent crying, stunted growth, and illness, as well as pressures related to time, finances, and health (Tran Thi Minh Duc et al. 2016). As children progress through different developmental stages, mothers experience varying stress levels—especially those whose children have developmental concerns (Dinh Nguyen Trang Thu et al. 2023). Conversely, maternal stress negatively affects a child's developmental capacity (Deater-Deckard 2004), maternal physical and mental health (Saur and Santos 2021), mother-child interaction, and the child's overall development (O'Hara and McCabe 2013).

Although child-related factors were self-rated by mothers as having a relatively high level of influence, the regression results showed that this group of factors was not significantly associated with maternal stress. This reflects a gap between mothers' subjective perceptions of the importance of their children in their lives and the actual sources of psychological stress. One possible explanation for this is that in the Vietnamese cultural context, caring for and sacrificing for children is regarded as an inherent responsibility, an expression of a woman's care and morality (Shohet 2013). Therefore, many mothers acknowledged that their children greatly affect their lives, yet they tend to accept these challenges rather than consider them a source of stress. In contrast, the factor "lack of time and difficulty in achieving work-life balance" was significantly associated with higher maternal stress, highlighting the close link between stress levels and the challenges of managing personal roles under limited resources. This finding is consistent with previous studies suggesting that the social context, family and community support, and the ability to balance work and life have a stronger impact on maternal stress than the health status or development of the child (Wang et al. 2024). The regression results showed that demographic characteristics such as age, number of children, educational level, place of residence, and income were not statistically significant in predicting maternal stress. This suggests that the stress of mothers raising young children in Vietnam is not primarily driven by demographic factors, but is more closely related to subjective experiences and social context. The findings are also consistent with previous studies, which have indicated that demographic variables account for only a very small proportion of the variance in parental stress models (Fang et al. 2024; Schellinger et al. 2020), whereas family factors and social support are stronger predictors (Bener et al. 2012; Lamar et al. 2024; Fang et al. 2024). In the Vietnamese context, differences in income or education do not appear to translate into substantial differences in stress levels, as social norms and gender roles continue to place a relatively uniform burden on women across diverse groups. Accordingly, the data indicate that socio-demographics alone are insufficient to predict stress, and that psychosocial factors should be the main focus in research and interventions for mothers raising young children.

In this study, T-tests and ANOVA were also conducted to compare how different groups of women assessed the stress-inducing factors. Results showed no significant differences in perceived causes of stress among women from various socio-demographic groups. In other words, across age, occupation, education level, income, residential area, and number of children—within the Hanoi context — women experienced similar stress-inducing factors.

Three explanations for the relative uniformity in experiences of stress-inducing factors are possible.

First, the sample size of 200 may be too limited to detect statistically significant differences across groups. With a larger sample, such differences might emerge.

Second, socioeconomic conditions and childcare practices may not differ substantially between the selected rural and urban survey areas in Hanoi.

Third, in the urban sample, participants were either parents at private preschools or mothers of children not yet of school age who completed the online questionnaire; therefore, their socioeconomic status and knowledge may be relatively similar. These

factors may have masked any group-level differences.

The results also revealed strong correlations between the factor groups, suggesting that stress does not arise from a single source, but rather from the accumulation and interaction of multiple pressures. Therefore, a one-dimensional approach (e.g., addressing only childcare issues or offering only health counseling) may be inadequate. Social workers must adopt a comprehensive approach that integrates individual counseling, policy advocacy, and community resource linkage to provide meaningful support to women.

While this research offers important theoretical contributions and may inform the development of practical support measures for women with young children, it has certain limitations. Although the study was conducted within the geographic scope of Hanoi, the sample size remains relatively limited (n = 200), which warrants caution in generalizing the results. The use of convenience sampling and online surveys, particularly for urban areas, may have introduced selection bias by excluding women with lower educational levels, limited access to information, or fewer resources, which also resulted in an imbalance between urban and rural participants. Additionally, the modest sample size may explain why some relationships between variables were not clearly articulated, and why some statistical tests and regression models did not yield statistically significant differences or predictions. In addition, the reliance on convenience sampling and online surveys for urban areas may have inadvertently excluded women with lower educational levels and limited access to information and resources from the study. Although the reuse of PSS data from the same survey may reduce the novelty of the dependent variable, this article contributes a new dimension—namely, examining the associations between the predictors and the PSS score. As the study relied on self-reported data, the risk of common method bias cannot be ruled out.

Moreover, the cross-sectional design only allows for the identification of associations and does not permit causal inferences. Longitudinal studies or those integrating multiple data sources will be necessary to test causal hypotheses more rigorously. Finally, the present study did not measure community- or policy-level factors, which may play an important role in maternal stress and should be addressed in future research.

Although these limitations exist, this study serves as a valuable pilot to prepare for a larger-scale research project in the future. Subsequent studies with larger and more representative samples, utilizing standardized and culturally adapted measurement tools, can address these limitations and yield more robust findings that contribute to both scientific knowledge and practical application.

5. Conclusion and Recommendations

This research focused on analyzing the factors associated with the stress of women with young children within the specific sociocultural context of Hanoi. The findings indicate that while the average stress score among these women was below the theoretical midpoint, the wide standard deviation suggests that a considerable subgroup experienced high levels of stress. Statistical analysis indicates that the factor group “lack of time and difficulty in achieving work-life balance” is the most strongly associated with maternal stress levels. This finding suggests that challenges

in role management and the pressure of multiple simultaneous responsibilities are the primary sources affecting mothers' mental health, rather than socio-demographic characteristics or economic conditions. The analyses also reveal that stress results from the accumulation of multiple interacting factors, rather than stemming from a single isolated cause. Based on these findings, we propose several recommendations:

First, social organizations and associations should develop training programs on work-personal life balance, time management, and self-care skills for mothers with young children as a general preventive measure. At the same time, targeted interventions are needed for mothers experiencing high levels of stress, in order to provide timely support and mitigate the risk of excessive stress.

Second, social support for mothers with young children should be strengthened, especially support from close family members such as spouses, parents, and other household members, to allow women time for rest, self-care, and energy recovery. Communication campaigns to shift perceptions regarding gender equality in household labor distribution are necessary to reduce the burden on women. These measures can contribute to minimizing and preventing maternal stress during the early child-rearing period, particularly in the postpartum stage.

Third, the findings indicate that mothers with young children often struggle to balance their time between work, childcare, and self-care—an issue directly linked to their stress levels. Therefore, in terms of policy implications, it is essential to consider support mechanisms for parents, such as enabling more flexible working arrangements and greater shared responsibility in childcare from men, and promoting childcare support services. If implemented, these measures could help alleviate time pressures, enabling women to maintain mental health and achieve a better life balance. Such policies should not only aim to prevent excessive stress among a particularly vulnerable group but also work toward sustainably improving the quality of life and mental well-being of families.

Finally, further research with larger and more diverse samples is encouraged to better identify differences across groups of women, as well as to analyze systemic layers at the service and policy levels. These efforts would provide a basis for developing more appropriate, comprehensive, and sustainable social work interventions.

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