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Intention-Based Transcultural Family Empowerment Model for Complementary Feeding Practices: A Structural Equation Modeling Approach



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Abstract

Stunting remains a major public health concern in Indonesia, particularly among children aged 6–24 months. The quality of complementary feeding is strongly influenced by cultural norms and family dynamics. This study aimed to validate a previously developed transcultural care-based family empowerment model by integrating “intention” as a mediating factor in behavioral change. A cross-sectional study was conducted involving 530 families in Kediri, East Java, Indonesia. Data were collected using structured questionnaires and analyzed through Structural Equation Modeling–Partial Least Squares (SEM-PLS). The findings revealed that “intention” served as a robust mediator between family empowerment and complementary feeding quality ($\beta = 0.45$; $p < 0.001$), with an R^2 value of 0.69. These results underscore that nutritional behavior within families is shaped not only by knowledge and cultural values but also by psychological intention to act. The expanded model—an intention-based transcultural family empowerment framework—enhances behavioral predictability and broadens the application of transcultural care theory in community nursing contexts. Future research is recommended to apply longitudinal or intervention-based designs to examine changes in family intention over time and their impact on child nutrition outcomes. Expanding the application of this model to other health behaviors and cultural settings may further strengthen its theoretical and practical relevance in community nursing and public health contexts.

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INTRODUCTION

Stunting remains a persistent global health challenge, affecting approximately 22.3% of children under five worldwide ([Jalaludin et al., 2025](#); [Kere et al., 2025](#); [Ndagijimana et al., 2025](#)). In Indonesia, the prevalence of stunting reached 19.8% in 2024, indicating a pressing need for innovative, behaviorally informed interventions ([Minister of Health of the Republic of Indonesia, 2025](#)). During the critical developmental window of 6–23 months, the quality of complementary feeding is a key determinant of child growth and cognitive development ([Di Prete et al., 2025](#); [Farah et al., 2024](#); [Gebretsadik et al., 2023](#); [Lutter et al., 2021](#); [Putnick et al., 2025](#)).

However, national data of Indonesia show that only 33% of children meet the minimum dietary diversity (MDD), and 29% achieve the minimum acceptable diet (MAD), underscoring the limitations of knowledge-based interventions alone ([Minister of Health of the Republic of Indonesia, 2025](#)). Despite these challenges, existing interventions largely focus on improving knowledge and access to nutrition information, with limited attention to the underlying behavioral mechanisms that drive actual feeding practices. Furthermore, there remains a critical gap in understanding how cultural context and family-level dynamics interact with psychological factors to influence complementary feeding behaviors, particularly in low- and middle-income countries such as Indonesia.

Complementary feeding practices are shaped by a complex interplay of cultural norms ([Uribe et al., 2022](#)), socioeconomic conditions ([Erasmus et al., 2022](#); [Suyitno et al., 2024](#)), and family dynamics ([Prabowo et al., 2025](#)). Transcultural nursing theory offers a holistic framework for understanding and addressing these factors, and emphasizing culturally sensitive care ([Tseng et al., 2025](#)). A transcultural care-based family empowerment model was previously developed as a holistic approach to integrate cultural values, education, technology, and economic factors into improved complementary feeding practices. This model positions the family as the central agent of behavioral change,

emphasizing sensitivity to local cultural contexts ([Prabowo et al., 2025](#)). While this model provides a comprehensive framework by integrating cultural, educational, and socioeconomic factors, it primarily emphasizes structural and contextual determinants and does not explicitly account for the psychological processes that translate these factors into actual behavior.

However, other emerging evidence suggests that behavioral intention plays a critical role in translating knowledge and cultural awareness into actual health practices ([Adiutama & Wardah, 2022](#); [Edelstein et al., 2020](#)). In particular, the absence of intention as a central construct limits the model's ability to explain why individuals with adequate knowledge and cultural awareness may still fail to adopt optimal feeding practices.

According to the Theory of Planned Behavior (TPB), intention is the most proximal predictor of behavior, influenced by attitudes, subjective norms, and perceived behavioral control ([Ajzen, 2020](#); [Ajzen & Schmidt, 2020](#)). In the context of child nutrition, intention has been shown to mediate parental feeding decisions, adherence to dietary guidelines, and engagement with health services ([Chawner et al., 2022](#); [Karimi-Shahanjarini et al., 2017](#); [Nisa et al., 2024](#); [Serrano-Alvarado et al., 2022](#); [Sun et al., 2022](#)). Unlike previous transcultural or family empowerment models, which predominantly focus on external and contextual factors, the proposed model introduces intention as a central mediating construct that captures the internal decision-making process underlying behavioral change. Integrating intention into the transcultural care model represents a significant theoretical advancement, offering a deeper understanding of how families internalize cultural values and transform them into health behaviors. This expanded intention-based transcultural family empowerment model enhances both predictive accuracy and intervention effectiveness by bridging the gap between cultural adaptation and behavioral transformation.

By positioning intention as a mediating construct, the study validates a comprehensive framework that addresses not only structural

determinants such as education and income but also the psychological readiness of families to act. This alignment with global efforts to reduce stunting underscores the importance of culturally grounded, behaviorally informed strategies. The novelty lies in the theoretical expansion of transcultural nursing—from emphasizing cultural adaptation to fostering intention-driven behavioral change—providing a more robust, evidence-based explanation of how cultural factors and family empowerment interact to improve complementary feeding practices.

Accordingly, the revised model aims to explain not only the influence of cultural, educational, economic, and technological factors on complementary feeding practices, but also how family intention mediates the relationship between empowerment and feeding quality.

METHODS

This study employed an analytical cross-sectional design to validate an expanded family empowerment model grounded in transcultural care theory ([Prabowo et al., 2025](#)), incorporating “intention” as a behavioral construct. The study was conducted in Kediri, East Java, Indonesia from April to June 2025, involving 530 families with children aged 6–24 months. Inclusion criteria comprised mothers as primary caregivers, children without congenital growth disorders, and families willing to participate. A multistage random sampling technique was employed to ensure representation across socio-cultural variations.

The primary instrument was a structured questionnaire developed from the transcultural care-based family empowerment model, modified to include the “intention” component. The questionnaire covered: 1) family demographic data; 2) educational, economic, cultural, and technological factors; 3) indicators of family empowerment; 4) family intention to provide complementary feeding in accordance with nutritional guidelines; and 5) feeding quality based on WHO indicators (MMF, MDD, and MAD)

Items measuring “intention” were developed based on the Theory of Planned Behavior (TPB), encompassing three core dimensions,

namely attitude toward behavior, subjective norms, and perceived behavioral control. The intention construct was measured using 6 items (2 items per dimension). All items were assessed using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Content validity was assessed by experts in community nursing and health behavior, while reliability was tested using Cronbach’s alpha (threshold ≥ 0.70). Data were collected through face-to-face interviews and 24-hour dietary recall, conducted by trained nurse enumerators. Enumerators were equipped to interpret cultural contexts and ensure consistency in questionnaire administration.

Data were analyzed using Structural Equation Modeling–Partial Least Squares (SEM-PLS). The first stage evaluated the outer model for construct validity and reliability, including convergent validity (loading factor ≥ 0.70 ; AVE ≥ 0.50), discriminant validity (HTMT < 0.90), and construct reliability (Composite Reliability ≥ 0.70). The second stage assessed the inner model to determine path significance, R-square values, and predictive relevance (Q-square). In the expanded model, “intention” was positioned as a mediating variable between family empowerment and complementary feeding practices. Mediation effects were tested using bootstrapping with 5,000 replications to obtain robust significance estimates.

This study received ethical clearance from the Health Research Ethics Committee of Strada Indonesia University (Ref. No: 017/EK/STRADA/2025, 21 March 2025). All respondents provided written informed consent prior to their involvement in the study. Confidentiality of respondents’ identities and data was strictly upheld throughout the research process. Respondents were entirely voluntary, and respondents retained the right to withdraw at any stage without penalty or consequence.

RESULTS

Out of 580 families invited to participate, 530 completed the questionnaire, yielding an acceptance rate of 91.4%. This high level of participation reflects the effectiveness of a family-

centered approach and the involvement of local health cadres in fostering trust and community engagement. Most mothers were of reproductive age (20 to 35 years old), had attained secondary

education, and the majority of families reported household incomes below the regional minimum wage. Respondent characteristics are presented in [Table 1](#).

Table 1. Respondent Characteristics (n = 530)

Variable	Category	n	%
Mother's Age	Less than 20 years old	49	9.2
	20 to 35 years old	358	67.5
	More than 35 years old	123	23.2
Education	Primary	86	16.2
	Secondary	283	53.4
	Higher	161	30.4
Occupation	Homemaker	328	61.9
	Employed	202	38.1
Household Income	Less than Regional Minimum Wage	309	58.3
	Greater than or Equal to Regional Minimum Wage	221	41.7

The distribution reflects a typical semi-urban household profile, with relatively good educational attainment but persistent economic

constraints. This supports the theoretical rationale for incorporating “intention” as a psychological bridge between knowledge and actual behavior.

Table 2. Complementary Feeding Quality Based on WHO Indicators (n = 530)

Indicator	Achieved n (%)	Not Achieved n (%)
Timely Introduction	420 (79.2)	110 (20.8)
Minimum Meal Frequency	347 (65.5)	183 (34.5)
Minimum Dietary Diversity	195 (36.8)	335 (63.2)
Minimum Acceptable Diet	178 (33.6)	352 (66.4)

While timely introduction of complementary feeding is well understood, dietary diversity and adequacy remain low, indicating that

knowledge alone does not guarantee optimal feeding practices. Intention serves as a motivational driver that explains this gap ([Table 2](#)).

Table 3. Outer Model Evaluation (Construct Validity and Reliability)

Construct	AVE	CR	Cronbach's Alpha	Status
Education	0.60	0.83	0.77	Valid & Reliable
Economy	0.58	0.82	0.75	Valid & Reliable
Cultural Values	0.64	0.86	0.80	Valid & Reliable
Technology	0.61	0.83	0.78	Valid & Reliable
Family Empowerment	0.66	0.88	0.82	Valid & Reliable
Intention	0.71	0.90	0.85	Valid & Reliable
Feeding Quality	0.68	0.87	0.83	Valid & Reliable

All constructs met the criteria for convergent validity and reliability. The “intention” construct demonstrated the highest AVE and CR

values, indicating strong internal consistency and empirical robustness ([Table 3](#)).

Table 4. Inner Model Analysis (SEM-PLS)

Pathway	Path Coefficient	p-value	Significance
Empowerment → Intention	0.46	<0.001	Significant
Education → Intention	0.26	0.005	Significant
Cultural Values → Intention	0.23	0.007	Significant
Technology → Intention	0.19	0.012	Significant
Intention → Feeding Quality	0.45	<0.001	Significant
Empowerment → Feeding Quality	0.19	0.017	Indirect (via Intention)
R ² (Intention) = 0.69			
R ² (Feeding Quality) = 0.66			

The structural model confirms that intention is a strong mediator between family empowerment and feeding quality. The high R² values indicate that the model explains a substantial proportion of variance in both intention and feeding behavior ([Table 4](#)).

DISCUSSION

The findings of this study demonstrate that the “intention” component plays a powerful mediating role between family empowerment and the quality of complementary feeding practices. This reinforces the argument that behavioral transformation in nutrition is not merely the result of education or access to resources but of a conscious psychological drive to act. Several studies have confirmed that intention significantly predicts health-related behaviors such as dietary choices and preventive health compliance ([Fang et al., 2025](#); [Hamilton et al., 2020](#); [McEachan et al., 2011](#); [Phipps et al., 2023](#)).

While the traditional transcultural care model emphasized cultural values and adaptive care within family systems ([Prabowo et al., 2025](#); [Tseng et al., 2025](#)), this expanded model highlights intention as the psychological bridge connecting knowledge, values, and action. However, not all studies confirm intention as a consistent mediator. Some scholars found that cultural norms and structural barriers—such as socioeconomic constraints and limited autonomy among caregivers—can weaken the influence of intention on actual health behavior ([Andreae et al., 2024](#); [Yang et al., 2025](#)). These findings suggest that the predictive strength of intention may depend on

contextual factors such as empowerment level, gender roles, and social support systems.

The strong mediating effect observed in this study ($\beta = 0.45$; $p < 0.001$; $R^2 = 0.69$) indicates that motivational dimensions within the family explain over two-thirds of the variance in complementary feeding behavior. This supports the notion that intention operates as a proximal predictor transforming knowledge into habitual behavior when reinforced by supportive environments ([Ajzen & Schmidt, 2020](#); [Parker et al., 2020](#); [Riebl et al., 2015](#); [Wang et al., 2022](#)). Conversely, other findings suggest that without reinforcement mechanisms—such as family dialogue, role modeling, or cultural coherence—intention may dissipate before behavioral execution ([Hryniewicz & Borchet, 2019](#); [Hu et al., 2025](#); [Zhou et al., 2025](#)). Taken together, these studies highlight that intention should not be viewed as a static cognitive construct, but rather as a dynamic process influenced by empowerment, perceived control, and socio-cultural context.

In practical terms, this means that community nurses should not only provide education but also cultivate the motivational and emotional climate necessary for intention formation. This can be achieved through motivational interviewing, culturally empathetic communication, and the involvement of local leaders who can legitimize behavioral change within accepted cultural norms. The integration of “intention” within the transcultural family empowerment model thus allows nurses to address both cognitive and affective domains, providing a more holistic pathway toward sustainable

behavioral transformation.

Conceptually, the novelty of this study lies in advancing transcultural nursing from a predominantly adaptive framework toward a transformational, behavior-oriented model. By positioning intention as a mediating psychological mechanism, the model bridges two theoretical paradigms—transcultural care and behavioral science. The synthesis of findings supports a more integrative understanding: while cultural adaptation provides the social framework for action, intention provides the motivational engine that drives it. This dual perspective establishes a more comprehensive model of culturally grounded behavioral change in family nursing practice, offering both theoretical and practical value for global efforts to reduce stunting and improve child nutrition outcomes.

This study has several limitations that should be considered when interpreting the findings. First, its cross-sectional design restricts causal inference among the variables. Although SEM-PLS analysis explains predictive relationships effectively, determining causal direction would require longitudinal or experimental intervention designs. Second, data collection relied on self-reported questionnaires, which may be subject to social desirability or interpretive bias. Moreover, the “intention” variable—introduced as a new construct within the transcultural nursing model—was examined solely in the context of complementary feeding. Therefore, generalizing the model to other health behaviors should be approached cautiously. Nevertheless, the study’s strength lies in providing empirical evidence that intentional dimensions can be validly and reliably measured in family behavioral contexts, paving the way for future cross-cultural validation.

Future research should test the model’s effectiveness through intention-based intervention designs. Longitudinal studies are recommended to explore how family intention evolves over time and how such changes influence actual complementary feeding behavior. This approach could establish the model as a behavioral nursing intervention framework that is adaptable to diverse social and cultural dynamics.

CONCLUSION

This study confirms that integrating the “intention” component into the transcultural family empowerment model provides a more comprehensive understanding of complementary feeding behavior. Intention was found to be a strong mediator between family empowerment and feeding quality, reinforcing the notion that health behavior is shaped not only by knowledge or economic status but also by motivational and psychological drivers rooted in cultural and social support systems. Theoretically, this integration advances transcultural nursing from an adaptive approach toward a transformational one that unites cultural and behavioral perspectives. Practically, it provides a scientific basis for community nurses to actively foster positive family intention through empathetic communication, culturally grounded education, and context-sensitive empowerment strategies.

The validated intention-based transcultural family empowerment model thus serves as an evidence-based nursing framework for improving child nutrition and reducing stunting. Its integration of behavioral theory with transcultural values makes the model not only relevant in the Indonesian context but also adaptable across multicultural communities globally.

SUGGESTION

The findings of this study suggest that future stunting prevention efforts should incorporate behavioral intention as a core component of family-centered nutrition interventions. The validated intention-based transcultural family empowerment model indicates that improving complementary feeding practices requires more than increasing knowledge or access to resources; it necessitates strengthening families’ psychological readiness and commitment to act within their cultural context.

In nursing practice, community nurses are encouraged to integrate intention-focused strategies into maternal and child health services, particularly during the complementary feeding period. Culturally sensitive counseling, motivational communication, and active family engagement can

help reinforce caregivers' confidence and willingness to implement appropriate feeding practices. Assessing family intention alongside empowerment indicators may enhance the effectiveness of community-based nutrition programs.

At the policy level, stunting reduction initiatives may benefit from adopting behaviorally informed frameworks that recognize intention as a determinant of sustainable nutritional behavior. Incorporating intention-oriented indicators into program monitoring could improve the prediction of behavioral outcomes and guide targeted interventions.

Future research is recommended to apply longitudinal or intervention-based designs to examine changes in family intention over time and their impact on child nutrition outcomes. Expanding the application of this model to other health behaviors and cultural settings may further strengthen its theoretical and practical relevance in community nursing and public health contexts.

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CONFLICTS OF INTEREST

The authors confirm that there are no conflicts of interest related to this study.

AUTHOR CONTRIBUTIONS

Agusta Dian Ellina: conceptualization, methodology, formal analysis, writing – original draft. Novian Mahayu Adiutama: methodology, investigation, data curation, supervision, writing – review and editing. Yudisa Diaz Lutfi Sandi validation, funding acquisition, project

administration, data curation. Wardah Fauziah: software, visualization, writing – review and editing. Dewi Rahayu Ningsih: validation, project administration, data curation. Esti Andarini: investigation, data curation, supervision, Sandi Alfa Wiga Arsa: software, visualization, writing – review and editing. All authors contributed to the interpretation of results, manuscript drafting, and approved the final version.

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