CHANGES FAMILY SUPPORT ON MOTHER'S PREGNANCY IN PREVENTING STUNTING THROUGH HEALTH EDUCATION WITH A MODELLING APPROACH

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ABSTRACT
A woman who is pregnant, generally have psychological conditions that will affect their physiological activities. Psychological pressure experienced by pregnant women will cause physical symptoms of fatigue, lethargy, irritability, dizziness, insomnia and laziness. When a pregnant woman is not sensitive to herself and her pregnancy, of course, the role of the family is expected to be able to continue to help the mother in taking care of herself and her pregnancy. This study aims to determine changes in the support of husbands and parents/in-laws of pregnant women in preventing stunting through a modeling approach. The research design used a quasi-experimental design using a non-randomized pre-test post-test with controlled group design. The sample is 50 pregnant women selected by purposive sampling consisting of the treatment group and the control group. Data analysis was carried out by t-test with a significance of 0.05   Data were collected through interviews with respondents using questionnaires after intervention was carried out on respondents The results showed that the husband's support for wife's pregnancy showed an increase in the average value between pre and post-test, namely 19.12 and 22.56 with a p-value of 0.001 (<0.05). Family Support Variables (parents/in-laws, family members) showed an increase in the average value between pre and post-test, namely 10.68 and 12.08 with a p-value of 0.007 (<0.05). There is a significant change in husband and family support for maternal pregnancy through a modeling approach.

Keywords: family support; husband's support; modeling approach; stunting

INTRODUCTION
Stunting is a condition of failure to thrive in children under five as a result of chronic malnutrition that occurs from the time the baby is in the womb until birth which results in the child being too short for his age, which only appears after the child is 2 years old. (Ministry of Health RI, 2018). Based on data from the Ministry of Health of the Republic of Indonesia in 2016West Sulawesi Province ranks second with the percentage of stunted children under five in Indonesia as much as 48%. While the results of monitoring the Nutritional Status (PSG), 2017 shows the prevalence of stunting under five in Indonesia is still high, that is 29,6% (still above the WHO standard 20%). Basic health research 2018, howed an improvement in the proportion of stunting from 37.2% in 2013 to 30.8%, which means an improvement in the nutritional status of children in Indonesia. However, the stunting rate is

still considered high when compared to the WHO standard, which is less than 20%. (Depkes, 2018).

The purpose of this study was to determine the differences in the increase in husband and family support for pregnant women who were given health education with the Modeling approach.

METHODS

Design of this research is *Quasi eksperimental* with use *Non Randomized Pre-test Post-test with controlled Group Design* by comparing the 2 intervention groups with control. Treatment in the form of providing health education with a modeling approach. The population in this study were all second trimester pregnant women in Mamuju Regency. A sample of 50 pregnant women selected by purposive sampling, consisting of the treatment group and the control group. Data analysis was carried out by t-test with a significance of 0.05. This research was carried out based on ethical recommendations from the Makassar Ministry of Health Poltekkes Ethics Commission Number: 136/KEPK-PTKMKS/II/2019.

RESULTS

This study is a health education intervention research with modeling techniques, which is expected to change the support of the closest people to pregnant women (husbands and other families) in a more positive direction in supporting the respondent's pregnancy.

The results of the study can be seen in the following table:

Table 1.
Characteristics of Respondents(n=50)

Characteristics	f	%
Age		
< 20 year	3	6
20-35 year	46	92
> 35 year	1	2
Education		
No School	1	2
Not completed in primary school/MI/equal	5	10
Finished elementary school/MI/equal	3	6
High school graduate/MTs/equal	5	10
Finished high school/MAN/equal	19	38
Diploma/bachelor	17	34

Table 2.
Significance Test of Health Education Implementation with Modeling Approach in Intervention Group

Variable	Mean	N	Std. Deviation	Asymp. Sig. (2-tailed)
Husband's Support for Wife's Pregnancy				
Pre test	19.1200	25	6.46993	.001
Post test	22.56000	25	3.97995	
Family Support (In-laws, father/mother, family members)				
Pre test	10.6800	25	3.601231	.007
Post test	12.0800	25	2.15870	

Table 3.
Significance Test of Health Education Implementation with Modeling Approach Between
Intervention Group and Control Group

Variabel	Mean rank	N	Asymp. Sig. (2-tailed)
Husband's Support for Wife's Pregnancy			
Control	17,8	25	.000
Treatment	33,20	25	
Family Support (In-laws, father/mother, family members)			
Control	17,92	25	.000
Treatment	33,08	25	

DISCUSSION
The results of the study in table 1 show that most respondents are between the ages of 20-35 years (92%) with the average education of the respondents being high school graduates. Table 2 shows that the husband's support variable for wife's pregnancy shows an increase in the average value between pre and post tests, namely 19.12 and 22.56. The results of the significance test show that the p value of the husband's support for wife's pregnancy is 0.001 (<0.05), which means Ho is rejected, so it can be concluded that the provision of health education with a modeling approach is effective in increasing husband's support for wife's pregnancy. Family Support Variables (in-laws, father/mother, family members) showed an increase in the average value between pre and post tests, namely 10.68 and 12.08. The results of the significance test show that the p value of the family support variable is 0.007 (<0.05), which means Ho is rejected, so it can be concluded that the provision of health education with a modeling approach is effective in increasing family support.

The process of pregnancy will have an impact on psychological changes in pregnant women. One of the emotional changes is caused by hormonal changes, namely the increase in the hormones estrogen and progesterone produced by the corpus luteum which develops into a corpus gravidity which causes discomfort during pregnancy and triggers stress. (Lisa & Magdalena, 2017). Husband's support as the closest person to pregnant women is very necessary. As long as mother is pregnant, husband's support is needed to give peace, protection, attention, motivation and willingness of the husband to work together to take care of the household. Research result (Evayanti, 2015), husband has a role in providing support to pregnant women emotional support in the form of motivation, physical support by accompanying pregnant women on visits *Antenatal Care* (ANC), information, appreciation and financial support to pregnant women.

Providing health education to pregnant women and husbands can increase the husband's role in providing support to pregnant women, so that the level of anxiety, motivation and confidence of pregnant women can increase (Anisafitri, Suryawati, & Sulistyawati, 2016). This study also shows that mothers who receive good support from their husbands will be more obedient in consuming Fe tablets to prevent anemia in pregnant women. The results of other studies that also support the importance of the husband's role in pregnancy include; (Yanti, 2015), (Fitrayeni, Suryati, & Faranti, 2017),

The evaluation shows that health education with a modeling approach can increase family support for pregnant women. Increased family support is indicated by an increase in family support according to the mother's perception in the intervention group. The use of learning

aids such as leaflets and counseling materials given to mothers during health education, allows families to get information when the officers are no longer available. This is evidenced by the increase in family support in the treatment group is greater than in the control group. Although the control group did not receive health education directly from the researcher, the mothers received information from other health workers when checking their pregnancy at the Puskesmas, clinic or integrated service post.

This research is in line with the results of research (Mayasari, Kaunang, & Sondakh, 2019), concluded that pregnant women with good family support will change the source of anxiety and come to the family to complain. Family support is very important in providing attention, assistance, support and dealing with problems. (Kenang, Maramis, & Wowor, 2018), (Suryani, Utama, & Suryanti, 2017) and (Abdullahpour, Ramezani, & Khosravi, 2015); Mothers who have a good perception of family support have a lower risk of experiencing pregnancy complications. Family support also affects the compliance of pregnant women taking blood-added tablets (Fe) (Triharini, Nursalam, Sulityono, Adriani, Armini, & Nastiti, 2018).

CONCLUSIONS
Providing education with modeling techniques provides a significant change in changes in the support of the closest family (husband, parents and in-laws) for a mother's pregnancy. motivation to always maintain and pay attention to pregnancy changes significantly

REFERENCES
Abdullahpour, S., Ramezani, S., & Khosravi, A. (2015). Perceived Social Support among Family in Pregnant Women. *International Journal of Pediatrics Vol. 3(5.1)*, 879-888.

Anisafitri, Suryawati, L., & Sulistyawati, H. (2016). Relationship between Husband's Support and Compliance of Pregnant Women in Third Trimester Consuming Fe Tablets. *Midwifery Journal of STIKes Insan Cendekia Medika Jombang, Vol. 12 (1)*, 17-26.

Depkes. (2018, November 2). *Portrait of Healthy Indonesia from Riskesdas 2018. Retrieved December 7, 2018, from the Indonesian Ministry of Health*: http://www.depkes.go.id/article/view/18110200003/potret-sehat-indonesia-dari-riskesdas-2018.html

Evayanti, Y. (2015). Relationship between Mother's Knowledge and Husband's Support for Pregnant Women on Regularity of Antenatal Care (ANC) Visits at Wates Health Center, Central Lampung in 2014. *Jurnal Kebidanan Vol. 1, No. 2*, 81-90.

Fitrayeni, Suryati, & Faranti, R. (2017). The Cause of the Low Completeness of Antenatal Care Visits for Pregnant Women in the Work Area of the Pegabiran Health Center. *Jurnal Kesehatan Masyarakat Andalas Vol. 10(1)*, 101-107.

Kenang, M., Maramis, F., & Wowor, R. (2018). FFactors related to the compliance of pregnant women in consuming iron (Fe) tablets at the Sawang Health Center, Siau Regency, Tagulandang Biaro. *Jurnal KESMAS, Vol. 7(5)*.

Lisa, R., & Magdalena, N. P. (2017). Description of Pregnant Women's Knowledge about Psychological Changes in Pregnancy in the Work Area of Pariaman Health Center. *Bidan Prada: Jurnal Publikasi Kebidanan Akbid YLPP Purwokerto Vol. 8 No. 1*, 1-9.

Mayasari, W., Kaunang, T. M., & Sondakh, J. (2019). Analysis of Factors Playing a Role in the Anxiety of Pregnant Women in Trimester III Primigravida at Bahu Health Center, Malalayang District, Manado City. *Kesmas Vol. 7(5)*, 71-84.

Suryani, Utama, S., & Suryanti, Y. (2017). Relationship between Knowledge and Family Support with Antenatal Care Visits for Pregnant Women in the Work Area of the Olak Kemang Health Center, Jambi City in 2015. *Jurnal Bahana Kesehatan Masyarakat Vol. 1(1)*, 8-17.

Triharini, M., Nursalam, Sulityono, A., Adriani, M., Armini, N., & Nastiti, A. (2018). Adherence to iron supplementation amongst pregnant mothers in Surabaya, Indonesia: Perceived benefits, barriers and family support. *International Journal of Nursing Sciences, Vol. 8*, 243-248.

Yanti, Y. (2015). Relationship of Mother's Knowledge and Husband's Support to Pregnant Women on Regularity of Antenatal Care (ANC) Visits at Wates Health Center, Central Lampung