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## Family Support for Short-Status Pregnant Women to Prevent Gestational Stunting : Phenomenological Studies

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### ARTICLE INFO

**Received:** 22 May, 2024

**Revised:** 15 July, 2024

**Accepted:** 26 July, 2024

**Volume:** 4

**Issue:** 2

**DOI:** [10.56338/jphp.v4i2.5555](https://doi.org/10.56338/jphp.v4i2.5555)

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### KEYWORDS

Family Support  
Pregnant Women  
Gestational Stunting  
Phenomenological

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### ABSTRACT

**Introduction:** Maternal short stature with a height < 150 cm are at risk of giving birth to short babies (body length < 48 cm) Then, so that they become small and small children. The purpose of this study was to analyze family support for short pregnant women in dealing with their pregnancies. For this reason, steps are needed to break the chain of stunting between generations, one of which is through sensitive intervention. According to research, sensitive interventions can reduce stunting by 70%, one of which is through family support.

**Methods:** This study uses a qualitative research design with a phenomenological approach. to explore the phenomenon or condition of families in providing support to short pregnant women. The informants in this study were 12 short pregnant women and 9 village midwives, 6 public figures in village. Data collection was carried out through in-depth interviews, observation and documentation. The data were analyzed using the Interpretation of Phenomenology Analysis (IPA).

**Results:** It is suggested that family support needs to be increased through the participation of community leaders and religious leaders, so that pregnant women can carry out their pregnancies happily and have support from those closest to them and have an impact on the health of the fetus.

**Conclusion:** Family support needs to be increased through the participation of community leaders and religious leaders, so that pregnant women can carry out their pregnancies happily and have support from those closest to them and have an impact on the health of the fetus.

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**Publisher:** Pusat Pengembangan Teknologi Informasi dan Jurnal Universitas Muhammadiyah Palu

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### INTRODUCTION

According to Rininta, family is a group of people connected by ties of marriage, adoption, birth aimed at creating and maintaining a common culture, enhancing the physical, mental, emotional and social development of each member (1). In general, there are two main factors that influence a mother's psychological reactions in dealing with pregnancy, childbirth and postpartum, namely internal factors and external factors. Internal factors include the mother's temperament/personality related to the mother's reaction in dealing with pregnancy to postpartum,

whether to be optimistic/pessimistic, active/passive, and so on. External factors are things outside oneself, for example family support where the husband and family play a role in adding or reducing the burden of the mother's pregnancy problems (2).

Husband and family support greatly influences the psychology of a pregnant woman to act and make the best decisions to determine her health status. If the husband and family support the mother in checking her pregnancy, maintaining her health, maintaining her diet, avoiding stress and so on, then the mother will be motivated and enthusiastic in carrying out her pregnancy (3).

It is said that because pregnant and giving birth women experience worries in dealing with this process, mothers will tell those closest to them about the feelings they are experiencing. For this reason, pregnant women need to get attention and motivation from their immediate environment, namely the family, so that the mother can go through pregnancy calmly and happily and this will have an impact on the health of the fetus (4).

Based on various references, it is stated that pregnant women are short with a height < 150 cm are at risk of giving birth to short babies (body length < 48 cm) so that later these short babies will become toddlers and stunted children (5). For this reason, steps are needed to break the chain of causes of stunting between generations by providing interventions to short pregnant women through specific and sensitive approaches, one of which is by providing support to short pregnant women.

The results of research conducted by (Hanum, Khomsan and Heryatno Yayat, 2014) in Cianjur Regency, West Java, most of the children's mothers (67.8%) were classified as short (TB < 150 cm), stunted children (74.5%) had more short mothers than normal children (60.5%) (6). Endang (2016) explains that poor nutritional status and short maternal height can increase the risk of intrauterine growth failure. Inadequate fetal growth during pregnancy will have an impact on the child's lower growth and development (7).

This is not in line with research by Dubois, et al in 2012 which showed that children's growth and development is influenced by environmental factors and hereditary factors. Hereditary factors only slightly (4-7% in women) influence a person's height at birth (8). On the other hand, the influence of environmental factors at birth is very large (74-87% in women). This proves that supportive environmental conditions can help children's growth and development (9).

## **METHOD**

This study uses a qualitative approach with a phenomenological design, namely wanting to see things essential or fundamental, important things from the life experience of a group of people or individuals. about a particular phenomenon (10). Namely wanting to see how the support of husbands and families in short pregnant women so far.

### **Sampling**

The research location is the working area of the Tilango Health Center, Gorontalo Regency. The informants in this study were 12 short pregnant women with TB <150 cm and 9 midwives in the Telaga Jaya and Tilango Health Centers, 6 public figures in village. Techik taking informants using snowball sampling. In determining the sample, one or two people are first selected, but because these two people do not feel complete about the data provided, the researcher looks for other people who are seen to know and can complement the data provided by the two previous people. And so on, so that the number of informants is increasing (11).

### **Data Collection**

Data collection was carried out by means of in-depth interviews or in- depth interviews to 20 gather information from informants regarding family support for short-term pregnant women in dealing with their pregnancies.

## **Processing and Analysis Data**

In general, the data processing process in qualitative research starts from data collection, then data reduction, data presentation and finally drawing conclusions. The analysis used in this first stage of research uses Interpretative Phenomenological Analysis (AFI) or in English it is called Interpretative Phenomenological Analysis/IPA.

## **Ethic Clearence**

For this reason, researchers are responsible for and guarantee the confidentiality of individual data from interviews and examination results from each subject. The data displayed in the research results is aggregate data and no individual data and subject names are published. All results of interviews and questionnaires are stored properly, strictly maintained in security and confidentiality and can only be accessed by the head researcher or research members with the permission of the head researcher. Ethical Approval number 1848-KEPK

## **RESULTS**

Family support is a very important factor that influences a mother's psychological reaction in dealing with pregnancy (8). For this reason, in this study it is necessary to explore the extent of family support for mothers during pregnancy, with the results of field interviews as follows:

*"Husband and family always support by being on the alert for pregnancy checks, bakase knows you can't pick up western ones, your husband is always on standby" (HH,TA).meaning: my husband and family always support me during pregnancy, I am always reminded not to lift anything heavy and my husband is always alert.*

*"the husband is always supportive and always alert" (RH, IH).*

*"My husband and family are very supportive, always helping me with household chores" (NA, TA). meaning: my husband and family are very supportive and always help me with my homework.*

*"My husband always encourages me while I'm pregnant" (RP, 20 years).*

*meaning: my husband always encouraged me during pregnancy.*

*"Bakase's husband remembers to take vitamins, who has a lot of thoughts or stress by diligently drinking water. Support from mama told me to pray diligently and stay patient" (SML, MM). meaning: husband always reminds me to take vitamins and don't think too much or stress and drink water diligently. Support from my mother asked me to pray diligently and be patient.*

*"My husband and parents really support me when I want to get pregnant, so that later my parents will take care of me, he said, you can't have one child but two" (GP, 29 years). meaning: from the beginning my husband and parents really supported me to get pregnant, they said, if you can have two children, you can't just have one.*

*"Husband supports, take care of the delivery, I will check the ptis" (HT, RK). Meaning: the husband always supports by accompanying the midwife to check the pregnancy.*

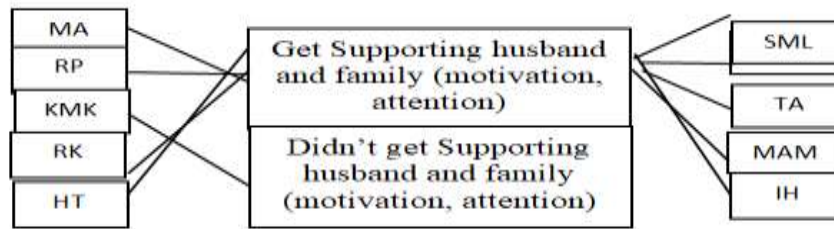
From the results of interviews with informants, it was found that pregnant women always get support from their husbands and family, the form of support provided is giving advice on maintaining pregnancy, accompanying mothers to check their pregnancies at health services, avoiding stress, avoiding heavy work and helping mothers with work at home.

In addition to getting support from their husbands and families, there are also pregnant women who do not get support from their husbands and families. Based on the results of the interview below:

*"During my pregnancy, my husband and family at home never paid any attention to my pa, never brought my pa to check at the posyandu, only my cousin who always took me to the posyandu. At home, no one wants to make a decision regarding my pregnancy, in essence, it's up to me to decide for myself" (KMK, 26 years). meaning: during pregnancy my husband and family at home never paid attention to me, never took me for a pregnancy check-up at the posyandu, only my older cousin accompanied me. At home, no one wants to make decisions about my pregnancy, only I decide.*

From the results of the interviews above, it was found that most of the pregnant women received support from their husbands and families and only a few pregnant women said they did not get support from their husbands and families (12).

The following is the complete scheme of interview results:



**Figure 1.** Scheme Of Interview Results with Informants Related to Family Support

As for the reasons why KMK informants did not get support from their husbands and families, the following are the results of interviews in the field:

*I have a husband and parents who don't pay attention to me because I have a husband who really has the right to do so, kong tatamba doesn't work, just stays at home, then I just have a father bring a bump. I'm a lazy parent going to paasya because my husband is not good at family planning, sadiki-sadiki gave birth. Just my husband and KB. This is the fourth child (with a small smile) (KMK). meaning: my husband and parents are not supportive and concerned with my pregnancy because my husband is like that (not paying attention) plus my husband doesn't work and only stays at home, my parents have reminded me to have family planning but my husband forbids it. This is my fourth child.*

## DISCUSSION

The results of the interviews above show that most of the informants received support from their husbands and families during pregnancy in the form of motivation, giving advice on maintaining health during pregnancy, consuming nutritious food, avoiding stress, helping with household chores and taking mothers for check-ups at health services. And some of them do not get support from their husbands and families (13).

The reasons for the informants not getting support from their husbands and because it is the nature of husbands who don't pay attention, husbands don't work and only stay at home and incompatibilities between husbands and parents, where parents ask informants to take part in family planning (family planning) because of this 4th pregnancy (but on the other hand the husband forbade it) (14).

In general, there are two main factors that influence a mother's psychological reactions in dealing with pregnancy, childbirth and postpartum, namely internal factors and external factors. Internal factors include the mother's temperament/personality related to the mother's reaction in dealing with pregnancy to postpartum, whether to be optimistic/pessimistic, active/passive, and so on. External factors are things outside oneself, for example husbands and families who play a role in adding or reducing the mother's burden of pregnancy problems (15).

Husband and family support greatly influences the psychology of a pregnant woman to act and make the best decisions to determine her health status. If the husband and family support the mother in having her pregnancy checked, maintaining her health, maintaining a diet, avoiding stress and so on, then the mother will be motivated and enthusiastic in carrying out her pregnancy (16). It is said that because pregnant and giving birth women experience worries in dealing with this process, mothers will tell those closest to them about the feelings they are experiencing. With the support from husbands and families for pregnant women to use maternal health services through cadre assistance, opportunities for good collaboration have begun to open and with the attention of the village government, community leaders, regarding the importance of prenatal checks, delivery management by health personnel and in supported by a government program namely the Mother's Love Movement (GSI) which involves all village officials and the community.

The active role of community leaders and cadres in encouraging pregnant women or their families will be very helpful in changing people's perceptions of the existence of cadres and midwives in society.

According to Freedman, the task of the family in terms of health, among others, is to recognize the health problems of every family member, including pregnant women. Make a decision to take the right action for the family. Providing nursing for members who are sick or who are unable to help themselves because they are disabled or too young. Maintaining a home atmosphere that is favorable to the health and personality development of family members.

Based on research conducted by Juwita it shows that pregnant women who do not get support from their family/husband are more disobedient in consuming compared to respondents who do not get support from their family/husband. that there is a significant relationship between support and the level of compliance of pregnant women consuming Fe tablets. From the results of the analysis, the value of OR = 3.429 means that mothers who do not get support from their families/husbands have 3.42 times more chance of being disobedient in consuming Fe tablets compared to mothers who receive support from their families/husbands (17).

The results of this study are in line with the research of Sabuj et. al stated that the higher the family support provided, the higher the level of adherence of hypertensive patients to therapy and there was a relationship between family support and the level of adherence of kidney failure patients to hemodialysis therapy (18)(19).

Recommendations for practitioners: The role, cooperation and awareness of the community is needed, starting from the family (husbands, parents and in-laws) as well as other stakeholders in supporting efforts to improve the health status of short-term pregnant women and efforts to prevent stunting neonates.

## **CONCLUSION**

From the description above it can be concluded that most of the short pregnant women in the Tilango Health Center area get support from their husbands and families and a small proportion of husbands and families do not provide support to pregnant women because husbands do not have jobs and mothers have many children and husbands are prohibited from having KB.

To improve the health of pregnant women and prevent neonatal stunting, it is necessary to have the support of the husband and family, so it is necessary to increase socialization regarding the importance of support from the family for the health of the mother and her fetus. In addition, to improve the health of pregnant women and their fetuses, it is necessary to involve all social institutions with a wider scope.

Research limitations: 1) Data on short-term pregnant women at the Health Service is not available and is only available at the research location Community Health Center, data on short-term pregnant women is only available in 2023 resulting in a lack of data reviewed by researchers to support quantitative studies. 2) Sample selection was carried out using criteria (not random), because the sample was limited.

## **AUTHOR'S CONTRIBUTION STATEMENT**

"Z.M. contributed to conceptualizing, methodology", "S.I.N. contributed to writing the original draft, editing the manuscript", "A. contributed to data collection", "DNOK and MIA. contributed to data curation, data analysis". All authors reviewed the results and approved the final version of the manuscript.

## **CONFLICTS OF INTEREST**

The authors declares that there is no conflict of interest.

## **SOURCE OF FUNDING STATEMENTS**

This research is self-funded.

## **ACKNOWLEDGMENTS**

Brief expression of gratitude to individuals, organizations, or institutions that have played a supportive role in the research or publication process but do not meet the criteria for authorship. Includes thanks for financial

support, technical guidance, data collection assistance, access to facilities or equipment, mentorship, and other forms of help.

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