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Original Research Paper

The effectiveness of family-centered maternity care education on attitudes and behaviours of pregnant women

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Abstract
Stunting is a state of failure to grow experienced by children under five due to chronic malnutrition, especially in the first 1,000 days of life (HPK). The impact caused by stunting can vary, including physical growth disorders, body metabolic disorders, brain growth and development disorders. In addition, stunting is also at a higher risk of suffering from chronic diseases in adulthood. This study aims to analyze the influence of Family Centered Maternity Care education on the attitude and behavior of pregnant women in stunting prevention. This quantitative research uses a quasi-experimental design with a one-group pre-test and post-test design. Sampling for this study uses a purposive sampling technique. The sample of this study is 38 people who have met the inclusion and exclusion criteria. The instrument used was in the form of a questionnaire for measuring attitudes and behaviors that were tested for validity and reliability. Data analysis using univariate analysis, bivariate analysis using Wilcoxon Test. The results of the study showed that there was an influence of Family Centered Maternity Care education on the attitude and behavior of pregnant women in stunting prevention in the Kebumen area. Family Centered Maternity Care education has been proven to increase the knowledge of pregnant women which ultimately changes the attitude and behavior of pregnant women in stunting prevention. The application of Family Centered Maternity Care education should be considered as a health education method in providing continuous midwifery care as an effort to reduce stunting rates.

Keywords: stunting; behaviour; attitudes; family centered maternity care

1. Introduction

Stunting is still one of the global health problems to this day, including in Indonesia (Rahut et al., 2024). In 2021, the World Health Organization (WHO) placed Indonesia in sixth place as a country with a prevalence rate in Southeast Asia of 36.4%. The results of the Indonesian Toddler Nutrition Status (SSGBI) study show that there has been a decrease in the prevalence of stunting from 24.4% in 2021 to 21.6% in 2022 (Ministry of Health of the Republic of Indonesia, 2022). Despite the decrease, the number is still considered not to have reached the target, because the WHO tolerance rate for stunting prevalence is 20% (Beal et al., 2018).

Stunting is a condition of failure to grow experienced by in children under five caused by chronic malnutrition, especially in the first 1,000 days of life (HPK) (Vaivada et al., 2020). The problem of stunting occurs since the child is in the womb. However it is only seen when he is two years old (Ministry of Health, 2018). The short-term impacts caused by stunting are impaired physical growth, impaired body metabolism, impaired growth and brain development. In the long-term, stunting can result a decrease in learning achievement, a higher risk of suffering from chronic diseases in adulthood, and a decrease in work quality that has an impact on economic productivity (Huriah & Nurjannah, 2020; Linda Richter, 2016; Abdillah, 2022).

The nutritional status of pregnant women hugely affects the state of health and development of the fetus. Impaired growth in the womb can lead to low birth weight. This low birth weight can increase the risk of stunting in toddlers. Good nutritional knowledge from parents is needed so that parents are able to provide a balanced menu. Lack of nutritional knowledge in applying nutritional knowledge in daily life can cause nutritional problems (Rosa, 2011). Lack of nutrition in children can be caused by the attitude or behavior of parents, especially mothers, who are factors in choosing inappropriate foods. The choice of food ingredients, the availability of sufficient amounts of food and the diversity of food types are influenced by the level of mother's knowledge about food and nutrition. Mistakes in food choices can occur as a result of mother's ignorance. Therefore, nutrition education for pregnant women is very important in preventing stunting as a preparation for improvement efforts focused on the First 1,000 Days of Life (HPK) (West et al., 2018; Saleh et al., 2021; Beal et al., 2018; Wati et al., 2022).

Family Centered Maternity Care (FCMC) is one of the solutions that can be applied to provide comprehensive information related to nutrition and health during pregnancy (Ecenroad & Zwelling, 2000). This method is carried out by conducting home visits, through a family approach and providing education on the importance of social support in providing motivation to pregnant women using the following methods: lectures, questions and answers, and practice. As a result of increasing understanding of this important matter, the pregnant woman will have competent mothering optimally. This will contribute to optimizing the health status of babies born, so that it can reduce stunting rates (Dewi, 2022; Sutarto et al., 2018; Lundgren et al., 2015).

Kretek Village is part of Rowokele sub-district, Kebumen Regency, Central Java. According to the Kretek village midwife, the target of pregnant women in Kretek village is 70 pregnant women. Meanwhile, the target of toddlers aged 0-23 months is 61 (66.7%) and those who are stunted are 27 toddlers (33.3%). This makes Kretek village the highest number one for stunting prevalence in Rowokele District in 2023.

Based on Anjani's research (2020), pregnant women who receive education related to stunting prevention during pregnancy can increase their knowledge and attitudes about stunting by 3.1 times compared to those who do not receive education during pregnancy. In addition, family involvement can increase maternal motivation towards stunting prevention (Fabusoro & Mejia, 2021; Ekayanthi & Suryani, 2019; Sukmawati et al., 2021).

Based on these facts, researchers are interested in researching Family Centered Maternity Care education for pregnant women as an effort to prevent stunting. The purpose of this study is to determine the influence of Family Centered Maternity Care education on the attitude and behavior of pregnant women in stunting prevention.

2. Research Methods

2.1.Research Design

This quantitative research uses the Quasi Experimental type which carries out a one group pre and post-test design. Before being given the Family Centered Maternity Care educational intervention, pregnant women will be given a pretest using a questionnaire about attitudes and behaviors towards stunting prevention. Furthermore, the research was carried out by providing Family Centered Maternity Care educational interventions which were carried out for 3 times a month involving families. After the intervention, pregnant women were given a post-test to see differences in attitudes and behaviors after being given education. The population in this study is all pregnant women in Kretek village, Kebumen Regency.

2.2.Period and Sample

This research was conducted from May to June 2024 in Kretek Village, Kebumen Regency. The sample in this study is pregnant women in Kretek Village, Kebumen Regency. The determination of the sample in this study uses the purposive sampling method, which is a sampling technique by considering inclusion and exclusion criteria. The inclusion criteria are pregnant women with a gestational age of 28 weeks, able to communicate well. Meanwhile, the exclusion criteria are pregnant women who are sick and have a history of health problems and chronic diseases before and during pregnancy. A sample was obtained in this study that met the inclusion and exclusion criteria of 38 respondents.

2.3.Intervention

This study was conducted on pregnant women in Kretek village, Kebumen Regency with a total of 38 respondents. The researcher then explained the objectives, benefits, procedures for conducting the research and provided informed consent with the consent of the respondents. Before providing intervention, the researcher conducted a pretest using a questionnaire about attitudes and behaviors in stunting prevention. Furthermore, the researcher provides healthy nutrition education interventions and stunting prevention using the Family Centered Maternity Care (FCMC) model by involving families and cadres for 3 times in 1 month. At the end of the 3rd meeting, posttest measurements were carried out by filling out a questionnaire to measure attitudes and behaviors.

2.4.Measurement and Data Obtaining

The research data was measured using an attitude and behavior questionnaire. Before the dissemination of the instrument, a test of the research instrument was carried out. In this study, a validity test was carried out using a product moment correlation test and a validity test using Alpha Cronbach. The test results of the research instrument were all declared valid with a calculated r value greater than 0.456 and reliable with a coefficient of more than 0.6.

The questionnaire consisted of 10 items of attitude statements. Attitude data analysis using the Likert scale, where the favorable questions: strongly agree to get a score of 4, agree to get a score of 3, disagree to get a score of 2 and strongly disagree to get a score of 1. And for unfavorable questions, the opposite score is given. Each respondent's score is summed up and the maximum score is 40. After that, the percentage of the number is calculated and included in the objective criteria including: 80-100% of the categories support and >80% of the categories do not support.

As for the behavior questionnaire, it consists of 10 behavioral statements. Behavioral data analysis uses the Likert scale, where the favorable statement, “No” gets a score of 1 and “Yes” gets a score of 2. And for unfavorable statements, the opposite score is given. Each respondent's score is summed up and the maximum score is 20. Then the percentage of the amount is calculated and included in the objective criteria including: 76-100% of the good category, 51-75% of the good category and ≤50% of the poor category.

2.5.Data Analysis

Data of this research is analyzed by using Univariate and Bivariate analysis. Univariate analysis only describes each variable. The data analyzed were age, education, occupation and parity. Bivariate analysis is used to test hypotheses. Bivariate analysis was used to test the hypothesis with the Wilcoxon Test. The Wilcoxon Test is to show the influence of the Family Centered Maternity Care (FCMC) Model on attitudes and behaviors about stunting prevention. The data was then analyzed using a stata.

2.6.Ethical Considerations

The research are based on six basic principles of research: beneficence, non-maleficence, fidelity and responsibility, integrity, justice, respect for person and ethical clearence. This ethical clerance is a written statement from the ethics commission for research involving living things. This research has received ethical approval from the Ethics Commission of the University of Muhammadiyah Gombong, with certificate number No: 095.6/II.3.AU/F/KEPK/V/2024 issued on May 8, 2024, valid until August 8, 2024.

3. Results and Discussion

3.1. Results

After one month of research in the Kebumen regency, data was obtained and processed through editing, coding, scoring, tabulation, entry and cleaning. The results of the study were presented in univariate and bivariate analyses using stata.

Table 1. Frequency Distribution of Respondent Characteristics

Variable	Frequency (f)	Percentage (%)
Age		
20-35	28	73.68
<20 or >35	10	26.32
Gravida Status		
Mutigravida	30	78.95
Primigravida	8	21.05
Employment Status		
Working	24	63.16
Not Working	14	36.84
Education Status		
Higher	2	5.26
Secondary	23	60.53
Primary	13	34.21

Source: Primary Data, 2024

Table 1 above explains the respondent characteristics. Based on the table, it can be clearly seen that respondents have characteristics, namely age, gravida status, employment status and educational status. The distribution showed that the average age of 20-35 years was 28 respondents (73.68%). The characteristics of gravida status are mostly multigravida categories as many as 30 respondents (78.95%). Based on the characteristics of job status, most of them worked as many as 24 respondents (63.16%). The average educational status of the respondents was secondary education with 23 respondents (60.53%).

Table 2 provides an illustration of the results of a chi-square homogeneity test that examines whether distributions within groups are consistent.Such a consistent, even distribution across test items for all variables of pregnant women's attitudes is significant; all figures are greater than 0.05 threshold.Thus, based on this judgment, the attitudes of pregnant women in this research are not much different among groups compared.ID: Similarly to the previous point. Repetition of a word (group) from the previous sentence. Change "being compared" to "compared with each another" to add variety.This homogeneity can be traced to a number of hidden factors among pregnant women participants. For example, the respondents may have similar sociodemographic characteristics, access to information and environmental factors that all contribute to consistent attitudes about pregnancy -

related issues. Such shared characteristics lead to consistent perceptions and behavior. And they in turn keep in place the observed homogeneity.

Table 2. Homogeneity Test on Attitude Variables

Variable	Attitude (Pre-test)				p-value
	Supporting		Not Supporting		
	f	%	f	%	
Age					
20-35	1	25.0	27	79.4	0.019
<20 or >35	3	75.0	7	20.6	
Gravida Status					
Mutigravida	3	75.0	30	88.2	0.459
Primigravida	1	25.0	4	11.8	
Employement Status					
Working	4	100.0	20	58.8	0.106
Not Working	0	0.0	14	41.2	
Education Status					
Higher	0	0.0	2	5.9	0.063
Secondary	0	0.0	19	55.9	
Primary	4	100	13	38.2	

Moreover, this homogeneity indicates that interventions/polices aimed at pregnant women can be made and conducted in a standard fashion without needing to cater make adjustments for different groups.Further research may look into Test pregnant women exactly why there are such uniform attitudes.These findings can have significant repercussions for the design of health education projects. They reveal in particular how to prepare services directed at pregnant women so that they address, are sensitive to, and meet those women´s needs/ expectations in a variety of settings.

Table 3. Homogeneity Test on Behavioral Variable

Variable	Behaviour (Pre test)						p value
	Good		Medium		Less		
	f	%	f	%	f	%	
Age							
20-35	5	83.3	21	72.4	2	66.7	0.823
<20 or >35	1	16.7	8	27.6	1	33.3	
Gravida Status							
Mutigravida	5	83.3	25	86.2	3	100.0	0.767
Primigravida	1	16.7	4	13.8	0	0.0	
Employment Status							
Working	3	50.0	18	62.1	3	100.0	0.331
Not Working	3	50.0	11	37.9	0	0.0	
Education Status							
Higher	1	16.7	1	3.4	0	0.0	0.434
Secondary	4	66.6	14	48.3	1	33.3	
Primary	1	16.7	14	48.3	2	66.7	

Source: Primary Data, 2024

Based on Table 3, the significance value in the results of the Chi-Square homogeneity test shows that all variables on the behavior of pregnant women are homogeneous because the significance value is more than 0.05.

Table 4. Differences in Attitudes of Pregnant Women Before and After Being Given FCMC Education

Variable	Intervention Group		P-value
	Sign	Obs	
Attitudes	Positive	12	**<0.01**
	Negative	0	
	Zero	26	
*p<-0.05			

Source: Primary Data, 2024

Table 4 clearly explains that the results of the pre and post-test after the intervention in providing education for Family Centered Maternity Care experienced a change in attitude for the better as many as 12 respondents, while those who did not have a change in attitude as many as 26 respondents. The results of the Wilcoxon test on pregnant women's attitudes towards stunting prevention showed significant results with a p value of <0.001, which means that there was a change in attitude after being given Family Centered Maternity Care education on stunting prevention.

Table 5. Differences in Behaviour of Pregnant Women Before and After FCMC Education

Variable	Intervention Group		P-value
	Sign	Obs	
Attitudes	Positive	16	**<0.001**
	Negative	1	
	Zero	21	
*p<-0.05			

Source: Primary Data, 2024

Based on Table 5 above, it is shown that the results of the pre and post-test analysis after the intervention in providing education for Family Centered Maternity Care experienced a change in behavior for the better as many as 16 respondents, who experienced a negative change of 1 respondent and who did not change as many as 21 respondents. The results of the Wilcoxon test on pregnant women's behavior towards stunting prevention showed significant results with a p value of <0.001, which means that there is a change in behavior after being given Family Centered Maternity Care education on stunting prevention.

3.2.Discussion

Pregnant women who got involved in this study are more aged 20-35 years. Results of some researches reveal that the age of 20-35 years is a mature age and has enough knowledge in addition to experience both in terms of maturity in thinking and mentality to run a household. This study confirmed that there was a significant relationship between family centered maternity care education on attitudes and behaviors of pregnant women and stunting prevention (p value <0.05). The majority of this study has a good attitude and agrees that stunting prevention efforts such as pregnancy planning, routine check-ups during pregnancy, healthy diet during pregnancy, exclusive breastfeeding, and stimulation of children are important things to do.

A research by Sudhinaraset et al (2021) on the effect of FCMC on maternal and newborn health confirmed that it showed significant results (p value <0.05). In particular, this study shows that the

provision of information involving families can affect autonomy in obtaining health services. The existing literature shows the importance of counseling and appropriate information for women to improve the health status of mothers and children.

This is in line with research conducted by Liu et al (2021) that pregnancy is a time for women who need social support and support from their environment. Social support can reduce stress levels and improve the emotional and physical well-being of pregnant women. Pregnant women who receive low social support during pregnancy are at risk of mental illnesses such as baby blues, postpartum depression and suboptimal self-care and their babies. Social support is a driving factor for faster behavior change, especially the support of husbands, family, friends and health workers. Social support can be in the form of providing support and sentences in a positive way.

Providing education plays an important role in determining a person's behavior and attitude, because knowledge will lead a person to think and try to take the right action so that they can make the right decision (Rahmayanti et al., 2023). To improve attitudes and behaviors towards stunting prevention, it can be done by providing education so that it can raise awareness in mothers and families to change their behavior in accordance with their knowledge. One of the efforts to increase knowledge about the attitudes and behaviors of pregnant women towards stunting prevention is to provide education on the importance of stunting prevention with the role of Family Centered Maternity Care (FCMC). Family Centered Maternity Care (FCMC) is a family-centered care that provides care to mothers and families that integrate pregnancy, childbirth, and baby care on an ongoing basis with individual care prioritizing family support, participation, and choice (Mayasari et al., 2018).

According to Lawrence Green in Notoatmojo (2014), health behavior is influenced by 3 factors, namely predisposing factors such as knowledge, attitude, belief, values, beliefs, and so on. The second factor is supporting factors, namely the environment, facilities, health infrastructure facilities and factors driving the attitude and behavior of health workers which are a reference group of community behavior. The behavior of respondents in preventing stunting was very good. Respondents have made efforts such as checking their pregnancy regularly, during pregnancy consuming folic acid and iron supplements regularly, being willing to breastfeed exclusively, consuming a variety of foods containing carbohydrates, vitamins and proteins as well as maintaining hygiene and implementing PHBS in childcare. It can be concluded that respondents' behavior is not only influenced by knowledge, but can be due to the respondents' good attitude and supported by the environment and access to health services as well as posyandu activities that run well and routinely.

After being given health education on the importance of preventing stunting from pregnancy, pregnant women can find out the impact if they do not anticipate stunting such as not knowing a healthy lifestyle in pregnant women, not paying attention to nutritional intake and not understanding the impact of stunting. (Shariff et al., 2023).

Education with the role of Family Centered Maternity Care (FCMC) carried out in the family-based Kebumen area to improve attitudes and behaviors towards the prevention of pregnant women has been successfully carried out. With this activity, pregnant women increase their knowledge about stunting prevention so that they can change health behavior during pregnancy optimally. In addition, pregnant women are committed to being obedient and regular in maintaining their pregnancy by visiting health services and families to improve their ability to provide assistance. The hope of this study is that pregnant women can prevent stunting starting from pregnancy.

4. Conclusion

The implementation of FCMC education further improves the attitude of pregnant women to make healthier behavior changes, especially for stunting prevention. It is hoped that FCMC education can be

a health education method that can be carried out in the provision of obstetric services, especially when providing continuous obstetric care as an effort to prevent stunting since pregnancy.

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