EFFECTIVENESS OF PROVIDING EDUCATION RELATED TO FATHER INVOLVEMENT AND SUPPORT IN THE 1000 FIRST DAYS OF LIFE IN EARLY PREVENTION OF STUNTING IN JEBRES VILLAGE

Didik Iman Margatot¹, Angelia Friska Tendean², Putri Intan Permatasari³, Oni Wisanggeni⁴

^{1,3,4)} Program Studi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Surakarta

²⁾Fakultas Keperawatan Universitas Klabat, Airmadidi, Sulawesi Utara Email : didikiman@aiska-university.ac.id

ABSTRACT

The problem that is currently still often recurring is related to nutritional problems or better known as stunting. Stunting or in short is a global nutritional problem that often occurs in children under 5 years of age. Children under 5 years of age are categorized as stunting / short if they have a z score below -2 SD. The purpose of this study was to increase fathers' knowledge in providing support for fulfilling toddler nutrition in 1000 first days of life and to see the effectiveness of fathers' support in preventing stunting in toddlers. This research method uses a Quasi experiment using the Onegroup Pretest-Posttest design. The results of the study showed a significant difference in value before and after the intervention, with a p-value of 0.001 at a 95% confidence level.. The conclusion in this study is that there is effectiveness in providing education in increasing a father's knowledge, attitudes, and support in preventing stunting in the first 1000 days of life

KEYWORDS: Father's Involvement, Support, First 1000 Days Of Life, Preventing Stunting

ABSTRACT

Permasalahan yang saat ini sering terjadi secara berulang adalah terkait masalah gizi atau lebih dikenal dengan istilah stunting. Stunting merupakan masalah gizi global yang sering terjadi pada anak di bawah usia 5 tahun. Anak usia dibawah 5 tahun dikategorikan stunting/pendek jika mempunyai nilai skor z dibawah -2 SD. Tujuan penelitian ini adalah untuk meningkatkan pengetahuan ayah dalam memberikan dukungan pemenuhan gizi balita pada 1000 Hari Pertama Kehidupan (HPK) dan melihat efektivitas dukungan ayah dalam mencegah stunting pada balita. Metode penelitian ini menggunakan Quasi eksperimen dengan desain Onegroup Pretest-Posttest. Hasil penelitian menunjukkan adanya perbedaan nilai yang signifikan sebelum dan sesudah intervensi, dengan p-value sebesar 0,001 pada tingkat kepercayaan 95%. Kesimpulan dalam penelitian ini adalah terdapat efektivitas pemberian pendidikan dalam meningkatkan pengetahuan seorang ayah, sikap, dan dukungan dalam mencegah stunting pada 1000 HPK.

KATA KUNCI: Keterlibatan Ayah, Dukungan, 1000 HPK, Pencegahan Stunting

INTRODUCTION

Stunting or known as short stature is a major health problem in Indonesia that often occurs in children under the age of five (Margatot & Huriah, 2021; Rinjani et al., 2023). The problem of stunting in Indonesia is currently receiving special attention and requires serious handling from various parties (Marsia et al., 2022). The need for very intensive handling of stunting incidents is due to the increasing incidence of stunting in Indonesia and is

included in the high prevalence group (Moa et al., 2022). Based on data from the Indonesian Nutritional Status Survey (INSS), the prevalence of stunting in Indonesia in 2021 was 24.4% (Sari, 2023). The high incidence of stunting is caused by various factors including teenage pregnancy, infection, lack of maternal awareness in providing exclusive breastfeeding, lack of knowledge in parents, and chronic malnutrition during the golden period, namely the 1000 first days of life

(Melati et al., 2021). The consequences if stunting is not immediately addressed will cause new problems both in the short and long term such as increased mobility and mortality, decreased children's thinking ability. decreased child development, and risk of infection (Juwita et al., 2023). So that this is a concern for the government in planning a national strategy to accelerate stunting prevention in 2018-2024, one of the programs of which is to increase public awareness of the importance of stunting prevention (Bukit et al., 2021; Moa et al., 2022). Another strategy related to stunting prevention from the government is the existence of a government policy related to stunting prevention which is regulated in Presidential Regulation number 42 of 2013 concerning the national movement improvement of priority accelerate community nutrition in the 1000 first days of life (Simanjuntak & Wahyudi, 2021). In implementing the strategy to accelerate improvement of nutrition, of course, there also needs to be awareness from parents in fulfilling nutrition for children. Increasing awareness in parents regarding fulfillment of nutrition can be done by providing education to parents regarding stunting prevention. The education provided regarding stunting prevention does not only focus on mothers, but also requires the role of a father in preventing stunting (Bukit et al., 2021; Fauziah et al., 2023). A father's support and involvement in fulfilling nutritional needs during the golden period the 1000 first days of life has a major influence on preventing stunting in toddlers. This statement has also been conveyed in Q.S. Al-Bagarah (2): 233 which reads: And mothers should breastfeed their children for two full years, for those who want to breastfeed perfectly. And the father is obliged to support them and clothe them in a proper manner. A person is not burdened with more than his ability. A mother should not suffer because of her child, nor should a father (suffer) because of his child. The heirs are also (obliged) likewise. If both of them want to wean with the agreement and consultation between them, then there is no sin on either of them. And if you want to breastfeed your child to someone else, then there is no sin on you to give payment in a proper manner. Fear Allah and know that Allah is All-Seeing of what you do". The hadith explains the role of a mother who is obliged to breastfeed her child for two full years and also the role of a father in terms

of supporting her child in a proper manner. The statement emphasizes that one of the ways to prevent stunting is by providing exclusive breastfeeding and the father must support his child both in terms of physical and spiritual. One of the spiritual sustenance that a father can do is to provide support and always be involved in caring for his child. The role of fathers in 1000 first days of life is very important, this is in line with the results of (Lolan et al., 2025) which states that fathers' involvement in childcare has a significant effect on children's positive development, especially in the prevalence of stunting. The role of fathers will affect the development of children's social skills, cognitive development, and emotions in 1000 first days of life. The father's attitude has an impact on the father's involvement in feeding children. Fathers who have good participation in child feeding activities have a positive influence on better food diversity. Based on this explanation, the researcher is interested in knowing whether providing education related to father involvement and support in the 1000 First Days of Life is effective in early prevention of stunting in Jebres Village.

MATERIAL AND METHODS

This research method uses Quasi-experiment Pretest-Posttest with Onegroup design. Sampling using purposive sampling technique, namely 32 respondents with inclusion criteria, namely fathers who have toddlers aged 0-3 years, can read and write, and fathers with toddlers who do not have other infectious diseases. Before providing intervention, respondents were first given an initial test (pretest) in the form of a questionnaire related to attitudes and support for stunting prevention. In the pretest stage, participants were given time to work on questions in the room for one hour with a total of 30 questions consisting of 15 questions regarding fathers' attitudes and support regarding stunting prevention, and questions regarding fathers' knowledge regarding stunting prevention. Furthermore, respondents were given interventions as many as 2 meetings, namely education using powerpoint media. The material provided is related to the introduction of stunting in general, such as definitions, signs and symptoms, risk factors, specific nutritional interventions, and sensitive nutritional interventions. Presentations and discussions were carried out for 60 minutes. After being

given education, respondents were then given a final test (posttest) where the results of the final test were later used to see the evaluation of the intervention that had been carried out. The post-test procedure is the same as the pretest, because the questions and time given are the same. The pre-test and post-test results were analyzed using the Wilcoxon test to see the differences in the pre-test and post-test results. Data analysis used the Wilcoxon test because the pre-test and post-test data were not normally distributed after the normality test using Shapiro Wilk. The attitude and support questionnaire regarding stunting prevention consisted of 15 questions. The questions were closed with four answer choices, namely strongly agree getting a score of 3, agree is 2, disagree is 1, and strongly disagree is 0. The attitude and support questionnaire has an interpretation of the results if it gets a score> 9 then it is included in the category of positive attitudes or support, conversely if it gets a score <9 then it is included in the criteria of negative attitudes or support. The knowledge questionnaire is a multiple-choice question with the interpretation of the results, namely if the score is > 12 it means having good knowledge, sufficient if the score is 8-11, lacking if the score is < 8. The questionnaire on mothers' knowledge and attitudes about stunting was adopted from research Danna (2019) with the results of the validity test of the knowledge and attitude questionnaire about stunting for all questions, namely the calculated r value ≥ 0.361 . While the results of the reliability test using Cronbach alpha showed 15 statement items in the knowledge questionnaire instrument, namely 0.556 and the attitude questionnaire about stunting, namely 0.569. The results of the validity test of the support questionnaire had an r result >

0.361 so that all statement items were stated to be valid. The reliability test of the support questionnaire obtained a Cronbach Alpha value of the reliability coefficient of 0.959, so the statement items were stated to be reliable

RESULTS

Table 1 shows that the frequency distribution of the characteristics of the age of respondents aged 25-34 years was 21 people (65.6%), 17-24 years was 7 people (21.9%), and 35-45 years was 4 people (12.5%). The frequency distribution of father's education was high school education of 17 people (53.1%), junior high school education of 12 people (37.5%), and college of 3 people (9.4%). Father's job was an employee, namely private sector, of 24 people (75.0%), businessman of 8 people (25.0%).

Table 1. Frequency Distribution of Respondent Characteristics (n=32)

Respondent Characteristics	F	%
Father's age		
17-24	7	21,9
25-34	21	65,6
35-45	4	12,5
Father's education		
Junior high school	0	0
Elementary school	12	37,5
Senior high school	17	53,1
College	3	9,4
Father's job		
private sector employee	24	75,0
Businessman	8	25,0
Government employees	0	0

Table 2. Analysis of Differences in Pretest and Posttest Results of Father's Knowledge, Attitude, and Support

Research variabel	Pretest (n=32)		Posttest (n=32)		P*
	Min-Max	Median±SD	Min-Max	Median±SD	<u> </u>
Knowledge	33,33-66,67	46,66±10,48	73,33-100,00	86,67±7,36	0,001
Attitude	12,00-33,00	$25,00\pm6,22$	28,00-43,00	$39,00\pm3,96$	0,001
Support	31,00-89,00	$67,50\pm20,61$	66,00-103,00	92,00±10,32	0,001

The results of the analysis based on the Wilcoxon test in table 2 show differences in the values of the knowledge, attitude, and support variables at the pre-test and post-test. The median value during the pre-test for

for attitude was 25.00, and the median value for the support variable was 67.50. During the post-test, the median value for knowledge was 86.67, the median value for attitude was 39.00, and the median value for support was 92.00. knowledge was 46.66, and the median value The table above also shows that the results of the analysis of the three variables obtained a p value <0.05, which is 0.001, so it can be concluded that there is a significant difference before and after the intervention with a confidence level of 95%.

DISCUSSION

Most of the respondents' characteristics are aged 25-34 years. This age range is the age range that has the ability to think maturely and has the ability to make decisions correctly. The older a person is, the more experience they will get to increase their knowledge. The age of 25-34 years is included in the young adult category which already has complex cognitive functions and has better analytical skills and is considered capable of solving a problem (Oktavianisya et al., 2024; Osuafor et al., 2023). A father with a young adult age will be able to behave better and more accurately in making decisions in the household.

The level of education in the table is the last formal education taken by a respondent which can be proven by a diploma or can be seen on the family card. Most of the respondents' education levels are high school/vocational school. A person's level of education will affect the process of thinking, behaving and accuracy in making decisions (Margatot & Huriah, 2021). The higher the level of education of a father, the better he will be at paying attention to a child's health (Marsia et al., 2022). The level of education will be able to influence a person in receiving information. The higher the level of education of a person, the better they will be at receiving the information given and the faster they will be in applying the information they have obtained (Chen et al., 2020). A father's job can affect the family's economic status.

The characteristics of the respondents in this study were mostly private employees. Most private employees earn a minimum income, namely according to the regional minimum wage (UMR) which has been adjusted and considered with a person's living needs. The better a father's job, the better the family's economy will be, so this is one form of economic support that can be provided by the father in preventing stunting (Das et al., 2020). The higher a father's income, the more the child's nutritional needs can be met (Akseer et al., 2022).

Table 2 is a table of analysis of the differences in pre-test and post-test results on the variables of knowledge, attitude, and support. with a p value <0.05, namely 0.001. These results occurred because there was an increase in the median value of the three variables after being given an intervention in the form of education. The researcher assumes that the increase in the median value can be influenced by the characteristics of the respondents such as age maturity and level of education. statement is also supported by research Muslihatun et al., (2023) which states that the determining factor for success in providing education is the level of education. The higher a person's level of education, the higher their level of knowledge and the easier it will be to receive the information obtained. determining factor for success in providing education is age maturity, this is because the more mature a person is, the more mature their thinking process will be. Table 2 explains that providing education is very effective in increasing knowledge, attitudes, and also a father's support in preventing stunting. Education is a learning process given to individuals or groups to become better & (Nurjanah Rahmayanti, Notoatmojo's theory explains that providing education will increase knowledge. Through knowledge, a person will know, after knowing, they will be willing and able to do something. This theory is a strong reason that there is effectiveness in providing education to fathers regarding the involvement and support of fathers in preventing stunting (Simanjuntak & Wahyudi, 2021).

CONCLUSIONS

Based on the results of the research that have been presented, it can be concluded that providing education has proven effective in increasing knowledge, attitudes, and support from fathers in preventing stunting in the 1000 first days of a child's life. With this research, it is hoped that health workers around can involve fathers in preventing stunting and provide education about preventing stunting. In addition, further researchers can conduct research by providing interventions, namely the use of technology in preventing stunting and increasing the number of research samples.

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