THE RELATIONSHIP BETWEEN FAMILY SUPPORT WITH VISITS OF POSTPARTUM MOTHERS IN THE WORKING AREA OF TANJUNG LEIDONG HEALTH CENTER, LABUHAN BATU UTARA DISTRICT

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ABSTRACT

Background: Maternal and child health efforts are one of the priorities for health development in Indonesia. The Maternal Mortality Rate (MMR) is an indicator to see the success of maternal health efforts. Therefore, mothers and children are family members who need to get priority in implementing health efforts, because mothers and children are a vulnerable group. This is related to the phases of pregnancy, childbirth and postpartum in the mother and the growth and development phase in the child. Maternal death is defined as all deaths during the period of pregnancy, childbirth and the puerperium caused by pregnancy, childbirth and the puerperium or their management but not due to other causes such as accidents or incidentals. Maternal Mortality Rate (MMR) is all deaths within this scope in every 100,000 live births. The maternal mortality rate describes the level of awareness of healthy living behavior, nutritional and health status, environmental health conditions, level of health services especially for pregnant women, health services during childbirth and the postpartum period. **Methods**:Based on a survey conducted by the author, the majority of postpartum mothers and husbands think that they only need to be examined during the first 1 week of childbirth, when the wife is able to do light activities at home, the husband feels that the wife no longer has to check with health services, this can happen because people still have lack of knowledge and family support regarding the benefits of postpartum visits. **Results:**The results of the analysis test show that the calculated p value is 0.013 (<0.05) which indicates a significant relationship between family support and the completeness of postpartum visits. Family support is the attitude, action and acceptance of the family towards sick sufferers. Family members view that people who are supportive are always ready to provide help and assistance if needed. Family support has become a conceptualization of social support as family coping, both internal and external family social support has proven to be useful. Husband and family can provide important social support for neonatal mothers. According to Muslihatun (2010) in Darmawan (2011) Mothers in the postpartum period need to receive support from husbands and family in caring for neonates, a mother must always be accompanied by her family (husband) as a psychological moral encouragement for the mother. **Conclusion:**The majority of respondents support postpartum mothers as many as 19 people (47.5%),

Keywords: Family support, Postpartum, Community Health center

INTRODUCTION

Maternal and child health efforts are one of the priorities for health development in Indonesia. The Maternal Mortality Rate (MMR) is an indicator to see the success of maternal health efforts. Therefore, mothers and children are family members who need to get priority in implementing health efforts, because mothers and children are a vulnerable group. This is related to the phases of pregnancy, childbirth and postpartum in the mother and the growth

and development phase in the child (Ministry of Health 2019).

Maternal death is defined as all deaths during the period of pregnancy, childbirth and the puerperium caused by pregnancy, childbirth and the puerperium or their management but not due to other causes such as accidents or incidentals. Maternal Mortality Rate (MMR) is all deaths within this scope in every 100,000 live births. The maternal mortality rate describes the level of awareness of healthy living behavior, nutritional and health status, environmental health conditions, level of health services especially for pregnant women, health services during childbirth and the postpartum period.

The number of maternal deaths compiled from family health program records at the Ministry of Health in 2020 shows 4,627 deaths in Indonesia. This number shows an increase compared to 2019 of 4,221 deaths. One of the efforts to accelerate the reduction of MMR is postpartum health services. Postpartum maternal health services are health services according to standards provided to postpartum mothers starting from 6 hours to 42 days after delivery which are carried out at least three times according to the recommended schedule. Based on data on Indonesia's 2020 health profile, the coverage of complete KF visits in Indonesia in 2020 is 88.3%. However, based on visit data per province, North Sumatra has not yet

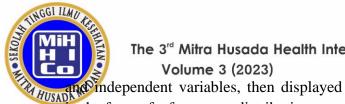reached the national coverage of 76.5% (Ministry of Health RI, 2020).

METHOD

The type of research is Correlational Research with a quantitative approach to analyze the relationship between husband's support and postpartum visits in the Tanjung Leidong Community Health Center Working Area, North Labuhan Batu Regency in 2023. The research was conducted March-June 2023. The population in this study was all postpartum mothers in the Tanjung Leidong Community Health Center Working Area, North Labuhan Batu Regency in 2023, totaling 40 people. The sampling technique in this research is Consecutive sampling, namely selecting samples by determining that subjects who meet the research criteria are included in the research for a certain period of time, so that the number of respondents can be met, namely during postpartum mothers' visits and by visiting their homes. Bivariate analysis is used to express analysis of two variables, namely one independent variable and one dependent variable (Sastroasmoro, 2016). The data analysis technique used is Spearman's Rho Correlation with a significance level of 5% (95% confidence level). The purpose of the test analysis above is to find the relationship between two variables with categorical data.

RESULT AND DISCUSSION
Univariate analysis is an analysis carried out to obtain an overview of each variable,

the frequency distribution of the various variables studied, both dependent variables

and independent variables, then displayed in the form of a frequency distribution.

Table 1 Frequency distribution of respondents based on age, parity, family support and postpartum visits in the Tanjung Leidong Community Health Center Working Area, North Labuhan Batu Regency, 2023

Characteristics		F	%
Age	20-25	9	22,5
	26-30	19	47,5
	31-35	12	30,0
	Total	40	100
Parity	Primipara	14	35,0
	Multipara	26	65,0
	Total	40	100
Family support	Baik	8	20,0
	Cukup	13	32,5
	Kurang	19	47,5
	Total	40	100,0
Postpartum visit	Lengkap	18	45,0
	Tidak Lengkap	22	55,0
	Total	40	100,0

The table above shows that good knowledge is the majority in the non-stunted group, 14 people (77.8%).

Bivariate analysis in the research was carried out to analyze the influence of the

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independent variable (stunting) in terms of the dependent variable (mother's knowledge)

Table 2 Analysis of knowledge of mothers with stunting in the Sigompul health center working area in 2023

Independen Variable	Not Stunting	Stunting	p- value	OR (95% CI)
		%		
Mother's Knowledge				
Good	14	77,8	0,007	9,1
Not enough	4	22,2		(1,99 – 41,44)
Total	**18**	**100**		

Table 2 above shows that maternal knowledge is related to stunting with a p value of 0.007 <0.05 with an odds ratio of 9.1 (1.99 – 41.44).

The results of bivariate analysis show that there is a relationship between maternal knowledge status and stunting with a p value of 0.007 <0.05. The results of this study are in line with research conducted (Zurhayati and Hidayah 2015) which states that maternal nutritional knowledge is a factor related to the incidence of stunting in toddlers (p=0.015) with an OR of 3.877. Likewise, research by (Mizobe et al. 2013) shows that one thing that influences the incidence of stunting in urban and rural areas is the mother's knowledge about nutrition.

Knowledge is a result of curiosity through sensory processes, especially the eyes and ears regarding certain objects. Knowledge is an important domain in the formation of open behavior (Donsu, J, D, T. 2017). Knowledge is the result of human sensing or the result of someone's knowledge of an object from their senses (Notoatmodjo, S. 2012).

Biologically, the mother is the child's source of life. The mother's level of education determines her attitude and faces various problems, for example asking for vaccinations for her child, giving ORS during diarrhea, or her willingness to become a family planning participant. Children of mothers who have a higher educational background will have better opportunities to live and grow. One of them

Discussion

is their openness in accepting changes or new things to maintain children's health. Higher education may reflect higher income and fathers will pay more attention to children's nutrition. Husbands who are more educated will tend to have wives who are also educated. Educated mothers are known to have greater knowledge about child care practices. Families with higher education, who live in small households, have the opportunity to live in more decent homes, can use better health service facilities, and are adept at maintaining a clean environment.

Parental knowledge does influence a toddler's health, especially with regard to the child's nutritional status. As research conducted by Pormes et al, (2014) states that there is a relationship between parents' knowledge about nutrition and the incidence of stunting. Knowledge about nutrition in parents is influenced by several factors, including age, where the older a person is, the better the mental development process, intelligence. or the ability to learn and think abstractly, adapting to new situations, then an environment where a person can learn good and bad things depending on the nature of the group, culture plays an important role in knowledge, education is fundamental to developing knowledge, and experience is

the best teacher in honing knowledge (Notoatmodjo 2012).

Based on statistical tests carried out by the author, it was found that knowledge was related to stunting with a p value of 0.007<0.05, where when compared to the knowledge of mothers who had stunted toddlers, the majority had less knowledge. Thus, this lack of knowledge means that mothers are not optimal in providing nutrition to their babies.

CONCLUSION

From the results of statistical tests, it was found that knowledge was related to stunting with a p value of 0.007<0.05, which indicated that Ha was accepted and Ho was rejected. Based on the frequency distribution, good knowledge was the majority in the non-stunted group, 14 people (77.8%). There is a need for an integrated and multisectoral program to increase maternal nutritional knowledge in increasing knowledge related to stunting prevention.

REFERENCES

Almatsier, S. 2011. *Prinsip Dasar Ilmu Gizi*. Jakarta: Gramedia Pustaka Utama.

Andriani Merianna., Wirjatmadi B. 2012. *Pengantar Gizi Masyarakat*. Jakarta: Kencana Prenada Media Group.

Arikunto, Suharsimi (Ed). 2012. *Dasar-Dasar Evaluasi Pendidikan*. Jakarta: Bumi Aksara.

Dewi, VNL. 2013. *Asuhan Neonatus Bayi Dan Anak Balita*. Jakarta: Salemba Medika.

Kemenkes RI. 2010. "Buku Kesehatan Ibu Dan Anak."

———. 2014. "Permenkes RI No.25 Tahun 2014 Tentang Upaya Kesehatan Anak."

———. 2020. "Peraturan Menteri Kesehatan Republik Indonesia No.2 Tahun 2020 Tentang Standar Antropometri Anak." : 14.

———. 2021. "Buku KIA Kesehatan Ibu Dan Anak."

Kemenkes RI. 2011. "KEPMENKES RI Tentang Standar Antropometri Penilaian Status Gizi Anak." *Jornal de Pediatria* 95(4): 41.

Kementerian Kesehatan RI. 2015. Kementerian Kesehatan RI. Sekretariat r Jenderal. Rencana Strategis Kementerian Kesehatan Tahun Rencana Strategis Kementerian Kesehatan Tahun *Buku Ajar Imunisasi*. http://www.depkes.go.id/resources/download/info-publik/Renstra-2015.pdf.

Kementrian Kesehatan. 2020. "Situasi Stunting Di Indonesia." *Jendela data dan informasi kesehatan* 208(5): 1–34.

Marmi. 2013. *Gizi Dalam Kesehatan Reproduksi*. Yogyakarta: Pustaka Belajar.

Mizobe, Hoyo et al. 2013. "Structures and Binary Mixing Characteristics of Enantiomers of 1-Oleoyl-2,3-Dipalmitoyl-Sn-Glycerol (S-OPP) and 1,2-Dipalmitoyl-3-Oleoyl-Sn-Glycerol (R-PPO)." *JAOCS, Journal of the American Oil Chemists' Society* 90(12): 1809–17.

Muqni, Asry Dwi, Veni Hadju, and Nurhaedar Jafar. 2012. "Status Gizi Anak Balita Di Kelurahan Tamamaung Makassar the Correlation of Birth Weight Among Maternal and

Child Health Toward the Nutrition Status of Children Under Five."

Notoatmodjo. 2012a. *Metode Penelitian Kesehatan*. Jakarta: Rineka Cipta.

Notoatmodjo, Soekidjo. 2012b. *Promosi Kesehatan Dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.

P2PTM Kemenkes RI. 2018. "1 Dari 3 Balita Indonesia Derita Stunting." http://p2ptm.kemkes.go.id/artikel-sehat/1-dari-3-balita-indonesia-derita-stunting#:~:text=Penyebab dari stunting adalah rendahnya,lingkungan juga menjadi penyebab stunting.

Pemerintah Indonesia. 2012. "PP RI No.33 Tahun 2012 Tentang Pemberian Air Susu Ibu Eksklusif."

Pemerintah Kabupaten Humbang Hasundutan. 2020. "Upah Minimum Provinsi." https://www.bps.go.id/linkTableDinamis/view/id/917.

Proverawati, A dan Wati, E K. 2011. *Ilmu Gizi Untuk Perawat Dan Gizi Kesehatan*. Yogyakarta: Yulia Medika.

Putri Ariani. 2017. *Ilmu Gizi Dilengkapi Dengan Standar Penilaian Status Gizi Dan Daftar Komposisi Bahan Makanan*. Yogyakarta: Nuha Medika.

Sastroasmoro S., Sofyan Ismael. 2016. *Dasar-Dasar Metodologi Penelitian Klinis*. Jakarta: Sagung Seto.

Sumatera Utara, Dinas Kesehatan. 2019. "Provinsi Sumatera Utara." *Jurnal Ilmiah Smart* III(2): 68–80.

Supariasa, Dewa Nyoman, and Heni Purwaningsih. 2019. "Faktor-Faktor Yang Mempengaruhi Kejadian Stunting Pada Balita Di Kabupaten Malang." *Karta Rahardja, Jurnal Pembangunan dan Inovasi* 1(2): 55–

64. http://ejurnal.malangkab.go.id/index.php/kr.

Tando, Naomy Marie. 2016. *Asuhan Kebidanan Neonatus, Bayi Dan Anak Balita*. Jakarta: EGC.

Zurhayati, Zurhayati, and Nurul Hidayah. 2015. "Faktor Yang Berhubungan Dengan Kejadian Stunting Pada Balita." *JOMIS (Journal of Midwifery Science)* 6(1): 1–10.