

The Effectiveness of the FASA method to Minimize Abstinence Behavior of Pregnant Women

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Abstract—Health behavior is any form of experience and interaction of individuals with their environment, especially those relating to knowledge and attitudes about health that create individual actions towards health. This behavior was also carried out by several pregnant women who were still abstaining from eating during pregnancy. This abstinence behavior they do because of the influence of the environment of pregnant women themselves, especially from the family. The purpose of this study was to determine the effectiveness of the family psychology approach method (FASA) to minimize abstinence behavior of pregnant women. This study used a quasi-experimental design with one group pre-post test design. The study population was all pregnant women who abstained from eating. The sample was 54 respondents, using total sampling. Pre and post-test analysis using Wilcoxon. This study was conducted for 1 month for the application of the FASA method by providing knowledge of pregnant women and families about abstinence behavior. The results obtained after the method of family psychology approach, there are 49 pregnant women and families have increased knowledge and understanding of abstinence for pregnant women and leave abstinence during pregnancy. Statistical test results obtained significance value 0,001 ($p < 0.05$). It can be concluded that the FASA method is effective to minimize the abstinence behavior of pregnant women.

Keywords—FASA, abstinence behavior, pregnant women

I. INTRODUCTION

Culture is a work that includes knowledge, beliefs, art, morals, law, customs, abilities, habits that are obtained by humans as family members [1]. One form of culture carried out by society is behavior. Behavior is an action taken by humans to fulfill needs based on knowledge, beliefs, values and norms with the person concerned. One of human behavior is starting from behavior related to health. Health behavior is any form of experience and interaction of individuals with their environment, especially those relating to knowledge and attitudes about the health that shape individual actions towards health [2]. One health behavior One part of these things that must be fulfilled is balanced nutrition related to food selection. When viewed from a nutritional point of view, health from food does not only concern all healthy foods, but also must consist of four components,

namely carbohydrates, proteins, fats, and vitamins. It also must be supplemented with milk for calcium needs or also called nutritional balance [3].

Pregnant women are one group of people who are vulnerable to health, especially nutritional problems [5]. Foods consumed by pregnant women should not only follow their appetite, but also need to look at the food needs needed for the health of pregnant women [4]. In addition to adequate nutrition, food choices are also influenced by the beliefs, knowledge and attitudes of pregnant women in choosing food, because the choice of food in pregnant women will be shaped by social perceptions and myths from their environment in the form of prohibitions or suggestions, mainly carried out by husbands and families pregnant women [6].

The influence of customs which is still strongly entrenched in society, sometimes is not in accordance with health regulations, such as the prohibition of mothers not to eat too much, because it will impact the difficulty of giving birth, and this is a negative myth that needs attention [7]. Abstinence culture in pregnant women will actually harm the health of the mother and the fetus it contains. For example, pregnant women are prohibited from eating eggs and meat, even though eggs and meat are very necessary to meet the nutritional needs of pregnant women and fetuses. Various restrictions can cause pregnant women to experience anemia, which has the effect of making bleeding during childbirth which can continue to be the death of the mother and the baby can experience LBW [8].

The existence of pregnant women who abstain from certain foods can be influenced by several factors including the role of family, age, education, knowledge, experience, social culture and health workers. In addition, belief in the prohibitions of old people, and cannot be separated from the influence of people around pregnant women, such as biological mothers, mother-in-law, grandmother, relatives or neighbors also influence [9].

Impaired nutritional intake of pregnancy can cause premature birth, low birth weight (LBW), intra uterine growth retardation (IUGR), infant death, miscarriage and abnormalities in the central nervous system. There are

four factors that influence pregnancy success including genetic, maternal environment, immunobiology and nutritional status. The nutritional status of pregnant women is a factor that can be modified [10]. The need for balanced nutrition, both quality and quantity is very important for pregnant women. But what often happens in the community is the strong socio-cultural influence on daily habits. Customs and traditions are the basis of this behavior. This phenomenon is still affecting the habits of the community in terms of trusting the existence of dietary restrictions [11].

Knowledge or cognitive is an important factor in the formation of behavior, if pregnant women have knowledge about disorders and complications of pregnancy, it is possible to behave to maintain, prevent, avoid or overcome the risk of complications. Disparities in socioeconomic status and low levels of education cause limited awareness and understanding of mothers to care for and maintain their pregnancy [12].

The development of health promotion media in disease prevention management has been carried out. However, providing specific information to pregnant women and families is still little done. The emphasis on health promotion lies in the efforts of health education through the media of newspapers, radio, television, leaflets, magazines, posters, brochures, and others [13]. But this media is still limited in its use. Increasing the knowledge capacity of mothers through health education both directly and indirectly is important. Although the support of health workers has provided counseling services for pregnant women during Antenatal care (ANC) examinations, it did not reach groups of pregnant women to maintain health during pregnancy [14].

The family is the environment the first time someone gets education, experience and interact. The individual in the family is a reflection of the family. Although not all individual behavior is what is taught in the rules set in the family, but the positive or negative attitude of the individual will affect the whole family. Likewise, if the family's views on good nutrition of pregnant women must abstain from certain foods, this will also be followed by family members. The method of family psychology approach (FASA) is an approach method by providing intervention to pregnant women and families. The FASA method provides interventions in the form of health education and an understanding of the nutrition of pregnant women and the consequences of abstinence during pregnancy.

II. METHOD

This research was conducted in Dawe sub-district, Kudus Regency, using a quasi-experimental method with one group prepost-test design. The study population was all pregnant women who abstained from eating. The number of samples was 54 respondents, using total sampling.

Included in the inclusion criteria are pregnant women who abstain from eating while pregnant, pregnant women with healthy conditions. Exclusion criteria were pregnant women with complications and referrals. Data

collection in this study used interview techniques and questionnaire distribution. Questionnaire and interview questions given to respondents are knowledge of pregnant women about nutrition of pregnant women which includes nutrition of pregnant women trimester I, II and III, food to help the growth of the fetus and due to malnutrition in pregnant women. An understanding of the nutrition of pregnant women and the consequences of abstinence during pregnancy is given using the family psychology approach (FASA). Analysis of pre and post-test using Wilcoxon test. This research was conducted for 1 month, in July - August 2019.

III. FINDING

A. Univariate Analysis

1) Characteristics of pregnant women

The characteristics of the respondents examined in this study were the characteristics of pregnant women which included age, parity and education.

TABLE 1. FREQUENCY DISTRIBUTION OF CHARACTERISTICS OF PREGNANT WOMEN IN KUDUS REGENCY

Characteristics	Frequency	Percentage (%)
Age		
<20 years	0	0
20-35 years	47	87
>35 years	7	13
Parity		
Primiparitas	31	57,4
Multiparitas	23	42,6
Grandemultiparitas	0	0
Education		
Elementary school	3	5,6
Junior high	15	27,8
High school	26	48,1
College	10	18,5

Most of the age of pregnant women are at the age of 20-35 years by 47 people (87%), these results reach the conclusion that the majority of pregnant women in Kudus enter reproductive age and a small portion enter into high risk gestational age ie age> 35 years. Parity of pregnant women mostly have ≤ 1 child of 31 people (57.4%) and the average graduated from high school is 26 (48.1%).

2) Family abstinence traditions

Pregnant women who abstain from eating are a tradition and advice from the families of pregnant women themselves.

TABLE 2. FREQUENCY DISTRIBUTION OF ABSTINENCE TRADITIONS IN PREGNANT WOMEN

Abstinence tradition	Frequency	Percentage (%)
Mother and Father	20	37
Mother and Father-in-law	24	44,4
Husband	3	5,6
Another family	7	13

Abstinence to eat by pregnant women is largely a tradition of mothers and fathers-in-law of 24 people

(44.4%), mothers and biological fathers 20 people (37%), husbands by 3 people (5.6%) and influenced by other families by 7 people (13%).

B. Bivariate Analysis

Knowledge will influence someone in behaving. Before being given the knowledge by the FASA method, pregnant women maintain their womb by not consuming foods that they deem endanger their womb. After being given knowledge with the FASA method, pregnant women know the benefits of foods that have been avoided.

TABLE 3. STATISTICAL TEST RESULTS FOR DIFFERENCES IN KNOWLEDGE BEFORE AND AFTER THE FASA METHOD IS GIVEN

	n	Medium (minimum-maksimum)	Rerata ±s.b	p
Prior knowledge given the FASA method	54	2,00	2,14	0,001
Knowledge after being given the FASA method	54	2,29	2,75	

Statistical test results using the Wilcoxon test obtained a significance value of 0.001 ($p < 0.05$), thus conclusions can be drawn related to the knowledge collected between before giving the FASA method and supplementing the FASA method.

TABLE 4 STATISTICAL TEST RESULTS OF DIFFERENCES IN BEHAVIOR BEFORE AND AFTER THE FASA METHOD IS GIVEN

	N	p
Abstinence behavior before and after given the FASA method	54	0,001

Based on the results of statistical tests there are changes in abstinence behavior before and after the FASA method, with a significance value of 0.001 ($p < 0.05$), thus there are significant behavioral differences between before giving the FASA method and after giving the FASA method.

IV. DISCUSSION

At the age of 20-35 years is a reproductive age, where a woman with that age is said to be ready to experience pregnancy. Age can be associated with personal experience, whatever and is being experienced by someone will help shape and influence one's social stimulation. On average, pregnant women experience pregnancy for the first time (primiparity), so the experience of pregnancy has not been widely obtained. This causes respondents to still follow the parents' recommendations and do the parents' recommendations to believe in myths. And they cannot fight for fear that something unexpected will happen in her pregnancy.

Abstinence to eat by pregnant women is largely a tradition of mothers and father-in-law of 24 people (44.4%). They believe that pregnant women who abstain from certain foods while pregnant will provide health and safety for both mother and baby. The tradition of abstinence influences one's perception of pregnancy. Basically, people worry about pregnancy and childbirth. In the tradition of people who believe in abstinence from eating during pregnancy, the person will give birth safely and healthily. However, this assumption can actually affect the nutritional intake of pregnant women resulting in pregnant women experiencing malnutrition.

In line with Mohammad research (2016) [15] which states that cultural influences are still present in our society in terms of attitudes during pregnancy. Especially the attitude of pregnant women who still live with parents, in-laws or relatives who have Javanese traditions and belief in myths that are still thick, in Javanese culture there are some restrictions that must be obeyed by their own husbands or pregnant women, including husbands or pregnant women are prohibited from persecuting or killing animals and should not tease people with disabilities so that when the baby is born not disabled and perfectly healthy.

Health education in this case is to provide knowledge to pregnant women and families about the nutrition of pregnant women which includes nutrition for pregnant women trimester I, II and III, food to help the growth of the fetus and due to malnutrition in pregnant women. This counseling is not only given to pregnant women, but also to families who are in the same house with pregnant women. By providing health education to pregnant women and families, they not only know, but they understand good nutrition for pregnant women. This FASA method also changes family perceptions of abstinence from pregnant women.

The family is where the individual first gets education and experience. The family also provides psychological benefits in the family that provides benefits regarding the mindset and benefits of positive thinking of each family member, understanding the character of each family member, facilitating deeper interaction, providing the strongest support and motivation compared to any existing figure and forming norms behavior in life.

The FASA method puts forward a psychological approach to pregnant women and families. This intervention provides knowledge and understanding to pregnant women and families who abstain from eating, to better know and understand the nutrition of pregnant women. The nutritional needs of pregnant women can be met through nutrition that meets all elements of nutrients. With the fulfillment of maternal nutrition during pregnancy, will optimize the process of healthy fetal development. Besides functioning to help the process of fetal development, good nutrition also prevents anemia in pregnant women, premature birth, LBW, IUGR, infant death, miscarriage and abnormalities in the central nervous system. From the results of the

FASA method, it is known that knowledge of pregnant women and families about nutrition of pregnant women has increased, seen from the knowledge before being given an intervention and after being given an intervention. After the intervention of pregnant women and the family is given a better understanding of the nutrition of pregnant women, and this can be seen from changes in behavior of pregnant women who leave abstinence to maintain the health of the fetus and mother.

V. CONCLUSIONS

From the results of the study it can be concluded that pregnant women in Kudus Regency are still practicing abstinence because of family advice. Pregnant women do not consume or avoid certain foods because they are recommended or have become a tradition in the family. The FASA method is very effective to minimize the abstinence behavior in pregnant women.

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