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Health Education Using the FGD Method to Increase Pregnant Women's Knowledge About Nutrition in Pregnancy

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ABSTRACT

Maternal nutrition during pregnancy plays an important role in the survival of the baby in the future. Planning nutrition programs for pregnant women is important because planning nutrition programs is known as an effort to deal with nutrition-related problems experienced by toddlers. The 2022 Indonesian Nutritional Status Survey (SSGI) provides an overview of the nutritional status of toddlers in Indonesia. SSGI reports that the prevalence of stunting in Indonesia is 24.4%, which will decrease to 21.6% in 2022. Inadequate nutritional intake during infancy and childhood, recurrent infections and inadequate psychosocial stimulation at the first thousand days of life, greatly contribute to stunted growth and development in children. This research is a type of quasi-experimental research with a one group pretest and posttest design involving one group of subjects. The sampling technique in this research was accidental sampling and a sample of 35 respondents was obtained. P value 0.000, these results indicate that providing health education interventions through the FGD method is significant in increasing pregnant women's knowledge regarding balanced nutrition in pregnant women's knowledge regarding balanced nutrition in pregnant women's knowledge regarding balanced nutrition in pregnant.

Keywords: Health Education, Pregnant Woman, Focus Grup Discussion, Nutrition in Pregnancy

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INTRODUCTION

Maternal nutrition during pregnancy plays an important role in the survival of the baby in the future. Planning nutrition programs for pregnant women is important because planning nutrition programs is known as an effort to deal with nutrition-related problems experienced by toddlers ¹. A good diet during pregnancy supports pregnant women's optimal baby weight gain, protects against anemia in the mother, reduces premature birth, and increases birth weight ².

Moreover, a healthy diet during pregnancy is very important to fulfill, because of the increasing energy and nutritional needs of the mother and fetus. Inadequate nutritional intake during infancy and childhood, recurrent infections and inadequate psychosocial stimulation at the first thousand days of life, greatly contribute to stunted growth and development in children ³. Poor diet during pregnancy may have irreversible consequences, namely inadequate maternal nutrition and adverse pregnancy outcomes for mother and child.

The 2022 Indonesian Nutritional Status Survey (SSGI) provides an overview of the nutritional status of toddlers in Indonesia. SSGI reports that the prevalence of stunting in Indonesia is 24.4%, which will decrease to 21.6% in 2022. Although this shows progress, the stunting reduction target has still not reached the 2024 national target of 14%. Lampung is one of the provinces that requires special attention, if you look at the SSGI data, the prevalence of stunting is 18.5% in 2022 ⁴

One of the effective efforts to prevent stunting is through fulfilling nutrition during pregnancy. This involves consuming balanced and nutritious foods according to the pregnant woman's energy needs in each trimester ⁵. Education and outreach about nutrition and nutrition for pregnant women is key in efforts to prevent stunting ⁶. The aim of education is to increase awareness and knowledge of pregnant women regarding the importance of nutrition during pregnancy.

Research on the nutritional status of pregnant women and the incidence of stunting is still limited to discussing other factors that cause stunting in general. The use of the FGD method is still not widely used to increase awareness and knowledge of pregnant women. This is the basis for conducting this research.

METHOD

This research is a type of quasi-experimental research with a one group pretest and posttest design involving one group of subjects. The subject group will be observed to see whether there is an increase in knowledge by conducting a pretest and posttest given intervention with Health Education. The subject group here is pregnant women. The intervention provided is Health Education about the nutritional needs of pregnant women through the FGD method. The population in this study were pregnant women at PMB Wirahayu, PMB Maria Soeroso, PMB Maria Silvi, PMB Fitri Hayati and PMB Ketut Dani. The sampling technique in this research was accidental sampling and a sample of 35 respondents was obtained. Data was processed using SPSS. The data is presented in the form of distribution and presentation for univariate and data analysis using the Wilcoxon sign rank test for bivariate.

Table 1. Distribution of Respondent Data						
No	Characteristics	n	%			
1	Age					
	Not yet Productive Age (< 15 years)	0	0			
	Productive Age (15-64 years)	35	100			
	Non-Productive Age (>65 years)	0	0			
	Total	35	100			
2	Education					
	Elementary School	2	5,7			
	Junior High School	7	20			
	Senior High School	22	62,9			
	College	4	11,4			
	Total	35	100			
3	Work					
	Work	4	11,4			
	Doesn't work	31	88,6			
	Total	35	100			
4	Gravida					
	Primigravida	8	22,9			
	Multigravida	27	77,1			
	Total	35	100			

RESULTS

Distribution respondent data shown in table 1 shows that most of the respondents were of productive age (15-64 years), namely 35 (100%) respondents. Most of the respondents had a high school education, 22 (62.9%) respondents. Most respondents did not work as many as 31 (88.6%) respondents. And for gravidas, the majority of multigravida respondents were 27 (77.1%) respondents.

Table 2. Knowledge of nutritional needs during pregnancy								
	Pretest		Posttest		Wilcoxon sign rank test			
Category	n	%	n	%	_			
High (≥ 75 %)	24	68,6	33	94,3	Pvalue = 0,000			
Low (< 75%)	11	31,4	2	5,7				
Total	35	100	35	100				

Based on table 2, it shows that the knowledge before the intervention was carried out by respondents in the high category was 24 (68.6%) respondents and in the low category was 11 (31.4%) respondents. Knowledge increased after being given the Health Education intervention with results in the high category for 33 (94.3%) respondents and the low category for 2 (5.7%) respondents. The results of statistical tests using the Wilcoxon sign rank test with a sig value (2-tailed) show that there is a

difference in the level of knowledge before and after with a significance value of Pvalue = 0.000, which means Pvalue ≤ 0.05 .

DISCUSSION

The results of the analysis showed that the knowledge of pregnant women before being given education about nutrition for pregnant women through the FGD method was in the high category of 24 (68.6%) respondents and the low category of 11 (31.4%) respondents. Knowledge increased after being given the Health Education intervention with results in the high category for 33 (94.3%) respondents and the low category for 2 (5.7%) respondents. Based on the results of bivariate analysis using the Wilcoxon sign rank test with a sig (2-tailed) value, it shows that there is a difference in the level of knowledge before and after providing health education with a significance value of P value 0.000. These results indicate that providing health education interventions through the FGD method is significant in increasing pregnant women's knowledge regarding balanced nutrition in pregnant women.

Knowledge is a concept with many facets and deep meanings. According to philosophy, knowledge is awareness, hence knowledge and consciousness are synonymous. Experience leads to knowledge, which is defined as the entirety of human cognitive experience. Knowledge can be defined as the whole of people's conceptions about nature, society, thinking phenomena, and the substance of things ⁷.

Knowledge about nutrition that pregnant women need to know and understand includes the message of balanced nutrition, nutritional needs, the function of nutrients, food portions for pregnant women, types of food that are good for pregnant women to consume and food ingredients that should be avoided so as not to have a negative impact on the health of pregnant women ⁸. Understanding nutrition is essential to having a successful pregnancy and to adopting healthy eating habits, both of which enhance the quality of one's diet ^{9,10}.

According to Wawan and Dewi (2018), there are two sources that can influence a person's knowledge: internal and external factors. Internal factors include education, work and age, while external factors include the environment and socio-culture.

The results of this research are in line with previous research which aims to provide health education to pregnant women in Ringinpitu Village, Pecepatan District. According to the research, 42.3 percent of respondents had sufficient knowledge before receiving health education, and 57.7 percent had insufficient knowledge ¹¹.

With origins extending back hundreds of years, health education has a rich and varied history. Health education most likely originated from the necessity to educate community members on the fundamentals of illness prevention, even though a detailed account of its history is outside the purview of this essay ¹². Education or health education is a form of health promotion activity that can be carried out to the community, in health service efforts in the form of promotive, preventive, curative and rehabilitative efforts. Improving society's ability to maintain and improve optimal physical, mental and social health is known as health education. Increasing society's ability to maintain and improve optimal physical, mental and social health is known as health education ^{13,14}.

One of the main goals of health education is to change the behavior of individuals, families and communities by building and maintaining a healthy environment and ensuring optimal health. The second goal is to build healthy behavior in individuals, families and communities that is in accordance with the concept of physically, mentally and socially healthy living so that it can reduce morbidity and mortality rates ¹⁵.

One method that can be applied as an effort to convey health information is the Focus Group Discussion (FGD) method, which is a form of data collection activity through group interviews and discussing a topic in a group. In this research, the Focus Group Discussion (FGD) approach was proven to be effective in increasing participants' knowledge about balanced nutrition for pregnant women. FGD is a discussion conducted to gather information about participants' needs, desires, points of view, beliefs and experiences. Where a group of people talk about a topic under the direction of a facilitator or moderator¹⁶. The purpose of Focus Group Discussion (FGD) is to collect data from groups based on discussions that focus on certain problems. After a Focus Group Discussion (FGD) was carried out and adequate explanations were given about misconceptions about the nutrition of pregnant women, respondents began to understand and comprehend the nutrition of pregnant women. This is due to the fact that FGDs allow respondents to express all questions, doubts and problems they have regarding the nutritional needs of pregnant women. All this time, they did not realize that their opinions were wrong, which had an impact on nutritional problems such as anemia and CED (Chronic Energy Deficiency).

In line with previous research, this study found that the focus group (FGD) method influenced people's knowledge ¹⁷. Other research also shows that health education through focus groups (FGD) is more effective in changing respondents' perspectives in the health sector, because in the Focus Group Discussion process they can influence each other ¹⁸.

CONCLUSION

The knowledge of pregnant women regarding balanced nutrition in pregnancy before the intervention was carried out was 24 (68.6%) with high knowledge and 11 (31.4%) respondents in the low category. Knowledge increased after being given Health Education intervention through the FGD method with high knowledge results of 33 (94.3%) respondents and low category of 2 (5.7%) respondents. There

is an influence between health education through the FGD method on increasing pregnant women's knowledge regarding balanced nutrition in pregnancy.

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