

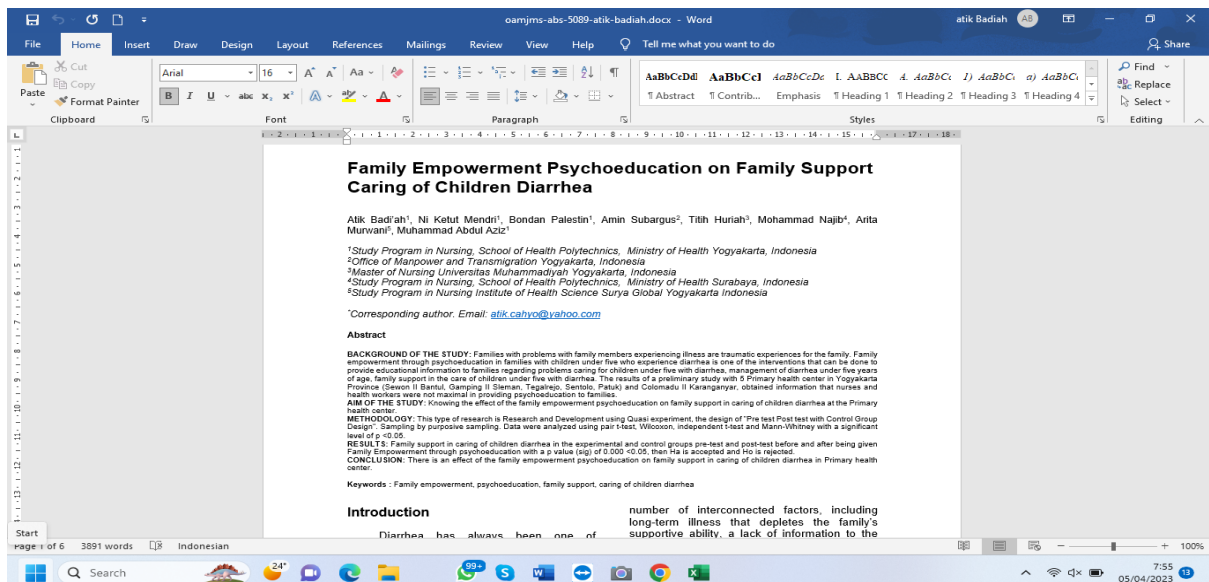
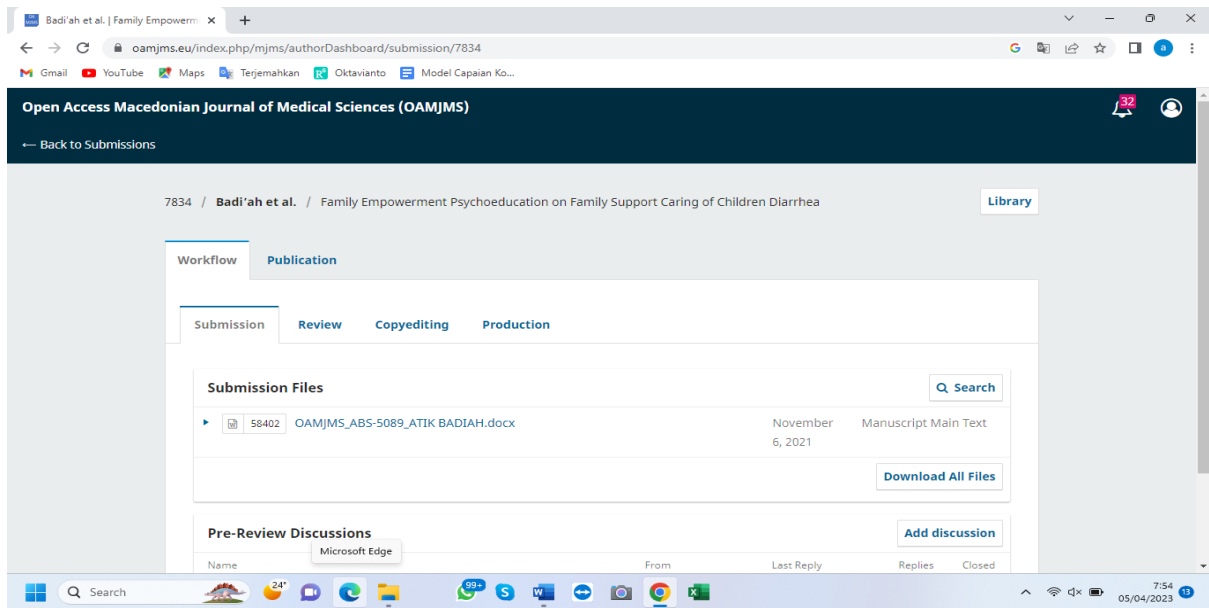
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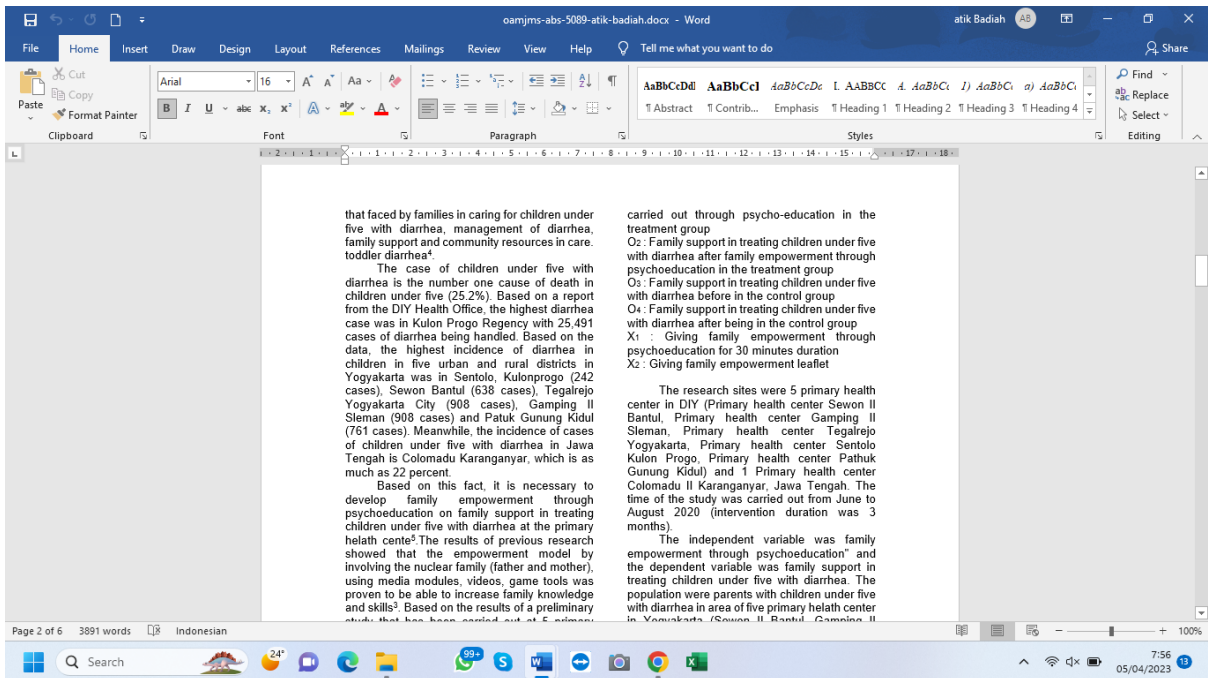
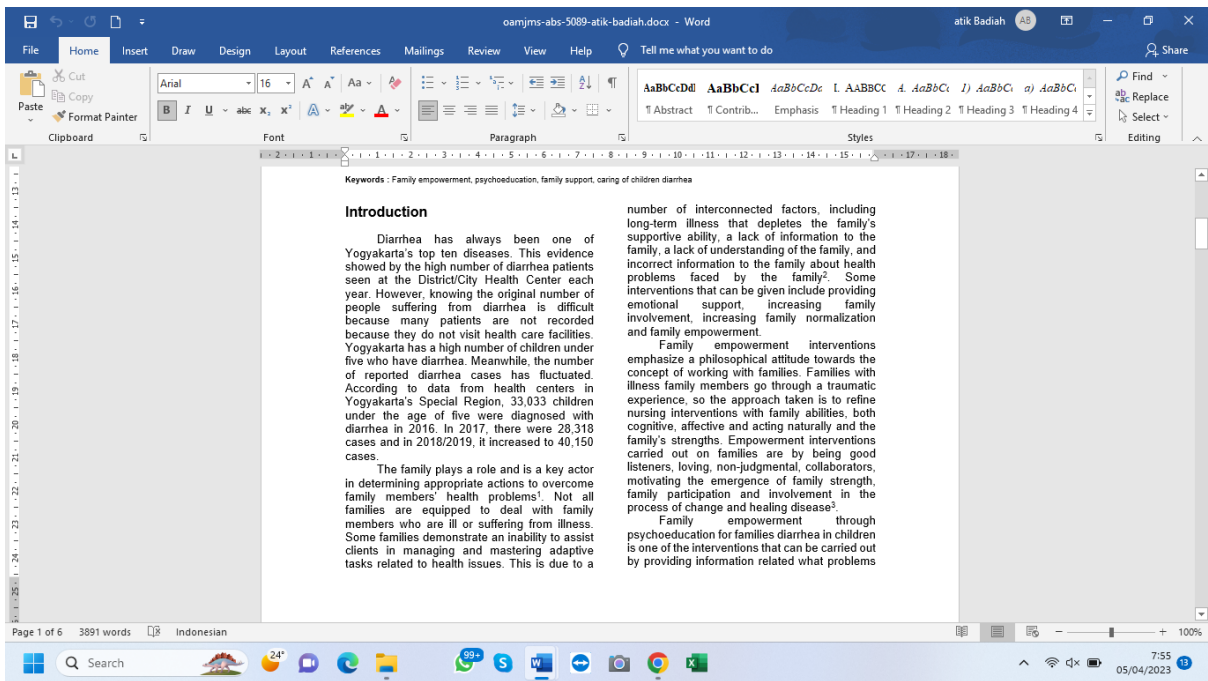
ARTIKEL :

FAMILY EMPOWERMENT PSYCHOEDUCATION ON FAMILY SUPPORT CARING OF CHILDREN DIARRHEA

JURNAL INTERNATIONAL BEREPUTASI SCOPUS Q 3 OPEN ACCESS MACEDONIAN JOURNAL OF MEDICAL SCIENCES (OAMJMS)

1. Proses Submission





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proven to be able to increase family knowledge and skills. Based on the results of a preliminary study that has been carried out at 5 primary health center in Yogyakarta Province and 1 primary health center in Jawa Tengah Province, found that nurses and health workers were not optimal in providing psychoeducation to families, the nurses and health workers only explained the diarrhea condition in children.

According to the above description, research on "Family Empowerment Psychoeducation on Family Support Caring of Children Diarrhea in primary health center" is required.

Methods

This research was a quasi-experimental study with a pre-test-post-test with control group design. The research design can be described as follows:

Pre test	Intervention	Post Test
O ₁	X ₁	O ₂
O ₃	X ₂	O ₄

Figure 1. Research Design

Description:
O₁: Family support in treating children under five with diarrhea before family empowerment is

population were parents with children under five with diarrhea in area of five primary health center in Yogyakarta (Sewon II Bantul, Gamping II Sleman, Tegalrejo Yogyakarta City, Sentolo Kulon Progo, Patuk Gunung Kidul) and 1 Colomadu II Karanganyar Jawa Tengah, a total of 148 parents with children under five with diarrhea. The sample in this study were parents with children under five with diarrhea taken by purposive sampling technique.

The data from the examination results analyzed descriptively and analytically with the SPSS for windows version 16.0. The data analysis test was carried out by univariate, bivariate and multivariate tests. The bivariate test was started with a normality test using Shapiro-Wilk in the treatment and control groups between pre-test and post-test. The results of the analysis show that the data distribution is not normal, so the analysis used is non-parametric analysis, namely the Wilcoxon test and Mann Whitney test with a significant level of $p < 0.05$

Results

Table 1 shows the number of respondents distributed equally across all primary health center used for research, both in the intervention group and in the control group. The characteristics of respondents in the experimental and control groups are shown in Table 2. The analysis shows that the majority of

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the mothers who participate in research activities are between the ages of 20 and 30 years old, the number of children is two, that the respondent is the first child, the child is boys with the ages of one and three years old.

Table 1. Frequency distribution of respondents by based on research location (n=46)

Research location	Number of Respondents			
	Experiment		Control	
	f	%	f	%
Sewon II	8	17,39	8	17,39
Gamping II	8	17,39	8	17,39
Tegalrejo	7	15,22	8	17,39
Sentolo	8	17,39	7	15,22
Patuk	7	15,22	8	17,39
Colomadu II	8	17,39	7	15,22

Table 2. Characteristics of based on parent's age, gender of parents, number of children, child order, gender of children and child age (n=46)

Characteristics of Respondents	Number of Respondents			
	Experiment		Control	
	f	%	f	%
Parent's age				
20-30 year	24	52,2	18	39,1
>30-40 year	17	37,0	17	37,0
>40 year	5	10,9	11	23,9
Gender of parents				
Male	3	6,5	5	10,9

Table 3. Family Support pre test and post test in the experimental group before and after being given Family Empowerment (n=46)

Family Support	Experiment			
	Pre test		Post test	
	f	%	f	%
Less	1	2,2	1	2,2
Enough	11	23,9	0	0
Good	34	73,9	45	97,8

Table 4. Family Support pre test and post test in the control group before and after being given Family

Family Support	Control			
	Pre test		Post test	
	f	%	f	%
Less	0	0	0	0
Enough	20	43,5	2	4,3
Good	26	56,5	44	95,7

The normality test was tested using Shapiro Wilk because $n < 50$, with $p(\text{sig}) > 0.05$ meaning the data was normally distributed and $p(\text{sig}) < 0.05$ was not normally distributed.

Table 5. Test the normality of the experimental group and the control group

Variable	Pre	Experiment	p	Information
Family Support	Pre	Experiment	0,001	Not normal
	Control	0,003	Not normal	
	Post	Experiment	0,000	Not normal

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Table 2. Characteristics of based on parent's age, gender of parents, number of children, child order, gender of children and child age (n=46)

Characteristics of Respondents	Number of Respondents			
	Experiment		Control	
	f	%	f	%
Parent's age				
20-30 year	24	52,2	18	39,1
> 30-40 year	17	37,0	17	37,0
> 40 year	5	10,9	11	23,9
Gender of parents				
Male	3	6,5	5	10,9
Female	43	93,5	41	89,1
Number of children				
One	14	30,4	13	28,3
Two	21	45,7	16	34,8
Three	10	21,7	12	26,1
Four	0	0	1	2,2
Five	0	0	1	2,2
Six	1	2,2	3	6,5
Child order				
1	22	47,8	18	39,1
2	18	39,1	18	39,1
3	5	10,9	6	13,0
4	0	0	1	2,2
5	1	2,2	3	6,5
Child Gender				
Boys	25	54,3	32	69,6
Girls	21	45,7	14	30,4
Child Age				
1-12 month	15	32,6	17	37,0
> 1-3 year	20	43,5	15	32,6
> 3-5 year	11	23,9	14	30,4

Tables 3 and 4 show that most of the respondents are in a good category regarding

The normality test was tested using Shapiro Wilk because $n < 50$, with $p(\text{sig}) > 0,05$ meaning the data was normally distributed and $p(\text{sig}) < 0,05$ was not normally distributed.

Table 5. Test the normality of the experimental group and the control group

Variable	Group	p		Information
		Pre Test	Post Test	
Family Support	Experiment	0,001	0,001	Not normal
		0,003	0,000	
	Control	0,000	0,070	Normal
		0,070	0,001	

In Table 5, it can be seen that family support in treating children under five with diarrhea at the Primary health center pre-test in the experimental and control groups and post-test in the experimental group had a not normal distribution of $p \text{ sig} < 0,05$. Meanwhile, the post test in the control group was normally distributed with $p \text{ sig} > 0,05$, so the non-parametric test used Wilcoxon test.

Table 6. The results of the Wilcoxon test data analysis of differences in Family Support in treating pre-test and post-test diarrhea in the experimental and control groups before and after being given Family Empowerment through psychoeducation (n=46)

Variable	Group	p (sig)	
		Pre Test	Post Test
Family Support	Experiment	0,001	0,001
		0,001	0,001
	Control	0,001	0,001
		0,001	0,001

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psychoeducation in five DIY Health Centers and Colomadu II Health Center Central Java with a p value (sig) of 0.001 < 0.05 then H_0 is accepted and H_1 is rejected, meaning that there is a difference between family support in treating children under five with diarrhea in the experimental group and pre-test and post-test controls before and after being given Family Empowerment through psychoeducation in 5 Primary health center DIY and Colomadu II Jawa Tengah.

Table 7. The results of the Mann Whitney test data analysis test and the Independent simple t-Test are the differences in family Support in treating children under five with diarrhea pre test and post test (n=46)

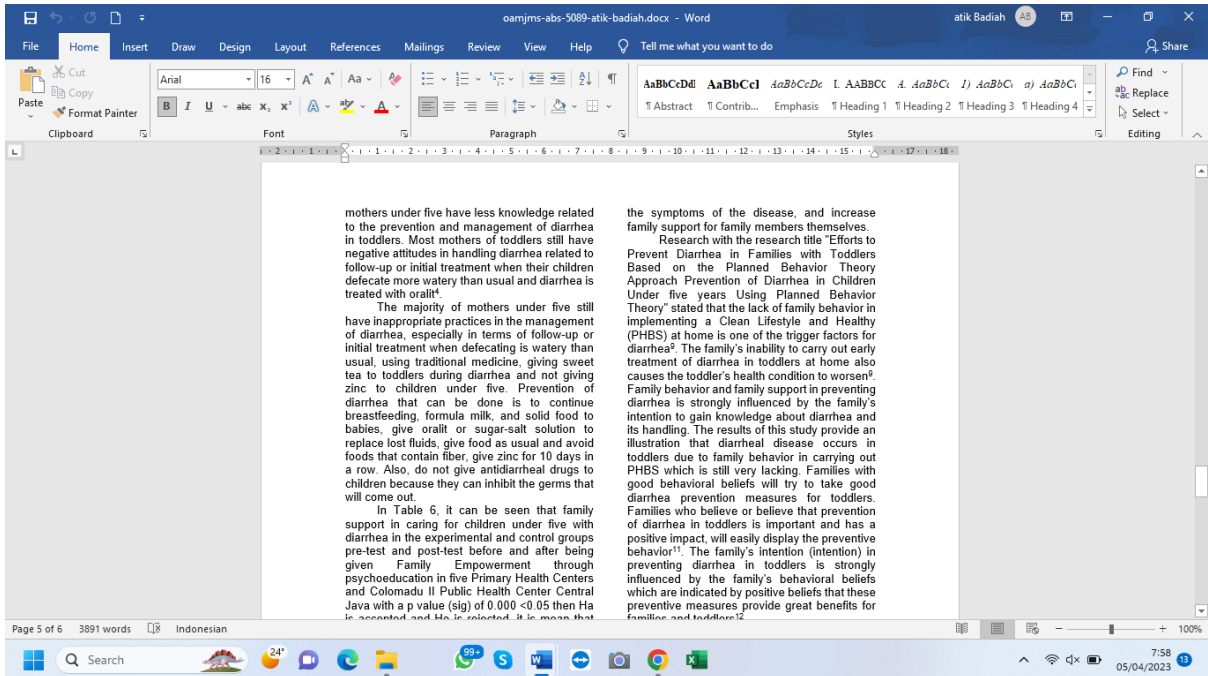
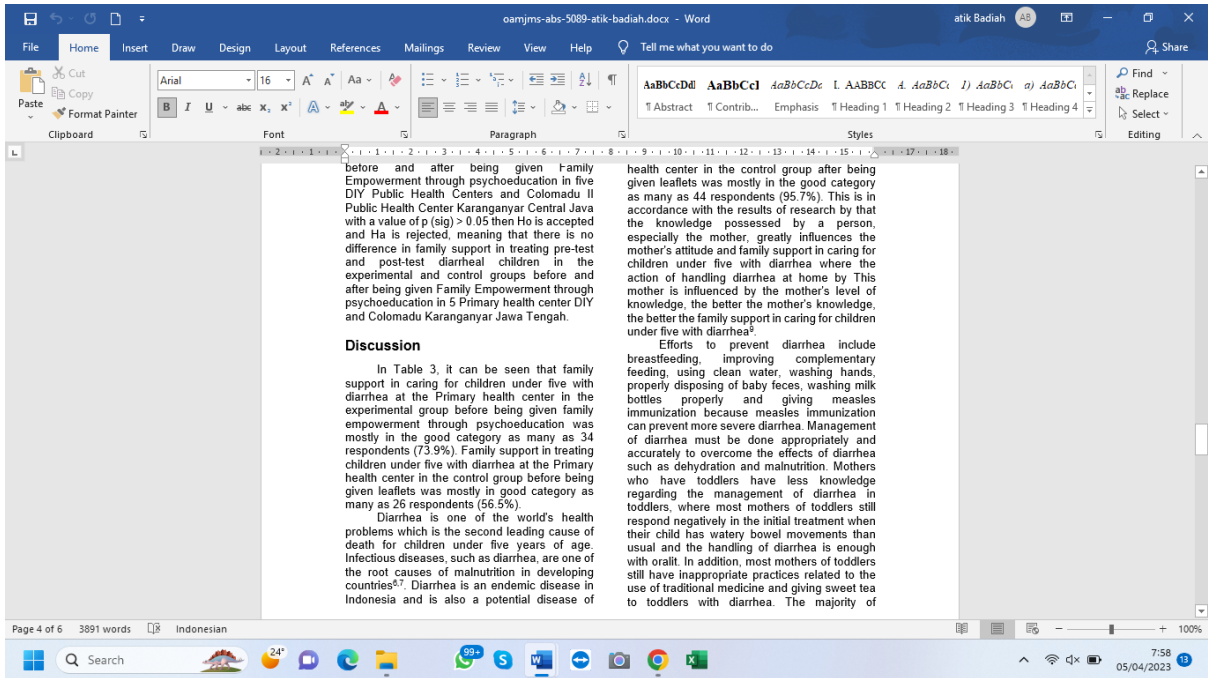
Variable	Group	p (sig)	
		Pre Test	Post Test
Family Support	Experiment	0,096	0,383
		0,096	0,383
	Control	0,096	0,383
		0,096	0,383

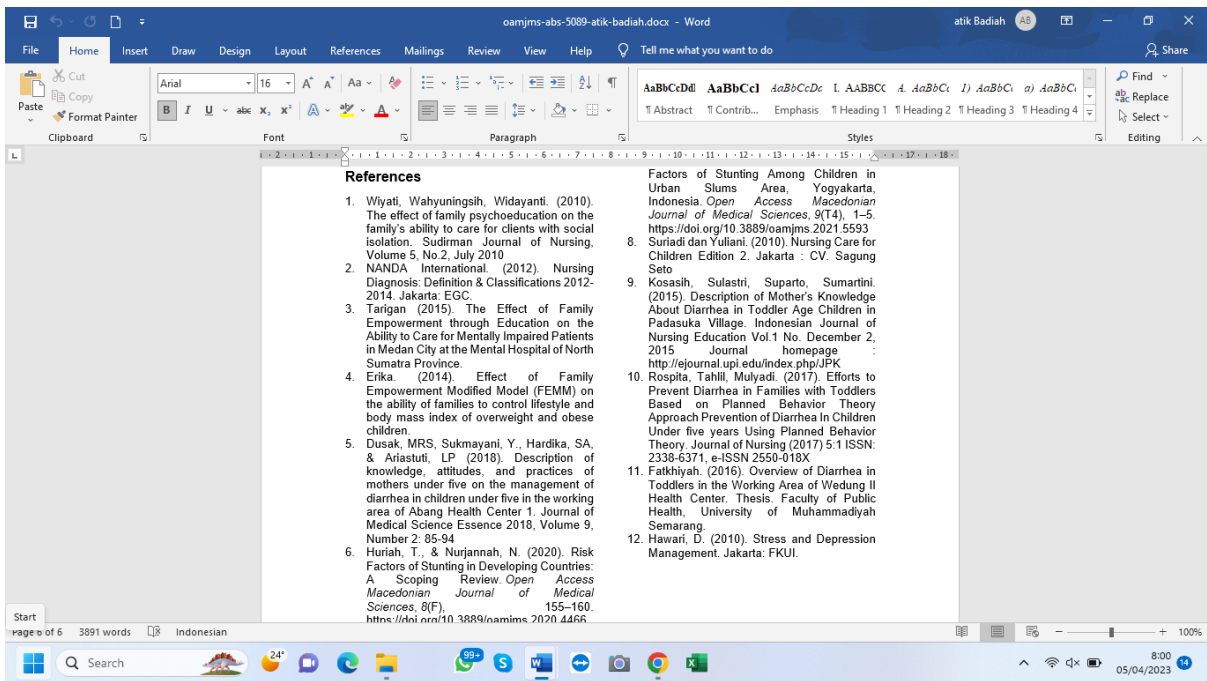
In Table 7, it can be seen that the Mann Whitney analysis test of family support in caring for children under five with diarrhea pre-test and post-test in the experimental and control groups before and after being given Family Empowerment through psychoeducation in five DIY Public Health Centers and Colomadu II Public Health Center Karanganyar Central Java with a value of $p(\text{sig}) > 0,05$ then H_0 is accepted and H_1 is rejected, meaning that there is no extraordinary events which is often accompanied by death.

Diarrhea is one of the infectious diseases in toddlers⁸. Diarrhea is more dominant in toddlers because toddlers' immune systems are still weak, so toddlers are very susceptible to diarrhea, besides that in toddlers, children experience an oral phase which makes toddlers tend to take any object and put it in their mouth, making it easier for germs to enter the mouth. Inside the body, toddlers with diarrhea will have symptoms such as frequent bowel movements with the consistency of liquid or watery stools, signs and symptoms of dehydration (decreased skin turgor, sunken crown and eyes, dry mucous membranes), fever, vomiting, anorexia, weakness, paleness, changes in vital signs (rapid pulse and breathing), decreased or absent urine output⁹.

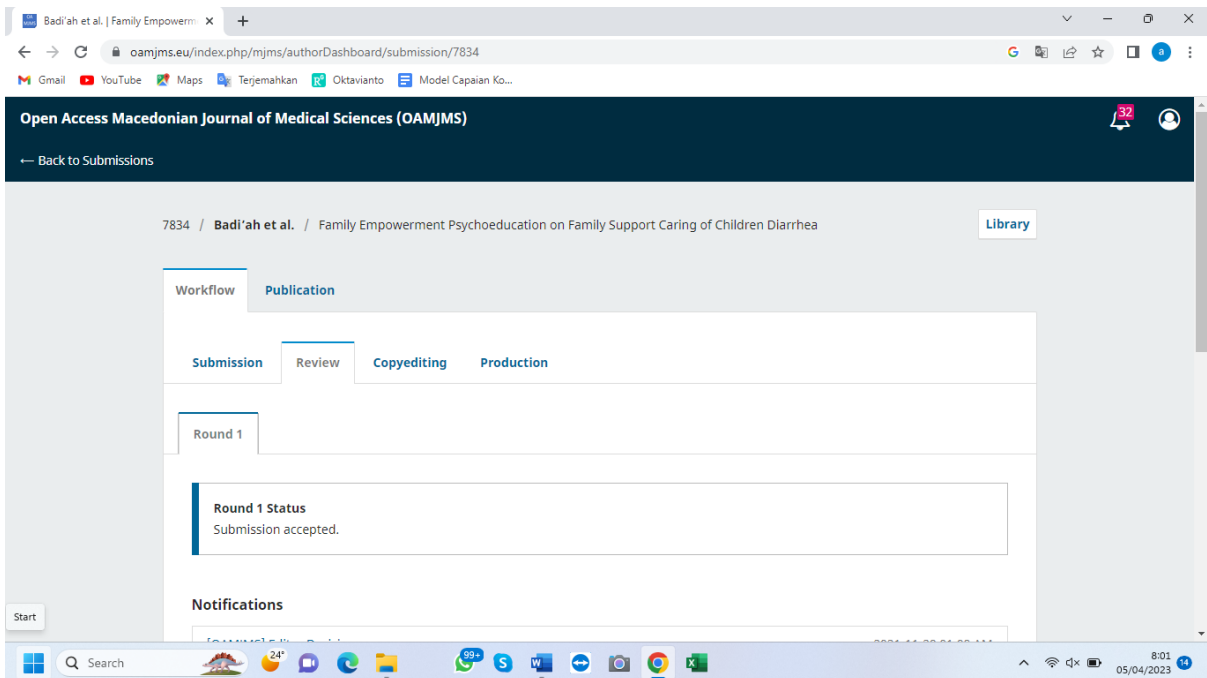
In Table 3, it can be seen that family support in treating children under five with diarrhea at the Primary health center in the experimental group after being given family empowerment through psychoeducation was mostly in the good category as many as 45 respondents (97.8%). Family support in treating children under five with diarrhea at the Primary health center in the control group after being given leaflets was mostly in the good category as many as 44 respondents (95.7%). This is in accordance with the results of research by that the knowledge possessed by a person, especially the mother, greatly influences the

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2. Proses Review



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[OAMJMS] Editor Decision	2021-12-19 06:13 AM
[OAMJMS] Editor Decision	2021-12-27 05:12 AM

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Revisions

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64461	REVISED_oamjms-abs-5089-Atik et al.docx	December 15, 2021	Revised Manuscript
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[OAMJMS] Editor Decision

2021-11-29 01:08 AM

Atik Bad'ah, Ni Ketut Mendri, Bondan Palestin, Amin Subargus, Titih Huriyah, Mohammad Najib, Arita Murwani, Muhammad Abdul Aziz (Author):

We have reached a decision regarding your submission to Open Access Macedonian Journal of Medical Sciences, "Family Empowerment Psychoeducation on Family Support Caring of Children Diarrhea ", Manuscript ID = OJ57834.

Our decision is: Revise your manuscript until December 15, 2021 and submit on the OAMJMS website.

Sincerely,
 Prof. Dr Mirko Spiroski,
 Editor-in-Chief, OAMJMS

K

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[OAMJMS] Editor Decision

2021-12-19 06:13 AM

Atik Badi'ah, Ni Ketut Mendri, Bondan Palestin, Amin Subargus, Titih Huriah, Mohammad Najib, Arita Murwani, Muhammad Abdul Aziz (Author):

We have reached a decision regarding your submission to Open Access Macedonian Journal of Medical Sciences, "Family Empowerment Psychoeducation on Family Support Caring of Children Diarrhea", Manuscript ID = OJ57834, submitted {\$submission}

Our decision is to: Accept your revised manuscript for publication in OAMJMS.

SciRev (<https://scirev.org/>) offers you the possibility to share your experience with the scientific review process with your colleagues (left search engine) and to select an efficient journal for submitting your manuscripts (right search engine). Because we would like to increase the quality of the review process, please register and submit your experience with the review process of your article published in Open Access Macedonian Journal of Medical Sciences in the SciRev (<https://scirev.org/questionnaire/macedonian-journal-of-medical-sciences/>).

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Notifications

[OAMJMS] Editor Decision

2021-12-27 05:12 AM

Atik Badi'ah, Ni Ketut Mendri, Bondan Palestin, Amin Subargus, Titih Huriah, Mohammad Najib, Arita Murwani, Muhammad Abdul Aziz (Author):

The editing of your submission, "Family Empowerment Psychoeducation on Family Support Caring of Children Diarrhea," Manuscript ID = OJ57834 is complete. We are now sending it to production.

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Revisions

ID	Revision Name	Date	Status
64461	REVISED_oamjms-abs-5089-Atik et al.docx	December 15, 2021	Revised Manuscript

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Family Empowerment Psychoeducation on Family Support Caring of Children Diarrhea

Atik Bad'iah¹, Ni Ketut Mendi¹, Bondan Palestin¹, Amin Subargus², Tith Huiyah³, Mohammad Najib⁴, Arita Nurvani⁵, Muhammad Abdul Aziz⁶

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³Master of Nursing Universitas Muhammadiyah Yogyakarta, Indonesia
⁴Study Program in Nursing, School of Health Polytechnics, Ministry of Health Surabaya, Indonesia
⁵Study Program in Nursing Institute of Health Science Surya Global Yogyakarta Indonesia
⁶Corresponding author. Email: atik_cahyo@yahoo.com

Abstract

BACKGROUND OF THE STUDY: Families with problems with family members experiencing illness are traumatic experiences for the family. Family empowerment through psychoeducation in families with children under five who experience diarrhea is one of the interventions that can be done to provide educational information to families regarding problems caring for children under five with diarrhea, management of diarrhea under five years of age, family support in the care of children under five with diarrhea. The results of a preliminary study with 5 Primary health center in Yogyakarta Province (Gawon II Bantul, Gamping II Sleman, Tegalejo, Sertolo, Patuk) and Colomadu II Karanganyar, obtained information that nurses and health workers were not maximal in providing psychoeducation to families.

AIM OF THE STUDY: Knowing the effect of the family empowerment psychoeducation on family support in caring of children diarrhea at the Primary health center.

METHODOLOGY: This type of research is Research and Development using Quasi experiment, the design of Pre test Post test with Control Group Design. Sampling by purposive sampling. Data were analyzed using pair t-test, Wilcoxon, independent t-test and Mann-Whitney with a significant level $p < 0.05$.

RESULTS: Family support in caring of children diarrhea in the experimental and control groups pre-test and post-test before and after being given Family Empowerment through psychoeducation with a p value (sig) of 0.000 < 0.05 , then H_0 is accepted and H_1 is rejected.

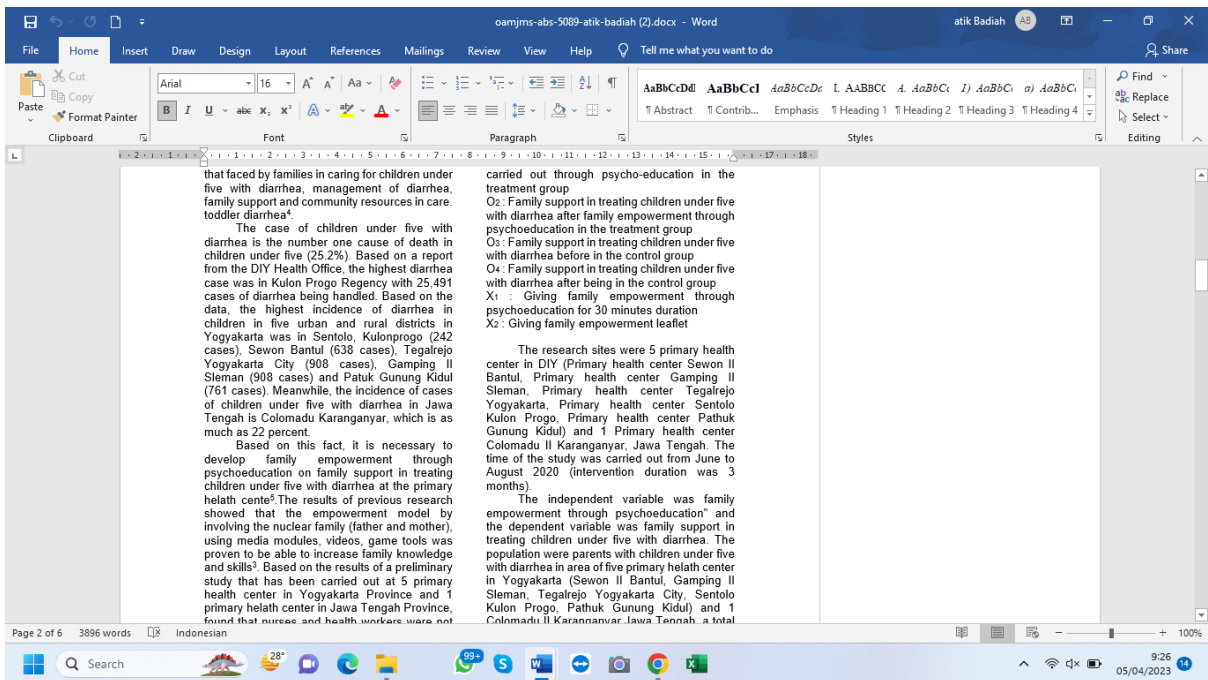
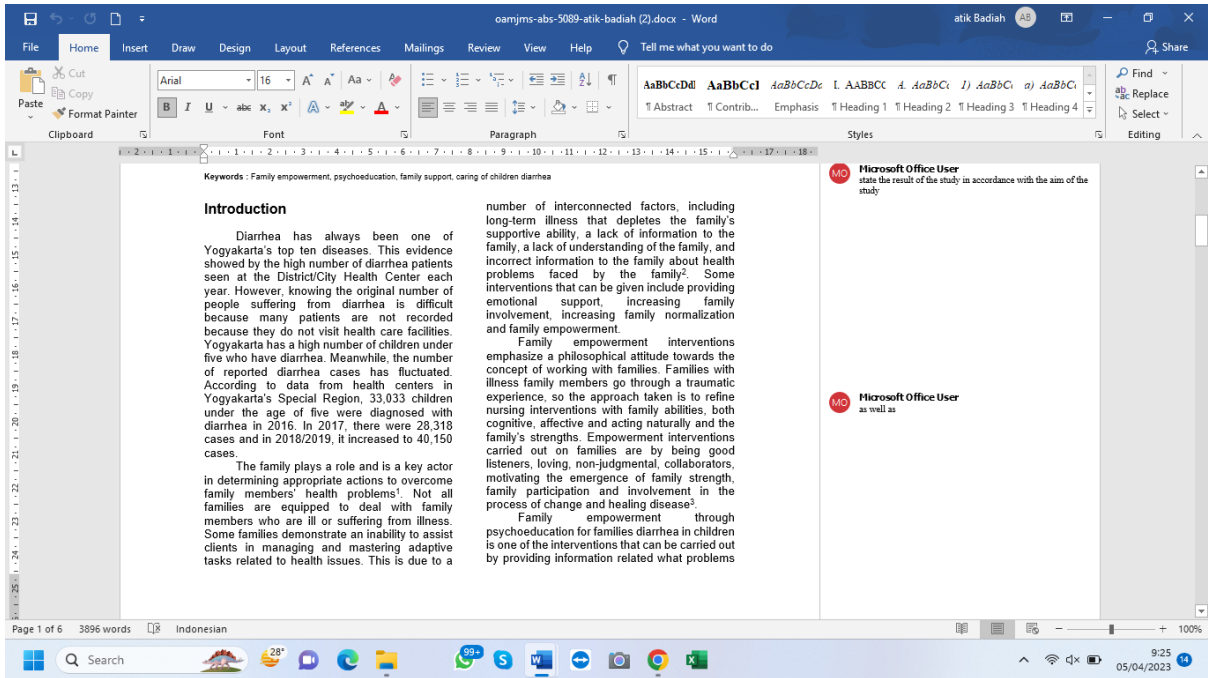
CONCLUSION: There is an effect of the family empowerment psychoeducation on family support in caring of children diarrhea in Primary health center.

Keywords: Family empowerment, psychoeducation, family support, caring of children diarrhea

Introduction

Diarrhea has always been one of the number of interconnected factors, including long-term illness that depletes the family's supportive ability, a lack of information to the

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proven to be able to increase family knowledge and skills. Based on the results of a preliminary study that has been carried out at 5 primary health center in Yogyakarta Province and 1 primary health center in Jawa Tengah Province, found that nurses and health workers were not optimal in providing psychoeducation to families, the nurses and health workers only explained the diarrhea condition in children.

According to the above description, research on "Family Empowerment Psychoeducation on Family Support Caring of Children Diarrhea in primary health center" is required.

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This research was a quasi-experimental study with a pre-test-post-test with control group design. The research design can be described as follows:

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O ₃	X ₂	O ₄

Figure 1. Research Design

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O₁: Family support in treating children under five with diarrhea before family empowerment is

population were parents with children under five with diarrhea in area of five primary health center in Yogyakarta (Sewon II Bantul, Gamping II Sleman, Tegalejo Yogyakarta City, Sentolo Kulon Progo, Pathuk Gunung Kidul) and 1 Colomadu II Karanganyar Jawa Tengah, a total of 148 parents with children under five with diarrhea. The sample in this study were parents with children under five with diarrhea taken by purposive sampling technique.

The data from the examination results analyzed descriptively and analytically with the SPSS for windows version 16.0. The data analysis test was carried out by univariate, bivariate and multivariate tests. The bivariate test was started with a normality test using Shapiro-Wilk in the treatment and control groups between pre-test and post-test. The results of the analysis show that the data distribution is not normal, so the analysis used is non-parametric analysis, namely the Wilcoxon test and Mann Whitney test with a significant level of $p < 0.05$

Results

Table 1 shows the number of respondents distributed equally across all primary health center used for research, both in the intervention group and in the control group. The characteristics of respondents in the experimental and control groups are shown in Table 2. The analysis shows that the majority of

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the mothers who participate in research activities are between the ages of 20 and 30 years old, the number of children is two, that the respondent is the first child, the child is boys with the ages of one and three years old.

Table 1. Frequency distribution of respondents by based on research location (n=46)

Research location	Experiment		Control	
	f	%	f	%
Sewon II	8	17,39	8	17,39
Gamping II	8	17,39	8	17,39
Tegalejo	7	15,22	8	17,39
Sentolo	9	17,39	7	15,22
Patuk	7	15,22	8	17,39
Colomadu II	8	17,39	7	15,22

Table 2. Characteristics of based on parent's age, gender of parents, number of children, child order, gender of children and child age (n=46)

Characteristics of Respondents	Experiment		Control	
	f	%	f	%
Parent's age				
20-30 year	24	52,2	18	39,1
> 30-40 year	17	37,0	17	37,0
> 40 year	5	10,9	11	23,9
Gender of parents				
Male	3	6,5	5	10,9

Table 3. Family Support pre test and post test in the experimental group before and after being given Family Empowerment (n=46)

Family Support	Experiment		Post test	
	f	%	f	%
Less	1	2,2	1	2,2
Enough	11	23,9	0	0
Good	34	73,9	45	97,8

Table 4. Family Support pre test and post test in the control group before and after being given Family Support

Family Support	Control		Post test	
	f	%	f	%
Less	0	0	0	0
Enough	20	43,5	2	4,3
Good	26	56,5	44	95,7

The normality test was tested using Shapiro Wilk because $n < 50$, with p (sig) > 0.05 meaning the data was normally distributed and p (sig) < 0.05 was not normally distributed.

Table 5. Test the normality of the experimental group and the control group

Variable	Group	p	Information
Family Support	Pre	0,001	Not normal
	Control	0,003	Not normal
	Post	0,000	Not normal

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Gender of parents	3	6,5	5	10,9
Male	3	6,5	5	10,9
Female	43	93,5	41	89,1

Number of children	14	30,4	13	28,3
One	14	30,4	13	28,3
Two	21	45,7	16	34,8
Three	10	21,7	12	26,1
Four	0	0	1	2,2
Five	0	0	1	2,2
Six	1	2,2	3	6,5

Child order	1	22	47,8	18	39,1
1	22	47,8	18	39,1	
2	18	39,1	18	39,1	
3	5	10,9	6	13,0	
4	0	0	1	2,2	
5	1	2,2	3	6,6	

Child Gender	25	54,3	32	69,6
Boys	25	54,3	32	69,6
Girls	21	45,7	14	30,4

Child Age	15	32,6	17	37,0
1-12 month	15	32,6	17	37,0
> 1-3 year	20	43,5	15	32,6
> 3-5 year	11	23,9	14	30,4

Family Support	Pre Test	Experiment	Control	p (sig)
Pre	0,001	Not normal		
Post	0,003	Not normal		
Control	0,070	Normal		

In Table 5, it can be seen that family support in treating children under five with diarrhea at the Primary health center pre-test in the experimental and control groups and post-test in the experimental group had a not normal distribution of $p \text{ sig} < 0,05$. Meanwhile, the post test in the control group was normally distributed with $p \text{ sig} > 0,05$, so the non-parametric test used Wilcoxon test.

Table 6. The results of the Wilcoxon test data analysis of differences in Family Support in treating pre-test and post-test diarrhea in the experimental and control groups before and after being given Family Empowerment through psychoeducation (n=46)

Variable	Group	p (sig)
Family Support	Experiment	Pre Test
	Control	Post Test
		0,001
		0,001

In Table 6, it can be seen that family support in treating children under five with diarrhea in the experimental and control groups pre-test and post-test before and after being given Family Empowerment through

Tables 3 and 4 show that most of the respondents are in a good category regarding family support in both the intervention group and the control group

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psychoeducation in five DIY Health Centers and Colomadu II Health Center Central Java with a $p \text{ value (sig) of } 0,001 < 0,05$ then H_0 is accepted and H_a is rejected, meaning that there is a difference between family support in treating children under five with diarrhea in the experimental group and pre-test and post-test controls before and after being given Family Empowerment through psychoeducation in 5 Primary health center DIY and Colomadu II Jawa Tengah.

Table 7. The results of the Mann Whitney test data analysis test and the Independent simple t-Test are the differences in family Support in treating children under five with diarrhea pre test and post test (n=46)

Variable	Group	p (sig)
Family Support	Experiment	0,096
	Control	
	Experiment	0,383
	Control	

In Table 7, it can be seen that the Mann Whitney analysis test of family support in caring for children under five with diarrhea pre-test and post-test in the experimental and control groups before and after being given Family Empowerment through psychoeducation in five DIY Public Health Centers and Colomadu II Public Health Center Karanganyar Central Java with a value of $p \text{ (sig) } > 0,05$ then H_0 is accepted and H_a is rejected, meaning that there is no extraordinary events which is often accompanied by death.

Diarrhea is one of the infectious diseases in toddlers⁸. Diarrhea is more dominant in toddlers because toddlers' immune systems are still weak, so toddlers are very susceptible to diarrhea, besides that in toddlers, children experience an oral phase which makes toddlers tend to take any object and put it in their mouth, making it easier for germs to enter the mouth, inside the body. Toddlers with diarrhea will have symptoms such as frequent bowel movements with the consistency of liquid or watery stools, signs and symptoms of dehydration (decreased skin turgor, sunken crown and eyes, dry mucous membranes), fever, vomiting, anorexia, weakness, paleness, changes in vital signs (rapid pulse and breathing), decreased or absent urine output⁹.

In Table 3, it can be seen that family support in treating children under five with diarrhea at the Primary health center in the experimental group after being given family empowerment through psychoeducation was mostly in the good category as many as 45 respondents (97,8%). Family support in treating children under five with diarrhea at the Primary health center in the control group after being given leaflets was mostly in the good category as many as 44 respondents (95,7%). This is in accordance with the results of research by that the knowledge possessed by a person, especially the mother, greatly influences the

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not necessary to state the hypothesis
Suggestion : explain the result (p<0,05)

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before and after being given Family Empowerment through psychoeducation in five DIY Public Health Centers and Colomadu II Public Health Center Karanganyar Central Java with a value of p (sig) > 0.05 then H_0 is accepted and H_a is rejected, meaning that there is no difference in family support in treating pre-test and post-test diarrheal children in the experimental and control groups before and after being given Family Empowerment through psychoeducation in 5 Primary health center DIY and Colomadu Karanganyar Jawa Tengah.

Discussion

In Table 3, it can be seen that family support in caring for children under five with diarrhea at the Primary health center in the experimental group before being given family empowerment through psychoeducation was mostly in the good category as many as 34 respondents (73.9%). Family support in treating children under five with diarrhea at the Primary health center in the control group before being given leaflets was mostly in good category as many as 26 respondents (56.5%).

Diarrhea is one of the world's health problems which is the second leading cause of death for children under five years of age. Infectious diseases, such as diarrhea, are one of the root causes of malnutrition in developing countries⁴⁷. Diarrhea is an endemic disease in Indonesia and is also a potential disease of health center in the control group after being given leaflets was mostly in the good category as many as 44 respondents (95.7%). This is in accordance with the results of research by that the knowledge possessed by a person, especially the mother, greatly influences the mother's attitude and family support in caring for children under five with diarrhea where the action of handling diarrhea at home by This mother is influenced by the mother's level of knowledge, the better the mother's knowledge, the better the family support in caring for children under five with diarrhea⁸.

Efforts to prevent diarrhea include breastfeeding, improving complementary feeding, using clean water, washing hands, properly disposing of baby feces, washing milk bottles properly and giving measles immunization because measles immunization can prevent more severe diarrhea. Management of diarrhea must be done appropriately and accurately to overcome the effects of diarrhea such as dehydration and malnutrition. Mothers who have toddlers have less knowledge regarding the management of diarrhea in toddlers, where most mothers of toddlers still respond negatively in the initial treatment when their child has watery bowel movements than usual and the handling of diarrhea is enough with oralit. In addition, most mothers of toddlers still have inappropriate practices related to the use of traditional medicine and giving sweet tea to toddlers with diarrhea. The majority of

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add the references

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First paragraph should explain the research question or aims of the study straightly.

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mothers under five have less knowledge related to the prevention and management of diarrhea in toddlers. Most mothers of toddlers still have negative attitudes in handling diarrhea related to follow-up or initial treatment when their children defecate more watery than usual and diarrhea is treated with oralit⁴.

The majority of mothers under five still have inappropriate practices in the management of diarrhea, especially in terms of follow-up or initial treatment when defecating is watery than usual, using traditional medicine, giving sweet tea to toddlers during diarrhea and not giving zinc to children under five. Prevention of diarrhea that can be done is to continue breastfeeding, formula milk, and solid food to babies, give oralit or sugar-salt solution to replace lost fluids, give food as usual and avoid foods that contain fiber, give zinc for 10 days in a row. Also, do not give antidiarrheal drugs to children because they can inhibit the germs that will come out.

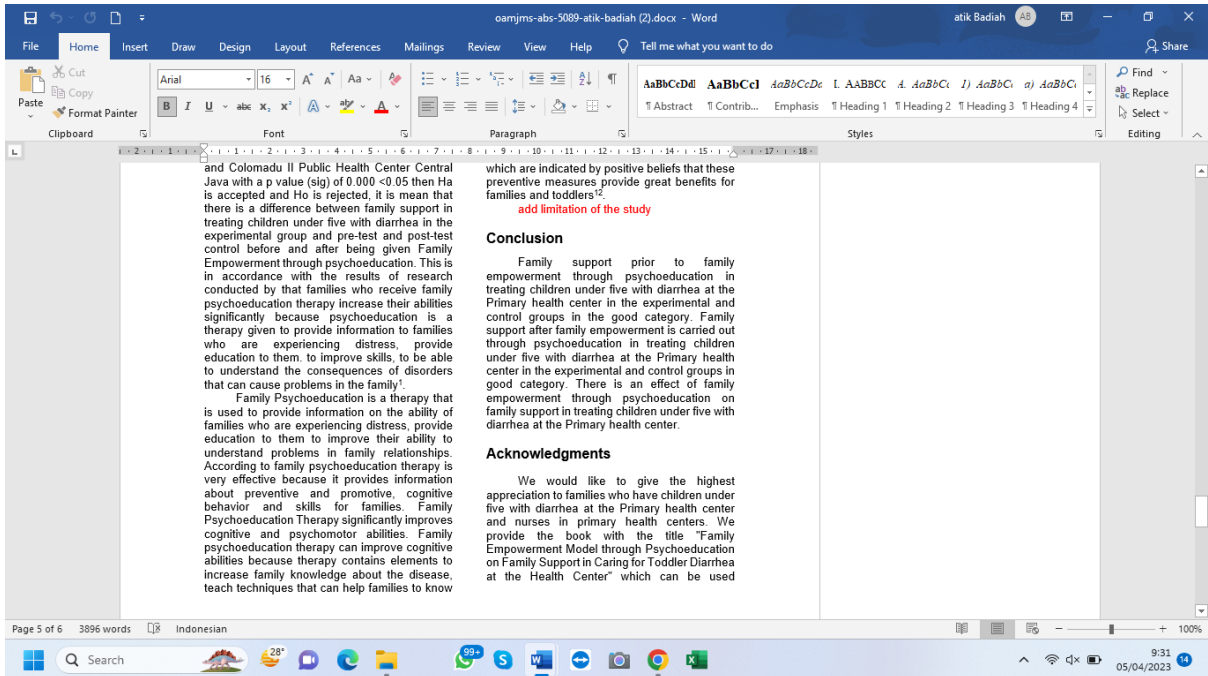
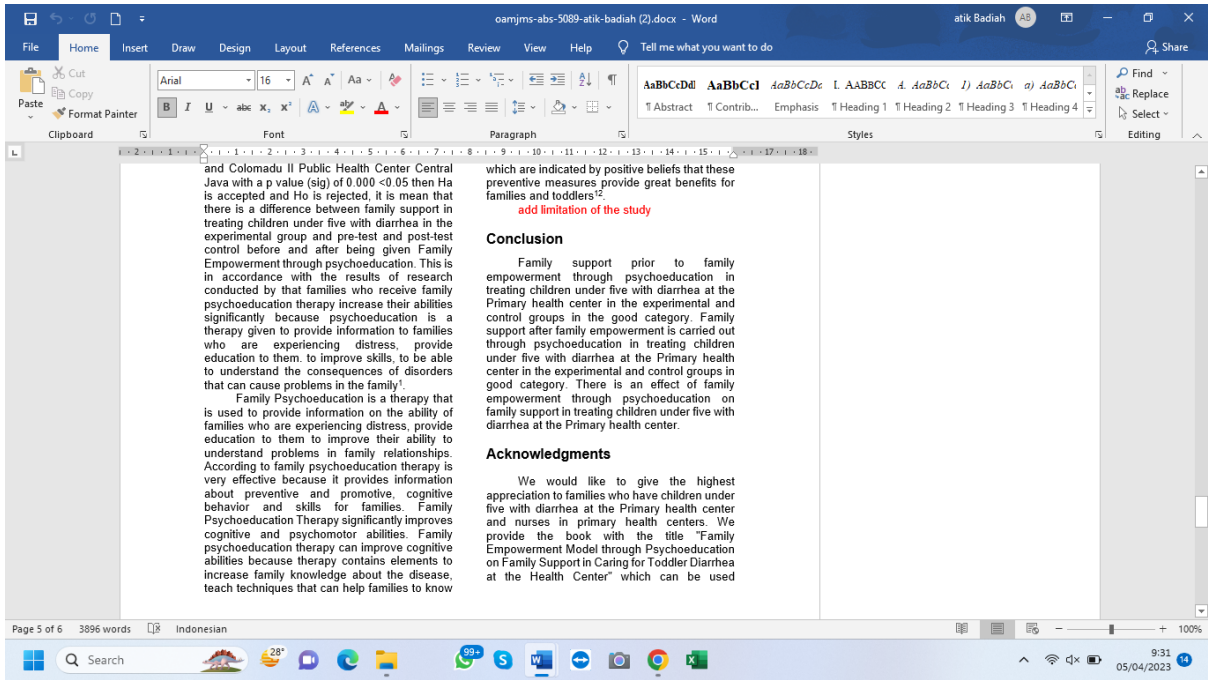
In Table 6, it can be seen that family support in caring for children under five with diarrhea in the experimental and control groups pre-test and post-test before and after being given Family Empowerment through psychoeducation in five Primary Health Centers and Colomadu II Public Health Center Central Java with a p value (sig) of 0.000 < 0.05 then H_0 is accepted and H_a is rejected, it means that the symptoms of the disease, and increase family support for family members themselves.

Research with the research title "Efforts to Prevent Diarrhea in Families with Toddlers Based on the Planned Behavior Theory Approach Prevention of Diarrhea in Children Under five years Using Planned Behavior Theory" stated that the lack of family behavior in implementing a Clean Lifestyle and Healthy (PHBS) at home is one of the trigger factors for diarrhea⁹. The family's inability to carry out early treatment of diarrhea in toddlers at home also causes the toddler's health condition to worsen⁸. Family behavior and family support in preventing diarrhea is strongly influenced by the family's intention to gain knowledge about diarrhea and its handling. The results of this study provide an illustration that diarrheal disease occurs in toddlers due to family behavior in carrying out PHBS which is still very lacking. Families with good behavioral beliefs will try to take good diarrhea prevention measures for toddlers. Families who believe or believe that prevention of diarrhea in toddlers is important and has a positive impact, will easily display the preventive behavior¹¹. The family's intention (intention) in preventing diarrhea in toddlers is strongly influenced by the family's behavioral beliefs which are indicated by positive beliefs that these preventive measures provide great benefits for families and toddlers¹².

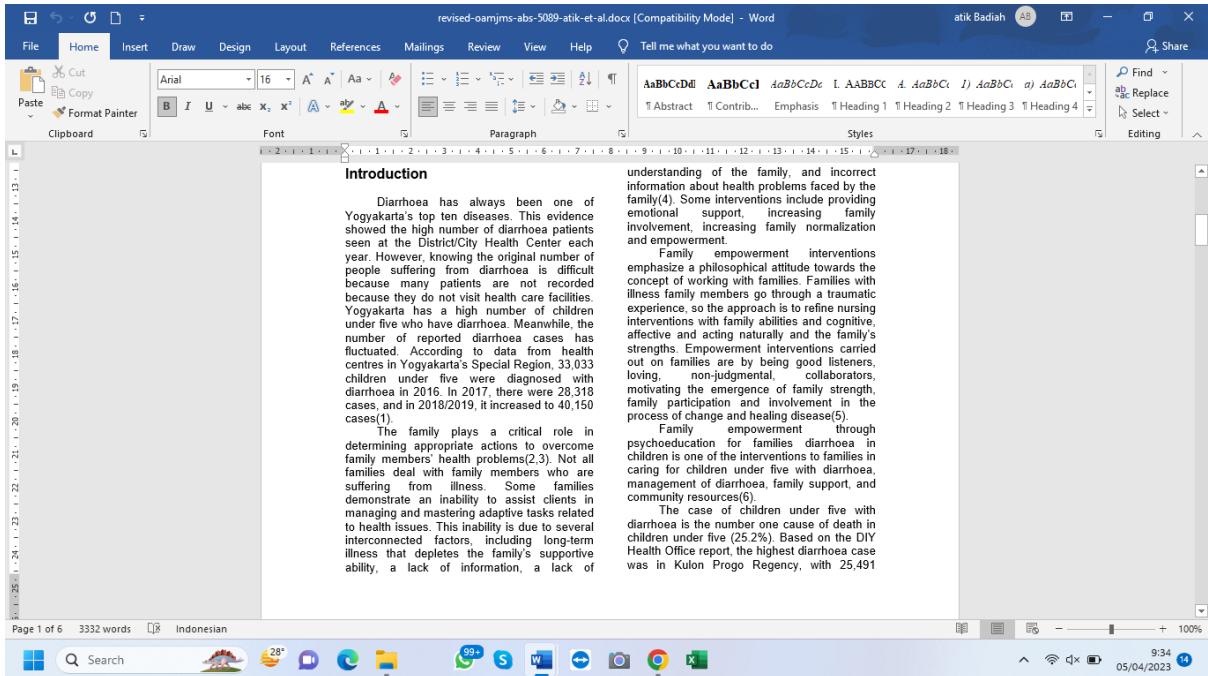
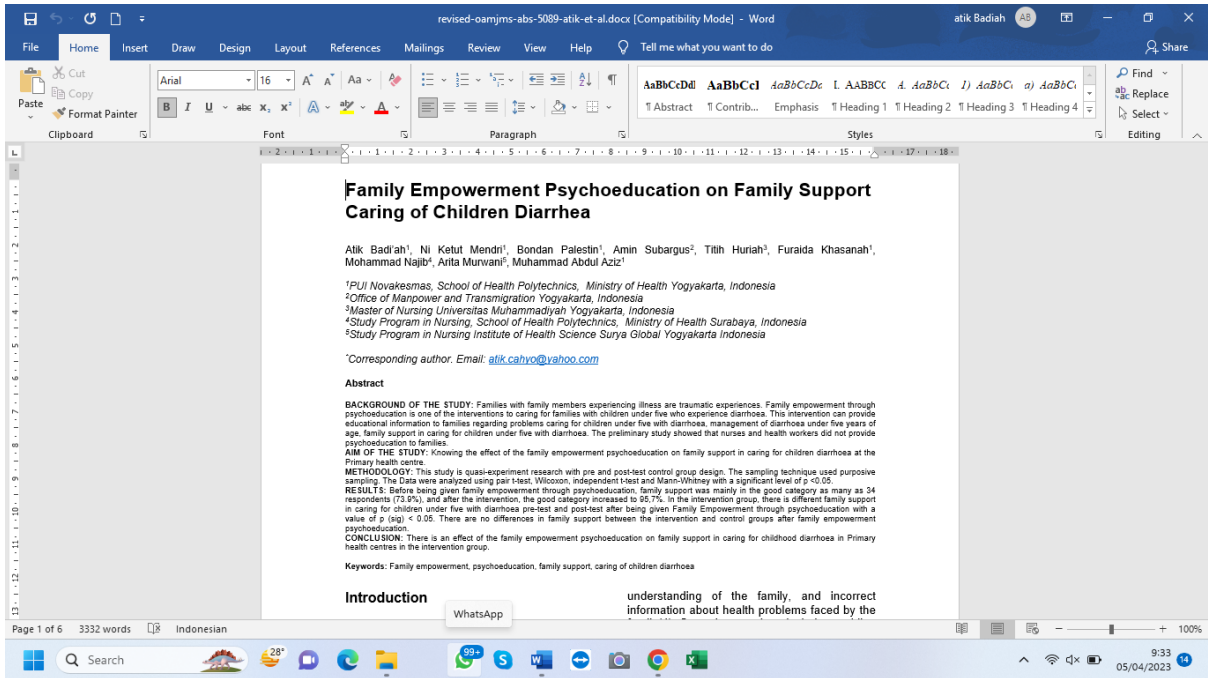
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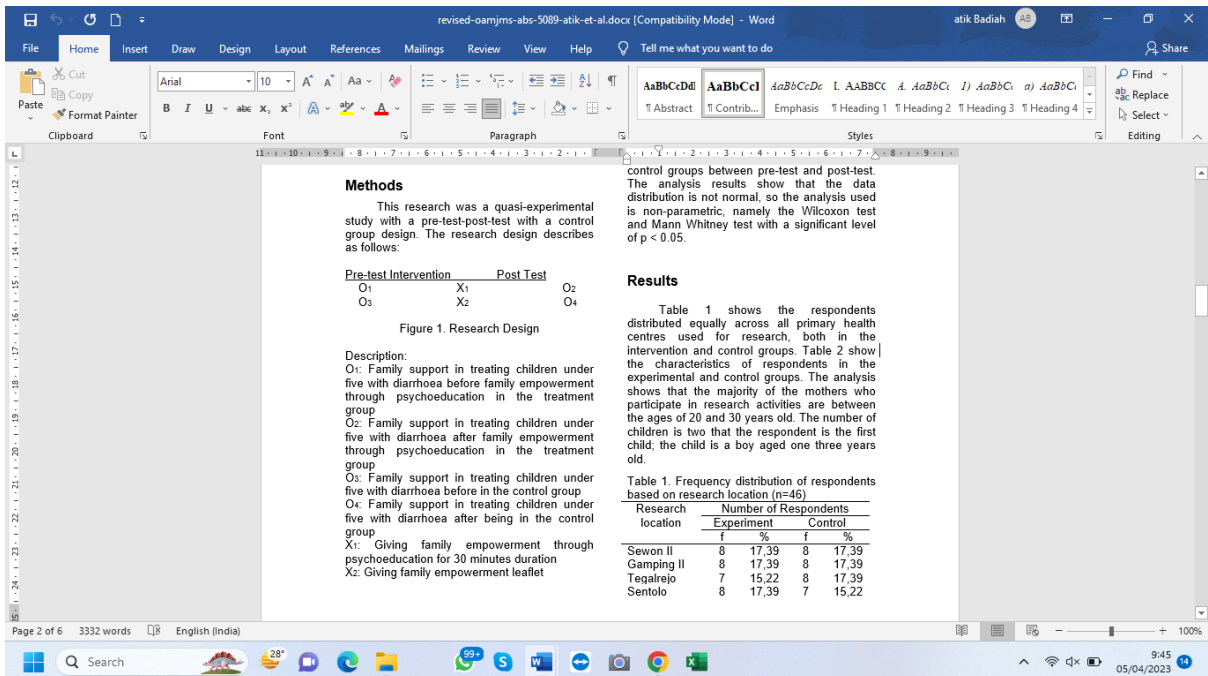
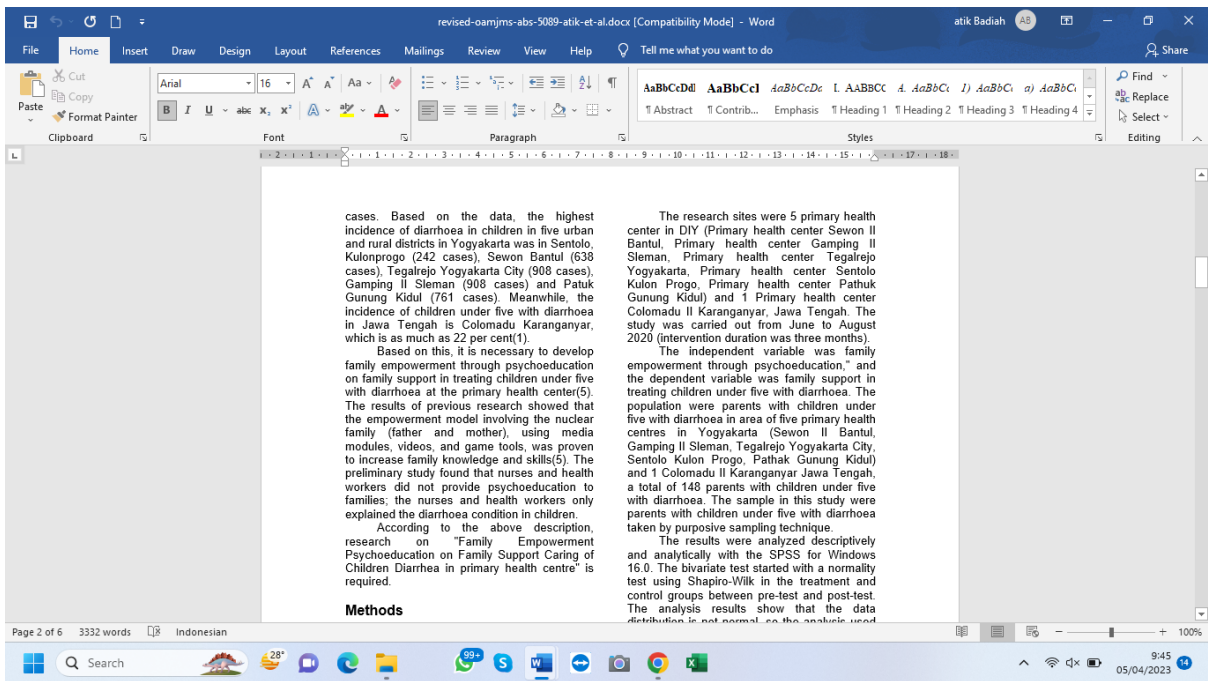
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Hasil Revisi





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Table 2. Characteristics of based on parent's age, gender of parents, number of children, child order, gender of children and child age (n=46)

Characteristics of Respondents	Experiment		Control	
	f	%	f	%
Parent's age				
20-30 year	24	52,2	18	39,1
> 30-40 year	17	37,0	17	37,0
> 40 year	5	10,9	11	23,9
Gender of parents				
Male	3	6,5	5	10,9
Female	43	93,5	41	89,1
Number of children				
One	14	30,4	13	28,3
Two	21	45,7	16	34,8
Three	10	21,7	12	26,1
Four	0	0	1	2,2
Five	0	0	1	2,2
Six	1	2,2	3	6,5
Child order				
1	22	47,8	18	39,1
2	18	39,1	18	39,1
3	5	10,9	6	13,0
4	0	0	1	2,2
5	1	2,2	3	6,6
Child Gender				
Boys	25	54,3	32	69,6
Girls	21	45,7	14	30,4
Child Age				
1-12 month	15	32,6	17	37,0
> 1-3 year	20	43,5	15	32,6
> 3-5 year	11	23,9	14	30,4

Table 5. Test the normality of the experimental group and the control group

Variable	Group	p	Information
Family Support	Pre	Experiment 0,001	Not normal
	Control	0,033	Not normal
Support	Post	Experiment 0,000	Not normal
	Control	0,070	Normal

Table 5 show that family support in treating children under five with diarrhoea at the Primary health centre pre-test in the experimental and control groups and post-test in the experimental group had a not normal distribution of p sig < 0,05. Meanwhile, the post-test in the control group was normally distributed with p sig > 0,05, so the non-parametric test used the Wilcoxon test.

Table 6. The results of the Wilcoxon test data analysis of differences in Family Support in treating pre-test and post-test diarrhoea in the experimental and control groups before and after being given Family Empowerment through psychoeducation (n=46)

Variable	Group	p (sig)
Family Support	Pre Test	0,001
	Post Test	0,001

Table 6 show that family support after

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Table 3. Family Support pre-test and post-test in the experimental group before and after being given Family Empowerment (n=46)

Family Support	Pre-test		Post-test	
	f	%	f	%
Less	1	2,2	1	2,2
Enough	11	23,9	0	0
Good	34	73,9	45	97,8

Table 4. Family Support pre-test and post-test in the control group before and after being given Family Empowerment (n=46)

Family Support	Pre-test		Post-test	
	f	%	f	%
Less	0	0	0	0
Enough	20	43,5	2	4,3

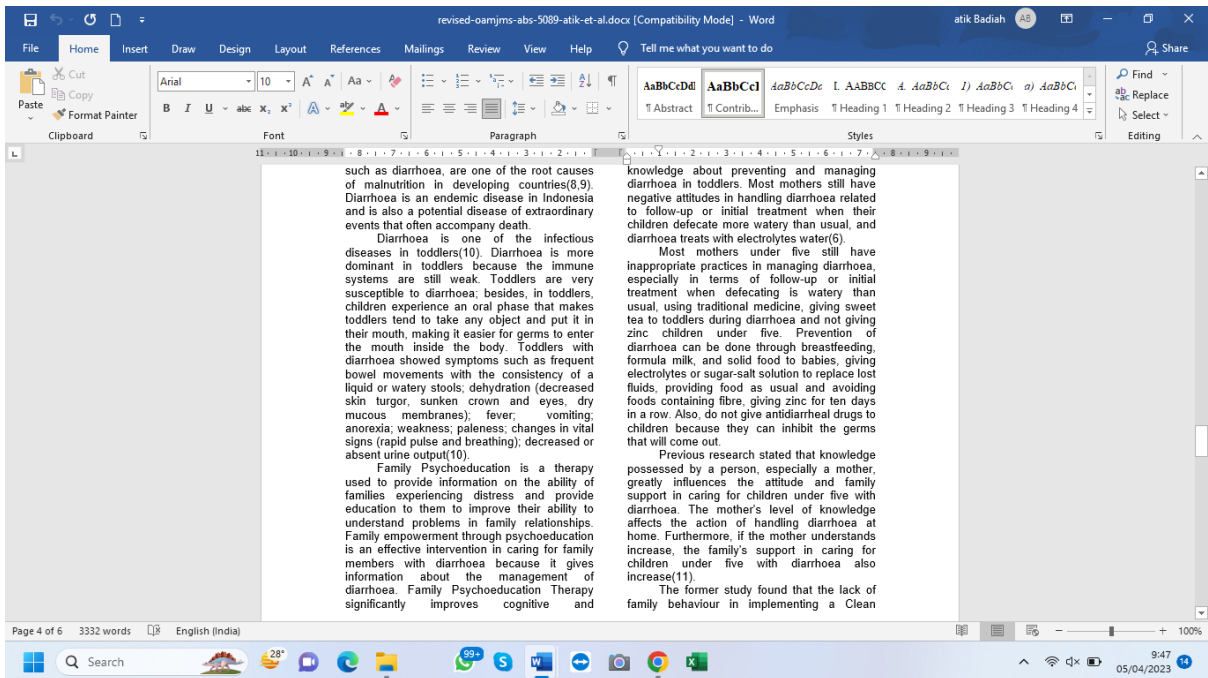
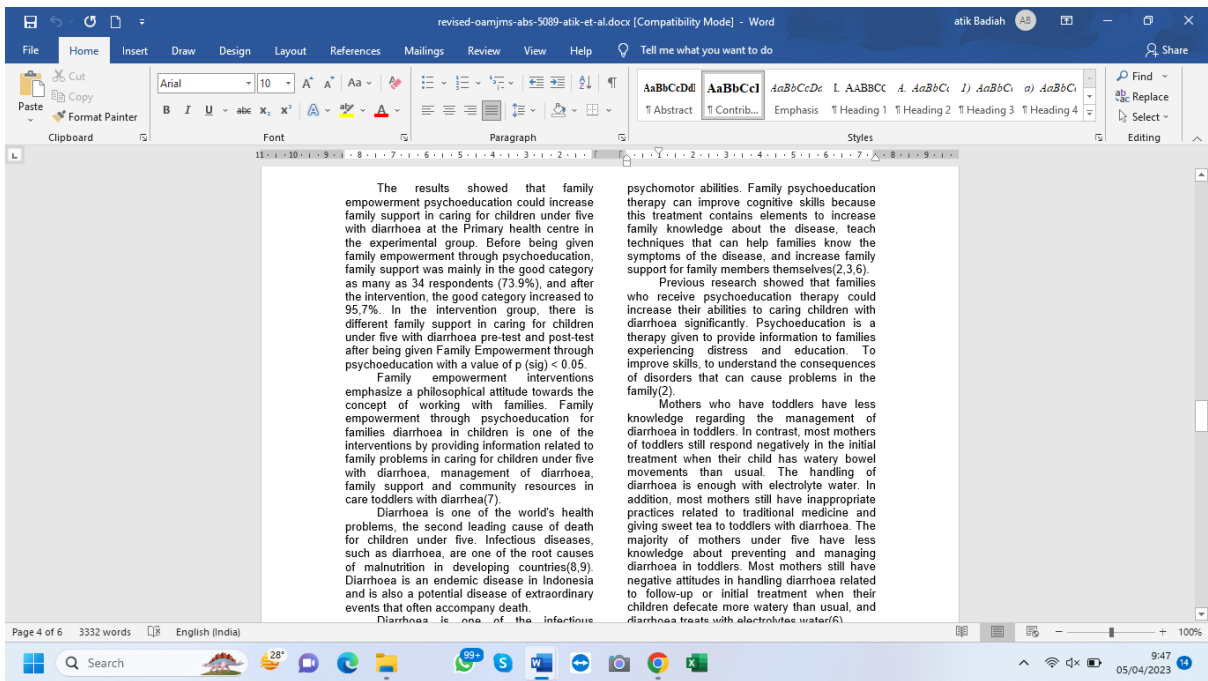
Table 6 show that family support after being given Family Empowerment through psychoeducation showed a p-value (sig) is 0,001, meaning that there is a difference between family support in treating children under five with diarrhoea in the experimental and controls groups.

Table 7. The results of the Mann Whitney test data analysis test and the Independent simple t-Test are the differences in family Support in treating children under five with diarrhoea pre-test and post-test (n=46)

Variable	Group	p (sig)
Family Support	Pre Test	0,096
	Control	0,383
Support	Post Test	0,383
	Control	

Table 7 shows no difference in family support in treating diarrheal children in the experimental and control groups before and after being given Family Empowerment through psychoeducation in 5 Primary health centres Yogyakarta and Colomadu Karanganyar Jawa Tengah.

Discussion



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Page 5 of 6 3332 words English (India)

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Lifestyle and Healthy (PHBS) at home triggers diarrhoea(11). The family's inability to properly treat diarrhoea in toddlers at home also causes the toddler's health condition to worsen(11). Family behaviour and support in preventing diarrhoea are strongly influenced by the family's intention to learn about diarrhoea. The results of this study illustrate that diarrheal disease occurs in toddlers due to family behaviour in carrying out PHBS, which is still very lacking. Families with reasonable behavioural beliefs will take good diarrhoea prevention measures for toddlers. Families who believe or believe that prevention of diarrhoea in toddlers is essential and has a positive impact will easily display the preventive behavior(12). The family's intention to prevent diarrhoea in children under five were influenced by the family's beliefs, which indicate by positive opinions that these preventative measures provide significant benefits for families and children under five(13).

The limitation of this study is that researchers did not conduct homogeneity tests on treatment and control groups so that confounding variables could influence the study's outcome. For further research, the results of this study can develop by providing more specific interventions to maternal empowerment because mothers are the primary caregiver for children.

Conclusion

improve the care of children under five with diarrhoea at the Primary health.

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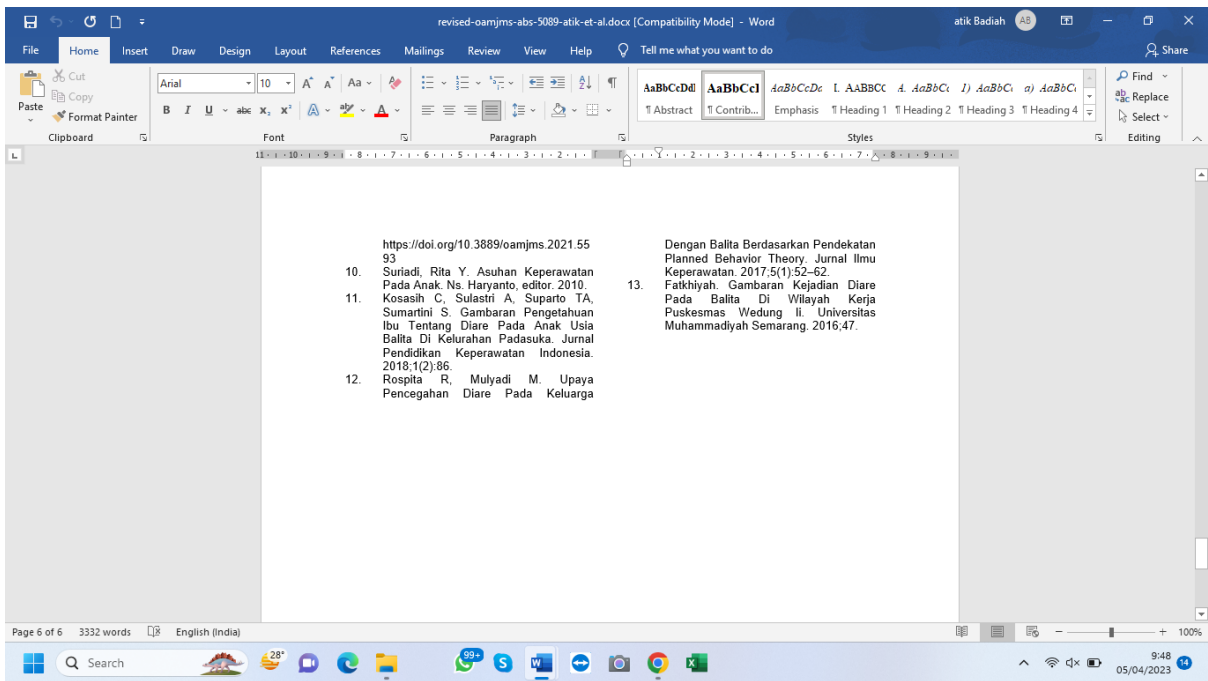
Conclusion

Family support before family empowerment through psychoeducation in treating children under five with diarrhoea at the Primary health centre in the experimental and control groups in the good category. Family support after family empowerment through psychoeducation in treating children under five with diarrhoea at the Primary health centre in the experimental and control groups in the good category. There is an effect of family empowerment through psychoeducation on family support in treating children under five with diarrhoea at the Primary health centre.

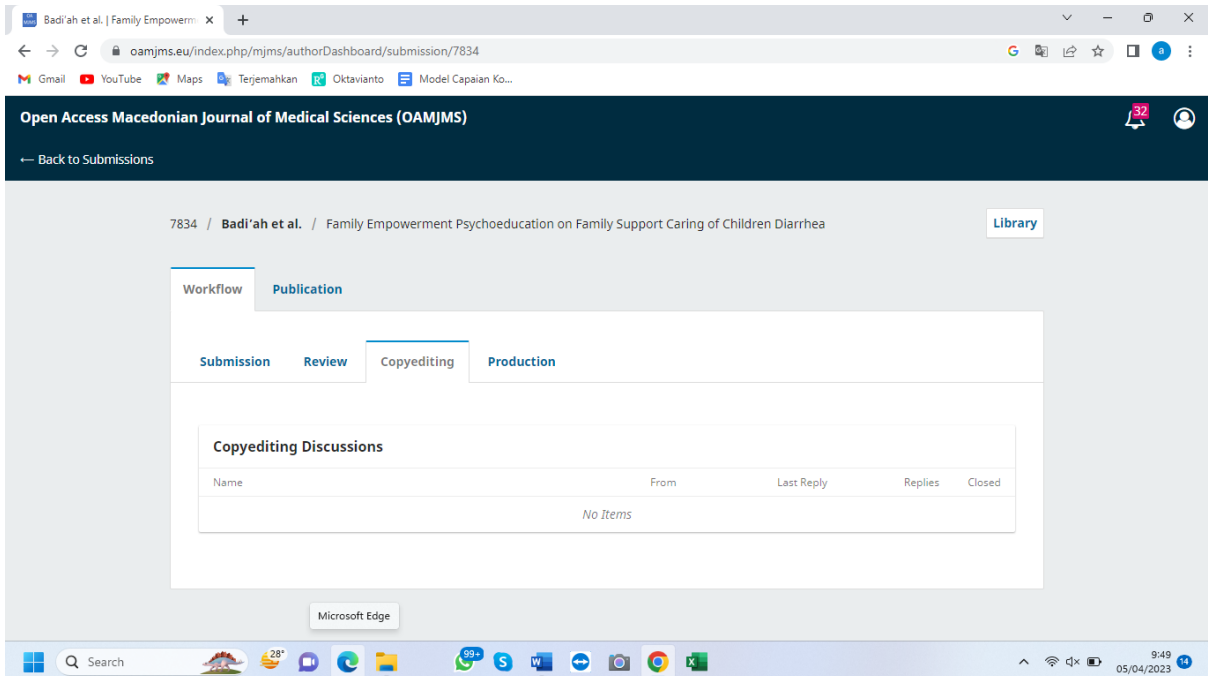
Acknowledgements

We want to give the highest appreciation to families with diarrhoea at the Primary health centre and nurses in primary health centres. We provide the book with the title "Family Empowerment Model through Psychoeducation on Family Support in Caring for Toddler Diarrhea at the Health Center", which can

7. Suryapramita Dusak MR, Sukmayani Y, Apriliana Hardika S, Ariastuti LP. Gambaran pengetahuan, sikap, dan praktik ibu balita terhadap penatalaksanaan diare pada anak balita di wilayah kerja Puskesmas Abang 1. *Intisari Sains Medis*. 2018;9(2):85-94.
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3. Proses Copyediting



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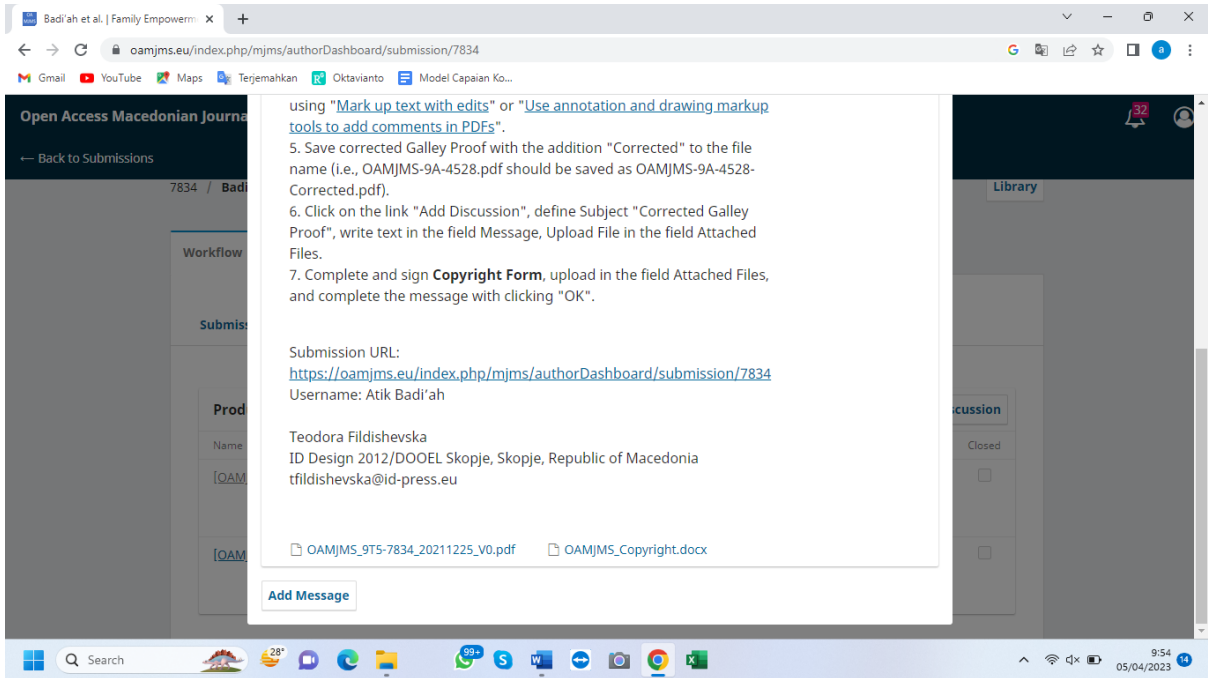
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The screenshot shows the same dashboard with a pop-up window titled '[OAMJMS] Proofreading Request (Author)'. The window contains the following information:

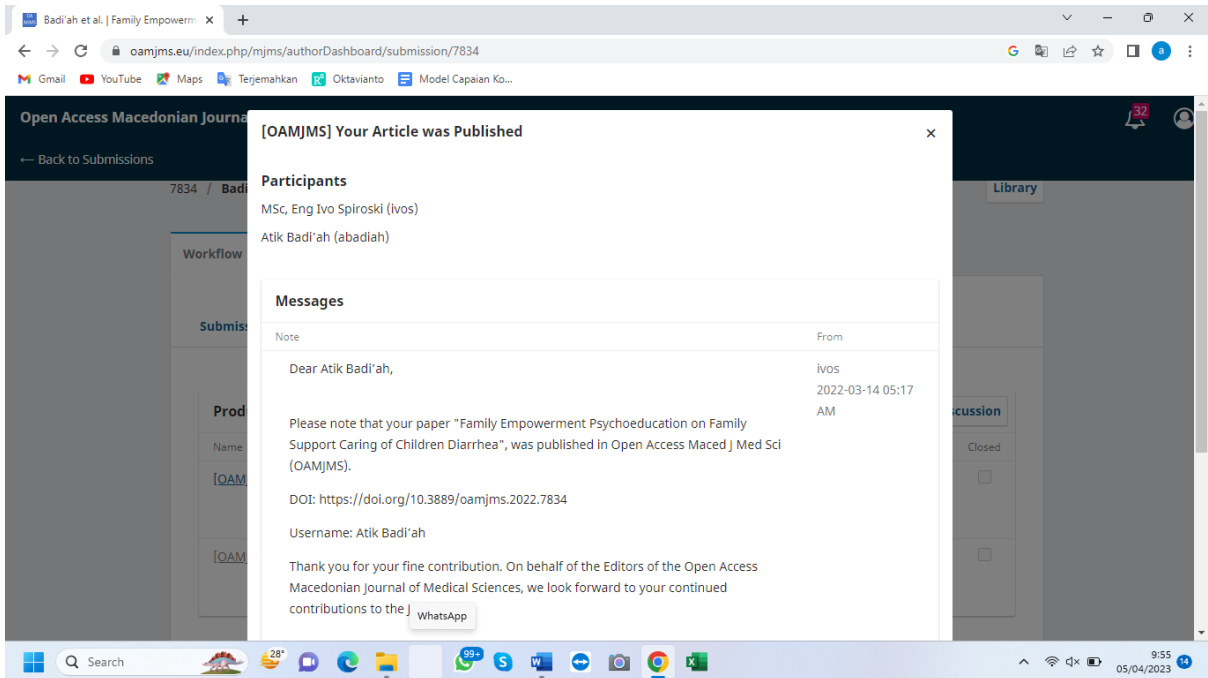
Participants
Teodora Fildishevka (tfildishevka)
Atik Badi'ah (abadiah)

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Cordially,
Prof. Dr Mirko Spiroski,
Editor-in-Chief

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