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EFFECT OF IIIrd TRIMESTER PREGNANT WOMEN MENTORING TOWARD BREASTFEEDING PRACTICE AND NUTRITIONAL STATUS OF 0-4 MONTHS CHILDREN Slamet R. Yuwono<sup>1</sup>, Taufiqurrahman<sup>1</sup>, Ni Ketut Sri Sulendri<sup>2</sup>  
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 ABSTRACT Background Results of Riskesdas in 2010 showed that the highest coverage was on 0 month age group infants (39,8%) and the lowest was on 5 months age group infants (15,3). Prevalence of stunted children (short + very short) in NTB (West Nusa Tenggara) province is 43,7%. That rate is above the national rate (36,5%) and in general, stunted children problem in NTB province is still quite high because of the prevalence is over 20%. Therefore, the researchers conducted research to find exact mentoring model as an effort to solve nutritional status problems. Method The research design was simple experimental research design with the type of post- test only control group design. The research was conducted in Madiun-East java and Mataram-NTB started from April until October 2015. Results There was a significant difference in exclusive breastfeeding practice between mothers who received the mentoring through home visit method with mothers who did not receive the mentoring. Infants of mothers who received the mentoring had opportunity / chance to breastfeed 9,333 times higher than infants of mothers who did not receive the mentoring. Conclusion Z-score of infants of mothers who received the mentoring had slightly higher score than infants of mothers who did not receive the mentoring, but statistically there was no significant difference in 0-3 months infants nutritional status between both group. In connection with those results, it is recommended to use the mentoring model of "home visit to 3rd trimester pregnant women" in order to increase the exclusive breastfeeding practice. Keywords: 3rd trimester pregnant women mentoring, home visit,

nutritional status. INTRODUCTION Data of WHO showed concern rate which known as 2/3 phenomenon, that was mass infants (0-1 years old) mortalities occurred on neonatal period (0-28 days new born infants). Those early neonatal mortalities were occurred on the first day of birth. The underlying cause of 54% infants' mortality was malnutrition. Data of World Health Organization (WHO) show there are 170 million children have malnutrition in worldwide, including 3 million of them die each year due to malnutrition. [According to data o National Health Survey](#) (Susenas) [in 2010](#), it is known that only 33,6% of infants in Indonesian who received [exclusive breastfeeding](#). This means there are still about 2/ 3 infants in Indonesia who are less lucky. So, a campaign of exclusive breastfeeding increment is needed and encouraging local government and private sectors [to support](#) that. [There are several factors](#) that cause the [low coverage of exclusive breastfeeding in Indonesia such as the dissemination of information among health workers and people](#) which not optimal, [that](#) was only 60% of people who know the information about breastfeeding and only 40% of trained health workers who are able to give breastfeeding counseling. Data of Riskesdas (2013) showed that female infants aged 0-5 months was found stunting of 22,4% and raised to 27,3% on age of 6-11 months. Data in NTB showed the stunting infants prevalence (short+very short) was 43,7% which it was the top 3 prevalence of 33 provinces in Indonesia. That rate was above national average rate which of 37,2%.. Based on the description above, it is necessary to study a method or model in order to be guidance so the trained breastfeeding counselors or "infant and children feeding giver" counselors are able to proactively conduct the activities and fulfill the target of breastfeeding increment in achieving better nutritional status of children. Because of that, authors are interested to conduct the research about "Effect of [IIIrd Trimester Pregnant Women Mentoring](#) Toward [Breastfeeding Practice and Nutritional Status Of 0-4 Months Children](#)".

RESEARCH METHOD The design of this research was pre experimental research with post-test only control group design. Population in this research was all 3rd trimester pregnant women on April 2015 from chosen Health Center area in Madiun – East Java and Mataram – NTB. Each location was randomly chosen of 2 Health Center which had breastfeeding counselor assistants and willing to be breastfeeding counselor assistants for 3rd trimester pregnant women ; 63 samples were taken from the beginning of the research were able to analyze and until the end of the research were 61 pregnant women. RESULTS Table 1 Initiation Practice of Early Breastfeeding On Control Group and Treatment Group in 2015 Home Visit Methode Mentoring Initiation Practice of Early Breastfeeding p value OR95% CI No Yes 0. No 1. Yes 12 (40,0%) 13 (41,9%) 18 (60,0%) 18 (58,1%) 1,000 \*) 0,923 (0,333-2,562) chi-square test \*). According to Table 1, it was known that women who received the mentoring and women who did not receive the mentoring almost had similiar percentage in initiation of early breastfeeding of 60% and 58,1%. Statistic test results obtained p value . of 1,000, it meant that there was no significant difference in initiation practice of early breastfeeding between women who received the mentoring and women who did not receive the mentoring Table 2 Effect of Home Visit Method Mentoring to 3rd Trimester Pregnant Women of Breastfeeding Practice in 2015 Home Visit Method Mentoring No Practice of Exclusive Breastfeeding Yes p value OR95% CI 0. No 1. Yes 15 (50,0%) 3 (9,7%) 15 (50,0%) 28 (90,3%) 0,002 \*) 9,333 (2,323-37,442) chi-square test\*) Analysis results obtained OR = 9,333, it meant that infants of mothers who received the mentoring had opportunity / chance to only breastfeed by 9,333 times higher than infants of mothers who did not receive mentoring. Tabel3 Nutritional Status of 0-3 months Infants in Control Group and Treatment Group in 2015 Nutritional Status Mentoring Group Mean Standard Dev p value WAZ 0 month 0. 1. No Yes 0. -0,43913 1. -0,37423 0,701804 0,845018 0,746\*) HAZ 0 month 0. 1. No Yes 0. -0,01230 1. -0,05835 0,792721 1,071007 0,850\*) WHZ 0 month 0. 1. No

Yes 0. 0,3508 1. 0,4850 1,44625 0,90937 0,655\*\*) WAZ 3 months 0. 1. No Yes 0. 0,1596 1. 0,3136 1,06688 0,97504 0,558\*) HAZ 3 months 0. 1. No Yes 0. -0,1969 1. -0,1605 0,89779 0,67739 0,859\*) WHZ 3 months 0. 1. No Yes 0. 0,3508 1. 0,4850 1,44625 0,90937 0,668\*) Independent test\*) and mann withney\*\*) Statistic test results obtained p value of > 0,05 which meant that there was no significant difference of Z score average between infants of mothers who received the mentoring with infants of mothers who did not received the mentoring, neither on WAZ, HAZ nor WHZ index. DISCUSSION The home visit method mentoring conducted to the treatment group significantly increase the mean value of knowledge, attitude and action of respondents by analyzing the results of scoring in both groups. Comparison test using independent t-test in both groups who received the post test obtained the results of  $p=0,001$  which meant that there was significant influence of 3rd trimester pregnant women mentoring using home visit method toward the changes in knowledge, attitudes and actions of the respondents on the treatment group compared with control group. It was because of home visit was intensive with light materials and humanistic approach. More individual approach allowed a better interaction between the mother and family to more freely to ask, as stated by Notoatmodjo (1993) that short term health education can bring the changes and improvement in individual, group or community. Analyses were also conducted on attitudes scoring results and it obtained  $op=0,001$  which meant there was significant difference of increment in respondent's attitude towards exclusive breastfeeding in the treatment group. Attitudes can't be seen, but can be early interpreted in introvert behavior. Attitudes are emotional reactions toward social stimulus. According to Newcomb in Notoatmodjo (2003), attitude is a readiness or willingness to act, which predisposes the action of behavior, not the implementation of certain motives. Attitude is a readiness for react to objects in the environment. The analysis on action scoring results were also obtained average value in the treatment group which higher than the control group. The results of the analysis of comparison test between the treatment and control groups obtained p value of 0,001 which meant that there were significant difference of the actions in both groups. It was in line with the increment that occurred in knowledge and positive attitude so that the action of exclusive breastfeeding also became easier. The results of cross tabulation percentage of exclusive breastfeeding in both groups (Table 1) showed that 90.3% of respondents who have been mentored were successful in providing exclusive breastfeeding in infants until the age of 3 months, while in the group without mentoring only 50% who provided exclusive breastfeeding. The results of OR calculation showed that the mothers who received the mentoring had 9.3 times greater chance to provide exclusive breastfeeding compared with the mothers who did not receive the mentoring. This could be because after the mentoring, 3rd trimester pregnant women already had enough knowledge and positive attitudes. The positive results of the changes in knowledge, attitudes and actions, had yet not gave influence to the practice of early initiation of breastfeeding (IMD) and nutritional status, due to both groups had relatively similar nutritional status until children reached 3 months. The fact above was caused by 2 things, first the women who gave birth at health center had the risk of failure in IMD, which caused by low commitment of health care in that program, especially the officers who provided services. The second factor was caused by a childbirth case. CONCLUSION AND RECOMMENDATION Based on the explanation of the results and discussion above it can be conluded as follows: There was a significant difference of breastfeeding practice between mothers who received mentoring using home visit method with mothers who did not receive mentoring. The infants of mothers who received mentoring have a chance/ opportunity by 9.3 times higher to breastfeed until the age of 4 months compared with the infants of mother who did not receive

mentoring. Z- score of infants from mothers who received mentoring has slightly higher score than those who did not received mentoring. The using of "home visit on 3rd trimester pregnant women" mentoring model [to increase the practice of exclusive breastfeeding](#) until the baby reach age of 4 months, can be considered as an alternative program [to increase the success of exclusive breastfeeding](#). REFERENCES Aidam, B.A., Escamilla, R.P., Lartey, A. 2005. Lactation Counseling Increases Exclusive Breast-Feeding Rates in Ghana, *Journal of Nutrition*. 135: 1691-1695. Ambarwati, R; Muis SF; dan Susantini, P (2013); Pengaruh Konseling Laktasi Intensif terhadap Pemberian Air Susu Ibu (ASI) Eksklusif sampai 3 bulan; *Jurnal Gizi Indonesia*, Volume 2. No. 1; 2013 American Dietetic Association. 2009. *Journal of the American Dietetic Association*. 109: 1926-1942. Aswita, Amir., 2008; Pengaruh Penyuluhan Model Pendampingan terhadap Perubahan Status Gizi Anak Balita 6 - 24 bulan. Tesis. UNDIP. Semarang Depkes RI (2008). Hasil Riset Kesehatan Dasar (RISKESDAS) Nusa Tenggara Barat 2007. Badan Litbangkes Depkes RI, Desember 2008 Dikes Prop. NTB (2009). Laporan Tahunan Program Gizi. Mataram Fatma S; Purwita, E dan Halimatussakdiah; 2013; Pengaruh Metode Konseling terhadap Laktasi pada Ibu Menyusui yang melakukan Penyapihan Dini di klinik Erni Munir Kota Banda Aceh Green, L.W. 1991. *Health Promotion Planning an Educational and Environmental Approach*, second edition. Mayfield Publishing Company, USA: 87-150 Hector D, King L, and Webb K. 2005. Factors affecting breastfeeding practices: Applying a conceptual framework. *N S W Public Health Bulletin*. 16(3-4): 52- 55. Imdad, A., Yakoob, M.Y., Bhutta, Z.A. 2011. Effect of breastfeeding promotion interventions on breastfeeding rates, with special focus on developing countries. *BMC Public Health*. 11(Suppl.3): S24. Kemenkes RI, (2010). Rencana Aksi Pembinaan Gizi Masyarakat 2010-2014, Jakarta. Direktorat Jendral Pembinaan Kesehatan Masyarakat Kementerian Kesehatan RI. Marrow., L.A., et al (1999); Efficacy of home-base peer counselling to promote exclusive breastfeeding; *Lancet Journal* Michael J. Gibney, (2009). *Gizi Kesehatan Masyarakat*. EGC. Jakarta. Minarno, E.B. dan Hariani, L (2008). *Gizi dan Kesehatan*. UIN Malang Press Malang. Minarto, 2014. A New Initiative to Reduce Stunting Melalui Program Kesehatan dan Gizi Berbasis Masyarakat (PKGBM). Makalah\_KPIG. 26-28 November 2014 Nadimin. 2007. *Buku Pedoman Pelaksanaan Pendampingan Gizi di Provinsi Sulawesi Selatan*. Dinkes Prop. Sulsel, Makassar. Nurafifah, D., 2007, faktor-faktor yang berperan dalam kegagalan praktik pemberian ASI eksklusif, Tesis Magister Gizi Masyarakat Universitas Diponegoro, Semarang, hal. 78-116. Noer, E.R., 2009, Beberapa Faktor Determinan Dalam Praktik Inisiasi Menyusui Dini dan pemberian ASI Eksklusif Selama 4 Bulan, Tesis Gizi Masyarakat, Universitas Diponegoro. Notoatmodjo, S. (2010). *Metodologi Penelitian Kesehatan*. Rineka Cipta. Jakarta Notoatmodjo, S. (2007). *Kesehatan Masyarakat Ilmu dan Seni*. Rineka Cipta. Jakarta. Project Concern Internasional- Indonesia (2004). *Buku Panduan Pemulihan yang berkesinambungan bagi anak Malnutrisi*. Jejaring "Positive Deviance" Indonesia. Jakarta. Santos, et.al., 2001. Nutritional Counseling Increases Weight gain among Brazilian Children. *The American Society for Nutrition Sciences. Journal of Nutrition*. 131:2866-2873. Nopember Soekirman, Penyimpangan Positif Masalah KEP di Jakarta dan di Pedesaan Kabupaten Bogor Jawa Barat dan Lombok Timur, NTB. diunduh tanggal 17 Januari 2011 dari Gizi.net Sri Sulendri, Ni Ketut., dkk (2013); Pengaruh pelatihan gizi pada tenaga pendamping ibu menyusui (TPI) dalam keluarga terhadap praktek pemberian ASI eksklusif di wilayah Puskesmas Narmada Lombok Barat, NTB Supriasa IDN, (2002). *Penilaian Status Gizi*. EGC. Jakarta. Susilawaty, E., Sitompul, D., Dalimunthe, A.K., Roslina., 2005, Determinan sosial budaya pada pemberian ASI eksklusif di wilayah kerja Puskesmas Padang Bulan dan PB. Selayang II Kota Medan. Therese H. Doan (2009); Breastfeeding behavior and related factors in low income and ethnically diverse mother-infant dyad.

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