

Pendampingan Ibu Hamil Trimester Iii Meningkatkan Praktek Pemberian Asi Dan Status Gizi Balita 0-4 Bulan

by Pendampingan Ibu Hamil Trimester Iii Meningkatkan Bulan

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**PENDAMPINGAN IBU HAMIL TRIMESTER III MENINGKATKAN PRAKTEK
PEMBERIAN ASI DAN STATUS GIZI BALITA 0-4 BULAN**
*(IIIrd Trimester Pregnant Women Mentoring Improve Breastfeeding Practice and
Nutritional Status Of 0-4 Months Children)*

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ABSTRAK

Pendahuluan: Hasil Riskesdas 2010 menunjukkan bahwa Cakupan tertinggi terdapat pada bayi kelompok umur 0 bulan (39,8 %) dan terendah pada bayi dengan kelompok umur 5 bulan (15,3 %). Prevalensi balita stunting (pendek+sangat pendek) di propinsi NTB adalah 43,7% Angka tersebut berada di atas angka nasional (36,5%), dan secara umum masalah balita stunting (pendek+sangat pendek) di provinsi NTB masih cukup tinggi karena memiliki prevalensi di atas 20%. Untuk itu peneliti melakukan penelitian untuk mencari model pendampingan yang tepat,sebaagai salah satu upaya untuk mengatasi masalah status gizi. **Metode:** Disain penelitiannya adalah rancangan penelitian Eksperimen Sederhana dengan jenis *post-test only control group design*. Penelitian akan dilaksanakan di Madiun-Jawa Timur dan Mataram-NTB, mulai April s/d Oktober 2015. **Hasil:** Ada perbedaan yang signifikan praktek pemberian ASI eksklusif dari ibu yang mendapatkan pendampingan dengan metode home visit dengan ibu yang tidak mendapat pendampingan. Bayi dari ibu yang mendapatkan pendampingan mempunyai peluang/kesempatan untuk menyusui ASI saja sebesar 9,333 kali lebih tinggi dibandingkan bayi dari ibu yang tidak mendapat pendampingan. Z-score balita dari ibu yang mendapat pendampingan mempunyai nilai sedikit lebih tinggi dibandingkan yang tidak mendapat pendampingan, namun secara statistik tidak terdapat perbedaan yang signifikan status gizi balita 0-3 bulan dari kedua kelompok. **Pembahasan:** Sehubungan dengan hasil tersebut direkomendasikan untuk menggunakan model pendampingan "home visit pada ibu hamil trimester 3" agar praktek pemberian ASI eksklusif meningkat.

Kata Kunci: Pendampingan Ibu Hamil Trimester III, Home Visit,ASI, Status Gizi

ABSTRACT

Introduction: 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. **Methods:** 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. **Result:** 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. **Discussion:** 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 PMBA 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”.

MATERIAL AND 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

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. 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.

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 (Table 3).

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	12 (40,0%)	18 (60,0%)	1,000 *	0,923
1. Yes	13 (41,9%)	18 (58,1%)		(0,333-2,562)

chi-square test *).

Table 2 Effect of Home Visit Method Mentoring to 3rd Trimester Pregnant Women of Breastfeeding Practice in 2015

Home Visit Method Mentoring	Practice of Exclusive Breastfeeding		p value	OR95% CI
	No	Yes		
0. No	15 (50,0%)	15 (50,0%)	0,002 *	9,333
1. Yes	3 (9,7%)	28 (90,3%)		(2,323-37,442)

*chi-square test**)

Table 3. 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. No	0. -0,43913	0,701804	0,746*)
	1. Yes	1. -0,37423	0,845018	
HAZ 0 month	0. No	0. -0,01230	0,792721	0,850*)
	1. Yes	1. -0,05835	1,071007	
WHZ 0 month	0. No	0. 0,3508	1,44625	0,655**)
	1. Yes	1. 0,4850	0,90937	
WAZ 3 months	0. No	0. 0,1596	1,06688	0,558*)
	1. Yes	1. 0,3136	0,97504	
HAZ 3 months	0. No	0. -0,1969	0,89779	0,859*)
	1. Yes	1. -0,1605	0,67739	
WHZ 3 months	0. No	0. 0,3508	1,44625	0,668*)
	1. Yes	1. 0,4850	0,90937	

Independent test) and mann withney**)*

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 2007) 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 (2007) 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. These results are consistent with studies conducted Ambarwati, R; Muis SF; dan Susantini (2013) that breastfeeding counseling as an incentive to increase exclusive breastfeeding up to 3 months and is reinforced by studies conducted by Fatma S; Purwita (2013) who said that the counseling effect on relactation in nursing mothers who did early weaning in clinics Ms. Munir Banda Aceh. Changes in behavior are influenced by three factors predisposing, reinforcing and driving on a person's behavior may change if there is an imbalance between the driving force and anchoring force. Some of the things that influence is the readiness of health workers to socialize exclusive breastfeeding is key to the success of lactation. The results of international research that was published by Lancet, 1999 also shows that the faster contact with the counselor postpartum mother has a

very close relationship in promoting breastfeeding and duration of exclusive breast feeding her baby. Several studies have shown that the attitude of health workers greatly influence the selection of baby food by his mother (Green 1991). Zainal, E; Sutedja, E; dan Madjid (2014) asserts that knowledge and mother attitude is positively correlated with the implementation of exclusive breastfeeding. Therefore, the activities of counseling assistance counseling methods should be as often as possible to reinforce positive behavior in terms of the creation of this exclusive breastfeeding by lactating mother.

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

Conclusion

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.

Recommendation

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.

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Pendampingan Ibu Hamil Trimester Iii Meningkatkan Praktek Pemberian Asi Dan Status Gizi Balita 0-4 Bulan

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GENERAL COMMENTS

Instructor

PAGE 1

PAGE 2

PAGE 3

PAGE 4
