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42 MATERNITY CLASS INFLUENCE IN CHANGING MOTHER BEHAVIOR ON PRELACTEAL FOOD DELIVERY AT NEONATES AGE 1-3 DAYS IN PANCURBATU DELI SERDANG REGENCY PUSKESMAS WORKING AREA Elizawarda, Ida Nurhayati Evi Desfauza Health Polytechnic Medan Email:elizajuli63@gmail.com ABSTRACT In order to reduce morbidity and mortality rates, UNICEF and WHO recommend that children should only breastfed for at least six months. Solid food to be consumed after 6 months, and breastfeeding continues until the childis two years old. The target of exclusive breastfeeding in 2014 is 80%. Nationally, the exclusive breastfeeding coverage of 52.3% has not reached the target, with West Nusa Tenggara Province reached the target with 84.7%. One of the factors of exclusive breastfeeding success is the implementation of early breastfeeding initiation. The coverage of breastfeeding pattern for infants aged 0 months was 39.8% of exclusive breastfeeding, 5.1% of predominant breastfeeding and 55.1% of partial breastfeeding. The percentage of exclusive breastfeeding decreases with increasing on age group. As stated by 2013 Riskesdas, the Province of North Sumatra is the province with the highest prelacteal feeding coverage in infants which is 62.7% and the lowest is East Nusa Tenggara province of 22.2%. This study aims to determine the effect of maternal class on prelacteal feeding. The research design used is Quasi Experimental method with one group design before and after intervention. The population is pregnant women with gestational age of 28-36 weeks who received service at Posyandu in Pancur Batu Puskesmas working area, Deli Serdang Regency on March to August 2017. The sample is normal pregnant women in Pancur Batu Community Health Center, Deli Serdang regency. The sampling was taken by purposive sampling. The result of the research shows that the average increase of respondent behavior before and after done by pregnant mother class are; knowledge 26,44; attitude 8,4237; action 55,47458 with P value 0,000. Maternity Class influence changes in mother's behavior. It is expected to health workers especially midwives to actively continue in providing counseling to pregnant women and to provide support to the family about prelacteal food. Keyword: Maternity Class, Prelacteal Food Delivery, Neonates 1-3 days. INTRODUCTION Child health care efforts are aimed at preparing future generations who

are healthy, intelligent, and of high quality and to reduce child mortality. Efforts to maintain children's health from the time the fetus is still in the womb, born, after birth, and until the age of 18 mortality. namely Neonatal Mortality Rate Toddler Mortality Rate ts to reduce neonatal mortality -28 days) Ministry of Health, 2015 Based on the results of the 2012 Indonesian Demographic and Health Survey (R figure is the same as the NDR based on the 2007 IDHS and only decreased by 1 point compared to the 2002-2003 IDHS, which is 20 per 1,000 live births deaths in infants and toddlers occur in theneonatal period. The results of Riskesdas 43 2007 showed that 78.5% of neonatal deaths occurred at the age of 0-6 days of Health Republic of Indonesia, 2015 This mortality rate is higher in children of less educated mothers than in children born to more educated mothers. During the period 1999-2007, the infant mortality rate for children of uneducated mothers was 73 per 1,000 KH, while the infant mortality rate for mothers with secondary education or higher was 24 per 1,000 LB. This difference iscaused by behavior and knowledge about better health among educated women. To achieve the target of reducing the IMR on the 2015 Millineum Development Goals quality of services for newborns op priority. The global commitment in the MDGs sets targets related to child mortality, namely reducing child mortality by twothirds in the period 1990-2015. In order to reduce the morbidity and mortality rate of children,the United Nations Childrens Fund recommend that children should only be breastfed for breast milk months. Solid food should be given after the child is 6 months old, and breastfeedingis continued until the child is two years old government changed the recommendation for the duration of exclusive breastfeeding from 4 months to 6 months. Referring to the target program in2014 of 80%, nationally the coverage of exclusive breastfeeding by 52.3% has not reached the target. According to the province, there was only one province that had achieved the target, namely West Nusa Tenggara Province at 84.7%. West Java Province was 21.8%, West Papua 27.3%, and North Sumatra 37.6% were the three provinces with the lowest achievements. Government Regulation of the Republic Indonesia Number 33 of 2012 concerning Exclusive Breastfeeding Article 6 reads "Every mother giving birth must giveexclusive breastfeeding to the baby she is born",

Decree of the Minister of Health Number 450 / MENKES / SK / VI / 2004 concerning Exclusive Breastfeeding in Indonesia Establish exclusive breastfeeding in Indonesia for 36 months and are recommended for upto children aged 2 years or more by providing appropriate supplementary food. and health workers to inform all 10new mothers to give exclusive breastfeeding by referring to the 10 steps to successful breastfeeding. WHO has recommended to all babies to get colostrum, namely breast milk on the first and second day to fight various infections and get exclusive breastfeeding for 6 months initiation is also expected to reduce infant mortality achievement of MDGs by 23 per 1000 live births in 2015 4One of the success factors of exclusive breastfeeding is the implementation of early breastfeeding initiation. Early breastfeeding and exclusive breastfeeding initiation from birth 1to the age of six months are two important breastfeeding practices that are essential for optimal survival and growth of infants initiation becomes very important in relation to maintaining the productivity of breast milk. In the Riskesdas report breastfeeding patterns are grouped into 3 categories, namely exclusive breastfeeding, predominant breastfeeding and partial breastfeeding. Coverage of breastfeeding patterns ininfants aged 0 months was 39.8% exclusive breastfeeding, 5.1% predominant breastfeeding and 55.1% partial breastfeeding. The percentage 4of exclusive breastfeeding decreases with increasing age groups of infants. In infants aged 5 months exclusive breastfeeding was only 15.3%, predominant breastfeeding 1.5% and partial breastfeeding 83.2%. Based on Riskesdas 2013, Province of Sumatra. METHOD 1This research was conducted in the Working Area of Pancurbatu Health Center in January to December 2017, collecting data from July to October 2016. The design of this study was a quasi-experimental, with one group design before and after intervention, to determine differences in maternal behavior before and after the pregnant mothers class towards prelacteal feeding in neonates. prelacteal food in Neonates aged 1-3 days. The population in this study were all pregnant women in the work area of Pancur Batu Health Center, Deli Serdang Regency for the period of July to October 2017, of which 70 were. 6The sample size can be calculated using the proportion estimation formula with absolute precision. Total of 53 mothers Anticipate Drop Out, Loss to Follow,

or Disobedient Subjects estimated to drop Out 10% Then the sample size can be calculated using the formula: n n ' = --------- = 59 (1 - f) Sample The sample in this study was third trimester 1pregnant women who came to carry out antenatal care checks to the posyandu / midwife of independent practice and Puskesmas in the working area of the Pancurbatu Puskesmas Deli Serdang district by purposive sampling with Inclusion Criteria 1. Third trimester pregnant women 2. Pregnant women who live in the Pancur Batu Health Center working area for at least 1 year in the future Exclusion Criteria 1. Pathological pregnant women 2. Residence is not settled Data analysis is done by Univariate Analysis, Bivariate Analysis with dependent t-test is often called Pair / Related t test RESULTS AND DISCUSSION This research was conducted in the working area of Pancur Batu Health Center in Deli Serdang Regency for 3 (three) months, after evaluating the results it can be presented in the following tables. Univariate Analysis 1.1. Results of Univariate Analysis, Characteristics of Pregnant Women, Behavior Of Pregnant Women 1Before And After Classes Of Pregnant Women Classes Of Pregnant Women 2 2 1 / 2 (1) d z P P n - = -a45 Table 1 Distribution of Pregnant Characteristics Respondents Working Area in Pancur Batu District Deli Serdang at 2017. Respondent Characteristic Amount F (59) % Mother's Age Characteristic < 20 years 20 – 35 years ≥ 35 years 2 41 6 3,4 69,5 27,1 Mother's education Low education Middle education Higher education 20 33 6 33,9 55,9 10,2 Mother's job Doesn' t work Work 53 6 89,8 10,2 Parity 1 2-3 3 16 34 9 27,1 57,6 15,3 Above from table 2it 1can be concluded that most pregnant women aged 20 -35 years were 41 people (69.5%) and there were still respondents aged less than 20 years as many as 2 people (3.4%) and more than 35 years as many as 16 people (27.1%). Judging from the education of the majority of respondents having a secondary education of 33 people (55.9%) and at least a tertiary education of 6 people (10.2%). Judging from the work of the majority of respondents as housewives as many as 53 people (89.8%) and the minority work as civil servants, private and farming namely 6 people (10.2%). Based on the parity of the majority of mothers with parity of 2-3 people as many as 34 people (57.6%), and there are still mothers with parity of more than 3 as many as 9 people (15. 3) Description of respondent's

behavior regarding pre-actual feeding in neonates aged 1- 2 days46 Table 2 Distribution of Maternal Behavior about Prelacteal Foods Before and After Conducting Pregnant Women classes in the Pancurbatu Puskesmas Deli Serdang District in 2017 Respondent Behaviour Mothers Class Pre Pregnant Mothers Class Post Pregnant F % F % Knowledge Less Enough Good 39 17 3 66,1 28,8 5,1 2 19 38 3,4 32,2 64,4 Attitude Support Doesn' t support 7 52 11,9 88,1 59 100 Action Corresponding Doesn't Corresponding 42 17 71,2 28,8 16 43 27,1 72,9 Amount 59 100 59 100 From 2 table can be seen Respondents' knowledge before the classes of pregnant women 1the majority of them lack knowledge as many as 39 people (66.1%), only a small proportion of people who have good knowledge about prelacteal food in neonates are as many as 3 people (5.1%). After the pregnant mothers class about pre-treat food in neonates the respondent's knowledge increased with good knowledge to 38 people (64.4%) Based on the attitude of respondents before and after classes of pregnant women the majority of attitudes support not providing prelacteal food and 7 pregnant women (11.9%) supportive attitude to be given Prelacteal Food Based on respondent's actions. Based on experience from previous deliveries 1the majority of respondents provided pre-realistic food as many as 42 (71.2%) respondents and after the Pregnant Women class was carried out in the class of pregnant women and based on observations obtained from 59 respondents 17 mothers (27.1%) of mothers gave pre-realistic food namely neonates have been given formula milk, starch water and water Bivariate Analysis The difference between the respondent's behavior before and after the Pregnant Women class about pre-actual feeding in Neonates can be 3seen in the following tables The difference between the respondent's behavior before and after the Pregnant Women class about pre-actual feeding in Neonates can be seen in the following tables.47 Table 3. Distribution of 1Pretest and Posttest Results of Respondents Knowledge Before and After Conducting Classes of Pregnant Women in the Working Area of Pancurbatu Health Center in 2017 Variabel Mean Deviation standard Mean cut P. Value SD pre & post Knowledge - Pretest - Postest 52,73 79,17 14,102 12,83 26,44 0,00 2,885 From the results of the research that has been obtained, the average knowledge score of pretest 52.73 and

posttest 79.1729 and an increase in knowledge 26.44407 means that there is a difference in knowledge between before and after the Class of Pregnant Mothers class of pregnant women about preteleal food in neonates. This study is in accordance with the research of Tia Komala Sari, et al. In the Working Area of Pringapus Health Center, Semarang Regency in 2015, one of the causes of failure in exclusive breastfeeding was low maternal knowledge. The Mamon to research results show that there is a significant relationship between the place of delivery of the mother and the knowledge of the mother with exclusive breastfeeding. Based on the results of Husnah's research, Detty Siti Nurdiati, Emy Huriyati et al were conducted at the Banda Aceh Nanggroe Aceh Darussalam Maternity Clinic shows that knowledge and behavior of midwives have a relationship with lactation initiation with (p = 0.041 OR = 3.94. According to Purwodarminto, (1999); Notoatmodjo, (1993) knowledge is the result of knowing because of learning knowledge, experiencing, seeing and hearing after people have sensed a certain object. To achieve changes in knowledge of a class of Pregnant Women requires the right methods and appropriate learning conditions. Knowledge is a dominant factor that is very important for the formation of one's actions (Notoatmodjo, 2003). This research is also in accordance with the Stimulus-Organism-Response (SOR) Theory assumes that the cause of behavior changes depends on the quality of the stimulus (stimulus) that communicates with the organism. This means that the quality of the communication sources (sources) such as credibility, speaking style will determine the success of changing the behavior of a person, group or society. In the opinion of Hosland, et al (1953) said that the process of behavior change is essentially the same as the learning process, namely by providing information will increase respondents' knowledge. Changes in behavior in this way take a long time, but the changes achieved are lasting because it is based on their own consciousness (not because of coercion). Improvement of knowledge also depends on the quality of the sources of communication (sources) such as credibility, speaking style is crucial to the success of changing one's knowledge. From the results of the study, there were 39 (66.1%) respondents who lacked knowledge after having a class of Pregnant Women, only 2 (3.4%)

respondents who lacked knowledge. This was due to the education of the majority of respondents having secondary education, making it easier for respondents to receive information and there was a48 desire from respondents to change, according to opinions (Arikunto, 2002) the level of education is also one of the factors that influence one's perception to more easily accept new ideas and technologies, can support or influence one's level of knowledge, and a low level of education is always coupled with information and limited knowledge, the higher the education the higher one's understanding of the information obtained and the better the knowledge. 1From the results of the study, there were 39 (66.1%) respondents who lacked knowledge after having a class of Pregnant Women, only 2 (3.4%) respondents who lacked knowledge. This was due to the education of the majority of respondents having secondary education, making it easier for respondents to receive information and there was a desire from respondents to change, according to opinions (Arikunto, 2002) the level of education is also one of the factors that influence one's perception to more easily accept new ideas and technologies, can support or influence one's level of knowledge, and a low level of education is always coupled with information and limited knowledge, 7the higher the education the higher one's understanding of the information obtained and the better the knowledge. Differences in Respondents 'Attitudes Before and After Pregnant Mothers' Classes about Prelacteal Foods in Neonates Table 4. Distribution of 1Pretest and Posttest Results of Respondents' Attitudes Before and After Conducting Classes of Pregnant Women in the Working Area of Pancurbatu Health Center in 2017. Varia bel Mean Deviation Standar Mean cut P. value SD pre & post Attitude - Pretest - pos test 31,46 39,88 5,05 4,52 39,88 0,00 5,86 From the results of the research that has been done, there is a significant difference between the attitudes of respondents about the prelacteal food before the class of pregnant women and pregnant mothers after classes of pregnant women. with a difference of 8.42373 with a standard deviation of 5.8663, 1a value of p = 0.00, Attitude is a condition in human beings that moves to respond to pre-actual feeding, besides attitude also provides readiness to respond in a positive or negative nature about prelacteal feeding. From the research

conducted before and after the class of pregnant women there were no more respondents with supportive attitudes towards providing prelacteal food, the results of the study are in line with the theory of supportive attitude based on good knowledge, according to B.F. Skinner (in, Azwar 2005) attitude formation is influenced by personal experience, because attitudes will be more easily formed if the personal experience involves emotional factors. The influence of others who are considered important. in general, individuals are conformist or in line with the attitudes of those they consider important. This tendency is motivated, among others, by the desire to be affiliated and the desire to avoid conflict with people who are considered important. Mass media as a means of communication, various mass media such as television, radio, have a major influence in the formation of people's opinions and beliefs. New information about something provides a new cognitive basis for the formation of attitudes towards it. Suggestive messages carried by the information, if it is strong enough, will provide an affective basis in perceiving and evaluating things so49 that certain attitudes are formed. There is now a lot of information about early breastfeeding insurance provided at least half an hour after the baby is born, with the hope that exclusive breastfeeding can be achieved Different Actions of Respondents Before and After Pregnant Mothers' Classes about Prelacteal Foods in Neonates Table.5. Distribution of Pretest and Posttest Results of Respondents' Actions Before and After the Class of Pregnant Women in the Working Area of Pancurbatu Health Center in 2017 Variabel Mean Deviation standard Mean cut P. value SD pre & post Action - pretest - postest 21,03 76.51 9,99 16.44 55,47 0,00 9,53 Of the 59 respondents studied 42 (71.2%) of respondents gave prelacteal food to the neonates before with an average of 21.03 respondents' actions and after the Class of Pregnant Women performed in the class of pregnant women and based on observations obtained from 59 respondents 17 mothers (27 , 1%) mothers gave pre□treat food namely neonates had been given formula milk, starch water and plain water even though previously the respondent had planned not to give pre-treat food until breast milk was smooth. this is due to the feeling of the mother who cannot bear to see the baby crying and also the tradition of hereditary from parent to child based on experience

feeling there is no problem with prelacteal feeding and the influence of parents / in-laws always intervene to intervene in childbirth and are supported by lack of knowledge about the impact of prelacteal feeding. The results of this study are in accordance with research conducted by Tia Komala Sari, et al., causing factors maternal failure to provide breast milk for exclusion due to low support from husbands, and public awareness in encouraging increased breastfeeding is still low (Maryunani, 2012) similar to what Novianti conducted her research on factory workers in Jakarta said the level of mother's education, mother's knowledge, traditions of the mother in providing prelacteal intake and family support for the provision of prelacteal intake are related to the feeding of preelacteal food. In the opinion of Kurt Lewin (1970) that human behavior is a balanced state between driving forces (restructuring forces). This behavior can change if there is an imbalance between the two forces within a person. According to Pavlov behavior changes occur because of the practice and repetition of habits and willingness to act. CONCLUSIONS AND SUGGESTIONS Based on the discussion of the results of the study, conclusions can be drawn about the influence of the class of pregnant women on changes in maternal behavior in the feeding of prelacteal in the work area of the Puskesmas District of Pancur Batu, Deli Serdang Regency, Deli Serdang. After univariate and bivarial testing, it can be concluded as follows:50 a. Mother's behavior about giving prelacteal food to infants before pregnant mothers class; knowledge of mothers 39 (66.1) lacking knowledge, attitude does not support 7 people (11.9%), and the act of giving prelacteal 42 people (71.2%) provide pre-treat food b. Behavior after being given a class of pregnant women is obtained; good majority knowledge 38 people (64.4%), attitude does not support 59 (100%) c. After the mother gave birth 16 mothers (27.3%) gave prelacteal food, because because it was uncomfortable hearing the crying baby and the influence of the family and there was no support from the family. d. Based on the bivariate test, there is a significant difference in the behavior of the mother before the class of pregnant women, the class of pregnant women and after the class of pregnant women, the class of pregnant women is a very significant change is the average increase in knowledge with a value of 26.44, all

respondents are ready to give ASI day 1 - day 3 after birth Suggestions Based on the conclusion above the changes that occur in knowledge there is still lack of knowledge, it is expected a. For health workers, especially midwives who work in puskesmas or maternity clinics or private practices, don't get tired of giving counseling and motivating mothers to keep breastfeeding on days 1-3, even though the milk has not yet come out. b. Need to do a class of Pregnant Women by participating husband / family in order to provide support to his wife to give milk only without giving food other than breast milk REFERENCES 2Azrul, 2008. Memilih Melahirkan Secara Alamiah atau Seksio. www.InfoIbu.com Azwar, 2010. Sikap Manusia, Jogjakarta: Pustaka Pelajar Depkes RI, 2006. Promosi Kesehatan bagi Petugas Kesehatan, Jakarta Depkes RI. 2009. Pedoman Pelaksanaan Kelas Ibu Hamil. Jakarta. Depkes RI. 2009. Pegangan Fasilitator Kelas Ibu Hamil. Jakarta Depkes RI. 2009. Senam Ibu Hamil. Jakarta. Diana Panji Sutayani judul penelitian Hubungan Pemberian Makanan Prelakteal dengan Proses menyusui di Wilayah Kerja Puskesmas Rowotengah Kecamatan Sumberbaru Kabupaten Jember URI: http://repository.unej.ac.id/handle/123456789/3167 Hurlock, 22009. Psikologi Perkembangan Rentang Kehidupan. Jakarta: EGC Ibu dan Bayi. http://www.infoibu.com/mod Notoatmodjo, 2007. Kesehatan Masyarakat dan Seni. Jakarta: Rineka Cipta Notoatmodjo, 2009. Ilmu Perilaku Manusia. Jakarta: Rineka Cipta Notoatmodjo, 2010. Metode Penelitian Kesehatan. Jakarta: Rineka Cipta. Novianti dan Anisa Rizkianti judul jurnal" Pemberian Asupan Prelakteal sebagai salah satu Faktor Kegagalan ASI Eksklusif pada pekerja Buruh Industri Tekstil di jakarta Nursalam, 2008. Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan. Jakarta: Salemba Medika Saryono dkk, 2009. Perawatan Payudara. Jogjakarta: Mitra Cendekia

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