



MINISTRY OF HEALTH REPUBLIC OF INDONESIA  
HEALTH POLYTECHNIC OF JAKARTA III



# PROCEEDING

## 2nd INTERNATIONAL CONFERENCE ON HEALTH RESEARCH AND SCIENCE



“Health Science and Practice For  
Vulnerable People : Elderly,  
Women And Children”

*Santika Premiere Slipi Hotel  
Jakarta, September 18-19, 2019*

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2<sup>nd</sup> International Conference on Health Research and Science  
Health Science and Practice for Vulnerable People:  
Elderly, Women and Children

Santika Premiere Slipi Hotel /  
Wednesday-Thursday, September 18-19, 2019



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**Health Polytechnique of Jakarta III**

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## KNOWLEDGEMENT

Thank God we pray to God Almighty for abundant blessings and mercy, on the 2<sup>nd</sup> International Conference on Health Research and Science Health Science and Practice for Vulnerable People: Elderly, Women and Children.

This proceeding contains the results of health researches which are carried out most by the lectures. Those have been reviewed by the experts, met the scientific requirements were defined, published through oral and poster presentations at the International Conference in which held by Jakarta 3 Health Polytechnic.

This proceeding was the journal of scientific conference. In a scientific climate, persons were not only creating a research but also had to make the publication of their works in the form of scientific media including in a form of proceeding. Writing a research report in the proceeding in a form of responsibility and accountability to work of researcher. This proceeding was expected to be a reference for the development of health sciences.

This proceeding could be issued because the entire processes of the international conference, oral and poster presentations had been conducted well due the good cooperation of the conference committee and support from various parties. On this occasion, we deliver our thanks and appreciations to the Director of Jakarta 3 Health Polytechnic, all Vice Director (1,2 and 3) as well as their staffs, all health professional organizations: Patelki (Medical Laboratory Technology Expert Association), IFI (Indonesian Physiotherapist Association), IBI (Indonesian Midwives Association), andPPNI (Indonesian National Nurses Association). All universities which are involved: Osaka University Japan, Burapha University Thailand, Centro Escolar University Pilippines, MRK Diagnostics, all participans particularly participats of oral and poster presentations, and also the whole committee members.

We still expect the critics and suggestions form all readers for the developing and quality of the scientific conference proceeding in the future.

The International Conference Committee 2019

## WELCOME SPEECH DIRECTOR

Her excellency, Minister of Health Republic of Indonesia: Prof. Dr. dr. Nila F. Moeloek, Sp.M(K)

Guest of Honor, Head of Board for Development and Empowerment Human Resources of Health

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Guest of Honor, Head of AIPVIKI, AIKIND, AIPTLM, AIPTIFI

Distinguished speakers,

Colleagues,

Ladies and Gentlemen,

It is indeed a great pleasure to welcome you this morning to our Second International Conference. As the Director and representing all academic community of Jakarta III Health Polytechnic, it gives me great pleasure to extend to you all a very warm welcome and I am honored to greet you here today to deliberate the development studies and to take part responsibilities gaining the improvement of health care access for vulnerable people.

Related with the theme of seminar, dedicated services for specific conditions have been evaluated in several settings, while they appear to be popular with patients, require more evaluation as to their system-level effects.

Prioritization systems involve the use of strategies such as scoring to formalize the priority to be given to patients based on the urgency or importance of their health problems have been studied, and seem to show that access (measured by who most needs help) can be improved by such systems, but there may be corresponding reductions in access for people deemed to have lesser need.

The purposes of this conference are:

1. To increase understanding of the health care access and key strategy to gain it.
2. To explore the opportunity program to enhance the quality of health professional.
3. To share the research result related the health science and practice for vulnerable people issues.
4. To facilitate faculty member to build partnership on gaining quality research

Her Excellency Madame Minister, our guests of honor, in this conference we deliver our new innovation in conference by using Webbinar to reach the participants from Eastern part of Indonesia and abroad who cannot join directly in this room. We also kindly inform you that the participant of the 2<sup>nd</sup> International Conference are:

- 1) Foreign participant: 4 persons (Australia, Singapore, Japan), in which using Webinar: 2 persons.
- 2) Indonesian participant: 414 persons.
  - Oral presentant: 8 persons
  - Poster presentant: 21 persons
  - Webinar presentant: 4 persons (Kupang, Sorong, Padang, and Medan)Total participant: 418 persons

I would like to take this opportunity to express my sincere thanks to all Committee Members and our honorable speakers and reviewers particularly our Minister of Health, Director General of Community Health and Head of Board for Development and Empowerment Human Resources of Health. I truly appreciate for your supports and attendance.

I would like to request to our Minister of Health to officially open this conference.

Finally, I would like to thank all delegates for your participation and support for this conference. I wish all these two days will bring the mutual understanding and beneficial program.

I wish you every success in your deliberations and a very pleasant stay in Jakarta Metropolitan Area.

Thank you. Have a wonderful day,  
Wassalamualaikum Wr. Wb.

Yupi Supartini, SKp, MSc

## CONTENTS

Committee	ii
Acknowledgement	iv
Welcome Speech of Director	v

## ORAL PRESENTATION

<b>1. ANALYSIS OF OCCURRENCE FACTORS (UPPER RESPIRATORY INFECTION) IN POST-EARTHQUAKE INFANTS AT THE PENIMBUNG GUNUNGSARI HEALTH CENTER LOMBOK WEST NUSA TENGGARA YEAR 2018</b>	<b>1</b>
Dwi Septian Wijaya, Hartawan	
<b>2. THE DIFFERENCE OF LANGUAGE DEVELOPMENT BEFORE AND AFTER GIVING STORY TELLING METHOD IN PRESCHOOL AT TK PERTIWI 01 SUMURREJO GUNUNGPATI</b>	<b>6</b>
Fitria Primi Astuti, Ida Sofiyanti, Heni Setyowati	
<b>4 LOGO THERAPY REDUCES THE DEPRESSION ON PULMONARY TUBERCULOSIS CLIENTS</b>	<b>14</b>
Yowel Kambu, Butet Agustarika	
<b>5 PEER GROUP METHOD SIGNIFICANTLY AFFECTS THE PERCEPTIONS OF THE ADOLESCENTS ABOUT REPRODUCTION HEALTH IN SENIOR HIGH SCHOOL 1 SORONG CITY IN 2017</b>	<b>23</b>
Cory C. Situmorang, Vera Abdullah	
<b>6 THE EFFECT OF ADDITIONAL BEHAVIOR OF PLAYING ONLINE GAMES AGAINST MENTAL HEALTH DISORDERS</b>	<b>27</b>
Novia Nuraini, Shentya Fitriana	
<b>7 EFFECTIVENESS OF PURSED LIP BREATHING (PLB) AND DIAPHRAGM BREATHING EXERCISE (DBE) TECHNIQUES AGAINST VITAL LUNG CAPACITY IN CHRONIC OBSTRUCTIVE LUNG DISEASE PATIENTS (COPD) IN THE NEGLASARI COMMUNITY HEALTH CENTER WORK AREA, TANGERANG CITY.</b>	<b>33</b>
Kusniawati, Siti Wasliyah	
<b>8 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</b>	<b>42</b>
Elizawarda, Ida Nurhayati, Evi Desfauza	



## POSTER PRESENTATION

- 1 **THE DIFFERENCE OF PREGNANCY MOTHER'S ANXIETY FOLLOWING THE PREGNANT WOMEN WITH THE PREGNANT MOTHER WHO FOLLOWS YOGA PRENATALS IN FACING AGAINST LABOR** 51  
Sri Maharani, Fatihatul Hayati
- 2 **DRUG INVENTORY CONTROL WITH ABC ANALYSIS OF CRITICAL INDEX IN PHARMACY INSTALLATION OF KALABAHU GENERAL HOSPITAL, 2014** 54  
Ni Nyoman Yuliani, Rahmawati Sangga
- 3 **STORYTELLING THERAPY TO IMPROVES CHILDREN ABILITY IN MANAGING VIOLENT BEHAVIOR** 60  
Wahyu Endang Setyowati
- 4 **PESTICIDE EXPOSURE AND THE USAGE OF SELF-PROTECTIVE EQUIPMENT RELATED TO THE ACTIVITIES OF CHOLINESTERASE ENZYME IN FARMER GROUP** 64  
Diah Lestari, Husjain Djajaningrat, Rizana Fajrunni'mah
- 5 **CORRELATION BETWEEN DURATION OF DIABETES MELLITUS TYPE 2 WITH HBA1C, UREUM AND CREATININ LEVEL IN RSUP PERSAHABATAN.** 72  
Tri Prasetyorini, Rafika Puspita Sari, Warida
- 6 **CORRELATION OF CD4+ CELL COUNTS AND SERUM ALBUMINS IN HIV-HCV COINFECTED PATIENTS** 79  
Putri Rachmawati, Rizana Fajrunni'mah
- 7 **BODY IMAGE AND HABITS RELATED TO THE BEHAVIOR OF MENSTRUAL HYGIENE** 84  
Fauziah Yulfitria, Nina Primasari, Yomima Batlajeri
- 8 **INVOLVEMENT OF HUSBAND IN THE CLASSROOM MENTORING PREGNANT WOMEN AND THE FACTORS THAT INFLUENCE IT** 90  
Junengsih, Yulia Sari
- 9 **PARENT'S KNOWLEDGE, ATTITUDES AND SUPPORT FOR YOUNG WOMEN'S BEHAVIOR ON CONSUMPTION OF FE SUPPLEMENTS DURING MENSTRUATION** 97  
Nina Primasari, Fauziah Yulfitria, Rusmartini
- 10 **EFFECT OF PROGRESSIVE MUSCLE RELAXATION EXERCISE INTERVENTION ON DECREASING BLOOD PRESSURE IN THE ELDERLY WITH HYPERTENSION AT ELDERLY CARE CENTER IN EAST JAKARTA** 103  
Ratu Karel Lina, Roikhatul Jannah, Ganesa Puput Dinda Kurniawan, Meri Pita Lokasari

- 11 **BABY MASSAGE CAN IMPROVE SLEEP QUALITY OF INFANTS AGED 3-4 MONTHS AT INTEGRATED HEALTH SERVICE POST IN NORTH JAKARTA** 110  
Dwi Agustina, Andy M.A. Hariandja, Deis Dinamaulid
- 12 **EFFECT OF GUIDEBOOK OF PREGNANT WOMAN WITH PREECLAMPSIA ON CADRE'S KNOWLEDGE AND ATTITUDE** 116  
Ulty Desmarnita, Yuli Mulyanti
- 13 **THE IMPLEMENTATION OF EDUCATIONAL MODEL WITH BOOKLET-BASED APPROACH TO LOWERING SMOKING BEHAVIORAL OF STUDENTS IN JUNIOR HIGH SCHOOL IN PADANG** 120  
H. Sunardi, Renidayati

## **DIPUBLIKASIKAN DI JURNAL**

### **JURNAL ILMU DAN TEKNOLOGI KESEHATAN (JITEK)**

1. **CONTINUUM OF CARE AS AN EFFORT TO REDUCE STUNTING EVENTS IN KARAWANG DISTRICT**  
Siti Sopiaturun, Sri Maryati
2. **PERCEPTION OF PREVENTION STUNTING BY TEENAGE GIRLS: A CASE STUDY OF ADOLESCENTS IN BANTUL, YOGYAKARTA**  
Dina Fitriana R, Marko Ferdian S, M. Syairaji, Ayu Agustin, Anis Rahmadani, Krida Tri Wahyuli
3. **THE INFLUENCE OF TESTIMONY VIDEO IN EARLY DETECTION OF CERVICAL EFFECTIVENESS OF STEAMED BROWNIES BASE ON FERMENTED BLACK GLUTINOUS RICE ON DECREASED WAIST CIRCUMFERENCE IN ABDOMINAL OBESITY**  
Roro Nur Fauziah, Mimin Aminah, Osman Syarief, Holil M Par'i, Widi Hastuti
4. **THE INFLUENCE OF TESTIMONY VIDEO IN EARLY DETECTION OF CERVICAL CANCER**  
Siti Masitoh, Mardeyanti
5. **THE EFFECTIVENESS OF ANDROID-BASED APPLICATIONS TO INCREASING KNOWLEDGE OF ADOLESCENTS ON REPRODUCTIVE HEALTH IN CENTRAL JAKARTA HIGH SCHOOL IN 2019**  
Erika Yulita Ichwan, Shentya Fitriana, Diana Hartaty Angraini, Deas Nurul Awaliyah
6. **FACTORS THAT INFLUENCE ATTITUDE IN PLANNING FAMILY LIFE IN STUDENTS OF HEALTH POLYTECHNIC, JAKARTA III IN 2018**  
Willa Follona, Nessi Meilan, Delmaifanis
7. **DESCRIPTION OF BASIC CONSTRUCTION FACTORS OF PARTICIPATORY ASSET COMMUNITY DEVELOPMENT RESEARCH IN ACTION (YUDHIA) MODEL TO PREVENT COMPLICATION OF PREGNANCY AND CHILD-BIRTH**  
Yudhia Fratidina, Nusyirwan Effendi, Rizanda Machmud, Artha Budi Duarsa

## **MEDICAL LABORATORY TECHNOLOGY JOURNAL (MLTJ)**

- 1. RELATION BETWEEN G6PD ENZYME LEVELS WITH BILIRUBIN LEVELS TO NEONATES IN RSAB HARAPAN KITA**  
Retno Martini Widhyasih, Kurnia, Chairla
- 2. THE CORRELATION BETWEEN SOIL TRANSMITTED HELMINTH INFECTION AND HEMOGLOBIN LEVELS OF CHILDREN IN KILASAH VILLAGE, EAST SERANG, BANTEN**  
Ni Putu Aryadnyani, Dewi Inderiati, Fauziah Ulfah

## **JURNAL KESEHATAN PRIMA (JKP)**

- 1. SNOW BALLING AND BRAIN STORMING METHOD IN PREGNANT MOTHER CLASSES**  
Mardeyanti, Siti Masitoh
- 2. THE EFFECTIVENESS OF A POCKET BOOK ON INCREASING MOTHER KNOWLEDGE REGARDING DEVELOPMENT AND STIMULATION OF CHILDREN 0-24 MONTHS**  
Diana Hartaty Angraini, Elly Dwi Wahyuni, Aticeh, Rivani Hasan
- 3. COMPARISON OF THE EFFECTS OF PELVIC ROCKING EXERCISE WITH CORE STRENGTHENING EXERCISES ON REDUCING PAIN INTENSITY DUE TO PRIMARY DYSMENORRHEA OF STUDENTS OF SMAN 4 BOGOR**  
R. Trioclarise, Roikhatul Jannah, Cahya Putri Sakinah

# **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**

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## **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 child is 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 (eighteen) years. Child health efforts are expected to reduce child mortality. namely Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), and Toddler Mortality Rate (TMR). Attention to efforts to reduce neonatal mortality (0-28 days) is important because neonatal deaths contribute to 59% of infant deaths. (RI Ministry of Health, 2015)

Based on the results of the 2012 Indonesian Demographic and Health Survey (IDHS), the Neonatal Death Rate (NDR) in 2012 was 19 per 1,000 live births. This 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 (LB). The highest deaths in infants and toddlers occur in the neonatal period. The results of Riskesdas

2007 showed that 78.5% of neonatal deaths occurred at the age of 0-6 days (Ministry 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 is caused by behavior and knowledge about better health among educated women. To achieve the target of reducing the IMR on the 2015 Millineum Development Goals (MDGs) of 23 per 1,000 LB, increasing access and quality of services for newborns (neonatal) is a top priority. The global commitment in the MDGs sets targets related to child mortality, namely reducing child mortality by two-thirds in the period 1990-2015. (RI Ministry of Health, 2015).

In order to reduce the morbidity and mortality rate of children, the United Nations Childrens Fund (UNICEF) and the World Health Organization (WHO) recommend that children should only be breastfed for breast milk (ASI) for at least six months. Solid food should be given after the child is 6 months old, and breastfeeding is continued until the child is two years old (WHO, 2005) in 2003 the Indonesian government changed the recommendation for the duration of exclusive breastfeeding from 4 months to 6 months. (RI Ministry of Health, 2014)

Referring to the target program in 2014 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 give exclusive 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 6 months and are recommended for up to children aged 2 years or more by providing appropriate supplementary food. and health workers to inform all new mothers to give exclusive breastfeeding by referring to the 10 steps to successful breastfeeding. (RI Ministry of Health, 2014)

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 (Ministry of Health, 2012). The policy of implementing early breastfeeding initiation is also expected to reduce infant mortality (IMR) in accordance with the achievement of MDGs by 23 per 1000 live births in 2015 (MOH, 2013).

One of the success factors of exclusive breastfeeding is the implementation of early breastfeeding initiation. Early breastfeeding and exclusive breastfeeding initiation from birth to the age of six months are two important breastfeeding practices that are essential for optimal survival and growth of infants (Noer, 2011). Early breastfeeding 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 in infants aged 0 months was 39.8% exclusive breastfeeding, 5.1% predominant breastfeeding and 55.1% partial breastfeeding. The percentage of 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

This 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. The 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:

$$n' = \frac{n}{(1 - f)} = 59 \qquad n = \frac{z_{1-\alpha/2}^2 P(1 - P)}{d^2}$$

### Sample

The sample in this study was third trimester pregnant 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 Before And After Classes Of Pregnant Women Classes Of Pregnant Women

**Table 1**  
**Distribution of Pregnant Characteristics Respondents Working Area in Pancur Batu District Deli Serdang at 2017.**

Respondent Characteristic	F (59)	Amount %
Mother's Age Characteristic		
< 20 years	2	3,4
20 – 35 years	41	69,5
35 years	6	27,1
Mother's education		
Low education	20	33,9
Middle education	33	55,9
Higher education	6	10,2
Mother's job		
Doesn' t work	53	89,8
Work	6	10,2
Parity		
1	16	27,1
2-3	34	57,6
3	9	15,3

Above from table 2 it can 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 6 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 days

**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	39	66,1	2	3,4
Enough	17	28,8	19	32,2
Good	3	5,1	38	64,4
Attitude				
Support	7	11,9		
Doesn't support	52	88,1	59	100
Action				
Corresponding				
Doesn't Corresponding	42	71,2	16	27,1
	17	28,8	43	72,9
Amount	59	100	59	100

From 2 table can be seen Respondents' knowledge before the classes of pregnant women the 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 the 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 seen 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.



**Table 3.**  
**Distribution of Pretest 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	52,73	14,102	26,44	0,00	2,885
- Posttest	79,17	12,83			

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 preteal 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 Nangroe 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 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, the higher the education the higher one's understanding of the information obtained and the better the knowledge.

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#### **Differences in Respondents 'Attitudes Before and After Pregnant Mothers' Classes about Prolactal Foods in Neonates**

**Table 4.**  
**Distribution of Pretest and Posttest Results of Respondents' Attitudes Before and After Conducting Classes of Pregnant Women in the Working Area of Pancurbatu Health Center in 2017.**

<b>Varia bel</b>	<b>Mean</b>	<b>Deviation Standar</b>	<b>Mean cut</b>	<b>P. value</b>	<b>SD pre &amp; post</b>
Attitude					
- Pretest	31,46	5,05	39,88	0,00	5,86
- pos test	39,88	4,52			

From the results of the research that has been done, there is a significant difference between the attitudes of respondents about the prolactal 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, a 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 prolactal feeding. From the research conducted before and after the class of pregnant women there were no more respondents with supportive attitudes towards providing prolactal 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 so

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 Prolacteal 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	21,03	9,99	55,47	0,00	9,53
- posttest	76.51	16.44			

Of the 59 respondents studied 42 (71.2%) of respondents gave prolacteal 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 prolacteal 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 prolacteal 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 prolacteal intake and family support for the provision of prolacteal 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 prolacteal 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:

- 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

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