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Author/ Tahun	*Outcome*	*Intervention (Mean (SD))*					*Control (Mean (SD))*					Between Group Dierence	95% CI	*p-value*
		Baseline	*three months*	*Five Months*	*Effect Size*	*p-value*	*Baseline*	*Three Month*	*Five Months*	*Effect Size*	*p-value*			
Seyyedi (2020a) *	Pengetahuan	19.94 (0.71)	5.56 (0.78)	NA	NA	<0.001	19.94 (0.71)	-0.94 (0.59)	NA	NA	<0.001	6.50 (0.98)	0.98	<0.001
	Sikap	68.78 (1.85)	7.52 (1.36)			<0.001	67.98 (2.23)	-1.86 (1.02)			<0.001	9.38 (1.70)	1.70	
	Praktek	84.64 (2.77)	3.16 (1.02)			0.001	82.40 (2.92)	3.16 (1.02)			0.001	2.12 (1.27)	*1.27*	
	Literasi	173.36 (3.83)	16.24 (1.97)			<0.001	-1.37 (0.32)	-1.76 (1.58)			<0.001	18.00 (2.53)	*2.53*	
	HAZc < −2.00	-1.48 (0.22)	0.26 (0.15)			0.002	-1.37 (0.32)	-0.09 (0.14)			0.002			
Seyyedi (2021) **	pengetahuan	13.15 (11.52, 14.78)	20.23 (19.27, 21.19)	NA	NA	<0.001	14.63 (13.62, 15.64)	16.03 (15.03, 17.03)	NA	NA	0.128	5.67 (4.82, 6.61)	6.61	< 0.001
	Sifat	50.55 (46.92, 54.18)	54.25 (51.77, 56.73)			0.010	54.25 (51.77, 56.73)	60.30 (57.53, 63.07)			0.095	8.75 (7.38, 10.12)	10.12	< 0.001
	praktik	7.43 (6.71, 8.15	9.13 (8.7, 9.56)			0.033	7.45 (6.96, 7.94)	9.13 (8.7, 9.56)			0.954	0.8 (0.31, 1.29)	1.29	0.063
	KAP score	71.13 (65.75, 65.75)	94.70 (91.38, 98.02)			<0.001	76.32 (73, 79.64)	84.67 (80.85, 88.49)			0.104	15.22 (12.47, 17.97)	17.97	< 0.001
Adam (2019) **	Pengetahua	12.41 (2.00)	NA	12.38 (2.03)	NA	0.012	11.92 (2.11)	NA	12.05 (2.11)	NA	0.588	1.04(1.01 -1.07	*1.01*	0.05
	Sikap	389 (68.8)		285 (56.9)		0.091	455 (73.9)		285 (56.9)		0.152	0.93(0.86 -1.01)	*0.86*	
	Praktek	363 (70.8)		276 (68.8)		0,273	426 (74.2)		338 (72.8)		0.159	0.92 (0.78-1.08)	*0.78*	
Kim (2019a) ***	Pengetahua	1.58 (3.21)	2.37 (3.68)	NA	NA	NA	1.97 (3.57)	2.55 (3.85)			0.51	0.78		< 0.001
	praktek	2.75 (0.83)	2.80 (0.96)	NA	NA	NA	2.73 (0.83)	2.75 (1.03)			0.75	0.05		0.01
	HAZc < −2.00	−1.33 (1.60)	−1.05 (1.41)	NA	NA	NA	−1.34 (1.51)	−1.17 (1.44)			0.01	0.18*		0.01

Author/ Tahun	*Outcome*	*Intervention*			*Control*			*Effect Size*	95% CI	*p-value*
		Baseline	*Six months*	*Effect Size*	*Baseline*	Six months	*p-value*			
Kadiyala (2018) ***	Pengetahua	244 (27)	812 (44)	1·19	242(28)	286(38)	0.02	1·27	N/A	0·0006
	HAZc < −2.00	143(13)	138 (13)	1·16	135(13)	133(13)	0·78	1·30	N/A	0·0002
Rawat (2017) **	pengetahuan	92.6	95.6	N/A	90.4	97.8		N/A	N/A	-4.4
	sikap	73.7	90.9	N/A	75.8	87.9		N/A	N/A	0.05
	praktek	79.8	95.5	N/A	82.0	93.3		N/A	N/A	0.05
	HAZc < −2.00	25.4	18.2	N/A	22.5	17.1		N/A	N/A	0.05

Author/ Tahun	*Outcome*	*Intervention Mobile* application			*Intervention* Reading books		
		Baseline	*three months*	*p-value*	*Baseline*	*three months*	*p-value*
ernawati (2021) *	pengetahuan	60	*80*	0.000	*70*	*70*	0.960
Jerin (2020) **	praktek	118 (78)	NA	0.000	66 (58)	NA	0.08
	HAZc < −2.00	16 (11)	NA	0.27	7 (6)	NA	0.27

Table 5.10 signifikansi intervensi mobile application

*Note:SD: standar deviasi, 95% CI: confident interval, NA: not available, *P<0.05, **P <0,01 ***P< 0.001; Intervensi mobile application; * Video aplikasi dan konseling,** Video aplikasi, konseling dan kunjungan rutin,*** Video aplikasi, konseling, kunjungan rutin, dan demostrasi*

LAMPIRAN

LAMPIRAN 1

JBI Critical Appraisal Checklist for randomized Controlled trials

*Review*er_____
Date_____

Author_____Year_____ Record Number_____

		Yes	No	Unclear	NA
1.	Was true randomization used for assignment of participants to treatment groups?	□	□	□	□
2.	Was allocation to treatment groups concealed?	□	□	□	□
3.	Were treatment groups similar at the baseline?	□	□	□	□
4.	Were participants blind to treatment assignment?	□	□	□	□
5.	Were those delivering treatment blind to treatment assignment?	□	□	□	□
6.	Were outcomes assessors blind to treatment assignment?	□	□	□	□
7.	Were treatment groups treated identically other than the intervention of interest?	□	□	□	□
8.	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and	□	□	□	□
9.	Were participants analyzed in the groups to which they were randomized?	□	□	□	□
10.	Were outcomes measured in the same way for treatment groups?	□	□	□	□
11.	Were outcomes measured in a reliable way?	□	□	□	□
12.	Was appropriate *statistic*al analysis used?	□	□	□	□
13.	Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	□	□	□	□

Overall appraisal: Include □ Exclude □ Seek further info □

Comments (Including reason for exclusion)

LAMPIRAN 2

JBI Critical Appraisal Checklist for quasi-experimental studies

*Review*er_____
Date_____

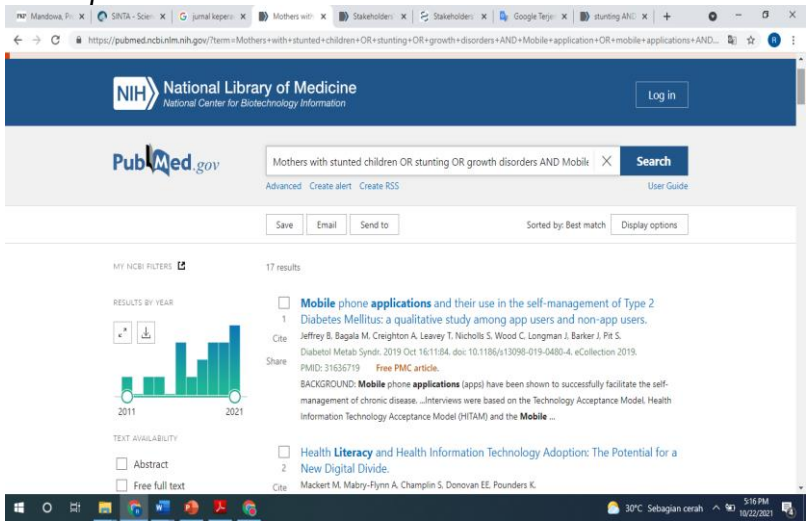
Author_____Year_____ Record Number_____

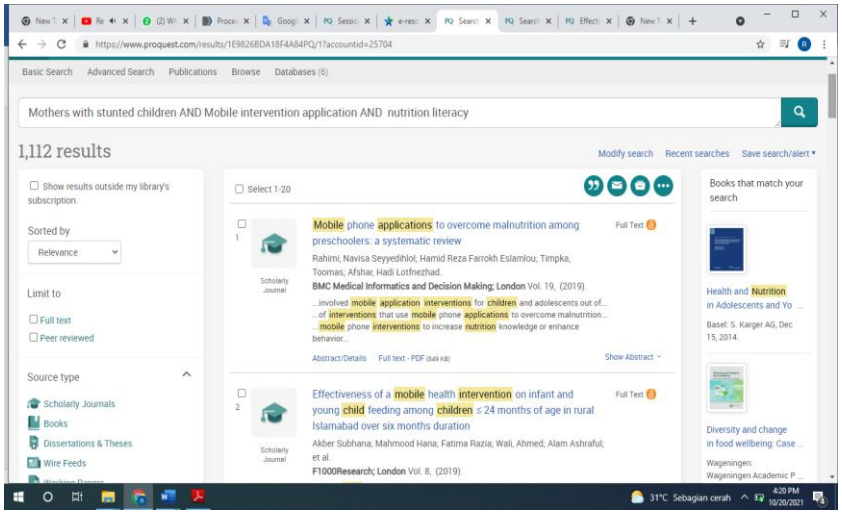
	Yes	No	Unclear	Not applicable
1. Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?	☐	☐	☐	☐
2. Were the participants included in any comparisons similar?	☐	☐	☐	☐
3. Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	☐	☐	☐	☐
4. Was there a control group?	☐	☐	☐	☐
5. Were there multiple measurements of the outcome both pre and post the intervention/exposure?	☐	☐	☐	☐
6. Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	☐	☐	☐	☐
7. Were the outcomes of participants included in any comparisons measured in the same way?	☐	☐	☐	☐
8. Were outcomes measured in a reliable way?	☐	☐	☐	☐
9. Was appropriate *statistic*al analysis used?	☐	☐	☐	☐

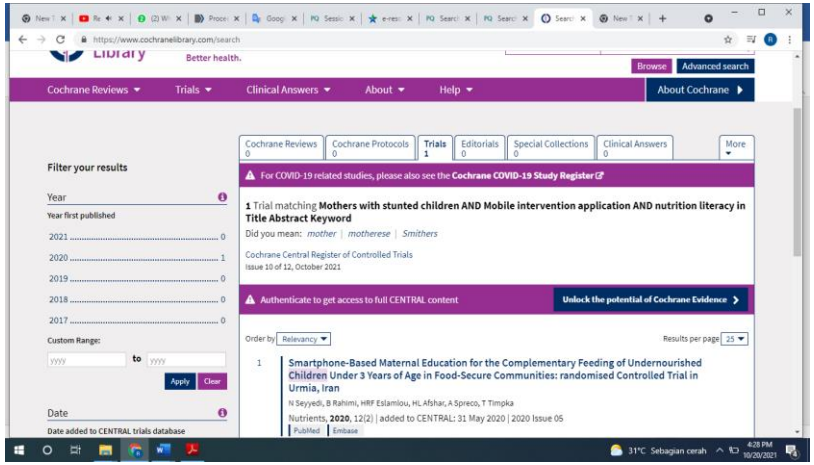
Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

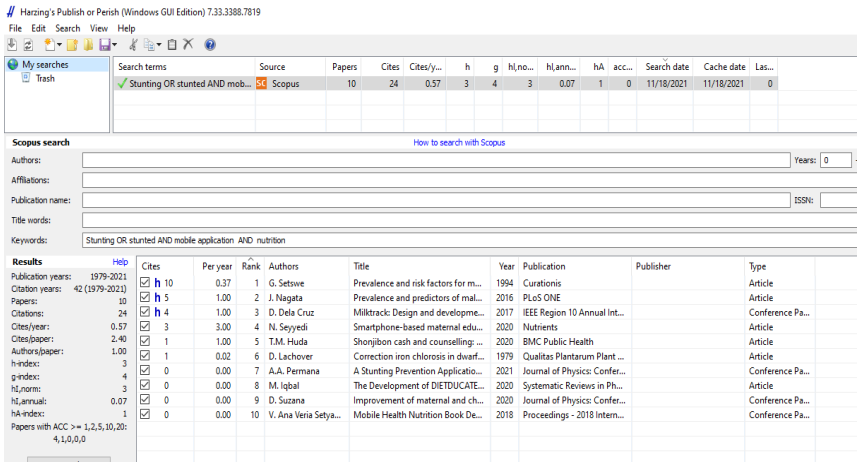
LAMPIRAN 3

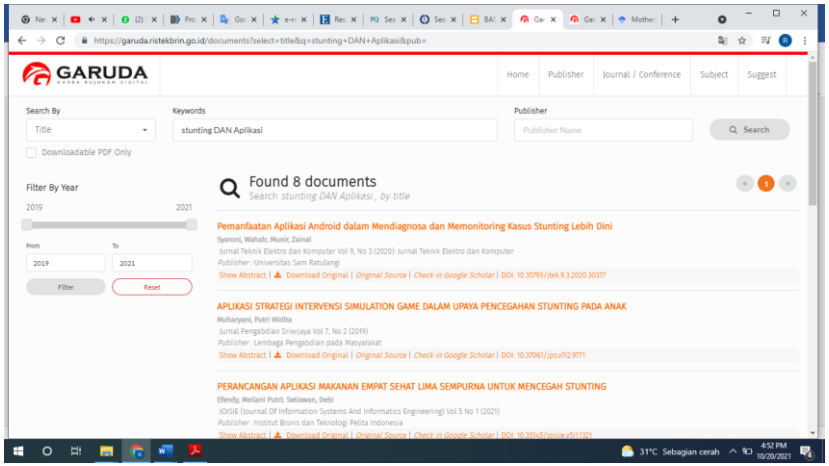
Srceen Capture Pencarian DataBase










GARUDA
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Keywords
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Publisher
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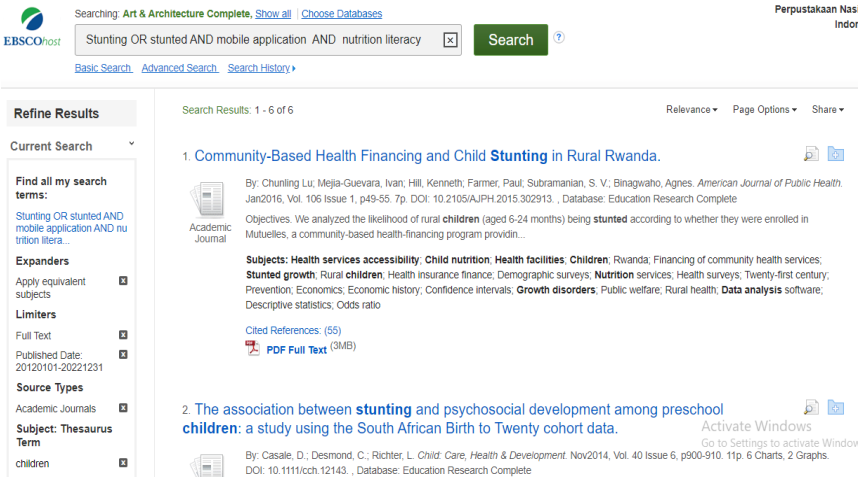
2021
Found 8 documents
Search stunting DAN Aplikasi , by title
Pemanfaatan Aplikasi Android dalam Mendiagnosa dan Memonitoring Kasus Stunting Lebih Dini
APLIKASI STRATEGI INTERVENSI SIMULATION GAME DALAM UPAYA PENCEGAHAN STUNTING PADA ANAK
PERANCANGAN APLIKASI MAKANAN EMPAT SEHAT LIMA SEMPURNA UNTUK MENCEGAH STUNTING


EBSCOhost
Searching: Art & Architecture Complete, Show all | Choose Databases
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Search History
Refine Results
Current Search
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Stunting OR stunted AND mobile application AND nutrition litera...
Expanders
Apply equivalent subjects
Limiters
Full Text
Published Date: 20120101-20221231
Source Types
Academic Journals
Subject: Thesaurus Term
children
Search Results: 1 - 6 of 6
Relevance
Page Options
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1. Community-Based Health Financing and Child Stunting in Rural Rwanda.
Academic Journal
By: Chunling Lu; Mejia-Guevara, Ivan; Hill, Kenneth; Farmer, Paul; Subramanian, S. V.; Binagwaho, Agnes. American Journal of Public Health. Jan2016, Vol. 106 Issue 1, p49-55. 7p. DOI: 10.2105/AJPH.2015.302913. , Database: Education Research Complete
Objectives. We analyzed the likelihood of rural children (aged 6-24 months) being stunted according to whether they were enrolled in Mutuelles, a community-based health-financing program providin...
Subjects: Health services accessibility; Child nutrition; Health facilities; Children; Rwanda; Financing of community health services; Stunted growth; Rural children; Health insurance finance; Demographic surveys; Nutrition services; Health surveys; Twenty-first century; Prevention; Economics; Economic history; Confidence intervals; Growth disorders; Public welfare; Rural health; Data analysis software; Descriptive statistics; Odds ratio
Cited References: (55)
PDF Full Text (3MB)
2. The association between stunting and psychosocial development among preschool children: a study using the South African Birth to Twenty cohort data.
By: Casale, D.; Desmond, C.; Richter, L. Child: Care, Health & Development. Nov2014, Vol. 40 Issue 6, p900-910. 11p. 6 Charts, 2 Graphs. DOI: 10.1111/cch.12143. , Database: Education Research Complete

LAMPIRAN 4
LOA Accepted Jurnal

SEKOLAH TINGGI ILMU KESEHATAN HANG TUAH PEKANBARU
JURNAL KESEHATAN KOMUNITAS
(JOURNALOFCOMMUNITYHEALTH)
Jl. Mustafa Sari No 5 Tangkerang Selatan | Telp. (0761) 33815 Fax. (0761) 863646 Email : keskom@htp.ac.id | website : www.jurnal.htp.ac.id

Pekanbaru, 07 April 2022
Mr. Rice Mandowa

Dengan senang hati kami memberi tahu Anda bahwa manuskrip yang disebutkan di bawah ini telah diterima untuk dipublikasikan dalam Jurnal Kesehatan Komunitas sebagai artikel penelitian dan telah mendapatkan rekomendasi dari reviewer.

Judul	:	**Intervensi Suplemen Ibu Hamil dalam Mencegah*Stunting* : *A Systematic Review***
Nama Author	:	**Mr. Rice Mandowa, Mrs. Kadek Ayu Erika, Mr. Syahrul Syahrul**
Tanggal Submited	:	17 Februari 2022
Tanggal Accepted		23 April 2022
Tanggal Publish	:	Edisi April 2022

Chief Editor

Jasrida Yunita, SKM., M. Kes

Lampiran 5

The PRISMA 2020 Checklist

Section/topic		#	Checklist item	Reported on page #
TITLE				
Title		1	Identify the report as a systematic review, meta-analysis, or both.	Diawal halaman (i)
ABSTRACT				
Structured summary		2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	v
INTRODUCTION				
Rationale		3	Describe the rationale for the review in the context of what is already known.	Hal 1-7
Objectives		4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Hal 7-8
METHODS				
Protocol and registration		5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Hal 73
Eligibility criteria		6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	Hal 70-71
Information sources		7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Hal 66-68
Search		8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Hal 68-70

Study selection		9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Hal 70
Data collection process		10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Hal 70
Data items		11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	Hal 66-67
Risk of bias in individual studies		12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Hal 71-72
Summary measures		13	State the principal summary measures (e.g., risk ratio, difference in means).	60
Synthesis of results		14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Hal 71-74
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Hal 77
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Hal 76-81
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Hal 88

Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Hal 122
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Hal 87-88
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Hal 123
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	Hal 87
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	Hal 133
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Hal 135
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	

Lampiran 6

The Prisma 2020 For Abstracts Checklist

Section and Topic	Item #	Checklist item	Reported (Yes/No)
		TITLE	
Title	1	Identify the report as a systematic review.	Yes
		BACKGROUND	
Objectives	2	Provide an explicit statement of the main objective(s) or question(s) the review addresses.	Yes
		METHODS	
Eligibility criteria	3	Specify the inclusion and exclusion criteria for the review.	Yes
Information sources	4	Specify the information sources (e.g., databases, registers) used to identify studies and the date when each was last searched.	Yes
Risk of bias	5	Specify the methods used to assess risk of bias in the included studies.	Yes
Synthesis of results	6	Specify the methods used to present and synthesise results.	Yes
		RESULTS	
Included studies	7	Give the total number of included studies and participants and summarise relevant characteristics of studies.	yes
Synthesis of results	8	Present results for main outcomes, preferably indicating the number of included studies and participants for each. If meta-analysis was done, report the summary estimate and confidence/credible interval. If comparing groups, indicate the direction of the effect (i.e., which group is favoured).	Yes
		DISCUSSION	
Limitations of evidence	9	Provide a brief summary of the limitations of the evidence included in the review (e.g., study risk of bias, inconsistency, and imprecision).	Yes
Interpretation	10	Provide a general interpretation of the results and important implications.	Yes
		OTHER	
Funding	11	Specify the primary source of funding for the review.	yes
Registration	12	Provide the register name and registration number.	No

LAMPIRAN 7

Johns Hopkins Nursing Evidence-Based Practice
Appendix C: Evidence Level and Quality Guide

<table>
<tr><th>Evidence Levels</th><th>Quality Guides</th></tr>
<tr><td>Level I
Experimental study, randomized controlled trial (RCT) Systematic review of RCTs, with or without meta-analysis</td><td rowspan="4">A <u>High quality:</u> Consistent, generalizable results; sufficient sample size for the study
design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence

B <u>Good quality:</u> Reasonably consistent results; sufficient sample size for the study design; some control, fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence

C <u>Low quality or major flaws</u>: Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn</td></tr>
<tr><td>Level II
Quasi-experimental study
Systematic review of a combination of RCTs and quasi-experimental, or quasi-experimental studies only, with or without meta-analysis</td></tr>
<tr><td>Level III
Non-experimental study
Systematic review of a combination of RCTs, quasi-experimental and non-experimental studies, or non-experimental studies only, with or without meta-analysis
Qualitative study or systematic review with or without a meta- synthesis</td></tr>
</table>

Evidence Levels	Quality Guides
Level IV Opinion of respected authorities and/or nationally recognized expert committees/consensus panels based on scientific evidence Includes: • Clinical practice guidelines • Consensus panels	**A <u>High quality:</u>** Material officially sponsored by a professional, public, private organization, or government agency; documentation of a systematic literature search strategy; consistent results with sufficient numbers of well-designed studies; criteria-based evaluation of overall scientific strength and quality of included studies and definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years **B <u>Good quality:</u>** Material officially sponsored by a professional, public, private organization, or government agency; reasonably thorough and appropriate systematic literature search strategy; reasonably consistent results, sufficient numbers of well-designed studies; evaluation of strengths and limitations of included studies with fairly definitive conclusions; national expertise is clearly evident; developed or revised within the last 5 years **C <u>Low quality or major flaws:</u>** Material not sponsored by an official organization or agency; undefined, poorly defined, or limited literature search strategy; no evaluation of strengths and limitations of included studies, insufficient evidence with inconsistent results, conclusions cannot be drawn; not revised within the last 5 years

Level 4 Based on experiential and non-research evidence Includes: • Literature reviews • Quality improvement, program or financial evaluation • Case reports • Opinion of nationally recognized experts(s) based on experiential evidence	**Organizational Experience:** **A <u>High quality:</u>** Clear aims and objectives; consistent results across multiple settings; formal quality improvement, financial or program evaluation methods used; definitive conclusions; consistent recommendations with thorough reference to scientific evidence **B <u>Good quality:</u>** Clear aims and objectives; consistent results in a single setting; formal quality improvement or financial or program evaluation methods used; reasonably consistent recommendations with some reference to scientific evidence **C <u>Low quality or major flaws:</u>** Unclear or missing aims and objectives; inconsistent results; poorly defined quality improvement, financial or program evaluation methods; recommendations cannot be made **Literature Review, Expert Opinion, Case Report, Community Standard, Clinician Experience, Consumer Preference:** **A <u>High quality:</u>** Expertise is clearly evident; draws definitive conclusions; provides scientific rationale; thought leader(s) in the field **B <u>Good quality:</u>** Expertise appears to be credible; draws fairly definitive conclusions; provides logical argument for opinions **C <u>Low quality or major flaws:</u>** Expertise is not discernable or is dubious; conclusions cannot be drawn

LAMPIRAN 8

Surat Etik Penelitian

SEKOLAH TINGGI ILMU KESEHATAN (STIKES)
NANI HASANUDDIN MAKASSAR
Jl. Perintis Kemerdekaan VIII No. 24 Telp.(0411) 582104. Fax. (0411) 582104
Email: info@stikesnh.ac.id

REKOMENDASI PESETUJUAN ETIK

Nomor:636/STIKES-NH/KEPK/VII/2022

Dengan ini menyatakan bahwa protocol dan dokumentasi yang berhubungan dengan protokol berikut ini telah mendapatkan persetujuan Etik:

No Protokol	SK no 674 STIKES-NH/BAU/X/2018	No. Sponsor Protokol	
IT Peneliti Utama	Rice Mandowa	Sponsor	Tidak Ada
Judul Penelitian	Intervensi Mobile Application Terhadap Peningkatkan Literasi Nutrisi Terhadap Ibu Dengan Anak Stunting: A Systematic Review		
No. Versi Protokol		Tanggal Versi	27 Juli 2022
		Tanggal Versi	27 Juli 2022
Tempat	-		
Jenis Review	☑ Exempted ☐ Expedited ☐ Fullboard	Masa berlaku sejak terbitnya rekomendasi sampai penelitian berakhir	Frekuensi review lanjut
Ketua Komisi Etik Penelitian	Nama, Dr. Suarnianti, SKM.,S.Kep.,Ns.,M.Kes	Tanda Tangan	Tanggal
Skertaris Komisi Etik Penelitian	Nama Indah Restika BN, S.Kep.,Ns.,M.Kep	Tanda Tangan	Tanggal

a) Menyerahkan Amandemen Protokol Untuk Persetujuan sebelum di implementasikan
b) Menyerhakan laporan SAE ke komisi Etika 24 jam dan dilengkapi dalam 7 hari dan lapor SUSAR dalam 72 jam setelah peneliti utama menerima laporan
c) Menyerahkan laporan kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
d) Menyerhakan laporan akhir setelah penelitian berakhir
e) Melaporkan penyimpangan dari protocol yang di setujui (protokol deviation/violation)

Mematuhi semua peraturan yang ditentukanNo. Document : III-001/STIKES-NH/FRM/KEP
Tanggal : 01 /01/2019
Revisi : 00

LAMPIRAN 9

Register Prospero