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LAMPIRAN

FORMULIR *FOOD RECALL* 24 JAM

No. Responden :
Nama :
Umur :
Jenis Kelamin :
Tinggi Badan :
Berat Badan :

Hari ke :

Waktu makan	Nama makanan	Bahan		
		Jenis	Banyaknya	
			URT	Gram
Pagi				
Selingan (ASI)				
Siang				
Selingan (ASI)				
Malam				
Selingan (ASI)				

Keterangan :

URT : Ukuran Rumah Tangga, misalnya : piring, mangkok, potong, sendok, gelas, dan lain-lain.

A. Form Balita v.5

Ini merupakan Kuesioner Balita (0-59 bulan). Pastikan keluarga atau ibu memiliki anak berumur 0-59 bulan

Keterangan Pencacahan

A1. Nama Pewawancara

1. Nur Sakinah, S.Gz
2. Abdul Fandir, S.Tr.Gz
3. Muhammad Lulu Rigalu, S.Or
4. Reny Pagappong, SKM

A2. Tanggal Pengumpulan Data

PASTIKAN TANGGAL PADA HP ANDA BENAR

yyyy-mm-dd

Bersedia untuk berpartisipasi?

- ya
tidak

kesediaan

» Identitas responden

B1. Nama Responden

B3. Jenis Kelamin

- laki-laki
perempuan

B4. Dusun/Alamat

boleh nama dusun

B5. Nomor telepon/HP

jika ada

B6. Kecamatan

Batui Selatan

B7. Desa

1. Desa Sinorang
2. Desa Sukamaju
3. Desa Maleo Jaya
4. Desa Masungkang
5. Desa Sukamaju I
6. Desa Bone Balantak

7. Desa Masing
8. Desa Gori-Gori
9. Desa Paisubuloli
10. Desa Ombolu

B8. Nomor urut

Pastikan menulis 3 digit angka (cth : 001 dst)

B9. ID responden

Id dibuat otomatis, silahkan lanjut

B10. Nama Kepala Keluarga

B11. Umur bapak (org tua balita)

B12. Tanggal lahir ibu

yyyy-mm-dd

B12a. Umur Ibu

B13. Nama anak Balita

B13a. Tanggal lahir anak

yyyy-mm-dd

b13b. Umur anak ()

dalam bulan

183B2. Kelompok umur balita

0-5 bulan

6-11 bulan

12-17 bulan

18-23 bulan

24-35 bulan

36-59 bulan

b13c. Jenis Kelamin anak ()

laki-laki

perempuan

B13d. Anak () adalah anak keberapa ?

B13e. Jarak lahir antara anak sekarang dengan sebelumnya (dalam tahun)

jika jarak lahir anak balita dgn anak sebelumnya < 1 tahun isi 0

B13f. Jenis Kelahiran

lahir tunggal

lahir kembar

B13g. Apakah anak anda ini termasuk anak yang memang di programkan/direncanakan atau diinginkan?

ya

tidak

B14. Jumlah anggota keluarga yang menetap 6 bulan terakhir:

termasuk responden dan balitanya

» » **jumlah anak**

B15a. Jumlah anak 0-5 bulan

Isi 0 jika tidak ada anak usia berikut

B15b. Jumlah anak 6-11 bulan

B15c. Jumlah anak 12-23 bulan

B15d. Jumlah anak 24-59 bulan

B15e. Jumlah anak \geq 5 tahun

B15f. Total anak seluruhnya

B16a. Pendidikan ibu

Tidak pernah sekolah

Tidak tamat SD/MI

Tamat SD/MI

Tamat SMP/MTs/Sederajat

Tamat SMA/MA/ sederajat

Tamat Diploma

Tamat Universitas

B16b. Pendidikan bapak/suami

Tidak pernah sekolah

Tidak tamat SD/MI

Tamat SD/MI

Tamat SMP/MTs/Sederajat

Tamat SMA/MA/ sederajat

Tamat Diploma

Tamat Universitas

B17a. Apakah ibu bekerja

ya

tidak

B17b. Jika bekerja, apa pekerjaannya

B17c. Pekerjaan utama bapak

Petani

Petani penggarap

pedagang/penjual

Buruh harian

Pegawai negeri/ASN

Pegawai swasta

Tukang becak/gerobak

tukang perahu

Supir

Tukang Kayu

Nelayan

Pengrajin

Wiraswasta

tidak bekerja

lainnya

B17d. Lainnya, sebutkan

B18. Agama Ibu

Islam

Kristen

Katolik

Hindu

Budha

Konghucu

B18a. Agama bapak/suami

Islam

Kristen

Katolik

Hindu

Budha

Konghucu

B19. Suku Ibu

Bugis (Bone)
Saukang
Balatang
Bali
Jawa
Lainnya

B19a. Lainnya, sebutkan

B19b. Suku suami

Bugis (Bone)
Saukang
Balatang
Bali
Jawa
Lainnya

B19c. Lainnya, sebutkan

C9. Berapa rata-rata pendapatan keluarga setiap bulan (dari seluruh anggota rumah tangga yang memperoleh penghasilan) ?

dalam Rupiah

di bawah 1 juta
1-2 juta
2,1-3 juta
3,1-5 juta
diatas 5 juta

» riwayat kelahiran dan Morbiditas

Informasi mengenai balita

D1. Apakah anda mengetahui berat badan anak () saat dilahirkan?

anak balita yang termuda yg menjadi subjek penelitian, sebaiknya lihat catatan kelahiran

ya
tidak tahu

D1a. Jika ya, berapa gram beratnya?

dalam gram

D4a. Sumber informasi berat lahir bayi

berdasarkan catatan
berdasarkan ingatan ibu

D2. Apakah anda mengetahui panjang badan anak () saat dilahirkan?

ya
tidak tahu

D2a. Jika ya, berapa CM ?

D4b. Sumber Informasi Panjang badan bayi

berdasarkan catatan
berdasarkan ingatan ibu

» » Pola Pemberian ASI

Selanjutnya saya akan menanyakan mengenai pola pemberian ASI

DA1. Apakah anak ibu masih menyusui saat ini?

ya

tidak

DA1a. Berapa kali anak menyusui dalam sehari?

Da1b. Dalam 24 jam terakhir apakah ibu memberikan makanan selain ASI?

ya

tidak

DA1c. Jika Ya, makanan apa?

DA1d. Apa Alasan ibu memberikan makanan selain ASI ?

DA2. Bila sudah berhenti, Pada umur berapa anak ibu berhenti minum ASI?

tulis dalam bulan, jika disebut 2 tahun tulis 24 (bulan)

DA3. Jika sudah berhenti, apa alasan utama ibu berhenti pada saat itu?

Anak sudah besar

Ibu tidak bisa menyusui karena tidak tinggal dengan anak

ASI tidak keluar

Anak tidak mau

Ibu sakit

Lainnya

DA3a. Lainnya, sebutkan

DA4. Apakah anak diberikan makanan pre lakteal (makanan sebelum mulai disusui atau sebelum ASI keluar/lancar)?

ya

tidak

DA5. Apa Jenis Makanan Prelakteal pertama yang diberikan?

susu formula
susu non-formula
madu / madu+air
Air gula
Air Tajin
Air Kelapa
Kopi
Teh Manis
Air Putih
Bubur Saring
Pisang dihaluskan
Nasi dihaluskan
Lainnya

DA5a. Lainnya, sebutkan

» » Perilaku pemberian MP-ASI

Selanjutnya saya akan menanyakan mengenai Perilaku pemberian MP-ASI

DA10. Umur berapa pertama kali anak ibu mendapatkan makanan selain ASI? (bulan)

DA11. Apa jenis makanan yang diberikan untuk pertama kalinya?

Jawaban boleh lebih dari satu

Nasi
Pisang
Bubur beras
Bubur tepung
Bubur instan dari pabrik (SUN, Promina, dll)
Bubur susu
Biskuit
Buah
Telur
Lainnya

dA11a. Lainnya, sebutkan

DA12. Dalam 24 jam terakhir (mulai dari kemarin pagi hingga pagi tadi), makanan apa saja yang dimakan

checklist jika ya, jawaban boleh lebih dari satu

- a. Air Putih
- b. Air Tajin, madu, the, kopi, air gula, jus buah
- c. Bubur nasi/ nasi/ roti/ mie/ubi, kentang/ biskuit
- d. kacang-kacangan/tempe/ Tahu

- e. Susu formula (selain ASI)
- f. Keju/ Yoghurt
- g. Daging sapi/Ayam/ ikan/ jeroan
- h. Telur
- i. Sayuran sumber vit.A (daun,hijau, wortel, bayam, tomat dll)
- j. Buah sumber vit.A (tomat, pepaya, buah naga, apel dll)
- k. Sayuran lainnya (tauge, kubis, timun dll)
- l. Buah Lainnya (nanas, melon, dll)

» Akses ke pelayanan Kesehatan

Selanjutnya kami akan menanyakan mengenai Akses pelayanan kesehatan

e1. Apakah dalam 6 bulan terakhir anak ibu pernah dibawa ke fasilitas kesehatan ?

(RS, Puskesmas, Pustu, Polindes, dll)

- ya
- tidak

e2. Apakah ibu rutin setiap bulan membawa anak ibu ke posyandu ?

- ya
- tidak

e3. Jika tidak, mengapa ?

- Jauh dari rumah
- Sibuk
- Lupa
- Tidak ada/jarang pelayanan yang tersedia
- Lainnya, sebutkan

e3a. Lainnya, sebutkan

e4. Apakah anak ibu pernah mendapatkan kapsul vitamin A di posyandu/pelayanan kesehatan lain pada 6 bulan terakhir ?

- ya
- tidak

» Partisipasi orang tua ke posyandu

Selanjutnya kami akan menanyakan mengenai Partisipasi orang tua ke posyandu

f1. Apakah anda selalu berpartisipasi dalam kegiatan posyandu ?

Tidak

Kadang-kadang

Selalu

f2. Jika tidak pernah atau kadang-kadang, mengapa ?

Tidak ada posyandu

Jarak posyandu jauh

Tidak mengetahui jadwal posyandu

Sibuk

Tidak perlu ikut posyandu

Tidak menarik

Lainnya

f2a. Lainnya, sebutkan

f3. Apakah ibu mendapatkan pelayanan berikut sewaktu di Posyandu ?

Tanyakan satu-satu pilihannya, centang jika Ya

Imunisasi

Penimbangan BB/Pengukuran PB

Pengobatan

Pemberian makanan tambahan

Penyuluhan kesehatan ibu dan anak

Penyuluhan gizi

Penyuluhan PHBS

Penyuluhan sanitasi

Lainnya

f3a. Lainnya, sebutkan

f4. Bagaimana pendapat anda tentang kegiatan penyuluhan kesehatan tersebut di posyandu?

tidak bermanfaat

bermanfaat

» Hasil Pengukuran Antro

Silahkan siapkan alat ukur untuk melakukan pengukuran pada anak maupun ibu

Anak diukur berat badan dan tinggi badan saat survey

ya

tidak

Tanggal Pengukuran (anak)

yyyy-mm-dd

ibu diukur berat badan dan tinggi badan saat survey?

ya

tidak

Tanggal Pengukuran (ibu)

yyyy-mm-dd

» » Berat Badan Anak

h4a. Berat Badan anak (kg)

» » berat badan ibu

h5a. Berat Badan ibu (kg)

» » panjang/tinggi badan anak

h6a. Panjang/tinggi badan anak (cm)

» » tinggi badan ibu

h7a. Tinggi badan ibu (cm)



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KESEHATAN MASYARAKAT

Jln. Perintis Kemerdekaan Km. 10 Makassar 90245, Telp. (0411) 585658,
E-mail : fk.m.unhas@gmail.com, website: <https://fk.m.unhas.ac.id/>

REKOMENDASI PERSETUJUAN ETIK

Nomor : 3614/UN4.14.1/TP.01.02/2022

Tanggal : 4 April 2022

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No.Protokol	29322042066	No. Sponsor Protokol	
Peneliti Utama	Reny Losa Pagappong	Sponsor	Pribadi
Judul Peneliti	Efek Pendampingan Terhadap Kualitas MP-ASI dan pada Bayi 6-11 Bulan di Batui Selatan Kabupaten Banggai Provinsi Sulawesi Tengah		
No.Versi Protokol	1	Tanggal Versi	29 Maret 2022
No.Versi PSP	1	Tanggal Versi	29 Maret 2022
Tempat Penelitian	Kecamatan Batui Selatan, Kab. Banggai		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 4 April 2022 Sampai 4 April 2023	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama : Prof.dr.Veni Hadju,M.Sc,Ph.D	Tanda tangan 	Tanggal
Sekretaris komisi Etik Penelitian	Nama : Dr. Wahiduddin, SKM,M.Kes	Tanda tangan 	Tanggal

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporkan penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan





PEMERINTAH KABUPATEN BANGGAI
DINAS PENANAMAN MODAL DAN
PELAYANAN TERPADU SATU PINTU (DPMPSTP)
JL. JEND. AHMAD YANI NO. 12 TELP. 0461 -21620 LUWUK – KAB. BANGGAI
SULAWESI TENGAH

IZIN PENELITIAN

Nomor : 503/066/DPMPSTP/IP/IX/2021

Dasar : 1. Surat Permohonan Izin Penelitian Sdr. Prof. dr. Veni Hadju, MSc., PhD,
2. Rekomendasi Badan Kesatuan Bangsa dan Politik Kabupaten Banggai
Nomor : 070/170/BKB-P/2021, tanggal 14 September 2021.

Diberikan Izin Penelitian kepada :

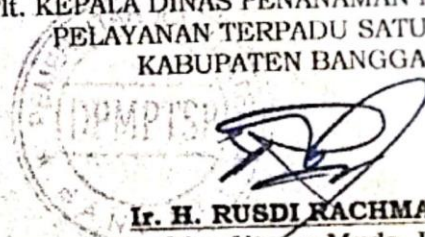
Nama : **Prof. dr. VENI HADJU, MSc., PhD**
Pekerjaan : Dosen
NIK : **7309011803620001**
Alamat : Pesantren Darul Istiqomah Kec. Mandai Kab. Maros
Lembaga : Universitas Hasanuddin Makassar
Fakultas : Kesehatan Masyarakat
Penanggung Jawab : Ketua Peneliti
Judul Penelitian : Study Penanganan Stunting Dan Peningkatan Kualitas Kesehatan Di Area Operasi JOB Pertamina-Medco E&P Tomori Sulawesi.
Daerah Penelitian : Area Operasi JOB Pertamina-Medco E&P Tomori Sulawesi Kabupaten Banggai

Dengan ketentuan-ketentuan Sebagai berikut :

1. Tidak dibenarkan mengadakan kegiatan yang tidak sesuai dengan penelitian yang dimaksud;
2. Mentaati peraturan perundang-undangan yang berlaku serta mengindahkan norma dan adat istiadat setempat;
3. Apabila masa berlaku izin penelitian ini sudah berakhir dan pelaksanaannya belum selesai maka diwajibkan mengajukan perpanjangan Izin Penelitian;
4. Apabila tidak mentaati ketentuan seperti tersebut di atas maka Izin Penelitian ini dicabut dan dinyatakan tidak berlaku.
5. Izin Penelitian ini mulai berlaku selama 1 (satu) tahun sejak tanggal dikeluarkan sampai dengan **15 September 2022**.

Dikeluarkan di Luwuk
Pada Tanggal 15 September 2021

Pt. KEPALA DINAS PENANAMAN MODAL DAN
PELAYANAN TERPADU SATU PINTU
KABUPATEN BANGGAI



Ir. H. RUSDI RACHMAD
Pembina Utama Muda, IV/c
NIP. 19650401 199603 1 005



PEMERINTAH KABUPATEN BANGGAI
DINAS KESEHATAN
UPTD PUSKESMAS SINORANG



Alamat : Desa Bonebalantak, Kec. Batui Selatan 94763, Email pkmsinorang1@gmail.com

SURAT KETERANGAN SELESAI PENELITIAN
Nomor : 800/2022 /SKET/PKM-SIN/VV/2022

Yang bertanda tangan dibawah ini : Kepala UPTD Puskesmas Sinorang Kecamatan Batui Selatan, dengan ini menerangkan bahwa :

Nama : Reny Losa Pagappong
NIM : K012201033
Program Studi : S2 Ilmu Kesehatan Masyarakat
Konsentrasi : Gizi
Asal Perguruan Tinggi : Universitas Hasanuddin

Benar telah melakukan penelitian di Kecamatan Batui Selatan, Kabupaten Banggai, Sulawesi Tengah sejak 06 September 2021 s/d 20 Januari 2022 untuk memperoleh data guna penyusunan Tugas Akhir (Tesis) dengan judul "Efek Pendampingan Terhadap Kualitas MP-ASI dan pada Bayi 6-11 Bulan di Batui Selatan Kabupaten Banggai Provinsi Sulawesi Tengah".

Demikian surat keterangan ini dibuat untuk dapat digunakan sebagaimana mestinya.

Batui Selatan, 09 April 2022

Mengetahui
Kepala UPTD Puskesmas Sinorang


Bdn. SERLY SOELEMEN, S.Tr Keb
NIP. 19750930 200604 2 017

DOKUMENTASI

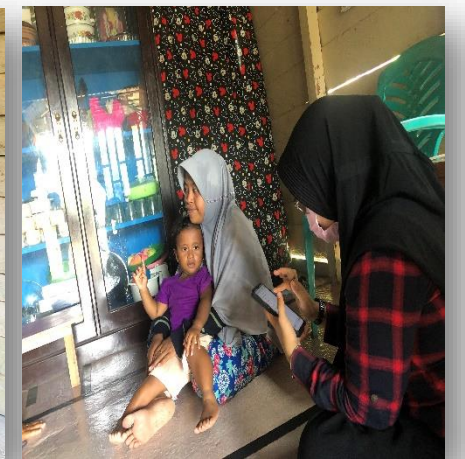
PENYULUHAN DI WILAYAH DESA KONTROL



PENYULUHAN DI WILAYAH DESA INTERVENSI



PENGAMBILAN BASELINE DATA



PENGUKURAN ANTROPOMETRI



HOME VISIT



The Effect Of Nutritional Maternal Mentoring Intervention On The Quality Complementary Feeding (Dietary Diversity) In Infants Aged 6-11 Months In Batui Selatan, Banggai Regency, Central Sulawesi Province

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Abstract

The provision of complementary foods for breastfeeding in terms of the variety of food types for children aged 6-23 months in Indonesia is still low (46.6%) and lower in Central Sulawesi (34.6%). This study was to assess the effect of nutritional assistance interventions on mothers on dietary diversity from complementary feeding. This type of research is quasi-experimental, in which the intervention group receives nutritional assistance. Both groups received the program in general, namely counselling. The research subjects were mothers who had babies 6-11 months old, which consisted of the intervention group (n=30) and the control group (n=30). The intervention was carried out for 2 months by visiting the house once a week. Measurement of dietary diversity was carried out before and after the intervention. The analysis of pre post differences used the Wilcoxon test and the differences between the two groups used the Mann Whitney test. Results of the research is Subjects generally come from families with a mother's education level of junior high school and below 58.3%, housewives 81.7%, family income level <2 million/month 81.7%. There was no significant difference between the two groups in the baseline data ($p>0.05$) except for the rate ($p=0.001$). In the baseline data, there was no difference in dietary diversity between the two groups (3.07 ± 1.23 VS 4.77 ± 1.13). After the treatment, there was a significant difference between the two groups with a difference (2.03 ± 1.18 VS 0.05 ± 1.43) with a p-value = 0.001. There was an increase in dietary diversity in both groups after the treatment, both nutritional assistance and counseling as a general program.

Keywords: Nutritional Maternal Mentoring, Dietary Diversity, Complementary Feeding.

Introduction

The provision of complementary feeding in terms of variations in the type of food for children aged 6-23 months in Indonesia is still low, the provision of inappropriate food in

sufficient quantities both in terms of quantity and quality will result in impaired growth and malnutrition. Therefore, to overcome the problem of malnutrition, it is necessary to improve the quantity and quality of complementary feeding.

The proportion of children's food consumption varies at the age of 6-23 months in Indonesia 46.6%, the highest proportion is in the Yogyakarta Region 69.2% and the lowest is in the North Maluku Region 16.7%. According to Basic Health Research Central Sulawesi (2018), only 34.6%, where in children aged 6-11 months 20.3%, 12-15 months 39.4%, 16-19 months 46.8%, 20-23 months 39, 6% [1].

Literature study conducted by [2] A literature study conducted on research into the practice of giving complementary feeding in Indonesia shows that the practice of giving complementary feeding to children aged six months and over is not optimal, which makes it difficult to reduce stunting and wasting rates. Factors indicated to influence this condition include dietary diversity, active feeding practices (responsive feeding), consumption of foods high in iron and hygienic practices in food preparation and administration [2].

The nutritional problems of children at an early age, especially the age when they are given complementary foods, are strongly influenced by the mother's feeding practices. The practice of giving complementary foods includes aspects of quantity and quality. The factor that has not received much attention and intervention is the diversity in preparing complementary foods which will have an impact on the mother's ability to provide optimally suitable complementary foods and also stimulate active feeding practices. The research that will be conducted aims to determine the effect of mentoring on the quality of complementary feeding for infants aged 6-11 months.

Methods

This research was conducted in Batui Selatan District, Banggai Regency, where three intervention locus villages have been determined by the Banggai Regency Government in 2021. The three villages are Sinorang Village, Respective Village, and Sukamaju Village 1. The control village is Gori-gori Village, Bone Balantak, Sukamaju.

The type of research used is an experiment with a quasi-experimental design. There are 2 groups, namely the intervention group and the control group. The population in this study

were all baduta in Batui Selatan District, 60 samples were taken. The intervention group was given counseling and nutrition assistance, while the control group was given counseling. Analysis data used non-parametric test, wilcoxon test was used for pre-post and for both groups, mann whitney test was used.

Research respondents are mothers of children aged 6-11 months. Total number of mothers who became respondents was 60 people. Respondents taken are respondents who have met the inclusion criteria to be respondents in this study. The inclusion criteria set were children at term according to their category, children not suffering from chronic diseases and mothers willing to be respondents. Meanwhile, the exclusion criteria were children with poor nutritional status.

Data collection for this study used questionnaire interviews for primary data collection. Meanwhile, secondary data were obtained from health workers in the nutrition division who had made visits to homes and integrated health center activities. The questionnaire contains questions about family characteristics, household characteristics, mother's practice in giving complementary feeding, exposure to information about giving complementary feeding, and the influence received by mothers in the practice of giving complementary feeding. The data were analyzed using statistical software, namely Statistical Package for Social Sciences (SPSS) and the relationship between variables was tested using the Chi-square test.

Results and Discussion

The results of the study based on the baseline of parents of children under five can be seen in Table 1 generally the age of the mother is <30 years 60%, the mother's education level is low 58.33%, the father's education is low at 48.3% most of the mothers do not work 81.7%, the majority of fathers work as farmers 63.3%, Islam is 55% Bugis ethnicity 45%, low family income < 2 million / month 49%.

The results of the analysis show that there is a significant difference in the ethnic variable with p value = 0.001. While the other variables did not have a significant or homogeneous difference (p>0.05). The baseline data for the

two groups are relatively the same, meaning that the initial conditions before the intervention can be said to be no different except for the ethnic variable.

The results of the study based on the children's baseline can be seen in Table 2 based on the age group of most children under the age of 6-8 months, namely 70%, the dominant sex is male 56.7%, infant who are still breastfeeding 63.3%, infant who are not drinking breast milk since the age of 0 months is 78.3%, children are not given prelacteal food 68.3% . The initial age is given complementary foods for breastfeeding at exactly 6 months that is 68.3% and the dominant child is not born as the first child (multipara) 63.3% .

The results of the analysis show that the baseline data for children is homogeneous, where there is no difference in age, gender, whether the mother is still breastfeeding, whether the child is given prelacteal food (food before breastfeeding is smooth?) and parity in the intervention group and the control group, each of which has a p value of 0.260. , p=0.297,

Table 1. Frequency distribution of maternal age, Education, occupation, Religion, Ethnicity, Parental income in the intervention group and control group

Variable	Intervention		Control		Total		p-value*
	n	%	n	%	n	%	
Mother's Age							
<30 Years	20	66.7	16	53.3	36	60	0.292
30-45 Years	10	33.3	14	46.7	24	40	
Maternal Education							
Low (Junior School Down)	18	60	17	56.7	35	58.3	0.793
High School (High School and Above)	12	40	13	43.3	25	41.7	
Father's Education							
Low (Junior School Down)	12	40	17	56.7	29	48.3	0.196
High School (High School and Above)	18	60	13	43.3	31	51.7	
Dad's Job							
Day Laborer	3	10.0	2	6.7	5	8.3	0.293
Private Employees	0	0,0	1	1.7	1	2	
State Civil Apparatus	1	3.3	0	0.0	1	1	
Farmer	17	56.7	21	70.0	38	63.3	
Doesn't work	1	3.3	0	0.0	1	3	
Fisherman	2	6.7	0	0.0	2	2	
Driver	0	0.0	1	3.3	1	1	
Self employed	4	13.3	4	13.3	8	8	
Do moms work							
Yes	4	13.3	7	23.3	11	11	0.317
Not	26	86.7	23	76.7	49	81.7	
Religion							
Islam	26	86.7	29	96.7	55	55	0.160
Hindu	3	10.0	0	0.0	3	3	

p=1,000, p=0.288, p=0.291, and p=0.839, p=0.405 (p>0.05).

The results of the test of different types of children's food based on age in Table 3 show that the intervention group before counselling and mentoring had an average value and standard deviation of 3.07 ± 1.23 , after the intervention the results were 5.10 ± 1.47 with a change value of 2.03 ± 1.18 . The results of the analysis showed that there were significant changes before and after counselling and mentoring was carried out with p value of 0.001.

The control group before counselling and mentoring had an average value and standard deviation of 4.77 ± 1.13 , after the intervention the results were 5.55 ± 1.51 with a change value of 0.05 ± 1.43 . The results of the analysis showed that there was a significant change before and after the extension with a value of p = 0.011. There was a significant difference in the two groups where the p value = 0.001 (p <0.05).

Christian	1	3.3	1	3.3	1	2.7	
Tribe							
Bajo	2	6.7	0	0	2	3.3	0.001
Bali	3	13.3	0	0	3	5.0	
Banggai	1	3.3	1	3.3	2	3.3	
Bugis	7	23.3	20	66.7	27	45.0	
Gorontalo	1	3.3	1	3.3	2	3.3	
Javanese	7	23.3	7	23.3	14	23.3	
Lombok	2	6.7	0	0	2	3.3	
Ta	7	20.0	1	3.3	8	13.3	
Family Income							
<2 million	25	83.3	24	80.0	49	49	0.739
≥2 million	5	16.7	6	20.0	11	11	

Source: Primary Data, 2021 *Chi Square Test

Table 2. Frequency distribution of Children's Age, Child Sex, History of Breastfeeding and Complementary Food

Variable	Intervention		Control		Total		<i>p-value*</i>
	n	%	n	%	n	%	
Age							
6-8 Months	19	80	23	76.7	42	70.0	0.260
9-11 Months	11	36.7	7	23.3	18	30.0	
Gender							
Man	19	63.3	15	50.0	34	56.7	0.297
Woman	11	36.7	15	50.0	26	43.3	
Is the mother's child still breastfeeding at this time?							
Not	11	36.7	11	36.7	22	36.7	1.000
Yes	19	63.3	19	63.3	38	63.3	
If it has stopped at what age does the mother's child stop drinking breast milk?							
0 Months	22	73.3	25	83.3	47	78.3	0.288
1 Month	3	10.0	1	3.3	4	6.7	
2 Months	3	10.0	0	0.0	3	5.0	
3 Months	2	6.7	2	6.7	4	6.7	
6 Months	0	0.0	1	3.3	1	1.7	
8 Months	0	0.0	1	3.3	1	1.7	
Is the child given pre lacteal food (food before breast milk is smooth?)							
Not	20	66.7	21	70.0	41	68.3	0.781
Yes	10	33.3	9	30.0	19	31.7	
What age the first time the mother's child gets food other than breast milk (months)							
3 months	0	0.0	1	3.3	1	1.7	0.839
4 months	2	6.7	3	10.0	5	8.3	
5 months	2	6.7	3	10.0	5	8.3	
6 months	21	70.0	20	66.7	41	68.3	
7 months	2	6.7	1	3.3	3	5.0	
8 months	2	6.7	2	6.7	4	6.7	
10 months	1	3.3	0	0.0	1	1.7	
Parity							
Primipara	11	36.7	8	26.7	19	31.7	0.405
Multipara	19	63.3	22	73.3	41	68.3	

Source: Primary Data, 2021 *Chi Square Test

Table 3. Test Results of Different Types of Children's Food According to Their Age in the Intervention and Control Groups Before and After the Intervention

Group	Pre	Post	p-value ^a	Difference	p-value ^b
	Average ± Standard Interchange	Average ± Standard Interchange		Average ± Standard Interchange	
Intervention (n=30)	3.07 ± 1.23	5.10 ± 1.47 pm	0.001	2.03 ± 1.18	0.001
Control (n=30)	4.77 ± 1.13	5.33 ± 1.51	0.011	0.05 ± 1.43	

Source: Primary Data, 2022.

a Wilcoxon Signed Test (To see the difference between baseline data and post-test)

b Mann Whitney test (To see the differences in both groups)

The results of this study indicate a change from before and after counseling and mentoring was carried out in the intervention group with a change value of 2.03 ± 1.18 where the p value = 0.000 was obtained. In the control group, there was also a change after counseling with a change value of 0.05 ± 1.43 and a p value of 0.011 was obtained. There was a significant difference in the two groups where the p value = 0.000 ($p < 0.05$).

Infant in the study area in the control group mostly consumed more than four groups of food, which was able to meet the nutritional needs of children. However, the mother did not adjust the variety of complementary feeding according to the child's age. This is because the mother assumes that the more types of food the child consumes, the healthier the child will be.

In the intervention group, the mothers of under-fives did not understand the importance of various types of food, because according to the mothers, as long as the child was full and not fussy, the mother had calmed down. Mothers also do not understand about variations according to the age of the child. Mothers in the intervention group gave only animal side dishes in the form of fish, if the child did not want to eat then the mother would not force and instead replace it with other animal side dishes but only gave rice porridge and vegetables that were easily digested by the child.

Complementary feeding messages conveyed through home visits for several mothers were effective in changing the behavior of mothers in the intervention group. For consumption of animal protein such as fish, mothers stated that their children did not like it because of the fishy smell, but after being told to replace it with

chicken liver, many mothers in the intervention group were willing to give chicken liver to their children.

Study conducted by [3] in Myanmar also found that there is a belief that chicken liver can cause worms so mothers should be given counseling so that the promotion of chicken liver can be successful [3]. Consumption of food sources of animal protein is still very low at the age of 6-23 months and that domesticated animals are generally sold as a source of income [4]. Children who are given a good diet in quality and quantity are not easy to experience a disease. In a state of malnutrition, the quality and quantity of food is very important because growth is influenced by food intake [5].

Children must eat at least 4 food groups consisting of staple foods, side dishes, vegetables and fruit so that the nutritional needs of children including carbohydrates, proteins, fats, minerals and vitamins can be met [6]. Food diversity should have been introduced before the age of five because each food group contains essential nutrients that can meet the nutritional needs of toddlers.

A study conducted by Dafursa and Gebremedhin showed that as many as 50% of mothers received messages about infant and child feeding practices from the mass media and those who did so would provide their children with more diverse foods [7]. This can happen with the increasing number of people who can access the internet which has now become a source of information that can be trusted by the public and can influence health behavior [7].

Research result by [8] showed different results of dietary diversity between the intervention

group and the control group. Food diversity is related to the adequacy of nutrients needed both macro and micro nutrients and food variety which shows two components of food quality. [9] in his research analysis reinforces the idea that increasing the variety of foods reflects a greater likelihood of meeting daily energy and nutrient requirements which will result in improved nutritional status among children.

Conclusion

The provision of counseling and nutritional assistance can increase knowledge and practice of giving various complementary foods that are better than just providing counseling.

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