

DAFTAR PUSTAKA

- Adriani, P. , A. S. , W. S. , H. N. , Idris. , N. ,Yulistianingsih,A. ,Siswati,T. (2022). *Stunting Pada Anak*. <https://www.researchgate.net/publication/364952626>
- Aikaterini, F. (2019). Therapeutic Properties of Honey. *American Journal of Biomedical Science & Research*, 4(6), 486–489. <https://doi.org/10.34297/ajbsr.2019.04.000858>
- Allo, J., Sagita, S., Woda, R. R., & Lada, C. O. (2020). Effect of Moringa oleifera leaf powder supplementation on weight gain of toddler in the working area of Naibonat health center, Kupang regency. *World Nutrition Journal*, 4(1), 56–62. <https://doi.org/10.25220/wnj.v04.i1.0009>
- Amaliya, S. (2022). INCREASING PARENT PARTICIPATION IN EARLY DETECTION AND DEVELOPMENT STIMULATION IN CHILDREN AGED 12-36 MONTHS. *Caring Jurnal Pengabdian Masyarakat*, 25–34. <https://doi.org/10.21776/ub.caringjpm.2022.002.01.4>
- Arsyad, M., Kadir, S., Novarina, V., & Kasim, A. (t.t.). *International Journal of Medical Science and Clinical Research Studies Influence Supplements Multi Micronutrients (MMS) on Nutritional Status Mother Pregnant in City Gorontalo*. <https://doi.org/10.47191/ijmscrs/v4>
- ARTHA DKK KPSP (BAB 2)*. (t.t.).
- Asoba, G. N., Ebong, F. S., Metuge, S., Tabe, E. K., Ning, T. R., & Ngole, S. I. (2024). The Effects of Different Feeding Practices on the Nutritional Status of Infants below 12 Months Old in the Kumba 1 Sub-Division. *Food and Nutrition Sciences*, 15(05), 336–350. <https://doi.org/10.4236/fns.2024.155022>
- BAIQ EKA PUTRI SAUDIA (PERKEMBANGAN)*. (t.t.).
- Basri, H., Hadju, V., Zulkifli, A., Syam, A., & Indriasari, R. (2021a). Effect of Moringa oleifera supplementation during pregnancy on the prevention of stunted growth in children between the ages of 36 to 42 months. Dalam *Journal of Public Health Research* (Vol. 10).
- Basri, H., Hadju, V., Zulkifli, A., Syam, A., & Indriasari, R. (2021b). Effect of Moringa oleifera supplementation during pregnancy on the prevention of stunted growth in children between the ages of 36 to 42 months. Dalam *Journal of Public Health Research* (Vol. 10).
- Basri, H., Hadju, V., Zulkifli, A., Syam, A., & Indriasari, R. (2021c). Effect of Moringa oleifera supplementation during pregnancy on the prevention of stunted growth in children between the ages of 36 to 42 months. Dalam *Journal of Public Health Research* (Vol. 10).
- Bogdanov, S. (2016). *RJBook1*. <https://www.researchgate.net/publication/304012318>

- Budi Rahayu, T., Anna Wahyu Nurindahsari, Y., & Guna Bangsa, S. (2018). PENINGKATAN STATUS GIZI BALITA MELALUI PEMBERIAN DAUN KELOR (MORINGA OLEIFERA). Dalam *Jurnal Kesehatan Madani Medika* (Vol. 9, Nomor 2).
- Caesar Barkah, D., Irene Susilo Putri, D., Anggraeni, F., Nur Fitria, L., & Sri Gunarti, N. (2023). ARTIKEL REVIEW : UJI AKTIVITAS FARMAKOLOGI ROYAL JELLY. Dalam *Jurnal Ilmiah Farmasi* (Vol. 3, Nomor 1).
- Citra Rani, K., & Deasy Rosita Dewi, A. (2019). *MODUL PELATIHAN KANDUNGAN NUTRISI TANAMAN KELOR Disusun oleh*.
- Collazo, N., Carpina, M., Nuñez-estevaz, B., Otero, P., Simal-gandara, J., & Prieto, M. A. (2021). Health promoting properties of bee royal jelly: Food of the queens. Dalam *Nutrients* (Vol. 13, Nomor 2, hlm. 1–26). MDPI AG. <https://doi.org/10.3390/nu13020543>
- Deteksi, M., Skrining, D., Jiwa, K., Kesehatan, P., Safari, J., Di, P., Gunung, K., Daerah, K., Toraja, T., Utara, D. T., Penggerakan, P., Sehat, R., Kenali, C., Adhd, P., Anak, P., Direktorat, T., Kesehatan, J., Kementerian, M., & Republik Indonesia, K. (t.t.). *Data Riskesda. Merancang Masa Depan Anak Remaja Sejak Dini*.
- Dubey, R., Sathiyanarayanan, L., Rao, L., & Sankaran, S. (2023). Investigation of Nutraceutical Potential, in vitro Antioxidant and Free Radical Scavenging Activity of Indian Royal Jelly. *Journal of Research in Pharmacy*, 27(3), 1289–1300. <https://doi.org/10.29228/jrp.417>
- El-Guendouz, S., Machado, A. M., Aazza, S., Lyoussi, B., Miguel, M. G., Mateus, M. C., & Figueiredo, A. C. (2020). Chemical Characterization and Biological Properties of Royal Jelly Samples From the Mediterranean Area. *Natural Product Communications*, 15(2). <https://doi.org/10.1177/1934578X20908080>
- Entoh, C., Noya, F., Ramadhan, K., & Kebidanan Poltekkes Kemenkes Palu, J. (2020). *DETEKSI PERKEMBANGAN ANAK USIA 3 BULAN-72 BULAN MENGGUNAKAN KUESIONER PRA SKRINING PERKEMBANGAN (KPSP)* (Vol. 1, Nomor 1). <http://jurnal.poltekkespalu.ac.id/index.php/pjpm/>
- Erianti, Z., Yulastri, A., Yulianti Putri, M., & Alifa Izzara, W. (2023). Review Article: Strategi Pencegahan Stunting Dalam Meningkatkan Perkembangan Generasi Emas Anak. Dalam *Jurnal Multidisiplin West Science* (Vol. 02, Nomor 12).
- Fadnes, L. T., Nankabirwa, V., Engebretsen, I. M., Sommerfelt, H., Birungi, N., Lombard, C., Swanenvelder, S., Van Den Broeck, J., Tyllskär, T., & Tumwine, J. K. (2016). Effects of an exclusive breastfeeding intervention for six months on growth patterns of 4-5 year old children in Uganda: The cluster-randomised PROMISE EBF trial. *BMC Public Health*, 16(1). <https://doi.org/10.1186/s12889-016-3234-3>
- FIRNANDA DKK (BAB 2)*. (t.t.).
- Fitri, L. (2018). HUBUNGAN BBLR DAN ASI EKSLUSIF DENGAN KEJADIAN STUNTING DI PUSKESMAS LIMA PULUH PEKANBARU. *Jurnal Endurance*, 3(1), 131. <https://doi.org/10.22216/jen.v3i1.1767>

- Fitriani, R. (2018). *PERKEMBANGAN FISIK MOTORIK ANAK USIA DINI*. 1, 25–34.
- Fono, Y. M., Ita, E., & Mere, V. O. (2023). Stimulasi Kemampuan Bahasa Anak Usia 4-6 Tahun melalui Pola Asuh Orang Tua. *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, 7(4), 4305–4315. <https://doi.org/10.31004/obsesi.v7i4.4838>
- García Milla, P., Peñalver, R., Nieto, G., & Trombetta, D. (2021a). *plants Health Benefits of Uses and Applications of Moringa oleifera in Bakery Products*. <https://doi.org/10.3390/plants10020>
- García Milla, P., Peñalver, R., Nieto, G., & Trombetta, D. (2021b). *plants Health Benefits of Uses and Applications of Moringa oleifera in Bakery Products*. <https://doi.org/10.3390/plants10020>
- García Milla, P., Peñalver, R., Nieto, G., & Trombetta, D. (2021c). *plants Health Benefits of Uses and Applications of Moringa oleifera in Bakery Products*. <https://doi.org/10.3390/plants10020>
- Gopalakrishnan, L., Doriya, K., & Kumar, D. S. (2016a). Moringa oleifera: A review on nutritive importance and its medicinal application. Dalam *Food Science and Human Wellness* (Vol. 5, Nomor 2, hlm. 49–56). Elsevier B.V. <https://doi.org/10.1016/j.fshw.2016.04.001>
- Gopalakrishnan, L., Doriya, K., & Kumar, D. S. (2016b). Moringa oleifera: A review on nutritive importance and its medicinal application. Dalam *Food Science and Human Wellness* (Vol. 5, Nomor 2, hlm. 49–56). Elsevier B.V. <https://doi.org/10.1016/j.fshw.2016.04.001>
- Guarino, A., Vecchio, A. Lo, Dias, J. A., Berkley, J. A., Boey, C., Bruzzese, D., Cohen, M. B., Cruchet, S., Liguoro, I., Salazar-Lindo, E., Sandhu, B., Sherman, P. M., & Shimizu, T. (2018). Universal recommendations for the management of acute diarrhea in nonmalnourished children. Dalam *Journal of Pediatric Gastroenterology and Nutrition* (Vol. 67, Nomor 5, hlm. 586–593). Lippincott Williams and Wilkins. <https://doi.org/10.1097/MPG.0000000000002053>
- Hadju, V. (2023). *Pemanfaatan Produk Ekstrak Daun Kelor yang Diperkaya Royal Jelly (Moriven Plus) dalam Upaya Percepatan Penurunan Stunting di Kabupaten Tojo Una-Una, Sulawesi Tengah*. Kedaireka.
- Hadju, V., Dassir, M., Sadapotto, A., Putranto, A., Marks, G., & Arundhana, A. I. (2020). Effects of moringa oleifera leaves and honey supplementation during pregnancy on mothers and newborns: A review of the current evidence. Dalam *Open Access Macedonian Journal of Medical Sciences* (Vol. 8, hlm. 208–214). Open Access Macedonian Journal of Medical Sciences. <https://doi.org/10.3889/oamjms.2020.4670>
- Hanif, F., & Nisa Berawi, K. (t.t.). Literature Review: Daun Kelor (Moringa oleifera) sebagai Makanan Sehat Pelengkap Nutrisi 1000 Hari Pertama Kehidupan Literature Review: Moringa Leaves (Moringa oleifera) as Healthy Food Complementary Nutrition for the First 1000 Days of Life. Dalam *Jurnal Kesehatan* (Vol. 13, Nomor 2). Online. <http://ejurnal.poltekkes-tjk.ac.id/index.php/JK>

- Hastuti, H., Hadju, V., Citrakesumasari, C., Maddeppungeng, M., Tanziha, I., Saleh, A., & Sarih, K. (2020a). The effect of moringa oleifera on pregnant women and breastfeeding mothers toward social-personal development of children aged 18–23 months in jeneponto, south sulawesi. *Open Access Macedonian Journal of Medical Sciences*, 8, 747–751. <https://doi.org/10.3889/oamjms.2020.4607>
- Hastuti, H., Hadju, V., Citrakesumasari, C., Maddeppungeng, M., Tanziha, I., Saleh, A., & Sarih, K. (2020b). The effect of moringa oleifera on pregnant women and breastfeeding mothers toward social-personal development of children aged 18–23 months in jeneponto, south sulawesi. *Open Access Macedonian Journal of Medical Sciences*, 8, 747–751. <https://doi.org/10.3889/oamjms.2020.4607>
- Ilmiah Kesehatan Sandi Husada, J., & Hening Prastiwi, M. (2019). Overview of Growth and Development in Children Age 3-6 Years. *JIKSH*, 10. <https://doi.org/10.35816/jiskh.v10i2.162>
- Jannah, M., & Zarkasih Putro, K. (t.t.). *PENGARUH FAKTOR GENETIK PADA PERKEMBANGAN ANAK USIA DINI*.
- Jawab dr Komang Adi Sudjendra, P., Kepala Dinas Kesehatan Provinsi Sulawesi Tengah Ketua Idris, S., Sekertariat Dinas Kesehatan Provinsi Sulawesi Tengah Editor Bidang kefarmasian, Mk., kesehatan dan SDMK Bidang Kesehatan Masyarakat Bidang Pengendalian penyakit dan penyehatan lingkungan Bidang Pelayanan Kesehatan Sub BagianPerencanaan Program Anggota Arianti, alat, Surjono Naslam, D., Wayan Arta Yasa, I., Julianti Kontributor Badan Pusat Statistik Propinsi Sulawesi Tengah, S., kefarmasian, B., kesehatan dan SDMK, alat, Kesehatan Masyarakat, B., Pengendalian penyakit dan penyehatan lingkungan, B., Pelayanan Kesehatan, B., BagianPerencanaan Program, S., Kab Banggai Kepulauan, D., Kab Banggai, D., & Kab KabupatenMorowali, D. (2022). *Profil Dinkes Sulawesi Tengah*. www.dinkes.sultengprov.go.id.
- Jiang, J.-H., Zhao, J.-B., Ding, H.-P., Xin, W.-B., & Chen, L. (2018). *The Antioxidant Activity of Royal Jelly Water Soluble Proteins Hydrolysate from Xinjiang Black Bee*.
- Jusnita, N., & Tridharma, W. S. (2019). Karakterisasi Nanoemulsi Ekstrak Daun Kelor (*Moringa oleifera* Lamk.). *Jurnal Sains Farmasi & Klinis*, 6(1), 16. <https://doi.org/10.25077/jsfk.6.1.16-24.2019>
- Kang, Y., Aguayo, V. M., Campbell, R. K., & West, K. P. (2018). Association between stunting and early childhood development among children aged 36–59 months in South Asia. *Maternal and Child Nutrition*, 14. <https://doi.org/10.1111/mcn.12684>
- Kemenkes. (2023). Hasil Survei Status Gizi Indonesia (SSGI) 2022. *Kemenkes*, 1–7.
- Kemenkes RI. (2016). *Pedoman Pelaksanaan. Stimulasi, Deteksi, dan Intervensi Dini Tumbuh Kembang Anak*.
- Kemenkes RI. (2020). *PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA*.
- Koshy, B., Srinivasan, M., Bose, A., John, S., Mohan, V. R., Roshan, R., Ramanujam, K., & Kang, G. (2021). Developmental trends in early childhood and their predictors

- from an Indian birth cohort. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-11147-3>
- Kumssa, D. B., Joy, E. J. M., Young, S. D., Odee, D. W., Ander, E. L., & Broadley, M. R. (2017). Variation in the mineral element concentration of *Moringa oleifera* Lam. and *M. stenopetala* (Bak. f.) Cuf.: Role in human nutrition. *PLoS ONE*, 12(4). <https://doi.org/10.1371/journal.pone.0175503>
- Kurniawan, H., Sabani, R., Yuniarto, K., & Irfan Khalil, F. (2020). *PENGOLAHAN DAUN KELOR DI DESA SIGAR PENJALIN KECAMATAN TANJUNG KABUPATEN LOMBOK UTARA*. 2. www.abdimastpb.unram.ac.id
- Maddeppungeng, M. (2018). *Buku Panduan Kuesioner Pra Skrining Perkembangan (KPSP)*.
- Malhotra, A., Allison, B. J., Castillo-Melendez, M., Jenkin, G., Polglase, G. R., & Miller, S. L. (2019a). Neonatal morbidities of fetal growth restriction: Pathophysiology and impact. Dalam *Frontiers in Endocrinology* (Vol. 10, Nomor FEB). Frontiers Media S.A. <https://doi.org/10.3389/fendo.2019.00055>
- Malhotra, A., Allison, B. J., Castillo-Melendez, M., Jenkin, G., Polglase, G. R., & Miller, S. L. (2019b). Neonatal morbidities of fetal growth restriction: Pathophysiology and impact. Dalam *Frontiers in Endocrinology* (Vol. 10, Nomor FEB). Frontiers Media S.A. <https://doi.org/10.3389/fendo.2019.00055>
- Marshall, N. E., Abrams, B., Barbour, L. A., Catalano, P., Christian, P., Friedman, J. E., Hay, W. W., Hernandez, T. L., Krebs, N. F., Oken, E., Purnell, J. Q., Roberts, J. M., Soltani, H., Wallace, J., & Thornburg, K. L. (2022). The importance of nutrition in pregnancy and lactation: lifelong consequences. Dalam *American Journal of Obstetrics and Gynecology* (Vol. 226, Nomor 5, hlm. 607–632). Elsevier Inc. <https://doi.org/10.1016/j.ajog.2021.12.035>
- Marsiami, A. S., & Puspariny, C. (2024). The effectiveness of moringa leaf jelly on mother's prolactin level and baby's outcome. *International Journal of Public Health Science*, 13(1), 169–178. <https://doi.org/10.11591/ijphs.v13i1.23170>
- MAYANGSARI DKK (BAB 1)*. (t.t.).
- Mazzocchi, A., Gianni, M. L., Morniroli, D., Leone, L., Roggero, P., Agostoni, C., De Cosmi, V., & Mosca, F. (2019). Hormones in breast milk and effect on infants' growth: A systematic review. *Nutrients*, 11(8). <https://doi.org/10.3390/nu11081845>
- Melina Rumahorbo, R., & syamsiah, N. (2020). *FAKTOR-FAKTOR YANG MEMPENGARUHI TUMBUH KEMBANG BALITA DI WILAYAH KERJA PUSKESMAS PANCUR BATU KABUPATEN DELI SERDANG TAHUN 2019* (Vol. 4).
- Mulyanti, S., Setiawan, A., Handayani, H., Falah, M., & Budiawan, H. (t.t.). *The Influence of Health Education About Cadre Knowledge on Early Detection of Toddler Growth and Development at the Tamansari Health Center, Tasikmalaya City*. <https://doi.org/10.35568/healthcare.v5i2>

- Murdiningsih, & Komariah, N. (2019). Knowledge and parenting patterns with toddler's growth and development. *International Journal of Public Health Science*, 8(2), 179–184. <https://doi.org/10.11591/ijphs.v8i2.17808>
- Nadimin, Hadju, V., As'ad, S., Bukhari, A., Arundhana, A. I., & Imrawati. (2020). A comparison between extract Moringa oleifera and iron tablet on prevention low birth weight in pregnant mothers in Makassar, Indonesia. *Enfermeria Clinica*, 30, 26–30. <https://doi.org/10.1016/j.enfcli.2020.02.008>
- Ndagijimana, A., Nduwayezu, G., Kagoyire, C., Elfving, K., Umubyeyi, A., Mansourian, A., & Lind, T. (2024). Childhood stunting is highly clustered in Northern Province of Rwanda: A spatial analysis of a population-based study. *Heliyon*, 10(2). <https://doi.org/10.1016/j.heliyon.2024.e24922>
- Nguyen, P. H., Young, M. F., Tran, L. M., Khuong, L. Q., Duong, T. H., Nguyen, H. C., Truong, T. V., Digirolamo, A. M., Martorell, R., & Ramakrishnan, U. (2021). Preconception micronutrient supplementation positively affects child intellectual functioning at 6 y of age: A randomized controlled trial in Vietnam. *American Journal of Clinical Nutrition*, 113(5), 1199–1208. <https://doi.org/10.1093/ajcn/nqaa423>
- Nur, O. ;, Rangkuti, A., Harahap, M. A., Prodi, D., Program, K., Aufa, U., Di, R., Padangsidimpuan, K., Program, K., & Aufa, S. U. (t.t.). *HUBUNGAN PENGETAHUAN DAN USIA IBU HAMIL DENGAN KEHAMILAN RISIKO TINGGI DI PUSKESMAS LABUHAN RASOKI*.
- Padila, P., Andari, F. N., & Andri, J. (2019a). Hasil Skrining Perkembangan Anak Usia Toddler antara DDST dengan SDIDTK. *Jurnal Keperawatan Silampari*, 3(1), 244–256. <https://doi.org/10.31539/jks.v3i1.809>
- Padila, P., Andari, F. N., & Andri, J. (2019b). Hasil Skrining Perkembangan Anak Usia Toddler antara DDST dengan SDIDTK. *Jurnal Keperawatan Silampari*, 3(1), 244–256. <https://doi.org/10.31539/jks.v3i1.809>
- Park, C. (2021). *Southeast Asia Regional Report on Maternal Nutrition and Complementary Feeding Southeast Asia Regional Report on Maternal Nutrition and Complementary Feeding UNICEF East Asia and Pacific Region*. www.unicef.org/eap/
- Penerbit Perdana Mulya Sarana Hj Khadijah, K. (2016a). *PENGEMBANGAN KOGNITIF ANAK USIA DINI PENGEMBANGAN KOGNITIF ANAK USIA DINI PENGEMBANGAN KOGNITIF ANAK USIA DINI*.
- Penerbit Perdana Mulya Sarana Hj Khadijah, K. (2016b). *PENGEMBANGAN KOGNITIF ANAK USIA DINI PENGEMBANGAN KOGNITIF ANAK USIA DINI PENGEMBANGAN KOGNITIF ANAK USIA DINI*.
- Pinto, J. (2023). The Role of Nutrition in Children's Growth and Development at Early Age: Systematic Review. *INTERNATIONAL JOURNAL OF RESEARCH IN SCIENCE AND TECHNOLOGY*, 13(4), 23–30. <https://doi.org/10.37648/ijrst.v13i04.004>

- Prado, E. L., Alcock, K. J., Muadz, H., Ullman, M. T., & Shankar, A. H. (2012). Maternal multiple micronutrient supplements and child cognition: A randomized trial in Indonesia. *Pediatrics*, 130(3). <https://doi.org/10.1542/peds.2012-0412>
- Prajapati, C., Ankola, M., Upadhyay, T. K., Sharangi, A. B., Alabdallah, N. M., Al-Saeed, F. A., Muzammil, K., & Saeed, M. (2022). Moringa oleifera: Miracle Plant with a Plethora of Medicinal, Therapeutic, and Economic Importance. Dalam *Horticulturae* (Vol. 8, Nomor 6). MDPI. <https://doi.org/10.3390/horticulturae8060492>
- PrakONSEPsi Dan KEhamilan Terhadap Pertumbuhan Dan Perkembangan Bayi, M., Junaedah, B., Veni, H., Ahmad, M., Hidayanti, H., & Maddeppungeng, M. (t.t.-a). *PENGARUH KAPSUL EKSTRAK DAUN KELOR (MORINGA OLIEFERA) PADA*. <http://journal.stikeskendal.ac.id/index.php/PSKM>
- PrakONSEPsi Dan KEhamilan Terhadap Pertumbuhan Dan Perkembangan Bayi, M., Junaedah, B., Veni, H., Ahmad, M., Hidayanti, H., & Maddeppungeng, M. (t.t.-b). *PENGARUH KAPSUL EKSTRAK DAUN KELOR (MORINGA OLIEFERA) PADA*. <http://journal.stikeskendal.ac.id/index.php/PSKM>
- PrakONSEPsi Dan KEhamilan Terhadap Pertumbuhan Dan Perkembangan Bayi, M., Junaedah, B., Veni, H., Ahmad, M., Hidayanti, H., & Maddeppungeng, M. (t.t.-c). *PENGARUH KAPSUL EKSTRAK DAUN KELOR (MORINGA OLIEFERA) PADA*. <http://journal.stikeskendal.ac.id/index.php/PSKM>
- Purba, H. D. , N. I. , L. , R. , T. T. N. , Askur. , S. H. ,Asrianto. ,Utami,N. (2021). *Kesehatan dan Gizi untuk Anak*.
- Puspita Sari, P., & Mulyadi, S. (2020). *POLA ASUH ORANG TUA TERHADAP PERKEMBANGAN EMOSIONAL ANAK USIA DINI* (Vol. 4, Nomor 1).
- RINI PURWANTI 2012 TENTANG PERKEMBANGAN BAYI. (t.t.).
- S Letlora, J. A., Sineke, J., & Rudolf Boyke Purba Poltekkes Kemenkes Manado Jurusan Gizi, dan. (2020). *BUBUK DAUN KELOR SEBAGAI FORMULA MAKANAN BALITA STUNTING* (Vol. 12, Nomor 2).
- Sari, K. , A. , S. , S. N. (2022). *Badan Pusat Statistik. Profil Kesehatan Ibu dan Anak*. <https://www.bps.go.id>
- Sarih, K., Sirajuddin, S., Abdullah, T., Maddepungeng, M., Hadju, V., & Bahar, B. (2020). Relationship between docohexaenoid acid in breastmilk and development scores at infant 18–23 months of age. *Enfermeria Clinica*, 30, 187–190. <https://doi.org/10.1016/j.enfcli.2019.10.066>
- SATRIAWAN JURNAL BAB 1. (t.t.).
- Shija, A. E., Rumisha, S. F., Oriyo, N. M., Kilima, S. P., & Massaga, J. J. (2019). Effect of Moringa Oleifera leaf powder supplementation on reducing anemia in children below two years in Kisarawe District, Tanzania. *Food Science and Nutrition*, 7(8), 2584–2594. <https://doi.org/10.1002/fsn3.1110>
- Smith, E. R., Shankar, A. H., Wu, L. S. F., Aboud, S., Adu-Afarwuah, S., Ali, H., Agustina, R., Arifeen, S., Ashorn, P., Bhutta, Z. A., Christian, P., Devakumar, D., Dewey, K. G.,

- Friis, H., Gomo, E., Gupta, P., Kæstel, P., Kolsteren, P., Lanou, H., ... Sudfeld, C. R. (2017). Modifiers of the effect of maternal multiple micronutrient supplementation on stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomised trials in low-income and middle-income countries. *The Lancet Global Health*, 5(11), e1090–e1100. [https://doi.org/10.1016/S2214-109X\(17\)30371-6](https://doi.org/10.1016/S2214-109X(17)30371-6)
- Sr, A., & Sampe, S. A. (2020). Hubungan Pemberian ASI Eksklusif Dengan Kejadian Stunting Pada Balita Relationship between Exclusive Breastfeeding and Stunting in Toddlers. *Juni*, 11(1), 448–455. <https://doi.org/10.35816/jiskh.v10i2.314>
- sukmawati, hendrayati, chaerunnimah, nurhumaira. (2018). STATUS GIZI IBU SAAT HAMIL, BERAT BADAN LAHIR BAYI DENGAN STUNTING PADA BALITA. Dalam *Media Gizi Pangan* (Vol. 25).
- Sunderajan, T., & Kanhere, S. (2019). Speech and language delay in children: Prevalence and risk factors. *Journal of Family Medicine and Primary Care*, 8(5), 1642. https://doi.org/10.4103/jfmpc.jfmpc_162_19
- Susanti, E., Zainiyah, Z., Hasanah, F., Dewi, A. W., Sakdiyah, H., Studi D-IV Kebidanan, P., & Ngudia Husada Madura, Stik. (t.t.). *KARTU SKOR PUJI ROCHYATI (KSPR) DALAM UPAYA SCREENING KEHAMILAN IBU RESIKO TINGGI*.
- Tian, Q., Gao, X., Sha, T., Chen, C., Li, L., He, Q., Cheng, G., Wu, X., Yang, F., & Yan, Y. (2019). Effect of feeding patterns on growth and nutritional status of children aged 0–24 months: A Chinese cohort study. *PLoS ONE*, 14(11). <https://doi.org/10.1371/journal.pone.0224968>
- Tinggi, S., Kesehatan, I., Majene, B. B., Terhadap, B., Badan, P., Lahir, B. B., Kabupaten, D., Rasmawati, M., Sulaiman, Y., & Bangsa Majene, B. (t.t.). Efek Pemberian Multi Mikronutrien Suplement (MMS) dan Garam. *Jurnal Pendidikan dan Teknologi Kesehatan*, 7(2), 272–283. <https://doi.org/10.56467/jptk.v7i2.228>
- Tran, T. D., Tran, T., Simpson, J. A., Tran, H. T., Nguyen, T. T., Hanieh, S., Dwyer, T., Biggs, B.-A., & Fisher, J. (2014a). *Infant motor development in rural Vietnam and intrauterine exposures to anaemia, iron deficiency and common mental disorders: a prospective community-based study*. <http://www.biomedcentral.com/1471-2393/14/8>
- Tran, T. D., Tran, T., Simpson, J. A., Tran, H. T., Nguyen, T. T., Hanieh, S., Dwyer, T., Biggs, B.-A., & Fisher, J. (2014b). *Infant motor development in rural Vietnam and intrauterine exposures to anaemia, iron deficiency and common mental disorders: a prospective community-based study*. <http://www.biomedcentral.com/1471-2393/14/8>
- Ulmy, M. N., Tahir, A., Arsunan, A. A., Burhanuddin, B., & Veni, H. (2020). Effect of moringa leaves during pregnancy on growth and morbidity in 0–5 months. *Enfermeria Clinica*, 30, 61–65. <https://doi.org/10.1016/j.enfcli.2019.10.041>
- We, A. Y., & Fauziah, P. Y. (2020). Tradisi Kearifan Lokal Minangkabau “Manjuai” untuk Stimulasi Perkembangan Anak Usia Dini. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 5(2), 1339–1351. <https://doi.org/10.31004/obsesi.v5i2.660>

- World Health Organization (WHO). (2023). *Levels and Trends in child Malnutrition*.
- Yamamoto, Naoko. , C. O. U. N. (2021). *Global Nutrition Report. The State Of Global Nutrition*.
- Zongo, U., Zoungrana, S. L., Savadogo, A., & Traoré, A. S. (2013). Nutritional and Clinical Rehabilitation of Severely Malnourished Children with <i>Moringa oleifera Lam</i>. Leaf Powder in Ouagadougou (Burkina Faso). *Food and Nutrition Sciences*, 04(09), 991–997. <https://doi.org/10.4236/fns.2013.49128>
- Zungu, N., van Onselen, A., Kolanisi, U., & Siwela, M. (2020). Assessing the nutritional composition and consumer acceptability of *Moringa oleifera* leaf powder (MOLP)-based snacks for improving food and nutrition security of children. *South African Journal of Botany*, 129, 283–290. <https://doi.org/10.1016/j.sajb.2019.07.048>

Lampiran 1. Lembar Penelitian

Assalamu'alaikum warahmatullahi wabarakatuh

Mohon maaf saya menyita waktu Bapak/Ibu beberapa menit. Saya Dewi Faradillah Mahasiswa program studi Magister Ilmu Kebidanan Universitas Hasanuddin bermaksud untuk meminta data/informasi kepada bapak/ibu terkait dengan penelitian tesis saya dengan judul “ study follow up post intervensi pemberian kapsul ekstrak daun kelor yang diperkaya royal jelly pada ibu hamil terhadap pertumbuhan dan perkembangan bayi usia 0-3 bulan”

Tujuan penelitian ini adalah untuk menilai dampak pemberian Kapsul Ekstrak Daun Kelor (*Moringa Olifera*) yang diperkaya Royal Jelly (MRJ) pada ibu hamil terhadap kepuasaan menyusui dan stress ibu menyusui.Saya selaku peneliti akan mejaga kerahasiaaan indentitas dan informasi yang akan diberikan oleh Bapak/ Ibu jika bersedia jika menjadi responden, sehingga saya sangat mengharap Bapak/Ibu menjawab pertanyaan dengan jujur tanpa keraguan. Jika Bapak/Ibu ingin jawaban yang diberikan tidak diketahui oleh orang lain, maka wawancara singkat bisa dilakukan secara tertutup.

Bila selama penelitian berlangsung pada saat wawancara singkat responden ingin mengundurkan diri karena sesuatu hal (misalnya : sakit atau ada keperluan lain yang mendesak) maka responden dapat mengungkapkan langsung kepada peneliti. Hal-hal yang tidak jelas dapat menghubungi saya (Dewi Faradillah/083135471992)

Peneliti

Dewi Faradillah

(No. Hp (0822-9041-0126)

Lampiran 2. Lembar Persetujuan Responden

FORMULIR PERSETUJUAN

Yang bertanda tangan dibawah ini:

Nama :

Tanggal lahir/umur :

Alamat :

No. Hp :

Setelah mendengar/membaca dan mengerti penjelasan yang diberikan mengenai apa yang dilakukan pada penelitian dengan judul "**Study follow up post intervensi pemberian kapsul ekstrak daun kelor (moringa oleifera) yang diperkaya royal jelly pada ibu hamil terhadap pertumbuhan dan perkembangan bayi usia 0-3 bulan**", maka saya bersedia berpartisipasi dalam penelitian ini. Saya mengerti bahwa pada penelitian ini maka ada beberapa pertanyaan-pertanyaan yang harus saya jawab, dan sebagai responden saya akan menjawab pertanyaan yang diajukan dengan jujur.

Saya menjadi responden bukan karena adanya paksaan dari pihak lain, tetapi karena keinginan saya sendiri dan tidak ada biaya yang akan ditanggungkan kepada saya sesuai dengan penjelasan yang sudah dijelaskan oleh peneliti.

Saya percaya bahwa keamanan dan kerahasiaan data yang diperoleh dari saya sebagai responden akan terjamin dan saya dengan ini menyetujui semua informasi dari saya yang dihasilkan pada penelitian ini dapat dipublikasikan dalam bentuk lisan maupun tulisan dengan tidak mencantumkan nama. Bila terjadi perbedaan pendapat dikemudian hari, kami akan menyelesaiannya secara kekeluargaan.

Makassar, 2024

Responden

(.....)

Penanggung Jawab Penelitian :

Nama : Dewi Faradillah

Alamat : Perumahan bung permai blok A14 NO. 20 Makassar

Tlp/HP : 0831-3547-1992

Email : dewifaradillah21@gmail.com

Lampiran 3 Master Tabel Karakteristik responden

NAMA		KAPSUL	UMUR	JK BAYI	PEKERJAAN	PENDIDIKAN	PENDAPATAN KELUARGA	PARITAS	K-ANC	PERSALI NAN
BY	N	B	1	2	1	1	2	1	1	2
BY	E	A	1	2	2	2	2	2	1	2
BY	D	A	2	2	2	1	2	1	1	2
BY	M	A	1	2	2	1	2	2	1	2
BY	S	A	1	2	2	2	1	2	1	2
BY	A	B	1	1	2	2	1	2	2	2
BY	Y	B	1	1	2	1	2	2	1	2
BY	F	A	2	2	2	2	1	3	1	2
BY	R	B	1	2	2	1	1	2	1	1
BY	N	A	1	1	2	2	1	3	1	2
BY	J	A	1	2	2	2	1	2	1	2
BY	Y	B	1	1	2	1	2	1	1	1
BY	E	B	1	2	2	2	2	2	1	1
BY	N	A	1	2	2	2	2	2	1	2
BY	N	B	1	2	2	1	2	2	1	1
BY	A	A	1	2	2	2	1	3	2	1
BY	A	A	1	2	2	2	1	2	1	1
BY	W	B	1	1	2	1	2	2	1	2
BY	P	A	1	2	1	1	2	1	1	2
BY	W	A	2	2	2	1	1	3	2	1
BY	N	B	1	1	2	2	2	2	1	2
BY	R	B	2	2	2	2	2	3	1	1
BY	M	A	1	2	2	2	1	2	1	2
BY	U	A	1	2	2	1	1	1	1	2
BY	T	B	1	2	2	1	1	1	1	2
BY	Y	A	1	2	2	1	1	1	1	2
BY	J	B	1	1	2	2	2	2	1	2
BY	D	B	1	2	2	2	1	1	1	2
BY	S	B	1	1	2	1	1	1	2	2
BY	L	B	1	1	1	1	2	2	1	2
BY	S	A	1	1	2	2	2	1	2	2
BY	I	A	1	2	2	2	2	2	1	2
BY	D	A	2	1	2	1	1	1	1	2

BY	W	A	1	2	2	2	1	2	2	2	2
BY	L	A	2	1	2	1	2	1	1	1	2
BY	S	A	2	1	2	2	2	2	1	1	2
BY	P	B	1	2	2	1	2	2	1	1	2
BY	D	B	1	2	2	1	1	1	1	1	2
BY	R	A	2	2	2	2	1	1	1	1	2
BY	I	B	1	2	2	1	2	2	1	1	2
BY	E	B	1	2	2	2	1	1	1	1	2
BY	F	B	1	1	2	1	2	2	1	1	1
BY	W	B	1	1	2	1	2	1	1	1	2
BY	N	A	1	2	2	1	1	2	1	1	2
BY	N	A	1	2	2	1	1	2	1	1	1
BY	E	A	1	1	2	1	2	2	1	1	1
BY	N	A	2	1	2	1	1	3	2	2	2
BY	S	A	2	2	2	2	2	2	1	1	1
BY	S	A	2	1	2	1	2	3	1	1	1
BY	W	B	1	1	1	1	1	2	1	1	2
BY	N	B	1	1	1	1	1	1	1	1	2
BY	I	B	1	2	2	1	2	1	2	2	2
BY	T	A	1	1	2	1	2	2	2	2	2
BY	S	B	1	1	2	2	1	3	1	1	1
BY	F	B	2	1	2	1	1	3	1	1	1
BY	H	B	1	1	2	1	1	2	1	1	2
BY	R	B	1	1	1	1	2	2	1	1	1
BY	W	B	1	1	2	1	1	2	1	1	2
BY	R	A	2	1	2	2	1	3	1	1	1
BY	V	A	1	1	2	1	1	2	1	1	2
BY	A	B	1	1	2	1	1	3	1	1	1
BY	S	B	1	1	1	1	1	3	1	1	2
BY	I	B	1	1	2	1	2	1	1	1	2

Master Tabel. Variabel Confonding (ISPA, DIARE, Penyakit Lainnya)

NAMA		KAPSUL	BULAN 1	BULAN 2	BULAN 3
BY	N	B	2	2	2
BY	E	A	2	2	2
BY	D	A	2	2	2
BY	M	A	2	2	2
BY	S	A	2	2	2

BY	A	B	2	2	2
BY	Y	B	2	2	2
BY	F	A	2	2	2
BY	R	B	2	2	2
BY	N	A	2	2	2
BY	J	A	2	2	2
BY	Y	B	2	2	2
BY	E	B	2	2	2
BY	N	A	2	2	2
BY	N	B	2	2	2
BY	A	A	2	2	2
BY	A	A	2	2	2
BY	W	B	2	2	2
BY	P	A	2	2	2
BY	W	A	2	2	2
BY	N	B	2	1	2
BY	R	B	2	2	2
BY	M	A	2	2	2
BY	U	A	2	2	2
BY	T	B	2	2	2
BY	Y	A	2	2	2
BY	J	B	2	2	2
BY	D	B	2	2	2
BY	S	B	2	2	2
BY	L	B	2	2	2
BY	S	A	2	1	2
BY	I	A	2	2	2
BY	D	A	2	2	2
BY	W	A	2	2	2
BY	L	A	1	1	2
BY	S	A	2	2	2
BY	P	B	2	2	2
BY	D	B	2	2	2
BY	R	A	2	2	2
BY	I	B	2	2	2
BY	E	B	2	2	2
BY	F	B	2	2	2
BY	W	B	2	2	2
BY	N	A	2	2	2
BY	N	A	2	2	2

BY	E	A	2	2	2
BY	N	A	2	2	2
BY	S	A	2	2	2
BY	S	A	2	2	2
BY	W	B	1	2	2
BY	N	B	2	2	2
BY	I	B	2	2	2
BY	T	A	2	2	2
BY	S	B	2	1	2
BY	F	B	2	1	1
BY	H	B	2	1	2
BY	R	B	1	2	2
BY	W	B	2	2	2
BY	R	A	2	1	1
BY	V	A	2	2	2
BY	A	B	2	2	2
BY	S	B	2	1	2
BY	I	B	2	2	2

Master Tabel. Berat Badan Berdasarkan Umur

NAMA		KAPSUL	LAHIR	BULAN 1	BULAN 2	BULAN 3
BY	N	B	2	2	2	2
BY	E	A	2	2	2	2
BY	D	A	2	2	2	2
BY	M	A	2	2	2	2
BY	S	A	2	2	2	2
BY	A	B	2	2	2	2
BY	Y	B	2	2	2	2
BY	F	A	2	2	2	2
BY	R	B	2	2	2	2
BY	N	A	2	2	2	2
BY	J	A	2	2	2	2
BY	Y	B	2	2	2	2
BY	E	B	2	2	2	2
BY	N	A	2	2	2	2
BY	N	B	2	2	2	2
BY	A	A	2	2	2	2
BY	A	A	2	2	2	2

BY	W	B	2	2	2	2
BY	P	A	2	2	1	1
BY	W	A	2	2	2	2
BY	N	B	2	2	2	2
BY	R	B	2	1	1	1
BY	M	A	2	2	2	2
BY	U	A	2	2	2	2
BY	T	B	2	2	2	2
BY	Y	A	2	2	2	2
BY	J	B	2	2	2	2
BY	D	B	2	2	1	1
BY	S	B	2	4	2	2
BY	L	B	2	2	2	2
BY	S	A	2	2	2	2
BY	I	A	2	2	2	2
BY	D	A	2	2	2	2
BY	W	A	2	2	2	2
BY	L	A	2	2	2	2
BY	S	A	2	2	2	2
BY	P	B	2	2	2	2
BY	D	B	2	2	2	2
BY	R	A	2	2	2	2
BY	I	B	2	2	2	2
BY	E	B	2	2	2	2
BY	F	B	2	2	2	2
BY	W	B	2	2	2	2
BY	N	A	2	1	2	2
BY	N	A	2	1	1	2
BY	E	A	2	2	2	2
BY	N	A	2	2	2	2
BY	S	A	2	2	2	2
BY	S	A	2	2	2	2
BY	W	B	2	2	2	2
BY	N	B	2	2	2	2
BY	I	B	2	2	2	2
BY	T	A	2	2	2	2
BY	S	B	2	2	2	2
BY	F	B	2	2	2	2
BY	H	B	2	2	2	2
BY	R	B	2	2	2	2

BY	W	B	2	2	2	2
BY	R	A	2	2	2	2
BY	V	A	2	1	2	2
BY	A	B	2	2	2	2
BY	S	B	2	2	2	2
BY	I	B	2	2	2	2

Master Tabel. Panjang Badan Berdasarkan Umur

NAMA		KAPSUL	PB LAHIR	PB 1 BULAN	PB 2 BULAN	PB 3 BULAN
BY	N	B	3	3	3	3
BY	E	A	3	3	3	3
BY	D	A	3	3	3	3
BY	M	A	3	3	3	3
BY	S	A	3	3	3	3
BY	A	B	3	3	2	3
BY	Y	B	3	3	3	3
BY	F	A	3	3	3	3
BY	R	B	3	3	3	3
BY	N	A	3	3	3	3
BY	J	A	3	3	3	3
BY	Y	B	3	3	3	3
BY	E	B	3	3	3	3
BY	N	A	3	3	3	3
BY	N	B	3	3	3	3
BY	A	A	3	3	3	3
BY	A	A	3	3	3	3
BY	W	B	3	3	3	3
BY	P	A	3	3	3	3
BY	W	A	3	3	3	3
BY	N	B	3	3	3	3
BY	R	B	3	3	3	3
BY	M	A	3	3	3	3
BY	U	A	3	3	3	3
BY	T	B	3	3	3	3
BY	Y	A	3	3	3	3
BY	J	B	3	3	3	3

BY	D	B	3	3	3	3
BY	S	B	3	3	3	3
BY	L	B	3	3	3	3
BY	S	A	3	3	3	3
BY	I	A	3	3	3	3
BY	D	A	3	3	3	3
BY	W	A	3	3	3	3
BY	L	A	3	3	3	3
BY	S	A	3	3	3	3
BY	P	B	3	3	3	3
BY	D	B	3	3	3	3
BY	R	A	3	2	2	3
BY	I	B	3	3	3	3
BY	E	B	3	3	3	3
BY	F	B	3	3	3	3
BY	W	B	3	3	3	3
BY	N	A	3	3	3	3
BY	N	A	3	3	2	2
BY	E	A	3	3	3	3
BY	N	A	3	3	3	3
BY	S	A	3	3	2	3
BY	S	A	3	3	3	3
BY	W	B	3	3	2	2
BY	N	B	3	3	3	3
BY	I	B	3	3	3	3
BY	T	A	3	3	3	3
BY	S	B	3	3	3	3
BY	F	B	3	3	3	3
BY	H	B	3	3	3	3
BY	R	B	3	3	3	3
BY	W	B	3	3	3	3
BY	R	A	3	3	3	3
BY	V	A	2	2	3	3
BY	A	B	3	3	3	3
BY	S	B	3	3	3	3
BY	I	B	3	3	3	3
			3	3	3	3

Master Tabel. Berat Badan Berdasarkan Panjang Badan

NAMA		KAPSUL	BB/PB Lahir	BB/PB 1 BLN	BB/PB 2 BLN	BB/PB 3 BLN
BY	N	B	3	6	5	3
BY	E	A	3	4	3	3
BY	D	A	3	3	3	3
BY	M	A	3	3	3	3
BY	S	A	3	3	3	3
BY	A	B	3	4	3	3
BY	Y	B	5	4	4	3
BY	F	A	3	3	3	3
BY	R	B	4	3	3	3
BY	N	A	4	3	3	4
BY	J	A	3	4	3	3
BY	Y	B	3	2	3	3
BY	E	B	3	3	3	3
BY	N	A	3	3	3	3
BY	N	B	2	3	3	3
BY	A	A	4	3	4	4
BY	A	A	1	3	4	4
BY	W	B	5	6	6	4
BY	P	A	3	4	2	1
BY	W	A	3	3	3	3
BY	N	B	3	3	5	3
BY	R	B	2	1	1	1
BY	M	A	3	3	3	4
BY	U	A	3	3	3	3
BY	T	B	3	2	3	3
BY	Y	A	4	5	4	4
BY	J	B	3	5	4	3
BY	D	B	5	3	2	1
BY	S	B	4	5	4	3
BY	L	B	3	4	4	3
BY	S	A	4	3	3	3
BY	I	A	3	4	5	4
BY	D	A	4	3	5	5
BY	W	A	3	3	3	3
BY	L	A	3	3	4	4
BY	S	A	3	3	3	3
BY	P	B	3	3	3	3
BY	D	B	3	4	4	3

BY	R	A	3	4	5	5
BY	I	B	4	4	5	5
BY	E	B	3	4	4	4
BY	F	B	3	3	3	3
BY	W	B	3	3	4	4
BY	N	A	3	1	3	2
BY	N	A	3	3	3	6
BY	E	A	4	5	3	3
BY	N	A	3	3	4	4
BY	S	A	3	4	4	4
BY	S	A	3	3	3	3
BY	W	B	4	6	6	6
BY	N	B	4	3	3	3
BY	I	B	3	3	3	3
BY	T	A	3	3	4	4
BY	S	B	3	4	3	2
BY	F	B	3	3	3	2
BY	H	B	3	4	3	3
BY	R	B	3	3	3	3
BY	W	B	5	5	4	3
BY	R	A	4	3	3	3
BY	V	A	3	3	3	3
BY	A	B	3	5	5	3
BY	S	B	3	3	3	3
BY	I	B	3	5	4	4

Master Tabel. Indeks Masa Tubuh Bayi (IMT).

NAMA		KAPSUL	IMT LAHIR	IMT 1 BLN	IMT 2 BLN	IMT 3 BLN
BY	N	B	1	5	4	3
BY	E	A	2	3	3	3
BY	D	A	2	3	3	3
BY	M	A	2	3	3	3
BY	S	A	2	3	3	3
BY	A	B	2	3	3	3
BY	Y	B	3	3	3	3
BY	F	A	2	3	3	3
BY	R	B	3	3	3	3

BY	N	A	3	3	3	4
BY	J	A	2	3	3	3
BY	Y	B	3	2	3	3
BY	E	B	3	3	3	3
BY	N	A	2	3	3	3
BY	N	B	1	3	3	4
BY	A	A	3	3	3	4
BY	A	A	1	3	3	4
BY	W	B	3	4	5	4
BY	P	A	2	2	2	2
BY	W	A	2	3	3	3
BY	N	B	2	3	3	3
BY	R	B	1	1	1	1
BY	M	A	2	3	3	4
BY	U	A	2	3	3	3
BY	T	B	2	1	3	3
BY	Y	A	3	5	3	4
BY	J	B	3	5	3	4
BY	D	B	3	3	2	1
BY	S	B	3	3	3	3
BY	L	B	2	3	3	3
BY	S	A	3	3	3	3
BY	I	A	3	3	3	4
BY	D	A	3	3	3	5
BY	W	A	3	3	3	3
BY	L	A	2	3	3	3
BY	S	A	1	3	3	3
BY	P	B	2	3	3	3
BY	D	B	2	3	3	4
BY	R	A	3	3	3	3
BY	I	B	3	3	5	5
BY	E	B	1	3	3	4
BY	F	B	3	3	3	3
BY	W	B	2	3	3	3
BY	N	A	2	1	3	3
BY	N	A	1	2	3	5
BY	E	A	3	3	3	3
BY	N	A	3	3	3	3
BY	S	A	3	3	3	3
BY	S	A	2	3	3	3

BY	W	B	3	5	6	5
BY	N	B	3	3	3	3
BY	I	B	3	3	3	3
BY	T	A	1	3	3	3
BY	S	B	2	3	3	3
BY	F	B	3	3	3	3
BY	H	B	1	3	3	3
BY	R	B	2	3	3	3
BY	W	B	3	3	5	3
BY	R	A	3	3	3	3
BY	V	A	3	2	3	3
BY	A	B	2	3	5	3
BY	S	B	2	3	3	3
BY	I	B	2	3	3	3

Master Tabel. Perkembangan bayi usia 3 bulan

NAMA		KAPSUL	Perkembangan
BY	N	B	10
BY	E	A	10
BY	D	A	9
BY	M	A	9
BY	S	A	9
BY	A	B	10
BY	Y	B	10
BY	F	A	9
BY	R	B	10
BY	N	A	9
BY	J	A	10
BY	Y	B	9
BY	E	B	10
BY	N	A	10
BY	N	B	10
BY	A	A	10
BY	A	A	10
BY	W	B	9
BY	P	A	9
BY	W	A	10

BY	N	B	10
BY	R	B	9
BY	M	A	10
BY	U	A	10
BY	T	B	10
BY	Y	A	10
BY	J	B	10
BY	D	B	10
BY	S	B	10
BY	L	B	10
BY	S	A	10
BY	I	A	10
BY	D	A	9
BY	W	A	8
BY	L	A	9
BY	S	A	10
BY	P	B	9
BY	D	B	10
BY	R	A	9
BY	I	B	10
BY	E	B	9
BY	F	B	10
BY	W	B	10
BY	N	A	9
BY	N	A	10
BY	E	A	10
BY	N	A	10
BY	S	A	9
BY	S	A	10
BY	W	B	9
BY	N	B	9
BY	I	B	9
BY	T	A	10
BY	S	B	10
BY	F	B	10
BY	H	B	9
BY	R	B	10
BY	W	B	9
BY	R	A	9
BY	V	A	10

BY	A	B	10
BY	S	B	10
BY	I	B	9

Lampiran Hasil Analisis SPSS

A. Analisis Univariat Karakteristik Responden

Case Processing Summary

	Cases		Missing		Total	
	Valid		N	Percent	N	Percent
	N	Percent				
Kelompok * Usia_Ibu	63	98.4%	1	1.6%	64	100.0%
Kelompok * Pekerjaan	63	98.4%	1	1.6%	64	100.0%
Kelompok * Pendidikan	63	98.4%	1	1.6%	64	100.0%
Kelompok * Pendapatan	63	98.4%	1	1.6%	64	100.0%
Kelompok * Paritas	63	98.4%	1	1.6%	64	100.0%
Kelompok * Jenis_Persalinan	63	98.4%	1	1.6%	64	100.0%
Kelompok * KunjunganANC	63	98.4%	1	1.6%	64	100.0%

Crosstab

Kelompok	MRJ	Count	Usia_Ibu		Total
			Resiko Rendah	Resiko Tinggi	
			20	11	31

		% within Kelompok	64.5%	35.5%	100.0%
MMS	Count		30	2	32
		% within Kelompok	93.8%	6.3%	100.0%
Total	Count		50	13	63
		% within Kelompok	79.4%	20.6%	100.0%

Chi-Square Tests

			Asymptotic Significance	(2-Exact sided)	Sig. (2-Exact sided)	Sig. (1- sided)
	Value	df				
Pearson Chi-Square	8.217^a	1	.004			
Continuity Correction ^b	6.529	1	.011			
Likelihood Ratio	8.857	1	.003			
Fisher's Exact Test					.005	.004
Linear-by-Linear Association	8.087	1	.004			
N of Valid Cases	63					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6,40.

b. Computed only for a 2x2 table

Crosstab

Pekerjaan	Total
------------------	--------------

		Bekerja	Tidak Bekerja		
Kelompok	MRJ	Count	1	30	31
		% within Kelompok	3.2%	96.8%	100.0%
	MMS	Count	6	26	32
		% within Kelompok	18.8%	81.3%	100.0%
Total		Count	7	56	63
		% within Kelompok	11.1%	88.9%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-Exact sided)	Sig. (2-Exact sided)	Sig. (1-sided)
Pearson Chi-Square	3.842 ^a	1	.050		
Continuity Correction ^b	2.431	1	.119		
Likelihood Ratio	4.233	1	.040		
Fisher's Exact Test				.104	.057
Linear-by-Linear Association	3.781	1	.052		
N of Valid Cases	63				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 3,44.

b. Computed only for a 2x2 table

Crosstab

		Pendidikan			Total	
		Pendidikan		Tinggi		
		Rendah	Tinggi			
Kelompok MRJ	Count	15	16	31		
	% within Kelompok	48.4%		51.6%	100.0%	
MMS	Count	24	8	32		
	% within Kelompok	75.0%		25.0%	100.0%	
Total	Count	39	24	63		
	% within Kelompok	61.9%		38.1%	100.0%	

Chi-Square Tests

			Value	df	Asymptotic Significance (2-tailed)	(2-Exact Sig. (2-sided))	Sig. (2-sided)	(2-Exact Sig. (1-sided))
Pearson Chi-Square			4.729 ^a	1	.030			
Continuity Correction ^b			3.668	1	.055			
Likelihood Ratio			4.798	1	.028			
Fisher's Exact Test							.039	.027
Linear-by-Linear Association			4.654	1	.031			
N of Valid Cases			63					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11,81.

b. Computed only for a 2x2 table

Crosstab

		Pendapatan		
		Rendah < UMR	Tinggi > UMR	Total
Kelompok	MRJ	Count	15	16
		% within Kelompok	48.4%	51.6%
	MMS	Count	24	8
		% within Kelompok	75.0%	25.0%
Total		Count	39	24
		% within Kelompok	61.9%	38.1%

Chi-Square Tests

			Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Sig. (1-sided)
Pearson Chi-Square			4.729 ^a	1	.030			
Continuity Correction ^b			3.668	1	.055			
Likelihood Ratio			4.798	1	.028			
Fisher's Exact Test						.039		.027
Linear-by-Linear Association			4.654	1	.031			
N of Valid Cases			63					

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.81.

b. Computed only for a 2x2 table

Crosstab

		Paritas				
		Primipara	Multipara	Grande Multipara	Total	
Kelompok	MRJ	Count	8	15	8	31
		% within Kelompok	25.8%	48.4%	25.8%	100.0%
MMS	Count	11	17	4	32	
	% within Kelompok	34.4%	53.1%	12.5%	100.0%	
Total	Count	19	32	12	63	
	% within Kelompok	30.2%	50.8%	19.0%	100.0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.917 ^a	2	.384
Likelihood Ratio	1.944	2	.378
Linear-by-Linear Association	1.546	1	.214
N of Valid Cases	63		

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 5,90.

Crosstab

		Jenis_Persalinan		
		spontan	Caesarea	Total
Kelompok	MRJ	Count	25	6
		% within Kelompok	80.6%	19.4% 100.0%
Total	MMS	Count	29	3
		% within Kelompok	90.6%	9.4% 100.0%
Total		Count	54	9
		% within Kelompok	85.7%	14.3% 100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance			
			(2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Sig. (1-sided)
Pearson Chi-Square	1.281 ^a	1	.258			
Continuity Correction ^b	.595	1	.440			
Likelihood Ratio	1.300	1	.254			
Fisher's Exact Test				.302		.221
Linear-by-Linear Association	1.260	1	.262			
N of Valid Cases	63					

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 4,43.

b. Computed only for a 2x2 table

Crosstab

			KunjunganANC		Total
			< 4 Kali	> 4 Kali	
Kelompok	MRJ	Count	8	23	31
		% within Kelompok	25.8%	74.2%	100.0%
	MMS	Count	10	22	32
		% within Kelompok	31.3%	68.8%	100.0%
Total		Count	18	45	63
		% within Kelompok	28.6%	71.4%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance			(2-Exact Sided)	Sig. (2-Exact Sided)	Sig. (1-sided)
Pearson Chi-Square	.229 ^a	1	.633					
Continuity Correction ^b	.040	1	.842					
Likelihood Ratio	.229	1	.632					
Fisher's Exact Test					.782		.421	
Linear-by-Linear Association	.225	1	.635					
N of Valid Cases	63							

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.86.

b. Computed only for a 2x2 table

Karakteristik Bayi

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Kelompok BB_Berdasarkan_Umur1Bulan	*63	98.4%	1	1.6%	64	100.0%

Kelompok	*63	98.4%	1	1.6%	64	100.0%
BB_Berdasarkan_Umur2Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
BB_Berdasarkan_Umur3Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
PB_Berdasarkan_Umur1Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
PB_Berdasarkan_Umur2Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
PB_Berdasarkan_Umur3Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
BB_Berdasarkan_PB1Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
BB_Berdasarkan_PB2Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
BB_Berdasarkan_PB3Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
IMT_Bayi1Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
IMT_Bayi2Bulan						

Kelompok	*63	98.4%	1	1.6%	64	100.0%
IMT_Bayi3Bulan						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
Perkembangan						

Crosstab

BB_Berdasarkan_Umur1Bulan						
			Underweight	Normal	Obesitas	Total
Kelompok	MRJ	Count	3	28	0	31
		% within Kelompok	9.7%	90.3%	0.0%	100.0%
	MMS	Count	1	30	1	32
		% within Kelompok	3.1%	93.8%	3.1%	100.0%
Total		Count	4	58	1	63
		% within Kelompok	6.3%	92.1%	1.6%	100.0%

Chi-Square Tests

			Asymptotic Significance (2- sided)
	Value	df	
Pearson Chi-Square	2.054 ^a	2	.358
Likelihood Ratio	2.486	2	.289

Linear-by-Linear Association	2.016	1	.156
N of Valid Cases	63		

a. 4 cells (66,7%) have expected count less than 5. The minimum expected count is ,49.

Crosstab

		BB_Berdasarkan_Umur2Bula		
		n		
		Underweight	Normal	Total
Kelompok MRJ	Count	2	29	31
	% within Kelompok	6.5%	93.5%	100.0%
MMS	Count	2	30	32
	% within Kelompok	6.3%	93.8%	100.0%
Total	Count	4	59	63
	% within Kelompok	6.3%	93.7%	100.0%

Chi-Square Tests

Value	df	Asymptotic Significance					
		(2-Exact sided)	Exact Sig. (2-sided)	Sig. (2-sided)	Sig. (1-sided)	Sig. (2-sided)	Sig. (1-sided)

Pearson Chi-Square	.001 ^a	1	.974		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.001	1	.974		
Fisher's Exact Test				1.000	.681
Linear-by-Linear Association	.001	1	.974		
N of Valid Cases	63				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,97.

b. Computed only for a 2x2 table

Crosstab

BB_Berdasarkan_Umur3Bulan					
n					
		Underweight		Normal	Total
Kelompok	MRJ	Count	1	30	31
		% within Kelompok	3.2%	96.8%	100.0%
	MMS	Count	2	30	32
		% within Kelompok	6.3%	93.8%	100.0%
Total		Count	3	60	63
		% within Kelompok	4.8%	95.2%	100.0%

Chi-Square Tests

			Value	df	Asymptotic Significance (2-Exact sided)	Sig. (2-Exact sided)	Sig. (1-sided)
Pearson Chi-Square	.318 ^a		.318 ^a	1	.573		
Continuity Correction ^b	.000		.000	1	1.000		
Likelihood Ratio	.324		.324	1	.569		
Fisher's Exact Test						1.000	.512
Linear-by-Linear Association	.313		.313	1	.576		
N of Valid Cases	63		63				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,48.

b. Computed only for a 2x2 table

Crosstab

		PB_Berdasarkan_Umur1Bula		
		n		
		Pendek	Normal	Total
Kelompok MRJ	Count	2	29	31
	% within Kelompok	6.5%	93.5%	100.0%
MMS	Count	0	32	32
	% within Kelompok	0.0%	100.0%	100.0%

Total	Count	2	61	63
	% within Kelompok	3.2%	96.8%	100.0%

Chi-Square Tests

			Asymptotic Significance (2-Exact sided)	Sig. (2-Exact sided)	Sig. (1-sided)
	Value	df			
Pearson Chi-Square	2.132 ^a	1	.144		
Continuity Correction ^b	.550	1	.458		
Likelihood Ratio	2.904	1	.088		
Fisher's Exact Test				.238	.238
Linear-by-Linear Association	2.098	1	.147		
N of Valid Cases	63				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is ,98.

b. Computed only for a 2x2 table

Crosstab

		PB_Berdasarkan_Umur2Bula		n
		Pendek	Normal	
Kelompok	MRJ	Count	3	28
				31

		% within Kelompok	9.7%	90.3%	100.0%
MMS	Count	2	30	32	
		% within Kelompok	6.3%	93.8%	100.0%
Total	Count	5	58	63	
		% within Kelompok	7.9%	92.1%	100.0%

Chi-Square Tests

			Asymptotic Significance (2-Exact sided)	Sig. (2-Exact sided)	Sig. (1- sided)
	Value	df			
Pearson Chi-Square	.253 ^a	1	.615		
Continuity Correction ^b	.001	1	.970		
Likelihood Ratio	.254	1	.614		
Fisher's Exact Test				.672	.485
Linear-by-Linear Association	.249	1	.618		
N of Valid Cases	63				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.46.

b. Computed only for a 2x2 table

Crosstab

		PB_Berdasarkan_Umur3Bula		
		n		
		Pendek	Normal	Total
Kelompok MRJ	Count	1	30	31
	% within Kelompok	3.2%	96.8%	100.0%
MMS	Count	1	31	32
	% within Kelompok	3.1%	96.9%	100.0%
Total	Count	2	61	63
	% within Kelompok	3.2%	96.8%	100.0%

Chi-Square Tests

		Asymptotic Significance			(2-Exact Sig. (2-sided))			Sig. (2-Exact Sig. (1-sided))		
		Value	df							
Pearson Chi-Square	.001 ^a	1		.982						
Continuity Correction ^b	.000	1		1.000						
Likelihood Ratio	.001	1		.982						
Fisher's Exact Test							1.000			.746
Linear-by-Linear Association	.001	1		.982						
N of Valid Cases	63									

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is ,98.

b. Computed only for a 2x2 table

Crosstab

BB_Berdasarkan_PB1Bulan									Total
Kelompok	MRJ	Count			Beresiko				Total
			Gizi Buruk	Kurang	Gizi Baik	Gizi Lebih	Gizi Lebih	Obesitas	
Kelompok	MRJ	Count	1	0	22	6	2	0	31
		% within3.2%		0.0%	71.0%	19.4%	6.5%	0.0%	100.0%
Kelompok	MMS	Count	1	2	13	8	5	3	32
		% within3.1%		6.3%	40.6%	25.0%	15.6%	9.4%	100.0%
Kelompok	Total	Count	2	2	35	14	7	3	63
		% within3.2%		3.2%	55.6%	22.2%	11.1%	4.8%	100.0%
Kelompok									

Chi-Square Tests

			Asymptotic Significance (2- sided)
	Value	df	
Pearson Chi-Square	8.872 ^a	5	.114
Likelihood Ratio	10.871	5	.054
Linear-by-Linear Association	3.250	1	.071

N of Valid Cases	63		
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a. 8 cells (66,7%) have expected count less than 5. The minimum expected count is ,98.

BB_Berdasarkan_PB2Bulan

		Gizi Buruk	Gizi Kurang	Gizi Baik	Beresiko	Gizi	Gizi Lebih	Obesitas	Total
		Count	0	1	20	7	3	0	31
MRJ	% within Kelompok	0.0%		3.2%	64.5%	22.6%	9.7%	0.0%	100
	Count	1	1	15	9	4	2		32
MMS	% within Kelompok	3.1%		3.1%	46.9%	28.1%	12.5%	6.3%	100
	Count	1	2	35	16	7	2		63
		% within Kelompok	1.6%	3.2%	55.6%	25.4%	11.1%	3.2%	100

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.092 ^a	5	.536
Likelihood Ratio	5.254	5	.386
Linear-by-Linear Association	1.068	1	.301

N of Valid Cases	63			
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a. 8 cells (66,7%) have expected count less than 5. The minimum expected count is ,49.

Crosstab**BB_Berdasarkan_PB3Bulan**

Kelompok	MRJ	Count	Gizi Buruk	Gizi Kurang	Gizi Baik	Beresiko	Gizi
						Lebih	Lebih
Kelompok	MRJ	Count	1	1	16	10	2
		% within Kelompok	3.2%	3.2%	51.6%	32.3%	6.5%
MMS	Count	2	2	22	4	1	
		% within Kelompok	6.3%	6.3%	68.8%	12.5%	3.1%
Total	Count	3	3	38	14	3	
		% within Kelompok	4.8%	4.8%	60.3%	22.2%	4.8%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.504 ^a	5	.479
Likelihood Ratio	4.611	5	.465
Linear-by-Linear Association	2.298	1	.130
N of Valid Cases	63		

a. 8 cells (66,7%) have expected count less than 5. The minimum expected count is ,98.

Crosstab

IMT_Bayi1Bulan

Kelompok	MRJ	Count	Gizi Buruk	Gizi Kurang	Gizi Baik	Beresiko	Gizi
						Lebih	Gizi Lebih
MMS		1	3	26	0	1	1
		% within Kelompok	3.2%	9.7%	83.9%	0.0%	3.2%
Total		2	1	25	1	3	3
		% within Kelompok	6.3%	3.1%	78.1%	3.1%	9.4%
Total		Count	3	4	51	1	4

% within Kelompok	4.8%	6.3%	81.0%	1.6%	6.3%
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Chi-Square Tests

	Value	df	Asympo Significa
Pearson Chi-Square	3.338 ^a	4	.503
Likelihood Ratio	3.823	4	.431
Linear-by-Linear Association	.751	1	.386
N of Valid Cases	63		

a. 8 cells (80.0%) have expected count less than 5. The minimum expected count is ,49.

IMT_Bayi2Bulan

		Beresiko Gizi						Total
		Gizi Buruk	Gizi Kurang	Gizi Baik	lebih	Gizi Lebih	Obesitas	
MRJ	Count	0	1	30	0	0	0	31
	% within Kelompok	0.0%	3.2%	96.8%	0.0%	0.0%	0.0%	100
MMS	Count	1	1	24	1	4	1	32
	% within Kelompok	3.1%	3.1%	75.0%	3.1%	12.5%	3.1%	100
Total	Count	1	2	54	1	4	1	63
	% within Kelompok	1.6%	3.2%	85.7%	1.6%	6.3%	1.6%	100

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.653 ^a	5	.176
Likelihood Ratio	10.356	5	.066
Linear-by-Linear Association	3.097	1	.078
N of Valid Cases	63		

a. 10 cells (83,3%) have expected count less than 5. The minimum expected count is ,49.

Crosstab

IMT_Bayi3Bulan

Kelompok	MRJ	Count	Beresiko					Obes
			Gizi Buruk	Gizi Kurang	Gizi Baik	Gizi Lebih	Gizi Lebih	
MRJ	MMS	Count	0	1	22	6	2	0
		% within Kelompok	0.0%	3.2%	71.0%	19.4%	6.5%	0.0%
Total		Count	2	0	23	5	1	1
		% within Kelompok	6.3%	0.0%	71.9%	15.6%	3.1%	3.1%
Total		Count	2	1	45	11	3	1
		% within Kelompok	3.2%	1.6%	71.4%	17.5%	4.8%	1.6%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.432 ^a	5	.489
Likelihood Ratio	5.982	5	.308
Linear-by-Linear Association	.276	1	.599
N of Valid Cases	63		

a. 8 cells (66,7%) have expected count less than 5. The minimum expected count is ,49.

Crosstab

		Perkembangan		Total
		Sesuai	Meragukan	
Kelompok	MRJ	Count	30	31
		% within Kelompok	96.8%	3.2% 100.0%
Total		Count	32	32
		% within Kelompok	100.0%	0.0% 100.0%
Total		Count	62	1 63
		% within Kelompok	98.4%	1.6% 100.0%

Chi-Square Tests

			Value	df	Asymptotic Significance (2-tailed)	(2-Exact Sided)	Sig. (2-tailed)	(2-Exact Sided)	Sig. (1-tailed)
Pearson Chi-Square			1.049 ^a	1	.306				
Continuity Correction ^b			.000	1	.987				
Likelihood Ratio			1.435	1	.231				
Fisher's Exact Test							.492		.492
Linear-by-Linear Association			1.032	1	.310				
N of Valid Cases			63						

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is ,49.

b. Computed only for a 2x2 table

Karakteristik Confounding

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Kelompok	*63	98.4%	1	1.6%	64	100.0%
Pemberian_ASIBulan1						

Kelompok	*63	98.4%	1	1.6%	64	100.0%
Pemberian_ASIBulan2						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
Pemberian_ASIBulan3						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
Mordibitas_Bulan1						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
Mordibitas_Bulan2						
Kelompok	*63	98.4%	1	1.6%	64	100.0%
Mordibitas_Bulan3						

Crosstab

		Pemberian_ASIBulan1			
		Ekslusif	Non Ekslusif	Total	
Kelompok	MRJ	Count	18	13	31
		% within Kelompok	58.1%	41.9%	100.0%
MMS	MRJ	Count	21	11	32
		% within Kelompok	65.6%	34.4%	100.0%
Total		Count	39	24	63
		% within Kelompok	61.9%	38.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-Exact sided)	Sig. (2-Exact sided)	Sig. (1-sided)
Pearson Chi-Square	.382 ^a	1	.537		
Continuity Correction ^b	.128	1	.720		
Likelihood Ratio	.382	1	.537		
Fisher's Exact Test				.609	.360
Linear-by-Linear Association	.376	1	.540		
N of Valid Cases	63				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 11,81.

b. Computed only for a 2x2 table

Crosstab

		Pemberian_ASIBulan2		
		Ekslusif	Non Ekslusif	Total
Kelompok MRJ	Count	18	13	31
		% within Kelompok	58.1%	41.9%
MMS	Count	24	8	32
		% within Kelompok	75.0%	25.0%
Total	Count	42	21	63
		% within Kelompok	66.7%	33.3%

Chi-Square Tests

			Asymptotic		
	Value	df	Significance (2-sided)	(2-Exact sided)	Sig. (1-sided)
Pearson Chi-Square	2.032 ^a	1	.154		
Continuity Correction ^b	1.342	1	.247		
Likelihood Ratio	2.046	1	.153		
Fisher's Exact Test				.188	.123
Linear-by-Linear Association	2.000	1	.157		
N of Valid Cases	63				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.33.

b. Computed only for a 2x2 table

Crosstab

		Pemberian_ASIBulan3		
		Ekslusif	Non Ekslusif	Total
Kelompok MRJ	Count	18	13	31
	% within Kelompok	58.1%	41.9%	100.0%
MMS	Count	24	8	32
	% within Kelompok	75.0%	25.0%	100.0%
Total	Count	42	21	63
	% within Kelompok	66.7%	33.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance		
			(2-Exact sided)	Sig. (2-tailed)	Sig. (1-tailed)
Pearson Chi-Square	2.032 ^a	1	.154		
Continuity Correction ^b	1.342	1	.247		
Likelihood Ratio	2.046	1	.153		
Fisher's Exact Test				.188	.123
Linear-by-Linear Association	2.000	1	.157		
N of Valid Cases	63				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.33.

b. Computed only for a 2x2 table

Crosstab

		Mordibitas_Bulan1		
		ada	tidak ada	Total
Kelompok MRJ	Count	1	30	31
	% within Kelompok	3.2%	96.8%	100.0%
MMS	Count	1	31	32
	% within Kelompok	3.1%	96.9%	100.0%
Total	Count	2	61	63

% within Kelompok	3.2%	96.8%	100.0%
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Chi-Square Tests

		df	Asymptotic Significance (2-Exact sided)	Sig. (2-Exact sided)	Sig. (1-sided)
Pearson Chi-Square	.001 ^a	1	.982		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.001	1	.982		
Fisher's Exact Test				1.000	.746
Linear-by-Linear Association	.001	1	.982		
Total of Valid Cases	63				

. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,98.

. Computed only for a 2x2 table

Crosstab

			Mordibitas_Bulan2		
			ada	tidak ada	Total
Kelompok	MRJ	Count	3	28	31
		% within Kelompok	9.7%	90.3%	100.0%
MMS		Count	5	27	32
		% within Kelompok	15.6%	84.4%	100.0%

Total	Count	8	55	63
	% within Kelompok	12.7%	87.3%	100.0%

Chi-Square Tests

			Value	df	Asymptotic Significance (2-Exact sided)	Sig. (2-Exact sided)	Sig. (1-sided)
Pearson Chi-Square	.502 ^a		1		.478		
Continuity Correction ^b	.109		1		.741		
Likelihood Ratio	.508		1		.476		
Fisher's Exact Test						.708	.372
Linear-by-Linear Association	.494		1		.482		
N of Valid Cases	63						

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.94.

b. Computed only for a 2x2 table

Crosstab

			Mordibitas_Bulan3	
		ada	Tidak ada	Total
Kelompok	MRJ	Count		
		1	30	31
		% within Kelompok	3.2%	96.8% 100.0%
MMS	Count	1	31	32

	% within Kelompok	3.1%	96.9%	100.0%
Total	Count	2	61	63
	% within Kelompok	3.2%	96.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance		
			(2-tailed)	(1-tailed)	(1-tailed)
Pearson Chi-Square	.001 ^a	1	.982		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.001	1	.982		
Fisher's Exact Test				1.000	.746
Linear-by-Linear Association	.001	1	.982		
N of Valid Cases	63				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is ,98.

b. Computed only for a 2x2 table

B. Analisi Bivariat

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
LAHIR	63	3.20571	.416823	2.400	4.190
BB1BULAN	63	4.31563	.587901	3.050	5.800
BB2BULAN	63	5.28532	.675117	3.520	6.500
BB3BULAN	63	6.05559	.749684	4.095	7.700
LAHIRPB	63	49.048	1.0840	46.0	52.0
PB1BULAN	63	53.035	1.5359	49.6	57.0
PB2BULAN	63	56.416	2.0447	52.0	62.6
PB3BULAN	63	59.703	3.5063	40.0	64.3
BB_PBLAHIR	63	-.6094	6.18692	-48.00	2.62
BB_PB1BLN	63	.7708	2.45959	-3.74	15.40
BB_PB2BLN	63	.0773	4.48735	-33.00	5.02
BB_PB3BLN	63	.1305	1.62819	-4.24	5.35
IMTLAHIR	63	13.2116	1.51737	10.00	16.66
IMT1BULAN	63	15.5202	2.07177	10.71	20.76
IMT2BULAN	63	16.9690	2.03693	11.29	23.21
IMT3BULAN	63	17.2357	2.15614	11.76	24.00
PERKEMBANGAN	63	9.60	.525	8	10
KELOMPOK	63	1.51	.504	1	2

Ranks

	KELOMPOK	N	Mean	Sum of Ranks
			Rank	
LAHIR	MRJ	31	29.98	929.50
	MMS	32	33.95	1086.50
	Total	63		
BB1BULAN	MRJ	31	25.37	786.50
	MMS	32	38.42	1229.50
	Total	63		

BB2BULAN	MRJ	31	26.85	832.50
	MMS	32	36.98	1183.50
	Total	63		
BB3BULAN	MRJ	31	29.47	913.50
	MMS	32	34.45	1102.50
	Total	63		
LAHIRPB	MRJ	31	30.60	948.50
	MMS	32	33.36	1067.50
	Total	63		
PB1BULAN	MRJ	31	28.00	868.00
	MMS	32	35.88	1148.00
	Total	63		
PB2BULAN	MRJ	31	27.65	857.00
	MMS	32	36.22	1159.00
	Total	63		
PB3BULAN	MRJ	31	26.55	823.00
	MMS	32	37.28	1193.00
	Total	63		
BB_PBLAH	MRJ	31	32.89	1019.50
IR	MMS	32	31.14	996.50
	Total	63		
BB_PB1BL	MRJ	31	27.94	866.00
N	MMS	32	35.94	1150.00
	Total	63		
BB_PB2BL	MRJ	31	31.37	972.50
N	MMS	32	32.61	1043.50
	Total	63		
	MRJ	31	34.56	1071.50

BB_PB3BL	MMS	32	29.52	944.50
N	Total	63		
IMTLAHIR	MRJ	31	31.58	979.00
	MMS	32	32.41	1037.00
	Total	63		
IMT1BULA	MRJ	31	26.45	820.00
N	MMS	32	37.38	1196.00
	Total	63		
IMT2BULA	MRJ	31	29.94	928.00
N	MMS	32	34.00	1088.00
	Total	63		
IMT3BULA	MRJ	31	34.42	1067.00
N	MMS	32	29.66	949.00
	Total	63		
PERKEMB	MRJ	31	30.61	949.00
ANGAN	MMS	32	33.34	1067.00
	Total	63		

Test Statistics^a

	LAHIR_BB	1 BLN	2 BLN	3 BLN	LAHIR_PB	1 BLN	2 BLN	3 BLN	BE
Mann-Whitney U	433.500	290.500	336.500	417.500	452.500	372.000	361.000	327.000	466.000
Wilcoxon W	929.500	786.500	832.500	913.500	948.500	868.000	857.000	823.000	990.000
Z	-.862	-2.828	-2.193	-1.079	-.636	-1.706	-1.857	-2.326	-.370
Asymp. Sig. (2-tailed)	.389	.005	.028	.280	.525	.088	.063	.020	.700

a. Grouping Variable: KELOMPOK

Test Statistics^a

1 BLN	2 BLN	3 BLN	IMT_LAHIR	1 BLN	2 BLN	3 BLN
370.000	476.500	416.500	483.000	324.000	432.000	421.000
866.000	972.500	944.500	979.000	820.000	928.000	949.000
-1.732	-.268	-1.093	-.179	-2.365	-.880	-1.031
.083	.789	.274	.858	.018	.379	.302

a. Grouping Variable: KELOMPOK

LEMBAR KUESIONER PENELITIAN

STUDY FOLLOW UP POST INTERVENSI PEMBERIAN KAPSUL EKSTRAK DAUN KELOR (MORINGA OLEIFERA) YANG DIPERKAYA ROYAL JELLY (MRJ) PADA IBU HAMIL TERHADAP PERTUMBUHAN DAN PERKEMBANGAN BAYI USIA 0-3 BULAN DI WILAYAH KEC. BATUI SELATAN DAN KEC. MOILONG KAB. LUWUK BANGGAI

Catatan : "(Salam).... Saya (nama) mahasiswa S2 Ilmu Kebidanan Pasca Sarjana UNHAS, kami sedang berada di sini dalam rangka penelitian mengenai " Study Follow Up Post Intervensi Ekstrak Daun Kelor yang diperkaya royal jelly (MRJ) pada ibu hamil terhadap pertumbuhan dan perkembangan bayi usia 0-3 bulan" Kegiatan ini merupakan bagian dari studi penelitian untuk penulisan Tesis saya sebagai syarat kelulusan program pendidikan kami dan sudah mendapat izin dari universitas, pemerintah daerah. Telah terpilih untuk berpartisipasi dalam penelitian kami serta wawancara ini adalah bagian dari survei kami. Jawaban ibu akan kami rahasiakan dan hanya akan digunakan untuk kepentingan penelitian.

(Tanda tangan/cap jempol) _____ (nama) _____(tanggal)

Kami Sangat Menghargai Anda

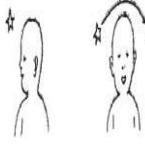
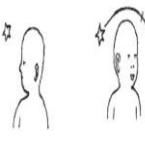
Tanggal wawancara : / /	Waktu wawancara :
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A. DATA DEMOGRAFI

A. Identitas Ibu	B. Identitas Suami
1. Nama ibu : _____	1. Nama Suami : _____
2. No. Id Ibu : _____	2. Umur : _____
3. Umur ibu : _____	3. Pendidikan : _____
4. Pendidikan : _____	4. Pekerjaan : _____
5. Pekerjaan : _____	5. Pendapatan/bln : _____
6. Pendapatan/bulan : _____	6. Agama : _____
7. Agama : _____	7. Suku : _____
8. Suku : _____	8. Jumlah anggota keluarga : _____
9. Kode Kapsul yang diberikan sebelum dan selama kehamilan	A B
B. Identitas Bayi	

1. Nama Bayi	:
2. Tanggal Lahir	:
3. Jenis Kelamin	: 1) Laki-Laki 2) Perempuan
4. Berat badan lahir	: gram
5. Panjang badan lahir	: cm
6. Lingkar kepala	: cm
7. No. ID bayi	:
8. Alamat (Desa/Dusun) :	
9. No. telpon	:

KUESIONER PRA SKRINING PERKEMBANGAN (KPSP) BAYI USIA 3 BULAN

Nama bayi :	No. Id Bayi :			
Nama Ibu :	Jenis kelamin :			
Tanggal Lahir :	Tanggal Pemantauan :			
Bayi telentang		Ya	Tidak	
1.	Pada waktu bayi terlentang, apakah masing-masing lengan dan tungkai bergerak dengan mudah? Jawaban TIDAK bila salah satu atau kedua tungkai atau lengan bayi bergerak tak terarah/tak terkendali	Gerak Kasar		
2.	Pada waktu bayi terlentang apakah ia melihat dan menatap wajah anda?	Sosialisasi dan Kemandirian		
3.	Apakah bayi dapat mengeluarkan suara-suara lain (ngocah) selain menangis?	Bicara dan bahasa		
4.	Pada waktu anda mengajak bayi berbicara dan tersenyum, apakah ia tersenyum kembali kepada anda?	Sosialisasi dan Kemandirian		
5.	Apakah bayi suka tertawa keras walau tidak digelitik atau diraba-raba	Bicara dan bahasa		
6.	Ambil wool merah, letakkan di atas wajah di depan mata, gerakkan wool dari samping kiri ke kanan kepala. Apakah ia dapat mengikuti gerakan anda dengan menggerakkan kepalanya dari kanan/kiri ke tengah?		Gerak Halus	
7.	Ambil wool merah, letakkan di atas wajah di depan mata, gerakkan wool dari samping kiri ke kanan kepala. Apakah ia dapat mengikuti gerakan anda dengan sisi hampir sampai pada sisi yang lain? menggerakkan kepalanya dari satu sisi		Gerak Halus	
Bayi Telungkupan:				
8.	Pada waktu bayi telungkup di alas yang datar, apakah ia dapat mengangkat kepalanya seperti pada gambar ini?		Gerak Kasar	
9.	Pada waktu bayi telungkup di alas yang datar, apakah ia dapat mengangkat kepalanya sehingga membentuk sudut 45° seperti pada gambar?		Gerak Kasar	
10.	Pada waktu bayi telungkup di alas yang datar, apakah ia dapat mengangkat kepalanya dengan tegak seperti pada gambar?		Gerak Kasar	
TOTAL				

KUESIONER 0 – 3 BULAN		
STUDY FOLLOW UP POST INTERVENSI PEMBERIAN EKSTRAK DAUN KELOR (MORINGA OLEIFERA) YANG DIPERKAYA ROYAL JELLY (MRJ) DI KEC. BATUI SELATAN DAN KEC. MOILONG KABUPATEN LUWUK BANGGAI		
B. DATA KEHAMILAN, PERSALINAN DAN NIFAS		
B1	Kehamilan ke :	
B2	HPHT	
B3	HPL	
B4	Gestasi	
B5	Berapa kali ibu memeriksakan kehamilan? *Lihat buku KIA	
	a.	Trisemester I _____ kali
	b.	Trisemester II _____ kali
	c.	Trisemester III _____ kali
B6	Kenaikan Berat Badan selama kehamilan	
	a.	BB Trisemester I _____ kg
	b.	BB Trisemester II _____ kg
	c.	BB Trisemester III _____ kg
	d.	Jumlah Kenaikan _____ kg
B7	Proses melahirkan	
	1.	Persalinan Normal
	2.	Persalinan dengan tindakan
B8	Tempat Persalinan	
	1.	Rumah sakit/RS. Bersalin
	2.	Praktik Mandiri Bidan
	3.	Puskesmas/Pustu/Polindes/Poskesdes
	4.	Di rumah keluarga
	5.	Di rumah sendiri
	6.	Lainnya
B9	Penolong Persalinan	
	1.	Dokter
	2.	Bidan
	3.	Dukun beranak
	4.	Lainnya _____
B10	Selama proses hamil dan melahirkan ini adakah gangguan fisik/keluhan atau komplikasi yang ibu rasakan	
	1.	Tidak
	2.	Ya
B11	Jika Ya, jelaskan gangguan fisik yang ibu rasakan sebutkan	
	1.
	2.
	3.
	4.
C. PRAKTIK IMD DAN PEMBERIAN ASI DAN (MP ASI Bagi Sampel yang Tidak ASI Ekslusif)		
C1	Apakah dilakukan IMD?	
	1.	Ya
	2.	Tidak
C2	Apakah bayi ibu diberi ASI pertama yang kekuningan/pertama keluar (colostrum)	
	1.	Ya→Lanjut ke No.C4
	2.	Tidak
C3	Jika tidak diberi kolostrum, mengapa? (Jelaskan)	
	1.	Khawatir dengan kualitas ASI
	2.	ASI tidak keluar
	3.	Keluarga melarang
	4.	Diberi susu formula
	5.	Ibu sakit/tidak bersama bayi
	6.	Lainnya, Sebutkan ! _____
C4	Apakah anak diberikan makanan pre Lakteal?	
	1.	Ya
	2.	Tidak

C. POLA MENYUSUI					
		Usia Bayi	1 bulan	2 bulan	3bulan
D1	Apakah bayi masih diberikan ASI 1. Ya (ASI Saja) 2. Ya (ASI dan Susu Formula) 3. Tidak (Susu Formula)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2	Alasan ibu memberikan selain ASI atau berhenti menyusui bayinya 1. Anak sudah besar 2. Ibu tidak bisa menyusui karena tidak tinggal dengan anak		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAMPIRAN

DOKUMENTASI PENELITIAN

