

Factors related to the way of giving MP-ASI to Infants aged 6-12 Months in Bonesompe Village, Lawanga Community Health Center, Poso Regency

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ABSTRACT

Supplement food os ASI (mother's breast milk) or MP-ASI is additional food that was given to the baby besides ASI after the baby has been six months old until twelve months old. Supplement food ASI is given to fulfill the need for energy and nutrient substances for a baby who has insufficient ASI. Supplement food ASI is a transitional process from only basic milk food toward semi-common food. This research used the analytical design and approach of Cross-Sectional Study. The population of this research is all 45 women who have babies of 6 to 12 months old at Kelurahan Bonesompe. The sample which was used is the Total Sampling technique. The test which was used in this research is Chi-Square Test. Research findings show that there is a significant correlation between women's or mothers' knowledge and MP-ASI feeding with p-value = 0,03 (p,< 0,05) and there is also a correlation between education and MP-ASI feeding with p-value = 0,02 (p< 0,05). This research suggested women or mother of family at Kelurahan Bonesompe of Poso Regency to comprehend feeding of ASI supplement food for a baby who has been six months old because a part of MP-SI help meets the need of nutrient toward the baby.

Keywords – Mother's Knowledge, Mother's Education, Income, Way of MP-ASI feeding

INTRODUCTION

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have recommended the gold standard of infant feeding, namely exclusive breastfeeding from birth to 6 months of age, preceded by Early Initiation of Breastfeeding (IMD) immediately after birth, starting at age 6. month give complementary foods (MP-ASI) and continue breastfeeding until the child is 2 years old (1).

The provision of complementary feeding before the age of 6 months affects the health quality of infants, the fewer the number of infants who are exclusively breastfed, the health quality of infants and toddlers will be worse due to improper complementary feeding (2).

Based on Riskesdas data in 2018, the prevalence of undernourished children under five in Indonesia was 17.7%, this shows that the prevalence of undernourished children under five years of age has decreased compared to 2013 which was 19.6%. Although the prevalence of undernutrition and malnutrition has decreased, this is still a problem that must be addressed because undernutrition and malnutrition will have an impact on the development of babies in the future (3).

From the observations obtained by the Lawanga Pskesmas working area in 2019 201 mothers had babies aged 6-12 months, and consists of 7 villages, namely, Bonesompe village 45 women, Lawaga village 43 women, Tegalrejo village 35 women, Lawaga Tawongan village 25 women, Madale village 25 women, Kasituwu village 21 women, and Lombogia village 7 women. Have a baby aged 6-12 months.

The age of 6-12 months is a very important period as well as a critical period in the baby's growth and development process, both physically and intellectually, therefore all babies at this time must receive nutritional intake according to their needs (4). Age 6-12 months is the initial period in the provision of complementary foods to breast milk. One example of the impact of the baby is given MP-ASI more quickly is the occurrence of intestinal disorders, when the baby is not ready to digest food but is forced to process MP-ASI, causing intestinal cramps. When intestinal cramps or commonly called intestinal colic, the baby may cry for a long time, scream while moving his hands and feet (5). It can be seen that the author will examine how mothers do how to give MP-ASI to babies 6-12 months in Bonesompe Village, Lawanga Health Center working area. by the recommendations of health or puskesmas in conducting posyandu.

METHODOLOGY

This research is an analytic observational type, with a cross-sectional study approach that observes population or sample data (6). The population in this research is 45 respondents. The sample is taken using Total Sampling. Based on this research, because the population is not greater than 100 respondents, the authors take 100% of the existing population, namely 45 respondents. This research was carried out in June - July 2020 in Bonesompe Village, Lawanga Health Center, Poso Regency.

RESULTS

Univariate

Table 1. Hypothesis Testing Results

| Variable | F | Percentage (%) |
|------------------|----|----------------|
| Knowledge | | |
| Less | | 35.6 % |
| Good | | 64.4 % |
| Education | | |
| Low | 22 | 48.9 % |
| High | 23 | 51.1 % |

| | | | |
|------------------------------|----|--------|--------|
| Income | | | |
| Low | 32 | | 71.1 % |
| High | 13 | | 28.9 % |
| Complementary feeding | | | |
| Not good | 18 | 40.0 % | |
| Good | 27 | 60.0 % | |

Source: Primary Data 2020

Table 1 shows the research variables on how to breastfeed infants aged 6-12 months in Bonesompe Village. Distribution on knowledge is not good 16 (35.6%) while good 29 (64.4%). Mother's education is low 22 (48.9%) while high is 23 (51.5%). family income is low 32 (71.1%) while high is 13 (28.9%). The provision of MP-ASI was 18 (40.0%) poor while 27 (60.0%).

Bivariate

Table 2. Relationship of mother's knowledge with complementary feeding

| Knowledge | Way of giving MP-ASI | | | | P Value |
|--------------|----------------------|-------------|-----------|-------------|---------|
| | Not good | | Good | | |
| | N | % | N | % | |
| Not good | 11 | 24.4 | 5 | 11.1 | 0,03 |
| Good | 7 | 15.6 | 22 | 48.9 | |
| Total | 18 | 40.0 | 27 | 60.0 | |

Table 2. Shows that the relationship between knowledge and the way of giving MP-ASI which has poor knowledge of the mother, 11 of which are poor ways of giving MP-ASI (24.4%), and 5 of them are a good way of giving MP-ASI (11.1%), who have knowledge good 7 of them the way of giving MP-ASI was not good (15.6%), and 22 of them the way of giving MP-ASI was good (48.9%). The obtained p-value = 0.03 < 0.05, which means that there is a significant relationship between the mother's knowledge and the way of giving complementary feeding in Bonesompe village, Poso district.

Table 3. The relationship between mother's education and complementary feeding

| Education | Way of giving MP-ASI | | | | P Value |
|-----------|----------------------|------|------|------|---------|
| | Not good | | Good | | |
| | N | % | N | % | |
| Not good | 14 | 31.1 | 8 | 17.8 | 0,02 |

| | | | | |
|--------------|-----------|-------------|-----------|-------------|
| Good | 4 | 8.9 | 19 | 42.2 |
| Total | 18 | 40.0 | 27 | 60.0 |

Table 3. Shows that the relationship between education and the way of giving MP-ASI who have low education is 14 of them the way of giving MP-ASI is not good (31.1%), and 8 of them are the way of giving complementary feeding (17.8%). 4 of whom have higher education, of which the way of giving MP-ASI is not good (8.9%), while 23 people who have higher education 19 of them are the way of giving MP-ASI is good (42.2%). The obtained p-value = 0.02 < 0.05, which means that there is a significant relationship between mother's education by giving complementary feeding in Bonesompe village, Poso district.

Table 4 Relationship of mother's income with complementary feeding

| Income | Way of giving MP-ASI | | | | P Value |
|--------------|----------------------|-------------|-----------|-------------|---------|
| | Not good | | Good | | |
| | N | % | N | % | |
| Low | 14 | 31.1 | 18 | 40.0 | 420 |
| High | 4 | 8.9 | 9 | 20.0 | |
| Total | 18 | 40.0 | 27 | 60.0 | |

Table 4. This shows that there is no relationship between income and complementary feeding with low incomes, 14 of which are poor feeding methods (31.1%), and 18 of them are good complementary feeding methods (40.0%). 4 of whom have high incomes, including the way of giving MP-ASI is not good (8.9%), and 9 of them the way of giving MP-ASI is good (20.0%). Obtained p-value = 420 > 0.05, which means that there is no significant relationship between family income by giving complementary feeding in Bonesompe Village, Poso Regency.

DISCUSSION

In table 2 the results of the analysis show that the mother's knowledge is one of the factors related to the way of giving MP-ASI. According to the researcher's assumption that low maternal knowledge can interfere with adherence to complementary feeding. Lack of knowledge of mothers about giving MP-ASI will interfere with health in infants, while high knowledge will not interfere with health in infants, because everyone who has high knowledge has a great curiosity about giving MP-ASI, meaning that the relationship between one's level of knowledge can affect the health of the baby. needs for themselves and others.

In the study of giving complementary feeding, where a person's low knowledge of taking action means that a person's level of knowledge affects the needs of both himself and others. The majority of mothers with low knowledge will be indifferent to the condition of their babies, on the contrary, mothers with higher levels of knowledge will

usually be very concerned about the condition of their children with complementary feeding (7).

In table 3 the results of the analysis show that the mother's education is one of the factors related to the way of giving MP-ASI. According to the researcher's assumption that low maternal education can interfere with compliance with complementary feeding. Lack of education will interfere with the mother's knowledge of information that supports health such as how to give complementary feeding to babies. While higher education will understand the information they will know about the health of the baby. Education is needed to obtain information or knowledge such as things that support health.

In Cracety M. Sitepu's research (2017), that low maternal education results in a lack of knowledge of mothers in dealing with problems, especially in the provision of complementary feeding, where education is needed to obtain information or knowledge such as things that support health, for example how to give MP-ASI. Breastfeeding, a mother's knowledge about MP-ASI is obtained from a formal educational process through education that has been passed (8).

In table 3 the results of the analysis show that income is one of the factors related to the way of giving MP-ASI. According to the researcher's assumption, low income interferes with compliance with complementary feeding. Lack of family income for the provision of MP-ASI will not interfere with the health of infants, they give MP-ASI not seeing from family income but the recommendations from their health workers are carried out and also mothers make more baby food by themselves compared to factory food, while high income will not interfere with the health of infants, with high income the provision of complementary feeding will be carried out properly, the portion of food will be balanced.

In the study of giving complementary feeding, some respondents with low and high-income status said that they gave formula milk and manufactured food, in addition to being more instant, they also had good nutritional content for children (9). However, some respondents also said that they prefer to make their food for their children on the grounds of avoiding chemicals and if the family income is better, the purchasing power of additional food will be easier, income allows mothers to provide additional food for babies who are less than 6 months old. , the better the family income, the easier it is to buy additional food.

CONCLUSIONS

This study concludes that there is a relationship between mother's knowledge by giving complementary feeding with P-value of $0.03 < 0.05$. In Bonesompe Village, the working area of Lawanga Health Center, Poso Regency. There is a relationship between education and the provision of complementary feeding with a P-value of $0.02 < 0.05$. In Bonesompe Village, the working area of Lawanga Health Center, Poso Regency. There is no relationship between income and complementary feeding with a P-value of $420 > 0.05$. In Bonesompe Village, the working area of Lawanga Health Center, Poso Regency.

SUGGESTION

Suggestions are expected for mothers who have babies to be more proactive in seeking information to increase knowledge so that they pay more attention to the provision of complementary feeding for their children.

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