



## The Relationship Between Family and Socio-Cultural Support and the Provision of Complementary Foods to Infants Under 6 Months of Age in Tataaran II Subdistrict

Cheryl Virginia Kaparang\*, Melky Pangemanan, Deviana Pratiwi Munthe, Tika Bela Sari, Jilly Toar, Theo W.E Mautang

<sup>1-6</sup>Program Studi Ilmu Kesehatan Masyarakat, Jurusan Pendidikan Kesehatan Dan Rekreasi Fakultas Ilmu Keolahragaan Dan Kesehatan Masyarakat, Universitas Negeri Manado

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### ABSTRACT

Early introduction of complementary foods (MP-ASI) remains a public health problem. Family and socio-cultural factors play an important role in influencing mothers' decisions to provide complementary foods prematurely. This study aims to analyze the relationship between family and socio-cultural support and the practice of providing complementary foods to infants under 6 months of age in Tataaran II Village. The study used a quantitative method with a cross-sectional design. The sample consisted of 89 mothers with infants aged 0–9 months. The sampling technique was total sampling with data collection through questionnaires distributed directly or via Google Form, then data analysis was carried out using the Chi-Square test. The results showed a significant relationship between family support and the provision of complementary foods ( $p$ -value  $<0.001$ ;  $p <0.05$ ). In addition, there was also a significant relationship between socio-cultural factors and the provision of complementary foods ( $p$ -value  $<0.001$ ;  $p <0.05$ ). These findings suggest that family support and sociocultural factors play a significant role in encouraging the practice of introducing complementary foods too early, necessitating more intensive educational efforts regarding the importance of exclusive breastfeeding until the infant is 6 months old.

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### Corresponding Author:

Cheryl Virginia Kaparang

Program Studi Ilmu Kesehatan Masyarakat, Jurusan Pendidikan Kesehatan Dan Rekreasi Fakultas Ilmu Keolahragaan Dan Kesehatan Masyarakat, Universitas Negeri Manado

Email: cherylvirginiakaparang@gmail.com

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## INTRODUCTION

Complementary feeding of breastfeeding will contribute to the optimal development of a child if done correctly. As a guide for complementary feeding for breastfeeding, the World Health Organization (WHO) requires four things, including punctuality, adequacy (adequate), clean, and safe (Arifin et al., 2020). According to the WHO in 2020, 40% of babies worldwide received exclusive breastfeeding and the remaining 60% received additional food or drink before the baby was six months old (WHO, 2020). Based on a 2020 *World Health Organization* (WHO) report, one of the problems of nutritional status in the world is stunting (short) with a prevalence of 149.2 million children (WHO, 2020).

According to the 2023 Indonesian Health Survey (SKI), the coverage of babies who receive exclusive breastfeeding in Indonesia reaches 68%. This means that there are still around 32% of babies who have been given Complementary Foods (MPASI) before the age of 6 months. This statement is in line with the opinion of Malonda, Mautang and Toar (2024) who stated that the practice of giving complementary foods to babies before the age of six months is still widely practiced in developing countries such as Indonesia. In fact, exclusive breastfeeding during the first six months is highly recommended by various world health organizations, because it plays an important role in supporting the optimal growth and development of babies.

UNICEF data (2023) also reinforces this, stating that only 52.5% of babies are exclusively breastfed during the first six months of life.

Based on data from the Indonesian Health Survey (SKI) in 2023, the coverage of exclusive breastfeeding for babies aged 0–6 months in the North Sulawesi region was recorded at 65.7%, which is still below the national average (SKI 2023). Meanwhile, based on the latest data from the Central Statistics Agency (BPS) in 2024, there was a slight decrease compared to the previous year, where the percentage of babies under 6 months old who received exclusive breastfeeding in North Sulawesi Province reached 64.95%. This data shows that exclusive breastfeeding coverage for babies under 6 months of age in the North Sulawesi area is still relatively low and needs to be improved.

Indonesia in the last six years has experienced a significant increase in exclusive breastfeeding during the first six months of a child's life, from 52% in 2017 to 68% in 2023. Nevertheless, there are still major challenges at the newborn stage. According to the 2023 Indonesian Health Survey, only 27% of newborns get breast milk within the first hour after birth, one in five babies receive food or other fluids other than breast milk in the first three days, and only 14% experience skin-to-skin contact for at least one hour after birth (Ministry of Health, 2023). The initiation of direct breastfeeding, i.e. breastfeeding a newborn in the first hours of life, is essential for their survival and to support long-term breastfeeding. Delays in breastfeeding after birth can be fatal (WHO, 2024).

Malonda, Mautang and Toar (2024) stated that MP-Breastfeeding too quickly is one of the obstacles to exclusive breastfeeding. Complementary feeding of breast milk at the age of 0-6 months affects the quality of infant health, the fewer babies who receive exclusive breastfeeding, the worse the health quality of babies and toddlers will be due to improper or premature feeding of complementary breastfeeding. The age phase is over 6 months, the baby already has a strong chewing and digestion reflex so that MP-ASI. Another case if given when the age is less than 6 months, the baby will be at risk of indigestion, an infectious disease that results in growth development with poor nutritional status (Rachmawati et al., 2021).

The majority of mothers in the first pregnancy are not given enough information about the benefits of exclusive breastfeeding to their babies, so mothers believe that the combination of MP-ASI with breast milk is good for their babies (Janah, et al. 2023). Giving MP-Breast milk too quickly can cause infections in babies, including diarrhea or difficulty defecating. Before the age of six months, the baby's digestive tract functions are not ready or are not yet able to process food. Many risks may occur, such as babies suffering from food allergies, babies experiencing obesity, reduced milk production, declining success of natural pregnancy spacing, and babies at risk of developing *Invasive/Intuitionception* (Janah et al., 2023).

The administration of MP-ASI to infants before the age of six months is influenced by various interrelated factors. These factors include maternal attitudes, maternal health and occupational conditions, the influence of MP-ASI product advertising, the role of health workers, cultural aspects, socioeconomic conditions, and family support (Janah et al., 2023). Mothers' attitudes that lack understanding of the importance of exclusive breastfeeding are often the main reason for babies to be given complementary foods early. Based on socio-culture and family support, there are still many hereditary habits in society that consider it appropriate to give additional foods such as formula milk, water, or other foods even though the baby has not reached six months (Fransiska & Sugiatini, 2024). Based on the findings of the study, it can be concluded that maternal attitudes, family support, and socio-cultural factors have an important role in the decision to give MP-ASI before the age of six months (Janah et al., 2023).

The provision of MP-ASI aged 0-6 months by mothers is also supported by compliance with the culture in the community. Obedience is a person's attitude in making decisions or a condition that is created regularly through a process of a series of human behaviors based on the values of obedience, obedience, order, and loyalty while culture is a complex unit that includes knowledge, beliefs, morals, norms, and customs that a person gets as a member of society (Lubis, 2022).

Socio-culture in society forms various traditions and beliefs that can influence behavior, including in terms of giving MP-ASI. Research conducted by Mahpuzah (2020) showed that of the 27 respondents who were not influenced by culture, as many as 23 people (85.2%) did not give MP-breastfeeding to babies before the age of six months. Meanwhile, of the 31 respondents who were influenced by culture, the majority of 14 people (45.2%) actually gave MP-ASI before the baby was six months old. The results of the statistical test using chi-square showed a p-value of 0.004 (< 0.05), which means that there is a significant relationship between cultural factors and the practice of giving MP-ASI to infants before the age of six months in the working area of the Lampillhong Health Center, Balangan Regency, in 2020 (Mahpuzah, 2020).

Family support has an important role in increasing mother's confidence and motivation to breastfeed optimally so that the timing of MP-ASI can be done more appropriately. This form of support can be in the form of emotional encouragement, assistance in caring for the baby, and creating an atmosphere of mutual care in the family. In addition, the community environment also influences the behavior of mothers in the provision of MP-ASI, because it is a source of information and examples of daily behavior. However, public support for the correct practice of MP-ASI is still limited, because most people still adhere to hereditary habits that are not fully in line with infant health recommendations (Pattimahu, 2024).

Strong support from the family, especially the husband, can increase the mother's persistence in giving exclusive breastfeeding. Conversely, a lack of attention, empathy, or even pressure from the immediate environment can make it easier for mothers to switch to formula after childbirth. Therefore, emotional and practical support from the family is needed from pregnancy to after childbirth, so that mothers can breastfeed consistently at least until the baby is six months old, ideally up to two years old (Sari et al., 2020). Babies themselves generally need a frequency of breastfeeding around 8–12 times in 24 hours, although this pattern can vary depending on the condition of each baby (Rauan, Manengkey, Kairupan, & Mamahit, 2025).

North Sulawesi, especially among the people of Minahasa and its surroundings, the practice of breastfeeding is inseparable from the influence of culture and traditions that have been inherited from generation to generation. One of the traditions that is still known is "papah makanan", which is the practice of chewing food first by parents or caregivers before giving it to babies. This tradition is generally carried out with the aim of making it easier for babies to digest food, especially when the baby has indigestion such as diarrhea. This is also supported by the opinion of Undol, et al. (2022) who stated that the tradition of papah food is still widely practiced by mothers in several regions in Indonesia.

Based on the results of the preliminary survey, the researcher conducted an interview with the nutrition program implementer at the Koya Health Center who said that exclusive breastfeeding for babies in the region was still relatively low. In addition, the results of a brief interview conducted in the Tataaran II Village area to 10 mothers who have babies aged 0-6 months, showed that 7 of them had given complementary foods (MP-ASI) to babies before the age of six months, on the grounds that babies are often fussy and are considered not full with only breast milk. In addition, as many as 6 mothers also stated that the decision to give MP-Breastfeeding to their babies was influenced by input from parents, close relatives, and suggestions from the surrounding community that introducing foods other than breast milk before 6 months can make babies fat and healthy quickly.

## RESEARCH METHODS

This type of research is quantitative using a *cross-sectional study* approach. The *cross sectional* approach is a research method to study the dynamics of correlation between variables by approaching, observing or collecting data at the same time (Anjarsari & Zubaidah, 2017). This research was carried out in Tataaran II Village, South Tondano District, Minahasa Regency. Sampling in this study uses a *total sampling technique*, where all members of the population are used as research samples, so that the sample in this study is 89 people.

### Data Collection Techniques

Primary data is data obtained directly from respondents in the form of MP-ASI, family and socio-cultural support in the provision of MP-ASI with respondents filling out questionnaires directly. Secondary data is data obtained from related health centers in the form of the number of mothers who have babies aged 0-6 months. In addition, data is also obtained through literature and internet studies such as collecting information from previous research relevant to the topic, such as journal articles and books.

### Data Analysis

The data analysis of this study includes univariate and bivariate analysis. The following is an elaboration of each of these analyses, namely:

Univariate analysis was used to see the frequency distribution of each of the variables studied, both independent variables (family and socio-cultural support) and dependent variables (MP-ASI).

Bivariate analysis was used to look at independent variables (family and sociocultural support) with bound variables (MP-breastfed administration). Data were analyzed using the  $\chi^2$  (*Chi-square*) statistical test with a confidence level of 95% or  $\alpha = 0.05$ .

## RESULTS

### Characteristics of Respondents Based on Education

Table 1. Frequency of Respondent Education

Education	Quantity	Percentage
Not Finishing High School	5	5.62%
High School Graduation	47	52.81%
Bachelor	37	41.57%
<b>Total</b>	<b>89</b>	<b>100.00%</b>

Based on the table above, it can be seen that most of the respondents have a high school graduation level of 47 people (52.81%), followed by respondents with a bachelor's education, namely 37 people (41.57%),

and the remaining 5 people (5.62%) do not graduate from high school. These results show that the majority of respondents have a secondary to higher education background.

### Characteristics of Respondents by Age

Table 2. Frequency of Respondents' Age

Age	Quantity	Percentage
17-25 Years	32	35.96%
26-35 Years	40	44.94%
36-45 Years	17	19.10%
Over 46 Years	0	0.00%
<b>Total</b>	<b>89</b>	<b>100.00%</b>

Based on the table above, it can be seen that most of the respondents are in the age group of 26-35 years, which is as many as 40 people (44.94%). The age group of 17-25 years ranked second with 32 people (35.96%), while the age group of 36-45 years amounted to 17 people (19.10%).

### Characteristics of Respondents Based on Work

Table 3. Characteristics of Respondents Based on Occupation

Jobs	Quantity	Percentage
IRT	51	57.30%
Self-employed	20	22.47%
Health Workers	6	6.74%
PNS	7	7.87%
Others	5	5.62%
<b>Total</b>	<b>89</b>	<b>100.00%</b>

Based on the Table of Characteristics of Respondents Based on Occupation, it can be seen that most of the respondents work as housewives (IRT), namely 51 people (57.30%). This shows that the majority of respondents spend more time at home so that they have a greater opportunity to care for and pay direct attention to their babies. Respondents who work as entrepreneurs rank second, namely 20 people (22.47%), while those who work as Civil Servants (PNS) are 7 people (7.87%). Respondents with jobs as health workers amounted to 6 people (6.74%), while other categories were recorded 5 people (5.62%).

### Univariate Analysis

#### Family Support

Family support has an important role in a mother's decision-making regarding feeding patterns for her baby. The following table presents the distribution of respondents based on family support for the provision of complementary foods to infants under 6 months of age:

Table 4. Family Support Analysis

Family Support	Quantity	Percentage
Supports MP ASI	50	56.18%
Does Not Support MP Breast Milk	39	43.82%
<b>Total</b>	<b>89</b>	<b>100.00%</b>

Based on the table above, most of the respondents, namely 50 people (56.18%) stated that they received family support in providing complementary foods to babies under the age of 6 months, while 39 people (43.82%) did not receive support. These results show that there are still many families who encourage the practice of giving complementary foods too early.

#### Socio-Cultural

The following is the distribution of socio-cultural support for the provision of MP-ASI to babies under 6 months in Tataaran II village.

Table 5. Socio-Cultural Analysis

Socio-Cultural Support	Quantity	Percentage
Supports MP ASI	55	61.80%
Does Not Support MP Breast Milk	34	38.20%
<b>Total</b>	<b>89</b>	<b>100.00%</b>

Based on the table above, it is known that most of the respondents, namely 55 people (61.80%) stated that there was socio-cultural support for the provision of complementary foods before the baby was 6 months old, while 34 people (38.20%) were not supported by these socio-cultural factors. These results show that the norms and habits of the community in Tataaran II Village still tend to encourage the provision of complementary foods too early.

### Complementary Feeding of Breast Milk

Table 6 Analysis of MP-ASI Feeding

Giving MP ASI	Quantity	Percentage
Given	48	53.93%
Not Granted	41	46.07%
<b>Total</b>	<b>89</b>	<b>100.00%</b>

Based on the table above, it can be seen that out of 89 respondents, there were 48 people (53.93%) who gave complementary foods (MP-ASI) to their babies, while as many as 41 people (46.07%) did not give MP-ASI. These results show that most mothers have already given MP-ASI, although in babies who should still be under 6 months of age the practice is not recommended.

### Bivariate Analysis

This analysis was conducted to determine the relationship between family support and the provision of Complementary Foods (MP-ASI) to infants under the age of 6 months in Tataaran II Village. The statistical test used in this analysis is using the Chi-Square test, the results of the cross-tabulation between family support and socio-cultural with the provision of MP-ASI can be seen in the following table:

Table 7. Results of the Family and Socio-Cultural Support Relationship Test with the Provision of MP ASI

Family Support	Giving MP-ASI				Total	P-Value
	Not Granted	Given	F	%		
No Support	30	76.9%	9	23.1%	39	43.8%
There is Support	11	22.0%	39	78.0%	50	56.2%
Quantity	41	46.1%	48	53.9%	89	100.0%
Socio-Cultural	Not Granted		Given		Total	P-Value
	F	%	F	%		
No Support	27	79.4%	7	20.6%	34	38.2%
There is Support	14	25.5%	41	75.5%	55	61.8%
Quantity	41	46.1%	48	53.9%	89	100.0%

### The Relationship between Family Support and the Provision of MP Breast Milk

Based on the table above, it can be seen that of the 39 respondents who did not receive family support, most (76.9%) did not give MP-ASI to babies under 6 months of age, while only 23.1% gave MP-ASI. On the other hand, of the 50 respondents who received family support, the majority (78.0%) gave MP-ASI, while 22.0% did not give MP-ASI. Chi-Square test results show  $p\text{-value} < 0.001$  ( $p < 0.05$ ), which means that there is a significant relationship between family support and MP-ASI in infants under 6 months of age in Tataaran II Village.

### Socio-Cultural Relationship with the Provision of MP ASI

Based on the table above, it can be seen that of the 34 respondents who did not receive socio-cultural support, most of them, namely 27 people (79.4%) did not give MP-ASI to babies under the age of 6 months,

while only 7 people (20.6%) gave MP-ASI. On the other hand, of the 55 respondents who received socio-cultural support, the majority, namely 41 people (75.5%) gave MP-ASI, while 14 people (25.5%) did not give MP-ASI. Chi-Square test results show  $p\text{-value} < 0.001$  ( $p < 0.05$ ), so it can be concluded that there is a significant relationship between socio-culture and the provision of MP-ASI to infants under 6 months in Tataaran II Village.

## DISCUSSION

This research was carried out in Tataaran II sub-district, South Tondano district, Minahasa Regency. The population in this study is all mothers who have babies aged 0-9 months in Tataaran II Village. Sampling in this study uses *A total of sampling*, where all members of the population are used as research samples, so that the sample in this study is 89 people. The stages in data analysis are starting from data quality tests (Validity and Reliability), Univariate analysis and Bivariate analysis.

Validity tests are carried out to see whether a research instrument is suitable for use or not. The results of the validity test on the Family and Socio-Cultural Support variable consisting of 10 question items each showed that the entire  $r$ -calculated value was greater than the  $r$ -table value, so it can be concluded that the research instrument on the Family and Socio-Cultural Support variable was declared valid and feasible to be used in the research. Then a reliability test was carried out to see the level of consistency of respondents' answers to the question items in the questionnaire in each research variable. Based on the test results, it is known that the two variables have a Cronbach's alpha value greater than the minimum limit of 0.60, so it can be concluded that the research instruments for the two variables have good reliability and are suitable for use in data collection.

According to the author, education is one of the factors that plays an important role in determining the extent to which a mother is able to receive and understand health-related information, especially in terms of complementary feeding of breast milk. Based on the findings of the study, it can be seen that most of the respondents have a high school graduation level of 47 people or as much as 52.81%. Followed by respondents with bachelor's education, namely 37 people or 41.57%. This gives an idea that most mothers in Tataaran II Village relatively have the ability to understand information related to children's health, including the provision of complementary foods to babies.

This gives an idea that most mothers in Tataaran II Village relatively have the ability to understand information related to children's health, including the provision of complementary foods. Through a fairly good level of education, it is hoped that respondents will be able to apply the correct knowledge in daily practices related to feeding babies.

The mother's age plays an important role in determining the physical and psychological readiness to care for and provide appropriate nutritional intake for her baby. Mothers with younger ages usually have a high enthusiasm in caring for children, but sometimes they still lack experience. Meanwhile, older mothers tend to be more experienced, although they may have limitations in terms of energy. The results of this study show that the majority of respondents are at the productive age in terms of reproduction, which is 20-35 years old, which is known as the ideal age to give birth and care for children.

Respondents who are over 46 years old. These results show that the majority of respondents are at productive age in terms of reproduction, i.e. 20-35 years old, which is known as the ideal age for childbirth and childcare. This condition is important because productive age is usually related to the mother's readiness to receive information, physical abilities, and skills in caring for babies, including in the practice of giving complementary foods.

This distribution indicates that the role of work can affect parenting patterns, especially in breastfeeding and MP-ASI. Mothers who do not work outside the home have relatively more flexible time in caring for their children, while mothers who work in the formal and informal sectors may face obstacles in exclusive breastfeeding and delays in MP-ASI.

A mother's work can affect the time, attention, and parenting patterns given to children, including in terms of providing complementary foods. Housewives, for example, tend to have more time to be with the baby compared to mothers who work outside the home. In contrast, working mothers usually have limited time so they need the support of their families or others in the practice of feeding babies. Based on work, it can be seen that most of the respondents work as housewives (IRT), namely 51 people or 57.30%. This shows that the majority of respondents spend more time at home so that they have a greater opportunity to care for and pay direct attention to their babies.

## Univariate Analysis

### Family Support for the Provision of MP-ASI

In the context of complementary breastfeeding (MPASI), family support is expected to be in line with health recommendations that recommend exclusive breastfeeding until the baby is 6 months old. According to Hoiro (2023), inappropriate support, such as encouraging early complementary feeding, can have

a negative impact on the health of babies, this is because the digestive system of babies under the age of 6 months is not ready to receive foods other than breast milk. Therefore, family support needs to be understood not only as help or encouragement, but also as the quality of information and direction in accordance with health standards.

These findings indicate that family support has an important role in shaping maternal behavior, where the greater the support provided, the higher the tendency of mothers to give MP-breastfeeding early, although this practice is not in line with the WHO recommendation that breastfeeding be exclusive until the baby is 6 months old. Family support can be in the form of emotional encouragement, motivation, or direct practice from family members that have a great influence on the mother's decision, so that despite medical recommendations that emphasize the importance of exclusive breastfeeding, some mothers still follow the habits or advice of the immediate family.

Based on the univariate analysis of family support, results were obtained stating that as many as 50 people (56.18%) were known to have received family support in giving MP-ASI to babies under 6 months of age, while 39 people (43.82%) did not receive family support in providing MP-ASI. These results show that there are still many families who actually encourage the practice of giving MP-breastfeeding too early, which is basically an inappropriate and risky action for the baby's health. These results are in line with the results of Janah et al's research (2023), which revealed that the majority of respondents (62.1%) received support from their families in giving MP breast milk not yet on time. These results are also not much different from the results found by Apriani et al (2022) who stated that the majority of respondents received support from their families in giving MP breast milk too early.

This condition indicates a gap in understanding in society about the importance of exclusive breastfeeding until the baby is 6 months old. Family support in this study did not fully reflect the correct support, as most supported actions that were not in line with health recommendations

This condition confirms that there is still a knowledge gap in the community regarding the importance of exclusive breastfeeding until the baby is 6 months old according to health recommendations. In the context of complementary breastfeeding (MPASI), family support is expected to be in line with health recommendations that recommend exclusive breastfeeding until the baby is 6 months old. Wrong support, for example encouraging the provision of complementary foods early, can have a negative impact on the baby's health because the digestive system of babies under the age of 6 months is not ready to receive foods other than breast milk. Therefore, family support needs to be understood not only as help or encouragement, but also as the quality of information and direction in accordance with health standards.

### **Socio-Cultural Support for the Provision of MP-ASI**

According to the author's view, socio-cultural factors are one of the aspects that have a big influence on the parenting and feeding practices of babies. Values, norms, beliefs, and traditions that develop in society can influence a mother's decision to give complementary foods (Undol, et al., 2022). In some cultures, there is an assumption that babies who are given food or drinks other than breast milk before the age of 6 months will grow healthier or not be easily hungry (Undol, et al., 2022). However, this view is at odds with health recommendations that emphasize the importance of exclusive breastfeeding during the first six months of a baby's life.

This condition indicates that socio-cultural factors play a strong role in influencing infant feeding practices, even though they are not in accordance with medical recommendations. Thus, more intensive education efforts are needed to change the mindset of the community so that they can support exclusive breastfeeding up to 6 months old according to health recommendations.

Based on the test results, it is known that most of the respondents, namely 55 people (61.80%) stated that there was socio-cultural support for the provision of complementary foods before the baby was 6 months old, while 34 people (38.20%) were not supported by these socio-cultural factors. These results show that the norms and habits of the community in Tataaran II Village still tend to encourage the provision of complementary foods too early. The results of this study are in line with the results of research by Apriani et al (2022) which stated that the majority of respondents (66.7%) received support from socio-cultural in giving MP breast milk too early. This condition indicates that socio-cultural factors play a strong role in influencing infant feeding practices, even though they are not in accordance with medical recommendations.

### **Giving MP-ASI to Babies Under 6 Months**

Based on the results of the previous test, it can be seen that out of 89 respondents, there were 48 people (53.93%) who gave Complementary Foods BREAST MILK (MP-ASI) to their babies, while as many as 41 people (46.07%) did not give MP-ASI. This result is in line with the findings of Jannah et al (2023) which stated that the majority of respondents (56%) had given MP breast milk to babies under 6 months of age. These results show that most mothers have already given MP-breastfeeding to babies that should not have been recommended before 6 months of age. Giving MP-Breast Milk too early can have a negative impact on the baby's health, such as increasing the risk of indigestion, allergies, and infections, because the baby's digestive

system is not yet fully developed to digest solid foods. Therefore, the recommendations of WHO and the Ministry of Health of the Republic of Indonesia emphasize that the administration of MP-ASI should be done after the baby is 6 months old, while before that age the baby is given exclusive breastfeeding.

'Giving MP-breast milk too early can have a negative impact on the baby's health, such as increasing the risk of indigestion, allergies, and infections, because the baby's digestive system is not yet fully developed to digest solid foods. Therefore, the recommendations of WHO and the Ministry of Health of the Republic of Indonesia emphasize that the administration of MP-ASI should be done after the baby is 6 months old, while before that age the baby is given exclusive breastfeeding.

## Bivariate Analysis

### The Relationship between Family Support and the Provision of MP-ASI

Based on the results of the Chi-Square test that has been carried out, a significance *value (p-value)* < 0.001 ( $p < 0.05$ ) was obtained, so it can be concluded that there is a significant relationship between family support and the provision of MP-ASI to infants under the age of 6 months in Tataaran II Village. These findings are in line with research that has been conducted by Apriani et al., (2022) and Janah et al., (2023), which stated that there is a significant relationship between family support and the provision of MP-ASI in infants under 6 months of age.

These findings indicate that family support has an important role in shaping maternal behavior, where the greater the support provided, the higher the tendency of mothers to give MP-breastfeeding early, although this practice is not in line with the WHO recommendation that breastfeeding be exclusive until the baby is 6 months old. Family support can be in the form of emotional encouragement, motivation, or direct practice from family members that have a great influence on the mother's decision, so that despite medical recommendations that emphasize the importance of exclusive breastfeeding, some mothers still follow the habits or advice of the immediate family.

### Socio-Cultural Relations with the Provision of MP-ASI

Based on the results of the Chi-Square test that has been carried out, a *p-value* of < 0.001 ( $p < 0.05$ ) was obtained, so it can be concluded that there is a significant relationship between socio-culture and the provision of MP-ASI in infants under 6 months of age in Tataaran II Village. These findings are supported by research that has been conducted by Apriani et al., (2022) and Fransiska & Sugiatini (2024) which explained that there is a significant relationship between Socio-Cultural and MP-breastfeeding in infants under 6 months of age.

These findings indicate that socio-cultural factors, such as beliefs, hereditary habits, and the influence of the surrounding environment, play a role in encouraging mothers to give MP-breastfeeding early. Social norms that develop in society often influence maternal decisions more strongly than health information obtained from medical personnel, because there is an assumption that following ancestral habits or parental advice is considered more appropriate. Thus, the socio-cultural aspect is a factor that cannot be ignored in an effort to increase awareness and compliance of mothers with exclusive breastfeeding practices according to health standards.

## CONCLUSION

There was a significant relationship between family support and the provision of MP-ASI to babies under 6 months of age in Tataaran II Village. This result was obtained from a significance value (*p-value*) of < 0.001 which was smaller than 0.05 ( $p < 0.05$ ).

There is a significant relationship between socio-culture and the provision of MP-ASI in babies under 6 months of age in Tataaran II Village. This result was obtained from a significance value (*p-value*) < 0.001 less than 0.05 ( $p < 0.05$ ).

## ADVICE

**For families**, it is hoped that they can continue to provide full support to mothers in exclusive breastfeeding until they are 6 months old, as well as pay attention to the right time in giving MP-ASI according to health recommendations.

**For health workers**, the results of this study can be an input to increase counseling on the importance of exclusive breastfeeding and the risks of giving MP-ASI too early, with an approach that pays attention to the socio-cultural aspects of the local community.

**For the community**, it is expected to be able to maintain and develop a culture that supports exclusive breastfeeding, as well as adapting socio-cultural practices with correct health recommendations such as instilling the habit of breastfeeding up to six months old without other food additives.

**For the next researcher**, it is hoped that they can develop research with other variables related to the administration of MP-ASI, as well as use more diverse methods to enrich the research results.

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