

## The Relationship between Mother's Knowledge and Attitudes with Early Complementary Breastfeeding in the Pratama Gita Deli Tua Clinic Working Area

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### Abstract.

Improper provision of MP-ASI can cause health problems for the baby itself. A person's health is influenced by two main factors, namely behavior (behavioral causes) and factors outside of behavior (non-behavior causes). Behavior is influenced by 3 factors, namely predisposing factors, supporting factors, and driving factors. Predisposing factors consist of knowledge, attitudes and economics. Basically, knowledge is the basis for someone to do something. Starting from knowing someone will want to do something and then being able to do that thing. It can be seen that the knowledge of mothers in Indonesia regarding MP-ASI is still very lacking, resulting in the phenomenon of giving MP-ASI to babies incorrectly. This study aims to determine the relationship between the level of maternal knowledge and the provision of early MP-ASI in the working area of the Pratama Gita Deli Serdang clinic. The type of research used in this research is correlative analytics with a cross sectional design. The sample used in this study was all mothers in the Pratama Gita Deli Serdang clinic working area who had 81 babies. Data analysis used the Spearman Test. Based on the Spearman correlation test between the mother's knowledge status and the baby's provision of MP-ASI, the P value = 0.000 ( $P < 0.05$ ) with a correlation value of  $r = 0.747$ . The conclusion of this research is that there is a relationship between maternal knowledge and the provision of Early MP-ASI in the working area of the Pratama Gita Deli Serdang clinic with a very strong relationship and has a positive correlation direction which can be concluded that the higher the mother's knowledge, the better the attitude of providing Early MP-ASI.

Keywords: MP-ASI, baby

### I. INTRODUCTION

The growth and development of babies and toddlers is largely determined by the amount of breast milk they receive, including the energy and other nutrients contained in breast milk. Breast milk is a nutritious food so it does not require additional ingredients. Breast milk is easily digested by babies and is immediately absorbed. Exclusive breastfeeding for babies (< 6 months) makes a major contribution to reducing infant mortality. However, on the other hand, giving additional food too early will increase the risk of contracting both infectious and non-infectious diseases for the baby (Jummiyati, 2021).

Until now, diarrhea is still one of the main causes of child death globally. Claiming the lives of around 6,000 children under five every day (United Nations International Children's Emergency Fund (UNICEF, 2017). Nutritional problems account for almost half of these deaths. The first month of life is the most dangerous for children. In 2013, almost three million babies die during the first month of life, most from easily preventable causes.

According to WHO (2019), only 40% of babies in the world receive exclusive breast milk, while the other 60% of babies receive complementary foods when they are less than 6 months old. This illustrates that exclusive

breastfeeding is still low, while the practice of giving early MP-ASI in various countries is still high.

## II. LITERATURE REVIEW

The increase in the number of early complementary feedings and the decline in exclusive breastfeeding not only occurs in developed countries, but also occurs in developing countries such as Indonesia. Early provision of MP-ASI (<6 months) in Indonesia according to the 2012 Indonesian Basic Health Survey (SDKI), babies who received complementary foods aged 0 - 1 month was 9.6%, at the age of 2 - 3 months it was 16.7% , and aged 4 – 5 months was 43.9%. Meanwhile, in Indonesia, only a small percentage of mothers provide complementary breast milk food to babies over the age of 6 months (Retnowati, 2020).

Children's efforts to fulfill nutritional requirements and to improve children's health and nutrition according to international agreements such as the Convention on the Rights of the Child (UN Commission on the Rights of the Child, 1989, Article 24) is to provide the best food for children under 2 years of age. To achieve this, the National Strategy for Increasing Breastfeeding and MP-ASI recommends providing good and appropriate food for babies and children 0 – 24 months, namely:

(1) start breastfeeding within 1 hour after birth; (2) breastfeed exclusively until 6 months of age; (3) providing complementary foods for breast milk (MP-ASI) starting at 6 months of age; and (4) continue breastfeeding for 2 years or more (Anggraeni, 2021).

Coverage of exclusive breastfeeding for babies 0-6 months in Indonesia in 2014 was 52.3%. When compared to 2013, coverage of exclusive breastfeeding decreased by 2.04% from 54.34%. Meanwhile in the same source it is also stated that in

South Sulawesi, exclusive breastfeeding coverage in 2014 was 69.3%, an increase compared to 2013 which was only 56.02%. Based on the profile of the Gowa District Health Service in February 2015, it is known that the number of babies receiving exclusive breast milk was 66.91. Based on these data, of course this is still far from the target of exclusive breastfeeding coverage set by the government, namely 80%. (Indonesian Ministry of Health, 2015)

Knowledge is the result of a process of knowing where during the process humans are aware of certain stimuli or objects. Knowledge is obtained through the utilization and use of human senses, namely from the sense of hearing, sight, touch and taste, but most of the knowledge is seen from the proportion is obtained more from the senses of the eye and also the sense of hearing. Notoadmodjo said that knowledge is an important capital in carrying out an action and it is rare to find someone carrying out an action, especially in the health sector without knowing the impact of that action, so from here we see that Knowledge is a very important factor for various actions.

## 2.2 Complementary Foods for Breast Milk (MP-ASI)

### 2.2.1. Definition of MP ASI

The following are several definitions of MP-ASI (Complementary Foods for Breast Milk), including:

a. MP-ASI is a transitional food from breast milk to family food in the form of food or drinks containing nutrients that are given to babies/children to meet their nutritional needs (Maryunani, 2010).

b. MP-ASI is food or drink that contains nutrients given to babies or children aged 6-24 months to meet nutritional needs other than breast milk (Mufida et al, 2015).

Even though there were no significant differences in nutritional status between babies who received exclusive breastfeeding and early MPASI regarding nutritional status in previous studies, the WHO recommendation regarding exclusive breastfeeding until the age of six months in developed countries is still continued with the consideration that babies who are exclusively

breastfed will have higher levels of intelligence. and better

emotional, apart from having proportional body weight and length. Some people in developing countries still think that obese children look healthier with early complementary feeding, so efforts are still needed to promote exclusive breastfeeding on an ongoing basis in order to create quality seeds of the nation's hope (Fitriana et al, 2013).

## 2.2.2. Conditions for Providing MP-ASI

WHO Global Strategy for Feeding Infants and Young Children (2003) in the Indonesian Pediatrician Association (IDAI) (2015) recommends that giving MPASI fulfills 4 requirements, namely:

- a. Timely, meaning MPASI must be given when exclusive breast milk can no longer meet the baby's nutritional needs.
- b. Adequate, meaning that MPASI contains energy, protein and micronutrients that can meet the baby's macronutrient and micronutrient needs according to his age.
- c. Safe, meaning MPASI is prepared and stored in a hygienic manner, given using clean hands and eating utensils.
- d. Given with the correct way (properly fed), meaning MPASI is given by paying attention to a child's hunger and fullness signals. The frequency of meals and feeding methods must encourage children to actively consume food in sufficient quantities using their hands, spoons, or self-feeding according to the child's age and stage of development.

## 3. Principles of Giving MP-ASI

The principles of giving MP-ASI according to Leman (2013) are as follows:

- a. Exclusive breastfeeding is given from birth until 6 months, then MP-ASI is added starting from the baby's age of 6 months, while breast milk is continued until the baby reaches 2 years.
- b. Clean and hygienic living behavior must be implemented.

c. MP-ASI starts on baby aged 6 months with a small amount, gradually increasing according to the baby's age, while breast milk is still given.

d. The consistency and variety of MP-ASI is given gradually, according to the baby's needs and abilities.

e. The frequency of giving complementary foods - breast milk becomes more frequent as it increases age.

f. MP-ASI is used with a composition enriched with vitamins and minerals or provide vitamin and mineral preparations if necessary.

g. The MP-ASI provided contains sufficient energy, protein and micronutrients.

## 2.3.4. The Right Time to Give MP-ASI

According to Prasetyono (2009), signs that indicate that a baby is ready to receive solid food are as follows:

1. The baby can sit well without help from others.
2. The baby's tongue reflex has disappeared so the baby cannot push solid food out of his mouth with his tongue automatically.
3. Babies are able to chew food.
4. The baby can pick up, so...he can hold food or other objects with his thumb and forefinger.
5. Babies look enthusiastic about eating by trying to reach for food and then putting it in their mouth.

Apart from that, according to IDAI, before starting to give MPASI, you must assess the baby's readiness to receive MPASI based on oromotor development, with signs that he is able to sit with his head upright, can coordinate his eyes, hands and mouth to receive food, and is able to swallow solid food. Naturally, this ability is achieved at the age of 4-6 months.

The European Society for Pediatric Gastrohepatology and Nutrition (ESPGHAN) in IDAI (2015) recommends that MPASI be

introduced between the ages of 17 weeks – 26 weeks, but not later than

27 weeks. Before 2001, WHO recommended exclusive breastfeeding until 4 months of age. The problem with giving MPASI in developing countries is poor food quality and poor hygiene, which causes failure to thrive during the period of giving MPASI.

Giving MP-ASI to meet the nutritional needs of babies based on their age, as the baby gets older, the nutritional needs will be different from before. The following is the sequence of baby's development of eating based on the baby's age.

### III. RESEARCH METHODS

This research uses a quantitative approach with an observational research type with a cross-sectional design (cross sectional study) where the independent variable and dependent variable are measured at the same time (Notoadmodjo, 2012). This research design was carried out to determine the relationship between maternal knowledge and attitudes and early provision of MP-ASI in the working area of Pratama Gita Deli Tua Clinic, Kedai Durian Village in 2023.

### IV. RESEARCH RESULTS AND DISCUSSION

The results of the research entitled The Relationship between Mother's Knowledge and Attitudes with Early MPASI Provision in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023, obtained a sample of 48 people. Univariate analysis was carried out to see the frequency distribution of baby age, characteristics of postpartum mothers (age, education, parity), knowledge, attitudes and early provision of MP-ASI.

#### 4.1.1. Baby Age

Table 4.1. Frequency Distribution of Ages of Babies in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023

No Umur Bayi		%
4-6 bulan	1	27,1
7-9 bulan	3	29,2
10-<12 bulan	1	43,8
	4	
	2	
	1	
Total	48	100%



junior high school education (22.9%) and higher education (6.3%). Based on parity, it can be seen that there are more mothers who have parity  $\leq 2$ , namely 28 people (58.3%) compared to mothers who have parity  $> 2$ , namely 20 people (41.7%).

#### 4.1.3. Mother's Knowledge

To see the Frequency Distribution of Knowledge of Postpartum Mothers about MP-ASI in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023, see Table 4.3. the following:

Table 4.3. Frequency Distribution of Mothers' Knowledge in the Working Area of the Sinunukan Health Center, Mandailing Natal Regency, 2023

No	Pengetahuan	f	%
1	Kurang	27	56,3
2	Baik	21	43,7
Total		48	100,0

Based on the table above, it can be seen that the majority of mothers have less knowledge, namely 27 people (56.3%) compared to mothers with good knowledge, namely 21 people (43.7%).

#### 4.1.4. Mother's attitude

To see the Frequency Distribution of Postpartum Mothers' Attitudes regarding MP-ASI in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023, see Table 4.4. the following :

Table 4.4. Frequency Distribution of Maternal Attitudes in the Working Area of the Sinunukan Health Center, Mandailing Natal Regency, 2023

No	Sikap	f	%
1	Negatif	18	37,5
2	Positif	30	62,5
Total		48	100,0

Based on the table above, it can be seen that the majority of mothers have a positive attitude, namely 30 people (62.5%) compared to mothers who have a negative attitude, namely 18 people (37.5%).

#### 4.1.5. Providing Early MP-ASI

To see the Frequency Distribution of MP-ASI Provision in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023, see

Table 4.5. the following:

Table 4.5. Distribution of Frequency of Giving MP-ASI in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023

N Pemberian MP- f			%
o ASI			
1	Diberikan	25	52,1
2	Tidak Diberikan	23	47,9
		48	100,0

Based on the table above, it can be seen that there are more mothers who give early MP-ASI to babies before they are 6 months old, namely 25 people (52.1) compared to those who do not give early MP-ASI, namely 23 people (47.9%) .

## V. CONCLUSIONS AND RECOMMENDATIONS

From the research entitled The Relationship between Knowledge and Attitudes of Postpartum Mothers with Early MP-ASI Provision in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023, it was concluded that:

More mothers gave early MP-ASI to babies before the age of 6 months, namely 25 people (52.1) compared to those who did not give early MP-ASI, namely 23 people (47.9%). Most mothers had poor knowledge, namely 27 people (56.3%) compared to mothers with good knowledge, namely 21 people (43.7%). Most mothers had a positive attitude, namely 30 people (62.5%) compared to mothers who had a negative attitude, namely 18 people (37.5%). There is a significant relationship between the knowledge of postpartum mothers and the provision of early MP-ASI in the Pratama Gita Deli Tua Clinic Working Area, Kedai Durian Village in 2023. There is a significant relationship between the attitude of postpartum mothers and the provision of Early MP-ASI in the Pratama Gita Deli Tua Clinic Working Area Durian Shop Village in 2023.

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