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**THE RELATIONSHIP BETWEEN FAMILY SUPPORTS TOWARDS
THE EARLY COMPLEMENTARY FEEDING FOR 0-6 MONTHS
BABIES
IN PUBLIC HEALTH CENTER, SEWON I BANTUL, INDONESIA**

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ABSTRACT

Background: *Early Complementary Feeding (ECF) is a critical period in which the baby's digestive system is not perfect yet. If an inappropriate food is being given, the food won't be digested well and will cause digestive problems. The high intensity of complementary food is one of the causes occurs by family support.*

Research Purpose: *The research purpose was to identify the correlation between family support and complementary food feeding in 0-6 months babies in Public Health Center, Sewon I Bantul, Indonesia.*

Research Method: *The researchers used analytical survey method with Cross Sectional time approach. The subjects of the research were mothers who have 7-12 months babies with 34 respondents and used Non-Probability Sampling with total sampling technique. The data were analyzed using Chi Square correlation test.*

Research Result: *The results were obtained from 34 respondents, who provide early complementary feeding with 21 respondents (61,76%), and the majority of women who have a high level of support that provide early complementary feeding with 10 respondents (8,6%).*

Conclusion: *The research showed that there is a correlation between early complementary food feeding and family support with the significance value p value = 0.012 ($\alpha < 0.05$). Information sharing with family about the importance of mother's support especially in feeding the breast milk is very essential so that mothers could give a good and adequate nutrition for their babies.*

Keywords: *Family Support, Early Complementary feeding*

INTRODUCTION

The baby's delivery is the most important and happiest moment for all the parents. They want their baby healthy by having a decent emotional and physical environment; therefore after the baby is born the parents want to give the essential nutrients for the healthy growth of their baby. Breast milk is the best food for babies because it contains a complete nutrition for them up to the age of the first 6 months after their birth, while exclusive breastfeeding is that the babies are only breastfed for 6 months without other liquids, such as formulas, oranges, honeys, teas, and waters as well as without the addition of substantial foods such as bananas, milk porridges, biscuits, rice and rice porridge team [1].

Babies (0-11 months) are in a period of a rapid growth and development which reached its peak at the age of 24 months, which is usually termed as the golden period as well as the critical period. The golden period can be achieved if they obtain appropriate nutrition for optimal growth

and development in their infancy period. Where at the ages around 6-11 months, babies can begin to be fed with complementary feeding aside from the breastfeeding, because at that age they already have a chewing reflex with a more powerful digestion [2].

Baby feeding needs to be noticed especially in its timing, frequency, type, quantity of food, and process in making it. One of the bad baby feeding habits is feeding them too early. Feeding too early can cause digestive disorders in the babies such as diarrhea, constipation, as well as vomiting and allergies. It can also affect children's intelligence level such as triggering several diseases like obesity, hypertension, and coronary heart disease in their adulthood later [3].

The body of a baby has no complete protein digestion yet. The amount of gastric acid and pepsin only increase when the baby is 3-4 months old. The amount of enzyme produced by the pancreas around the age of 6 months is not enough to digest a rough food. Enzymes such as maltase, isomaltase, and sucrase have not reached the level of adults yet before the babies aged 7 months. Before the age of 6-9 months, the amount of lipase and bile salts are also low so that the fat digestion has not reached the level of adults, therefore if solid foods are given before the baby's digestive system is ready to digest them, it may result in improperly digested foods that may cause indigestion to gas, constipation, etc. [4].

According to the WHO study in 2009 early complementary feeding increased along with the decrease of exclusive breastfeeding for about 2%, the number of early complementary feeding caused the deaths of 1.3 million people worldwide, including 22% of death after birth because of that. According to UNICEF (United Nations International Children's Emergency Fund) exclusive breastfed saved 30,000 baby deaths in Indonesia and 10 million baby deaths in the world, they could be saved through exclusive breastfeeding [5].

Provision of complementary feeding (<6 months) in Indonesia by Indonesian Demographic Health Survey (IDHS) in 2012, babies who received complementary foods around 0-1 months are 9.6%, at the age of 2-3 months are 16.7%, and the age of 4-5 months are 43.9%. According to the Basic Health Research (Riskesdas) 2010, pre-lacteal feeding for newborns in Indonesia, 3.2% is bananas, rice and porridges is 2.2%, and 19.8% is honeys. While for the province of Yogyakarta pre-lacteal feeding in the babies are; bananas 2.6%, rice and porridges 5.3%, and 7.9% honeys. Giving late complementary foods (> 6 months) in Indonesia occurred only on a small number of mothers who give complementary feeding for babies over the age of 6 months.

Because of this WHO, UNICEF and the Ministry of Health of the Republic of Indonesia establish a recommendation of exclusive breastfeeding for 6 months through Decree of the Minister of Health No. 450 / Men.Kes / SK / IV / 2004 on April 7, 2004. In that recommendations it is explained that to achieve the growth, development, and optimal health, the babies should be exclusively breastfed for the first 6 months; then the mothers began giving complementary foods and breast milk till the baby is 2 years old for the sake of adequate nutrition. The government also arranges complementary foods in the rules no 237/1997 which states that complementary foods are not breast-milk substitutes [4].

Midwives as one of the practitioners in aiding delivery have a very significant role in the success of the exclusive breastfeeding practice. In this case is supported by the Indonesian Midwives Association (IBI) which establishes the standardization of service delivery assistance for carrying out the early initiation of breastfeeding and exclusive breastfeeding. IBI members may not promote formulas for babies who are younger than 6 months. In the practice places there are should not any promotional images as well as cans of formulas, because with the early initiation of

breastfeeding it is expected that the number of infant mortality due to infectious diseases will be considerably decreased, the rate of infant malnutrition will also be reduced, and then a generation that grew healthy and smart will be born [6].

According to Ginting research [7] that the provisions of early complementary feeding are influenced by the characteristics of the mother, internal factors, and external factors. Mother's characteristics are jobs (71%) and their parity (32%). Internal factors are the level of knowledge (49%) and the attitude of mothers (67%). External factors are family support (76%), the role of health workers (68%), and socio-cultural (58%). According to Asdan research [8], family support and the habits of baby feeding affect the complementary feeding for 89.8%. The role of the family in the provision of complementary foods at the age of 6 months is needed, especially the culture of Indonesian people are still collective, the family plays a role in the children supervision patterns, especially in the baby supervision in terms of providing complementary feeding.

The culture influence in the society that has a habit of giving the baby food is because the breastfeeding is not sufficient enough for the child's needs. Besides, the feeding after the baby is born is a part of a custom that has passed down through the generation of the families like giving honey to the newborn babies, give fruits before the baby born (bananas, oranges) and if it is not done properly, it is considered as a breaking the habit in the family [9]. The society identifies that the provision of complementary feeding as the concern for the mother and her baby only, hence it is important to have family support for the provision of supplementary feeding, especially motivations, perceptions, emotions, and attitudes [10].

Based on the result of the interview on 8 mothers who have babies there are six mothers who are giving complementary foods to their 2-3 months babies. The types of complementary foods that are given are such as porridges, formulas, honeys, and waters. The giving of the weaning food is because there is no breast milk yet in the first and second day, the lack of knowledge of the mothers about complementary feeding, as well as the advice from the family to give the early weaning foods. There are two mothers who only give exclusive breastfeeding without complementary feeding milk.

METHODS

This research is an analytical survey to explore the events and phenomena that happened, using cross-sectional approach. The dynamics study of the correlation between the dependent variable (dependent), and independent (free) as well as data collection is done at the same time, and the measurement can only be performed one time only [11]. The populations in this research are all mothers with babies aged between 7-12 months in the working area of Sewon I health center. Based on data from health centers an average number of mothers with babies aged 7-12 months during the study amounted to 34 respondents. The sampling technique in this research is total sampling. According to Arikunto [12] subject samples of less than 100, better taken all so that the result is more representative. Researchers took samples of the population of 34 respondents which are all mothers with babies aged 7 to 12 months, have an equal opportunity to be selected as a sample and willing to become respondents. The populations in this research are all mothers with babies aged between 7-12 months in the working area of Sewon I health center with 34 respondents.

Respondents are given yes-no-questionnaire that consists of 20 questions relating to family support and one question on the provision of complementary feeding. There are four indicators in the questionnaire of family support: informational support, appraisal support, instrumental support and emotional support The questionnaire has previously tested in the validity

and reliability of the 20 respondents outside the study sample, that are the mothers with babies aged 7-12 months in Sewon I Health Center who has almost the same characteristics. There is one question of the questionnaire in the validity test results which is invalid therefore it is not used in the study. Reliability test with Cronbach alpha values is $(r_{11}) > 0.6$ so that the variables in the study can be said reliable.

Variable early complementary feeding is divided into two categories: coded (0) for yes and coded (1) for no giving it and not giving it. Family support is assistance in the form of opinion and action is given by the family to the respondent either in the form of informational support, appraisal support, instrumental support and emotional support to motivate respondents in implementing health behavior. Questionnaire questions of family support were measured using criteria Guttman scale with yes and no answers to the following provisions: favorable questions with answers yes = 1 and no = 0, unfavorable questions with answers yes = 0 and no = 1. This research method is scoring, as shown in Arikunto [12], to classify low family support (score $< 60\%$), medium (score ranged from 60-75%) and higher (scores $> 75\%$). The writer classifies the family support into three categories: high (score value: $> 75\%$), average (60-75%), and low ($< 60\%$).

Analysis of the data is using Univariate and Bivariate towards each variable of the research results. Analysis of the relationship is using the chi-square test with significance level of 5% (0.05) [13].

RESULTS

Early Complementary Feeding

Based on Table 1, it can be seen that from 34 respondents, 21 respondents (61.8%) give early complementary feeding to the babies aged 0-6 months. One of the causes of the failure in breastfeeding is that the baby is already received complementary feedings since aged < 6 months. In corresponding with the results of Setyawati research, it is showed that 64 (68.8%) infants were given early complementary feeding and 29 (31.2%) infants were not given early complementary feeding. Giving complementary foods too early is not right because it would lead to infant satiety and reduces the amount of breast milk. Moreover the babies won't get interested in breast milk because they already get food or drink beforehand [14].

Table 1. Frequency Distribution of Family Support and Early Complementary feeding

(N = 34) in Sewon I Health Center

Parameters	Frequency	Percentage
<u>Early Complementary Feeding</u>		
Yes	21	61,8%
No	13	38,2%
Total	34	100%
<u>Family support</u>		
High	14	41,2%
Medium	11	32,4%
Low	9	26,5%
Total	34	100%

Family support

Family supports as verbal or non-verbal information, advice, real assistance or behavior that are given by people who are familiar with the subject in its environment in the form of presence and the things that can provide emotional supports are affecting the behavior of the recipient. The support given by the family of the respondent's behavior raises a disadvantage because the initial provision of complementary feeding is not recommended. Supposedly in this family provide meaningful support which prevent giving early complementary feeding. Table 1 shows the majority of the mothers with the babies who are aged 7 to 12 months in Sewon I health center, have a high family support which is 14 respondents (41.2%) from 34 respondents.

Relationship Between Family Support Towards The Early Complementary Feeding

According to the Chi Square result analysis between the independent variables (family support) with the dependent variable (the provision of early complementary feeding), significant value of P Value is 0.012, it shows that there is a relationship between family support and the early complementary feeding as $p\text{-value} < \alpha$ ($0.012 < 0.05$). This may imply if someone does not have the support of their families to provide exclusive breastfeeding it will increase the provision of complementary feeding to the premature infants.

Table 2. Relationship between family support towards the early complementary feeding (N = 34) in Sewon I Health Center

Parameter	Early Complementary Feeding
Family Support	
Chi-square correlation (X^2)	0,05
P value	0,012

According to the theory of Bussard and Ball (1966) in Setiadi [15] family is a social environment that is very close with someone. People grew up in the family, live in, interact with each other, establish the values, thinking patterns, and the habits which serve as a witness to all the foreign culture, and mediating the relationship between children and their environment.

From Table 3, it can be seen that the majority of respondents who have family support is high at 41.2% (14 respondents). There are four types of family support which are informational support, valuation support, instrumental support, and emotional support. High family support towards the provision of complementary foods causes negative effects on the health of the baby. It is clear that if the family gives a right support it will encourage the mothers to not give complementary foods to their babies at the age of 0-6 months [13]. High family support for the provision of complementary foods causes negative effects on the health of the baby. This is proven by the family that provides support to mothers to provide early complementary feeding in infants aged 0-6 months [1].

Table 3. Cross tabulation of family support with the provision of early complementary feeding (N = 34) in Sewon I Health Center

Family Support	Giving Early MP-ASI			
	Yes		No	
	F	%	F	%
High	10	8,6%	4	5,4%
Average	3	6,8%	8	4,2%
Low	8	5,6%	1	3,4%
Total	21	100%	13	100%

DISCUSSION

Family support affects the provision of early complementary feeding. If the mother has been correctly informed about the right breastfeeding and try to implement it, however because of the unimplemented environment about the breastfeeding the mother becomes a stranger in the community and it is most likely possible she will go back with the wrong breastfeeding which is giving early complementary foods before the baby reaches 6 months. It gives a meaning that if we want to improve the practice of complementary feeding > 6 months, then the family support need to be changed by providing a better understanding to the families with the pattern and timing of a good complementary feeding.

The society identifies that the provision of complementary feeding as the concern for the mother and her baby only, hence it is important to have family support for the provision of supplementary feeding, especially motivations, perceptions, emotions, and attitudes [10].

According to Asdan research, family support and baby feeding habits affect the complementary feeding of 89.8%. The role of the family in the provision of complementary foods at 6 months is needed, moreover the culture of Indonesian people are still collective, the family plays a role in the children management patterns, especially in the management of the babies in the terms of providing complementary feeding [8].

Also In accordance with the results of the research conducted by Ginting [4] that the provision of early complementary feeding is influenced by characteristics of the mothers, internal factors, and external factors in which the external factor is family support (76%) [7].

CONCLUSIONS AND RECOMMENDATION

The results of this study showed a significant relationship between family supports with the early complementary feeding in Puskesmas Sewon I, Bantul. The majority of the mothers who provide early complementary feeding has a high family support. The role of the family in the provision of complementary foods at 6 months is needed, especially the cultures of Indonesian people are still collective, and the family plays a role in the children management patterns, especially in the management of the babies in the terms of providing complementary feeding. The results suggest that it is important for the role of the parents to play in this case by providing the support for the breastfeeding mothers in order to assist the exclusive breastfeeding program and not to give complementary feeding to the premature babies.

This result is also expected for the profession in order to be able to provide and improve the frequency of obstetric service, especially on breastfeeding mothers in the form of counseling about the importance of breastfeeding and the dangers of giving early complementary feedings to babies at Sewon I health center.

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