

Analysis of Infant and Children Feeding Practices in Subulussalam City

Teungku Nih Farisni¹, Fitriani², Yarmaliza³, Onetusfisi Putra⁴

^{1,2,3,4}Department of Public Health, Faculty of Public Health, University of Teuku Umar University

ABSTRACT

One in three Indonesian children is stunted. The presence of stunting in Indonesia, particularly in the city of Subulussalam, was consistent with the practice of feeding sick infants and children. The aim of this study analyzed infant and young child feeding practices in the study area Pulo Belen, Sultan Daulat District, Subulussalam City. Qualitative study design A rapid evaluation procedure with a sample of mothers with children aged 6-18 months and older and health care workers: the head of public health center and nutritionist. Data collection method used focus group discussion and in-depth interview. Data analysis used content analysis to obtain detailed information related to the deployment of PMBA, or MP-ASI. As a result, PMBA practice in Pulo Belen villages of all ages was associated with 7 out of 36 informants who provided complementary feeding early and 1 out of 36 informants who started complementary feeding late, indicated that 4 of 36 people misreported the texture of complementary foods. 7 of 36 respondents did not offer supplements, 4 of 36 respondents gave her MP-ASI immediately, and most of her MP-ASI was given in response to positive. In addition, most information about her maternal FPIC was obtained from health care providers, all of whom supported her correct FPIC practice. The presence of balanced training with MP-ASI demonstration methods and the formation of community groups to support breastfeeding and complementary feeding can support the correct implementation of PMBA in Pulo Belen Village, Subulussalam city.

KEYWORDS: PMBA, MP-ASI, Stunting

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INTRODUCTION

The nutritional problem that is a major concern in the world today is stunting for children under five years old (toddlers). Based on Riskesdas and the Indonesian Nutrition Status Survey, it is known that the prevalence of children under two years old (baduta) experiencing stunting has decreased from 37.4% (2013) to 29.9% (2018) and 20.8% (2021), so that it can be said that 1 out of every 5 children under two in Indonesia is stunted (Kemenkes, 2018). However, this reduction in stunting rates is still below the target of the health RPJMN in 2021, namely the reduction in stunting under five is expected to be 18.4%.

Optimal feeding pattern for babies from birth to 2 years of age includes: (a) giving breast milk to babies immediately within 1 (one) hour after birth; (b) be exclusively breast-fed from birth to six months of age; (c) provide the correct breast milk supplement (MP-ASI) from 6 months of age; and (d) continue breastfeeding until the child is two years old. Adopting this feeding pattern improves the nutritional status

of infants and children and has implications for later health (WHO & UNICEF, 2003)(PP No. 33 Tahun Tentang Pemberian ASI Eksklusif, 2012). However, at present, the application of the best feeding patterns for infants from birth to 2-year-old child, especially in the provision of complementary foods, has not been adequately implemented. When the children is exactly 6 months or 180 days old, the children can be given complementary foods (MP-ASI). Giving the right MP-ASI to children is based on balanced nutrition guidelines. The initial survey of Subulussalam City showed that the proportion of diverse food consumption in children aged 6 – 23 months (47.3%) was higher than the national figure (36.6%). However, the proportion of consumption of diverse foods is still below 50%. The lowest area is Pulo Belen village which is under the work of the Sultan Daulat Health Center with a coverage of 36%. Given the limited range of appropriate feeding practices for infants and children, researchers qualitatively analyze infant

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and child feeding practices, especially complementary food offerings overall.

METHOD

This study is a qualitative research designed RAP (Rapid Assessment Procedure) using focus group discussion (FGD) method, in-depth interviews and consumer surveys. Respondents in this study had babies older than 6-18 months as informants and were divided into her three age groups: 6-8 months, 9-11 months and 12-18 months. It was her mother who engaged in her FGD activities. Each age group conducted two FGD sessions with 6 members each. The FGD participant informants were then interviewed to find out the variety of complementary foods. In addition, in-depth interviews were conducted with medical professionals, in particular Puskesmas directors and nutritionists, as

informants directly involved in providing information on the provision of complementary foods. In this study, the analysis carried out was a qualitative analysis. The practice of giving MP-ASI is seen from the aspect of age, texture, variety, and how to give MP-ASI to infants and children.

RESULTS AND DISCUSSION

Results

The results of the study on 36 FGD informants showed that they were 20-43 years old, most of whom had the latest educational background, namely high school and housewives. Meanwhile, the informants are health workers with the age of 40-45 years and the last education is college graduates. The characteristics of the respondent's age are shown in table 1.

Table 1. characteristic of responden

Variable	f	%
Age		
20-35	20	55.56
36-50	16	44.44
Level of education		
Elementary school	8	22.22
Junior high school	10	27.78
Senior high school	14	38.89
Collage	4	11.11
Work		
Housewife	13	36.11
Farmer	10	27.78
Entrepreneur	8	22.22
Civil servant	5	13.89
Parity		
≤ 3	17	47.22
≥ 3	19	52.78

Feeding For Infants And Children >6-8 Months

Based on the results of FGDs in the age group of infants 6-8 months, it is known that all mothers know the right time to give MP-ASI, which is 6 months, but 4 out of 12 whistleblowers give MP-ASI in the form of children biscuits and bananas before their babies are 6 months old. This is due to the ignorance of mothers and caregivers regarding the impact of early MP-ASI as described below.

"No, early MP-ASI, the stomach hurts.". (FG622)

"Children biscuits, 5 months, because they are hesitant to give food, see people eating, want to." (FG616)

The sources of information that informants have regarding feeding infants and children are mostly from the internet, midwives, and the environment such as neighbors and friends. Then half of the number of informants made preparations when they wanted to start giving MP-ASI in the form of buying cutlery and filters, looking for recipes and learning things that were allowed and not allowed to be given to babies when MP-ASI from the internet, there were even 3

informants who bought instant porridge at the convenience store.

"From midwives, posyandu, counseling sometimes right.". (FG615)

"Browsing, because the first child is like this, this is the method, the recipe". (FG611)

"To eat utensils, write down what you can and can't eat." (FG625)

Most of the informants already knew about MP-ASI which was nutritionally balanced. However, 4 of 12 informants provided no inserts and 3 of 12 informants provided instant MP-ASI in the form of porridge and biscuits. Processing of MP-ASI is done by the mother and most of it is filtered and blended. However, there were 3 out of 12 informants who prepared MP-ASI with a watery texture.

"If there is rice, vegetables, beans, fish, chicken, meat, there are always side dishes." (FG624).

"Instant, watery, want to try, but can't make MP-ASI at home". (FG614)

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"Buy instant, use warm water, the texture is made watery, because the midwife said that the porridge must be watery for fear of getting stuck". (FG613)

Furthermore, the provision of MP-ASI was mostly done by mothers because most of the mothers did not work. There is only 1 informant who works and the provision of complementary feeding is done by grandmother. A total of 7 out of 12 informants practiced responsive active complementary feeding, namely mothers interacting with children without distraction such as TV and toys.

"Put it on the chair and prepare a toy that he can eat, if the fruit is carried." (FG621)

During the provision of MP-ASI, 1 out of every 2 informants had difficulty in giving MP-ASI. However, the mother can solve these difficulties with various tricks as described below.

"If you don't like it, you can sing it." (FG616)

Based on the FGD results, we found that all informants stated that there were no dietary restrictions when giving MPASI to infants. The taboos that exist are more in the form of giving honey, sugar and salt before 1 year as well as snacks

"Nothing, at least the little girl". (FG616)

"Honey, sugar, salt under a year". (FG624).

Feeding for Infants and Children 9-11 months

Based on the results of FGDs in the age group of infants 9-11 months, it is known that all mothers know the right time to give MP-ASI, which is 6 months but there are still 3 out of 12 informants who have given MP-ASI before the children is 6 months old in the form of children porridge and even 1 of the 12 informants who were late in giving MP-ASI, namely when the children was 7 months old, as described below.

"Not really (read: early complementary feeding)". (FG912)

"2-3 months, they are given their own SUN because when they see a child crying, they are given 2x a day for 6 months and they are given rice". (FG911)

"Promina box, age 7 months, the doctor said her child can eat". (FG914)

Sources of information about infant and child feeding are mostly from midwives, the internet, Maternal and Child Health books and friends. Then most of the informants did not make preparations when they wanted to start giving MP-ASI because the children was not the first child. And only 1 informant bought cutlery and a filter for the preparation of MP-ASI.

"I still have all the tools, because it's the 3rd child, at most they stock it like rice, which takes a long time to store and use a little bit, but the vegetables are all sudden. It's like brown rice, I bought it from the start before eating." (FG916)

"Buy cutlery, cook utensils, buy groceries, please". (FG915)

Most of the informants already know about complementary foods that are nutritionally balanced. However, there are three informants who do not provide side dishes on the children menu and one informant who provides instant MP-ASI in the form of rice porridge. Processing of MP-ASI was carried out by the mother herself and all informants processed it in a team way and served chopped food ingredients.

"I mean, while the boxed MP-ASI is still in the store, just buy it, if there's not, I'll just cook it, the contents are complete, the doctor says it's okay." (FG914)

"Vegetables, don't let the side dishes first, I'm afraid of allergies so I tell you tempeh". (FG911)

"I myself, I cook rice using Magiccom myself in the form of a team of vegetables in a sauce, fried tempe/tofu, fried tempeh/tofu, animal side dishes are sometimes fried/boiled". (FG915)

Furthermore, the provision of complementary foods is mostly done by mothers because most mothers do not work. There is only 1 informant who works and the complementary feeding is done by the caregiver. Most of the mothers did the practice of giving MPASI actively responsive and there were 4 out of 12 informants who gave MPASI not actively responsive, namely by diversion of attention in the form of toys.

"Usually fed, sometimes playing a bicycle while playing." (FG911)

"Alone, being carried, if carried, it's finished, if you're sitting it's not enough". (FG611).

"On my lap or sitting in a children chair by the caregiver on weekdays I talk to them." (FG915)

During the provision of MPASI, most of the informants had difficulties in giving MPASI. However, these difficulties can be solved by using various tricks, such as the following description.

"If you don't want to eat ledekin, give chicken, love cat". (FG913)

"Nothing, if it's her mother who feeds her like it doesn't run out". (FG915).

Feeding for Infants and Children 12-18 months

Based on the results of FGDs in the 12-18 month age group of children, it was found that all mothers knew the right time to give M-PASI, which was 6 months. In line with this, all of the informants started giving MP-ASI right when the children was 6 months old.

"I'm 6 months old ma'am, he said that before, it wasn't allowed, just breastfeed". (FG111)

"You can't (simultaneously), it's a shame the intestines are the same, the bowels will be hard." (FG13)

All sources of information owned by the informants regarding infant and child feeding came from counseling from midwives and other health workers, as well as books on Maternal and Child Health. Then most of the informants made preparations when they wanted to start giving MP-ASI by studying the explanation of MP-ASI in the Maternal and Child Health book and a small number of informants held discussions with family and friends.

"Look at the KIA book, what are the recipes, how to do it". (FG123)

"Read the KIA book, ask Ms. (brother)". (FG113)

Most of the informants already know about MP-ASI which is nutritionally balanced and have implemented complete MP-ASI in children's food. Processing of MPASI is done by the mother herself and most of them have the texture of family or

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regular food but it is still softer and not as hard as the texture of adults. However, there is 1 informant who is still filtering vegetables for children to eat so they want to eat vegetables. "It's like our food, not too runny, not too hard either." (FG124)

"Make it yourself, it's cooked like ordinary people's food". (FG122)

"Yes, I make my own, if I don't want to, sometimes I blend the vegetables and rice." (FG114)

Furthermore, all complementary feeding was carried out by mothers because all mothers did not work. Most of the informants still use toys, cellphones, and televisions as distractions while eating. Only 4 out of 12 informants practice giving complementary feeding in an active responsive manner, namely the mother invites the child to interact without any distractions such as TV and toys.

"Eat while playing and take a walk". (FG113)

"Eat while watching cartoons". (FG116)

During the provision of MP-ASI, 1 out of every 2 informants had difficulty in giving MP-ASI. However, some of these difficulties can be solved by mothers with various tricks such as the following description.

"Yes, make 2 bowls for the child and one to feed". (FG116)

"If you don't want to eat, that's okay, usually because he drinks a lot, just leave it alone, he'll come back to ask for food and say "aaa". (FG225)

Role of Health Officer

The Rajabasa Indah Health Center has several programs to support the practice of feeding infants and children (PMBA), especially the provision of MP-ASI for infants and children. The programs owned by the Rajabasa Indah Health Center related to PMBA are breastfeeding education and complementary feeding in the mother's class for toddlers, at the Posyandu counseling desk, and home visits for toddlers. As stated by the following health workers:

This PMBA activity is very important related to the growth and development of babies. The Community Health Center has activities such as an education program for mothers and toddlers class about breastfeeding and complementary feeding, at the Posyandu table there is also education given. And most recently, we have Pulgossip activity, namely Exclusive Breastfeeding Chat Gathering". (WM2).

"Classes for mothers of toddlers are carried out on an ongoing basis with breastfeeding and complementary foods. The time is scheduled once a month". (WM1).

Education for mothers of children under five through classes for mothers of children under five and counseling in posyandu. The material given in the class for mothers of children under five includes exclusive breastfeeding, continued breastfeeding, complementary feeding, and balanced nutrition. Educational activities are carried out using several media tools. The following is the informant's statement:

"So, during the MP-ASI counseling, we explain what the menu is, then what is the diet, how many times to eat" (WM2)

Important monitoring and evaluation activities are carried out for the continuity and success of infant feeding activities. The practice of exclusive breastfeeding by breastfeeding mothers in this village is already above the national target (50%) which is around 85.4% per August 2022 data.

Monitoring and evaluation activities are carried out for exclusive breastfeeding every month by looking at the contents that have been marked on the KMS at the posyandu. The results also provide an overview of the practice of giving MP-ASI on time.

According to the informant, so far there are still some obstacles in education related to infant and child feeding. Barriers from the community is the provision of early MP-ASI before 6 months.

"Before 6 months, sometimes they give porridge, packaged porridge or they make their own, because it feels like there is not enough milk, the child cries all the time, but it's been said that if the child cries it doesn't mean he's always hungry" (WM2)

In addition, sometimes there are obstacles in gathering mothers during classes for mothers of toddlers. In addition, the Sultan Daulat Health Center does not yet have nutrition workers who are civil servants and there are no infant and child feeding counselors (PMBA), but most of the health workers have received socialization related to infant and child feeding (IMD, exclusive breastfeeding, and MPASI). from the Subulussalam City Health Office. The addition of human resources for nutrition workers and an increase in the competence of health workers to become PMBA counselors will be able to improve educational services to the community as described below.

"It is important to increase the competence of health workers so that they can provide education in the form of better counseling and counseling to the community." (WM1)

The obstacles faced in infant and child feeding programs are a challenge for health workers to innovate educational activities. The informant explained several things that would be done in 2023 in order to achieve the vision and mission of the Puskesmas, namely increasing cooperation with all villages including Pulo Belen in forming a health support community including MP-ASI.

"In order to achieve the vision of the Puskesmas, we want to form a health support group that is formed, mobilized, and aimed at the community with assistance from the Puskesmas. In addition, this activity will be driven by village and sub-district PKK teams such as the ASI Support Group (KP-ASI) and others. Later these groups will be provided with education by the Puskesmas which will later be able to convey information and provide support related to health in the community" (WM1).

DISCUSSION

Feeding Infants and Children

The Ministry of Health states that children aged 6 to 24 months have increased needs for various nutrients that breast

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milk alone can no longer meet. Children at this age are in a period of rapid growth and development, are exposed to infections and begin to become physically active, increasing their nutritional needs (Kemenkes, 2014). According to WHO (2009) there are seven principles that must be considered when giving complementary feeding to infants and children, namely age, frequency, amount, texture, variety, active responsiveness, and hygiene during food preparation and serving. This study analyzed 4 of the 7 principles of complementary feeding, namely age, texture, variety, and method of administration (WHO, 2009).

First, the age of the children when given MP-ASI. WHO (2009) explains that complementary feeding begins when the children is 6 months old (180 days). Based on the FGD results for all groups, we know that all mothers know that 6 months is the appropriate time to administer MP-ASI. However, there were 4 out of 12 informants in the group of infants >6–8 months and 3 out of 12 informants in the group of infants 9–11 months who had given complementary feeding before the children was 6 months old. The MP-ASI given was in the form of instant porridge, biscuits mixed with water, and bananas. In addition, there is 1 out of 12 informants in the 9–11 month children group who are late in giving MP-ASI, namely when the children is 7 months old (WHO, 2009).

The mother's actions in giving early MP-ASI are inversely proportional to the knowledge they have. Similar results in the qualitative research of Dari Dary et al (2018) in Salatiga City in infants under 12 months, namely 5 out of 6 informants gave MP-ASI before the children was 6 months old, even though all informants already knew the age of giving and the impact of giving early MP-ASI. All babies who were given MP-ASI early had digestive problems in the form of difficulty in defecating (Dary et al., 2018).

The results showed that the timely provision of complementary foods was caused by the provision of food by caregivers other than the mother, the children crying, and the behavior of the children who seemed to want to eat. Another study by Nugraheni, Prabamurti, and Riyanti (2018) on six mothers in the working area of the Pudukpayung Health Center Semarang City, namely all mothers gave early MP-ASI to babies on the grounds of training their children to eat, the condition of the children being fussy or crying a lot. The forms of complementary feeding given are instant children porridge, bananas, papayas, children biscuits, and children crackers (Nugraheni et al., 2018).

The provision of early MP-ASI is due to the ignorance of mothers and caregivers regarding the impact of early MP-ASI and delays in giving MP-ASI on nutritional status and health risks of infants. The Ministry of Health explains that MP-ASI too early has the risk of replacing breast milk, babies get sick easily with reduced protective factors from breast milk, babies get lower nutritional intake, increase the risk of infectious diseases such as diarrhea, increase the risk of allergies, and increase the risk of pregnant women again (Kemenkes, 2017). While the delay in giving MP-ASI poses

a risk that children cannot get additional food as needed, growth and development are delayed, and the tendency to refuse when given MP-ASI is because they do not know a variety of foods. The second is regarding the texture of MP-ASI. At the result of study, it is known that all informants in the group of infants aged 9–11 months have provided the appropriate texture of MP-ASI, namely soft food. However, in the 6–8 month age group there were 3 out of 12 informants who gave watery porridge and 3 out of 12 informants made porridge by means of a blender and 1 out of 12 informants in the 12–18 month old group of infants also still gave watery porridge by blending it to children. Children (AsDI et al., 2015).

The Ministry of Health (2019) states that in order for children aged 6 to 24 months to have a balanced diet, they should continue to be breastfed until the child is 2 years old and should add complementary foods. says there is. By the age of 6 months, your children should be fed ground or filtered formula for babies 6–8 months, soft formulas for babies 9–11 months, and home-made formulas for babies 12 months. In the form of infant formula, it becomes accustomed to other foods. This shows that there are still informants who have not provided complementary food textures according to the age of the children (Kemenkes, 2019).

The thickness of the porridge is an important consideration when feeding complementary foods at 6–8 months of age. The Ministry of Health (2020) explains that food must be thick enough to stay on the spoon without spilling even if the spoon is full. If the porridge is watery, so you can put it in a bottle or drink it in a cup, it means that the food is not getting enough energy and other nutrients. In addition, preparing MP-ASI using a blender requires additional water. It is better to grind children food by grinding or filtering it so that the addition of water can be reduced. MP-ASI porridge which is quite thick will provide more energy for children than thin MP-ASI porridge .

The third is the variety of foodstuffs. WHO (2009) recommends the provision of complementary foods with a variety of nutrient-rich foods to fill the gap in energy and nutrients obtained from breast milk so that simultaneously breast milk and complementary foods can meet all the nutritional needs of infants and children. Gradually, the variety of foods for infants and children aged 6–24 months is increasing. The variety of types of food in MPASI is the presence of staple foods as a source of calories, animal and vegetable side dishes as a source of protein, and vegetables or fruit as a source of vitamins and minerals known as 4 stars. On the other hand, Ministry of Health (2019) divided MP-ASI into complete MP-ASI (consisting of staple foods, animal/vegetable side dishes, vegetables, fruits) and simple MP-ASI (consisting of basic foods, animal/vegetable/ (consisting of side dishes). Vegetable side dish, vegetable side dish, vegetables) / fruit) (Kemenkes, 2017).

Based on the FGD result, in the 6 to 8 month group, 5 of 12 informants gave complete complementary feeding, 4 of 12

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informants gave infants no supplements, We know that 3 out of 12 informants gave instant MP-ASI. In the 9-11 month group, 8 out of 12 informants gave complete complementary feeding, 3 out of 12 informants had not introduced side dishes to infants, and 1 out of 12 informants gave instant MP-ASI. Finally, all children in the 12-18 month group were given complete complementary feeding. The reason Mother has not given side dishes is because she is worried about allergies and thinks the children can't eat yet.

The presence of an informant who does not introduce an insert into the MP-ASI may affect infant health, nutritional status, and growth. WHO (2009) and Ministry of Health (2019) state that good MP-ASI is high in energy, protein and micronutrients (especially iron, zinc, calcium, vitamin A, vitamin C and folic acid). Animal supplements are primary sources of protein, iron, zinc and vitamin A, which are beneficial for optimal infant growth and development.

One of the causes of stunting described by Steward, et al (2013) in "Contextualising complementary feeding in the framework for stunting prevention" is the low quality of food, namely food that is not diverse and low intake of animal food so that it can cause children to fail to grow towards maturity. Stunting (Stewart et al., 2013).

Fikawati, Syafiq, and Karima (2015) explained that red meat, white meat (fish and chicken), and eggs are the main sources of protein. Red meat such as beef, mutton, liver is also a good source of iron. White meat such as fish can be a source of omega 3 and 6. Eggs are also a high source of protein where egg whites contain higher protein than egg yolks, but egg yolks are a good source of fat and B vitamins (Fikawati et al., 2015).

In addition to protein as a building block, iron and zinc must also be considered. According to the Ministry of Health (2019), children who do not get enough iron will cause anemia, are susceptible to disease, and take longer to recover. While zinc is important for the growth and immunity of children. Zinc is usually found in iron-rich foods, so it can be said that if children eat iron-rich foods, they also get zinc.

Lack of macro and micro nutrients can result in stunted growth and development of children. There is no one type of food that contains complete nutrients other than breast milk. By offering a variety of foods, you can supplement the nutritional value of food ingredients. Therefore, you need a variety of foods to cover all the nutrients your body needs.

Then, based on the results of the FGD, it was found that in addition to processing MP-ASI from fresh food ingredients (or called MP-ASI at home), there were 3 out of 12 informants in the group of infants aged 6-8 months and 1 out of 12 informants from the group of infants aged 9-11. months that give instant or manufactured MP-ASI to babies. The reason given by the informant to a group of 6- to 8-month-old infants was that mothers did not know how to do MP-ASI and looked at it from a practical point of view. Meanwhile, the reason given by the informant from the group of infants aged

9-11 months was because he considered that instant MP-ASI already had complete and practical nutritional value.

The results of Erawati and Naviati's (2014) qualitative research on family experiences in feeding babies in the first year in Ngjajar Village, Semarang Regency explained that some families chose instant food for their babies. Families who choose to give their children food with instant products are due to product advertisements from the media, time efficiency, easy to make, the size of 1 consumption, variety of flavors, and the many places that sell instant porridge from minimarkets to scattered in stalls. On the other hand, there are some families who choose to provide homemade food. The considerations that mothers have are that it is more hygienic to prepare their own food starting from the cleanliness of cutlery and freshness of food ingredients, and mothers feel that when preparing MP-ASI itself does not take a long time and mothers can add various nutrients needed for growth and development. child development (Erawati & Naviati, 2014).

The balanced nutrition guidelines explain that a good MP-ASI is home-made MP-ASI that comes from local food ingredients, is easy to process, and is affordable (Ministry of Health, 2019). Regularly giving manufactured MP-ASI as the main food will cause children to get used to it making it difficult to switch and like family food (Ministry of Health, 2019). The natural texture and taste of homemade MP-ASI food ingredients are different from the manufacturer's MP-ASI with the same taste. Mothers should understand that a balanced feeding pattern at an early age will affect the child's appetite for later, so the introduction to a variety of foods is very important. Processed MP-ASI itself does not have to be expensive because it can be adapted to the daily food menu at home. Natural local ingredients are guaranteed freshness and more variety. With a variety of foods, babies can learn to enjoy a variety of different tastes and can meet nutritional needs. One thing that cannot be denied from healthy home-based MP-ASI is that it tastes more delicious and inculcates good habits from an early age in children to have the foundation of a healthy diet (Tim Admin HHBF, 2017).

Fourth is the way of giving MP-ASI. The way of giving MP-ASI according to WHO (2009) is active and responsive feeding, namely being alert and responsive to the signs shown by the children that the children or child is ready to eat and encouraging the children or child to eat but not being forced. Based on the results of the study, it was found that as many as 7 of 12 informants in the group of infants 6-8 months and 8 of 12 informants in the group of infants 9-11 months had given MP-ASI actively responsive to infants and children. On the other hand, in the group of children aged 12-18 months, it is known that the majority of complementary feeding is not actively responsive (WHO, 2009).

The practice of inactive and responsive feeding by mothers or caregivers is to distract babies and children through giving toys, toys with siblings, friends, cats, and chickens, watching television, and looking at cellphones. On the other hand, the practice of active and responsive feeding that has been good

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for mothers is by inviting the children or child to talk, sing, and eat with siblings (Juherman & Novika, 2017).

Some of the difficulties experienced by mothers in giving MP-ASI to infants and children are mothers do not know whether the child is hungry or not, the child refuses to eat, the child does not like certain foods, when eating is messy, and there is also 1 child who when fed by the caregiver is more voracious compared to his mother. The mother's actions in overcoming these difficulties were different, namely singing, giving toys, cellphones, watching TV, being invited to play, putting food in plastic and one mother forcing the child (Notoatmodjo, 2010).

The results of a qualitative study by Febriani (2016) regarding the responsive feeding behavior of 8 (eight) caregivers of stunting infants and toddlers in the working area of the Halmahera Health Center Semarang City showed that all caregivers consisting of 6 mothers and 2 grandmothers had not fed slowly, patiently, and motivate children to eat, not all caregivers understand strategies in dealing with children who refuse to eat, caregivers have not practiced mealtime as a time for children to learn about the eating process, types of eating or how to eat well. Caregivers who have not done responsive feeding because they do not understand feeding strategies for infants and children so that they assume related to the lack of availability of time and length (Febriani, 2016).

The results of these two studies indicate that mothers and caregivers other than mothers who feed babies and children do not understand that children need a learning process to enjoy food and fun eating activities will be able to prevent eating difficulties that arise later in life. The Ministry of Health (2020) explains that children need to learn to eat. Food other than breast milk is a new food, the child will eat slowly and may fall apart. This requires full patience when teaching children to eat. WHO (2009) and the Ministry of Health (2020) also explained that when feeding, the child's response was with a smile, eye contact, patience, and giving positive words or praise that encouraged the children or child to eat. In addition, the provision of soft foods that children can hold can stimulate children to actively eat themselves. Things to avoid when giving food are distractions (such as toys, television, and cellphones) when feeding babies and children and don't force children to eat (WHO, 2009).

When giving complementary feeding, babies and children need time to adapt to new foods and mothers must create a pleasant atmosphere. Thus, providing education to mothers and children caretakers regarding the processing and presentation of balanced nutritious complementary foods as well as fun feeding techniques can reduce mother's difficulties in giving complementary feeding to infants and children.

Role Of Health Workers

Health care workers play an important role in the success of good infant and child feeding practices. In this study, the role of health workers was analyzed through the results of FGDs with mothers of infants and in-depth interviews with three

health workers, namely the Head of the Health Center, the Coordinator Midwife, and a Nutritionist at the Sultan Daulat Health Center.

The role of health workers at the Sultan Daulat Health Center has been running well and supports the infant and child feeding program. This can be seen from the results of FGDs on all informants in the groups of infants 6–8 months, 9–11 months, and children 12–18 months which showed that most of the information regarding feeding infants and children came from health workers either directly or indirectly, through the book on Maternal and Child Health (KIA) given by health workers to mothers.

The results of in-depth interviews with health workers explained that the programs owned by the Sultan Daulat Health Center related to PMBA were breastfeeding education in the pregnant women class, breastfeeding education and complementary feeding in the toddler mother class, breastfeeding and complementary feeding education at the Posyandu counseling table and the Independent Midwife Practice, and home visits for toddlers with poor nutritional status. Education for pregnant women aims to prepare pregnant women regarding breastfeeding activities which include providing information about early initiation of breastfeeding (IMD) and exclusive breastfeeding. Meanwhile, education for mothers of children under five includes information on exclusive breastfeeding, complementary feeding, balanced nutrition, and continuity of breastfeeding. However, two out of three health workers said that the implementation of the PMBA program had not been maximized because there were no health workers who had received complete PMBA training and breastfeeding counseling.

The results of a similar qualitative study by Nurbaiti (2015) on the implementation of the PMBA program in five Puskesmas in Central Lombok showed that the Puskesmas had implemented the PMBA program to address the nutritional problems of toddlers. The PMBA program carried out is to provide counseling training for cadres and create a class for pregnant women in SEZ, and a nutrition class for toddlers. Limited counseling skills and the number of nutrition officers and cadres as well as infrastructure are still a problem in five Puskesmas in Central Lombok (Nurbaiti, 2017).

According to Fikawati, Syafiq, and Karima (2015), education on exclusive breastfeeding is not only provided to mothers, but health care workers should educate families of affected babies from prenatal testing to the end of the period of exclusive breastfeeding. Information and education are provided by health professionals and at least address the advantages and benefits of breastfeeding. Maternal nutrition, preparation and maintenance of breastfeeding. Negative effects of partial bottle feeding on breastfeeding. Difficult to change decision not to breastfeed.

The results showed that the success of the infant and child feeding program related to early MP-ASI was related to the

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support of health workers (Sunarti et al., 2017). According to the Ministry of Health (2007), the initial contact of health workers in providing education on feeding infants and children, especially IMD and exclusive breastfeeding to mothers is during antenatal care.

CONCLUSIONS AND SUGGESTIONS

Based on the available findings, 7 of 36 informants had early MP-ASI and 1 of 36 informants started MP-ASI at 7 months of age. can be concluded. Four of the 36 informants provided her MP-ASI textures incorrectly. 7 out of 36 informants don't have this. Currently, the Sultan Daulat Health Center is innovating a new program to increase the intensity of training for pregnant women and their mothers under the age of 5 in relation to her PMBA. This activity was jointly filled by the puskesmas team consisting of midwives, nutritionists, nurses, and analysts. This activity is carried out 2 times a month, namely 1 additional meeting each for the class of pregnant women and mothers of toddlers.

The results showed that the inappropriate provision of complementary feeding was caused by the grandmother, the children crying, and the behavior of the children who seemed to want to eat. According to the Ministry of Health (2010), Healthy infants do not require complementary foods until 6 months of age. If a children under 6 months of age does not gain weight, then the best way is to provide counseling to the mother on how to exclusively breastfeed so that the children gets enough breast milk. However, if the children is not getting enough breast milk due to medical reasons, then formula feeding is better than early complementary feeding. This shows that counseling by health workers is very much needed by mothers and affects the success of proper infant and child feeding practices.

The results showed that the educational activities carried out had used assistive devices in the form of leaflets, posters, and flipcharts, but had not used breastfeeding counseling kits and demonstration methods. Providing education using interesting media such as videos and demonstration methods can increase the mother's acceptance of information so that it is easier to understand. In addition, the Sultan Daulat Public Health Center does not yet have a breastfeeding counselor and PMBA, but most of the health workers have received IMD, exclusive breastfeeding, and MPASI socialization from the Subulussalam City Health Office. Improving the competence of health workers will be able to increase educational services to the public.

The existence of obstacles faced in the program of feeding activities for infants and children is a challenge for health workers to be able to innovate in educational activities. The informant explained several things that would be done in 2023 in order to achieve the vision of the Sultan Daulat Public Health Center, namely by increasing cooperation with the sub-district,

The existence of nutrition workers who are permanent employees and increasing the competence of health workers

participating in PMBA counselor training can improve the quality of human resources in delivering education about PMBA. Furthermore, MP-ASI training is well balanced with demonstration methods and forming community groups that support breastfeeding and complementary feeding will aid in the proper use practicing of PMBA.

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ETHICAL CONSIDERATIONS

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Conflict of Interest Statement

The authors declare no conflict of interest.

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