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Association Of Family Knowledge, Attitude, And Practice In Early Complementary Feeding With Stunting In Children Aged 6 - 23 Months In The Puskesmas Juanda

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ABSTRACTS

Background: Complementary food for breast milk (MP-ASI) was food or drink containing nutrients that is given to infants or children aged 6-24 months to meet nutritional needs other than breast milk, introduce new forms of food, and can form the immune system of children's. This study aims to determine the relationship between the level of knowledge, attitudes, and family practices on early complementary feeding with the incidence of stunting in the Puskesmas Juanda.

Methods: This study was an analytic observational study with a cross-sectional approach. As many as 31 respondents aged 6-23 months were determined by the purposive sampling technique. Knowledge, attitudes, and family practices were obtained through questionnaires and analyzed with the Spearman rank test.

Results: There is no significant relationship between knowledge with a p-value of 0.981 > 0.05 and a correlation coefficient of 0.005. Family attitude with p-value 0.608 > 0.05 and the correlation coefficient - 0.096. Family practice with p-value 0.299> 0.05 and correlation coefficient value - 0.193.

Discussion: The conclusion in this study is that there is no significant relationship between knowledge, attitudes, and family practices in early complementary feeding with the incidence of stunting.

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1. Introduction

Complementary Food (MP-ASI) is food or drink containing nutrients that are given to infants or children aged 6-24 months to meet nutritional needs other than breast milk. MP-ASI can be given to babies when the child is more than 6 months old. In addition to introducing new types or forms of food to children, MP-ASI can also meet the baby's needs that are not met by breast milk. Feeding can also shape and improve the child's immunological system through the food and drinks provided[1]. (Ministry of Health, 2017).

The duty of parents in providing good nutrition to infants is very influential. Poor nutrition and malnutrition in infants occur through a long process and mainly determined by the fulfillment of nutritional needs during the baby's development period, from the fetus until the baby is up to two years of age. Increased knowledge is carried out through health education so that mothers and families better understand the dangers and risks of giving early MP-ASI to toddlers. The position of health partners as information providers is needed to socialize the exclusive breastfeeding program intensively[2] (Arini, 2017).

The prevalence of stunting children under five collected by the World Health Organization (2018) states that Indonesia is the third highest country in the South-East Asian Region after Timor Leste (50.5%) and India (38.4%) which is 36.4 % (Ministry of Health, 2018).[3] The prevalence of stunted children in East Kalimantan in 2018 was 30% with a short prevalence of 18% and 12% stunting (Ministry of Health, 2018).[3]

The consequences that can occur from stunting are divided into 2 effects, namely short-term and long-term consequences. In the short term, there are disturbances in brain growth, intelligence, physical development problems, and body metabolism problems. On the other hand, the long-term consequences are reduced cognitive skills and learning achievement, reduced body immunity so that it is easy to get sick, and a major effect on the incidence of diabetes, obesity, heart, and blood vessel disease, cancer, stroke, and disability in old age.

According to data from the Samarinda City Health Office (2020) from 12 health centers in Samarinda, the highest stunting data results were obtained with a prevalence of 51.9% in the Juanda Health Center's working area.[4] This study aims to determine the relationship between the level of knowledge, attitudes, and family practices on early complementary feeding with the incidence of stunting in the Puskesmas Juanda.

2. Materials and Methods

This study was an analytical observational study with a cross-//sectional approach. The dependent variable in this study is the incidence of stunting, while the independent variables are knowledge, attitudes, and family practices. The sample used in this study were infants/toddlers/toddlers aged 6 - 23 months as many as 31 respondents taken by purposive sampling technique. Nutritional status data obtained from anthropometric measurements based on TB/U. Knowledge, Attitudes, and Practices were obtained by using a questionnaire. Data processing in this study consisted of four stages, namely editing, coding, processing, and cleaning. Data analysis was carried out including univariate and bivariate analysis. The bivariate analysis technique in this study used the Spearman correlation test using the IBM SPSS Statistics 22 software.

3. Results and Discussion

3.1 Results

3.1.1 Respondents Characteristics

As many as 31 mothers were involved in this study with their characteristics described in table 1.

Table 1. Characteristics of respondents

Characteristics	F	%
Age of mothers		
– 20 - 34 y. o	17	54.8
– ≥ 35 y. o	14	45.2
Age of infants		
– 6 - 11 months	12	38.7
– 12 - 18 months	12	38.7
– 19 - 23 months	7	22.6
Education		
– SD	4	13
– SMP	1	3.2
– SMA/SMK	16	51.6
– D3	1	3.2
– D4/S1	8	25.8
– Profesi	1	3.2
Occupation		
– Housewife	27	87.1
– Teacher	2	6.5
– Nurse	1	3.2
– Employee	1	3.2
Nutritional status		
– Stunting	9	29
– Normal	22	71
Knowledge		
– Less	18	58
– Good	11	35.5
– Excellent	2	6.5
Attitude		
– Doubtful	9	29
– Good	22	71
The practice of complementary food		
– Not appropriate with the age	15	48.4
– appropriate with the age	16	51.6

Based on table 1 above, it is known that most of the respondents aged 20 - 34 years were 16 respondents (54.8%). Most of the babies aged 12-18 months were 12 respondents (38.7%). The education of respondents mostly has SMA/SMK education as many as 16 respondents (51.6%). Most of the respondents have household work as many as 26 respondents (87.1%). Most of the respondents nutritional status had non-stunted nutritional status as many as 22 respondents (70.1%).

Most of the respondents have good knowledge as many as 18 respondents (58%), have a good attitude 22 respondents (71%). Also, most of the respondents' practices in giving complementary feeding were not appropriate, as many as 16 respondents (51.6%).

3.1.2 The Association with Stunting

The relationship between the variables of knowledge, attitude, and practice of providing complementary food to the incidence of stunting is described in table 2 below:

Table 2. The association between knowledge, attitude, and practice of complementary food with stunting

Variables	Nutritional status				Total		*P-Value*	*CC*
	Stunting		*normal*					
	f	%	f	%	f	%		
Knowledge							0.981	0.005
– Less	3	97	15	48.3	18	58		
– Good	4	13	7	22.5	11	35.5		
– Excellent	2	6.5	0	-	2	6.5		
Attitude							0.608	-
– Doubtful	1	3.2	7	22.6	8	25.8		0.096
– Good	8	25.8	15	48.4	23	74.2		
practice							0.299	-
– Not appropriate with the age	2	6.4	13	42	15	48.4		0.193
– appropriate with the age	7	22.6	9	29	16	51.6		

Based on Table 2, most of the respondents with stunting nutritional status had sufficient knowledge of 4 respondents (12.9%), while those with non-stunted nutritional status had good knowledge of 15 respondents (48.3%).

The tests using the Spearman Rank obtained a p-value of 0.981 > 0.005, meaning that there was no significant relationship between the level of family knowledge on early complementary feeding and the incidence of stunting in the Puskesmas Juanda.

Most respondents with stunting had a good attitude (25.8%), while non-stunted had a 48.4% good attitude. The results of statistical tests using the Spearman test obtained a p-value of 0.608 > 0.05, meaning that there is no significant relationship between the level of family attitudes towards early complementary feeding and the incidence of stunting in the Puskesmas Juanda.

Based on table 2, most of the respondents with stunting nutritional status had inappropriate practices 7 respondents (22.6%), while those with non-stunting nutritional status had practices according to 13 respondents (42%). The results of statistical tests using the Spearman test obtained a p-value of 0.299 <0.05, meaning that there is no significant relationship between the level of family practice on early complementary feeding and the incidence of stunting in the Puskesmas Juanda.

3.2 Discussion

3.2.1 Association between Knowledge of Early Complementary Food with Stunting

Results of this study were conducted by giving questionnaire to 31 respondents. It was found that the family's knowledge of the provision of early MP-ASI was in a good category. It is known that most of the respondents have good knowledge many as 17 people (54.8%),

sufficient knowledge as many as 12 people (40%), and less knowledge as many as 2 people (16.6%). Although, there is no significant relationship between the level of family knowledge on early complementary feeding and the incidence of stunting in the Puskesmas Juanda.

Knowledge is the result of knowing about an object after carrying out certain sensing through the five human senses. Knowledge is needed as a psychological boost to foster self-confidence as well as encouragement from one's attitudes and behavior (Notoatmojo, 2012).[5] This study is in line with Permatasari[6] states that knowledge determines a person's behavior, mothers who have high knowledge will think more deeply into action. In maintaining the health of her baby, especially in the provision of MP-ASI, a mother must have high knowledge so that the provision of MP-ASI is not given to her baby before the age of 6 months.

In this study, there is no significant relationship between the level of family knowledge on early complementary feeding with the incidence of stunting in Puskesmas Juanda. This result is in line with research conducted by Iin Indrawati and Putri Qoriah (2018)[7] which shows that the results of the analysis show that the p-value is 0.192 > 0.05, which means that there is no relationship between the mother's knowledge and the provision of complementary feeding in the Puskesmas Rawasari, Jambi. However, this is not in line with previous research conducted by Desy Ria Simanjuntak and Christian Georgy (2019)[8] which showed that the relationship between mother's knowledge about complementary feeding and the incidence of stunting was quite large, r = 0.723 and seen from the p-value=0.000 (p<0.05). This study is not relevant to the study conducted by Elya Aslina Hasibuan (2019)[9] the statistical test results were p=0.005 (p<0.05), meaning that there is a significant relationship between knowledge and the provision of complementary feeding in Lingga Tiga village, Bilah Hulu sub-district, Labuan Batu district in 2019.

This can happen because the family's knowledge of giving MP-ASI is in a good category and the family finds out about the giving of good and appropriate MP-ASI through previous parents, previous experience, some even look for information via the internet, and share experiences with other parents. other mothers. Mothers who have good knowledge about the provision of complementary feeding will know how to do the right thing in providing complementary foods for their children so that this stunting incident can be avoided and does not occur in the next generation.

3.2.2 Association between the Attitude of Early Complementary Food with Stunting

The attitude of the family towards the provision of Early MP-ASI in the agree category based on the table above shows that the attitude of the respondents who are Doubtful is 9 people (29%), and those who are good are 22 people (70.9%). The results of statistical tests using the Spearman test obtained a p-value of 0.608 (p> 0.05), meaning that there is no significant relationship between the level of family attitudes towards early complementary feeding and the incidence of stunting in the Puskesmas Juanda.

Attitude is one of the factors that can encourage certain actions taken by someone. According to Azwar (2011)[10], one component of attitude is cognitive. Mother has the belief that giving complementary feeding to infants must be appropriate with the age of the baby. Mother has a positive attitude towards the risk of giving complementary feeding which will interfere with the health of a baby and the cognitive component. The right food will try to be given at the right time according to the baby's age.

This study state that there is no significant relationship between the level of family attitudes toward early complementary feeding with the incidence of stunting in the Juanda. This result is in line with research conducted by Yusnita, et al (2020)[11] that the results

obtained the p-value is 0.444 (p > 0.05), which means that there is no relationship between the mother's attitude toward the provision of complementary feeding (MP-ASI) with the incidence of stunting in children under two. In contrast to the research that has been done by Desy Ria Simanjuntak and Christian Georgy (2019),[8] the relationship between a mother's attitude about giving complementary feeding and the incidence of stunting is quite large, namely r = 0.700 and judging from the p-value (0.000 < 0.05), the relationship between the two significant.

This can happen because the average family has understood that the attitude regarding the provision of complementary feeding must be good, and appropriate because otherwise, it will affect the child's health.

3.2.3 Association Between The Practice Of Early Complementary Food With Stunting

In this study, it was found that the family's attitude towards the provision of early MP-ASI was in the right category. 5%), and 11 people (35.5%). Regarding the practice of giving MP-ASI, it is included in the appropriate category based on table 4.10. it is known that most of the respondents who know the right type and texture of food are 21 people (61.2%), and 19 people are not right (38.7%). The results of statistical tests using the Spearman test obtained a p-value of 0.299 <0.05, meaning that there is no significant relationship between the level of family practice on early complementary feeding and the incidence of stunting in the Juanda.

Provision of MP-ASI that is appropriate for age, and the type or texture is appropriate and appropriate for the age of the child. The practice of providing appropriate complementary foods to the proportion of children aged 6-23 months who meet the criteria for four variables, namely the provision of complementary feeding on time, frequency, variation, and meeting the minimum acceptable dietary criteria is called the practice of giving complementary feeding. if one of the variables is not appropriate, it is categorized as inappropriate, this is explained according to the 2002 GSIYCF.[12] The introduction and provision of MP-ASI must be done gradually, both in form and in number, according to the digestive ability of the baby/child. Breast milk only meets the nutritional needs of infants as much as 60% in infants aged 6-12 months. others are sufficient in number and good nutrition. Therefore, at the age of six months and over, babies need additional nutrition from complementary foods.[13]

The results of this study state that there is no significant relationship between the level of family practice on early complementary feeding with the incidence of stunting in Juanda. This insignificant result could be caused by various factors such as the age of complementary feeding, type, and texture of MP-ASI. This is not in line with the research conducted by Desy Ria Simanjuntak and Christian Georgy (2019)[8], the relationship between a mother's practice of giving complementary feeding and the incidence of stunting is quite large, namely r = 0.723 and judging from the p-value (0.000 < 0.05) then the relationship between the two is significant.

The practice of giving MP-ASI in the working area of Puskesmas Juanda is included in the appropriate category, it can be seen from the timing of giving MP-ASI and the selection of the right type and texture of MP-ASI. This can happen because of the knowledge and attitude of a good family and the family understands about giving MP-ASI is appropriate so that the practice of giving is in accordance with the age of the child.

5. Conclusions

Based on the results of this study that has been presented, it can be concluded that there are 17 respondents (54.8%), sufficient knowledge of as many as 12 respondents (40%), lack

of knowledge of as many as 2 respondents (16.6%), Doubtful attitude as many as 9 people (29%), and who agreed as many as 22 people (70.9%). As many as 19 people (61.2%) had correct practice and 12 people (38.7%) did not. The results of the Knowledge statistical test obtained a p-value of 0.981 > 0.05 and a correlation coefficient of 0.005, Attitude obtained a p-value of 0.608 > 0.05 and a correlation coefficient of - 0.096, Practice obtained a p-value of 0.299 > 0.05 and the correlation coefficient value - 0.193, which means that there is no significant relationship between knowledge, attitudes, and family practices in early complementary feeding with the incidence of stunting.

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