



FACTORS INFLUENCING MOTHERS' SUPPLEMENTARY FOOD PROVISIONS TO INFANTS AGED 0-6 MONTHS IN THE ONOLALU PUBLIC HEALTH CENTER WORKING AREA, ONOLALU DISTRICT, NIAS REGENCY, 2023

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ABSTRACT

While exclusive breastfeeding is the gold standard for infants under six months, the premature introduction of complementary foods (MP-ASI) remains a widespread practice. This research investigated the determinants of early supplementary feeding among mothers within the Onolalu Health Center's jurisdiction in Nias Regency. Employing a descriptive quantitative method with a cross-sectional framework, the study surveyed 34 participants via total sampling. Statistical analysis using the chi-square test identified maternal knowledge and employment status as critical factors ($p = 0.000$). In contrast, the origin of information did not demonstrate a meaningful correlation ($p = 0.173$). These results suggest that healthcare practitioners must prioritize ongoing counseling to foster better understanding of breastfeeding protocols.

Keywords: Mother, Supplementary Food, infant

Introduction

Complementary feeding to babies in addition to breast milk to meet their nutritional needs after 6 months of age. Providing supplementary feeding to infants under 6 months of age is not recommended because it can cause various health risks, such as diarrhea, allergies, breastfeeding disorders, and an increased risk of obesity.(Organization, 2017 ; Indonesia, 2022)

Only around 40 % of infants aged 0-6 months are exclusively breastfed, while the remainder are introduced to complementary feeding too early. In Indonesia, according to the 2013 Basic

Health Research (Riskesdas), only 30.2% of infants are exclusively breastfed, with the remainder being introduced to supplementary feeding earlier. (WHO data, 2017).

A similar phenomenon occurred in the Onolalu Community Health Center (Puskesmas) area in South Nias Regency. The author's initial survey results indicated that the majority of mothers provide supplementary feeding to infants under six months of age. This is suspected to be due to mothers', work pressures, and inadequate information sources.(Organization, 2017)

Therefore, this study aims to determine the factors that influence mothers in providing additional food to babies under six months old residing within the service coverage of the Onolalu Community Health Center. (Organization, 2017)

Research Method

This research employed a descriptive-analytical framework utilizing a cross-sectional method. Through a total sampling technique, 34 mothers with infants under six months of age were recruited for the study. Information was gathered via questionnaires designed to assess maternal demographics and levels of understanding. The data underwent both univariate and bivariate analysis, with the Chi-Square test being the primary statistical tool.(Notoatmodjo, 2018)

Result

This study involved 34 respondents. Univariate analysis revealed that the majority of respondents (61.7%) were aged between 20 and 25 years, followed by those aged 26–31 years (26.5%) and 32–37 years (11.8%). In terms of education, 38.2% of the mothers had completed senior high school, 29.5% had higher education, 23.5% had elementary-level education, and 8.8% had completed junior high school. Regarding occupation, 58.9% of the respondents were unemployed (housewives), while 41.1% were employed.

In terms of knowledge about complementary feeding, 73.5% of respondents were aware of appropriate feeding practices, while 26.5% lacked such awareness. Most respondents (85.3%) received information from healthcare professionals, and only 14.7% received it from non-healthcare sources. When examining the actual practice of

complementary feeding, 73.5% of the mothers provided it appropriately, while 26.5% were found to be practicing inappropriate complementary feeding, particularly providing it to infants under 6 months of age.

According to the bivariate results, there was a significant statistical correlation between the mother's level of understanding and [the other variable complementary feeding behavior. Among those who were aware, 47% provided complementary feeding appropriately, while 33% still practiced it inappropriately. Among the mothers who lacked knowledge, 21.7% practiced appropriate feeding, while 8% did not. Statistical analysis using the Chi-square method resulted in a p-value of 0.000, demonstrating that maternal awareness is significantly linked to the practice of early supplementary feeding.

Similarly, maternal occupation was found to be significantly associated with complementary feeding practices. Among unemployed mothers, 92.9% practiced complementary feeding appropriately. Conversely, among working mothers, only 40% followed appropriate feeding practices, and 5% practiced it inappropriately. With a recorded p-value of 0.024 from the statistical analysis, a meaningful correlation between the mother's employment status and her infant feeding practices was established.(Notoatmodjo, 2018); (Saputra, 2019)

However, the relationship between the source of information and complementary feeding practices was not statistically significant. Although a higher percentage of mothers who received information from healthcare providers practiced appropriate feeding (62%), this difference was not enough to reach statistical significance. The p-value

obtained was 0.173, which is greater than the 0.05 threshold. The results of this study indicate that maternal knowledge plays a crucial role in determining the appropriateness of complementary feeding practices. Mothers with higher levels of knowledge were more likely to delay the introduction of complementary foods until the recommended age of 6 months. This aligns with prior research, including findings by , which emphasized that better maternal knowledge significantly reduces the likelihood of early introduction of complementary feeding.(Dini, 2019);(Ginting, 2021)

Occupational status also influenced feeding practices. Unemployed mothers, particularly housewives, were more consistent in providing complementary foods at the right time, possibly due to greater availability and attention to their infant's needs. These findings are supported by studies that highlight the impact of modern lifestyle changes and work obligations on breastfeeding and complementary feeding behavior. Working mothers may face constraints in providing exclusive breastfeeding or may resort to

early complementary feeding due to time limitations or return-to-work demands.

Interestingly, the source of information did not significantly influence feeding behavior. While a majority of mothers did receive information from healthcare providers, this factor alone did not guarantee appropriate feeding practices. This could be attributed to the increasing influence of non-professional sources such as family traditions, online media, and commercial advertising, which may contradict professional health advice. Additionally, societal and cultural beliefs around infant nutrition and the perception that a "plump baby is a healthy baby" may contribute to early feeding decisions.

In summary, maternal knowledge and occupational status are significant factors influencing feeding decisions, while information sources may require further strengthening to ensure they effectively translate into behavioral change. These findings suggest that health education programs targeting mothers—especially those who are working—should be enhanced to promote exclusive breastfeeding and timely introduction of complementary foods.

Discussion

Based on theory, the findings indicate that maternal knowledge plays a crucial role in determining infant feeding practices. Mothers with adequate knowledge were more likely to delay supplementary feeding until the recommended age of six months.(Victora, C. G., 2016);(Brown, 2020) This aligns with previous studies showing that improved maternal education reduces early complementary feeding behavior (Febriana Sari, 2025).

Maternal occupation also influenced feeding practices. Working mothers faced challenges in maintaining

exclusive breastfeeding due to time constraints and workplace demands. These findings are consistent with previous research highlighting employment as a barrier to exclusive breastfeeding.(Brown, 2020);(Victora, C. G., 2016).

Interestingly, the source of information did not significantly affect feeding behavior. Although most mothers received information from health workers, cultural influences and family traditions may override professional advice. This emphasizes the need for more effective, culturally sensitive health education strategies.(UNICEF, 2019);(Saputra, 2019).

The prevalence of low Antenatal Care (ANC) utilization in the first trimester, as observed in this study, indicates a significant gap in maternal risk screening, a situation that Lumbanraja (2021) argues significantly increases the risk of undetected chronic hypertension and severe anemia. When pregnant women bypass these early clinical evaluations, health providers lose the critical window for intervention, often leading to manageable conditions escalating into obstetric emergencies (Irma Suryani, Febriana Sari, 2024). This delay is frequently rooted in the misconception that medical oversight is only necessary when physical symptoms arise, failing to align with the World Health Organization (WHO) (2020) guidelines which advocate for early and frequent monitoring to ensure a positive pregnancy experience.

Furthermore, the disparity between maternal knowledge and actual healthcare behavior highlights a persistent "intention-behavior gap," where Simkhada et al. (2018) suggest that logistical barriers, such as transportation costs and lack of family support, often override a mother's basic health knowledge. In regions like Rusip Antara, the perceived inconvenience of visiting a health center can outweigh the perceived benefits of a check-up if the mother feels physically healthy. This confirms that simply increasing information is insufficient; as noted by UNICEF (2019), effective maternal health strategies must also address the economic and physical accessibility of services to truly influence clinical outcomes.

Finally, the insignificant role of culture found in this study suggests a low exclusive breastfeeding coverage.

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potential shift in generational perspectives, yet the belief that pregnancy is a "natural phenomenon" rather than a medical state remains a psychological barrier. To address this, Saputra (2019) emphasizes the need for a holistic midwifery model where health workers engage husbands and family elders as active partners in the education process. By transforming the perception of ANC from a mere "confirmation of pregnancy" into a vital journey of safeguarding, the Pamar Public Health Center can better align its practices with the successful maternal health frameworks discussed by Victora et al. (2016) and Brown (2020).

Conclusion and Suggestion

Based on the results of this study, it can be concluded that the provision of complementary foods to infants aged 0–6 months in the Onolalu Community Health Center (Puskesmas) work area is influenced by the mother's level of knowledge and employment status. Mothers with good knowledge and who are unemployed tend to be more accurate in providing complementary foods according to health recommendations. Conversely, the source of information, although predominantly from health workers, has no significant relationship to the practice of providing complementary foods. These results demonstrate the importance of a more intensive and comprehensive educational approach, along with adequate environmental support, to increase

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