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Mothers' knowledge about complementary feeding

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Abstract

Background: According to WHO data (2020), 40% of infants worldwide are exclusively breastfed, and 60% of infants are given complementary foods before the age of 6 months. According to data from the 2021 Basic Health Research in Indonesia, 52.5% or just half of the 2.3 million infants under 6 months of age are exclusively breastfed, and some children are already being given complementary foods before 6 months of age. Eight out of 10 people interviewed did not understand complementary feeding.

Purpose: To determine the level of mothers' knowledge regarding complementary feeding for infants aged 6-24 months.

Method: This study used a quantitative descriptive method with 40 mothers as respondents and univariate analysis. It was found that 43% of respondents had good knowledge of complementary feeding for infants aged 6-24 months. Thirty-eight percent of respondents had adequate knowledge, and a small portion 20% had insufficient knowledge regarding complementary feeding for children aged 6-24 months.

Results: The respondents had good knowledge regarding the provision of complementary feeding for infants aged 6-24 months, with a percentage of 43%.

Conclusion: Respondents' knowledge of complementary feeding for infants aged 6-24 months is generally good, particularly regarding the types and purposes of complementary feeding.

Suggestion: It is hoped that health departments and midwives will consistently provide education to new mothers to ensure they pay attention to complementary feeding, starting with the texture and nutritional needs appropriate for the infant's age.

Keywords: Complementary Foods; Knowledge; Mothers of Infants Aged 6-24 Months.

INTRODUCTION

Caring for and raising a baby is an ongoing adventure, from breastfeeding to learning about baby food. The first foods a baby is given will have a significant impact on their future health and support their growth. To ensure the successful introduction of complementary foods, a solid understanding of these foods is essential. One of the factors within an individual that influences the formation of human attitudes is knowledge (World Health Organization, 2023).

Inadequate maternal knowledge about complementary foods can influence the mother's decision to provide complementary foods early (Andrian, Huzaimah, Satriyawati, & Lusi, 2021). Providing proper complementary foods can optimize a child's growth and development, but many parents still don't understand the correct practices for providing complementary foods (Sangadji & Veronika, 2021). Mothers play a crucial role in the growth and development of infants and toddlers. In

particular, maternal knowledge influences their mindset and level of concern for providing proper nutrition to their children. Infants and toddlers are among the most vulnerable groups in the community, with the highest prevalence of malnutrition among infants and toddlers (Aprillia, Mawarni, & Agustina, 2020).

Feeding infants before 6 months of age and improper feeding practices can lead to malnutrition in children. Therefore, their growth must be monitored regularly and continuously from birth. The phenomenon of stunting, or failure to thrive, in children in Indonesia typically begins between 4 and 6 months of age when infants are introduced to foods other than breast milk and continues to worsen until they are 18 to 24 months old. The introduction of complementary feeding begins when the infant is 6 months old, with the aim of meeting the nutritional needs of infants and children in addition to breast milk. complementary feeding can be managed locally. The provision of complementary feeding based on local foods is intended to enable families to prepare healthy and nutritionally balanced complementary foods for infants and children aged 6-24 months in the household, while also serving as an educational tool (Ministry of Health of the Republic of Indonesia, 2020).

Only 40% of infants worldwide are exclusively breastfed, while the remaining 60% receive complementary foods before the age of six months. A similar situation is observed in some countries where complementary foods are introduced as early as four months of age. For example, in Iceland 40%, Australia 44%, New Zealand 45%, India 63%, and Canada 70%. These data indicate that poor complementary feeding practices remain widespread because parents do not know the appropriate time to introduce complementary foods (Sudaryanto, 2022).

According to data from Basic Health Research in Indonesia, 52.5%- or just half-of the 2.3 million infants under six months of age are exclusively breastfed, and some children have already been introduced to complementary foods before the age of six months. The rate of exclusive breastfeeding this year has decreased by 12% compared to 2019. A child's survival and protection from various diseases including pneumonia and diarrhea, which they are particularly vulnerable to depend heavily on receiving exclusive breastfeeding, especially in the early

months. Therefore, it is crucial for mothers to have knowledge about the introduction of complementary foods (MPASI) and exclusive breastfeeding for infants under six months of age (World Health Organization, 2023).

The introduction of complementary foods plays a significant role in several factors, including local culture, family customs, and the belief that breast milk alone is insufficient to meet the nutritional needs of infants under 6 months of age. Of the 59 mothers with infants under 6 months of age, the majority 32 (54.2%) had a primary education level, and 27 (45.8%) had good knowledge. Of the 59 infants, the majority 32 (54.2%) were introduced to complementary feeding before 6 months of age, while 27 (45.8%) were introduced after 6 months. There is a significant association between knowledge and education levels and the early introduction of complementary feeding to infants under 6 months of age (Haryani, 2020).

Mothers' low level of education regarding breastfeeding leads them to prefer bottle-feeding their babies rather than breastfeeding them directly. This lack of knowledge about the importance of breastfeeding during the first 6 months of a baby's life stems from mothers' limited understanding of the nutritional benefits and advantages of breast milk. Introducing complementary foods before a baby is 6 months old has negative effects both now and in the future. The consequences of introducing complementary foods before 6 months include the baby missing out on breast milk nutrients, a decline in the baby's sucking ability, experiencing diarrhea, and developing anemia. Furthermore, long-term negative effects of introducing complementary foods before 6 months include an increased risk of obesity and allergies. Working mothers often cite this as a reason for introducing complementary foods at an inappropriate time (Anjani, Nuryanto, Wijayanti, & Purwanti, 2023).

Education, occupation, and age influence knowledge. Educational level can influence thinking and behavior; the higher the level of education, the easier it is for people to absorb and accept information, leading to broader knowledge and perspectives. In addition to educational level, the work environment can provide individuals with experience and knowledge, both directly and indirectly. A mother's knowledge of complementary

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feeding plays a crucial role; a lack of such knowledge reduces her ability to apply this information in daily life. However, individuals with extensive knowledge are better equipped to provide appropriate care for children, particularly during the introduction of complementary feeding (Riasnugrahani & Analya, 2023).

RESEARCH METHOD

This study used a quantitative descriptive method with 40 mothers as respondents and univariate analysis. It was found that 43% of respondents had good knowledge of complementary feeding for infants

aged 6-24 months. Thirty-eight percent of respondents had adequate knowledge, and a small portion 20% had insufficient knowledge regarding complementary feeding for children aged 6-24 months.

Inclusion Criteria: Mothers with infants aged 6–24 months, mothers who have lived in the study area for at least the past 6 months, mothers who can communicate well and are willing to participate as research respondents, mothers who are present during data collection, mothers who sign the informed consent form are respondents and others who have complete data or information as required by the study.

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RESEARCH RESULTS

Tabel Distribution Frequency of Respondents (N=40)

Variable	Results
Knowledge Complementary Feeding (n/%)	
Good	17/43.0
Enough	15/38.0
Poor	8/20.0
Understanding Complementary Feeding (n/%)	
Good	16/40.0
Enough	11/27.0
Poor	13/33.0
Types of Complementary Foods (n/%)	
Good	33/83.0
Enough	5/12.0
Poor	2/5.0
Purpose of Introducing Solid Foods (n/%)	
Good	30/75.0
Enough	6/15.0
Poor	10/25.0
Risks of Introducing Solid Foods to Infants Under 6 Months of Age (n/%)	
Good	13/32.0
Enough	17/43.0
Poor	10/25.0

Based on table show 40 respondents, it was found that some of the respondents had a good understanding of complementary feeding for infants aged 6–24 months, namely 17 respondents (43%); a small number of respondents Fifteen respondents (38%) reported having sufficient knowledge about complementary feeding for infants aged 6–24 months, while a small number of respondents 8 in total (20%) reported having limited knowledge on the subject. Out of 40 respondents, was found that some of the respondents had a good understanding of the definition of complementary feeding for infants aged 6–24 months, namely 16 respondents (40%); a small portion of the respondents had sufficient knowledge of the definition of complementary feeding for infants aged 6–24 months, namely 11 respondents (27%),

and a small portion of the respondents had limited knowledge of the definition of complementary feeding for infants aged 6–24 months, namely 13 respondents (33%).

Mothers' Knowledge of Complementary Feeding Based on Types of Complementary Foods for Infants Aged 6–24 Months. it was found that nearly all respondents had a good understanding of the types of complementary foods for infants aged 6–24 months, namely 33 respondents (83%); very few respondents had a sufficient understanding of the types of complementary foods for infants aged 6–24 months, namely 5 respondents (12%); and very few respondents had a limited understanding of the types complementary foods for children aged 6–24 months, namely 2 respondents (5%). it was found that some

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of the respondents had a good understanding of the timing of complementary feeding for infants aged 6–24 months, namely 17 respondents (43%). Some of the respondents had adequate knowledge regarding the timing of complementary feeding for infants aged 6–24 months, namely 16 respondents (40%), and very few of the respondents had limited knowledge regarding the timing of complementary feeding for infants aged 6–24 months, namely 7 respondents (18%). and it as found that the majority of respondents had a good understanding of the purpose of introducing complementary foods to infants aged 6–24 months, namely 30 respondents (75%); Very few respondents had sufficient knowledge of the purpose of introducing complementary foods to infants aged 6–24 months, namely 6 respondents (15%), and very few respondents had limited knowledge of the purpose of introducing complementary foods to infants aged 6–24 months, namely 4 respondents (10%).

DISCUSSION

Table of the study, out of 40 respondents, half of them 16 respondents (40%) had a good understanding of what complementary feeding is for infants aged 6 to 24 months. A small portion of the respondents had sufficient knowledge of the definition of complementary feeding for infants aged 6–24 months, totaling 11 respondents (27%), and a small portion of the respondents had limited knowledge of the definition of complementary feeding for infants aged 6–24 months, totaling 13 respondents (33%)

In line with the study which reported that there were 48 respondents surveyed regarding their knowledge of the appropriate age for introducing complementary foods to infants, 26 or 54.1 percent of the mothers demonstrated good knowledge. In the “good” category, 22 (45.83%) mothers had adequate knowledge regarding complementary feeding, defined as the process of providing food as a supplement to breast milk or formula when these alone are no longer sufficient to meet nutritional needs (Kusmawati, IPutri, Sukamto, Nugraheni, & Argaheni, 2025). This typically begins at 6 months of age and continues until 23 months, although breastfeeding may continue beyond this period. This is a critical developmental period for children to learn to accept healthy foods and beverages and establish long-term eating patterns. It also coincides with a

period of peak risk for stunted growth and nutritional deficiencies. The direct consequences of malnutrition during these formative years, as well as in utero and during the first 6 months of life, include growth impairment, significant morbidity and mortality, and delays in motor, cognitive, and socio-emotional development (Ministry of Health of the Republic of Indonesia, 2024).

According to the researchers' assumption, some of the respondents had good knowledge of complementary feeding for infants aged 6 to 24 months because most mothers provided complementary foods to their children and there was a wealth of information available from health workers, such as educational sessions on infant nutrition; approximately 14 respondents (40%) fell into this category. Foods for infants aged 6 to 24 months. 33 respondents, or 83 percent, had sufficient knowledge about the types of complementary foods for infants aged 6 to 24 months; very few respondents 5 respondents, or 12 percent had limited knowledge; and very few respondents 2 respondents (5%) had insufficient knowledge about the types of complementary foods for infants aged 6 to 24 months.

Healthy foods, classified by type according include carbohydrate-rich foods such as rice flour, biscuits, and cornstarch. Foods containing protein and fat include: milk, egg yolks, yogurt, grated cheese, green beans, tempeh, and tofu. Foods containing vitamins and minerals are found in citrus fruits, papaya, pears, apples, bananas, melons, watermelons, and avocados. In this study, some mothers were not fully prepared to prepare complementary foods using their own ingredients. This was because the mothers lacked the necessary food ingredients (Anjarsari, Listyaningsih, Linawati, & Dewi, 2021).

In Research Table 4.6, out of 40 respondents, the average number of respondents who were well-informed about the appropriate time to introduce complementary foods to infants aged 6 to 24 months was 17 respondents, or 43 percent. Some of the respondents had sufficient knowledge regarding the timing of introducing complementary foods to infants aged 6 to 24 months, totaling 16 respondents (40%), and very few respondents had limited knowledge regarding the timing of introducing complementary foods to children aged 6 to 24 months, totaling 7 respondents (18%).

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This is consistent with other study, which found that complementary foods were introduced on time in 72.41% of cases, while 27.59% were not introduced on time. Complementary feeding (MP-ASI) begins when the child is 6 months old, as breast milk alone is insufficient to meet the child's nutritional needs for growth and development. If children aged 6 to 12 months do not receive additional nutrition from MP-ASI, growth abnormalities and malnutrition may occur. To address nutritional deficiencies, improvements in both the quality and quantity of MP-ASI are necessary (Ambarwati, Mintarsih, Tursilowati, Pertiwi, & Gayatri, 2023).

Baby 6-7 months of age, babies are ready to eat solid foods because they begin to reject semi-solid foods. In addition, their stomachs are better able to digest starchy foods. By 9 months of age, babies are skilled at putting objects in their mouths. It is true that some babies continue to grow normally even without supplemental food. However, babies require more nutrients and energy than what breast milk provides (Lestiarini & Sulistyorini, 2020).

According to the researchers' assumption, some of the respondents had sufficient knowledge about the timing of introducing complementary foods due to the tradition of introducing them before 6 months of age. Because of this tradition, mothers often feed their babies mashed bananas; therefore, education is needed on introducing complementary foods after the baby is 6 months old. Introducing complementary feeding too early before 4 months of age is not recommended, as it can increase certain risk factors, such as digestive issues in infants, including diarrhea and intestinal injuries. Overview of Mothers' Knowledge Levels Regarding Complementary Feeding Based on the Purpose of Complementary Feeding for Infants Aged 6–24 Months in Midwife-Led Private Practices.

According to the survey results which included 40 respondents, it was found that the majority of respondents were well-informed about the purpose of complementary feeding for infants aged 6-24 months. 30 respondents (75%) have a very good understanding of the purpose of introducing complementary foods to infants aged 6–24 months; very few respondents have a moderate understanding specifically, 6 respondents (15%) and very few have limited knowledge 4 respondents (10%) regarding the purpose of introducing

complementary foods to infants aged 6–24 months.

An Overview of Mothers' Knowledge of Complementary Feeding Based on the Purpose of MPASI Administration for Infants Aged 6–24 Months at the Massiana Maternal and Child Health Clinic in Sintang Regency in 2024. According to the survey results in table there were 40 respondents, and it was found that the majority of respondents were well-informed about the purpose of complementary feeding for infants aged 6–24 months, specifically: 30 respondents stated that the purpose of providing complementary feeding is to meet the infant's energy and nutritional needs, as breast milk alone cannot consistently meet the infant's requirements. Normal growth and development in children can be identified by increases in body weight. If your child's weight does not increase after 4-6 months of age, this indicates that your baby's energy and nutritional needs have not been met. This may be due to the baby's reliance on breast milk alone as their sole source of nutrition or because the complementary foods provided do not meet the necessary standards. Additionally, infectious agents in the gastrointestinal tract also have a significant impact (Haryani, 2020).

According to the researcher's assumption, some of the respondents had a good understanding of the purpose of introducing complementary foods because the majority of respondents 19 respondents (48%) had a high school education, while 16 respondents (40%) had a junior high school education; the mother's educational level significantly influenced her knowledge. The higher the educational background, the more information she obtained.

Based on Table out of 40 respondents, a small proportion were well-informed about the risks of introducing complementary foods to infants under 6 months of age and to infants aged 6-24 months, namely 13 respondents (32%); a portion of the respondents were fairly informed about the risks of introducing complementary foods to infants under 6 months of age and to infants aged 6–24 months, namely 17 respondents (43%), and a small portion of respondents had limited knowledge about the risks of introducing complementary foods to infants under 6 months and those aged 6–24 months, totaling 10 respondents (25%). This aligns with the who noted that mothers typically introduce complementary foods due to local social and cultural norms. For generations, the community has believed that

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breastfeeding alone does not satisfy a baby's hunger (Tamar & Rini, 2022).

According to the researchers' hypothesis, some respondents have sufficient knowledge about the risks of introducing complementary foods before 6 months of age because parents in the past often gave solid foods such as scraped and mashed bananas to newborns. Mothers need to be reminded that introducing solid foods too early or before 4 months of age is not recommended, as it carries risks. Introducing solid foods too early or before 4 months of age can increase several risk factors, such as the baby's digestive system experiencing diarrhea and the potential for intestinal damage. According to Table 4.9, out of 40 respondents, it was found that some of the respondents had sufficient knowledge of the factors influencing complementary feeding in infants aged 6–24 months, namely 14 respondents (44%); a small portion of the respondents had either good or limited knowledge of these factors, namely 13 respondents (33%).

In line with the research conducted this outreach program revealed that 82.5% of respondents reported frequently breastfeeding their infants and introducing complementary foods to children aged 6 months. The study also examined information regarding breastfeeding and complementary feeding and found that, on average, participants in the outreach program understood the importance of breastfeeding and complementary feeding, and in line with the awareness campaign, various factors were identified regarding mothers introducing solid foods to their infants too quickly, such as³lack of knowledge, and the failure to follow a gradual feeding schedule for infants, which also contributes to the premature introduction of solid foods to these infants (Achmad & Chasanah, 2020).

If complementary feeding is not provided appropriately, it can result in various problems, including allergies, diarrhea, kidney problems, and growth and developmental disorders in infants. A mother's knowledge about complementary feeding is a key factor in determining the appropriateness of complementary feeding (Nurhastuti & Purwiyanti, 2023). Previous research revealed that 18 mothers participated in the study, with 50 (46.3%) having

moderate knowledge, 38 (35.2%) having a high school education, and 80 (74.1%) having good infant nutritional status. There was a strong positive correlation between maternal knowledge regarding complementary feeding, maternal education, and infant nutritional status aged 6–24 months ($r=0.533$ and $r=0.563$, respectively, $p<0.05$) (Norberta & Rohmawati, 2022).

According to the researchers' assumptions, some of the respondents had insufficient knowledge about the factors influencing the introduction of complementary foods; this was due to the mothers' lack of knowledge and insufficient monitoring of the stages of infant feeding, leading to the early introduction of solid foods to infants. This can occur when busy working parents leave their children in the care of relatives who are unfamiliar with complementary feeding. Therefore, mothers should be advised to briefly explain to their relatives what the baby is allowed to eat and what the baby is not allowed to eat, so that mothers do not need to worry about leaving their babies with relatives when they are busy working.

CONCLUSION

Respondents' knowledge of complementary feeding for infants aged 6–24 months is generally good, particularly regarding the types and purposes of complementary feeding. However, some respondents still have limited or insufficient knowledge regarding the timing of introduction and the risks of introducing complementary feeding too early.

SUGGESTION

It is hoped that independent midwife clinics will increase their educational and counseling activities regarding complementary feeding for mothers with infants aged 6–24 months. Healthcare workers are encouraged to be more proactive in providing education regarding the timing, types, objectives, and risks of complementary feeding so that mothers' knowledge improves and aligns with health guidelines. Additionally, future researchers are advised to investigate other factors that influence mothers' knowledge of complementary feeding.

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