© 2017 International Journal Of Nursing and Midwifery

This is an Open Access article distributed under the terms of the <u>Creative Commons Attribution 4.0 International License</u> which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

http://ijnms.net/index.php/ijnms

ORIGINAL ARTICLE



ACCURACY WEANING FOOD FEEDING TO BABY AGE 6-12 MONTHS

Heni Purwati*, Etik Khusniyati**
Maternity of Nursing STIKES BINA SEHAT PPNI

ABSTRACT Keywords

e-ISSN: 2597-9345 p-ISSN: 2597-761X

Weaning Food Feeding is food that is given to babies to support the growth of babies aged 6-12 months. During this time many women lack attention to the provision of complementary feeding in children. Complementary feeding should be given to babies aged 6-12 months due to the ability of the baby is ready to receive breast milk. Giving breast milk that is not appropriate to the age and needs of the baby can have an impact on the health and nutritional status of babies. This research uses a descriptive method that describes the accuracy Award Weaning Food Feeding on Babies Ages 6-12 Months in the village Singkalan Balongbendo District of Sidoarjo. The population in this study were all mothers of babies aged 6-12 months as many as 25 people. The sampling technique used in this study is a type of non-probability sampling. With the total sampling type. These samples included 25 people. Instruments in this research are to use the enclosed questionnaire data descriptive analysis through the process of editing, coding, scoring and tabulating, then delivered in the form of a frequency distribution. Results of the discussion above it can be concluded that most respondents in providing appropriate complementary feeding in babies aged 6-12 months were 17 (68%). This research can be used as additional information about how giving solid foods to babies, resulting in the implementation of respondents could give it according to the infant's age, dati in the selection of food for the baby's health.

Weaning food

Babies

Ages 6-12

•

INTRODUCTION

Weaning food is a food given to babies to support the growth of babies aged 6-12 months. Weaning food is given during the transition period from 6 months to 12 months, which is a child-prone period. Because if weaning food feeding in this transitional period is less precise, will be the beginning of malnutrition in children, which can affect the growth and development of health in the future (sitompul, 2012). During this time many mothers who pay less attention to weaning food feeding in her child. Some are given before six months this affects the development of children. Babies are ready to eat solid foods, either growing or psychologically, at 6-9 months of age. The ability of newborns to digest, absorb, and metabolize foodstuffs is adequate but limited to only a few functions. Several signs indicate that the baby is ready to receive weaning food (Madya, 2012).

To prevent the occurrence of malnutrition, it occurs issued the requirement of weaning food, which is punctual. Weaning food was given from the age of 6 months. Nutritious weaning food must contain enough energy, protein, vitamins, and minerals to support growth optimal safe. Preparation and when given, weaning food should be clean, appropriate ways of giving weaning food in line with hunger and appetite indicated by the baby. Weaning food, number, frequency, and mode of administration adjusted for infant age (digs, 2013).

Based on toddler weighing at public health service, found 26,518 beta malnutrition nationally. Cases of malnutrition in question are determined based on the calculation of body weight according to score <-3 standard deviation of children standard (very skinny toddler). Meanwhile, according to riskesdas 2013, the prevalence of very underweight

nutrition in babies by 5.3%. If estimated against the number of under-five target (s) registered in the public health clinic reporting (21,436,940), the estimated number of malnourished children under five (1.1 million people) (ministry of health ri, 2015).

The prevalence of malnutrition is one of the indicators of MDGs and strategic plan (Lenstra) of east java provincial health office, measured by weight loss by age, ie, from very low body weight and weight loss. Based on the results of PSG 2014, east java has reached the number below the MDGs (15.0%) and renters (15.0%) of 12.3% (less weight 10.3% and very low weight 2.0%) (dho, east java, 2015). Based on preliminary studies conducted by researchers, the problem of improper weaning food giving also occurred in singkalan village, balongbendo sub-district, sidoarjo regencies. Based on primary data obtained from public health service regency, there are \pm 52% of babies less than two months have been given food other than breast milk.

Maternal inaccuracies in giving weaning food are influenced by mother's ignorance about when and what food should be given to her toddler. This causes the giving of weaning food done at the wrong time; this will cause digestive disorder because if weaning food given not by the child's age the digestive organs could not receive it that can cause allergies. Weaning food program is one of the programs implemented public health service aimed to improve the nutrition of the community which is the task of public health clinic. Provision of weaning food that is not appropriate to the age and needs of babies can have an impact on the health and nutritional status of babies. Nutrition plays an important role in the human life cycle. Malnutrition in babies will cause growth disorders and developments that if not addressed can continue into adulthood. Age 0-24 months is a period of rapid growth and development, so termed as a golden period as well as a critical period. The gold period can be realized if the baby and children get the appropriate nutritional intake for optimal growth. Otherwise, if the baby and children do not get food according to nutritional needs. Then the gold period will turn into a critical period that will disrupt the growth of babies and children, both current and future (wargiana, 2014).

Government efforts in reducing malnutrition incidents through appropriate weaning food programs need to be implemented and well socialized to the community. Especially mothers with babies aged 6-12 months, health workers, in this case, are midwives need to provide counseling and information related to the importance of giving breast milk to babies aged 6-12 months. as well as the role of mother toddlers in preventing the occurrence of diarrhea, need to pay attention to the nutritional state of his child, through the provision of appropriate weaning food according to his age (sitompul, 2012)

The purpose this research describes the accuracy Award Weaning Food Feeding on Babies Ages 6-12 Months in the village Singkalan Balongbendo District of Sidoarjo

METHOD

This research used a descriptive method that tells about the accuracy of giving of weaning food at baby Age 6-12 Month on 09 February 2017 at Singkalan Village, Balongbendo Sub-district, Sidoarjo Regency. The population in this research were all mothers who had 6-12 months of age as many as 25 people. With total

sampling. In this research, the sample used a mother who has a baby aged 6-12 months in the village Singkalan Balong bendo Sidoarjo which requires 25 people. Instruments in this research using a questionnaire that has been closed answers and respondents just give a mark on the desired answer. Data processing was done through editing, coding, scoring and tabulating.

RESEARCH RESULT

General Data

1. Characteristics of respondents by the age of infant

No	Baby's age	Frequency	Percentage (%)
1	6 months	5	20
2	7 months	5	20
3	8 months	1	4
4	9 months	2	8
5	10 months	3	12
6	11 months	4	16
7	12 months	5	20
	Total	25	100

Table 4.1 above showed that a small percentage of infant ages is eight months of 1 child (4%)

2. Characteristics of respondents based on maternal age

No	Mother's age	Frequency	Percentage
		1	(%)
1	< 20 years	7	28
2	old	13	52
3	20-35 years old	5	20
	> 35 years		
	old		
	Total	25	100

In table 4.2 above the number of small respondents> 35 years as many as five people (20%).

3. Characteristics of respondents based on maternal education

No	Mother's education	Frequency	Percentage
			(%)
1	No school	0	0

2	Basic edu (SD/SMP)	9	36
3	High	12	48
	school(SMA/SLTA)	4	16
4	university (D3/S1)		
	Total	25	100

In table 4.3 above showed that almost half of middle-educated respondents as many as 12 people (48%).

4. Characteristics of respondents based on information

No	Information	Frequency	Percentage (%)
1	Never	0	0
2	Midwives/nurse	16	64
3	Radio	2	8
4	neighbour	3	12
5	parents	4	16
	total	25	100

In table 4.4 above showed that most of the respondents get information about weaning food feeding from midwife/nurse as much as 16 people (64%).

5. Characteristics of respondents based on husband's income

No	Husband's job	Frequency	Percentage (%)
1.	$\leq 1.000.000$	1	4
2.	1000.000 -	2	8
3	2000.000	22	88
4	2.000.000 -	0	0
	3.000.000		
	\geq 3.000.000		
Tota	ıl	25	100

In table 4.5 above showed that the total husband of his mother as much as 22 people (88%).

a. Characteristics of respondents based on mother's work

No	Mother's job	Frequency	Percentage(%)
1	Work	7	28
2	Not to work	22	88
	Jumlah	25	100

In table 4.6 above showed that a small number of working mothers are as many as seven people (28%).

Specific Data

1. Accuracy in weaning food feeding

No	Accuracy in of	Frequency	Prosentase
	Weaning food		(%)
	feeding		
1	accurate	16	64
2	not accurate	9	36
	Total	25	100

In table 4.7 above showed that most mothers were right in Weaning Food feeding in babies aged 6-12 months as many as 16 people (64%).

DISCUSSION

Table 4.1 showes that most mothers were right in giving weaning food to babies aged 6-12 months as many as 17 people (68%).

Feeding (weaning food) was an additional food given to babies after six months to 24 months (Haryana, 2010). According to (maryunani, 2010) feeding (weaning food) foods and beverages containing are nutrients, given to baby or children aged 6-24 months to meet nutritional needs other than breast milk. Feeding (weaning food) was a transitional food from breast milk to family meals that the introduction and giving should be done gradually in both shape and amount according to the baby's digestive ability (proverawati and asfuah, 2009).

In providing complementary feeding, there are rules adjusted to the baby's age as follows: baby feeding age 6-9 months of which are (1) absorption of vitamin a and other nutrients, breastfeeding is continued. (2) At the age of 6 months, the gastrointestinal tract is more functional. Therefore the baby is introduced with feeding weaning food cream twice a day. (3) To enhance the nutritional value of food, baby team rice added little by little to the source of fat, namely coconut milk or coconut oil/margarine. These foods can add

calories to baby food, give a good taste also heightens the fat soluble. While the provision of baby food age 9-12 months of them are: (1) at the age of 10 months, the baby began to be introduced to family food gradually. The shape of the baby's rice density should be regulated gradually, close to family meals. (2) Give a distraction once a day. Choose nutritious food interlude with high nutritional value, such as green bean porridge, fruit. Try to make the food interlude is made by themselves so that the cleanliness is guaranteed. (3) Babies need to be introduced to a wide variety of foodstuffs. Mix in the variety of side dishes and vegetables alternately. The introduction of various foodstuffs early on will have a good effect on healthy eating habits in the future (proverawati and asfuah, 2009).

Feeding of weaning food conducted by mothers in this research is categorized as precisely because the results of the statement in the content by the respondents showed that from some statements related to the way of giving of breast milk in babies aged 6-12 years many who approved the statement. For example, in question 3 relating to supplementary feeding should be in the form of a parent most of the mothers agree on the statement so that questionnaire results show a value of > 50 by the measurement of the accuracy of weaning food. Also, respondents in feeding weaning food also influenced by baby age factor; mothers own age, education and occupation and husband's income.

Based on table 4.2 showed that a small percentage of baby ages was eight months as many as one children (4%). At this age, the baby is strongly encouraged to be given additional food to help its growth. Because at the age of 12 months the baby can chew the food itself, but if the baby is given the

weaning food before the age of 6 months it will be bad, this is in accordance with the statement that babies who introduced food and/or other drinks before the age of 6 months, which is higher for the disease so if it happens repeatedly then the baby will experience growth and development is less optimal (februhartanty, judhiastuty, 2009). In babies, eight months of age babies have started to chew food, and babies have begun to grow teeth.

Based on table 4.3 showed that almost half of middle-educated respondents as many as 12 people (48%). Education is any effort planned to influence others either individual, group, or society so that they do what is expected of the educationist (notoadmojo, 2003). The level of education influences the way of thinking and behavior. A person's level of education, in this case, is not the only factor, but in absorbing knowledge and ability to take steps and abilities about nutrition is very influential. A child born from a good educational background will have a better chance to live and grow better. A system of openness is prevailing within the family in accepting a change or accepting new things to maintain the health of the family and child. Mothers with low education tend to provide complementary feeding for infants aged less than 6 months whereas mothers are highly educated in the provision of complementary feeding of infants after the baby is six months old.

Based on table 4.4 showed that most of her husband's mother's opinion 2,000,000-3,000,000 counted 22 people (88%). Revenue is one of the factors associated with financial conditions that cause purchasing power for additional food to be greater. Income regarding the amount of income received, which, when compared to expenditure, still allows the mother to

provide additional food for babies aged less than six months. Usually the better the family economy then the purchasing power will be additional food is also easy, on the contrary, the worse the family economy, the purchasing power of additional food more difficult. The level of family income is related to early feeding. Also, women with lower economic status tend to throw away colostrum and provide early pralactal food.

Based on table 4.5 showed that a small percentage of mothers are employed as many as seven people (28%). Work is an activity of doing a job with the intention of obtaining or helping to earn income or profit for at least 1 hour in 1 week. Maternal factors of maternal factors are factors related to the mother's activity every day to earn income to meet the needs of his life which is the reason of feeding complementary milk in babies aged less than six months. Mother's work can be done at home, at work both near and far from home. Unemployed mothers often provide early supplementary food on the grounds of training or trying to get the mother to work when the baby is used (siregar, 2008). Working moms are usually the right gift of weaning food because an adequate economy supports the baby's milk-immersion because of the result of her work. However, in an unemployed mother, it is also found appropriate in giving the weaning food because although it is not working her husband has worked and had enough salary for the needs of her baby.

In the results of the research, it was found that 36% of respondents were not accurate. It was found in the respondents who were not working, and the education was low. on the result of krostabulasi between the work with the accuracy of weaning food feeding known that as many as 50% of the 16 respondents who are not appropriate in

weaning food feeding, this is because by not working then in meeting the nutritional needs of infants are not met, it is associated with low family welfare. In addition to maternal education work also affects the accuracy in providing mp-si, it is known that the accuracy in providing weaning food is in the respondents with high education level. This is because with higher education respondents have gained knowledge related to weaning food feeding so that the respondent has been able to give the weaning food properly to the baby.

CONCLUSION

Based on the above discussion it can be concluded that most respondents are correct in giving the weaning food in babies aged 6-12 months as many as 16 people (64%).

SUGGESTION

Respondents

Respondents are expected to make additional information about how to provide weaning food to infants so that in the implementation the respondents can give according to the age of the baby, and appropriate in the selection of food for the baby's health.

Health Manpower

Provide counseling about the importance of feeding in infants aged 6-12 months

Other Researchers

Researchers hope that this research can be used as an additional reference in conducting further research related to the provision of weaning food, is expected to add several factors that influence it.

REFERENCES

- Armstrong, J., Abraham, E. C., Squair, M., Brogan, Y., & Merewood, A. (2014). Exclusive breastfeeding, complementary feeding, and food choices in UK infants. *Journal of Human Lactation*, 30(2), 201–208.
- Dias, 2013. Syarat Makanan Pendamping ASI. http://www.buburbayi.net/2013/ 09/04/ syarat makanan pendamping ASI.Acces:10 April 2014
- Dinkes. Jatim, 2016. Profil Kesehatan Provinsi Jawa Timur Tahun 2015. Surabaya; Dinas Kesehatan Provinsi Jawa Timur. ADLN Perpustakaan Universitas Gajah Mada
- Fatimah, 2013. Karakteristik dan Faktor mempengaruho Ibu dalam Pemberian ASI Eksklusif pada Bayi Usia 0-6 bulan di Kelurahan Sukarame I Kecamatan Medan area Tahun 2008. Skripsi FKM USU.
- Hetherington, M. M., Schwartz, C., Madrelle, J., Croden, F., Nekitsing, C., Vereijken, C. M. J. L., & Weenen, H. (2015). A step-by-step introduction to vegetables at the beginning of complementary feeding. The effects of early and repeated exposure. *Appetite*, 84, 280–290.
- Joyomartono, 2005. *Prinsip Dasar Ilmu Gizi*. PT. Gramedia Pustaka Utama, Jakarta.
- Kemenkes, 2016. *Profil Kesehatan Indonesia*. Jakarta: Depkes RI.
- Lituhayu, Rivanda. 2008. A-Z Tentang Makanan Pendamping ASI. Yogyakarta: Genius Publiser
- Maryunani, 2010. *Ilmu Kesehatan Anak Dalam Kebidanan*. Jakarta : TIM.

- Ngastiyah, 2002. *Perawatan Anak Sakit*. Edisi 2, EGC, Jakarta
- Notoadmojo, 2003. *Pendidikan Dan Perilaku Kesehatan*. Rineka. Cipta. Jakarta.
- Notoatmodjo, 2010. *Ilmu Perilaku Kesehatan*. Jakarta : PT Rineka Cipta.
- Nursalam, 2013. Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis. Ediisi 3.
- Pernanda. 2010. Faktor- Faktor yang mempengaruhi Ibu dalam Pemberian Makanan WEANING FOOD Dini pada Bayi 6-24 Bulan di Kelurahan Pematang Kandis Bangko, Kabupaten Merangin Jambi Tahun 2010. KTI FK USU
- Prasetyono, Dwi Sunar, 2009. ASI Ekslusif. Jogjakarta.
- Pratiwi, 2009. Mikrobiologi Farmasi. Yogyakarta: Penerbit Erlangga.
- Proverawati dan Asfuah, 2009. Buku Ajar Gizi untuk Kebidanan. Nuha. Medika.
- Setiadi, 2013. Konsep dan Praktek Penulisan Riset Keperawatan, Edisi 2.
- Setiawan&Saryono, 2010. Metodologi Penelitian kebidanan. Nuha. Medika. Jakarta.
- Siregar, Charles J.P. (2008). *Teknologi Farmasi Sediaan Tablet*. Jakarta:
 Penerbit Buku Kedokteran. Hal:
 53-121.
- Sitompul, 2012. Gizi dan Makan Bagi Bayi -Anak Sapihan. Pustaka Sinar Harapan. Jakarta
- Wargina, R., Aaini, L., Rahmawati, L. 2014. Hubungan Pemberian WEANING FOOD Dini dengan Status Gizi Bayi Umur 0-6 Bulan di Wilayah kerja Puskesmas Rowotengah Kabupaten Jember. Jurnal Pustaka

kesehatan Vol.1 (1). Universitas Jember Waryana, 2010. Gizi Reproduksi. Pustaka Rihama : Yogyakarta
