

**Complementary feeding behavior on mother of toddler aged 6-24 months
(Studied at Pingit, Bumijo, Yogyakarta)**

**Perilaku makan pelengkap pada ibu balita usia 6-24 bulan (belajar di Pingit,
Bumijo, Yogyakarta)**

^{1,2,3}Lilik Indah Nurcahyani¹, Nanik Setiawati², Sabar Santoso³
Jurusan Kebidanan Poltekkes Kemenkes Yogyakarta

Article Info

Article history:

Received Aug 23th, 2019

Revised Sept 15th, 2019

Accepted Okt 20th, 2019

Keyword:

complementary feeding
time accuracy
frequency accuracy
quantity accuracy
texture accuracy
variation accuracy

ABSTRACT

Malnutrition situation happened as the result of receiving less breast milk and diet on complementary feeding for toddlers. It is known that the practice of complementary feeding for age 6th month until 2 years has not been implemented properly. The purpose of this study is to reveal complementary feeding behavior on toddler's mother age 6-24 months in Pingit, Bumijo, Jetis, Yogyakarta. The types of this study is descriptive study using cross sectional design. Population for this study are mother who have toddler in age of 6-24 months. The total for respondents for the sample is 78 respondents. Data collection techniques used in this study is questionnaire. Data Analysis for this study is using univariate. As for the result of this study, parity of multi-parent respondents represented in 51.3%, with medium education represented in 46.2%, doesn't have job represented in 73.1%, and family income under minimum wage regional city of Yogyakarta represented in 51.3%. As for the complementary feeding behavior: first, the time accuracy is done by 67.9% respondents. Second, the frequency accuracy is done by 84.9% respondents. Third, the quantity accuracy is done by 47.4% respondents. Fourth, the texture accuracy is done by 17.9% respondents. Fifth, the variation accuracy is done by 53.8% respondents. The conclusion in this study is the complementary feeding behavior done based on time, frequency and variation and not exactly based on the quantity and texture.

Copyright © Jurnal Teknologi Kesehatan (Journal of Health Technology).
All rights reserved.

Corresponding Author:

Nanik Setiawati,
Departement of Midwifery, Health Polytechnic Ministry of Health Yogyakarta, Indonesia
Mangkuyudan Street, MJIII/ 304 Yogyakarta 55143; Telp / Fax : (0274) 374331
Email: nanikyogya@gmail.com

1. INTRODUCTION

Sustainable Development Goals (SDGs) is a continued program. One of the purpose is to put an end on malnutrition condition in pursue of international aim by 2025. The aims are decreasing stunting and wasting in children under 5 years old.¹

Children's age under 3 years old is a golden period for brain's growth and contemplative faculties' development. Besides, it is also a critical period. Actually, there are positive and negative role for these two periods. In positive role, the child's brain is ready to receive learning process and enrichment. In the negative role, children is more sensitive toward their environment. In other words, children is more sensitive toward less supportive environment, such as non-adequate nutrient, lack of stimulation, and lack of medical services sufficiency.²

Thus, in case of malnutrition on children, it is less directly affected by food and infective diseases. It is indirectly affected by taking care behavior, provisions availability, breast feeding behavior, and complementary feeding behavior.³

Complementary feeding is defined as initial process for supplementary assistance in order to fulfill amount of nutrient required for babies. Food form in transition process, from exclusive breast milk to normal food, is defined as complementary food. It is given to babies aged 6-24 months side by side with breast feeding.¹ The application on complementary feeding for babies up to two years old (toddler) is not carried out properly yet. It is known that complementary feeding mostly done for babies under 6 months (too early).

According to Suradiet al (2010), mistime, too early or too late, on complementary feeding may cause harm. If it is too early, it may cause diarrhea, dehydration, decreasing breast milk production, allergic sensitization, and developmental disorder. If it is too late, it may cause developmental failure, iron deficiency, and developmental disorder.⁴

According to Suheti et al (2011), it is shown that there are coherence relation between time accuracy on complementary feeding, significant relation on types of complementary food, and frequency on complementary feeding, toward child's nutrient aged 6-24 months status.⁵

According to Public Health Department in Yogyakarta (2016), percentage on Under Red Line Weight in Yogyakarta had been increased in 2015, and decreased in 2016. Under Red Line Weight percentage in Yogyakarta starts to decrease if it is compared to 2013 (0.98%), but it is decreased to 0.84% in 2015 and 0.77% in 2014. These numbers show the prevalence attempt to decrease Under Red Line Weight in Yogyakarta is not optimal yet as the numbers still show fluctuate result.⁶

In 2016, it is recorded that malnutrition happened in Yogyakarta is 229 cases. Consisted of 96 cases in Yogyakarta regency, 43 cases in Bantul regency, 32 cases in Sleman regency, 31 cases in Kulonprogoregency, and 27 cases in Gunungkidul regency.⁶ Based on these data from Public Health Department in Yogyakarta, most malnutrition cases in Yogyakarta district was handled in Jetis Public Medical Center. These Public Medical Center includes 3 Village. The most cases occurred in Bumijo Village, in Pingit, which show 6 toddlers weight is very low and 42 toddlers is low. Thus, the researcher interested to know complementary feeding behavior on mother of toddler aged 6-24 months in Pingit, Bumijo village, Jetis sub-district, Yogyakarta regency.

The purpose of this research is to know the complementary feeding behavior on mother of toddler aged 6-24 months in Pingit, Bumijo village, Jetis sub-district, Yogyakarta regency.

2. RESEARCH METHOD

The type of this research is descriptive research using cross sectional design framework. Cross sectional design framework means observation on subject of the research is only done once, and measurement is done on character status or subject variable when it is done in medical check-up (Notoatmodjo, 2012). This research is held on 8-11 June 2018 in Pingit. Population on this research is all mother who has toddler in aged range from 6 to 24 months in Pingit, Bumijo, Jetis, Yogyakarta. Inclusion criteria for this research includes mother who lives in Pingit. Exclusion criteria for this research excludes mother who can't read and writes, and those who aren't willing to be respondent. In total, the subject of the research are 78 respondents. Variables studied in this research is complementary feeding (MP-ASI). The type of data used in this research is primary data, obtained directly from the subject of the research using questionnaire. Data analysis used is univariate analysis.

3. RESULTS AND ANALYSIS

The results of the study are shown in the following table:

Table 1. Respondents Characteristics

Characteristics	n	%
Parity		
Primipara	38	48,7
Multipara	40	51,3
Education		
Basic Education	29	37,2
Medium Education	36	46,2
High Education	13	16,7
Work		
Work	21	26,9
Does not work	57	73,1
Occupation		
< Minimum Wage of Yogyakarta City	40	51,3
≥ Minimum Wage of Yogyakarta City	38	48,7

Table 1 shows that majority of respondents with primipara parity is 48,7%, majority of respondent have medium education equal to 46,2%, majority of respondent does not work equal to 73,1%, and majority of respondent have income family level under minimum wage regional city of Yogyakarta equal to 51,3%.

Table 2. Complementary Feeding Behavior on Mother

Variable	n	%
Complementary feeding behavior based on time		
Accurate		
Not accurate	53	67,9
	25	32,1
Complementary feeding behavior based on frequency		
Accurate	66	84,6
Not accurate	12	15,4
Complementary feeding behavior based on amount		
Accurate	37	47,4
Not accurate	41	52,6
Complementary feeding behavior based on texture		
Accurate		
Not accurate	14	17,9
	64	82,1
Complementary feeding behavior based on complementary food variation		
Accurate		
Not accurate	42	53,8
	36	46,2

Table 2 shows that appropriate complementary feeding's behavior that is based on time, frequency, and variation. While inappropriate complementary feeding behavior is based on quantity and texture.

Table 3. Cross Table Characteristics Respondents with Complementary Feeding Behavior Based on Time

Characteristics	Complementary feeding behavior based on time					
	Accurate		Not Accurate		Total	
	n	%	n	%	n	%
Parity						
Primipara	22	57,9	16	42,1	38	100
Multipara	31	77,5	9	22,5	40	100
Education						
Basic Education	18	62,1	11	37,9	29	100
Medium Education	27	75,0	9	25,0	36	100
High Education	8	61,5	5	38,5	13	100
Work						
Work	15	71,4	6	28,6	21	100
Does not work	38	66,7	19	33,3	57	100
Occupation						
< Minimum Wage of Yogyakarta City	26	65,0	14	35,0	40	100
≥ Minimum Wage of Yogyakarta City	27	71,1	11	28,9	38	100

Table 3 shows that most respondents with multipara parity behaved appropriately by 77,5%, most respondents with medium education behaved appropriately by 75%, most respondents who work have appropriately by 71,4%, and most of the respondents were family income more than or equal to minimum wage of Yogyakarta City behaved appropriately by 71,1%.

Table 4. Cross Table Characteristics Respondents with Complementary Feeding Behavior Based on Frequency

Characteristics	Complementary feeding behavior based on frequency					
	Accurate		Not Accurate		Total	
	n	%	N	%	n	%
Parity						
Primipara	29	76,9	9	23,7	38	100
Multipara	37	92,5	3	7,5	40	100
Education						
Basic Education	26	89,3	3	10,3	29	100
Medium Education	27	75,0	9	25,0	36	100
High Education	13	100	0	0	13	100
Work						
Work	15	71,6	6	28,6	21	100
Does not work	51	89,5	6	10,5	57	100
Occupation						
< Minimum Wage of Yogyakarta City	36	90,0	4	10,0	40	100
≥ Minimum Wage of Yogyakarta City	30	78,9	8	21,1	38	100

Table 4 shows that most respondents with multipara parity behaved appropriately by 92,5%, most respondents with high education behaved appropriately by 100%, most respondents who does not work have appropriately by 89,5%, and most of the respondents were family income under minimum wage of Yogyakarta City behaved appropriately by 90%.

Table 5. Cross Table Characteristics Respondents with Complementary Feeding Behavior Based on Amount

Characteristics	Complementary feeding behavior based on amount					
	Accurate		Not Accurate		Total	
	n	%	N	%	N	%
Parity						
Primipara	17	44,7	21	55,3	38	100
Multipara	20	50,0	20	50,0	40	100
Education						
Basic Education	13	44,8	16	55,2	29	100
Medium Education	18	50,0	18	50,0	36	100
High Education	6	46,2	7	53,8	13	100
Work						
Work	8	38,1	13	61,9	21	100
Does not work	29	50,9	28	49,1	57	100
Occupation						
< Minimum Wage of Yogyakarta City	16	40,0	24	60,0	40	100
≥ Minimum Wage of Yogyakarta City	21	55,3	17	44,7	38	100

Table 5 shows that most respondents with primipara parity behaved inappropriately by 55,3%, most respondents with basic education behaved inappropriately by 55,2%, most respondents who work have inappropriately by 61,9%, and most of the respondents were family income under minimum wage of Yogyakarta City behaved appropriately by 60%.

Table 6. Cross Table Characteristics Respondents with Complementary Feeding Behavior Based on Texture

Characteristics	Complementary feeding behavior based on texture					
	Accurate		Not Accurate		Total	
	n	%	n	%	N	%
Parity						
Primipara	8	21,1	30	78,9	38	100
Multipara	6	15,0	34	85,0	40	100
Education						
Basic Education	3	10,3	26	89,7	29	100
Medium Education	7	19,4	29	80,6	36	100
High Education	4	30,8	9	69,2	13	100
Work						
Work	7	33,3	14	66,7	21	100
Does not work	7	12,3	50	87,7	57	100
Occupation						
< Minimum Wage of Yogyakarta City	4	10,0	36	90,0	40	100
≥ Minimum Wage of Yogyakarta City	10	26,3	28	73,7	38	100

Table 6 shows that most respondents with multipara parity behaved inappropriately by 85,0%, most respondents with basic education behaved inappropriately by 89,7%, most respondents who does not work have inappropriately by 87,7%, and most of the respondents were family income under minimum wage of Yogyakarta City behaved appropriately by 90,0%.

Table 7. Cross Table Characteristics with Complementary Feeding Behavior Based On Complementary Food variation

Characteristics	Complementary feeding behavior based on complementary food variation					
	Accurate		Not Accurate		Total	
	n	%	n	%	N	%
Parity						
Primipara	29	76,3	9	23,7	38	100
Multipara	13	32,5	27	67,5	40	100
Education						
Basic Education	14	48,3	15	51,7	29	100
Medium Education	18	50,0	18	50,0	36	100
High Education	10	76,9	3	23,1	13	100
Work						
Work	15	71,4	6	28,6	21	100
Does not work	27	47,4	30	52,6	57	100
Occupation						
< Minimum Wage of Yogyakarta City	18	45,0	22	55,0	40	100
≥ Minimum Wage of Yogyakarta City	24	63,2	14	36,8	38	100

≥ Minimum Wage of
Yogyakarta City

Table 7 shows that most respondents with primipara parity behaved appropriately by 76,3%, most respondents with high education behaved appropriately by 76,9%, most respondents who work have appropriately by 71,4%, and most of the respondents were family income more than or equal to minimum wage of Yogyakarta City behaved appropriately by 63,2%.

Complementary feeding behavior based on time deliverance.

Most of respondents' behavior on complementary feeding based on time accuracy deliverance is 67.9%. Based on the parity, most multipara respondents are accurate on first complementary feeding, which is 77.5% in percentage. This results are corresponding toward Kursani and Irwana's (2015) research, most primipara mother are mistime on complementary feeding, 51.4% in percentage, while multipara mother is 21.4%.⁷ According to Kardiiani in Kursani and Irwana's (2015) research, primipara mothers tend to have problems on breast feeding, which is different with mother who has had a child before. Thus, the possibility are getting higher on too early complementary feeding, as the result of breast feeding problems.⁷

Most of medium educated respondents are accurate on first complementary feeding, 75.0% in percentage. Highly educated respondents tend to accept easily any information in order to have better behavior. Education is a process of changing one's attitude and behavior, also a maturation process through teaching and training.⁸ This research is corresponding to Usmiyati and Maulida's (2015) research, it is stated that most accurate complementary feeding behavior can be found on mothers with medium education (graduated from junior high/senior high school). Meanwhile, on the opposite, mistime complementary feeding behavior tend to occur on mothers with low education (graduated from elementary school/did not graduate from elementary school), and is presented by 33 respondents, 91.7% in percentage.⁹

Most of respondents with job who were accurate on complementary feeding is presented in 71.4%. The reason in this case is that mothers with job could get information easily from their environment, than jobless mother who only taking care of her child at home. Notoatmodjo in Sugiyana (2015) stated that occupation status of the respondents are having influence in their social culture about getting information.¹⁰

Most of the respondents with family income higher from minimum wage regional city of Yogyakarta are accurate on first complementary feeding, 71.1% in percentage. According Suhardjo in Kristianto and Sulistyarini's (2013) research, social economic factor is a factor related to financial condition, in which makes them having the

capability to buy complementary food.¹¹ Instead, mother with low income are suffering from malnutrition, not receiving additional nutritious food while breast feeding period. In result, the breast milk produced is not that much, and could not fulfill the nutritional needs of the babies. Thus, they tend to give early complementary feeding.¹²

Complementary feeding behavior based on deliverance frequency

Most respondents are accurate on deliverance frequency of complementary feeding, which is 84.6%. Based on parity, most multipara respondents are accurate on complementary feeding, presented in 37 respondents (92.5%). Meanwhile, most respondents who were not accurate on deliverance frequency is primipara mother, presented in 9 respondents (23.7%). According to Wawan (2010), experience is an internal factor in occurring knowledge. Knowledge itself is a factor that simplify behavior building.¹³ Thus, multipara parity depicted as an experienced mother on raising child, and primipara depicted as a less experienced mother who has never raising child before. This result is corresponding to Usmiyati and Maulida' (2015) research, most respondents with good behavior on complementary feeding is presented with 4 multipara respondents (16.0%), and respondents with bad behavior on complementary feeding is presented with 28 primipara respondents (87.5%).⁹

All respondents with high education are accurate on complementary feeding deliverance frequency. According to Aryani in Lestari's (2014), she stated when the education level of a mother is higher, then it is easier for her to gain information about nutrients and health, as she will be nimble about nutritious problems in the family.¹⁴ This research is corresponding to Usmiyati and Maulida's (2015) research whereas most of good or accurate complementary feeding behavior can be seen in mother with medium education (graduated from junior high/senior high school). In the opposite, bad complementary feeding behavior can be seen in a mother with low education (graduated from elementary school/did not graduated from elementary school), and is presented with 33 respondents (91.7%).⁹

Most of jobless respondents are having accurate complementary feeding behavior on deliverance frequency, presented in 51 respondents (89.5%). Theoretically, occupation or job is related to mother's daily activities. Job for a women can be done in home, or either in such a close or far place from home. In this case, the length of time for a mother away from her baby influenced the accuracy on complementary feeding frequency deliverance. On the other hand, for a jobless mother will be easier on taking care of her baby. Thus, the accuracy on frequency deliverance will be more notable.¹¹

Related to deliverance frequency on complementary feeding, most of respondents with family income under minimum wage regional city of Yogyakarta have the accurate behavior, and is presented in 90%. According to Mauliku et al research, accuracy on frequency deliverance of complementary feeding related to the family income is presented not significantly different between under or higher minimum wage in percentage. It is because the availability of complementary food. The price range for complementary food is also affordable for anyone.¹²

Complementary feeding behavior based on amount deliverance

Most respondents are not accurate on the amount of complementary feeding, 52.6% in percentage. Related to the amount of complementary feeding, some primipara respondents are not accurate, presented in 21 respondents (55.3%). This result is corresponding to Notoatmodjo's in Putri (2014) theory. He said that conception and knowledge is perceived from experience in taking care children.⁸ Thus, primipara mothers who didn't know about taking care children, makes their complementary behavior is not accurate. This result is corresponding to Usmiyati and Maulida's (2015) research. From their research, it is known that most respondents whose behavior is accurate on the amount are multipara respondents, presented in 4 respondents (16.0%). On the opposite, primipara respondents' behavior is not accurate, and is presented in 28 respondents (87.5%).⁹

Based on the amount of complementary feeding, most respondents with low education are not having the accurate behavior, presented in 16 respondents (55.2%). Their low education status means that they lack of comprehension knowledge about their surroundings. Thus, it might show that primipara respondents' lack of awareness about herself or their surroundings. According to Riyanto in Putri (2014), education is a process of changing one's attitude and behavior, also a maturation process through teaching and training.⁸

Based on the amount of complementary feeding, most respondents with job are not accurate on complementary feeding, presented in 13 respondents (61.9%). Theoretically, occupation or job is related to mother's daily activities. Job for a women can be done in home, or either in such a close or far place from home. In this case, the length of time for a mother away from her baby influenced the accuracy on complementary feeding frequency deliverance. On the other hand, for a jobless mother will be easier on taking care of her baby. Thus, the accuracy on frequency deliverance will be more notable.¹¹

Related to the amount of complementary feeding, most respondents with family income under minimum wage regional city of Yogyakarta are not accurate, presented in 24 respondents (60%). Respondents with higher or the same as minimum wage regional city of Yogyakarta are presented as 55.3% or 21 respondents. This result is corresponding to Suhardjo's theory in Kristianto and Sulistyarini's (2013). He stated that social economic factor had relation to financial condition. In this case, complementary food becomes necessity included in family needs. Thus, if the family financial condition is bad, it means that the complementary feeding behavior is a problem. Meanwhile, if the family financial condition is good, it means that the complementary feeding behavior is not a problem.¹¹

Complementary feeding behavior based on texture deliverance

Most respondents are not accurate on complementary feeding by the texture, which is 82.1%. This result is different with complementary feeding based on the time accuracy, frequency accuracy, and amount accuracy. This result is influenced by the type of complementary food given by the mother. It can be either homemade complementary food or factory-made complementary food. Meanwhile, the researcher is not including the type of complementary food into variables. Thus, it might affect the result on this sub-discussion. According to multipara parity respondents, it can be seen that they did not accurate on complementary feeding by the texture. It is presented in 85% percentage. Then, this result is not corresponding to any other researches. According to Wawan (2010), experience is an internal factor in occurring knowledge. Knowledge itself is a factor that simplify behavior building. Thus, multipara mothers should have known the information about giving accurate texture of complementary food, but following advanced technology growth makes knowledge is not coming from experience only. It could be gained by reading varied media exposure, and caused to behavior diversion.¹³ According to Astama (2012), taking information from varied sources helps the communities' knowledge. It might cause the community to have behavior diversion in order to be a better person.¹⁵

Related to the texture of complementary food, most respondents who are accurate on complementary feeding is shown by respondents with high education, 30.8% in percentage. Meanwhile, those who are not accurate can be seen in respondents with low education, 89.7% in percentage. Highly educated respondents tend to accept easily any information in order to have better behavior. Education is a process of changing one's attitude and behavior, also a maturation process through teaching and training.⁸ This research is corresponding to Usmiyati and Maulida's (2015) research, it stated that most accurate complementary feeding behavior can be

found on mother with medium education (graduated from junior high/senior high school). Meanwhile, on the opposite, mistime complementary feeding behavior tend to occur on mother with low education (graduated from elementary school/did not graduate from elementary school), and is presented by 33 respondents, 91.7% in percentage.⁹

Based on the texture of complementary feeding, it can be seen that respondents without job are not accurate, and is presented in 87.7%. This result is corresponding to Notoatmodjo's in Sugiyana (2015) theory, which is stated that job status of respondents affects social culture on achieving information. Thus, respondents who did not have any job will be lack of information than those who has. Respondents without job will be lack of information about their surroundings. This condition affected their behavior.¹⁰

Related to the texture of complementary feeding, most respondents who are not accurate is presented by those who have family income under minimum wage regional city of Yogyakarta, and is presented in 90%. This result is corresponding to Suhardjo's theory in Kristianto and Sulistyarini's (2013). He stated that social economic factor is a relating factor to the financial condition of family. In this case, complementary food becomes necessity included in family needs. Thus, if the family financial condition is bad, it means that the complementary feeding behavior is a problem. Meanwhile, if the family financial condition is good, it means that the complementary feeding behavior is not a problem.¹¹

Complementary food behavior based on complementary food variation accuracy

Most of respondents are accurate on complementary feeding variation accuracy, and is presented in 53.8%. Based on the parity, primipara respondents are accurate on complementary feeding, presented in 29 respondents (76.3%). This result is not corresponding to the theory about multipara women would have better behavior than primipara women. However, according to Usmiyati and Maulida's (2015), one's behavior is not only based on experience. The existence of advanced technology is assisting someone in acquiring knowledge. As it is stated above that varied media exposure might change someone's behavior.⁹

Based on complementary feeding variation accuracy, most respondents who are accurate is shown by highly educated respondents (76.9%). Respondents with higher education tend to accept easily any information in order to have better behavior.⁸ This result is corresponding to Usmiyati and Mulida's (2015) research, in which most respondents who have accurate behavior are respondents with medium to

high education. Meanwhile, the opposite is presented in 33 respondents with low education (91.7%).⁹

According to the complementary feeding variation, some respondents with job are accurate on complementary feeding, 71.4% in percentage. This result is corresponding to Notoatmodjo's (2010) theory, which stated that job status of respondents affects social culture on achieving information.¹⁰

Related to the variation of complementary feeding behavior, most respondents with higher or the same family income as the minimum wage regional city of Yogyakarta are accurate (63.2%). According to Suhardjo in Kristianto and Sulistyaraini's (2013), social economic factor is a relating factor to the financial condition of family. In this case, complementary food becomes necessity included in family needs.¹¹ Thus, if the family financial condition is bad, it means that the complementary feeding behavior is a problem. Meanwhile, if the family financial condition is good, it means that the complementary feeding behavior is not a problem.

4. CONCLUSION

Most of the respondents are multipara, middle educated, does not work, and family income is less than the regional minimum wage of Yogyakarta City. Respondents who behave appropriately based on the time of giving complementary feeding that is the majority of multipara, medium educated, work, and family income more than or equal to the regional minimum wage Yogyakarta City. Respondents who behave appropriately based on the frequency of complementary feeding that is the majority of multipara, highly educated, does not work, and family income is less than the regional minimum wage of Yogyakarta City. Respondents who behave appropriately based on the quantity of complementary feeding that is the majority of multipara, medium educated, does not work, and family income is more than or equal to the regional minimum wage Yogyakarta City. Respondents who behave appropriately based on the texture of complementary feeding that is the majority of primipara, highly educated, work, and family income is more than or equal to the regional minimum wage Yogyakarta City. Respondents who behave appropriately based on the variation of complementary feeding that is the majority of primipara, highly educated, work, and family income is more than or equal to the regional minimum wage Yogyakarta City.

REFERENCES

1. WHO. 2015. Infant and Young Child Feeding, <http://www.who.int/mediacentre/factsheets/fs342/en/>, diakses tanggal 20 Februari 2018
2. Kementerian Kesehatan Republik Indonesia. 2012. Penuhi Kebutuhan Gizi pada 1000 Hari Pertama Kehidupan, <http://kemenkes.go.id/article/> diakses pada 20 Februari 2018 pukul 18:00 WIB.
3. Bappenas. 2013. Faktor yang Mempengaruhi Gizi Kurang Pada Balita, <http://www.bappenas.go.id/files/8513/5027/5957/ranpg-isi.pdf> diakses pada 09 Februari 2018.
4. Suradi, R. 2010. Indonesia Menyusui. Jakarta: Ikatan Dokter Anak Indonesia.
5. Suheti dkk. 2011. Hubungan Pemberian Makanan Pendamping ASI dengan Status Gizi Anak Usia 9-24 Bulan di Wilayah Kerja Puskesmas Pasirkaliki Kota Bandung, *Bhakti Kencana Medika* volume 1, No.2, Poltekes bandung.
6. Dinas Kesehatan Provinsi DIY. 2017. Profil Kesehatan DIY 2016. Yogyakarta: Dinas Kesehatan DIY.
7. Kursani, E dan Irwana, L. 2015. Faktor-Faktor yang Berhubungan dengan Pemberian Makanan Pendamping ASI (MP-ASI) Dini pada Bayi di Puskesmas Payung Sekaki Kota Pekanbaru Tahun 2015.
8. Putri, C D. 2014. Gambaran Pengetahuan dan Sikap Pemberian MP-ASI pada Ibu dan Balita 6-36 Bulan di Desa Pagerharjo Kecamatan Samigaluh Kabupaten Kulonprogo Tahun 2014.
9. Usmiyati dan Maulida, I. 2015. Analisis Perilaku Ibu dalam Pemberian MP-ASI Secara Dini Menurut Faktor Penyebabnya pada Bayi di Puskesmas Margadana Kota Tegal Tahun 2015.
10. Sugiyana, L U T. 2015. Tingkat Pengetahuan Ibu tentang Pola Pemberian Makanan Balita di Posyandu Manisjangan 18 Kelurahan Baciro Kecamatan Gondokusuman Yogyakarta Tahun 2015.
11. Kristianto, Y dan Sulistyarini, T. 2013. Faktor yang Mempengaruhi Perilaku Ibu dalam Pemberian Makanan Pendamping ASI pada Bayi Umur 6-36 Bulan.
12. Mauliku dkk. 2008. Faktor-Faktor yang Berhubungan dengan Pemberian Makanan Pendamping ASI Dini pada Bayi 6-12 Bulan di Desa Batujajar Barat Kecamatan Batujajar Kabupaten Bandung Barat Tahun 2008.
13. Wawan, A dan Dewi, M. 2010. Teori dan Pengukuran Pengetahuan, Sikap, dan Perilaku manusia. Yogyakarta: Nuha Medika.
14. Lestari, E dkk. 2014. Faktor-Faktor yang Mempengaruhi Perilaku Ibu dalam Pemberian MP-ASI Dini di Desa Jungsemi Kecamatan Kangkung Kabupaten Kendal, Universitas Muhammadiyah Semarang, Semarang.
15. Astama, D. 2012. Pengaruh Pendidikan Kesehatan pada Ibu-Ibu kader Pemberdayaan Keluarga dan Kemasyarakatan (PKK) dalam Mengubah Pengetahuan dan Sikap tentang Pencegahan Demam Berdarah Dengue di Desa Pucangan Kartasura, Naskah Publikasi, Universitas Muhammadiyah Surakarta, Surakarta