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Correlated factors to mother's accuracy in providing complementary feeding

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A B S T R A C T

Food or drink containing nutrients that is provided to babies or children aged 6 to 24 months to meet nutritional needs other than breast milk is known as complementary food for breastfeeding. The destructive impact that can be caused by dietary problems on 1000 first day of birth is the high prevalence of malnutrition in toddlers in Indonesia. The genesis of undernourished toddlers is 17.7%, stunting is 30.8%, and 10.2% are underweight. The research objective was to determine the correlated factors related to the accuracy of mothers in providing complementary feeding at the working area of the Public Health Center of Kalibalangan of North Lampung Regency 2021. Analytical investigation utilizing a cross-sectional approach was employed. The population in this study included 400 women with infants aged 4 to 12 months at the working area of Kalibalangan the Public Health Center of North Lampung Regency 2021. The sample in this research amounted to 80 infants. The sampling technique used was random cluster sampling. Univariate and Bivariate analysis with Chi-Square test. The results showed that most of the 61.2% (49 people) mothers had good knowledge about complementary feeding. While 65% (52 people) did not work, 66.2% (53 people) had advanced education (Senior high school, Diploma, High School), and 57.5% (46 people) of mothers are correct in giving complementary feeding. There is a correlation between the mother's knowledge and the mother's accuracy in providing a complementary feeding p-value of 0.000. There is a correlation between the mother's work and the mother's accuracy in giving complementary feeding p-value is 0.008. There is a correlation between the mother's education and the mother's accuracy in providing complementary feeding, with a p-value of 0.016. It is advised that communication, information, and education programs be improved, particularly for pregnant women and mothers with infants aged zero to six months.

Kata kunci:

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A B S T R A K

Makanan pendamping ASI adalah makanan atau minuman kaya gizi yang diberikan kepada bayi atau anak usia 6 sampai 24 bulan untuk melengkapi ASI. Tingginya frekuensi gizi buruk pada balita di Indonesia merupakan salah satu akibat buruk dari kesulitan gizi pada masa 1000 HPK. Kejadian balita gizi kurang sebanyak 17,7%, stunting 30,8% dan 10,2% balita dalam kondisi kurus. Tujuan penelitian ini untuk mengetahui faktor-faktor yang berhubungan dengan ketepatan ibu dalam memberikan MP-ASI di Wilayah Kerja Puskesmas Kalibalangan Kabupaten Lampung Utara tahun 2021. Jenis penelitian yang digunakan adalah penelitian analitik dengan pendekatan cros sectional. Populasi dalam penelitian ini adalah ibu yang memiliki bayi 4-12 bulan di Wilayah Kerja Puskesmas Kalibalangan tahun 2021 dengan jumlah 400 orang. Sampel dalam penelitian ini berjumlah 80 bayi. Teknik sampling yang digunakan cluster random sampling. Analisa Univariat dan

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Bivariat dengan uji Chi Square. Hasil penelitian didapat sebagian besar 61,2% (49 orang) pengetahuan ibu baik tentang MP-ASI, 65% (52 orang) ibu tidak bekerja, 66,2% (53 orang) ibu memiliki pendidikan lanjut (SMA, Diploma, PT), 57,5% (46 orang) ibu tepat dalam pemberian MP-ASI. Terdapat hubungan antara pengetahuan ibu dengan ketepatan ibu dalam memberikan MP-ASI dengan p.value sebesar 0,000. Terdapat hubungan antara pekerjaan ibu dengan ketepatan ibu dalam memberikan MP-ASI p.value yaitu 0,008. Terdapat hubungan antara pendidikan ibu dengan ketepatan ibu dalam memberikan MP-ASI dengan p.value sebesar 0,016. Disarankan untuk meningkatkan program komunikasi, informasi dan edukasi (KIE) khususnya tentang makanan pendamping ASI pada ibu-ibu hamil maupun ibu yang mempunyai bayi umur 0-6 bulan.

INTRODUCTION

The best feeding pattern for infants and children from birth to 24 months of age is breastfeeding immediately within the first hour after birth, according to the recommendations of the World Health Organization (WHO)/United Nations International Children's Emergency Fund (UNICEF) in the Global Strategy on Infant and Child Feeding. From birth until the age of six months, infants (early breastfeeding initiation) exclusively breastfeed. At six months of age, they begin to provide a reasonable and adequate supplemental form of breastfeeding. Continue nursing the child until they are at least 24 months old. (Ministry of Health RI, 2019).

Complementary feeding is other food given to infants after six months until the infant is 24 months old. Giving food after the infant is six months old will provide excellent protection from various diseases (Sitasari, 2014). The First Thousand Days of Life (1000 HPK) is a critical moment that determines the quality of Human Resources (HR) and the future of a nation (RI Ministry of Health, 2019).

Short-term disruptions in brain development, intelligence, physical growth difficulties, and irregularities in body metabolism can be brought on by nutritional issues during the first 1000 days of birth period. Long-term negative effects include lowered cognitive function, poorer academic performance, and a weakened immune system that makes you more susceptible to illnessUncompetitive work that produces little economic output also raises the risk of diabetes, obesity, heart and blood vessel disease, cancer, stroke, and old age incapacity. (Republic of Indonesia Ministry of Health, 2019).

Some of the factors that influence the occurrence of malnutrition in toddlers include the poor practice of feeding infants and children. The 2018 Riskesdas data shows that the proportion of consumption of various foods in children aged 6-23 months in MP-ASI (Complementary Foods for Breastfeeding) only reaches 46.6%. Meanwhile, the balance of early initiation of breastfeeding (IMD) in newborns is still low (58.2%) (Ministry of Health of RI, 2019). Feeding infants and children significantly influence children's survival (UNICEF, 2011).

The 2018 Basic Health Research (Riskesdas) shows that malnutrition in children under five in Indonesia is still high. The incidence of malnutrition under five (BB/U) was 17.7%, stunting was 30.8%, and 10.2% under five was underweight (BB/TB); when compared to the 2013 Riskesdas data, it experienced a significant decrease of 1 .9% from 19.6% for undernourished toddlers, 6.4% from 37.2% for stunting, and 1.9% from 12.1% for underweight toddlers in 2013 (Ministry of Health of RI, 2013; 2018).

According to Government Regulation 33 of 2012, breast milk is given to newborns from birth for six months without being supplemented or substituted with other foods or drinks. (President of the Republic of Indonesia, 2012). The giving of complementary feeding for six months in Indonesia is still high. According to Riskesdas data, Indonesia has 78.8% coverage of exclusive breastfeeding in 2018. One means that the likelihood of providing early supplemental food or not exclusively nursing is still high. (Riskesdas, 2018).

The prevalence of exclusively breastfed infants in Lampung province in 2019 was 69.3%, which is still below the expected target of 80%. Meanwhile, in North Lampung Regency, the coverage of infants 0-6 months who were exclusively breastfed was 54.76% (Profil Kesehatan Provinsi Lampung, 2018). Meanwhile, the scope of exclusive breastfeeding in the Work Area of the Kalibalangan Health Center *(Wilayah Kerja Puskesmas Kalibalangan)* in 2020 is 50% (Kalibalangan Health Center, 2020).

The mother's provision of supplemental feeding is influenced by a variety of circumstances. These factors include knowledge, mother's health and occupation, complementary feeding advertisements, health workers, culture, and socio-economic (Kristianto and Yusiana, 2012). According to research, Andriyani (2018) said that mothers lack knowledge about complementary feeding because most respondents do not know in depth about it. The mother knows when to give it but still provides the MP-ASI because the infants are not complete without breast milk. The knowledge of the respondents is low, and this is because most of the respondents do not get important information about complementary feeding.

Employment status is also one of the reasons for giving complementary feeding. Improved employment status and increased family socio-economic status are what cause and make it easier for mothers to provide formula milk and complementary breastfeeding to children compared to exclusive breastfeeding. Not only employment status, the support of health workers, and the ongoing formula feeding also led to a decrease in the number of exclusive breastfeeding. Many health workers are now giving formula milk and other infant products without medical indications based only on financial gain (Kristianto and Sulistyani, 2013).

The administration of complementary feeding may differ depending on the level of education. It can influence someone's level of knowledge; nevertheless, someone with

low education does not always have common knowledge. The more educated a person is, the easier it is for them to accept and comprehend knowledge. Because information can be gained through non-formal education such as individual perspective, the media, the surroundings, and health programs, someone with a higher education can become ill, and vice versa. (Notoatmodjo, 2012).

METHOD

A quantitative pre-research design with an analytic research design and a cross-sectional design was used. In this study, 400 participants were mothers with infants aged 4 to 12 months in the Kalibalangan Public Health Center Work Area in 2021. This study included 80 mothers with infants aged 4 to 12 months. The cluster random sampling methodology was employed in this study's sampling. The Chi-Square test formula was employed for univariate and bivariate data analysis.

RESULT AND DISCUSSION

Table 1
Frequency Distribution of Mother's Knowledge About complementary feeding in the Working Area of the Kalibalangan Health Center, North Lampung Regency, in 2021

No	Knowledge	Total (people)	Percentage (%)
1	Low	31	38.8
2	Good	49	61.2
	Total	**80**	**100**

The results showed that most mothers (61.2% (49 people)) had good knowledge about complementary feeding. Complementary feeding includes when it should be given, type, form, and amount. Complementary feeding breastfeeding must be nutritious and have the shape, style, and amount appropriate for the age of the infants and child. The provision of food such as rice porridge or formula porridge is given to children as complementary feeding, but there are still many children whose nutritional status is not good; this is because the amount of complementary feeding given is still inadequate (Sakti, 2013).

From the results of the research, the lowest knowledge of the mother of the infants was about when to start giving complementary feeding *(MP-ASI)* in the form of solid food, not continuously providing various types of food in a short time, the respondents answered correctly as much as 35% (28 respondents) and questions about the delay in giving complementary feeding can affect the development of oral motor skills such as the ability to chew and accept the taste and texture of food respondents answered correctly as much as 40% (32 respondents)

Ignorance of mothers about procedures for feeding children will result in fault in selecting food ingredients. It will impact the fault in implementing diets in children, which will cause undernutrition (thinness) in children. Mothers' knowledge about the diversity of ingredients and types of dishes that are lacking will reduce food consumption for toddlers. Mothers who lack skills in cooking can also reduce food consumption for toddlers because a mother, as a food manager or organizer in the family, has an essential role in improving the nutritional status of family members (Marimbi, 2012).

According to Soetjiningsih (2012), Nutritional issues are frequently caused by a lack of understanding about newborn nutritional needs and dietary supplements, a lack of expertise about producing diverse foods from nutritious local ingredients, and poverty, since they are unable to provide nutritious fare. The higher a person's knowledge level, the easier it is to receive information. With a relatively high mindset, the respondent's level of knowledge is not just knowing, namely recalling, but being able to understand (comprehension), even at the level of application, namely the ability to use the material that has been learned in actual situations or conditions (Notoadmojo, 2012). One causes information to be more effectively understood so that the level of knowledge will be relatively high.

According to the researchers' assumptions, the accuracy of giving complementary feeding to infants and toddlers must be precise. Inappropriate complementary feeding can have a direct impact on infants. Proper administration of MP-ASI is greatly influenced by the knowledge and behavior of the infant's mother.

Table 2
Distribution of the Frequency of Mother's Occupation in the Work Area of the Kalibalangan Health Center, North Lampung Regency, in 2021

No	Occupation	Total (People)	Percentage (%)
1	Worked	28	35
2	Not worked	52	65
	Total	**80**	**100**

The results showed that most of 65% (52 people) of mothers did not work. Working is doing work to obtain or help earn income or profits to make ends meet. The working community has a significant role and position as an actor and goal of development, where with the development of science and technology, quality human resources (HR) are required and have high productivity to improve welfare (Siregar, 2012).

Working mothers usually leave their children with other families, so food is often provided by families other than their mothers. It can cause the mother's control of the infants' food intake not to go well. With the increasingly busy work, the mother tends to provide complementary food to her infants inappropriately (Martin, 2012).

This condition indicates that working women tend to provide complementary feeding before six months due to the time spent outside the home and the lack of assistance from their families who supply complementary feeding based on previous traditions. The mother is responsible for all aspects of child care, including bathing and feeding. A mother's everyday chores include caring for her children and giving food and drink. However, if the mother works outside the home, the job is more than that. Mothers also have to remind their children of their duties regarding work that must be done or not done, such as reminding them to bathe, eat, and reminding them when their children are playing (Praniti 2012). Children need various games for their physical, mental, and emotional development.

Mother's work status is the reason mothers provide complementary foods too early because they do not have time for their children. Family socio-economic status influences mothers to provide complementary foods too

early. If the family's economy is improving, they can quickly get other food; conversely, the worse the family economy, the more difficult it is to buy extra food (Yonathan 2012).

According to researchers, working mothers affect the provision of complementary feeding, where they leave their children all day long. Most of them work and have less time to care for their infants, so they do not provide MP-ASI properly even though economically, they can fulfill complementary feeding four stars. Meanwhile, most working mothers do not give complementary feeding properly because they have enough time to care for their infants. A mother's availability of time to care for her infants is closely related to her employment status.

Table 3
Distribution of the Frequency of Mother's Education in the Work Area of the Kalibalangan Health Center, North Lampung Regency, in 2021

No	Education	Total (people)	Percentage (%)
1	Primary	27	33.8
2	Secondary	53	66.2
	Total	**80**	**100**

The results showed that most of the 66.2% (53 people) of mothers had higher education (high school, Diploma, College). According to Nursalam (2012), less education will impede the growth of one's attitude toward newly introduced values, but more education makes it easier to learn new information and increases knowledge.

However, based on the results of this study showed that the highest percentage were respondents who had a high school educational background, as many as 33 respondents (41.2%), those who had higher education (college), as many as 25 respondents (31.2%), 22 respondents (27 .6%) have junior high school education. According to the findings of the research mentioned above, mothers who have more education will be able to make more logical decisions and are generally more accepting of changes or new things, whereas mothers who have less education tend to be less knowledgeable and slow to respond to all of the information they receive, which leads to less understanding about providing complementary feeding.

The researchers make the supposition that not everyone with more schooling is more knowledgeable. One is that moms with low levels of education typically possess less knowledge and react slowly to all information. They do not comprehend the value of exclusive breastfeeding for newborns or the dangers of early complementary food feeding, which can result in infant diarrhea and constipation.

Table 4
The Correlation between Mother's Knowledge and Mother's Accuracy in Providing Complementary Feeding in the Work Area of the Kalibalangan Health Center, North Lampung Regency, in 2021

No	Knowledge	Complementary Feeding				Total		P Value	OR 95% CI
		Appropriate		Inappropriate					
		n	%	n	%	N	%		
1	Low	26	83.9%	5	16,1	31	100	0,000	26.650 (7.863-90.325)
2	Good	8	16.3%	41	83,7	49	100		
	Total	**34**	**42.5%**	**46**	**57,5**	**80**	**100**		

The results showed that out of 31 respondents, 26 people (83.9%) had insufficient knowledge of giving complementary feeding. In contrast, five people (16.1%) had appropriate complementary feeding, out of 49 respondents had good knowledge that was not appropriate in giving complementary feeding, namely eight people (16.3%) and giving complementary feeding properly, namely 41 people (83.7%). The statistical test results obtained a p.value ≤ 0.001 (<0.05), and the odds ratio/risk factor (OR) was 26,650.

After sensing as much as a specific thing, knowledge occurs. The five human senses are used for sensing: sight, hearing, smell, taste, and touch. The majority of human information is acquired through the eyes and ears. (Notoatmojo, 2012). Knowledge in this study is as much as everything mothers know about complementary feeding.

Other foods are given to infants after they are 4-6 months old till they reach the age of 24 months. Breast milk should be given to newborns until they are at least 24 months old. Apart from being given complementary feeding, its role is to supplement nursing rather than replace it. (Waryana, 2013).

Complementary feeding should be given in stages in terms of texture and number of portions. The amount and texture must be adjusted to the skills and readiness of the infants to receive food. Initially, the infant is given liquid and soft food; after the infant can move his tongue and chew, the infant can be given semi-solid food. Solid food is provided when the infant has started teething. Food portions also gradually start from one spoon to increase (Waryana, 2013).

Knowledge of a mother's complementary feeding influences attitudes and behavior in food item selection, which affects the child's growth, development, and nutrition. Most mothers with adequate expertise should implement a good nursing and supplemental feeding schedule for their children. However, it is still not appropriate in research on excellent nursing practices and supplemental feeding to children.

The degree of recognition of information concerning supplementary feeding in infants younger than six months is correlated with the knowledge of the mother. It is crucial that mothers are aware of the dangers associated with feeding children younger than six months, when to give supplemental food, how other foods work, how extra food can raise body resistance, and when to avoid doing so. Many mothers, however, are unaware of the aforementioned facts, and as a result, they give extra food to infants under the age of six months without being aware of the potential consequences. How well-educated a person is influences their capacity to understand nutrition facts. People who have less schooling are more inclined to uphold culinary traditions. Consequently, learning new nutrition-related information is difficult. (Ika Hasrini, 2017)

Based on the results of the study, it was shown that the majority of respondents were housewives. Their knowledge and experience were gained from sharing with friends and neighbors. They also listened to print media and television information or attended health seminars by local health workers or the nearest public health center. Occupation and surroundings cause a person to gain experience and knowledge both directly and indirectly. (Mubarak, 2017).

The findings of this study are consistent with those of Zakiah's (2019) study, Factors Associated with Mother's Behavior in Providing Complementary Food for Breastfeeding to Madurese in the Antibar Health Center's Working Area. According to the findings of this study, there is no correlation between knowledge (p=0.234, OR=4.350, 95% CI=0.497-38.110), education (p=1.000, OR=1.170, 95% CI=0.210-6.510), and occupation (p=1,000, OR=1,527, 95% CI=0,170-13,740) and mother's conduct in the timeliness of giving food.

According to the researchers, mothers with good knowledge about complementary feeding will pay more attention to the importance of accuracy and the excellent quality and time for giving it to their infants.

Table 5
The correlation between mother's education and mother's accuracy in providing complementary feeding in the Working Area of the Kalibalangan Health Center, North Lampung Regency, in 2021

No	Education	Complementary Feeding				Total		P Value	OR 95% CI
		Appropriate		Inappropriate					
		n	%	n	%	N	%		
1	Primary	17	63%	10	37%	27	100	0,016	3.600 (1.363-9.506)
2	Secondary	17	32,1%	36	67,9%	53	100		
	Total	34	42.5%	46	57,5	80	100		

The results showed that out of 28 respondents, 18 people (64.3%) had jobs that were not appropriate for complementary feeding. In contrast, ten people (35.7%) did not work for complementary foods, and 52 respondents did not work. Inaccurately, 16 (30.8%) complementary feeding correctly, and 36 (69.2%) gave MP-ASI correctly. The statistical test results obtained a p.value of 0.008 (<0.05) and an odds ratio/risk factor (OR) of 4,050.

Income-related work is the most determining factor in terms of nutritional quality and quantity. There is a close correlation between increased income for health improvement and other family problems related to nutritional conditions; low income of poor people and weak purchasing power make it possible to overcome eating habits eat in specific ways that hinder effective nutrition improvement, especially for their children (Suhardjo, 2013)

Income-related work is the most determining factor in terms of dietary quality and quantity. There is a close correlation between increased income for health improvement and other family problems related to nutritional conditions, low payment of poor people and weak purchasing power makes it possible to overcome eating habits eat in specific ways that hinder effective nutrition improvement, especially for their children (Suhardjo, 2013)

Working mothers usually leave their children with other families, so food is often provided by families other than their mothers. It can cause the mother's control of the infant's food intake not to go well. With the busier work of mothers, they tend to provide complementary food to their infants (Martin, 2012).

This study's results align with Zakiah's research (2019) entitled Factors Associated with Mother's Behavior in the Timeliness of Providing Complementary Food for Breastfeeding to the Madurese in the Working Area of the Antibar Health Center. The results of this study indicate that there is no correlation between knowledge (p=0.234, OR=4.350, 95% CI=0.497-38.110), education (p=1.000, OR=1.170, 95% CI=0.210-6.510), and occupation (p=1,000, OR=1,527, 95% CI=0,170-13,740) with mother's behavior in the timeliness of giving solids.

According to researchers, working mothers tend to give complementary feeding at the age of before six months due to the time spent outside the home and not being supported by the family who gives it following past habits. Mothers who work the correlation between work and giving early complementary feeding to infants. It may be because working mothers cannot breastfeed their infants during working hours, while mothers who do not work can freely breastfeed their infants at any time.

Table 6
The correlation between mother's work and mother's accuracy in providing complementary feeding in the Working Area of the Kalibalangan Health Center, North Lampung Regency, in 2021

No	Occupation	Complementary Feeding				Total		P Value	OR 95% CI
		Appropriate		Inappropriate					
		n	%	n	%	N	%		
1	Worked	18	64.3%	10	35,7	28	100	0,008	4.050 (1.533- 10.703)
2	Not worked	16	30.8%	36	69,2	52	100		
	Total	34	42.5%	46	57,5	80	100		

The results showed that of the 27 respondents with lower education, 17 people (63%) did not correctly provide complementary feeding. In contrast, ten people (37%) gave complementary feeding appropriately, and out of 53 respondents who had higher education who provided MP-ASI Breastfeeding inappropriately, namely 17 people (32.1%) and giving MP-ASI properly, namely 36 people (67.9%). The statistical test results obtained a p.value of 0.016 (<0.05) and an odds ratio/risk factor (OR) of 3,600.

The results showed that the frequency of the mother's education was highest. Namely, respondents who had a high school education background as many as 33 respondents (41.2%), those who had higher education (college) as many as 25 respondents (31.2%), and 22 respondents (27.6 %) had junior high school education. Based on the aforementioned research findings, it follows that women with higher levels of education will be able to make more logical decisions and will typically be more accepting of changes or new things. Contrarily, women with poor levels of education frequently possess less knowledge and respond slowly to all information, which leads to a lack of understanding regarding complementary feeding.

The greater a person's degree of education, the easier it is for him to get information so that he has more knowledge. Education is necessary to obtain information, for example, items promoting health to improve a person's quality of life. On the other hand, a lack of education will prevent someone from acquiring the appropriate values. (Notoadmojo, 2012).

A mother's education level is an indicator to determine the level of her nutritional knowledge. The higher her education level, the easier it is for her to understand compared to mothers with low education (Notoadmojo, 2012).

Their education level, both formal and informal, is hoped that will increase their nutrition knowledge. So that even though they have low education, mothers can still gain knowledge about good nutrition through the *Integrated Healthcare Centers* around them.

Education is a process of growth and development. It is necessary to consider the age and the learning process–the higher one's level of education, the more experience that influences insight and knowledge. The goal to be achieved through education is to change knowledge (understanding, income, concepts), attitudes, and perceptions and to inculcate new behaviors or habits (Notoatmodjo, 2012).

Well-educated mothers will have sufficient insight to maintain their children's health. A good education can increase one's intellectual maturity and is an essential factor in absorbing information, increasing insight and ways of thinking, which in turn will impact perceptual knowledge, values, and attitudes that determine a person's decision to act or not.

A lack of exposure to health information from health workers and information media such as TV, books, or newspapers can cause respondents' low level of knowledge. Apart from that, it is also due to unsupportive environmental factors, such as lack of access to information about health from community leaders and getting the wrong information about giving complementary feeding from family or friends.

This study's results align with Zakiah's research (2019) entitled Factors Associated with Mother's Behavior in the Timeliness of Providing complementary feeding to the Madurese in the Working Area of the Antibar Health Center. The results of this study indicate that there is no correlation between knowledge (p=0.234, OR=4.350, 95% CI=0.497-38.110), education (p=1.000, OR=1.170, 95%CI=0.210-6.510), and occupation (p=1,000, OR=1,527, 95% CI=0,170-13,740) with mother's behavior in the timeliness of giving solids.

According to researchers, to improve one's quality of life, education is necessary to gather information, such as that supporting health. Additionally, the primary element that contributes to improving one's information and understanding is education.

CONCLUSION AND SUGGESTION

This study concluded that most mothers (61.2% (49 people)) had good knowledge about complementary feeding. Most of the 65% (52 people) mothers do not work. Most of the 66.2% (53 people) of mothers have higher education (high school, diploma, college). Most of the 57.5% (46 people) mothers were appropriate in giving MP-ASI. There is a correlation between a mother's knowledge and her accuracy with complementary feeding. Statistical tests yielded a p.value of ≤ 0.001 (p<0.05) and an odds ratio/risk factor (OR) of 26,650. There is a correlation between the mother's work and her ability to provide supplemental feeding. Statistical testing yielded a p-value of 0.008 (p<0.05) and an odds ratio/risk factor (OR) of 4,050. There is a correlation between a mother's education and her ability to provide supplemental feeding. Statistical testing yielded a p-value of 0.016 (<0.05) and an odds ratio/risk factor (OR) of 3,600.

It is suggested that the results of this study can be used as input for decision-making in the implementation of health programs, especially for infants and toddlers. Health centers should always provide IEC (communication of information and education) about exclusive breastfeeding and provide complementary feeding to the community, cross-program collaboration in the public health center area to improve exclusive breastfeeding and accuracy in giving it.

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