



Factors Related to Giving MPASI in Babies Aged 0-6 Months in the Region Mongeudong Health Center Work Sub-District Banda Sakti Lhokseumawe

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Abstract

There are a number of factors that are thought to be related to the behavior of giving complementary foods such as predisposing factors, supporting factors and driving factors. This study aims to analyze the factors associated with giving complementary foods to infants aged 0-6 months. This type of research is survey research with quantitative and qualitative approaches (Mixed Methods). The research was conducted in the working area of Puskesmas Mongeudong, Banda Sakti District, Lhokseumawe City. Population of 266 people and sample of 160 people. The research informants were 6 people. Quantitative data analysis was univariate, bivariate with the Chi-Square test, and multivariate with multiple logistic regression tests at the 95% confidence level ($\alpha = 0.05$). The results showed that the factors associated with giving complementary foods to infants aged 0-6 months in the Mongeudong Community Health Center were work ($p = 0.016$), culture ($p = 0.000$), infant condition ($p = 0.028$), and family support ($p = 0.002$). Meanwhile, the unrelated factors were education ($p = 0.092$), knowledge ($p = 0.070$), maternal condition ($p = 0.060$), advertising exposure ($p = 0.589$). The most dominant factor associated with giving complementary foods to infants aged 0-6 months is culture. Mothers who follow culture have the opportunity to provide complementary foods 91.63 times higher than mothers who do not follow the culture. The culture that is still practiced today is peucicap. Another culture is that the mother gives the baby starch water, salt water mixed with sugar (ie sira), scraped bananas, and banana rice at the age of less than 6 months. The habits of the Acehnese people in the care of mothers and babies are usually carried out by their grandmothers who are still healthy.

Introduction

Complementary feeding (MPASI) to babies by mothers is a form of behavior. According to Lawrence Green in Notoatmodjo, the factors that influence behavior are predisposing factors, which are manifested in demographics (age, education, occupation, place of residence, income/economy), knowledge, attitudes, beliefs, values and so on; supporting factors (enabling factors), which are manifested in the physical environment, available or unavailability of health facilities or facilities, for example health centers, medicines, sterile equipment, exposure to advertisements and so on; reinforcing factors which are manifested in the attitudes and support of health workers or other workers, family support, which is a reference group for community behavior, and others (Notoatmodjo, 2012).

Another study conducted by Purwaningsih on the comparison of motor development of infants aged 0-6 months between those given ASI and those given by Substitute Breast Milk (PASI) in Glagah Jatinom Klaten Village to 30 babies found that there was a significant difference between the psychomotor development given ASI and PASI, namely development. motoric babies given Breast Milk (ASI) are better than those given by PASI (Purwaningsih & Lestari, 2015). Research conducted by Luange in the city of Ternate shows that early complementary feeding can lead to Acute Respiratory Infections. The immune system in infants who are less than 6 months old is not yet perfect, so early complementary feeding is tantamount to facilitating the entry of various types of germs in the baby's body (Luange et al., 2016).

Another study conducted by Anjarsari in the city of Semarang regarding early complementary feeding shows that early complementary feeding can cause diarrhea, this is because the baby's digestive system is not ready to accept various types of food. Early complementary feeding causes the death of 1.3 million people worldwide including 22% of people who die after birth due to early complementary feeding (Anjarsari & Zubaidah, 2017).

The achievement of exclusive breastfeeding in Indonesia has not reached 80%. Based on the Indonesian Health Profile in 2017, the achievement of exclusive breastfeeding was 35.73%, while breastfeeding from 0-5 months for infants was 46.74%. Data results from Riskesdas 2018, the achievement of exclusive breastfeeding in Indonesia in 2018 reached 50% and in Aceh it reached 60% (Ministry of Health of the Republic of Indonesia, 2017).

The 2019 Mongeudong Health Center report is the main puskesmas in Lhokseumawe City. Based on data obtained from Puskesmas Mongeudong, Toddler Nutritional Status (SKDN) data are as follows: the number of toddlers (ages 0-60 months) (S) as many as 2,058 toddlers consisting of 266 infants aged 0-6 months, ages 7-12 months as many as 249 toddlers, ages 13-24 months as many as 540 toddlers and 25-60 months as many as 1,003 toddlers. All toddlers have KMS (K) as many as 2,058 toddlers (100%), toddlers who were weighed (D) this month were 1,683 toddlers (81.8%), underfives who gained weight (N) were 1,358 toddlers (80.7%) . Toddlers who experience malnutrition (stunting) as many as 25 toddlers. Exclusive breastfeeding coverage at Puskesmas Mongeudong by 49.7% is still far from the national target of 80%, this also means that there is still a high level of complementary feeding for children aged 0-6 months, namely 52.3%.

A preliminary survey conducted by researchers in April 2019 in the Mongeudong Community Health Center work area of 10 mothers who had babies aged 0-6 months. It was found that only 3 babies received exclusive breastfeeding, while 7 other babies had received complementary foods at various ages, some had been given since 1 week, 2 weeks, 1 month, 2 months, and some were given at 3 months. A total of 3 babies were given complementary foods by their grandmothers because their mothers worked because according to the grandmother the babies cried a lot, the milk production was not sufficient for the baby's needs when the mother was working. The mother works from 08.00-16.00 WIB so that the baby is not fussy, the grandmother provides additional food besides breast milk. The grandmother did not know if before the age of 6 months the baby was not allowed to be given additional food other than breast milk but because according to him the habit was passed down from generation to generation. Additional food provided in the form of team rice, porridge, or banana rice such as crew bananas which are widely grown in the home environment, 2 mothers said they did not know the benefits of breastfeeding and the dangers of being given complementary foods were too early, 2 mothers said the effect of formula milk advertisements in The mass media encouraged him to provide complementary foods from an early age.

Methods

The design used in this research is a survey with quantitative and qualitative approaches. Both of these approaches are carried out to answer research questions that cannot be fully answered with a single approach. This research was conducted in the Mongeudong Community Health Center, Banda Sakti District, Lhokseumawe City. Time This research was conducted from March to November 2019.

The population in the study were all mothers who had babies aged 0-6 months in the Mongeudong Community Health Center, Banda Sakti District, Lhokseumawe City, totaling 266 people. The quantitative sample size was calculated using the Slovin formula in order to obtain the number of respondents as many as 160 mothers who had babies aged 0-6 months and the qualitative sample of informants in this study was only to strengthen the quantitative results of the researcher. There are 6 informants for the qualitative approach, namely the main informant consisting of 3 mothers who provide complementary foods to infants aged less than 6 months, the key informants consisting of 2 people, namely one village midwife, 1 coordinator for the health center midwife who is in the working area of Puskesmas Mongeudong in Banda Sakti District, Lhokseumawe City and additional informants (supporters), namely one Acehese traditional community leader who understands peucicap culture in Acehese customs. To determine the factors associated with giving complementary foods to infants aged 0-6 months, the survey data were analyzed using the Chi-Square test and to determine the most dominant factor in giving complementary foods was analyzed using the Logistic Regression test.

Results and Discussion

Table 1. Frequency Distribution of Respondents in the Mongeudong Community Health Center, Banda Sakti District, Lhokseumawe City in 2019

No	Karakteristik Mother Age	Frequency (f) Amount	%
1	20-35 Yers	130	81,3
2	> 35 Yers	30	18,7
	Total	160	100
	Family Income	Amount	
1	< min wage (<Rp.2.916.810,-)	81	50,6
2	≥ min wage (≥Rp.2.916.810,-)	79	49,4
	Total	160	100
	Number of Children	Amount	
1	1 person	57	35,6
2	2-4 People	99	61,9
3	≥5 People	4	2,5
	Total	160	100
	Baby's Age	Amount	
1	1 Month	29	18,1
2	2 Months	34	21,3
3	3 Months	18	17,5
4	4 Months	20	12,5

5	5 Months	14	8,8
6	6 Months	35	21,9
Total		160	100
Baby's Sex		Jumlah	
1	Male	65	40,6
2	Female	95	59,4
Total		160	100
Family Forms		Amount	
1	Main	81	50,6
2	Big	79	49,4
Total		160	100
Variable		Frequency (F)	%
MPASI Provision		Amount	
1	Yes	93	58,1
2	No	63	41,9
Total		160	100
Education		Amount	
1	Low (Elmentary/Junior)	71	44,4
2	High (High/Higher Education)	89	55,6
Total		160	100
Employment		Amount	
1	Working	67	41,9
2	Not Working	93	58,1
Total		160	100
Knowledge		Amount	
1	Good	91	56,9
2	Less	69	43,1
Total		160	100
Culture		Amount	
1	Supporting	106	66,3
2	Not Supporting	54	33,8
Total		160	100
Mother's Condition		Amount	
1	Healthy	125	78,1
2	Less Healthy	35	21,9
Total		160	100
Baby's Condition		Amount	
1	Healthy	132	82,5
2	Less Healthy	28	17,5
Total		160	100
Advertising Exposure			
1	Yes	110	68,8
2	No	50	31,3

	Total	160	100
	Family Support	Amount	
1	Supporting	79	49,4
2	Not Supporting	81	50,6
	Total	160	100

Based on the characteristics of the results of the research conducted, it was found that the age of the respondent's mother in the working area of the Mongeudong Community Health Center was 130 people (81.3%). The majority of respondents' income <UMP (<Rp. 2,916,810, -) as many as 81 people (50.6%). The majority of multiparous children were 99 (61.9%). The majority of infants aged 6 months as many as 35 people (21.9%). The majority of babies were female as many as 95 people (59.4%). The majority of the family form the nuclear family as many as 81 people (50.6%). The majority of giving complementary food, yes, giving MPASI as many as 93 people (58.1%), the majority of respondents' education is higher education as many as 89 people (55.6%). The majority of respondents' jobs are not working as many as 89 people (55.6%), the majority of respondents' jobs are not working as many as 93 people (58.1%), the majority of respondents' knowledge is good as many as 91 people (56.9%), the majority of community culture supports as many as 106 people (66.3%), the majority of mothers were healthy as many as 125 people (78.1%), the majority of babies were healthy as many as 132 people (82.5%), the majority of exposure to advertising was exposed to advertisements as many as 110 people (68.8%), majority family support does not support as many as 81 people (50.6%).

Table 2. Cross tabulation of the relationship between factors of education, occupation, knowledge, culture, maternal condition, infant condition, exposure to advertisements and family support in the work area of Health Center Mongeudong, Banda Sakti District, Lhokseumawe City in 2019

Variable	Giving MPASI to infants aged 0-6 months				Amount		<i>p</i> (<i>Sig</i>)	<i>OR</i>
	Yes		No		<i>f</i>	<i>%</i>		
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>				
Education								
Low	47	66,2	24	33,8	71	100	0,092	1,831
High	46	51,7	43	48,3	89	100		
Total	93	58,1	67	41,9	160	100		
Employment								
Working	31	46,3	36	53,7	67	100	0,016	0,431
Not Working	62	66,7	31	38,9	93	100		
Total	93	58,1	67	41,9	160	100		
Knowledge								
Good	59	64,8	32	35,2	91	100	0,070	1,898
Less	34	49,3	35	50,7	69	100		
Total	93	58,1	67	41,9	160	100		
Culture								
Following	88	83,0	18	17,0	106	100	0,000	47,91
Not Following	5	9,3	49	90,7	54	100		1
Total	93	58,1	67	41,9	160	100		
Mother's Condition								
Healthy	78	62,4	47	37,6	125	100	0,060	2,213

Not Healthy	15	42,9	20	57,1	35	100		
Total	93	58,1	67	41,9	160	100		
Baby's Condition								
Healthy	71	53,8	61	46,2	132	100	0,028	0,317
Not Healthy	22	78,6	6	21,4	28	100		
Total	93	58,1	67	41,9	160	100		
Advertising Exposure								
Yes	66	60,0	44	40,0	110	100	0,589	1,278
No	27	54,0	23	46,0	50	100		
Total	93	58,1	67	41,9	160	100		
Family Support								
Supporting	56	70,9	23	29,1	79	100	0,002	2,895
Not Supporting	37	45,7	44	54,3	81	100		
Total	93	58,1	67	41,9	160	100		

Based on Table 4.2, it shows that out of 71 respondents with low education, the majority gave solid food to babies aged 0-6 months as many as 47 people (66.2%). Of the 89 highly educated respondents, the majority also gave MPASI to infants aged 0-6 months, as many as 46 people (51.7%). The results of the bivariate test using Chi-Square obtained a p-value of $0.092 > 0.05$, meaning that there is no relationship between maternal education and provision of complementary foods to infants aged 0-6 months in the Mongeudong Health Center Work Area in 2019. $OR = 1.831 > 1$ which means that education is a factor that can increase the provision of complementary foods to infants aged 0-6 months by 1.8 times.

Based on occupational factors, the majority of 67 respondents who work do not provide complementary foods to babies aged 0-6 months as many as 36 people (53.7%). Of the 93 respondents who did not work, the majority provided complementary foods to babies aged 0-6 months as many as 62 people (66.7%). The results of the bivariate test using Chi-Square obtained a p-value of $0.016 < 0.05$, meaning that there is a relationship between work and provision of complementary foods to infants aged 0-6 months in the Mongeudong Community Health Center Work Area in 2019. $OR = 0.431 < 1$ which means that work mother is not a factor that can increase the provision of complementary foods to babies aged 0-6 months.

Based on the knowledge factor of 91 respondents who have good knowledge of complementary foods, the majority of them provide complementary foods to babies aged 0-6 months as many as 59 people (64.8%). Of the 69 respondents who lack knowledge of complementary foods, the majority do not provide complementary foods to babies aged 0-6 months as many as 35 people (50.7%). The results of the bivariate test using Chi-Square obtained a p-value of $0.070 > 0.05$, meaning that there is no relationship between maternal knowledge and provision of complementary foods to infants aged 0-6 months in the Mongeudong Health Center Work Area in 2019. $OR = 1.898 > 1$ which means that knowledge is a factor that can increase the provision of complementary foods to infants aged 0-6 months by 1.8 times.

Based on cultural factors, 106 respondents stated that they followed the majority culture of giving solid food to babies aged 0-6 months as many as 88 people (17.0%). Of the 54 respondents who stated that they did not follow the culture of complementary foods, the majority did not provide complementary foods to babies aged 0-6 months as many as 49 people (90.7%). The results of the bivariate test using Chi-Square obtained a p-value of $0.000 < 0.05$, which means that there is a significant relationship between culture and provision of complementary foods to infants aged 0-6 months in the work area of the Mongeudong Health Center in 2019. $OR = 47.911 > 1$ which means that culture is a factor that can increase the provision of complementary foods by 47.9 times.

Based on the maternal condition, the majority of 125 respondents in a healthy condition gave solid food to babies aged 0-6 months as many as 78 people (62.4%). Of the 35 respondents with unhealthy conditions, the majority did not provide complementary foods to babies aged 0-6 months, as many as 20 people (57.1%). Mothers who are unhealthy due to insufficient breastfeeding still try to provide exclusive breastfeeding. The results of the bivariate test using Chi-Square obtained a p-value of $0.060 > 0.05$, meaning that there is no relationship between maternal condition and provision of complementary foods to infants aged 0-6 months in the work area of the Mongeudong Health Center in 2019. $OR = 2.213 > 1$ which means that the condition of the mother is a factor that can increase the provision of complementary foods by 2.2 times

Based on the baby's condition, the majority of 132 babies with healthy condition were given complementary foods to babies aged 0-6 months as many as 71 people (53.8%). Of the 28 babies with unhealthy conditions, the majority were also given complementary foods to babies aged 0-6 months, as many as 22 people (78.6%). The results of the bivariate test using Chi-Square obtained a p-value of $0.028 < 0.05$, which means that there is a relationship between the condition of the baby and the provision of complementary foods to infants aged 0-6 months in the work area of the Mongeudong Community Health Center in 2019. $OR = 0.317 > 1$ which means that The baby's condition is not a factor that can increase complementary feeding

Based on the advertising exposure factor, from 110 respondents who said that they were exposed to advertising, the majority of them gave solid food to babies aged 0-6 months as many as 66 people (60.0%). Of the 50 respondents who stated that they were not exposed to advertisements, the majority also gave solid food to babies aged 0-6 months as many as 27 people (54.0%). The results of the bivariate test using Chi-Square obtained a p-value of $0.589 > 0.05$, meaning that there is no relationship between advertisement exposure and provision of complementary foods to infants aged 0-6 months in the work area of the Mongeudong Community Health Center in 2019. $OR = 1.278 > 1$ which means that advertising exposure is a factor that can increase the provision of complementary foods by 1.2 times

Based on the factor of family support, from 79 respondents who received the majority of family support, 56 people (70.9%) provided complementary foods to babies aged 0-6 months. Of the 81 respondents who stated that they did not get family support, the majority did not provide complementary foods to babies aged 0-6 months, as many as 81 people (54.3%). The results of the bivariate test using Chi-Square obtained a p-value of $0.002 < 0.05$, meaning that there is a significant relationship between family support and provision of complementary foods to infants aged 0-6 months in the working area of the Mongeudong Community Health Center in 2019. $OR = 2.895 > 1$ which means that family support is a factor that can increase the provision of complementary foods by 2.8 times.

Table 3. Final Multivariate Test Results

Variabel	B	Sig.	Exp(B)
Culture	4,518	0,000	91,632
Mother's Condition	1,599	0,005	4,949
Family Support	1,757	0,002	5,796
Konstant	-11,003		

From the multivariate analysis above shows that of the 3 variables tested multiple logistic regression in the fifth stage, all of them have a p-value < 0.05 . The variables with the greatest relationship in this study were cultural variables ($p = 0.000$), family support ($p = 0.002$), and the condition of the mother ($p = 0.005$). The cultural variable has a value of $Exp(B) = 91.632$,

meaning that mothers who follow the culture have the opportunity to provide complementary feeding (MPASI) to infants aged 0-6 months 91.6 times higher than mothers who do not follow the culture. The family support variable has a value of $\text{Exp}(B) = 5.79$ meaning that the mother getting family support has the opportunity to provide complementary foods to babies aged 0-6 months 5.7 times higher than the mother who does not get family support. $B) = 4,949$ means that mothers with unhealthy conditions have the opportunity to provide complementary foods (complementary foods) to infants aged 0-6 months, 4.9 times higher than those who are healthy after childbirth.

Based on the results of the study, it shows that maternal education is not related to complementary feeding (complementary feeding) to infants aged 0-6 months in the Mongeudong Health Center, Lhokseumawe City, in the first stage of the logistic regression test the educational variable was excluded because it had a p value = $0.557 > 0,05$. This research is in line with research conducted by Sahulisawane in 2013 entitled factors that influence the provision of complementary foods to infants aged 0-6 months in the work area of Christina Martha Tiahahu Health Center, Ambon City, which found that the education variable had no relationship with complementary feeding (Nurmawati et al. ., 2015). Likewise, Oktova's research in 2017 shows that there is no relationship between education and formula feeding (MPASI) in infants (Oktova, 2017). Kusmiyati's research on Complementary Feeding (MP - ASI) for Infants at the Shoulder Health Center, Malalayang District, Manado City, found that there was no relationship between education and complementary feeding with a p -value of 0.444 (Kusmiyati et al., 2014). In contrast to Afriyani's research in 2016 at BPM Nurtilla Palembang in 2016, there was a relationship between maternal education (p -value = 0.034 and $OR = 8,000$) (Afriyani et al., 2016).

The results of this study prove that education is not related to providing complementary foods to infants aged 0-6 months in the working area of Puskesmas Mongeudong, Lhokseumawe City. Most of the respondents' education is in the high category, this is because high school education is included in the high category. Not related to the education variable, this is because both respondents with low education and highly educated provide complementary foods compared to exclusive breastfeeding. The results of interviews with research informants also show that the differences in formal education that the respondents have are not different in their behavior in giving complementary foods to infants aged 0-6 months. Likewise, respondents who did not provide complementary foods were also those with low education or highly educated respondents so that there was no difference in the behavior of the two categories.

Based on the results of the study, it shows that the work of the mother is not related to complementary feeding (complementary feeding) to infants aged 0-6 months in the work area of the Mongeudong Health Center, Lhokseumawe City, in the fourth stage the logistic regression test for the job variable was excluded because it had a p value = $0.083 > 0,05$.

The results of this study are in line with Sahulisawane's research in the work area of Christina Martha Tiahahu Public Health Center in Ambon City in 2013, where work results have no relationship with provision of complementary foods to infants aged 0-6 months (Nurmawati et al., 2015). The research conducted by Kusmiyati at the Shoulder Health Center, Malalayang District, Manado City, obtained p value = 0.052 ($\alpha < 0.05$), meaning that there is no significant relationship between work and complementary feeding (Kusmiyati et al., 2014). In contrast to research conducted by Oktova in 2017, the results show that work is related to formula feeding (Oktova, 2017).

The results of this study prove that the work of the mother is not related to giving complementary foods to babies aged 0-6 months. Many mothers who work and do not work

provide complementary foods to their babies at the age of less than 6 months. Based on the results of the study, it showed that the mother's knowledge was not related to complementary feeding (complementary feeding) to infants aged 0-6 months in the Mongeudong Health Center, Lhokseumawe City, in the second stage the logistic regression test for the knowledge variable was excluded because it had a p value = 0.519 > 0, 05.

Based on the results of this study, it is evident that knowledge is not related to giving complementary foods to infants aged 0-6 months in the Mongeudong Health Center, Lhokseumawe City. Based on the results of the knowledge obtained that some respondents have good knowledge, giving complementary foods to babies aged 0-6 months is in the no category. However, in this study the majority of knowledge is good, but giving complementary foods too early is still done so that it is no different from the less knowledgeable respondents who provide complementary foods to babies aged 0-6 months. The results of this study were also reinforced by the results of interviews conducted with mothers who were informants saying that when they were in high school they already received information about complementary foods that must be given to babies aged 6 months and over but these mothers provided complementary foods when babies were less than 6 months old. month. Whereas 1 informant (Informant 3) said that he never got information about complementary foods because he only graduated from junior high school so that his knowledge was also not good about complementary foods but all informants gave MPASI to their babies so even though mothers were highly knowledgeable and knowledgeable more or less chose to provide solid foods 6 months

Based on the results of the study, it shows that cultural variables have a significant relationship with complementary feeding (complementary feeding) to infants aged 0-6 months in the Mongeudong Health Center, Lhokseumawe City, because they have a value of $p = 0.000 < 0.05$. Cultural variables are the most dominant variables related to giving complementary foods to infants aged 0-6 months in the work area of the Mongeudong Health Center, Lhokseumawe City in 2019. Mothers who follow culture tend to provide complementary foods from an early age while those who do not follow culture tend not to provide complementary foods from an early age.

This research is in line with Suwarsih's research in Peniron Village, Pejagoan District, Kebumen Regency in 2016 that there is a relationship between cultural compliance and the timing of breastfeeding substitute feeding (MPASI) (Suwarsih, 2016). Likewise, Afriyani's research in 2016 at BPM Nurtala Palembang in 2016 that there is a relationship between tradition or culture (p -value = 0.004 and OR = 16,000) with the provision of complementary feeding to infants aged 0-6 months (Afriyani., 2016). Sadli's research in the UPT Puskesmas Pulasaren Cirebon City shows that from the results of statistical tests it was found that socio-culture ($p = 0,000$) had a significant relationship with the behavior of early complementary breastfeeding in infants aged 0-6 months (Sadli, 2019).

Beliefs or cultures that exist in society have an effect on complementary feeding. Community habits or culture are related to maternal health after childbirth, for example the habit of disposing of colostrum milk because they think it is dirty and replace it with honey or young coconut water. In addition, there is an assumption that giving formula milk to babies is a symbol for a higher social level of life, being educated and following the times (Suwarsih, 2016). Another habit of the community is that at the age of a month the baby is given flour, rice porridge, bananas and others. There is also a habit of giving bread, bananas, crushed rice or honey, sweet tea to newborns before breastfeeding comes out (Firanika, 2010).

The custom that occurs in Acehese customs relating to the birth of a baby is the peucicap culture where the baby is tasted with something sweet on his tongue such as honey, sugar water, sugar apple and maybe other sweets. The purpose of peucicap is to give a sweet taste to babies that in life there are good things that must always be maintained in babies (Suwarsih, 2016).

The answers of the traditional or community leaders interviewed also reinforce the above opinion, that the peucicap culture has indeed declined, even though he did not know at first but he believed that the Acehese people had been doing it for a long time. Peucicap is a prophetic sunnah on newborns. This Acehese tradition is almost the same as Tahnik or Bakunik in the Al Quran. Peucicap is carried out by people who are considered to have high religious knowledge, are respected and are considered to have good character. The Acehese people believe that if the peucicap culture is carried out by people like them, then the children will imitate pious behavior and have noble morals. The Indigenous provisions of the Acehese, the gender of the baby, also determine who can do Peucicap. If the sex of the baby is a boy, then the peucicap is Teungku Agam (male). On the other hand, if the baby is female, then it must be Teungku Inong (woman) who can do Peucicap. Peucicap is done with the aim that the baby is trained in food.

Actually peucicap can be selected and performed in odd months of the child's age. For example, when the baby is 3 months, 5 months or 7 months. However, the Acehese people choose to do it at the age of 7 days for a maximum of 3 months. The types of food given to babies usually also vary. Generally, the fruits that are given such as dates, oranges, grapes, sapodilla, mango, and honey which are important sweet taste. Babies are also given zam-zam water, but it all depends on the abilities of each family. The method of giving all fruit food to be given to the baby is mashed together and then put it on the roof of the baby's mouth. Usually the Acehese who live in villages that still practice a lot of peucicap culture, while urban people have started to leave the peucicap culture because of the times. This peucicap culture is a characteristic of the Acehese and exists in Islam which is practiced by almost all Acehese people, and it is not certain that a culture like this exists in other ethnic cultures in Indonesia.

In addition to the peucicap culture, the habit of giving banana rice to babies is also a habit of the Acehese people, as expressed by informants such as mothers who have babies, Coordinating Midwives, Village Midwives and Traditional Leaders. The habit of giving the baby banana or banana rice is scraped because the babies are usually fussy (cry). Some give the banana scraped until the baby is 1-2 months old, and after the baby is more than 2 months old, softened rice is added.

Another habit that is carried out by some mothers who have babies is giving starch water (a white liquid that appears when rice boils), especially in the early days because breast milk does not come out. There are also those who give salt water mixed with sugar (ie sira) to babies who visit their siblings' house. This culture has almost disappeared in urban areas, but is still widely practiced in rural areas.

Based on the results of the study, it shows that the variable maternal condition has a significant relationship with complementary feeding (complementary feeding) to infants aged 0-6 months in the Mongeudong Health Center, Lhokseumawe City, because it has a p value = 0.005 <0.05. Mothers with unhealthy conditions tend to provide complementary foods to babies aged 0-6 months. This research is in line with Sahulisawane's research in 2013 in the work area of Christina Martha Tiahahu Public Health Center in Ambon City that the results of the bivariate analysis show that there is a relationship between maternal condition / mastitis ($p = 0.017$) and provision of complementary foods to infants aged 0-6 months (Sahulisawane, 2013).

According to researchers, this study proves that the condition of the mother has a significant relationship with the provision of complementary foods to infants aged 0-6 months in the working area of Puskesmas Mongeudong, Lhokseumawe City. In this study, most of the mother's conditions were in the healthy category, meaning that from the time the mother gave birth to the first breastfeeding period, the mother's condition was in good health and had no problems. There were 35 mothers who stated that they were not healthy with the most conditions due to insufficient breast milk so that they could not breastfeed their babies properly. Because of this condition, the mother chooses to provide breastmilk substitute foods (solids) to her baby. However, there are mothers who say that the condition is unhealthy who try to give exclusive breastfeeding because they know that exclusive breastfeeding is important for the baby.

Actually, in terms of maternal health conditions, there is nothing difficult for breastfeeding, but seen from the frequency of complementary feeding, in this study the majority of mothers with healthy conditions gave complementary foods to infants 0-6 months. Under these conditions, mothers should be able to give breast milk only for 0-6 months of age, because in this study it was also found that mothers with less healthy conditions (insufficient breastfeeding) were still trying to give exclusive breastfeeding (Karaçam, 2008; Onah et al., 2014; Mogre et al., 2016). Mothers with insufficient breastfeeding and exclusive breastfeeding usually try to make sure that their milk is sufficient for their babies by consuming breastfeeding mother's milk, vegetables such as katuk leaves, etc. that can increase milk production.

Based on the results of the study showed that the baby's condition was not related to complementary feeding (complementary feeding) to infants aged 0-6 months in the Mongeudong Health Center, Lhokseumawe City, in the third stage the logistic regression test for the variable condition of the baby was excluded because it had a $p \text{ value} = 0.098 > 0,05$. This study is in line with Sahulisawane's research regarding the provision of complementary foods to infants aged 0 - 6 months in the work area of Christina Martha Tiahahu Health Center, Ambon City. The results show that the baby's condition has no relationship with giving complementary foods (Sahusilawane, 2013). In contrast to Oktova's research, which examined formula feeding for infants aged 0-6 months at the Puskesmas Rumbai Pesisir Pekanbaru. The results of statistical tests show that there is a relationship between infant conditions and formula feeding (Oktova, 2017).

The baby's condition is a factor related to the baby's condition which makes the baby not breastfed, the baby's condition includes nipple confusion, the baby is reluctant to breastfeed because the baby has a cold, coughs, baby canker sores, the baby has been left by the mother for too long, the baby has received a bottle / pacifier , babies cry often, LBW babies, yellow babies and cleft babies where galactosemia, cleft lip and palate cleft, which causes the mother to provide additional food to her baby (Prawirohardjo, 2008).

According to researchers, the baby's condition was not related to the provision of complementary foods in the Mongeudong Health Center, Lhokseumawe City. Babies who are confused about nipples and babies who are left behind by working mothers are baby conditions that can affect the provision of complementary foods at the age of 0-6 months. Where babies who are often left behind have less time to meet mothers in the breastfeeding process so that this condition triggers complementary feeding as an alternative to this condition. Based on the results of the research shows that advertising exposure is not related to complementary feeding (complementary feeding) in infants aged 0 -6 months in the working area of Puskesmas Mongeudong, Lhokseumawe City. In the bivariate analysis, the variable exposure to advertising has a $p \text{ value} = 0.589 > 0.05$ which is not significant so it is not included in the multiple logistic regression test.

Advertising factors are factors related to promotion of complementary foods / complementary foods, whether heard or seen directly by the mother. Advertising is a means, which, if good, can attract viewers or listeners to perform in accordance with advertising recommendations (Pomeranz et al., 2018). Based on the results of the study, it shows that the variable family support has a significant relationship with complementary feeding (complementary feeding) to infants aged 0-6 months in the work area of Puskesmas Mongeudong, Lhokseumawe City, because it has a value of $p = 0.002 < 0.05$. Mothers who get support from their families tend to provide complementary foods to babies aged 0-6 months, the family whose roles are mainly husbands and parents. This research is in line with Anjarsari's research entitled The Relationship of Family Support for Exclusive Breastfeeding with the provision of complementary foods to working mothers in Rembes Village, Bringin District, Semarang Regency, from the results of the Chi-Square correlation test, the p value is 0,000 ($p < 0.005$) which means there is a relationship of family support to exclusive breastfeeding by giving complementary foods. Family support for exclusive breastfeeding is very important to reduce the rate of early complementary breastfeeding (17). Sahulisawane's research in the work area of Christina Martha Tiahahu Health Center, Ambon City, shows that there is a relationship between family support and provision of complementary foods to infants aged 0-6 months (22). Afriyani's research in the year related to complementary feeding to infants aged 0-6 months at BPM Nurtala Palembang in 2016 that there was a relationship between family support (p-value = 0.003; OR = 3,500) and complementary feeding in infants aged 0-6 month at BPM Nurtala Palembang in 2016 (Afriyani et al., 2016).

According to interviewed informants that indeed husbands and families provide support to provide complementary foods, but usually for those who have just had one child or have just had a family, the role of parents (in-laws) in providing advice in caring is more influential because they are considered to have more experience in caring for babies. . Because basically, no parent will hurt their child. Every parent has their own thoughts and choices. In essence, all parents want to give the best for their children. Likewise with mothers who have babies, whatever choices are made for the good of the child. Usually mothers who have just had children feel that it is not wrong to follow the words or advice of their parents in giving food to their babies, because there is an assumption that in the past when they were little they were also given banana rice when they were less than 6 years old and until now they feel healthy - Just be healthy.

This was reinforced by the responses of the coordinating midwives and village midwives that were interviewed. The participation of families, especially parents in Aceh, is very strict, especially for new mothers in the meaning of the word mothers who have 1 child. Parents or grandmothers play an important role in the family, not their husbands, because many husbands do not understand the problem of feeding babies and leave it to their wives and parents/in-laws. Parents have more experience in caring for babies.

Conclusion

There is no relationship between maternal education and provision of complementary foods to infants aged 0-6 months in the work area of Puskesmas Mongeudong, Lhokseumawe City in 2019. There is a relationship between maternal occupation and provision of complementary foods to infants aged 0-6 months. There is no relationship between mother's knowledge and provision of complementary foods to babies aged 0-6 months. There is a significant relationship between culture and provision of complementary foods to infants aged 0-6 months in the work area of Puskesmas Mongeudong, Lhokseumawe City in 2019. There is no significant relationship between maternal condition and provision of complementary foods to infants aged 0-6 months. There is a relationship between the baby's condition and the provision

of complementary foods to babies aged 0-6 months. There is no relationship between exposure to advertisements and provision of complementary foods to babies aged 0-6 months. There is a significant relationship between family support and provision of complementary foods in infants aged 0-6 months. The most dominant variable associated with giving complementary foods to infants aged 0-6 months is the cultural variable. Mothers who follow the culture have a 91.6 times higher chance of providing complementary foods (MPASI) to babies aged 0-6 months compared to mothers who do not follow the culture. This is reinforced from qualitative research that cultural factors are still attached to Acehnese culture with the existence of the peucicap culture which introduces food / drink to babies from the age of 7 days because it is in accordance with the Sunnah in Islamic teachings, namely Rawniq. Another culture is that the mother gives the baby starch water, salt water mixed with sugar (ie sira), scraped bananas, and banana rice at the age of less than 6 months. The habits of the Acehnese people in the care of mothers and babies are usually carried out by their grandmothers who are still healthy.

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