

Complementary feeding implementation in Pintu Padang Health Centre, South Tapanuli District, Indonesia: a qualitative study

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Abstract

Introduction: Nutritional status is very closely related to the complementary feeding (CF) given to infants. Inappropriate CF practice is still commonly found in Indonesia.

Objectives: To examine the practice of CF in the area of Pintu Padang Health Centre in South Tapanuli District, Indonesia.

Method: This is a qualitative study with a focus group discussion (FGD) approach. Purposive sampling was used to collect 20 respondents from amongst community leaders, district level health officers (nutrionists), health centre officers, nurses and Pasiponek (integrated service post) staff. The FGD was guided by a moderator and recorded using a tape recorder. The results of the FGD recording were transcribed by verbatim analysis and turned into sub-themes and themes.

Results: Two themes were defined after using the information on CF implementation, which are Early CF and inadequate nutritional intake. Early CF was based on four sub-themes, namely 'practical feeding', 'not understanding the readiness of children to be fed by CF', 'lack of support system' and 'lack of knowledge'. Inadequate nutritional intake occurred because CF implementation was not provided to babies based on the principle of balanced nutrition and was processed improperly.

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Conclusions: Practice of CF in the area of Pintu Padang Health Centre in South Tapanuli is still inappropriate considering what WHO recommends.

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Key words: Early complementary feeding, inadequate nutritional intake, under-two children

Background

Stunting is defined as the impaired growth and development of children under five, usually due to poor nutrition, especially within the first 1,000 days of life or because of repeated infection¹. Stunting is now identified as a global health priority. A target to reduce the number of stunted children under-five in Indonesia is by 40% between 2010 and 2025². The prevalence of stunting in Indonesia is higher than in other South Asian countries, such as Myanmar (23%), Vietnam (23%), Malaysia (17%), Thailand (16%) and Singapore (9%). A target to reduce the number of stunted children under-five in Indonesia was by 28% between 2015 and 2030³. Data from Risk Factor Survey (RISK FSDAS) – research conducted by Ministry of Health, Republic of Indonesia (2018) reported that the prevalence of malnutrition was 17.7% and the prevalence of stunting of children aged under-five was 29.9%⁴. Nutritional status is closely related to the pattern of complementary feeding (CF) implementation based on the WHO recommendations, which is to start at six months of age.

Children are defined as stunted if their height-for-age is less than the applicable national standard in the *Kebijakan Hidup Anak (KIA)* book (a book of mother and infant health record) and other national documents⁵. It is crucial to reduce the stunting prevalence as early as possible to hinder the adverse long-term effects on children such as impaired growth and development. Inappropriate CF practice, in quality and quantity, is identified as a key factor causing malnutrition and stunting. Early CF practice causes several health problems such as diarrhoea and infection, whereas too late CF implementation causes inadequate nutrition⁶.
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