

MOTHER'S BEHAVIOR REGARDING MP-ASI AND NUTRITIONAL STATUS IN INFANTS AGED 6-24 MONTHS IN THE WORKING AREA OF THE MARISA HEALTH CENTER

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ABSTRACT

Mother's behavior in providing complementary feeding, both in terms of timeliness, type of food, and amount of food is determined by the mother's knowledge of complementary foods for breast milk. The formulation of the problem in this study is how the behavior of mothers regarding the provision of complementary feeding and nutritional status in infants aged 6-24 months. This study aims to determine the mother's behavior in providing complementary feeding and nutritional status of infants aged 6-24 months.

This study uses descriptive qualitative research methods. The population in this study were 124 mothers who had babies. In this study, samples were taken as many as 95 people using the Slovin formula. The type of data used is primary data sourced from interviews. The data analysis technique used in this research is the analytical descriptive method, which describes the data collected in the form of words, pictures and not numbers.

The results showed that the mother's knowledge was good at 21.05%, sufficient knowledge was 29.47% and most of them had less knowledge at 49.48%. Mother's attitude towards complementary feeding has a good attitude of 44.21% and a bad attitude that is 55.79%. The mother's practice of giving complementary foods to breast milk has a good practice of 38.94% and a bad practice of 61.05%. Nutritional status of children under the age of 6-24 months shows that they are fat at 4.21%, normal is 34.74% and most of them are malnutrition as much as 61.05%.

Keywords: Behavior, Complementary Foods, Breastfeeding, Nutritional Status

INTRODUCTION

Complementary foods for breast milk (MP-ASI) are foods and drinks that contain nutrients, which are given to infants or children aged 6-24 months to meet nutritional needs other than breast milk. The provision of complementary feeding must be adjusted to the the development of the baby's digestive system, starting from liquid, thick, semi-solid textured foods to finally solid foods.

A habit in society, a mother often gives solid food to babies who are a few days or a few weeks old, such as giving mashed rice or bananas, then throw away the breast milk and replace it with honey, sugar, butter, water or other foods [4].

MP-ASI (complementary food for breast milk) is food or drink containing nutrients that is given to infants/children to meet their nutritional needs.

MP-ASI is a transition process from a purely milk-based intake to semi-solid food. Provision of adequate complementary feeding in terms of quality is important for the physical growth and development of children's intelligence which is increasing rapidly during this period.

Oral motor skills are also needed for this process. Oral motor skills develop from the sucking reflex to swallowing non-liquid food by moving food from the front of the tongue to the back of the tongue. Complementary food for breast milk is food or drink containing nutrients, given to infants or children aged 6-24 months to meet nutritional needs other than breast milk. While the notion of food itself is a basic human need that is needed at all times and requires good and correct management so that it is beneficial to the body [7].

Factors that affect the provision of MP-ASI. Common reasons why many mothers give MP-ASI early include the fear that the milk they produce is not long enough and of poor quality. There are many unfounded beliefs and attitudes about the meaning of breastfeeding that prevent mothers from exclusively breastfeeding their babies in the first 6 months. This is related to early complementary feeding because many people in developing countries believe that yellowish colostrum is a toxic substance that must be disposed of. As well as the wrong habit that babies need additional fluids in addition to lack of support from health services such as the absence of home and outpatient facilities and the provision of formula milk kitchens will improve the practice of giving (MP-ASI) is predominant for newborns in hospital. As well as the marketing of breast milk substitute formula which raises the assumption that PASI formula is superior to breast milk so that mothers will be more interested in advertising

PASI formula and giving MP-ASI early [6].

In the provision of complementary foods, breast milk consumed should meet the criteria that the food is fit to eat and does not cause disease, and the food is healthy, including:

1. The food is cooked
2. Free from contamination when storing the food and serving it up to feeding it to a baby or child
3. Free from unwanted physical and chemical changes, as a result of the influence of enzymes, microbial activity, rodents, insects, parasites and damage due to pressure, cooking and drying.
4. Free from microorganisms and parasites that cause food-borne diseases
5. Must contain enough calories and vitamins
6. Easily digested by the digestive organs

In addition to looking at the criteria above, the provision of complementary feeding should also look at the age at which complementary foods are given to children, whether the complementary feeding given is at the right age or not.

According to the Association of Indonesian Nutritionists, the purpose and importance of providing complementary feeding is:

1. Complements the nutrients that are lacking in breast milk
2. Develop baby's ability to accept a variety of foods with different tastes and textures
3. Develop baby's ability to chew and swallow
4. Adapting to foods that contain high energy levels [9].

Factors that affect nutritional status are divided into 2, namely direct and indirect.

Factors that affect directly

1. Food intake

Inadequate food intake can result in reduced nutrient intake. This causes the stored nutrients in the body to be used to meet needs. If this situation lasts for a long time, then the nutrient stores will be depleted and eventually tissue deterioration occurs. At this time people can be said to be malnourished [12].

2. Infectious disease

Between poor nutritional status and infection there is a back and forth interaction. Infection can cause malnutrition through various mechanisms [14]

Factors that influence indirectly

1. Economic factors

Poverty as a cause of malnutrition occupies the first position in general conditions. Economic conditions have a major influence on food consumption [14].

2. Cultural factors

Cultural elements sometimes contradict the principles of nutrition science [14].

3. Physiological factors

Physiological factors in nutritional needs or the ability to metabolize nutrients are the main factors that influence the use of food by the body [14].

4. Knowledge

Ignorance about how to feed infants and children and the existence of habits that are detrimental to health, can be the main cause of malnutrition in children, especially those under 2 years old [2].

5. Environment

One of the environmental factors that can affect a person's nutritional status is the physical environment such as weather, climate, soil conditions, farming systems, and environmental health or environmental sanitation. [3].

Complementary foods for breast milk (MP-ASI) need to be given on

time. If done too soon or too late, both can have detrimental effects. If it is too early, it can cause diarrhea or difficult bowel movements, obesity, intestinal cramps, food allergies and constipation. If late is the same as giving MP-ASI too early, late giving MP-ASI can also cause a series of negative impacts on health, including nutritional deficiencies, less stimulated psychomotor abilities, and growth and development disorders [5].

According to the World Health Organization (WHO)/United Nations Children's Fund, more than 50% of deaths of children under five are related to malnutrition, and two-thirds of these deaths are related to inappropriate feeding practices for infants and children, such as not initiating early breastfeeding. within the first hour after birth and giving complementary foods that are too early or too late. This situation will make the immune system weak, often sick and fail to grow [11].

MP-ASI is given as a complementary food, not as a staple food, because it is adapted to the increasing development of children. For this reason, it is expected that mothers have good behavior about giving additional food (PMT) to babies who are 6 months old. Supplementary feeding should be done gradually in amount, added and adjusted to the baby's digestion, ability to accept or absorb food. Supplementary feeding is first in the form of liquid porridge, this is to prevent the baby's stomach from being surprised to receive food other than milk. Then gradually given in the form of thick porridge, fruit juice, mashed food (cereal), soft food and finally solid food. Likewise, the food menu needs variety so that babies don't get bored quickly, and the nutrition provided is more complete.

Thus, good maternal behavior is needed during the process of introducing food to babies. Mothers are expected to be

willing and careful to pay attention to how to introduce good food for babies, foods that are suitable for babies, when to give them and the schedule for giving them. So that mothers can provide well, it is necessary to hold counseling about the introduction of additional food to babies. So that people will understand how important it is to introduce additional food to babies in helping the process of identifying whether there is a food allergic reaction to the baby, in addition so that babies can adapt to foods that contain high energy levels [4].

Nutritional status is a state of equilibrium in the form of certain variables or the embodiment of nutrients (nutritional state) in the form of certain variables. Nutritional status is also a measure of success in fulfilling nutrition for children as indicated by the child's weight and height. Nutritional status is a measure of the condition of a person's body which can be seen from the food consumed and the use of nutrients in the body. Nutritional problems besides being a poverty syndrome are closely related to food security problems at the household level, they also involve aspects of knowledge and behavior that do not support a healthy lifestyle [13].

Nutritional status is a health status produced by a balance between nutritional needs and inputs. Nutritional status is largely determined by the availability of nutrients in sufficient quantities and in the right combination of time at the cellular level of the body to develop and function normally. Nutritional status is fully determined by the nutrients needed by the body and the factors that determine the amount of need, absorption, and use of these substances [1].

Nutritional status is a state of balance between intake and nutritional requirements needed by the body for growth and development, especially for children under five, activities, health

maintenance, healing for those who suffer from illness and other biological processes in the body. The need for food for each individual is different because of genetic variations which will result in differences in metabolic processes.

The factors that influence the formation of behavior are divided into 3 main factors, namely:

1. Predisposing factors

Predisposing factors are factors behind behavioral changes that provide rational thinking or motivation for a behavior. These factors include knowledge, attitudes, beliefs, traditions, values and social norms.

2. Push factor

A driving factor is a factor that encourages or reinforces the occurrence of a behavior. This factor provides a reward/incentive for persistence or repetition of the behavior. These reinforcing factors consist of community leaders, health workers, teachers, families, and so on.

3. Supporting factors

Supporting factors are factors that enable or facilitate. Individual or organizational behavior including actions or skills. These factors include the availability, affordability of health service resources, priorities and commitments of the community and government and actions related to health [9].

An attitude has not automatically manifested in an action (overt behavior). To realize the attitude into a real difference, a supporting factor or a possible condition is needed, including facilities. The mother's positive attitude towards immunization must receive confirmation from her husband, and there are immunization facilities that are easily accessible, so that the mother can immunize her child. In addition to the facility factor, support factors from other parties, for example husband or

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wife, parents or in-laws are very important to support family planning practices [9].

nutritional status of infants/children under two years old in Indonesia experiencing nutritional problems with poor nutritional status, thin and short, the prevalence of child nutritional status based on the weight index for age (W/U) in Indonesia is 17.8%, namely the state of malnutrition related to practice inadequate complementary feeding (MP-ASI).

In Gorontalo Province, the prevalence of under-five nutrition cases based on body weight according to age (W/U) with cases of malnutrition was 6.9% and cases of malnutrition were 19.2% related to the practice of giving complementary foods to breast milk (MP-ASI). appropriate. In 2015 it was known that the percentage of under-fives with poor nutritional status was 19.2% and one of the areas with the highest malnutrition status was 10.2% was Pohuwato and the lowest was Bone Bolango (4.4%), while the area with the highest malnutrition cases was Bone Bolango is 23.5% and the lowest is Gorontalo City at 17.5.

Based on the above background, the researcher has made initial observations by taking 15 people who were used as initial research samples to determine the behavior of mothers regarding complementary feeding (MP-ASI) and nutritional status in infants aged 6-24 months in the working area of the Marisa Health Center, from the results of the observations obtained that there were only 5 (33%) parents who knew about complementary foods and how to make complementary foods. The remaining 10 (66%) parents do not know about complementary feeding. From the results obtained from the initial data of the study there were only 5 parents whose children were included in the category of good nutrition and 10 parents who were included in the lack of nutrition whose

results were taken from the results of measurements and weighing after an interview to see the nutritional status.

From the results obtained, the researchers are interested in conducting research with the title "Mother's Behavior About Complementary Feeding and Nutritional Status in Children aged 6 Months in the Marisa Health Center Work Area, Pohuwato Regency".

RESEARCH METHODS

This type of research is included in qualitative research which produces descriptive data in the form of words. The results of this study only describe or construct in-depth interviews of the subject

1. Data type

The data collected from this study came from primary data, namely data obtained directly from the field either through observation or through interviews with informants. Primary data retrieval method is done by means of direct interviews interviewed are parents.

2. Data sources

The source of the data in this research is subject data in the form of attitudes or characteristics of a person. Sources of data using interviews in collecting data called informants, namely people who respond or answer questions both in writing and orally. When using documentation, documents or records are the source of the data [8].

In data collection techniques, the authors observe directly on the object of research to obtain valid data. Based on the source of data collection, in this study researchers used primary data, namely data obtained directly from the object under study through data collection procedures and techniques in the form of observations, interviews and the use of other measurement instruments

specifically designed in accordance with the objectives of the researcher.

These types of questions will later assist researchers in making interview questions to respondents, including:

1. Knowledge
2. Attitude
3. Practice [10].

The purpose of this interview is to find problems more openly, as the interviewee is to be able to find problems more openly, as the party invited to the interview can be asked for opinions. The data analysis used is descriptive analytical method, which describes the data collected in the form of words, images and not numbers.

Data derived from manuscripts, interviews, field notes, documents, and so on, are then described so that they can provide clarity on reality [5].

Processing and analyzing data using descriptive analysis conducted to identify Mother's Behavior About Giving MP-ASI to Infants aged 6 months and Nutritional Status in the Marisa Health Center Work Area.

Descriptive research is research based on descriptive data from behavior, knowledge, attitudes, nutritional status of a problem that is the object of research. To analyze this data using qualitative data analysis techniques, because the data obtained is a collection of information. The data analysis process begins by examining all available data from various sources, namely through observation, interviews, and documentation.

Data analysis in qualitative research is carried out at the time of data collection. after completion of data collection within a certain period. At the time of the interview, the researcher had analyzed the answers from the informants. If the interviewee's answer after being analyzed feels unsatisfactory, the researcher will continue the question

again, to a certain stage so that the data is not saturated.

Activities in analyzing qualitative data include:

1. Data Reduction

This stage is the process of selecting, focusing, abstracting and transforming the rough data taken from the field. The essence of data reduction is the process of merging and uniforming all forms of data into written form to be analyzed.

Thus, the reduced data will provide a clear picture and make it easier for researchers to conduct further data collection. The data obtained from the research locations are outlined in a complete and detailed description of the report. Field reports are reduced, summarized, selected the main points, focused on the important things and then looked for themes or patterns.

2. Data Display

The presentation of data is done with the aim of making it easier for researchers to see the overall picture or a particular part of the research. Presentation of data is done by describing the results of interviews as outlined in the form of descriptions and tables with narrative text, and supported by documents, as well as photos and similar images to hold a conclusion.

After the data is collected, the researcher groups similar things into categories or groups so that it is easier for researchers to draw conclusions.

Drawing Conclusions (Concluding Drawing)

At this stage, the researcher compares the data that has been obtained with the data from interviews with subjects and informants which aims to draw conclusions.

Conclusion Drawing is conducting continuous verification throughout the

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research process, namely during the data collection process. In this study, conclusions are drawn by taking the essence of a series of categories of research results based on observations and interviews.

RESEARCH RESULT

Based on the research results obtained regarding the mother's behavior regarding the provision of complementary feeding in the Marisa Health Center work area, it will be presented in the distribution table of the respondents as follows.

Table 1. Distribution of Respondents Age Characteristics

Characteristics	N	%
Mother's Age		
18-20 year	42	44,22%
21-30 year	30	31,57%
>31 year	23	24,21%
Total	95	100%
Baby Age		
6 month	254	26,31%
7-8 month		4,22%
9-10 month	7	7,36%
11-12month	18	18,95%
13-14 month	9	9,47%
15-16 month	3	3,15%
17-18 month	6	6,32%
19-20 month	5	5,27%
21-22 month	3	3,15%
23-24 month	15	15,78%
Total	95	100%

Source: Processed Data, 2021

Based on table 1. shows that the distribution of maternal age is mostly 18-20 years old, as many as 42 respondents (44.22%). The distribution of the baby's age at the most is the age of 6 months as many as 25 babies (26.31).

Table 2. Distribution of Education & Employment Characteristics

Characteristics	n	%
Mother's Education		
No school	23	24,21%
SD	18	18,94%
Junior high school	29	30,52%
senior High School	25	26,33%
Total	95	100%
Mother's Job		

Private	4	4,2%
Entrepreneur	9	9,47%
URT mother	82	86,33%
Total	95	100%

Source: Processed Data, 2021

Based on table 2 shows that the distribution of education of the most respondents is junior high school as much as 29 (30.52%). The distribution of the work of the most respondents is working as a housewife, namely 82 (86.33).

Table 3. Distribution of Mother's Knowledge Level

Mother's Knowledge	N	%
Well	20	21,05%
Enough	28	29,47%
Not enough	47	49,48%
Total	95	100%

Source: Processed Data, 2021

Based on table 3 shows that most respondents have less knowledge as much as 47 (49,49%).

Table 4. Distribution of Mother's Attitude

Mother's Behavior	N	%
Well	42	44,21%
Not enough	53	55,79%
Total	95	100%

Source: Processed Data, 2021

Based on table 4 shows that the majority of respondents have less attitudes as much as 53 (55.79%).

Table 5. Distribution of Nutritional Status

Nutritional status	N	%
Fat	4	4,21%
Normal	33	34,74%
	58	61,05%
Total	95	100%

Source: Processed Data, 2021

Based on table 5, the results of data collection according to nutritional status as in the table above, it is known that most of the children who were the sample had poor nutritional status as many as 58 respondents (61.05%). Fat nutritional status as much as 4 (4.21%).

DISCUSSION

The results of this study were obtained regarding the knowledge, attitudes and practices of mothers regarding the provision of complementary feeding (MP-ASI) in the Marisa Health Center Work Area. The results of this study indicate that most of the respondents are aged 18-20 years, namely as many as 42 respondents.

Mother's behavior regarding complementary feeding as follows:

1. Mother's Knowledge Behavior About Giving MP-ASI

Research on respondents for mother's knowledge about complementary feeding using 10 questions in the form of interviews. Based on the results of the study, it can be concluded that most mothers have poor knowledge about complementary foods (MP-ASI) as much as 49.48%, mothers have good knowledge about complementary foods (MP-ASI) as much as 21.05% and mothers who have sufficient knowledge about complementary feeding, namely 29.47%. This is supported by the theory of behavior in providing complementary feeding. Inappropriate complementary feeding is influenced by the mother's knowledge and education in giving complementary feeding. Most of the knowledge is not good, this can be caused because most of the mothers who are respondents have the last education in junior high school. Mother's knowledge about MP-ASI will affect the mother in giving MP-ASI. High and good knowledge will give MP-ASI to the baby according to the condition and age of the baby. Factors that can affect the results of respondents' knowledge in the category of lack of knowledge is the lack of awareness and interest of mothers to seek more complete information about complementary

feeding, both information obtained from mass media or electronic media, as well as environmental influences and individual experiences. The result of respondent's knowledge in the category of sufficient knowledge is enough to know information about complementary feeding, whether it is obtained from the environment and the mass media. In the community, information about MP-ASI can be obtained through health workers at the puskesmas and health cadres. Trained health cadres can provide accurate information to the public. This is also in accordance with the results of Burnsetal's research that guidance from health service providers and the motivation of complementary feeding forms emerged as facilitators for good and correct complementary feeding practices.

Lack of information obtained, the majority of mothers also have low education so it may be difficult to access information from electronic media. Lack of awareness of mothers in seeking information, there are many other factors that influence mother's knowledge in giving complementary feeding, including the lack of detailed counseling about giving appropriate complementary foods according to their age. This is evidenced by the answers that are mostly wrong in the way of giving, the type, and the portion that should be given according to the baby.

2. Mother's Attitude towards Complementary Feeding (MP-ASI)

Based on the results of the study, it is known that most of the respondents have attitudes that are classified as unfavorable by (55.79%) towards the provision of complementary feeding.

Attitude is one of the factors that can encourage certain actions to be taken by someone. Attitude is a

prediction of a position to do or not do a thing or behavior, so that attitude is not only a condition from within a person that concerns the pure of the individual, but attitude is more defined as an individual awareness process. That is, a process that occurs objectively and is unique to each individual. If a mother has a good or positive attitude towards complementary feeding, the actions given to her baby in giving complementary feeding will also be good and vice versa if a mother has a bad attitude towards complementary feeding, the actions given to her baby in the provision of MP-ASI is also not good.

This is supported by showing that mother's knowledge affects mother's attitude in giving MP-ASI.

This is due to a lack of awareness from mothers about the benefits of giving food to their children, as well as the importance of complementary feeding when given according to age.

3. Mother's Practices Against Breastfeeding Complementary Foods (MP-ASI)

Based on the results of the study, it is known that most of the respondents have practices that are classified as unfavorable (61.06%) for the provision of complementary feeding. The knowledge that a person has will affect the actions to be taken. A mother who knows about the right MP-ASI will think about the advantages and disadvantages related to the process of giving MP-ASI to her baby. Barriers to mothers in the practice of giving complementary feeding are poverty, high workload, lack of decision-making power in the household, and lack of milk. The ability of people's purchasing power to eat nutritious and quality food will determine the

availability of nutritious food in the family. Observation results showed that most of the mothers prepared MP-ASI themselves, but the texture, variety and portion were not appropriate. Mothers do not pay attention to what foods should be given to children such as fat, soft, and family food. Most of the mother's mash the team's rice using a spoon added with vegetable soup, this presentation is not only done for the first feeding to babies, but is given to all ages of babies. In general, people make their own food. This is very different from the way of presentation according to the Directorate of Nutrition and KIA which states that the provision of complementary foods is adjusted to the condition and age of the baby, where the texture is given starting with thick porridge for babies aged 6 months, crushed food for babies aged 6-8 months, soft food for babies 9-12 months, and family food for babies aged 12-24 months. Based on the results of research in maternal behavior regarding complementary feeding, it was found that 38 children were given MP-ASI under the age of 6 months which resulted in the child being included in the category of poor nutritional status.

Nutrition Status

Based on the results of the research data on children's nutritional status according to the table above, it is known that most of the children in the sample have obese nutritional status of 4.21%, normal of 34.74% and most of them with less nutritional status of 61.05%. The average nutritional status of children the average is less due to factors from the child's lack of appetite and the mother paying less attention to the food given to the child. This proves that children who receive local and instant MP-ASI have the same opportunity to experience normal or less nutritional status, depending on the

amount and nutritional value contained in (MP-ASI) -ASI). The factors that affect nutritional status can be divided into 2, namely direct and indirect factors. Factors that directly influence are food intake and infectious diseases. Inadequate food intake can result in reduced intake of nutrients while infectious diseases can cause malnutrition through various metabolisms. Factors that influence indirectly include economy, culture, physiology, knowledge, and environment. Economic factors are the cause of malnutrition, because if the socio-economic status is low, the supply of complementary foods for breast milk is also reduced. Cultural factors are the cause of malnutrition because there are several cultural elements that are contrary to the principles of nutrition, such as the taboos that children should not eat. Physiological factors in nutritional needs or the ability to metabolize nutrients are factors that influence the use of food in the body. The knowledge factor is also a cause of malnutrition because ignorance about how to feed infants and children and the existence of habits that are detrimental to health can be the main cause of malnutrition in children, especially those under 2 years of age. And finally, environmental factors can affect a person's nutritional status due to the physical environment such as weather, climate, soil conditions, and environmental health or environmental sanitation related to the availability of clean water.

CONCLUSION

1. Based on the results of research that has been carried out in the Marisa Health Center Work Area, it can be concluded that:
2. Mother's behavior regarding complementary feeding, which includes mother's knowledge, shows good knowledge of mothers by 21.05%, sufficient knowledge by

29.47% and most of them have less knowledge by 49.48%. Mother's attitude towards complementary feeding has a good attitude of 44.21% and a bad attitude that is 55.79%. The mother's practice of giving complementary foods to breast milk has a good practice of 38.94% and a bad practice of 61.05%.

Nutritional status of children aged 6-24 months shows fat by 4.21%, normal 34.74% and most of them have less nutritional status as much as 61.05%.

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