

CORRELATION BETWEEN PARENTING PATTERN AND MPASI-GIVING PATTERN TO NUTRITIONAL STATUS OF INFANTS AGED 6-12 MONTHS IN MEKARGALIH VILLAGE

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Abstract: The quantity and quality of food given to the child is important to be thought of, planned, and implemented by their mother or caregiver. Parenting is always associated with the act of food-giving. The purpose of this study was to determine whether parenting pattern and the pattern of MPASI (Makanan Pendamping Asi/Weaning Food)-giving are related to the nutritional status of infants aged 6-12 months in Mekargalih Village. The method used in this study was the analytical method, with cross sectional approach. This study took samples from 64 respondents. The data collection was done with questionnaires and infants weighing. The data analysis was done by using chi-square test. The result of the research regarding mothers' parenting pattern in the terms of attention/support and psychosocial stimulation were in the 'good' category for 63 respondents (98,4%). The pattern of MPASI-giving in infants aged 6-12 months, that is the MPASI-giving age that stretches for the period of 6 months, was confirmed by 45 respondents (70.3%) and the type of MPASI given is the combination of weaning food and breast milk for 43 respondents (67,2%) with the frequency of 3-4 times a day for 50 respondents (78,1%). Most infants, or 49 babies (76,6%), had good nutritional status. The $p > 0,05$ chi-square test result showed that there was no significant correlation between parenting pattern to infants' nutritional status at the age 6-12 month and further study also showed no significant correlation between MPASI-giving pattern to infants' nutritional status. This study concluded that there was no correlation between parenting pattern and MPASI-giving pattern to nutritional status, because $p > 0,05$.

Keywords: Parenting pattern, MPASI-giving pattern, nutritional status

Introduction

The development of a nation aims to improve prosperity. Increasing the progress and prosperity of the nation depends on the ability and quality of its human resources. A measure of the quality of human resources can be seen in the Development Index. Nutritional problems in shaping a nation that has been well established since infancy, with good nutrition is expected the ability and quality of resources can be better. But Until now the expected source of human resources both get challenged in nutritional problems.

Infancy and childhood are times of rapid and important growth and development. The critical period is when children aged 6-24 months, because in this age group the critical growth and failure to grow (growth failure) began to be seen (Amin et al 2004). Nutritional disorders can be caused by a parenting pattern of feeding by mothers who give prelactal or weaning food too early and some are too late, and the quality and quantity given is not sufficient.

The amount and quality of food given to the child is essential to thought, planned, and implemented by the mother or caregiver. Patterns are always associated with feeding activities. Malnutrition can occur as a result of poor living habits of nutritional values.1

Parenting patterns of parents to their babies, especially at the age of 6-12 months, where at this age the baby began to introduce new foods other than breast milk, the role of parents in good parenting will have an important effect on the baby's nutritional status.

The role of mother is very influential in the state of child nutrition. Parenting plays an important role in the occurrence of growth disorders in children. Engle et al emphasizes that there are three important components (food, health-psychosocial stimulation) are factors that play a role in optimal child growth.

Prevalence of malnourished children under five is an indicator of Millennium Development Goals (MDGs) to be achieved in one region (districts / cities) in 2015, namely the decrease in prevalence of malnourished children under five to 3.6 percent or deficiency of 2 nutrients in children under five to 15.5 percent .

This resulted in one out of three Indonesian children growing up short (stunted).

One of the nutritional problems classified as classical in Indonesia that until now cannot be completely overcome is the problem of malnutrition or better known as Protein Energy Lack (PEL). The number of malnourished children under five in Indonesia is currently around 900 thousand inhabitants. This amount represents 4.5 percent of the total number of infants of Indonesia, which is 23 million people.

Based on the results of Basic Health Research in Indonesia that the national prevalence of less nutrition In 2010 was 17.9% consisting of 4.9% malnutrition and 13.0 % less nutrition.

In West Java Province with 3.1% malnutrition presentations, 9.9% less nutrition. West Java Province has begun to achieve the 2015 MDG target, but the infant's nutritional status in rural areas has not been solved, data from the Health Office of Sumedang District at Jatinangor Public Health Office in 2012 with the number of babies and toddlers totaling 7,944 but only 6874 mothers weighing their babies So it found 37 (0,5%) malnutrition, and 489 (7,1%) less nutrition. So that figure cannot infer the state of poor and bad nutritional status

Indonesia Demographic and Health Survey (IDHS 2012) shows that Only 27 percent of 4-5 month olds get exclusive breastfeeding (no additional food or beverages).

Based on a preliminary study conducted by researchers in Mekargalih Village, in 2012 there were 8 children under five years old who underwent Red-line status and there were 5 infants and toddlers with malnutrition status, and 37 infants and under-fives had less nutritional status, and found that there were still Some mothers who have babies use nannies to care for their babies, cadars usually become one of the nannies for parents.

Methods

This research use analytical method that is research done to know relation of parenting pattern and giving of MP-ASI to baby nutrition status 6-12 month old. The research design using cross sectional approach that is by means of all observed variables performed together with direct interviews using questionnaires for parenting patterns and breastfeeding mothers at 6-12 months for the nutritional status of infants 6- 12 months with weight / height indicators and interpreted with status WHO nutritional status Data analysis was performed using chi-square test..

Result

Table. 1 Parenting Pattern

Parenting Pattern	Good		Poor/not God	
	f	%	f	%
Attention/support	63	98,4	1	1,6
Psychosocial stimulation	63	98,4	1	1,6

From the above table it can be seen that the pattern of mother care in terms of attention / support and psychosocial stimulation are in good category respectively as many as 63 respondents (98.4%). Thus, respondents tend to apply good parenting patterns to infants aged 6-12 months.

Table. 2 The pattern of MPASI (Makanan Pendamping Asi/Weaning Food)

The pattern of MPASI	Frequency (f)	Persentase (%)
Ages of the MPASI-giving		
Confirmed 6 months	45	70,3
Not Confirmed 6 month	19	29,7
The type of MPASI given		
MPASI homemade	18	28,1
MPASI from factory	3	4,7
MPASI combination of weaning food and breast milk	43	67,2
The frequency		
1x/day	0	0,0
2x/day	14	21,9
3x/day	50	78,1
≥ 4x/day	0	0,0

From the table above can be seen that the pattern of giving of breast milk in infants aged 6 -12 months in Mekargalih Village is the age of giving the MP-ASI exactly 6 months as much as 45 respondents (70.3%), the type of MP-ASI is the combination of ASI 43 respondents (67,2%), and frequency of giving of breast milk in a day that is 3x a day counted 50 respondents (78,1%).

Table. 3. Nutritional Status Of Infants Aged 6-12

Nutritional Status	Frequency (f)	Percentage (%)
Over Nutrition Status (The cut-off point of >+2 SD)	2	3,1
Normal Nutrition Status (<-2 and >+2 SD)	49	76,6

Moderate Nutrition Status (Z-score cut-off point of <-2 SD)	10	15,6
Severe Nutrition Status (<-3 SD)	3	4,7
Total	64	100

From the table above can be seen that infants who have good nutrition status / normal as many as 49 babies (76.6%).

Table. 4 Correlation Between Parenting Pattern And MPASI-Giving (Weaning Food) Pattern To Nutritional Status Of Infants Aged 6-12 Months In Mekargalih Village

Parenting Pattern	MPASI Giving Pattern	Nutritional Status								p-value
		Over		Normal		Moderate		Severe		
		f	%	f	%	f	%	f	%	
Ages of the MPASI-giving										
Good	Confirmed 6 months	0	0,0	35	77,8	8	17,8	2	4,4	0,142
	Not confirmed 6 months	2	11,1	13	72,2	2	11,1	1	5,6	
Poor/not Good	Confirmed 6 months	0	0,0	0	0,0	0	0,0	0	0,0	
	Not confirmed 6 months	0	0,0	1	100,0	0	0,0	0	0,0	
Type of MPASI (Weaning Food)										
Good	MPASI Homemade	1	5,6	14	77,8	2	11,1	1	5,6	0,075
	MPASI from factory	1	33,3	2	66,7	0	0,0	0	0,0	
	MPASI combination with breast milk	0	0,0	32	76,2	8	19,0	2	4,8	

Poor/not Good	MPASI Homemade	0	0,0	0	0,0	0	0,0	0	0,0
	MPASI from factory	0	0,0	0	0,0	0	0,0	0	0,0
	MPASI combination with breast milk	0	0,0	1	100,0	0	0,0	0	0,0
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Frequency MP-ASI given									
Good	1x/day								
	2x/day	1	7,7	11	84,6	1	7,7	0	0,0
	3x/day	1	2,0	37	74,0	9	18,0	3	6,0
	≥ 4x/day	0	0,0	0	0,0	0	0,0	0	0,0
Poor/not Good	1x/day	0	0,0	0	0,0	0	0,0	0	0,0
	2x/day	0	0,0	1	100,0	0	0,0	0	0,0
	3x/day	0	0,0	0	0,0	0	0,0	0	0,0
	≥ 4x/day	0	0,0	0	0,0	0	0,0	0	0,0
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0,444

Based on the above table, it appears that there is no correlation between parenting pattern and MPASI giving pattern to nutritional status because $p > 0,05$.

Discussion

Parenting Pattern in Mekargalih Village

From the results of the study found that the pattern of mother care in terms of attention / support are in good category as much as 63 respondents (98.4%). For example, the situation created by the mother at meal time, where a good atmosphere is a fun atmosphere for the baby. During the study, 63 respondents who are in the good category provide answers to create a pleasant situation.

A pleasant situation at mealtime shows the mother's attention / support for the baby. In addition, fun situations can also stimulate the baby to increase appetite.

The parenting patterns studied in this study are how the mother feeds the baby, whether the mother forces the baby to eat a baby when the baby does not eat the food, and the way the mother creates a comfortable nest for the baby so that the baby is not fussy when given food. For psychosocial stimulation, there are 63 respondents who are in good category (98,4%). An example of a good psychosocial stimulus during the study is that the mother always has time to be with her baby. Having time with the baby shows good parenting, and can establish direct communication with the baby.

In this case, it can be seen that good parenting pattern by showing attention / support and psychosocial stimulation in children can form and develop social behavior. With good parenting, it also helps the baby grow in accordance with what will be achieved and in accordance with the ability he gained. Therefore, respondents apply good parenting to infants aged 6-12 months.

Quality in caring is very important, especially the pattern of care in infants, the pattern of care in different infants with parenting patterns in children or adolescents, such as authoritarian parenting, democracy. The pattern of foster care in the baby more priority on how the mother builds an inner bond, a baby who cannot speak, so that psychological stimulation and mother support to nutritional status or baby's growth is very important. Very unfortunate if there are still some parents who still use caregivers at the age of golden age. At this age is very important for baby's growth.

MPASI Giving Pattern in Mekargalih Village

It is appropriate for the mother to provide MPASI at 6 months of age. Due to the theoretical basis, the initial age of MPASI appropriate age begins at 6 months of age. This is because, at the age of 6 months the baby has salivated more so that the baby is ready to receive food other than breast milk.

If infants who are given MPASI less than 6 months will cause the baby obesity in the future. Whereas if MPASI is given when the age exceeds 6 months then it can cause delays in the development of digestive system and the development of breastfeeding skills that are delayed in infants.

This can happen because the mothers get barriers in making the MPASI such as the lack of availability of food in the local area and the lack of knowledge of how to disinfect baby food from food ingredients that are in the environment. In the provision of MPASI in infants need to be considered also the frequency in feeding intake. In the present study, the frequency of ASI per day was found to be 3x daily (main meals) of 50 respondents (78.1%) for 6-12 months of age.

According to WHO, the guidance of giving MPASI should give 2-3 times with 200kcal calorie (30%) at 6-8 months of age and for 9-12 months, MPASI dumping is given 3-4x/ day with calorie count of 300kcal (50%).

Nutritional Status

The nutritional status of the study was based on age-adjusted infant weighing. This is consistent with the theory that weight is one of the most important things to determine the baby's nutritional status, in this way it can be seen whether the growth function disorders and the composition of the baby.

Through anthropometric measurement, the child's nutritional status can be determined whether the child is classified as normal, moderate or severe nutritional status. For that reason, the weight and height of measurement results are compared with an international standard issued by WHO. Nutrition status is not only known by measuring body weight or height according to age individually, but also a combination of the three. Each indicator has its own meaning. The indicator (body weight / Age) shows sensitively the current nutritional status (as measured) as it is volatile, but not specific because weight other than affected by age is also affected by height. This indicator can be easily and quickly understood by the general public, sensitive to see changes in nutritional status in the short term; And can detect obesity.

Indicators (Height / Age) can describe past nutritional status or chronic nutritional problems. Someone who is short of the possibility of past nutritional conditions is not good. In contrast to the weight that can be fixed in a short time, both in children and adults, then height in adulthood can no longer be normalized.

In this case the nutritional status can also be monitored by the mother independently, by teaching the mother to routinely weighing to posyandu or polindes (Maternal and Child health Service) and carrying monitoring book of child growth at the time of examination. A properly fledged child growth monitoring book each month can determine a mother in giving food, for example if the child in 3 consecutive months does not gain weight then the mother can know so that parents who have baby can make preparation what will Done, such as giving the MPASI with different variations, make your own snacks, accompany the baby at mealtime. The role of cadres as the nearest information giver by parents, is very important in monitoring the nutritional status, monitoring the growth and development of children in cooperation with the local village midwife.

Correlation parenting pattern to Nutritional Status

The results showed that respondents who do parenting in the form of attention / support and psychosocial stimulation with good category have a good nutritional status baby.

The parenting patterns that respondents give to their babies are: how a mother creates a pleasant or non-boring situation while feeding the baby, does not force the baby to finish the food, prepares the baby's own food, accompanies the baby at meals, introduces new foods Or semi-solid according to the age of the baby, and there is always time for the baby even for a while.

In this study showed that mothers who have good parenting and mothers who have poor parenting does not affect the nutritional status of the baby. In accordance with the theory of mothers who have poor parenting patterns can provide a good complementary food so that the baby has a good nutritional status. The number of respondents' answers about all activities that are included in the attention / support as well as the dominant psychosocial stimulation and the nutritional status of the infants also tend to be good. Statistically with chi-square test, there was no correlation between mother's parenting pattern to baby's nutritional status because $p > 0,05$.

Based on the observations of the research that has been carried out by the mother's parenting is appropriate, as an example when weighing the baby, the mother is willing to deliver the baby to posyandu (Maternal and Child health Service) to weigh the baby. This indicates that there is a mother's concern for her baby's growth and the mother always has time for her baby. But there are still some mothers who sometimes do not monitor weight loss because of several reasons. Like a mother who works as a factory worker. This is in accordance with the theory that the working mother can affect the baby's nutritional status.

Correlation of MPASI Giving Pattern to Nutritional Status

Provision of MP-ASI conducted on infants such as: since when do the mother give the first breastfeeding, what kind of food is given first time, the type of food given at the present age, what kind of food interlude that mother give, and how many times in a day Mothers give MPASI and food interlude in infants. This study was supported by Musaphi et al in Infant-feeding practice of mother and the nutritional status of infant the Verb of District of Limpopo Province in 2008 mentioned in his research that breastfeeding up to 6 months did not show any significant reaction effect on nutritional status outcomes in infants. In addition, this study was also supported by Yamnur Mahlia in "The Influence of Characteristics and Fostering Patterns on Infant Growth and Development in Pangkalan Susu Subdistrict Langkat Regency in 2008 stated that there is no relationship between types of food stewardship given and the frequency of food given to growth And development in infants.

The field found some mothers give food to their babies with the frequency of eating (hour / time) not in accordance with the needs of the baby. Although some babies are given irregular food but the mothers do it

with great patience while persuading the baby when baby feeding is fussy or crying. The parenting pattern that the mother gives to her child is good enough, not forcing the baby to spend as well as the food that is given. By not forcing the baby to eat it reduces the occurrence of vomiting in infants, besides not forcing the baby to eat it is necessary to know that variations of food for the baby also affects infants eat with gusto and can consecrate without fuss, food variations can also Introduce new feeding in infants, so baby Can meet the needs appropriately.

Correlation Between Parenting Pattern And MPASI-Giving (Weaning food) Pattern To Nutritional Status Of Infants Aged 6-12 Months In Mekargalih Village

Based on the results of the study it appears that there is no relationship between parenting pattern and the pattern of MPASI on nutritional status because $p > 0,05$. This is indicated by the number p that is always above 5%. This insignificant effect can occur because there are other variables that affect nutritional status in Mekargalih Village.

It can be concluded that there are several other factors related to the infant's nutritional status as mentioned in the 2008 Yamnur study stating that the number of children, parental education, parent employment, family income, clean healthy living behavior in the family setting, the provision of complete basic immunization accordingly With the schedule and age of the baby. In the 2008 Yamnur study also mentioned complete basic Immunization has an effect on the baby's nutritional status. Based on research conducted in the field is still met the mother who gave the reason that the mother did not bring her baby to immunization due to not knowing the schedule of immunization, fear of side effects of immunization in infants.

Based on the 2008 Yanmur study that the importance of complete primary immunization in infants is to give babies immune to some diseases, from infectious diseases that will make the baby difficult to eat and become fussy, growth becomes impeded this can affect the status.. Therefore, it can be said that the baby's nutritional status is not only influenced by how the mother nurtures the baby with psychosocial stimulation and support for the child, but also the mother's care pattern in infant care such as support for the child to get complete basic immunization until 9 months, The field found there are families who are reluctant to immunize their babies, due to cultural and religious conditions that affect the choice of mothers in providing care in terms of support complete infant immunization.

Conclusion

1. The $p > 0,05$ chi-square test result showed that there was no significant correlation between parenting pattern to infants' nutritional status at the age 6-12 month and further study also showed no significant correlation between MPASI-giving pattern to infants' nutritional status
2. This study concluded that there was no correlation between parenting pattern and MPASI-giving pattern to nutritional status, because $p > 0,05$.
3. There are still babies who have Severe Nutrition Status and Over Nutrition Status

Suggestion

Public Health Office Sumedang West Java

Can plan knowledge extension program to public about parenting and pattern of giving of MPASI

Community health centers and Maternal and Child health Service

It is important for health officials, to monitor the growth of infants that can involve family members, especially mothers in providing counseling to mothers about baby nutrition so that the mother understands

and seeks to give the best nutrition for the baby so that it can grow optimally and counseling to the public is expected the public will understand the importance of maintaining health in infancy.

Midwife and family

Growing access to infant growth that may involve family members in the mother in providing counseling to the mother.

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