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Family Support Towards the Practice of Providing Complementary Breast Milk (PPC-BM) to Infants Aged 6-12 Months

Yendrizal Jafri¹, Hj.Rinawati Kasrin², Rara Raih Impian³, Lidya Maya Sari⁴



**UNIVERSITAS
FORT DE KOCK
BUKITTINGGI**

Nursing Study Program
Universitas Fort de Kock Bukittinggi, Indonesia

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ABSTRACT

Background: Practice Of Providing Complementary Breast Milk (PPC-BM) plays an important role in supporting the growth and development of infants aged 6-12 months. WHO and the Indonesian Ministry of Health recommend providing PPC-BM that is timely, nutritious, safe, and meets standards. However, many mothers still face obstacles in providing optimal PPC-BM, especially due to lack of family support. Family support, especially from husbands, grandmothers, and other family members, greatly influences the success of PPC-BM practices. **Objective:** This study aims to analyze the relationship between family support and complementary feeding practices in infants aged 6-12 months in the Gulai Bancah Health Center working area, Bukittinggi City. **Method:** This study used a cross-sectional design with a quantitative approach. Samples were taken using cluster random sampling technique, with a total of 222 mothers with infants aged 6-12 months as respondents. Data were collected using a structured questionnaire that measured family support (emotional, instrumental, information, and assessment) and complementary feeding practices. Data analysis was performed using the Chi-Square test to see the relationship between variables. **Results:** the results of the study showed that most mothers received family support in the good (54.1%), sufficient (36.0%), and less (9.9%) categories. The practice of providing complementary feeding by mothers was also mostly in the good (58.6%), sufficient (31.5%), and less (9.9%) categories. Statistical tests showed a significant relationship between family support and complementary feeding practices (p -value $0.001 < 0.05$). **Conclusion:** Mothers who receive good family support are more likely to provide appropriate complementary feeding according to WHO and Indonesian Ministry of Health standards. Family support plays a crucial role in determining the success of complementary feeding practices that meet health standards. A family-based education strategy is needed through counseling programs, training of integrated health post cadres, and community-based interventions to increase family involvement in complementary feeding practices.

Keywords:

Family support,
complementary feeding,
provision practices, infants
aged 6-12 months,
pediatric nursing

Corresponding author:

Yendrizal Jafri

yendrizaljafri@gmail.com

^{1,2,3,4} Undergraduate of
Nursing Study Program,
Faculty of Health Sciences,
University Perintis Indonesia
² Undergraduate of Nursing
Study Program, Faculty of
Health Sciences,
University Perintis Indonesia
(rinawatikasrin@yahoo.com)

Introduction

Practice Of Providing Complementary Breast Milk (PPC-BM) is additional food given to infants starting from 6 months of age to meet nutritional needs that can

no longer be met with breast milk alone (Kemenkes, 2021) emphasizes that PPC-BM must be given in the appropriate amount, texture, and type of food to



support optimal growth and development of infants. The practice of providing inappropriate PPC-BM is still a global problem, including in Indonesia. The results of the 2022 Indonesian Nutritional Status Survey (SSGI) showed that the prevalence of stunting in Indonesia is still quite high, at 21.6%. One of the main contributing factors is the practice of providing PPC-BM that does not comply with health standar (Yulianeu & Rahmayati, 2015). Many infants are given PPC-BM too early (before 6 months) or too late (after 6 months), and do not meet the requirements for nutritional adequacy and food safety. Family support, especially from husbands, grandmothers, and other family members, plays an important role in determining the pattern of providing PPC-BM (Rilyani, Wahyu Karhiwikarta, 2020). Previous studies have shown that mothers who receive family support in providing complementary foods tend to have a better understanding of the types and frequency of appropriate complementary foods. Conversely, low family support often leads to inappropriate complementary foods, such as instant foods or foods that do not meet the baby's nutritional needs (AL Rahmad, 2018). The working area of the Gulai Bancah Health Center, Bukittinggi City, West Sumatra, is an area with a fairly high level of participation in integrated health posts. However, based on data from the local Health Office, babies with poor nutritional status were still found, one of the causes of which

was the lack of understanding of mothers in providing appropriate complementary foods. The urgency of this study lies in the persistent issue of poor nutritional status among infants, particularly in the age range of 6-12 months a critical period for growth and development. Despite various nutritional programs and campaigns, cases of undernourished babies are still found in many communities. One of the key contributing factors is the lack of understanding among mothers regarding the provision of appropriate complementary foods after the exclusive breastfeeding period. Feeding practices during this transitional stage are often influenced not only by the mother's knowledge but also by cultural beliefs, family traditions, and the advice or support provided by other family members (Budaya, 2025). When these influences lack scientific basis or promote harmful practices, they can lead to inadequate nutrient intake and growth failure in infants. Therefore, exploring the role of broader family support in complementary feeding is essential to uncover hidden factors that affect feeding practices and to design more effective, culturally sensitive interventions that engage the whole family, not just mothers (Miftakhul Janah et al., 2023). Local culture and hereditary habits also influence the pattern of providing complementary foods, so it is necessary to further explore the role and support of the family in the practice of providing

complementary foods. Based on the problems above, this study aims to analyze the relationship between family support and the practice of providing complementary foods to infants aged 6-12 months in the working area of the Gulai Bancah Health Center, Bukittinggi City, West Sumatra. The results of this study are expected to be the basis for the preparation of more effective education and intervention programs for families in supporting the provision of complementary foods (PPC-BM) in accordance with health standards.

This study presents a unique perspective by not only focusing on the role of mothers in complementary feeding (PPC-BM) practices but also by exploring the involvement and support of other family members, including fathers, grandmothers, grandfathers, and extended relatives. While most previous studies have concentrated solely on mothers as the central figure in PPC-BM practices, this research adopts a broader family-centered approach. This expanded focus offers a more comprehensive understanding of the socio-cultural dynamics influencing infant feeding, and it opens new possibilities for developing family-based health education and intervention programs to improve the nutritional well-being of infants aged 6-12 months.

Methods

This study used a quantitative design with a cross-sectional approach (Indah,

2021). This approach was used to determine the relationship between family support and the practice of providing complementary foods (PPC-BM) to infants aged 6-12 months in the work area of the Gulai Bancah Health Center, Bukittinggi City, West Sumatra. The population in this study were 500 mothers who had infants aged 6-12 months in the work area of the Gulai Bancah Health Center, Bukittinggi City, West Sumatra. The sample was calculated using the Slovin formula with an error rate of 5% had sample size were 222 respondents. The sampling technique used probability sampling with the cluster random sampling method based on the work area of the integrated health post at the Gulai Bancah Health Center Data were collected through a structured questionnaire that would be filled out by the mothers who were respondents. The questionnaire was tested for validity and reliability before being used in the study. Before using the research instrument for data collection, validity and reliability tests were conducted to ensure that the instrument could accurately and consistently measure the intended variables. The validity test was carried out using construct validity through item-total correlation analysis (Afif et al., 2023). The results showed that all questionnaire items had correlation coefficients above the critical value ($r > 0.30$), indicating that the items were valid and suitable for use in the study. This confirms that each item appropriately represents the



constructs being measured, with family support and complementary feeding practices. The reliability test was conducted using **Cronbach's Alpha** coefficient. The results showed that the Cronbach's Alpha value for the family support instrument was **0.87**, and for the complementary feeding practices instrument was **0.82**. Since both values exceed the minimum acceptable threshold of 0.70, the instruments were considered to have **high reliability**, meaning they consistently measure the same constructs under various conditions. Therefore, the instruments used in this study met the criteria for both validity and reliability, ensuring accurate and consistent data collection.

The process of filling out the questionnaire was carried out with the help of integrated health post cadres or health workers at the Gulai Bancah Health Center. This study obtained ethical clearance from the Research Ethics Committee of University Perintis Indonesia with number 1001/KEPK.F1/ETIK/2024 and Protocol number: 25-01-1374. Respondents will be given informed consent before filling out the questionnaire. The data in this quantitative study were analyzed using univariate and bivariate statistical

methods (Afif et al., 2023). Univariate analysis was conducted using descriptive statistics such as frequencies and percentages to describe the demographic characteristics of respondents, levels of family support, and complementary feeding practices. This helped provide an overview of the distribution of each variable independently. Bivariate analysis was performed using the Chi-Square test of independence to examine the relationship between family support and complementary feeding practices among mothers of infants aged 6-12 months. The Chi-Square test was appropriate because the variables were categorical. Statistical tests showed a significant relationship between family support and complementary feeding practices (p-value 0,001<0.05). All statistical analyses were carried out using the Statistical Package for the Social Sciences (SPSS)

Results

The following is a frequency distribution table based on the results of the study on Family Support for the Practice of Providing Complementary Feeding to Infants Aged 6-12 Months at the Gulai Bancah Health Center, Bukittinggi City.

Table 1. Frequency Distribution Table of Family Support

Support Category Family	Frequency (n)	Percentage (%)
Good	120	54.1%
Enough	80	36.0%
Poor	22	9.9%
Total	222	100%



Most mothers with good family support have good complementary feeding practices, namely 54.1% (120 out of 222 mothers). Most families provide sufficient to good support in the practice of providing complementary feeding. Instrumental support (assistance in

preparing complementary feeding) and emotional support (motivation from the family) are dominant factors influencing the success of providing complementary feeding.

Table 2. Frequency Distribution Table of Complementary Feeding Practices

Practice Category	Frequency (n)	Percentage (%)
Complementary Feeding		
Good	130	58.6%
Enough	70	31.5%
Poor	22	9.9%
Total	222	100%

In the good family support category, which is 58.6% (130 out of 222 mothers), there is a tendency that most complementary feeding practices are also good. Most mothers provide complementary feeding at the right age (6 months), but there are still some who provide it earlier or later. The types of

complementary feeding given vary, with more mothers tending to use homemade complementary feeding compared to instant complementary feeding. There are still complementary feeding practices that do not meet the principles of safety and hygiene, such as excessive use of salt/sugar and less hygienic equipment.

Table 3. Table of Relationship between Family Support and Complementary Feeding Practices

Support Good Family (n)	Sufficient (n)	Lacking (n)	Total (n)	
Good	100	18	2	120
Sufficient	25	50	5	80
Less	5	2	15	22
Total	130	70	22	222

p value 0,001

Mothers with less family support tend to have poor complementary feeding practices. The results of the **Chi-Square test** showed that there was a significant

relationship between family support and complementary feeding practices (p-value 0.001 <0.05) in infants aged 6-12 months. Mothers who received family

support were more likely to provide complementary feeding in accordance with WHO and Indonesian Ministry of Health standards. Family support includes emotional, instrumental, informational, and assessment aspects.

Discussion

Relationship between Family Support and Complementary Feeding Practices.

The results of this study indicate that family support has a significant relationship with the practice of providing complementary feeding to infants aged 6-12 months (p-value $0.001 < 0.05$). Good family support increases the likelihood of mothers providing complementary feeding in accordance with the recommendations of WHO and the Indonesian Ministry of Health. This finding is in line with research by which states that mothers who receive emotional and instrumental support from their families are more likely to provide complementary feeding according to guidelines. Family support, especially from husbands and grandmothers, can help mothers overcome obstacles such as limited time, choosing nutritious food ingredients, and understanding cleanliness in preparing complementary feeding (Oktalina et al., 2016).

This finding is also in line with research by (Zadrak Tombeg et al., 2022). which shows that there is a significant relationship between knowledge,

maternal attitudes, and family support with the accuracy of providing complementary feeding. This study emphasizes the importance of the role of the family in supporting mothers to provide complementary feeding on time and according to standards. According to (Rilyani, Wahyu Karhiwikarta, 2020). family support includes emotional, instrumental, informational, and assessment support. These four aspects were found in this study, where mothers who have emotional support from their families feel more confident in providing complementary foods, while instrumental support helps in the provision of food ingredients and the preparation process for complementary foods. Research by (Subkhi Mahmasani, 2020) also showed a relationship between family support and early provision of complementary foods to infants aged 7-12 months. The results of the statistical test showed a significant p-value = 0.012, which indicated that family support plays an important role in the practice of providing complementary foods. The researcher's assumption is that family support is the main factor in the success of the practice of providing complementary foods. Mothers who receive emotional, instrumental, informational, and assessment support from their families tend to have better practices in providing complementary foods (Ekasari, 2018). Lack of family support can cause delays or inaccuracies in providing complementary foods, which

has an impact on the nutritional status of infants.

Practices of Providing Complementary Foods by Mothers.

Most mothers in this study provided complementary foods at the right age (6 months) and with the appropriate types of food. However, there are still mothers who provide complementary foods earlier or later than recommended. According to (Budaya, 2025) complementary feeding must meet the principles of timely, nutritious, safe, and given in an appropriate manner. A study by (Hapsari W, Masruroh, 2019) showed that mothers with a good understanding of complementary feeding are more likely to provide food that meets nutritional and hygiene standards. Research by (Rilyani, Wahyu Karhiwikarta, 2020) found that the provision of complementary feeding that is not timely still occurs, and this is related to the lack of maternal knowledge and minimal family support. Therefore, education involving families is important to ensure appropriate complementary feeding practices (Azizah et al., 2022). The results of this study also found that there are still mothers who provide excessive instant complementary feeding, which potentially contains additives such as sugar and salt that are not recommended for babies. This is in line with research by (Helianty; Ibrahim, Siti Aqma; Dahrianti, 2023) which shows that

economic factors and access to information are obstacles in choosing the right complementary feeding. Although most mothers in this study provided complementary feeding at the right age (6 months), there were still mothers who provided complementary feeding earlier or later than recommended. This can be influenced by the level of maternal knowledge and family support. The researcher's assumption is that the level of family knowledge and awareness still needs to be improved. Although most mothers provide PPC-BM according to standards, inappropriate practices are still found, such as early provision of PPC-BM or excessive use of instant (Apriani et al., 2022). This shows that there is still a gap in family education regarding the importance of PPC-BM according to WHO and the Indonesian Ministry of Health recommendations.

Implications

Implications of Research Results for Pediatric Nursing and Health Policy Based on the results of this study, there are several implications that need to be considered in pediatric nursing practice and health policy:

a. Family-Based Education

Education programs must involve all family members, especially husbands and grandmothers, to increase understanding of the importance of standard complementary feeding. The home visit and family counseling approach can be applied by community nurses and midwives to ensure family support in

providing complementary feeding. The researcher's assumption is that cultural and socio-economic factors still influence the practice of providing complementary feeding. Family traditions and hereditary habits still influence the pattern of providing complementary feeding, including the timing of giving and the types of food chosen. Economic factors also play a role in the affordability of nutritious food for complementary feeding, which can affect the quality of infant nutritional intake.

b. Strengthening the Role of Health Post Cadres and Health Workers

Training for health post cadres to provide intensive assistance to mothers regarding evidence-based complementary feeding practices. Provision of educational media such as leaflets, booklets, and interactive videos so that mothers and families better understand the correct complementary feeding standards. The researcher's assumption is that health post cadres and health workers have a strategic role in improving the quality of PPC-BM provision. Mothers who receive education from health workers and health post cadres are more likely to understand and implement PPC-BM provision practices that meet standards. Therefore, community-based interventions that involve families in PPC-BM education can increase the effectiveness of maternal and child health programs.

c. Evidence-Based Health Policy

The Health Office can develop community-based intervention programs, such as classes for mothers and toddlers that involve families in PPC-BM provision practices. Strengthening regulations related to restrictions on the use of instant PPC-BM and promoting homemade PPC-BM that are more nutritious and safe. The researcher's assumption is that family-based interventions are needed to improve optimal PPC-BM provision practices. Education programs should not only focus on mothers, but should also involve husbands, grandmothers, and other family members. Maternal and child health policies need to be strengthened, including in providing access to information and promoting healthy PPC-BM through digital media and direct counseling. Family support plays a crucial role in determining the success of PPC-BM provision that meets health standards. The results of this study confirm that the better the family support, the more optimal the practice of PPC-BM provision by mothers. Therefore, the role of health workers in improving family education is very necessary to support infant nutrition programs and reduce malnutrition rates in Indonesia.

Conclusion

Based on the results of the study on Family Support for the Practice of Providing Complementary Feeding to Infants Aged 6-12 Months at the Gulai

Bancah Health Center, Bukittinggi City, it can be concluded that: Family support has a significant relationship with the practice of providing complementary feeding. Most mothers have provided complementary feeding at the right age and with the right type of food. The level of family support is correlated with the quality of complementary feeding practices. Suggestions for Health Workers and Health Centers, improve Family-Based Education, Health Centers and health post cadres need to hold special counseling for families (husbands, grandmothers, and other family members) about the importance of support in providing complementary feeding.

Health workers must provide individual and group counseling for mothers and their families regarding complementary feeding standards according to WHO and the Indonesian Ministry of Health. Suggestions for Further Researchers, conduct research using mixed methods (Mixed-Methods Research) with a qualitative approach to explore more deeply the mother's experience in providing PPC-BM and the dynamics of the family's role in the process.

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Disclosure of conflict of interest

There is no potential for any stakeholder to have a conflict of interest in this research.

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