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THE RELATIONSHIP OF MOTHER'S KNOWLEDGE WITH COMPOSITION TO FEEDING IN BABIES AGED 6-12 MONTHS DURING THE COVID -19 PANDEMIC AT YUSMALINDA MANGGA CLINIC, MANGGA VILLAGE KEC. STABAT

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ABSTRACT

Many mothers are afraid that their children will not get good nutrition because of the mother's lack of knowledge about complementary foods that are good for their babies, especially during the pandemic. So therefore A study was conducted to determine the relationship between mother's knowledge and the provision of complementary foods to infants aged 6-12 months during the COVID-19 pandemic, Yusmalinda Midwife Clinic, Mango Village, Kec. Stabat 2020. And also to know the giving of complementary food to babies aged 6-12 months during the covid -19 pandemic. The population taken in this study were mothers who had babies aged 6-12 months in the working area of the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat as many as 35 people. In this study, the sampling technique was carried out using a total sampling technique of 35 people. The research instrument used in this study was in the form of a questionnaire or questionnaire made by the researcher himself. The results of this study indicate that the majority of mothers' knowledge is good as many as 21 respondents and the minority of mothers' knowledge is less as many as 5 respondents. The majority of complementary feeding for infants aged 6-12 months was given by 25 respondents and the minority was not given as many as 10 respondents. There is a relationship between mother's knowledge and complementary feeding to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020.

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1. Introduction

In 2020, Indonesia was surprised by an outbreak of a new pneumonia that started from Wuhan, Hubei Province which then spread rapidly to more than 190 countries and territories. This outbreak was named coronavirus disease 2019 (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2). The spread of this disease has had a wide impact socially and economically. Currently, the spread of SARS-CoV-2 from human to human is the main source of transmission so that the spread becomes more aggressive. Transmission of SARS-CoV-2 from symptomatic patients occurs through droplets released when talking, coughing or sneezing (Ministry of Health, 2020)

During the COVID-19 pandemic, many parents were worried about preparing the right MP-ASI for babies, especially for choosing food ingredients that increase the immunity of babies and children when large-scale social restrictions (PSBB) were implemented. Complementary Foods for Mother's Milk (MP-ASI) are foods or drinks containing nutrients that are given to infants or children aged 6-24 months to meet nutritional needs other than breast milk. MP-ASI is food or drink other than breast

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milk that contains nutrients that are given to infants during the weaning period (complementary feeding) (Laurensi, 2017).

The process of optimizing growth and development and brain growth occurs in the first two years of life (Window of Opportunity). As for the beginning of life that is vulnerable to various nutritional problems, occurring in the first two years of life, it is necessary to pay attention to follow-up foods after breastfeeding, namely MP-ASI. Appropriate and good MP-ASI is food that can meet nutritional needs so that infants and children can grow and develop optimally. One of the causes of impaired growth and development of infants and children aged 6-24 months in Indonesia is the low quality of complementary feeding and the inappropriateness of time and nutrition provided so that some nutrients cannot meet energy needs (Black C et al, 2016).

The incidence of malnutrition in children can be caused by the mother's ignorance about the importance and how to properly give breast milk and complementary foods. This incident can be avoided if the mother has sufficient knowledge about the benefits of breastfeeding and complementary feeding for the maintenance of child nutrition. Inappropriate breastfeeding and complementary feeding will cause digestive problems and children's nutritional status. Based on the research that there is a relationship between the provision of complementary foods with the nutritional status of children. Other factors that can be related to the provision of complementary feeding include maternal education, income and support as well as traditions (Afriyani, 2016).

WHO issued a recommendation regarding the provision of MP ASI which includes 4 conditions, namely: firstly on time, meaning that MP ASI must be given when exclusive breastfeeding is no longer able to meet the nutritional needs of the baby. The second requirement is adequate, meaning that MP ASI contains energy, protein, and micronutrients that can meet the macronutrient and micronutrient needs of infants according to their age. The main meal should contain carbohydrates, animal protein, vegetable protein, fat and vitamins and minerals. It should also be ensured that MP ASI must contain iron which is really needed by babies. Because the iron content in breast milk at the age of 6 months has very little content so that it automatically cannot meet the baby's needs.

Heryanto (2017) said that the main obstacle to achieving exclusive breastfeeding and the correct use of breast milk is the lack of correct knowledge about complementary feeding. Giving MP-ASI correctly and correctly will support the baby's cognitive, psychomotor growth and develop good eating habits. Early complementary feeding affects children's intelligence level after adulthood and triggers obesity, hypertension and coronary heart disease.

Research conducted by Lestiarini (2020), the data were analyzed by correlation test to see the factors whose relationship showed that there was a relationship between knowledge and attitudes with complementary feeding behavior (P value = 0.001 and 0.015) and there was no relationship between education level and employment status with behavior of giving complementary foods to infants aged less than 6 months (P value = 0.425 and 0.134). So it can be concluded that the knowledge and attitudes of mothers and caregivers of toddlers can affect the provision of complementary foods to infants aged less than 6 months.

The results of another study conducted by Mar'ati (2021) showed that 3 respondents (8.82%) had knowledge of complementary feeding and 27 respondents (79.4%) did not comply with complementary feeding at the age of 0-6 months. The statistical test used is Chi-Square with a significant number a = 0.05, then X2 count (14.008)> X2 table (5.991) is obtained so that Ho is rejected. From the results obtained, it can be ignored that there is a significant relationship between mother's knowledge and complementary feeding in infants aged 0-6 months.

The results of Nababan's research (2018) of 59 respondents, most of them 32 (54.2%) have low education and 27 (45.8%) have good education. The results of the bivariate p-value of 0.003, there is a significant relationship about mother's education and knowledge with early breastfeeding supplementary feeding in infants under six months.

2. Research methods

2.1 Conceptual Framework and Research Variables

The conceptual framework in this study was prepared based on a literature review where researchers wanted to know the relationship between maternal knowledge and complementary

feeding to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020 with research objectives, the variables can be described as follows:

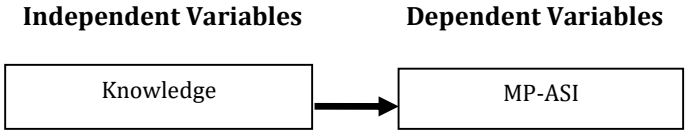

Figure 1. Research Concept Framework

2.2 Research Hypothesis

The hypothesis is a temporary answer that must be tested for truth in the research the proposed hypothesis is:

Ho : There is no relationship between mother's knowledge and complementary feeding to babies aged 6-12 months during the Covid-19 pandemic in IndonesiaAt the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat

Ha : There is a relationship between mother's knowledge and complementary feeding to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat

2.3 Types of research

This type of research is a descriptive study using a cross-sectional analytic study design. The purpose of the research is to determine the relationship between maternal knowledge and the provision of complementary foods to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020.

2.4 Place and time of research

The research will be carried out at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat . The research was carried out starting in September 2019

2.5 Population and Sample

The population taken in this study were mothers who had babies aged 6-12 months in the working area of the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat as many as 35 people.

In this study, the sampling technique was carried out using a total sampling technique of 35 people.However, researchers still optimize respondents as research objects to explore data. The sample criteria include inclusion criteria and exclusion criteria, where these criteria determine whether or not the sample can be used.

The inclusion and exclusion criteria in this study are:

a. Inclusion Criteria

Inclusion criteria are criteria where research subjects can represent in research samples that meet the requirements as samples (Notoatmodjo, 2016), namely:

1. Mothers who have babies aged 6-12 months
2. Domiciled in the work area at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat
3. Willing to be a respondent.
4. Can speak Indonesian

b. Exclusion Criteria

Exclusion criteria are criteria where research subjects cannot represent the sample because they do not meet the requirements as research samples (Notoatmodjo, 2016). The exclusion criteria for this study are as follows:

1. Mothers who don't have babies aged 6-12 months
2. NotDomiciled in the work area at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat
3. Not willing to be a respondent.
4. Can't speak Indonesian

2.6 Research Instruments

The research instrument used in this study was in the form of a questionnaire which was made by the researcher himself.According toArikunto (2016) research instruments are tools or facilities used by researchers in collecting data so that their work is easier and the results are better, more accurate, complete, and systematic so that they are easier to process.Thus, the use of research instruments is to find complete information about a problem, natural or social phenomenon.

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Science Midwifery

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The instrument used in this study was about smoking behavior and the incidence of bronchitis. To facilitate the analysis, a score (scoring) is given to each answer for the independent and dependent variables on each instrument as follows:

1. Knowledge Questionnaire

According to Arikunto (2016), the research instrument is a tool when research uses a method. The data collection tool used in this study is a questionnaire about knowledge where the questionnaire consists of 10 statements. The scoring criteria:

a. Score 1 if you answer yes
b. Score 0 if you answer no

2. MP-ASI Questionnaire

Questionnaire about MP-ASI from 10 statements. The scoring criteria:

c. Score 1 if you answer yes
d. Score 0 if you answer no

2.7 Method of collecting data

1. Data source

The source of data used in this study is primary data, namely:The data obtained by researchers directly from the first hand. Obtained by the results of the visit survey and the results of interviews with respondents.

2. Consent to Become a Researcher Respondent

The method of collecting data is carried out through two stages, namely the stage of preparing and the stage of implementing. The preparatory stage begins withprepare an instrument for data collection in the form of a questionnaire.The next stage is in the form of an administrative procedure, namely submitting an application to the Head of STIKes Putra Abadi Langkat Stabat to issue an application for permission to take data to the research site. If the application letter for permission to collect data has been given, the researcher submits an application for permission to carry out researchat the Yusmalinda Midwife Clinic, Mangga Village, Kec. stabat.If the research permit has been given, the next researcher asks permission from the researcherowner of the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabatthen convey the aims and objectives and then convey how long the research will be carried out.

The next stage is the implementation stage, namely when the author will take research data. Next, the writer will meet the respondents at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat and introduce yourself while explaining the purpose of the study, the benefits of the study, and the technique of filling out the questionnaire. The next step is the author asks nurses to sign an informed consent as evidence of their willingness to cooperate and be involved during the research process.

2.8 Measurement Aspect

The measurement aspect used in this study is ka questionnaire to collect data from research subjects or respondents regarding knowledge and complementary feeding. Where for the aspect of measuring knowledge using an ordinal scale with a questionnaire measuring instrument with measuring results:

a. Good, if you get a score or value of 7-10
b. Enough, if you get a score or score of 4-6
c. Less, if you get a score or score 0-3

As for the measurement aspect of MP-ASI using an ordinal measuring scale with a questionnaire measuring instrument with measuring results where:

a. Awarded, if you get a score or score of 6-10
b. Not given, if you get a score or score 0-5

2.9 Data processing

After all the data was collected, the researchers processed the data through several stages, namely:

1. *editing,*is to evaluate the completeness and consistency of all respondents' answers to the questionnaire, so that there are no empty answers from respondents.
2. *coding,*The results of the answers to each question are coded according to the instructions to make it easier for researchers to process data.

3. *Tabulation*, is to facilitate data analysis, processing and drawing conclusions, the results of data collection are entered into the frequency distribution table.
4. *Entry*, enter all data into the computer by processing using computerized techniques

2.10 Vlidity Test andReliability Test

1. Validity test

Reliability can be defined as the stability, consistency, or reliability of a measurement and reliability concerns accuracy. The research instrument is declared to have a maximum reliability value when the tests carried out have consistent results when measuring what is to be measured. This means that the more reliable a test has requirements and the more valid the results of a test have the same results when retested (Sukardi, 2016).

2. Reliability Test

Validity test is a measurement that shows the validity of a measuring instrument or the extent to which a measuring instrument is able to measure what it is supposed to measure (Polit & Beck, 2016).The research instrument used in this study must be tested. The trial was conducted to determine the validity of the item scores aimed at determining the level of validity of the questions listed in the instrument. While the reliability test is carried out to prove the level of consistency or confidence in the questions.

Validity test was conducted to determine the level of validity of an instrument. An instrument is said to be valid if it is able to measure what is desired and can reveal data from the variables studied appropriately (Arikunto, 2016). To test the validity of the allegations using the SPSS product moment test program by looking for r counts for each question/statement item and then compared with r tables. It is said to be valid if r count > from r table (0.3610). Valid items are taken and invalid items are revised or replaced or discarded.

TABLE 1
RESULTS OF THE VALIDITY AND RELIABILITY OF THE KNOWLEDGE QUESTIONNAIRE

No	Knowledge	Validity test		Questionnaire	Reliability Test (Cronbach Alpha)	Questionnaire
		r count	*r table*			
1	P1	0.827	0.3610	valid	0.840	reliable
2	P2	0.825	0.3610	valid	0.840	reliable
3	P3	0.828	0.3610	valid	0.840	reliable
4	P4	0.844	0.3610	valid	0.840	reliable
5	P5	0.804	0.3610	valid	0.840	reliable
6	P6	0.832	0.3610	valid	0.840	reliable
7	P7	0.835	0.3610	valid	0.840	reliable
8	P8	0.816	0.3610	valid	0.840	reliable
9	P9	0.823	0.3610	valid	0.840	reliable
10	P10	0.815	0.3610	valid	0.840	reliable

TABLE 2
VALIDITY AND RELIABILITY TEST RESULTS OF MP ASI QUESTIONNAIRE

No	MP ASI	Validity test		Questionnaire	Reliability Test (Cronbach Alpha)	Questionnaire
		r count	*r table*			
1	P1	0.893	0.3610	valid	0.855	reliable
2	P2	0.833	0.3610	valid	0.855	reliable
3	P3	0.839	0.3610	valid	0.855	reliable
4	P4	0.851	0.3610	valid	0.855	reliable
5	P5	0.833	0.3610	valid	0.855	reliable
6	P6	0.839	0.3610	valid	0.855	reliable
7	P7	0.839	0.3610	valid	0.855	reliable
8	P8	0.830	0.3610	valid	0.855	reliable
9	P9	0.836	0.3610	valid	0.855	reliable
10	P10	0.842	0.3610	valid	0.855	reliable

2.11 Data analysis

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After all the data on the questionnaire was collected, then the data analysis was carried out through several stages. First, review the completeness of the respondent's identity and data and ensure that all answers have been filled in. Then the researcher classified the data by tabulating the data that had been collected. In this study data processing using a computer program.

Analysis of the data in this study using several techniques, namely:

a. Univariate analysis

Data analysis was carried out on research variables which were only used to produce distributions and percentages of each variable.

b. Bivariate analysis

To find out whether there is a relationship between the variables, this study uses the chi-square test.

An indicator that the data can be tested using the formula*X2*with Hypothesis criteria:

a. If x2 count > x2 table then Ho is rejected, Ha is accepted.
b. If x2 count < x2 table then Ho is accepted, Ha is rejected.

2.12 Ethical Considerations

In conducting the research, the researcher sees the need for a recommendation from the institution by submitting a permit application to the institution where the research is conducted. After obtaining approval, research is carried out by emphasizing research ethics issues including:

a. *Informant Consent*(Agreement)

Giving wide approval and explaining to respondents about the research objectives and research implementation procedures. If the prospective respondent is willing, the respondent is welcome to sign the Informed Consent but if the prospective respondent is not willing, then the prospective respondent has the right to refuse and has the right to resign during the data collection process.

b. *Anonymity*(Without a name)

This research does not pose a risk to the individual who is the respondent, both physical and psychological risks

c. *Confidential*(confidentiality)

Confidentiality of records regarding respondent data is maintained by not writing down the respondent's name on the instrument and the researcher destroys the research instrument after the research process is complete. The data obtained from the respondents are also only used for research purposes.

3. Results and Discussion

3.1. Univariate Analysis

The results of data collection from respondents through this studyaboutThe Relationship between Mother's Knowledge and Giving Complementary Foods to Infants Age 6-12 Months During the Covid -19 Pandemic At the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020 denbro, the number of respondents is 35 peoplecan be presented in the form of a table as follows:

TABLE 3
FREQUENCY DISTRIBUTIONMOTHER'S KNOWLEDGE AT THE YUSMALINDA CLINIC, MANGGA VILLAGE, KEC. STABAT YEAR 2020 (N=35)

No	Mother's Knowledge	Frequency (f)	Percentage(%)
1	Well	21	60.0
2	Enough	9	25.7
3	Not enough	5	14.3
	Total	35	100

In table 3 it can be seen that of the 35 respondents the majority of mothers' knowledge was good as many as 21 respondents (60.0%) and the minority of mothers' knowledge was less as many as 5 respondents (14.3%).

TABLE 4

FREQUENCY DISTRIBUTIONGIVING MPASI TO INFANTS AGE 6-12 MONTHS AT THE YUSMALINDA CLINIC, MANGGA VILLAGE, KEC. STABAT YEAR 2020 (N=35)

No	Complementary feeding	Frequency (f)	Percentage(%)
1	given	25	71.4
2	Not Given	10	28.6
	Total	35	100

In table 4 it can be seen that of the 35 respondents the majority of complementary feeding to infants aged 6-12 months were given as many as 25 respondents (71.4%) and the minority were not given as many as 10 respondents (28.6%).

3.2 Bivariate Analysis

TABLE 5
FREQUENCY DISTRIBUTIONTHE RELATIONSHIP BETWEEN MOTHER'S KNOWLEDGE AND GIVING COMPLEMENTARY FOODS TO INFANTS AGE 6-12 MONTHS DURING THE COVID -19 PANDEMIC AT THE YUSMALINDA MIDWIFE CLINIC, MANGGA VILLAGE, KEC. STABAT 2020 (N=35)

No	Knowledge	Complementary feeding				Total		*p.value*	*df*
		given		Not Given					
		n	%	n	%	n	%		
1	Well	17	68.0	4	40.0	21	60.0	0.000	
2	Enough	6	24.0	3	30.0	9	25.7		
3	Not enough	2	8.0	3	30.0	5	14.3		
	Total	25	100	10	100	35	100		

Based on table 4.3 it can be seen that from 35 the majority of complementary feeding to infants aged 6-12 months were given with good knowledge as many as 17 respondents (60.0) and the majority of complementary feeding to infants aged 6-12 months were not given with less knowledge as many as 4 respondents (40,0).

The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and df = 2, the results are p.value = 0.000 at df = 2 where sig < (0.000< 0.05) then H0 is rejected, so it can be concluded that there is a relationship between maternal knowledge and complementary feeding to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020.

3.3 Discussion

3.3.1 Frequency DistributionMother's Knowledge at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020 (n=35)

The results showed that of the 35 respondents the majority of maternal knowledge was good as many as 21 respondents (60.0%) and the minority of mothers' knowledge was less as many as 5 respondents (14.3%). Knowledge is the result of "knowing" that occurs after people sense a certain object, especially through the eyes and ears. If someone can answer questions about a particular field fluently, both orally and in writing, it can be said that he knows the field. A set of verbal answers given by the person is called knowledge (Notoadmojo, 2016).

Research conducted by Lestiarini (2020), the data were analyzed by correlation test to see the factors whose relationship showed that there was a relationship between knowledge and attitudes with complementary feeding behavior (P value = 0.001 and 0.015) and there was no relationship between education level and employment status with behavior of giving complementary foods to infants aged less than 6 months (P value = 0.425 and 0.134). So it can be concluded that the knowledge and attitudes of mothers and caregivers of toddlers can affect the provision of complementary foods to infants aged less than 6 months. The researcher assumes that of the 35 respondents the majority of mothers' knowledge is good as much as 21. This is because the respondents have heard and received a lot of information regarding the provision of complementary foods.

3.3.2 Frequency DistributionGiving MPASI to Infants Age 6-12 Months At the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020 (n=35)

The results showed that of the 35 respondents the majority of complementary feeding to infants aged 6-12 months was given by 25 respondents (71.4%) and the minority was not given as many as 10 respondents (28.6%). MP-ASI is an abbreviation of complementary food for ASI, which is additional food given to babies other than breast milk (Air Susu Ibu) when breast milk alone cannot cover the nutritional needs of children for optimal growth and development (Hanindita, 2019).

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The incidence of malnutrition in children can be caused by the mother's ignorance about the importance and how to properly give breast milk and complementary foods. This incident can be avoided if the mother has sufficient knowledge about the benefits of breastfeeding and complementary feeding for the maintenance of child nutrition. Inappropriate breastfeeding and complementary feeding will cause digestive problems and children's nutritional status. Based on the research that there is a relationship between the provision of complementary foods with the nutritional status of children. Other factors that can be related to the provision of complementary feeding include maternal education, income and support as well as traditions (Afriyani, 2016).

The results of another study conducted by Mar'ati (2021) showed that 3 respondents (8.82%) had knowledge of complementary feeding and 27 respondents (79.4%) did not comply with complementary feeding at the age of 0-6 months. The statistical test used is Chi-Square with a significant number a = 0.05, then X2 count (14.008)> X2 table (5.991) is obtained so that Ho is rejected. From the results obtained, it can be ignored that there is a significant relationship between mother's knowledge and complementary feeding in infants aged 0-6 months. Researchers assume that the majority of complementary feeding to infants aged 6-12 months is given as much as 25. This is because respondents already understand how to fulfill nutrition in infants.

3.3.3 Frequency DistributionThe Relationship between Mother's Knowledge and Giving Complementary Foods to Infants Age 6-12 Months During the Covid -19 Pandemic At the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020 (n=35)

The results showed that using a significant level of 0.05 and statistical test results showed that there was a relationship between maternal knowledge and the provision of complementary foods to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020 with a significant value of 0.000 < 0.05.

The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and df = 2, the results are p.value = 0.000 at df = 2 where sig < (0.000< 0.05) then H0 is rejected, so it can be concluded that there is a relationship between maternal knowledge and complementary feeding to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020.

The process of optimizing growth and development and brain growth occurs in the first two years of life (Window of Opportunity). As for the beginning of life that is vulnerable to various nutritional problems, occurring in the first two years of life, it is necessary to pay attention to follow-up foods after breastfeeding, namely MP-ASI. Appropriate and good MP-ASI is food that can meet nutritional needs so that infants and children can grow and develop optimally. One of the causes of impaired growth and development of infants and children aged 6-24 months in Indonesia is the low quality of complementary feeding and the inappropriateness of time and nutrition provided so that some nutrients cannot meet energy needs (Black C et al, 2016).

WHO issued a recommendation regarding the provision of MP ASI which includes 4 conditions, namely: firstly on time, meaning that MP ASI must be given when exclusive breastfeeding is no longer able to meet the nutritional needs of the baby. The second requirement is adequate, meaning that MP ASI contains energy, protein, and micronutrients that can meet the macronutrient and micronutrient needs of infants according to their age. The main meal should contain carbohydrates, animal protein, vegetable protein, fat and vitamins and minerals. It should also be ensured that MP ASI must contain iron which is really needed by babies. Because the iron content in breast milk at the age of 6 months has very little content so that it automatically cannot meet the baby's needs.

During the COVID-19 pandemic, many parents were worried about preparing the right MP-ASI for babies, especially for choosing food ingredients that increase the immunity of babies and children when large-scale social restrictions (PSBB) were implemented. Complementary Foods for Mother's Milk (MP-ASI) are foods or drinks containing nutrients that are given to infants or children aged 6-24 months to meet nutritional needs other than breast milk. MP-ASI is food or drink other than breast milk that contains nutrients that are given to infants during the weaning period (complementary feeding) (Laurensi, 2017).

The results of Nababan's research (2018) of 59 respondents, most of them 32 (54.2%) have low education and 27 (45.8%) have good education. The results of the bivariate p-value of 0.003, there is

a significant relationship about mother's education and knowledge with early breastfeeding supplementary feeding in infants under six months.

Based on this, the researcher can assume that the better the knowledge a mother has, the better the mother's behavior in caring for her baby, especially in providing nutrition or complementary foods (MPASI) for her baby that is appropriate and in accordance with her age during the COVID-19 pandemic which must be maintaining health and fulfilling good nutrition so that you are always healthy and protected from the covid-19 virus. But on the contrary, if the mother's knowledge is lower or less knowledgeable, the mother's behavior in caring for her baby will be low or less, especially in providing nutrition or complementary foods (MPASI) for her baby that is appropriate and in accordance with her age and it cannot be denied if the nutrients in the body are weak or according to it is possible to contract the covid-19 virus.

4. Conclusion

The majority of mothers' knowledge is good as many as 21 respondents and the minority of mothers' knowledge is less as many as 5 respondents. The majority of complementary feeding for infants aged 6-12 months was given by 25 respondents and the minority was not given as many as 10 respondents. There is a relationship between mother's knowledge and complementary feeding to infants aged 6-12 months during the Covid-19 pandemic at the Yusmalinda Midwife Clinic, Mangga Village, Kec. Stabat Year 2020.

For mothers, this research is expected to provide information to mothers on how important complementary foods are for babies in order to increase immunity and maintain health during the COVID-19 pandemic. For educational institutions, this research is expected to be a new reference to increase knowledge about the provision of complementary foods during the COVID-19 pandemic. For the Research Place, this researcher is expected to be able to provide information and contribute to BPS owners on the importance of a mother's knowledge of giving complementary foods during the COVID-19 pandemic to improve infant health and immunity. For further research, the results of this study are expected to be used as basic data and references. for further research to conduct research with different types of research and variables.

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