Original Article

DOI: http://dx.doi.org/10.30867/action.v8i2.656

Family supports and maternal factors of complementary feeding selfefficacy for children aged 6-24 months

Pages: 176 - 185

Dukungan keluarga dan faktor maternal terhadap self-efficacy ibu dalam pemberian MP-ASI anak usia 6-24 bulan

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Article History:

Received: August 28, 2021; Revised: July 26 through August 31, 2022; Accepted: September 10, 2022; Published: June 2, 2023.

Publisher:



Politeknik Kesehatan Aceh Kementerian Kesehatan RI

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Abstract

Maternal self-efficacy in parenting is often associated with complementary feeding practices. Maternal and external factors influence the level of maternal self-efficacies. This study aimed to measure the relationship between family supports and maternal factors with complementary feeding self-efficacy for children aged 6-24 months. The survey research has a cross-sectional design. The research subjects were 74 mothers who were selected using simple random sampling. Data collection was carried out in the work area of Kalirungkut Public Health Centers for one month. Family support variables, maternal factors, and maternal self-efficacy were collected using a questionnaire, and then the data on each variable was processed by editing data, coding, and tabulating. The data analysis with Chi-square test and logistic regression on 95% CI. The results of this study were that age (p=0,872), parity (p=0,660), knowledge (p=0,252), informational (p=0,135), and instrumental support (p=1,000) were not related to maternal self-efficacy. There was a significant relationship between education (p=0,040), emotional (p=0,027), and appraisal support (p=0,020) with maternal self-efficacy. Appraisal support is the dominant factor affecting children's complementary feeding self-efficacy (p<0,05; OR=3,711). The conclusion is that education, emotional support, and appraisal support are significantly related, and appraisal support affects complementary feeding self-efficacy.

Keywords: Family support, complementary feeding, self-efficacy

Abstrak

Kepercayaan diri ibu dalam mengasuh anak sering dikaitkan dengan praktik pemberian makanan pendamping ASI (MP-ASI). Tingkat kepercayaan diri ibu dapat dipengaruhi oleh faktor internal atau maternal dan eksternal atau lingkungan. Tujuan penelitian untuk mengukur hubungan dukungan keluarga dan faktor maternal dengan self-efficacy ibu dalam pemberian MP-ASI anak usia 6-24 bulan. Penelitian survei berdesain cross sectional. Subyek sebanyak 74 ibu dipilih menggunakan simple random sampling. Pengambilan data dilakukan di wilayah kerja Puskesmas Kalirungkut selama satu bulan. Data primer vaitu variabel dukungan keluarga, faktor maternal, dan self-efficacy ibu dikumpulkan menggunakan kuesioner kemudian data pada setiap variabel diolah dengan melakukan pengeditan data, coding, dan tabulasi data. Analisis data menggunakan uji Chi-square dan regresi logistik pada CI 95%. Hasil menunjukkan usia (p=0,872; OR 1,165), paritas (p=0,660; O R 1,429), pengetahuan (p=0,252; OR 2,946), dukungan informasional (p=0,135; OR 2,375), dan instrumental (p=1,000; OR 1,011) tidak berhubungan dengan self-efficacy ibu. Terdapat hubungan signifikan antara pendidikan (p=0,040; OR 3,856), dukungan emosional (p=0,027; OR 3,450), dan penilaian (p=0,022; OR 3,711) dengan self-efficacy ibu. Faktor dominan yang berpengaruh terhadap self-efficacy ibu dalam pemberian MP-ASI balita adalah dukungan penilaian (p<0.05; OR=3,711). Kesimpulan, pendidikan, dukungan emosional, dan penilaian berhubungan signifikan serta dukungan penilaian berpengaruh terhadap self-efficacy ibu dalam pemberian MP-ASI.

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Introduction

Malnutrition can be the leading cause of death. According to the World Health Organization, malnutrition is a medical condition caused by insufficient intake of nutrients, so there is a lack of macro or micro micronutrients in the body. (WHO, 2021; Alamsyah et al., 2017). Malnutrition can be a risk factor for giving early complementary feeding.

Early of complementary feeding can result in digestive disorders because the digestivetion system is still weak and is perfect for digesting food, resulting in a lack of nutrients in the body that can inhibit the child's growth (Sulistiani, 2018). Another study found an 18,75-fold greater likelihood of weight gain in children who the age-appropriate obtained complementary feeding (Hardiningsih et al., 2020). The 2018 Riskesdas report showed that the prevalence of undernutrition dropped to 17.7%. However, the figure remains above the 2019 RPJMN target of 17% (Kemenkes, 2013; Kemenkes, 2018). Based on the 2021 SSGI data, under-national nutrition is 17%, while the prevalence of stunting babies has decreased from the 2019 SGBI data to 24,4% (Kemenkes RI, 2021).

Many nutritional problems in this age group indicate inaccuracies in the pattern of care. According to the World Health Organization (WHO), 60% of all child deaths are caused by direct or indirect malnutrition, and two-thirds are related to inadequate nutrition practices (Amperaningsih et al., 2018). Some problems that still often arise in giving complementary feeding include early complementary feeding, inadequate texture, and varied types of food (Kassa et al., 2016). Internal factors such as the mother's motivation in preparing food and confidence in giving the right diet can influence the practice in a better direction (Hendriyani et al., 2020).

Self-confidence, commonly called self-efficacy, is often associated with giving complementary feeding because the child's age is an opportunity to introduce healthy, nutritious, and balanced food. Parents must always try new things, which requires confidence and confidence to form good eating habits (Ernawati et al., 2016). High self-efficacy in the mother will make the mother more able to prepare and provide nutritious food for the child and the family and pay more attention to the kind of food consumed by the child (Duraccio et al., 2021). Researching

Barrett et al. (2016) found that mothers' self-efficacy affects the style and way they feed their children. In contrast, less caring patterns and the provision of food not following recommendations, such as low-nutrition foods that can lead to less nutritional status, can be caused by low self-confidence (Bahorski et al., 2019).

Some factors that can affect a mother's selfconfidence are maternal and environmental. Age is also often associated with motivation and selfconfidence. More mature age is linked to giving complementary feeding and a better child's health status (Kato et al., 2017). A lack of motivation in the mother can increase the risk of complementary improper feeding-giving practices (Ahmad et al., 2019). In addition to age. educational factors, knowledge, and parity also influence mothers' behaviour toward health. Low mother education can increase the risk of a higher proposition of a mother with less knowledge (Ahmad et al., 2019). When the mother has good knowledge, she will be more aware of the food she eats to satisfy her needs (Aii et al., 2016). Parties associated with the mother's experience caring for children also have a significant relationship with parents' selfconfidence. Self-effectiveness in primary mothers was lower than that of multiple mothers. Mothers with low parity have no experience, so they rely only on information from outside to enhance their knowledge about caring for children (Dol et al., 2021).

In addition to internal factors, external factors such as family support can influence the mother's decision to give complementary feeding (De Oliveira et al., 2016). A mother with a well-functioning family with positive interaction between family members will create good family support. The better the level of family functioning in supporting the mother, the better the mother's confidence in caring for the child (Meilasari, 2018).

Based on secondary data from the Surabaya City Health Service in 2019, Puskesmas Kalirungkut has a sufficiently high prevalence of less nutrition in babies and is included in the top five Public Health Centers (PHC) with the highest prevalence in Surabaya City. This research is important because the initial identification of any factors that play a role in increasing the prevalence of nutrition less in the work area of PHC still needs to be renewed to evaluate or

create an effective program. In addition, reviewed on the conditions of its territory, the size of Kalirungkut is a strategic area of the city. and obtaining health facilities is quite easy. However, the high prevalence of low nutrition is contradictory to the situation. According to research by Amperaningsih et al. (2018) performed in the Kota Baru PHC, the city of Lampung, the serious problem of nutrition in the age group indicates the lack of accuracy in the pattern of childcare in giving complementary feeding because of low self-efficacy. Therefore, associating several variables that may be the cause factor of one of them is family support that, is informational, emotional, instrumental, and assessment support is a novelty in this study.

Based on the above description, this study aims to measure the relationship between family support and maternal factor with the self-efficacy of mothers in giving complementary feeding to children aged 6-24 months in the work area of Kalirungkut PHC, Surabaya.

Methods

This study is an analytical observational study with cross-sectional design studies. The research was conducted in Puskesmas Kalirungkut City of Surabaya's work area from November 2020 until July 2021.

The research population is a mother with a child aged 6-24 months in the work area of Kalirungkut PHC Surabaya, which is Kelurahan Kalirongkut, Kedungbaruk, and Rungkut Kidul. The technique used for selecting subjects is simple random sampling. Subjects were calculated using a sample size formula for cross-sectional studies (Sharma et al., 2020). Based on the calculation, the study's total sample was 68 people. The inclusion criteria in this study are mothers with babies aged 6-24 months who have already been given complementary feeding, can write and read, and are willing to be respondents by signing informed consent. In contrast, the exclusion criterion is that the mother with a baby has a congenital disease that requires special treatment and fills the incomplete questionnaire.

Variables in the research consist of free variables, namely family support (informational support, assessment or appreciation, emotional, and instrumental), maternal factors (age, education, parity, and mother's knowledge of complementary

feeding), as well as bound variables, namely self-efficacy of mother in giving Complementary feeding to babies. The data that has been collected consists of primary data, which is the respondents' answers to the questionnaire and secondary data obtained from the data of the Municipal Health Service of Surabaya and Puskesmas Kalirungkut.

The questionnaires used in this study are the family support questionnaire, the knowledge questionary on Complementary feeding modified from Fitri (2016) and Desiyanti (2016), and the selfeffectiveness questionnaire granting feeding Complementary developed by the researchers. Family support questionnaires are used to assess the level of family support informational, assessment/rewarding. emotional, instrumental. In contrast, knowledge questionnaire is used to evaluate the respondent's level of knowledge about the correct complementary feeding in babies. The self-efficacy questionnaire evaluates mothers' self-efficacy in giving complementary feeding to babies.

The entire questionnaire has been tested for validity and reliability. The family support questionnaire consists of 15 statements three informational support statements, assessment/reward support statements, three instrumental support statements and five emotional support statements) using the Likert scale. It has a measurement categorized as less family support if the score < mean and good ≥mean. The knowledge questionnaire on complementary feeding consists of 13 valid Guttman scale statements. It is categorized as less knowledge if the percentage of the total value is < 33%, sufficient 33% - 66%, and good if >66%. mother self-efficacy questionnaire complementary feeding comprises 15 statements with alternative answers using the Likert scale 1-4. It is categorized as low self-efficacy if the total score is < mean and high self-effectiveness if the overall score is ≥mean.

The research data was analyzed using a chisquare test with a 95% confidence rate to analyze the relationship between family support and maternal factors with mothers' self-efficacy in giving complementary feeding to babies. The data is then also analyzed using logistical regression analysis to identify the free variables that influence the variables bound to the research. This research has passed the ethical test by the Research Ethics Commission of the Faculty of Dental Medicine of the University of Airlangga with Number 282/HRECC.FODM/VI/2021.

Result and Discussion

Characteristics of Respondents

The characteristics of respondents in this study can be seen in the following table.

Table 1. Characteristics of respondents

Characteristics	n	%
Mother's age		,,,
17 to 25 years	16	23,5
26 to 35 years	40	58,8
36 to 45 years	12	17,7
Education is		•
Lowly	3	4,4
Secondary	54	79,4
High	11	16,2
Paritas		
Primipara	22	32,4
Multipara	46	67,6
Working		
Working at Home	3	4,4
Working outside of the home	14	20,6
Not work	51	75,0
Living together		
With husband	39	57,4
With Mom's Family	23	33,8
By In-laws	6	8,8
Family income		
<rp4.200,000 -<="" td=""><td>54</td><td>79,4</td></rp4.200,000>	54	79,4
≥Rp 4.200,000 -	14	20,6
Knowledge of complementary		
feeding		
Enough	7	10,3
Well	61	89,7

Based on the results of the study in Table 1, it can be found that 58,8% of respondents are between 26 and 35 years of age. In addition, 79,4% of mothers succeeded in completing high school and secondary while the parity group 67,6% included the multi-par group. Most respondents are neither employed nor a housekeeper, and more than 50% live with their husbands and children alone, while based on income, 79,4% have low incomes. One of the maternal factors studied is the mother's level of knowledge about complementary feeding. Of the 70 mothers, 89,7% had good knowledge about complementary feeding, and the rest had sufficient knowledge of complementary feeding.

Family Support Relationship with Mother's Self-Efficacy in Giving Complementary Feeding

Chi-square testing on each independent variable with the self-efficacy variable of the mother is carried out to determine the relationship between the independent variables and self-efficacy in the provision of complementary feeding on the baby. The test results can be seen in Table 2.

Based on the Table 2, the relationship test results on each aspect of family support show that assessment (p= 0,022) and emotional support (p= 0,027) have a significant relationship with the mother's self-efficacy. In contrast, information support (p= 0,135) and instrumental support (p= 1,000) have no meaningful relationship with mother self-efficacy in the provision of complementary feeding in the work area of Kalirungkut PHC.

Family is the interaction between two or more individuals who have their respective roles and live in the same home due to a blood relationship, marriage, or adoption (Fauziah dan Latipun, 2016). Family can be said to be good when it can perform its functions well. Good family support can start with good knowledge and education because it can influence a person's mindset and expect to be able to provide good support to their family members (Ndore et al., 2017). The sources of family support can be divided into four aspects: informational support, assessment or reward, instrumental, and emotional.

Based on the research results presented in Table 2, there are two aspects of family support: assessment support and emotional support showing a significant relationship with mothers' self-efficacy in giving complementary feeding to babies. More than 50% of mothers with low self-efficacy get less judgmental and emotional support. Good emotional support from the family is a positive attitude that can give the mother the strength to take action because the support obtained can influence a person's actions (Saputri & Rohmawati, 2016). The results of previous studies concluded that the role of the family has a meaningful relationship in giving complementary feeding to the baby. Mothers who receive family support from mother-in-law or surrogate mothers tend to have a positive attitude towards childcare capabilities, a desire to follow the recommendations of nutritionists and child doctors, an interest in trying new things, and persistence in facing challenges in feeding children (Athavale et al., 2020).

Table 2. Variable support test results with self-effectiveness of mothers in complementary feeding

	Mother's Self-Efficiency in Giving					_			
Variable Independent	Lo	w	Н	igh	Total		p-value	OR	95% CI
	n	%	n	%	n	%			
Information support									
Less than	22	57,9	16	42,1	38	100	0,135	2,4	0,9-6,35
Well	11	36,7	19	63,3	30	100			
Assessment support									
Less than	25	61,0	16	39,0	41	100	0,022	3,7	1,3 – 10,5
Well	8	29,6	19	70,4	27	100			
Emotional support									
Less than	23	62,2	14	37,8	37	100	0,027	3,5	1,3 - 9,4
Well	10	32,3	21	67,7	31	100			
Instrumental support									
Less than	18	48,6	19	51,4	37	100	1,000	1,0	0,4 - 2,6
Well	15	48,4	16	51,6	31	100			

Assessment or reward support can be the reward of praise, thanks and other positive attitudes given to a person based on actual circumstances or on an achievement that has been achieved (Tan et al., 2017). Individuals who get positive things from the environment will have a more optimistic outlook and higher self-confidence. According to research by Anjarsari (2017) mother who receives assessment support or reward in the form of encouragement, praise, and other positive things for her actions gives exclusive breastfeeding so that the mother is confident not to give complementary feeding for less than six months.

Emotional support can be realized through trust, care, and attention. Good emotional support from the family, especially from the husband, is a positive attitude that can give the mother strength to take action because the support obtained will influence someone to action (Saputri & Rohmawati, 2016). Husbands or other family members may not make daily decisions about parenting and feeding their children. However, they are an important source of support to the mother, such as the mother feels more informed, the mother is calm and does not worry about continuing to take care of her child because of obtaining both material and psychological help from her husband (Listiyaningsih & Nirmasari, 2019). It can be seen from the success of the Exclusive Breastfeeding movement that has involved the role of fathers and families in the KP-ASI or the Supporting Group for Breastfeeding to support mothers giving whole milk to babies in Indonesia.

Maternal Factor Relationship with Mother's Self-Efficacy in Giving Complementary Feeding

The results of the test of the relationship between the variables of maternal factors, i.e., age, education, parity, and the level of knowledge about Complementary feeding, can be seen in the following table.

Based on the Table 3, the results of the chi-square test for the age variable (p= 0,872), parity (p= 0,669), and knowledge of complementary feeding (p= 0,252) did not show a significant relationship with the mother's self-efficacy in giving complementary feeding to infants (p-value> 0,05). The mother's educational variable (p= 0,040) is significantly related to the mother's self-efficacy in giving complementary feeding.

The maternal factor is a factor that is expected to have an influence on the selfefficacy of the mother in giving the appropriate complementary feeding. According Barnard's Theory, the characteristics of the mother, the baby's characteristics, and environmental factors can affect the mother's self-efficacy in interacting with the child. Based on the test results in Table 3, maternal education has a significant relationship with maternal selfeffectiveness in proper complementary feeding administration. According to research Azmoude et al. (2015), education significantly influences mothers' self-effectiveness postpartum. Mothers with a high level of education then align with the increase of mothers' confidence in caring for the child.

Table 3. Variable maternal	factor test with mother!	s self-effectiveness

Mother's Self-Efficiency in Giving									
Variable Independent	L	ow	Н	igh	To	otal	p-value	OR	95% CI
	n	%	n	%	n	%			
Age									
17 to 25 years	8	50,0	8	50,0	16	100	0,872	1,2	0,5 - 2,5
26 to 35 years	20	50,0	20	50,0	40	100	0,072	1,4	0,3 – 2,3
36 to 45 years	5	41,7	7	58,3	12	100			
Paritas									
Primipara	12	54,5	10	45,5	22	100	0,669	1,4	0,5 – 3,9
Multipara	21	45,7	25	54,3	46	100			
Education									
Lowly	3	100	0	0	3	100	0,040	3,9	1,0 - 14,3
Secondary	27	50,0	27	50,0	54	100	0,040	3,9	1,0 - 14,3
High	3	27,3	8	72,7	11	100			
The knowledge of									
complementary feeding							0,252	2.0	0,5 - 16,4
Enough	5	71,4	2	28,6	7	100	0,434	2,9	0,5 - 10,4
Well	28	45,9	33	54,1	61	100			

However, in research by Zheng et al. (2018), the influence of education on selfeffectiveness is only short-term because it will change in line with the many experiences of mothers and information obtained by mothers about the patterns of childcare. A mother with high self-effectiveness is related to her ability to prepare and provide nutritious foods for children and families and to feed the child better by following recommended foods rich in nutrients and exclusive breastfeeding (Duraccio et al., 2021). In addition, mothers with high selfeffectiveness also use pressure to eat less because this pressure can cause negative effects, that is, cause children to choose food, so selfefficacy is very necessary for mothers to determine strategies without putting more pressure on the child (Camfferman et al., 2019; Srimiati & Melinda, 2020).

In general, a person's level of education will influence the reception and processing of information obtained and can affect their response to something in their surroundings. Education is often associated with knowledge that is expected to be higher in the level of education of a person in line with the wider level of knowledge (Pramudianti et al., 2017). Higheducated mothers will be able to receive and process information from outside related patterns of caring in giving food to children, health, nutrition and others so that the more knowledge they have and mothers can practice it by applying good caring behaviour. Then it will be

capable of affecting children's good nutrition status (Numaliza & Herlina, 2018). It can be due to the pattern of care related to the will and ability of the mother to prepare, process, and provide food according to needs, so that when the mother's caring pattern is less, then the child is more likely to have a less nutritional status (Bahorski et al., 2019).

Other maternal factors studied were age, parity, and the mother's level of knowledge about complementary feeding. Based on the study results in Table 3, the three factors are not significantly related (p-value>0,05) to mothers' self-efficacy in providing complementary feeding babies. It can be expected because even if the mother is younger or older and the experience of having one or two children does not reduce the mother's perseverance and willingness to give the child the best complementary feeding. In line with research by Hong & Liu (2019), parents with two children (multipara) are still in doubt, and it is unclear whether the experience of caring for the first child will increase the mother's confidence.

The Most Influential Factors With Mother's Self-Efficacy in Giving Complementary Feeding

This study uses multivariate analysis, a logistical regression test with the Enter method. Before performing a logistical regression test on each independent variable collectively, each variable will be performed simple regression testing to

determine which variable is eligible to enter the multivariate model.

Previous bivariate analysis results have shown that age variables, parity, and instrumental support are not eligible for entry due to a p-value >0,25. Entry-worthy variables will be tested simultaneously. The multivariate model based on the regression test independent results can be seen in the following table.

Table 4. Results of multivariate independent variable testing with self-effectiveness in complementary feeding

Variable -	The I	Multivariate Mo	95%	95% CI OR		
	В	P	OR	Lower	Upper	
Knowledge	0,360	0,708	1,433	0,218	9,431	
Education	1,101	0,138	3,008	0,701	12,902	
Informational support	0,154	0,799	1,167	0,355	3,828	
Assessment support	0,975	0,098	2,651	0,835	8,417	
Emotional support	0,763	0,194	2,144	0,678	6,780	
Constantly	-5,984	0,047	0,003			
The Multivariate 2						
Knowledge	0,337	0,724	1,401	0,215	9,116	
Education	1,116	0,132	3,053	0,716	13,023	
Assessment support	1,012	0,077	2,752	0,898	8,433	
Emotional support	0,813	0,142	2,255	0,762	6,672	
Constantly	-5,857	0,049	2,255			
Multivariate Model 3						
Education	1,175	0,102	3,240	0,791	13,274	
Assessment support	0,813	0,142	2,254	0,763	6,660	
Emotional support	1,039	0,066	2,827	0,932	8,578	
Constantly	-5,038	0,005	0,006			
The Multivariate 4						
Education	1,280	0,066	3,597	0,918	14,92	
Assessment support	1,252	0,021	3,496	1,208	10,118	
Constantly	-4,380	0,009	0,013			
The Multivariate End Model						
Assessment support	1,311	0,013	3,711	1,315	10,471	
Constantly	-1,758	0,022	0,172			

The above test results showed that the variable that significantly influences the mother's self-efficacy in giving a complementary feeding baby is the support of assessment or reward (p-value = 0,013). An OR value of 3,711 means that mothers who receive good assessment or recognition support from the family are 3,710 times more likely to have high self-effectiveness in giving complementary feeding to babies than mothers less likely to receive support from the family.

In Table 3, it is shown that mothers who receive less assessment support than families have a lower self-effectiveness. In contrast, mothers that receive good evaluation support have a higher self-effectiveness in the accuracy of giving complementary feeding to babies. It shows that the family's support of judgment or

appreciation influences the mother's self-efficacy in preparing and giving complementary feeding. According to research by Trisetyaningsih et al. (2017), having family support can reduce anxiety and excessive stress in mothers without experience caring for children. Increased symptoms of depression in mothers can decrease the mother's function or readiness to take care of the child. It can reduce the motivation of mothers to continue to do or try to master tasks that are challenging in the future, such as the practice of giving complementary feeding (Fathi et al., 2018).

Research Ernawati et al. (2018) Finding a mother with good family support will also be more frequently visited posyandu. With a mother visiting Integrated Healthcare, it is expected that the growth and nutrition of the child will be

monitored well so that when there are nutritional problems can be detected earlier and prevent the occurrence of less nutrition in the child. The results show that family support indirectly plays a role in preventing undernourishment problems through increased self-efficiency in mothers.

Kalirungkut Public Health Centers (PHC) has formed and implemented several activities such as smart mother classes, post nutrition, and dissemination, which have the aim of improving knowledge and skills as well as preparing mothers in the practice of giving complementary feeding to children but are based on data reports in PHC still many inaccuracies in the giving of complementary feeding and one of the outputs is still high nutrition problems less and stunting found. In 2020, the research results at the Pegirian Municipality of Surabaya found that 22 out of 35 mothers gave early complementary feeding to their children. Giving complementary feeding early is because of the teachings of ancestors who are still held firm by mothers and many mothers who do not have enough time to pump breast milk at work. Some mothers still think the baby is not full and continue to cry if only milk is given (Lestiarini, 2020).

The limitation of the research is the presence of other variables that are not collected but quite influence the mother in doing the practice of giving complementary feeding in the present time, is the support of health care, environmental support such as friends, as well as the ability or intensity of the mother to use social media to find information about complementary feeding.

Conclusion

There is a significant relationship between educational variables, assessment or reward support, and family emotional support with mother's self-effectiveness in giving complementary feeding to babies aged 6-24 months. In addition, the results of the study also showed that the support of assessment or reward is the most influential factor on mothers' self-efficacy in giving complementary feeding to babies aged 6-24 months in the work area of Kalirungkut PHC.

Advice for implementing the program is from the Municipal Health Service of Surabaya. In the performance of education and health services, it is necessary to involve the family to

support the mother to increase the mother's confidence in caring for the child. It is hoped that mothers who have high self-effectiveness in caring for children, including giving complementary feeding accordingly, will be able to prevent the occurrence of hygiene problems in the child.

Acknowledgments

The research has been well conducted due to the help of various parties, and the researchers thanked Bakesbangpol Kota Surabaya, Surabaya City Health Service, Ayu Medokan Puskesmas, and Kalirungkut, who have given permission and good cooperation in the implementation of this research.

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