

OF THE EFFECT OF GIVING CUTTING BOARD MEDIA ON CHANGES IN BABY MOTHER AND ATTITUDE AT 6-12 MONTHS IN 2019

PENGARUH PEMBERIAN MEDIA TALENAN TERHADAP PERUBAHAN PENGETAHUAN DAN SIKAP IBU BAYI USIA 6-12 BULAN TAHUN 2019

Jumila Lobo¹, Laras Sitoayu², Prita Dhyani Swamilaksita³, Putri Ronitawati⁴, Nazhif Gifari⁵

Department of Nutrition, Faculty of Health Sciences, University of Esa Unggul

Jl. Arjuna Utara No. 9 Kebon Jeruk, Jakarta 11510

* jumilalobo3@gmail.com

ABSTRACT

Background: complementary food for breast milk is food or drink containing nutrients, given to infants or children aged 6-24 months to meet nutritional needs other than breast milk. Based on data from the Kebon Jeruk District Health Center in 2018 regarding data on nutritional status of infants under five there were 134 infants in the Puskesmas working area of South Kedoya Village and based on the data obtained it was found that there were 5 (3.73%) infants who were below the red line (BGM) consisting of 3 (2.23%) men and 2 (1.49%) women. Objective: to determine the effect of cutting board media on changes in knowledge and attitudes of mothers of infants aged 6-12 months in the work area of Puskesmas Kedoya Selatan Village, in 2019. Research Methods: Quasi-Experiments with the design of the pretest-posttest control group. The study was conducted in September 2018-February 2019. The population was 134. Samples were 58 people. Retrieving data with a questionnaire. The intervention was given once with cutting board media for 5 days. Statistical analysis using Paired Sample t-test, Independent Sample t-test, Wilcoxon, and Mann Whitney. Results: the average score of knowledge and attitudes of the intervention group had differences in knowledge ($p=0.0001$), attitude ($p=0.0001$), as well as in the control group there was an increase in knowledge ($p=0.0001$), attitude ($p=0.0001$). While the results of statistical tests in the intervention group and the control group to see the knowledge and attitudes of the two groups, found that knowledge in the intervention group and the control group had differences ($p=0.050.05$), but the results of the attitude statistical test in the two groups had no significant difference ($p=0.0.105$). Conclusion: There was an effect of giving cutting board media to knowledge in both groups, but there was no influence on attitudes between the two groups. Suggestion: The Puskesmas Kelurahan Kedoya Selatan can apply cutting board media as a new medium in the counseling and education process at the Kedoya Selatan Community Health Center.

Keywords: *Cutting Board, Capital Knowledge, Attitude Mother and Complementary feeding.*

ABSTRAK

Latar Belakang : Makanan Pendamping ASI adalah makanan atau minuman yang mengandung zat gizi, diberikan kepada bayi atau anak usia 6-24 bulan guna memenuhi kebutuhan gizi selain dari ASI. Berdasarkan data dari Puskesmas Kecamatan Kebon Jeruk Tahun 2018 mengenai data status gizi bayi balita terdapat 134 bayi yang berada diwilayah kerja Puskesmas Kelurahan Kedoya Selatan dan berdasarkan data yang diperoleh didapatkan bahwa terdapat 5 (3.73%) orang bayi yang berada dibawah garis merah (BGM) yang terdiri dari 3 (2.23%) orang laki-laki dan 2 (1.49%) orang perempuan. Tujuan: untuk mengetahui pengaruh pemberian media talenan terhadap perubahan pengetahuan dan sikap ibu bayi usia 6-12 bulan diwilayah kerja Puskesmas Kelurahan Kedoya Selatan, tahun 2019. Metode Penelitian: *Quasi-Eksperimen* dengan desain *pretest-posttest control group*. Penelitian dilakukan bulan September 2018-Februari 2019. Populasi berjumlah 134. Sampel sebanyak 58 orang. Pengambilan data dengan kuesioner. Intervensi diberikan satu kali dengan media talenan selama 5 hari. Analisis statistik menggunakan *Paired Sample t-test, Independent Sample t-test, Wilcoxon*, dan *Mann Whitney*. Hasil: rata-rata skor pengetahuan dan sikap kelompok intervensi ada perbedaan pengetahuan ($p=0.0001$), Sikap ($p=0.0001$), begitupun pada kelompok kontrol ada peningkatan pengetahuan ($p=0.0001$), Sikap ($p=0.0001$). Sedangkan hasil uji statistik pada kelompok intervensi dan kelompok kontrol untuk melihat pengetahuan dan sikap dari kedua kelompok, didapatkan hasil pengetahuan pada kelompok intervensi dan kelompok kontrol ada perbedaan ($p=0.0001$), tetapi pada hasil uji statistik sikap pada kedua kelompok tidak ada perbedaan yang signifikan ($p=0.105$). Kesimpulan : Ada pengaruh pemberian media talenan terhadap pengetahuan pada kedua kelompok, tetapi tidak ada pengaruh pada sikap antara kedua kelompok. Saran: Pihak Puskesmas Kelurahan Kedoya Selatan bisa mengaplikasikan media talenan sebagai suatu media baru dalam proses penyuluhan dan edukasi di Puskesmas Kelurahan Kedoya Selatan.

Kata Kunci : Media Talenan, Pengetahuan Ibu, Sikap Ibu, dan Makanan Pendamping ASI.

PRELIMINARY

The group of infants aged 6-12 months is one phase that greatly determines one's survival in the future. Age 0-24 months is a period of rapid growth and development, so often termed a golden period as well as a critical period, the golden period can be realized if at this time infants and children obtain appropriate nutritional intake for optimal growth and development, on the contrary if babies and children in this time does not obtain food according to nutritional needs, the golden period will turn into a critical period which will disrupt the growth

of infants and children, both at this time and in the future (Rahmawati, 2012).

Complementary food is a food transition from breast milk to family food. Recognition and administration of *complementary food* must be done in stages both in form and in number, according to the digestive abilities of the baby or child. *complementary food* for babies should meet the requirements, including energy value and high protein content, can be well received, the price is relatively cheap, and can be produced from locally available ingredients. *complementary food* for babies

should be nutrient-dense and not contain crude fiber and other ingredients that are difficult to digest as little as possible because crude fiber that is too much in number will interfere with digestion (Husna, 2012).

Giving additional food to babies is done by mothers if the mother's milk is given insufficient such as getting out a little or the breast is scratched when the mother gives formula milk or additional food as a pen for nutrition . The more information entered the more knowledge gained about health. Knowledge of mothers who are still lacking in the benefits of exclusive breastfeeding is very closely related to early *complementary food* administration. The knowledge domain is closely related to one's age and education level. Low or moderate level of education will affect the knowledge and understanding of respondents about low *complementary food* giving and vice versa the level of higher education and very high will make the knowledge and understanding of respondents about giving *complementary food* to infants aged 6-12 months better .

Cutting board media is a visual media (images) that can be used to convey educational or teaching material. This cutting board has advantages where the advantages of this media are that besides having text in the cutting board media, it also has images so that it can create a sense of beauty and increase understanding in learning, the information in this media is more detailed, more clearly. Easy to understand, and does not cause misperception. Based on data from the Kebon Jeruk District Health Center in 2018 regarding data on nutritional status of infants under five there were 134 infants in the Puskesmas working area of South Kedoya Village and based on the data obtained it was found that there were 5 (3.73%) infants who were below the red line (BGM)

consisting of 3 (2.23%) men and 2 (1.49%) women.

RESEARCH METHODS

This research was conducted in the working area of the Kedoya Selatan Village Health Center located at Jln. Kedoya Raya No. 47, Kelurahan Kedoya Selatan, Kebon Jeruk District, West Jakarta. This research was conducted in February 2019. The type of research used in this study is the *Quasy Experiment* research . In this study there was one treatment group and one control group, in which the treatment group will be given cutting board media, giving cutting board media to find out the effect of cutting board media on changes in knowledge and attitudes of the mother's *complementary food* before and after intervention. In this study the research design used was the design of the *pretest-posttest control group design* . The design of this study uses 2 times the *post test* . It aims to minimize the influence from outside before the intervention. Therefore, the distance between the *pre - test* and the intervention in this study is just before the intervention. Then the distance between *posttest 1* and *posttest 2* is 5 days, and the *post test* is done for 15 minutes. The population in this study were mothers who had babies aged 6-12 months in the working area of the of South Kedoya Village sub-district health center , totaling 134 people. The sample in this study amounted to 58 people, the sampling technique in this study was conducted by *purposive sampling* , which is a sampling technique with a purpose not based on strata, group, or random , but based on certain considerations / goals. This technique is carried out on certain considerations such as time, cost, energy, so it cannot take large and far samples . The data collected in this study are data regarding the number and name of the mother and also the names of children to be grouped into treatment groups

and control groups, then data collection on maternal characteristics was carried out

RESULTS

Characteristics of Respondents

Based on table 1 the age of respondents in the intervention group was in the category of early adults (20-35 years) as many as 27 (93.1%) and the lowest final adolescent category is 1 (3.4%). Whereas in the control group included in the early adult category as many as 24 (82.7%) and the lowest final adolescent category was 1 (3.4%). Education of respondents in the intervention group and the control group the average education level is 17 (58.6%) and 12 (41.3%). The work of respondents in both groups was housewives.

Differences in Knowledge Scores Before and After Intervention

There is a difference in the *mean* value of knowledge in the intervention group *Pre-test* and *Post-test2* namely 52.62 ± 10.54 to 64.00 ± 7.71 , in the control group *Pre-test* and *Post-test2* which was 59.72 ± 6.50 to 72.69 ± 8.08 , so there is a significant increase in knowledge scores in both groups. While the *mean* value of attitudes in the control group (*pre-test* and *post-test2*), namely in the intervention group attitude score 60.21 ± 11.75 to 70.31 ± 12.72 , and in the control group the initial score of 60.00 ± 11.76 to 75.69 ± 7.46 , so it can be concluded that there increase in attitude scores in the intervention group and the control group.

Knowledge Differences between Intervention Groups and Control Groups

including the child's name and mother's name.

Based on the results of the study there were differences in the value of knowledge in the intervention group and the control group $p = 0.0001$, it was known that the *mean* value in the intervention group and the control group was 64.00 ± 7.71 and 72.69 ± 8.08 .

Attitude Differences between Intervention Groups and Control Groups

Based on the results of the study, there were differences in attitude values in the intervention group and the control group $p = 0.0001$, and it was found that the *mean* values in the intervention group and the control group were 70.31 ± 12.72 and 75.69 ± 7.46 .

DISCUSSION

Based on characteristics

The research results show that respondents in the intervention group were included in the category of early adulthood (20-35 years) as many as 27 (93.1%) and the lowest category of late adolescents was 1 (3.4%). Whereas in the control group included in the early adult category as many as 24 (82.7%) and the lowest final adolescent category was 1 (3.4%). Education of respondents in the intervention group and the average control group with high school education were 17 (58.6%) and 12 (41.3%). The work of respondents in both groups was housewives.

The results showed that these mothers were still included in fertile women according to the distribution carried out by Basic Health Research (Riskesdas), which was between 15-49 years. According to Winarti (2014), the age of the mother is included in the adult category, therefore the mother's age can also affect the mother's knowledge and attitudes. This is obtained through daily experience beyond the educational factor. It can be said that age is one of the factors that can influence the mother's knowledge and attitude in doing things.

Then education, Education p someone is one of the behavior change process, the higher one's education will enrich the knowledge and attitude. The results of this study indicate that the lowest education of the respondents is SD (Elementary School), and on average the respondents with high school education (High School) who are guided by the provisions of the Ministry of National Education related to "9-year compulsory

education", high education can affect behavior mothers in feeding children, mothers who have higher education, are expected to have a better acceptance of the knowledge received so that it is expected to be practiced in the family.

Differences in Knowledge Scores in the Intervention and Control Groups

From the results of research conducted on 58 respondents in the Community Health Center area of South Kedoya Village which were divided into 2 groups, the control group and the intervention group obtained a description of the knowledge score about MP-ASI. Scores of respondents' knowledge about MP-ASI showed that in the intervention group there were significant differences in both the *pretest* results with *posttest 1* and *posttest 2* ($p = 0.0001$). Whereas in the control group there was no significant difference between the *pretest* and *posttest 1* but it occurred at *posttest 2* ($p = 0.0001$). This means that there is an increase in knowledge before and after being given intervention with cutting board media. Changes in knowledge in mothers can be influenced by several factors, one of which is through education and the provision of educational media.

This is in accordance with Kusumaningtyas (2011) research that there is a significant difference ($p < 0,000$) on the results of the *pretest* and *posttest* on maternal knowledge regarding the provision of good supplementary feeding for toddlers using the lecture method. This study is in line with Hartono's research (2015) showing an increase in knowledge scores at *pretest* and *posttest 1* increased by 3.72 points, this increase had a significant difference

between *pretest* and *posttest 1* ($p < 0.05$) then between *pretest* and *posttest 2* there was an increase in knowledge score of 2.44 points. Improved knowledge between *pretest* and *posttest 2* has a significant difference ($p < 0.05$).

Differences in Attitude Scores in the Intervention and Control Groups

From the results of the research that has been done, it is found that the respondent's attitude about ASI complementary food showed that in the intervention group there were significant differences in the *pretest* results with *posttest 1* ($p = 0.001$), as well as *Posttest 2* ad a significant difference ($p = 0.001$), whereas in the control group there was no significant difference between *pretest* and *posttest 1* but there was a significant difference in *posttest 2* ($p = 0.001$). means that with the intervention using cutting board media can increase the attitude of respondents about providing complementary breastfeeding in the working area of the Community Health Center in South Kedoya.

The increase in attitude in the intervention group seems to be supported by the active participation of participants or respondents in the intervention process and discussion of the cutting board media provided. Psychologically, by giving information repeatedly, people become not easy to forget and will always learn to correct their mistakes and no less important that the material will be more attached and can arouse the respondent to like an object which can then lead to motivation for the development of a positive attitude. Attitudes will also not be formed if the respondent is lacking in receiving the knowledge provided and there is no desire to do what has been learned.

This study was supported by Mulati's research, on the effect of counseling on

nutrition with leaflet aids on changes in knowledge and attitudes of mothers and nutritional status of children aged 2-5 years. The results of the statistical test obtained a Sig value of 0.043. Thus $p = 0.043 < 0.05$, which means that there are significant differences in the post-test results of mothers' attitudes in the contraceptive group with the treatment group. The results of this study showed that in the control group there was no difference between *Pretest* and *Posttest 1*. This can be because attitudes are not always influenced by knowledge. A person can have a good attitude even though he does not know the knowledge, reason or background of a chosen attitude properly and correctly.

Knowledge Difference Between Intervention Groups and Control Groups

The results of the study at the time of the *Pre-test* knowledge in the intervention group and the control group showed significant results $p = 0.013$ and at *post-test* results were obtained $p = 0.0001$. this can happen because the average knowledge of the two groups is good. Initial knowledge is a good predictor of knowledge. A person's prior knowledge before receiving an intervention determines how high the knowledge score increases after intervention (Oshagh *et al.* 2011). At the *pretest* attitude $p = 0.836$, which means that the respondent's initial attitude towards attitudes in the two groups was still lacking, as well as at the *post-test* results $p = 0.105$, so there was no effect of giving media to the attitude of the two groups. Knowledge and attitude according to Marisa (2014) are influenced by various factors, one of which is education or education. Education is one tool to produce changes in humans, because through education humans will be able to know everything that is not or has not been known before. Education is defined as a process with certain methods so that people

gain knowledge, understanding and ways of behaving according to their needs .

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of research and statistical tests conducted on the average knowledge and attitudes about ASI complementary foods in the intervention group and the control group showed an increase in the score of knowledge and attitudes after being given intervention with cutting board media. The results of the study obtained a significant score ($p = 0.0001$). That is, there are differences in the knowledge of respondents between the intervention group and the control group. It is recommended that the Community Health Center of South Kedoya Village be able to apply cutting board media as a new medium in the counseling and education process at the Kedoya Selatan Community Health Center.

READING LIST

- Adriyani, R. (2018). *Hubungan Pengetahuan Ibu Tentang MP-ASI Terhadap Waktu Pemberian MP-ASI pada Bayi*. Jurnal Penelitian Kesehatan. Vol. 9. No. 2.
- Agriati. (2011). *Hubungan Pengetahuan, Sikap dan Perilaku Ibu dalam pemberian MPASI*. Skripsi. Jakarta : UIN Syarif Hidayatullah. 2011.
- Almatsier, S (2001). *Gizi Seimbang Dalam Daur Kehidupan*. Jakarta : PT. Gramedia Pustaka Utama.
- Amperaningsih, Sari Aulia, Perdana (2018). *Pola Pemberian MP-ASI pada Balita Usia 6-24 Bulan*. Jurnal Kesehatan. Vol.9. No. 2.
- Antoni (2005). *Hubungan Pola Pemberian Makanan Pendamping ASI dengan*

Pertumbuhan dan Perkembangan Gerak Motorik Kasar Bayi 6-12 Bulan di Kecamatan Bermani Ulu Kabupaten Rejang Lebong. Jurnal Gizi Klinik Indonesia. Vol. 2. No. 2:60-68.

- Aprilina, Rahmawati (2018). *Hubungan Faktor Budaya dan Tingkat Pengetahuan Ibu Dengan Pemberian MPASI Dini*. Jurnal Health of Studies Vol 3, No. 2. September 2018. pp.47-55.
- Ariani, (2008). *Makanan Pendamping ASI (MP-ASI)*. Diakses 22 Desember 2008 dari <http://parentingislami./2008/05/27/makaan-pendamping-asi-mp-asi>.
- Arini, Sofianita, Ilmi (2017). *Pengaruh Pelatihan Pemberian MP ASI Kepada Ibu dengan Anak Baduta di Kecamatan Sukmajaya Kota Depok Terhadap Pengetahuan dan Perilaku Pemberian MP ASI*. Jurnal Kedokteran dan Kesehatan, Vol.13. No. 1, Januari 2017 .
- Arimurti, D. I. (2012). *Pengaruh Pemberian Komik Pendidikan Gizi Seimbang Terhadap Pengetahuan Gizi Siswa Kelas V SDN Sukasari 4 Kota Tangerang*. Skripsi. Jakarta: Program Studi Gizi, Fakultas Kesehatan Masyarakat, Universitas Indonesia.
- Arsyad, A. (2007). *Media Pembelajaran*. Jakarta: EGC.
- Azria, Husnah (2015). *Pengaruh Penyuluhan Gizi Terhadap Pengetahuan dan Perilaku Ibu Tentang Gizi Seimbang Balita Kota*

- Banda Aceh. Skripsi. Universitas Syiah Kuala.
- Chairani. (2013). *Alasan Ibu Memberikan Makanan Pendamping ASI (MPASI) Dini dengan Pendekatan Teori Health Belief Model di Wilayah Kerja Puskesmas Kec. Pesangrahan Jakarta Selatan*. Skripsi FKIK UIN. Jakarta.
- Damayanti, Fatonah (2016). *Hubungan Pola Pemberian Makanan Pendamping Asi dengan Status Gizi Balita Usia 6-24 Bulan pada Salah Satu Desa di Wilayah Lampung Timur*. Jurnal Keperawatan, Volume XII, No. 2, Oktober 2016.
- Depkes RI. (2006). *Pedoman Umum Pemberantas Makanan Pendamping Air Susu Ibu (MP-ASI) local*. Jakarta: diakses tanggal 13 November 2018 http://www.depkes/makanan_pendamping ASI.com
- (2004). *Pedoman Pemberantas Penyakit Diare*. Jakarta: Ditjen PPM dan PL.
- Fadjri K. (2017). *Pengaruh Pelatihan Pemberian Makanan Pada Bayi dan Anak Terhadap Keterampilan Konseling Dan Motivasi Bidan Desa*. Jurnal Action. Vol. 2. No. 2. Hal. 97-102.
- Hariani Endah, Amareta, Suryana (2016). *Pola Pemberian Asi dan Makanan Pendamping Asi Terhadap Grafik Pertumbuhan Pada Kartu Menuju Sehat (KMS)*. Jurnal Ilmiah INOVASI. Vol.1 No.1 Hal. 41-46. Edisi Januari-April 2016. ISSN 1411-5549.
- Heryanto (2017). *Faktor-faktor yang Berhubungan dengan Pemberian Makanan Pendamping ASI Dini*. Jurnal Ilmu Kesehatan 2:2017, Hal. 141-152.
- Hestuningtyas, T.R.2013. *Pengaruh Konseling Gizi terhadap pengetahuan, sikap,praktik ibu dalam pemberian makan anak dan asupan zat gizi anak stunting usia 1 - 2 tahun di kecamatan Semarang Timur*. Semarang: Fakultas Kedokteran Universitas Diponegoro. Artikel Penelitian.
- Husna, N. (2012). *Gambaran Pelaksanaan Konseling Pemberian Makanan Pendamping Asi di Wilayah Jakarta*. Skripsi. Serjana Keperawatan Fakultas Kedokteran dan Ilmu Kesehatan Universitas Islam Negeri Syarif Hidayatullah Jakarta.
- Jafar. (2015). *Pola Asuh Pemberian Makanan Pendamping Asi (MPASI) Pada Ibu Baduta Di Tanah Adat Kajang Ammatoa Kabupaten Bulukumba*. Jurnal MKMI, Desember 2013, hal 257-263.
- Juliyandari, Suyatno, Mawarni (2017). *Hubungan Karakteristik Ibu dan Perilaku Dalam Pemberian Mp-Asi Dini Dengan Pertumbuhan Bayi Usia 0-6 Bulan (Studi Di Wilayah Kerja Puskesmas Poncol Kota Semarang Tahun 2017)*. Jurnal Kesehatan Masyarakat (e-Journal) Volume 6, Nomor 4, Agustus 2018 (ISSN: 2356-3346).
- Kholid, A. (2012). *Promosi Kesehatan dengan Pendekatan Teori Perilaku*,

- Media Dan Aplikasinya*. Jakarta: PT. Raja Grafindo Persada.
- Kodyat. *Pokok-Pokok Kegiatan Program Perbaikan Gizi pada PJP II untuk Menanggulangi Masalah Gizi*. 1994.
- Kumalasari, dkk. 2015. *Faktor-faktor yang Berhubungan dengan Pemberian Makanan Pendamping ASI Dini*.
- Kusumaningtyas, Dyah Ambarini., 2011, *Pengaruh Penyuluhan Gizi terhadap Tingkat Pengetahuan Ibu Mengenai Pemberian Makanan Tambahan yang Baik untuk Balita*, Universitas Sebelas Maret, Surakarta.
- Manikyamba *et al.* 2015. *Impact of Nutritional Education on the Knowledge of Mothers regarding Infant and Young Child Feeding Practices*. *Scholars Journal of Applied Medical Sciences (SJAMS)* 2015: 3 (34):1074-1078. ISSN 2347-954X.
- Mauliku, Susilowati, Agustini. (2008). *Faktor-Faktor Yang Berhubungan dengan Pemberian Makanan Pendamping Asi Dini pada Bayi 6 - 12 Bulan di Desa Batujajar Barat Kecamatan Batujajar Kabupaten Bandung Barat Tahun 2008*. *Jurnal Kesehatan Kartika Stikes A. Yani*.
- Mufida, Widyaningsih, Maligan (2015). *Prinsip Dasar MP-ASI Untuk Bayi Usia 6-24 Bulan*. *Jurnal Pangan dan Agroindustri* Vol. 3 No 4 p.1646-1651. September 2015
- Nassar, S. (2013). *Makanan Pendamping ASI (MPASI)*. Jakarta : Ikatan Dokter Anak Indonesia.
- Nauli (2012). *Hubungan Pemberian MPASI Dini dengan Kejadian Penyakit Infeksi Pada Bayi 0-6 Bulan di Wilayah Kerja Puskesmas Sindar Raya Kec, Raya Kahen Kab. Simalungun*. Skripsi. FKM USU. Sumatra Utara.
- Nababan, Widyaningsih (2018). *Pemberian MPASI Dini pada Bayi ditinjau dari Pendidikan dan Pengetahuan Ibu*. *Jurnal Keperawatan dan Kebidanan Aisyiyah* ISSN 2477-8184. Vol 14, No. 1, Juni 2018, pp.32-39.
- Notoadmodjo, S. (2010). *Metodologi Penelitian Kesehatan*. Jakarta : PT Rineka Cipta
- Notoadmodjo, S. (2003). *Pendidikan dan Perilaku Kesehatan*. Jakarta : PT Rineka Cipta
- Perry, P.A. Potter (2005). *Buku Ajar Fundamental Keperawatan : Konsep, Proses, Dan Praktik*. Edisi 4. Volume 2. Alih bahasa : Renata Komalasari, dkk. Jakarta:EGC.
- Rahmawati, R. (2012). *Gambaran Pemberian MP-ASI pada Bayi berusia kurang dari 6 bulan di wilayah kerja puskesmas kecamatan Pesanggrahan Jakarta Selatan*. Skripsi. *Serjana Kesehatan Masyarakat Fakultas Kedokteran dan Ilmu Kesehatan Jakarta*.
- Rahmawati, Panunggal (2014). *Hubungan Pengetahuan dan Sikap Ibu dengan Perilaku Pemberian Makanan Anak Usia 12-24 Bulan*. *Journal of Nutrition College*, Volume 3, Nomor 1, Tahun 2014, Halaman 43 – 50.
- Saloso, I. (2011). *Pengaruh Media Audio (Lagu Anak-Anak) Dan Media Visual (Kartu Bergambar) Terhadap*

- Pengetahuan Gizi (PUGS Dan PHBS) Serta Tingkat Penerimaannya Pada Anak Usia Sekolah Dasar Negeri di Kota Bogor.* Skripsi. Bogor. Institut Pertanian Bogor.
- Sediaoetama, (2008). *Ilmu Gizi Untuk Mahasiswa dan Profesi Jilid 1.* Jakarta : Dian Rakyat.
- Sofiyana, Noer Ratna (2013). *Perbedaan Pengetahuan, Sikap dan Perilaku Ibu Sebelum Dan Setelah Konseling Gizi Pada Balita Gizi Buruk.* Journal of Nutrition College, Volume 2. Nomor 1, Tahun 2013, Halaman 136.
- Septiana, Djannah Nur, Djamil (2010). *Hubungan Antara Pola Pemberian Makanan Pendamping Asi (Mp-Asi) Dan Status Gizi Balita Usia 6-24 Bulan Di Wilayah Kerja Puskesmas Gedongtengen Yogyakarta.* Jurnal Kesmas Vol. 4.No. 2. Juni 2010 : 76 – 143.
- Sri (2016). *Peran Modul Mp-Asi dalam Perilaku Pemberian Mp-Asi pada Ibu Anak Bawah Dua Tahun (Baduta).* Jurnal Gizi Indonesia Vol. 5, No. 1, Desember 2016 : 26-33.
- Sugiyono (2013). *Statistika Untuk Penelitian.* Bandung : Alfabeta.
- Suyatno (2018). *Hubungan Pola Pemberian Mp-Asi dan Pola Asuh Gizi dengan Status Gizi Bayi Usia 6-23 Bulan, Studi Kasus Di Kelurahan Langensari, Kecamatan Ungaran Barat, Kabupaten Semarang.* Jurnal Kesehatan Masyarakat (e-Journal) Volume 6, Nomor 5, Oktober 2018 (ISSN: 2356-3346).
- Suhardjo (2009). *Survey Konsumsi Pangan.* Bogor: Pusat Antar Universitas Pangan dan Gizi, Institut Pertanian Bogor.
- Vaus, D.D. (2005). *Research Design In Social Research.* London: Sage Publications. Februari. Halaman 11-21.
- Waliyo, Marlenywati, Nurseha (2017). *Hubungan Pengetahuan Gizi dan Pola Pemberian Makanan Pendamping Asi Terhadap Status Gizi pada Umur 6-59 Bulan di Wilayah Kerja Puskesmas Selalong Kecamatan Sekadau Hilir Kabupaten Sekadau.* Jurnal Kedokteran dan Kesehatan, Vol.13, No. 1, Januari 2017.