

Complementary Feeding Practice: A Phenomenological Approach

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ABSTRACT

Inappropriate complementary feeding practices remain a prevalent issue in developing countries. Mothers need to possess both adequate knowledge and proper implementation of complementary feeding (MP-ASI) to support optimal child growth and development and to prevent disease and nutrient absorption disorders caused by inadequate complementary feeding. This study aims to explore mothers' experiences in practicing complementary feeding. A qualitative research design using a descriptive phenomenological approach was employed to investigate the lived experiences of mothers regarding complementary feeding practices. The study identified three major themes: (1) maternal knowledge about complementary feeding, (2) emotional experiences during the practice of complementary feeding, and (3) mothers' perceptions of the causes influencing complementary feeding practices. The findings suggest that maternal knowledge regarding complementary feeding remains relatively limited. Furthermore, mothers often experience feelings of worry, confusion, and stress while feeding their children, particularly when children refuse certain foods. These emotional responses are considered normal under such circumstances and are influenced by both direct and indirect factors affecting complementary feeding.

Keywords: Complementary Feeding, Feeding Practices, Infant and Young Child, Phenomenology

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INTRODUCTION

The age of 6–24 months represents the longest phase within the "first 1,000 days of life," known as the window of opportunity—a critical period for optimizing child growth and development and preventing malnutrition, including wasting, underweight, and stunting, as well as long-term health issues in adulthood (1).

The prevalence of stunting and underweight remains high in developing countries. In Indonesia, the prevalence of underweight increased from 11.9% (2013) to 14.4%, and stunting was recorded at 42.6%. East Nusa Tenggara (NTT) Province holds the highest rate of stunting in Indonesia at 42.6%, significantly above the national average of 30.8% (2).

The high number of malnourished children aged 6–24 months is closely related to inappropriate feeding practices. At this age, breast milk alone is insufficient to meet the energy and nutrient needs of infants, requiring supplementation through complementary feeding.

However, inappropriate feeding practices are still prevalent in developing countries. WHO reports indicate that less than one-quarter of children aged 6–23 months meet the minimum acceptable diet, including dietary diversity and meal frequency (3). Poor feeding practices are a significant contributor to malnutrition; approximately 32% of children under five are stunted, and 10% are wasted due to inadequate breastfeeding and complementary feeding.

The inadequacy of complementary feeding (MP-ASI) stems from multiple factors: (1) poor macro and micronutrient quality due to lack of food variety and low nutrient density; (2) inappropriate frequency, consistency, and portion size; and (3) poor food and water hygiene, including contamination, poor sanitation practices, unsafe food storage, and inadequate food preparation (4). These factors result in insufficient energy and nutrient intake among children.

East Nusa Tenggara Province has the highest percentage of malnourished toddlers in Indonesia (33%). The 2014 Total Diet Study found that 55.7% of toddlers received less than the recommended energy intake, and 23.6% received less than 80% of the recommended protein intake (5). The most vulnerable age for underweight and stunting is around two years, when children transition from breastfeeding to complementary foods (6).

A study by Elizabeth (2012) showed that protein-energy malnutrition not only affects low-educated families but also those with higher education, due to the early introduction of breast milk substitutes—even those with good protein quality (5). Inappropriate complementary feeding can result in malnutrition, increased susceptibility to infectious diseases, and impaired cognitive development. Issues include early or delayed initiation, inadequate nutritional content, and poor hygiene practices (7).

Based on observational studies, Semang Village is one of the areas with the highest number of malnourished and underweight toddlers in 2023, with 46 recorded cases. Many mothers in this village rely on instant porridge and formula milk, believing these to be sufficient, thus replacing the need to

cook. This pattern has become a common habit in the community. This phenomenon mirrors findings from Astuti (2021) in her study titled “Phenomenology of the Practice of Breastfeeding in Children with Malnutrition in the Ngadirojo Health Center Area, Pacitan Regency” (Rahmadani et al., 2016), which highlighted maternal internal and external factors influencing early complementary feeding.

Mothers’ knowledge encompasses aspects such as the type, timing, frequency, quantity, and preparation stages of MP-ASI. Family support, including from husbands and parents, also plays a significant role. Challenges in MP-ASI practices include children's boredom with food, feeding difficulties, and struggles with feeding regulation (10).

Therefore, a mother must balance practical skills and knowledge of MP-ASI to support optimal child growth and avoid nutritional deficiencies and disease due to poor complementary feeding practices (11). Based on this background, the researcher conducted a study titled “Phenomenology of Complementary Feeding Practices: A Case Study in Semang Village, West Manggarai Regency.”

The purpose of this study is to explore and understand the central phenomenon of complementary feeding practices. The phenomenological approach was chosen to gain an in-depth understanding of individual and collective experiences related to MP-ASI, interpreted within the context of the participants’ community. The specific objectives of this study are: to explore mothers’ knowledge of complementary feeding practices, to understand mothers’ emotional experiences during complementary

feeding, and to assess perceived causes that influence complementary feeding practices.

METHODS

This study employed a qualitative research design using a descriptive phenomenological approach to explore the experiences of mothers in practicing complementary feeding for children aged 6 to 24 months. The research was conducted in Semang Village, West Manggarai Regency, East Nusa Tenggara Province. This location was chosen due to its low exclusive breastfeeding coverage, which stands at only 60%, and a relatively high number of undernourished toddlers, totaling 46 cases. The study was carried out over a two-month period, from December 2023 to January 2024.

In qualitative research, sample size is not predetermined but rather guided by the principle of data saturation—when no new themes or information emerge from further data collection. In this study, seven participants were selected based on purposive sampling, which involves choosing informants deliberately based on specific characteristics relevant to the research objectives. The inclusion criteria for participants were: mothers with children aged 6–24 months, those who were willing to participate, directly involved in caring for their children, and able to express their experiences. Mothers who did not consent to participate were excluded from the study. Data saturation was achieved with the seventh participant, as no new information or themes were found, only repetition of existing data.

Data collection was conducted through in-depth interviews using a semi-structured interview guide developed according to the study objectives. Additional instruments used included an

audio recorder, notebooks, and writing tools. The interviews explored three main themes: mothers' knowledge of complementary feeding, their emotional experiences during feeding, and their perceptions of the causes influencing feeding practices.

To ensure the validity of the findings, triangulation was applied through both source triangulation and methodological triangulation. Source triangulation involved gathering information from different informants, including village midwives, nutritionists at the local health center, and integrated health post (Posyandu) cadres. Their perspectives were compared with those of the participant mothers. Methodological triangulation included the use of interviews, direct observation, and documentation.

For data analysis, the study employed Colaizzi's method, which involves identifying significant statements from the interview transcripts, formulating meanings, clustering themes, and describing the essence of participants' experiences. This approach allowed for a comprehensive understanding of the mothers' perspectives and the contextual factors influencing their complementary feeding practices.

RESULTS AND DISCUSSION

Participants consisted of seven mothers with babies aged 6 to 24 months. The participants' ages ranged from 20 to 45 years. They included both working and non-working mothers, with educational backgrounds varying from elementary school to undergraduate level. The average monthly family income of the participants was less than one million rupiah.

The characteristics of the children showed that the toddlers were aged

Table 1. Participant Characteristics

No	Participant	Mother's Education	Mother's Occupation	Child's Age (Months)
1	P1	Bachelor's degree	Housewife	11 months
2	P2	Elementary school	Housewife	9 months
3	P3	Bachelor's degree	Teacher	12 months
4	P4	Senior high school	Teacher	12 months
5	P5	Senior high school	Housewife	8 months
6	P6	Senior high school	Housewife	12 months
7	P7	Elementary school	Housewife	12 months

between 8 and 12 months, consisting of two girls and five boys. The children's weights ranged from 6.5 to 10 kilograms. Interviews with the mothers were conducted at their homes in relatively comfortable settings. However, in several instances, the interviews were temporarily paused due to the children becoming fussy and seeking their mothers' attention, and resumed once the environment was conducive.

This study identified three main themes related to mothers' experiences in practicing complementary feeding: maternal knowledge about complementary feeding, mothers' emotional experiences during complementary feeding, and perceptions of the factors influencing complementary feeding practices.

The analysis of maternal knowledge regarding complementary feeding revealed several sub-themes: understanding of the definition, types, quantity, and frequency of complementary feeding. These sub-themes were identified from the responses of three participants who were asked about the definition of complementary feeding. The results showed that the mothers demonstrated low levels of cognitive understanding, as evidenced by their lack of knowledge about the term "complementary

feeding," as shown in the interview excerpts below:

"I just heard about it. Is that MPASI porridge? If it's SUN porridge, I gave it only for two weeks." (P1)

"Complementary foods?? When I go to the integrated health post, I can't focus on the midwife's explanation because so many children are crying... hahaha. I've never heard of what complementary food is... maybe I've heard of 'additional food', but I never received it... hehe." (P6)

"Maybe I heard about MPASI, I forgot, or maybe I wasn't at the health post when they discussed it." (P2)

Meanwhile, participants P3, P4, and P5 described complementary feeding based on the age of introduction:

"I gave Yoel porridge when he was 5 months and 2 weeks old. I started giving it just to train him." (P3)

"Complementary feeding is for breast milk. When my child turned six months old, I gave porridge. Up until 11 months, I gave soft porridge, and by 12 months, I had introduced regular food." (P4)

"When he was just six months old, he didn't like porridge much. He only started eating porridge at eight months." (P5)

The analysis also identified a sub-theme related to the types of complementary food provided. These included SUN

porridge, white rice mixed with formula, rice with spinach, porridge with carrots, and quail eggs:

“When my child turned six months old, I gave SUN porridge for two weeks. I tried feeding him for a week, but he refused to eat. When I mixed the porridge with formula, he started eating. Now I give him hard rice with a bit of formula.” (P1)

“When he was six months old, I gave porridge, then soft porridge until 11 months, and regular food by 12 months. The complementary food included katuk leaves, spinach, carrots, and quail eggs — all things he liked.” (P4)

“The first food I gave Yoel was porridge and spinach, nothing else.” (P3)

The sub-theme of frequency revealed that mothers typically provided complementary food 3–4 times per day:

“I usually feed Tasya four times a day. If I give her bananas, it's only a little because she likes them. I usually give it in the morning and evening.” (P7)

The sub-theme of quantity showed that mothers gave between 1 and 5 spoonfuls per serving:

“Now I give hard rice mixed with a little formula. I give one spoon of rice and one scoop mixed with hot water — mostly rice.” (P1)

“My child eats a bowl of porridge but doesn't finish it — usually only three spoonfuls, and then he stops.” (P2)

“Sometimes two spoonfuls, sometimes five... eee.” (P6)

In summary, maternal knowledge on complementary feeding practices included the definition, types, frequency, and amount of food. According to the Ministry of Health (12), children aged 6–24 months require increasing amounts of nutrients that cannot be fulfilled by

breast milk alone. At this age, they experience rapid growth, are more active, and are at higher risk of infection, thereby increasing their nutritional needs (13).

The World Health Organization (WHO) (3) has published new Guidelines for Complementary Feeding for infants aged 6–23 months, replacing previous guidelines. These guidelines highlight seven important aspects: (1) continuing breastfeeding, (2) recommended types of milk, (3) timing of introduction, (4) food diversity, (5) avoidance of unhealthy foods, (6) nutritional supplements, and (7) responsive feeding.

This study identified that maternal knowledge of complementary feeding remains relatively low. According to Aprilia (14), knowledge influences attitudes only when it is applied. Maternal knowledge plays a vital role in improving children's health and nutritional status (15). Knowledge is a fundamental domain in shaping observable behavior (16).

Mothers' emotional experiences during complementary feeding were identified as psychological sub-themes, including feelings of worry, confusion, and stress, as shown in the statements below:

“I feel confused when my baby cries due to discomfort and refuses to eat. If I force it, he cries even more.” (P5)

“My 9-month-old child only wants to eat rice. It really stresses me out.” (P2)

Two participants also expressed worry about food choices:

“I worry because my child prefers rice with vegetable broth. If I give him fish, he gets itchy.” (P7)

“My one-year-old only wants rice and vegetables — no side dishes. I'm afraid this could lead to stunting again.” (P3)

This study found that maternal worry was still within the range of mild anxiety. Peplau's theory (17) supports this finding, stating that mild anxiety can actually increase motivation and creativity in mothers when feeding their children. Similarly, White (2022) (18) states that stress can lead to coercive or indulgent feeding practices, reflecting mothers' uncertainty and low confidence in managing their children's distress while maintaining emotional regulation (19).

This theme had two sub-themes: direct causes and indirect causes.

Direct causes were mentioned by four participants and included allergies to fish, eggs, and milk:

"I usually include eggs, but fish causes allergies — he reacts immediately." (P5)

"He only eats soft food. He also doesn't drink milk — it makes him vomit." (P6)

"Fish makes him itchy." (P7)

"He immediately gets itchy after eating eggs." (P2)

Indirect causes included food availability, cultural beliefs, illness, and economic hardship:

"Economic problems... so I just gave Zevan rice." (P1)

"People say wait until the baby is seven months old to start porridge. We follow what our ancestors say." (P2)

"The market is far, but thankfully we grow spinach and sweet potatoes at home." (P4)

Illness was another indirect cause, as reported by three participants:

"When he's sick, he won't eat — he only wants breast milk." (P6)

"He's had a long-lasting cough. When I gave him porridge, he vomited, so I gave him breast milk instead." (P3)

"When Azka has a cough and cold, he won't eat." (P1)

These findings confirm that allergies can contribute to picky eating behavior in children (20). Aryani (2021) (21) supports this, stating that food availability reflects dietary diversity. Having at least four food groups in a child's diet is linked to improved nutritional quality. The seven food groups include: (1) grains and tubers, (2) legumes, (3) dairy products, (4) meat, (5) eggs, (6) vitamin A-rich fruits and vegetables, and (7) other fruits and vegetables.

Family income is also linked to child growth — higher income typically results in better nutrition (22). A good economy and higher maternal education support healthier diets. In addition, eating habits within the family contribute to nutrition-related issues. According to research (23), these habits are shaped by a complex interaction of factors. Food practices are also influenced by cultural norms, beliefs, and taboos, all of which impact public health outcomes (24).

Finally, the physical environment plays a role in growth, including weather, geography, sanitation, home conditions, and radiation. Poor sanitation increases the risk of gastrointestinal infections, disrupting nutrient absorption and leading to malnutrition, which in turn impairs growth (25).

LIMITATIONS

One limitation of this study is the considerable distance between the respondents' homes, which made the data collection process time-consuming. Additionally, conducting the food recall required probing by the researcher, which further prolonged the interview process.

RESEARCH ETHIC

In this study, anonymity was upheld. The researcher informed all respondents that their identities would be kept confidential and disguised in the final research report.

CONFLICT OF INTEREST

There are no conflicts of interest in this research.

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CONCLUSION

This study identified three main themes: (1) an overview of mothers' knowledge regarding complementary feeding practices, (2) mothers' emotional responses during complementary feeding, and (3) factors contributing to inadequate complementary feeding.

The findings indicate that mothers' knowledge related to complementary feeding remains relatively low. Most mothers were unable to explain the definition of complementary foods and lacked understanding of key principles such as appropriate types, timing, and frequency.

Furthermore, mothers commonly experienced feelings of worry, confusion, and stress while feeding their children. These emotional responses are

natural, especially when children refuse food that is essential for their growth and development.

Mothers believed that their children's refusal to eat was due to food sensitivities, illness, economic challenges, and limited food availability. Based on these findings, it is recommended that mothers increase their knowledge of appropriate complementary feeding practices. Health workers are also encouraged to organize training sessions on complementary feeding during maternal and toddler health activities at integrated health service posts.

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