

Differences in the Nutritional Status of Infants Aged 7-12 Months Who Receive and Those Who Do Not Receive Exclusive Breastfeeding in Perning Village, Jetis District, Mojokerto Regency

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ABSTRACT

Breastfeeding for babies is an absolute right. Unexclusively breastfeed babies are easier to get chronic disease like cancers, heart disease, hypertension, and diabetic when they are adult. Probability risk to get malnutrition and obesity is higher. Because of that, this research is aimed to know the 7 to 12 months babies nutrition state difference between exclusively and unexclusively breastfeed in Perning Village Jetis Sub District Mojokerto District. Research method used is correlation analytic with cross sectional approach. The population of this research are all the 7 to 12 months babies in Perning Village Jetis Sub District Mojokerto District as many as 36 babies. Using purposive sampling technique has gotten 30 samples that fulfilled inclusion and exclusion criterias. The result of this research shows that all of 7 to 12 months babies nutrition state exclusively breastfeed are normal as many as 7 babies (100%) from 7 exclusively breastfeed, and most of 7 to 12 months unexclusively breastfeed are normal as many as 12 babies (52,2%) from 23 unexclusively breastfeed babies. Analyzed technique used is Mann Whitney Test, it's gotten $\alpha = 0,787$, it means $\alpha > 0,05$ thus H_0 accepted, it means that there is no 7 to 12 months' babies nutrition state difference between exclusively and unexclusively breastfeed in Perning Village Jetis Sub District Mojokerto District. Even though mother didn't give exclusively breastfeeding to their babies, but they tried to fulfill their babies needs like giving formula milk, additional food, bananas mixed.

Keywords: *Exclusively breastfeeded, unexclusively breastfeeded, 7 to 12 months babies, nutrition state*

INTRODUCTION

Mother's milk is the best food for babies and also as a protective substance that can prevent the occurrence of infectious diseases in infants, because the content of breast milk is suitable for the growth and development of infants. Breast milk contains white blood cells, antibodies, hormones and substances that can kill bacteria and viruses, thereby reducing infant morbidity and mortality, because breast milk can prevent allergic reactions and asthma. Breast milk has an appropriate temperature and breast milk is easier to prepare and easier to digest (Roesli, 2008). Consuming breast milk for babies is an essential child right.

Children who don't exclusively breastfed are also more prone to chronic diseases such as cancer, heart disease, hypertension and diabetes as adults. The possibility of children suffering from malnutrition and obesity is also greater (Handayani, 2007). According to Sandjaja (2001), exclusive breastfeeding can accelerate the reduction in infant mortality and at the same time improve the nutritional status of toddlers which will ultimately improve the nutritional status of the community towards achieving adequate human resources (Yunita, Ummah, & Nurlaila, 2008).

Based on WHO data from 2005-2011 only 37% of babies in the world were exclusively breastfed for 6 months (WHO, 2012). According to Riskesdas data in 2010, in Indonesia the percentage of breastfeeding patterns in infants aged 0 months was 39.8% exclusive breastfeeding, 5.1% predominant breastfeeding, and 55.1% partial breastfeeding. The percentage of exclusive breastfeeding decreases as the age group of the baby increases. In infants aged 5 months, only 15.3% exclusively breastfeed, 1.5% predominately breastfeed and 83.2% partially breastfeed (Ministry of Health, 2010).

Based on the results of a preliminary study on October 22, 2021 in Perring Village, Jetis District, Mojokerto Regency, the results obtained from 12 mothers who had children aged 7-12 months, 8 people (66.7%) did not exclusively breastfeed their children, while 4 people (33.3%) gave exclusive breastfeeding to their children. Of the 4 people who gave exclusive breastfeeding to their children, all the children who were exclusively breastfed looked healthy, had dense bodies, from the MCH handbook it appeared that their weight was in the dark green color zone, while 8 people who did not exclusively breastfeed, 4 children looked very fat, from the MCH book it appears that the weight is in the upper yellow zone, 3 children appear to be of normal body, from the MCH book it appears that their weight is in the light green zone and 1 child looks thin, from the MCH book it appears that their weight is in the lower yellow color zone close to the line red.

Exclusive breastfeeding from day one is not always easy as many women face problems in doing so. A situation that often occurs on the first day of breastfeeding is that it is difficult for the milk to come out (Varney, et al., 2007). Every mother produces breast milk as a natural food that is provided for the baby. Exclusive breastfeeding and the correct breastfeeding process are reliable means of building quality human resources (Saleha, 2009). The state of good nutrition is a prerequisite for the creation of quality future human resources. protector that can prevent the occurrence of infectious diseases in infants, because the content of breast milk is suitable for the period of growth and development of the baby. Breast milk contains white blood cells, antibodies, hormones and substances that can kill bacteria and viruses, thereby reducing infant morbidity and mortality, because breast milk can prevent allergic reactions

Children who experience nutritional problems at an early age will have an impact on growth and development disorders and increase morbidity, decreased productivity and death. (Ministry Of Health, Republic Of Indonesia 2008). The impact of undernourished toddlers, namely toddlers will experience delays in physical growth, not only that but also on psychosocial development. Which includes the impact on psychology including dynamic psycho, social psycho, organic maturation. Some diseases that arise due to malnutrition

include: diarrhea, dysentery, malnutrition, deficiency of protein calories, deficiency of vit. A, iodine deficiency, anemia, marasmus, kwashiorkor, and several other diseases (Supartini, 2004).

METHOD

Research design is a research plan that is determined with the aim that research can be carried out effectively and efficiently (Salamah, 2008). In this study, a comparative analytic design was used using a cross-sectional approach, namely the causal variables that occur in the research object are measured and collected at certain times at the same time (Notoatmodjo, 2010). In this study analyzed differences in the nutritional status of infants aged 7-12 months between those who received and those who did not receive exclusive breastfeeding.

RESEARCH RESULT

The results of the study using a comparative analytic design with a cross-sectional approach were carried out on March 20-15 April 2022 in Parning Village, Jetis District, Mojokerto Regency by observing infants aged 7-12 months including height and weight at the posyandu at each -each hamlet. Acceptance of exclusive breastfeeding was obtained by giving a questionnaire to mothers containing questions about exclusive breastfeeding adapted from Riskesdas 2010. The number of respondents obtained was 30 people with the following frequency distribution:

General Data Of Respondents

Mother's Age

The results of the research on the age of the mother in Parning Village, Jetis District, Mojokerto Regency on March 20-April 15 2022 are presented in the table below:

Table 4.1 Frequency Distribution of Respondents Based on Mother's Age in Parning Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022

No	Age	Frequency	Percentage (%)
1	< 20 years	8	26,7
2	20-35 years	19	63,3
3	>35 years	3	10
Total		30	100

Source: Secondary Data In 2022

Based on the table above, it is known that the majority of mothers are aged 20-35 years, namely 19 people (63.3%).

Mother's Job

The results of research on mother's occupation in Perning Village, Jetis District, Mojokerto Regency on March 20-April 15 2022 are presented in the table below:

Table 4.2 Frequency Distribution of Respondents Based on Mother's Occupation in Perning Village, Jetis District, Mojokerto Regency on March 20-April 15, 2022

No	Mother job	Frequency	Percentage (%)
1	Jobless	17	56,7
2	work	13	43,3
Total		30	100

Source: Secondary Data In 2022

Based on the table above, it is known that the majority of mothers do not work, namely 17 people (56.7%).

Mother's Education

The results of research on maternal education in Perning Village, Jetis District, Mojokerto Regency on March 20-April 15 2022 are presented in the table below:

Table 4.3 Frequency Distribution of Respondents Based on Mother's Education in Perning Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022

No	Mother education	Frequency	Percentage (%)
1	SD	2	6,7
2	SMP	11	36,6
3	SMA	15	50
4	University	2	6,7
Total		30	100

Source: Secondary Data In 2022

Based on the table above, it is known that half of the mothers have high school/equivalent education, namely 15 people (50%).

Culture

The results of research on culture related to breastfeeding in Perning Village, Jetis District, Mojokerto Regency on March 20-April 15 2013 are presented in the table below:

Table 4.4 Frequency Distribution of Respondents Based on Culture in Perning Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022

No	Culture	Frequency	Percentage (%)
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1	Babies need to be given food to be full	18	60
2	Babies must be given only breast milk	5	16,6
3	The first milk had to be thrown away because it was stale	7	23,3
Total		30	100

Source: Secondary Data In 2022

Based on the table it is known that most of the culture of the community is to give food to babies so that they are full, namely as many as 18 people (60%).

Babysitter

The results of research on babysitters in Perning Village, Jetis District, Mojokerto Regency on March 20-April 15 2022 are presented in the table below:

Table 4.5 Frequency Distribution of Respondents Based on Caregivers in Perning Village, Jetis District, Mojokerto Regency on March 20-April 15, 2022

No	Caregivers	Frequency	Percentage (%)
1	Ibu	17	56,7
2	Anggota Keluarga	10	33,3
3	Orang lain	3	10
Total		30	100

Source: Secondary Data in 2022

Based on the table above, it is known that most of the babies are cared for by their mothers, namely 17 people (56.7%).

Special Data

Nutritional Status of Infants Aged 7-12 Months

The results of the research on the nutritional status of infants aged 7-12 months in Perning Village, Jetis District, Mojokerto Regency on March 20-April 15 2022 are presented in the table below:

Table 4.6 Frequency Distribution of Respondents Based on the Nutritional Status of Infants Aged 7-12 Months in Perning Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022

No	Nutrition status	Frequency	Percentage (%)
1	Fat	5	16,7
2	Normal	19	63,3
3	Thin	5	16,7
4	Very thin	1	3,3
Total		30	100

Source: Primary Data In 2022

Based on the table above, it is known that the majority of infants aged 7-12 months have normal nutritional status, namely 19 people (63.3%).

Acceptance of Exclusive Breastfeeding

After measuring the nutritional status of infants aged 7-12 months, the researchers identified the independent variables that caused the nutritional status of infants as shown in table 4.7.

Table 4.7 Frequency Distribution of Respondents Based on Acceptance of Exclusive Breastfeeding in Pening Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022

No	Acceptance of Exclusive Breastfeeding	Frequency	Percentage (%)
1	Accepted	7	23,3
2	Not accepted	23	76,7
total		30	100

Source: Primary Data In 2022

Based on the table above, it is known that almost all infants aged 7-12 months did not receive exclusive breastfeeding at the age of 0-6 months, namely 23 people (76.7%).

Cross tabulation between acceptance of exclusive breastfeeding and nutritional status

Table 4.8 Cross-tabulation between the acceptance of exclusive breastfeeding and the nutritional status of infants aged 7-12 months in Pening Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022

		Status Gizi								Total
		Very Thin		Skinny		Normal		Fat		
		f	%	f	%	f	%	f	%	
Acceptance of Exclusive Breastfeeding	Not Accepted	1	4,3	5	21,7	12	52,2	5	21,7	23
	Accepted	0	0	0	0	7	100	0	0	7
Total		1	3,3	5	16,7	19	63,3	5	16,7	30

Source: Primary Data In 2022

Based on the table above, it is known that the majority of respondents who did not receive exclusive breastfeeding had normal nutritional status, namely 12 babies (52.2%). Meanwhile, the majority of respondents who received exclusive breastfeeding had normal nutritional status, namely 7 infants.

DISCUSSION

Acceptance of Exclusive Breastfeeding

Based on table 4.7 it is known that almost all babies do not get exclusive breastfeeding, namely as much as 76.7%. Breast milk is a natural food, which is ideal for babies which contains all the nutrients needed to build and provide energy for the growth and development of babies. Exclusive breastfeeding is influenced by many factors including predisposing factors such as: economic status, age, gender and family composition, knowledge, occupation (Roesli, 2008), values, attitudes (Notoatmodjo, 2007), education, culture, socioeconomic status (Prasetyono, 2009), Enabling factors

including various kinds of facilities and infrastructure, for example: funds, transportation, facilities, government policies and so on, as well as supporting factors including: attitudes and behavior factors of community leaders, religious leaders, attitudes and behavior of officers including health workers, laws -law regulations from both the central and regional governments related to health, namely the attitude and behavior of health workers who should always apply ethics in most daily activities (Notoatmodjo, 2007).

Currently, the practice of exclusive breastfeeding is declining due to many background factors, the most common factor is the incessant promotion of formula milk, apart from being considered to have high nutritional value, also for reasons of prestige, with the ability to buy expensive milk, families are considered to have high prestige, even though there is actually no one. Susupun in this world that is able to match the goodness of ASI. But unfortunately, many parents, especially mothers, are not aware of this, so they provide other foods/drinks in the hope that their babies will grow healthier and grow bigger faster.

Based on table 4.1, it is known that most of the mothers are aged 20-35 years, namely 19 people (63.3%). One of the factors that influence exclusive breastfeeding is a predisposing factor, which is a factor that is embodied in beliefs, beliefs, values and also demographic variations, such as: economic status, age, gender and family composition (Notoatmodjo, 2010). This is not in accordance with the results of research which shows

that most mothers are in adulthood who should already have the ability to think about health problems to get the best health for their children, but in reality there are still many mothers who do not give exclusive breastfeeding to their children. This is because there are other factors that make mothers not give exclusive breastfeeding to their babies.

Based on table 4.2 it is known that the majority of mothers do not work, namely as many as 17 people (56.7%). Work is not a reason to stop exclusive breastfeeding for at least 4 months and if possible up to 6 months. Having maternity leave for 3 months can also help mothers to be able to provide exclusive breastfeeding, coupled with proper knowledge about breastfeeding, good breastfeeding equipment and support for the work environment, a working mother can continue to provide exclusive breastfeeding (Roesli, 2008). This is not in accordance with the results of the study, because in fact there are still many working and unemployed mothers who do not exclusively breastfeed their children.

Not giving exclusive breastfeeding to mothers who don't work is probably due to ignorance about exclusive breastfeeding and its benefits for babies and based on previous experiences where children can grow healthy and normal even though they are not breastfed.

Based on table 4.3, it is known that half of the mothers have high school/equivalent education, namely 15 people (50%). The level of one's education will affect the response to something that comes from outside. Highly educated people will respond more rationally to incoming information and reason to think how far they might benefit from the idea. For some mothers, breastfeeding is a natural and instinctive action. Therefore, they think that breastfeeding does not need to be learned. However, most mothers are not aware of the importance of breast milk as the baby's main food. They only know breast milk is food that babies need without paying attention to other aspects (Prasetyono, 2009). This is in accordance with the results of research, where higher education does not guarantee a person to give exclusive breastfeeding to their babies. Most mothers refer to experience rather than theory, because theory is not necessarily the truth, whereas experience has been experienced by mothers, where their babies still grow healthy without being exclusively breastfed.

Based on table 4.4 it is known that most of the culture of society is to give food to babies to be full, namely as many as 18 people (60%). The myths about breastfeeding for babies, for example a mother who breastfeeds her child can reduce her physical condition is a myth that is difficult for common sense to accept. Likewise with the concerns of mothers who think that breast milk production is not sufficient for the baby's food needs, which in the end mothers look for other alternatives by giving complementary/additional milk (Prasetyono, 2009). This is in accordance with the results of research where many mothers think their babies will not be full just by being breastfed, babies need food to grow big. Culture like this is indeed very difficult to get rid of, because there are fewer cases that expose the ugliness of additional food than the consequences that arise if the baby is not breastfed, so there are still many mothers who think that giving or not giving exclusive breastfeeding is the same thing, the main thing is that their child can grow normally and healthy.

Nutritional Status of Infants Aged 7-12 Months

Based on table 4.6 it is known that most of the nutritional status of infants aged 7-12 months is normal, namely 63.3% of the respondents. Nutritional status is the condition of the body as a result of food consumption and use of nutrients. A person's nutritional state can be said to be good if there is a balance between physical development and mental-intellectual development. Nutritional status is influenced by two factors, namely food consumption and health. Food consumption is influenced by nutrients in food, family feeding programs, eating habits, health maintenance, family purchasing power, physical and social environment (Supariasa, et al, 2012).

Most babies have normal nutritional status, because at the age of 7-12 months, children are still very dependent on their caregivers, so the food given tends to be the same as that of their caregivers. If the food menu served by the family meets the nutritional needs of the baby, then the baby will also be able to grow normally. Some of the respondents were obese, this was also caused by the family's uncontrolled eating patterns of children, the most common cause was giving formula milk with added sugar. Small children tend to like sweet food/drinks so they will be happy with sweet milk, even though this can cause obesity. Meanwhile, for babies who are thin or even very thin, it may be caused by a lack of understanding of parents in providing food to babies, unhygienic food conditions can also make children susceptible to digestive diseases so that it interferes with their nutritional status, and other factors that can cause thin babies are family deficiencies. provide nutritious food.

Based on table 4.3, it is known that half of the mothers have high school/equivalent education, namely 15 people (50%). Parental education is one of the most important factors in child development (Soetjiningsih, 2010). This is in accordance with the results of research, that the education of parents who are classified as middle and above, will tend to know what is good for the health of their children. Mothers will do anything to make their children grow healthy and normal. For mothers who have obese children, they usually tend to obey the wishes of the child and cannot control the child's diet, especially sugar consumption because children like sweet food and drinks so that their children become fat. Whereas for mothers who have thin children, this is probably due to the lack of knowledge of mothers about good nutrition for their children.

Based on table 4.5 it is known that most of the babies are cared for by mothers, namely as many as 17 people (56.7%). In the growth and development of children, the role of the mother is not insignificant in the child's ecology (Soetjiningsih, 2010). This is in accordance with the results of research where the main caretaker of the baby is the mother.

The mother determines the type of food, the frequency of eating, the amount of food to be given to the baby. Mothers will tend to provide food that is easily available and affordable by the family economy but still able to meet the nutritional needs of their children because at the age of 7-12 months, the baby's diet still depends on the caregiver, so if the caregiver provides nutritious food, with the amount and frequency according to

baby's needs, then the baby will grow healthy, whereas if it is the other way around, the child will grow fat or even thin.

Differences In The Nutritional Status of Babies Who Receive And Do Not Receive Exclusive Breastfeeding

Based on table 4.8 it is known that almost half of the respondents did not receive exclusive breastfeeding but their nutritional status was normal, namely 12 people (40%). Based on the results of the Mann Whitney statistical test, it is known that the small Z value is negative, and $\alpha = 0.787$ or $\alpha > 0.05$, so that H_0 is accepted, meaning that there is no difference in the nutritional status of infants aged 7-12 months between those who receive and those who do not receive breastfeeding. exclusive. Mother's milk is the ideal food for babies, especially in the first months because it contains nutrients for growth (Muchtadi, 2004). Breast milk is a natural food, which is ideal for babies which contains all the nutrients needed to build and provide energy for the growth and development of babies (Roesli, 2008). Antibodies (immune substances) contained in breast milk will provide natural protection for newborns. Antibodies in breast milk cannot be replicated in formula (Saleha, 2009).

But in reality, many babies who do not get exclusive breastfeeding can grow and develop normally, this is what causes the practice of exclusive breastfeeding to decrease. With various reasons reinforced by the fact that babies can grow healthy even without being exclusively breastfed, mothers today prefer to give other foods or drinks to their children. Even though they are not exclusively breastfed, babies can still grow normally because mothers are trying to meet their child's nutritional needs even though not with breast milk, such as giving formula milk, additional food such as porridge, rice mixed with bananas, which in fact children can still grow healthily.

CONCLUSION

The nutritional status of infants aged 7-12 months who were exclusively breastfed in Pening Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022 were all normal, namely 7 babies (100%) out of 7 babies who were exclusively breastfed.

The nutritional status of infants aged 7-12 months who were not exclusively breastfed in Pening Village, Jetis District, Mojokerto Regency on March 20-April 15 2022 was mostly normal, namely 12 babies (52.2%) of the 23 babies who were not exclusively breastfed.

There was no difference in the nutritional status of infants aged 7-12 months between those who received and those who did not receive exclusive breastfeeding in Pening Village, Jetis District, Mojokerto Regency on 20 March-15 April 2022.

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