

# Exclusive breast milk and types of complementary foods with nutritional status

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## ABSTRACT

Malnourished children will have low brain capacity or an empty brain phenomenon that will impact the quality of human resources. One of the factors that cause malnutrition in children is that children do not get exclusive breastfeeding and receive complementary foods not according to their age. This study aims to determine the relationship between exclusive breastfeeding and complementary feeding with the nutritional status of children aged 4-7 months in the Working Area of the Palakka Public Health Center, Barru District, South Sulawesi Province, Indonesia. This study used an analytic survey with a cross-sectional study design. Data was taken by total sampling from 54 children aged 4-7 months. Data on exclusive breastfeeding and types of complementary foods related to children's nutritional status using the Chi-Square test. This study showed that there was no relationship between exclusive breastfeeding and the type of complementary food breastfeeding with the nutritional status of children where the p-values were 0.941 and 0.582, respectively. There was no relationship found between exclusive breastfeeding and the type of complementary food breastfeeding with the nutritional status of children. However, exclusive breastfeeding is further enhanced and provides nutritious complementary food according to the needs of children by utilizing local food sources.

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## INTRODUCTION

The progress of a nation is determined by the quality of human resources. Improving the quality of human resources must start from the conception period and one of them is focused on the development of the health and education sector. In the health sector, improving the nutritional status of children under five is an intervention that has an impact on improving the quality of human resources. Malnourished children will have low brain capacity or an empty brain phenomenon (Siswati, 2018).

Currently, in Indonesia, there are 5 million children under five with undernourished status and only 13.9% of babies are exclusively breastfed overall it is recorded that 100 million people are at risk of various malnutrition problems (anaemia, lack of vitamin A, lack of iodine etc.).

Malnutrition problems in children under five are influenced by low food consumption and health status which are directly related to the incidence of infectious diseases (UNICEF, 1998).

Another thing related to nutritional status is exclusive breastfeeding. The results of the 2013 Indonesian Demographic Health Survey (IDHS) showed that the average rate of exclusive breastfeeding in Indonesia was 52% in 1997 to 55.1% in 2013. Bottle feeding before the age of 1 year was 10.8% in 2010 to 32, and 45% in 2013 shows a very sharp increase. Low food consumption is caused by low-income levels and inappropriate child feeding patterns. Inappropriate child feeding patterns in the form of early weaning and late weaning or no weaning at all (Badan Pusat Statistik, 2013).

Hadju in Jannah (2019), states that the provision of Complementary Food-Breastfeeding made by factories in the community must be followed by changing the habits of mothers in providing food to their children. The results of research in Takalar stated that only 40% of mothers gave Vitadele Complementary Food-Breastfeeding to their children, out of the 60% who received the package. The reason is that the child does not like it and the mother's habit factor does not support the activity of giving Complementary Food-Breastfeeding. It is recommended to provide counselling at each delivery of the Complementary Food-Breastfeeding package so that mothers have good nutritional knowledge about children's food so that the Complementary Food-Breastfeeding program can be successful. The program for providing Complementary Feeding-Breastfeeding launched by the Indonesian government in 2001 in various regions, especially districts/cities, is a manifestation of the government's concern for improving the nutrition of toddlers.

Arsyati & Rahayu (2019), mentioned some of the results of current research related to nutritional status and Complementary Foods-Breastfeeding, namely prenatal feeding (giving food before breast milk comes out), Colostrum being thrown away, using one breast which causes reduced milk production, Complementary Foods -Insufficient breast milk, the timing of complementary feeding-inappropriate feeding-breastfeeding, malnourished snack food, not giving complementary food-breastfeeding when a child is sick, child's food is not enough after illness, early weaning for working mothers and the hygiene of Complementary Food-Breastfeeding that is not given enough attention.

Data on the nutritional status of toddlers in South Sulawesi in 2017 respectively 0.77% severe malnutrition and 10.40% undernutrition. Data on the nutritional status of children under five in Barru Regency are 0.91% malnutrition and 10.90% malnutrition respectively. Based on a report in December 2018 in Barru District, only 44.45% of infants were exclusively breastfed. This means that for every one hundred children born, only 44 people receive exclusive breastfeeding (Dinas Kesehatan Kabupaten Barru, 2019).

Based on the considerations of the background above, the researcher is interested in researching the relationship between the history of exclusive breastfeeding and complementary feeding with the nutritional status of children at the age of 4-7 months in the working area of the Palakka Health Center, Barru Regency. The results of this study are expected to provide benefits as input to the government of Barru Regency, South Sulawesi Province, especially the working area of the Palakka Health Center to promote exclusive breastfeeding and complementary feeding based on the age of the child and as reference material in the development of science, especially in the field of public health nutrition.....

## RESEARCH METHOD

### Type and Design

This type of research is an analytic survey with a cross-sectional design to see the relationship between exclusive breastfeeding, types of complementary foods-breastfeeding and the nutritional status of children. This research was carried out in the working area of the Palakka Health Center, Barru Regency because in this area the coverage of exclusive breastfeeding for infants is still low compared to other sub-districts in Barru Regency (Notoatmodjo, 2018).

### Population and Sample

The population in this study were all infants in the Work Area of the Palakka Public Health Center, Barru Regency, South Sulawesi Province. While the sample is all infants aged 4-7 months in the working area of the Palakka Health Center. Sampling was taken by total sampling based on the following criteria, namely: infants aged 4-7 months and not suffering from any symptoms of an infectious disease. The sample size in the study was 54 children (Sugiyono, 2015).

### Methods of data collection

The method of collecting primary data in this study was the nutritional status obtained from the results of anthropometric measurements by weighing the child's weight, and then compared with age. Weighing using a *dacin* scale with an accuracy of 0.1 kg. Age was obtained by asking the parents about the date of birth of the child and data on exclusive breastfeeding. Types of complementary food-breastfeeding were collected by conducting interviews with mothers of children aged 4-7 months using a questionnaire and data on the characteristics of the respondents including education, age and occupation. While the secondary data includes the profile of the working area of the Palakka Health Center taken from official documents from the Office of the Palakka Health Center and other agencies related to this research.

### Data processing method

The method for processing nutritional status data is divided into two categories; malnutrition and good nutrition. This category is based on the reference for assessing nutritional status using the WHO Anthro 2005 program. Children's nutritional status data is processed with WHO anthropometric standards and z-core values are then converted into nutritional status category data according to indicators (Weight/ Age) (Aritonang, 2015).

### Data Analysis and Presentation

Data analysis was performed using univariate analysis to describe each research variable and bivariate analysis was performed to test the relationship between exclusive breastfeeding and the type of complementary food and nutritional status in children aged 4-7 months using the SPSS program. While the presentation of data is presented in tabular form accompanied by an explanation.

## RESULTS AND DISCUSSIONS

Based on the results of research that was carried out in August 2019 in the working area of the Palakka Public Health Center, Barru Regency, the results obtained regarding the characteristics of the two children's parents, univariate analysis and bivariate analysis are explained as follows: ...

### Characteristics

**Table 1** Distribution of the characteristics of male parents based on age, education level and type of work in the Working Area of the Palakka Health Center, Barru Regency, 2019

Father Characteristics	n	%
Age (Years)		
17-25	6	11.1
26-35	27	50.0
36-45	15	27.8
46-55	6	11.1
Education		
Elementary (Kindergarten, Elementary, Junior High)	20	37.00
Advanced (High School, College)	34	63.00
Work		
Farmer	11	20.4
Self-employed	19	35.2

Laborer	10	18.5
Civil Servant	9	16.7
Driver	5	9.3

Source: Primary Data, 2019

In table 1 above the age category of male parents is grouped by age category according to the health department so that the results for the age group of male parents aged 17-25 years are 6 people 11.1%, 26-35 years are 27 people 50.0%, 36-45 years as many as 15 people 27.8% and 46-55 years as many as 6 people 11.1%. Meanwhile, the educational level of male parents was grouped based on the grouping of the nine-year compulsory basic education into two categories, namely Basic Education (Kindergarten, Elementary School and Junior High School) obtained as many as 20 people 37.00% and those who had continuing education (high school and university) of 34 people 63.00%. Table 1 above also shows the results regarding the employment of male parents with the type of father's work generally working as entrepreneurs as many as 19 people (35.2%), followed by working as farmers as many as 11 people 20.4%, then working as labourers as many as 10 people 18.5% and at least 5 people working as civil servants 9.3%.

**Table 2** Distribution of Characteristics of Female Parents based on Age, Education Level and Type of Work in the Work Area of the Palakka Public Health Center, Barru District, 2019

Mother Characteristics	n	%
Age (Years)		
At risk (< 20 and > 35 years)	12	22.2
Not At Risk (20-35)	42	77.8
Education		
Elementary (Kindergarten, Elementary, Junior High)	18	33.3
Advanced (High School, College)	36	66.7
Work		
Work	8	14.8
Doesn't work	46	85.2

Source: Primary Data, 2019

Based on table 2 above, the age groups of female parents are grouped based on the ideal age grouping standards of the National Family Planning Coordinating Board. So the results obtained for the age group <20 and > 35 years were 12 people (22.2%) while the age group 20-35 years were 42 people (77.8%). Meanwhile, the education of female parents was grouped in the same group as male parents, so that as many as 18 women (33.3%) received a basic education and further education as many as 36 people (66.7%). The table above also describes the employment status of female parents with a working status of 8 people (14.8%) and not working as many as 46 people (85.2%).

### Univariate analysis

**Table 3** Distribution of Research Variables based on Exclusive Breastfeeding, Complementary Food, and Children's Nutritional Status in the Working Area of the Palakka Public Health Center, Barru Regency, 2019

Research variable	n	%
Breastfeeding Status		
Not Exclusive Breastfeeding	35	64.8
Exclusive breastfeeding	19	35.2
Types of Complementary Foods		
Manufacturer	31	57.4
Local	23	42.6
Nutritional Status		
Not enough	12	22.2
Good	42	77.8

Source: Primary Data, 2019

Based on table 3 above regarding the status of breastfeeding to children, it was found that there were 35 children (64.8%) who were not exclusively breastfed and 19 children (35.2%) who were exclusively breastfed. Meanwhile, for the type giving complementary foods to children with the type of manufactured complementary foods, there were 31 people (57.4%) and for local complementary foods, there were 23 people (42%). The table above also shows the results of measuring the nutritional status of children, it was found that 12 children (22.2%) had poor nutritional status and 42 children (77.8%) had good nutritional status.

### Bivariate Analysis

**Table 4** Relationship between breastfeeding, Types of Complementary Feeding and Nutritional Status of Children Aged 4-7 Months in the Work Area of the Palakka Public Health Center, Barru Regency, 2019

Research variable	Nutritional Status				Total		P Value
	Not enough		Good		n	%	
	n	%	n	%			
<b>Breastfeeding Status</b>							
Not Exclusive Breastfeeding	8	22.9	27	77.1	35	100	0.941
Exclusive breastfeeding	4	21.1	15	78.9	19	100	
<b>Types of Complementary Foods</b>							
Manufacturer	7	22.6	24	77.4	31	100	0.582
Local	5	21.7	18	78.3	23	100	

Source: Primary Data, 2019

#### *The Relationship between Exclusive Breastfeeding and Children's Nutritional Status*

Exclusive breastfeeding is breastfeeding without giving other liquids or solid foods except for vitamins, minerals or drugs in the form of drops or syrup until the age of 4-6 months. Child growth and development are influenced by nutritional factors, one of which is exclusive breastfeeding. There was a decrease in the prevalence of exclusive breastfeeding in 2003 and 2007. Breast milk contains special nutrients such as taurine, lactose, AA (Arachidonic Acid), DHA (Docosahexaenoic Acid), omega 3, omega 6, and choline, which are needed in the process of synaptogenesis and myelination. Taurine functions as a neurotransmitter and plays a role in brain cell maturation. Medium, AA and DHA are needed in the formation of optimal brain cells. Children who are not breastfed will have lower nutritional status. Nutrition in toddlers is positively related to gross and fine motor development. Babies who are exclusively breastfed will have an intellectual intelligence level of 12.9 points higher than children who are not exclusively breastfed. Factors that influence exclusive breastfeeding include supporting factors, driving factors, reinforcing factors, and inhibiting factors (Saputra, 2016).

Based on table 4 above regarding the relationship between the status of exclusive breastfeeding to children, out of 35 people who were not exclusively breastfed, 27 people 77.1% had good nutritional status and 8 people 22.9% had poor nutritional status. Meanwhile, out of 19 people who were exclusively breastfed, 15 people (78.9%) had good nutritional status and 4 people (21.1%) had poor nutritional status. Based on the results of statistical analysis, shows that there is no relationship between exclusive breastfeeding and the nutritional status of children where the value of  $p = 0.941 > \alpha 0.05$ .

This study is not in line with the results of research conducted by Ngenget et al. (2017), entitled The Relationship between Exclusive Breastfeeding and the Nutritional Status of Children Aged 6-24 Months in Kakaskasen I Village, North Tomohon District, who found a relationship between exclusive breastfeeding and the Nutritional Status of children based on the Weight/Age index. In addition, research that was also conducted by Rahayu et al. (2019), showed that there was

a relationship between exclusive breastfeeding behaviour ( $p=0.013$ ) and the nutritional status of infants.

Based on the results of the data search, 18 mothers had a basic education level or low education. It was found that 3 people had children who were undernourished because the mother did not give colostrum, which is the first breast milk that came out with the reason that it smelled fishy. Research conducted by Ni'mah & Muniroh (2016) states the level of education affects a person's receiving of information. People with a better level of education will find it easier to receive information than people with less education. This information is used as a provision for mothers to care for their toddlers in everyday life.

No relationship was found in this study, namely 1-3 times a day. As a result, the frequency of breastfeeding is also reduced. According to Danso in Timporok et al. (2018), which states that working mothers experience difficulties in exclusive breastfeeding because they have to share their time with their work. In addition to the above research, research by Namangboling et al. (2017), that the results of the chi-square bivariate test showed a relationship between the history of disease and nutritional status ( $p; 0.024$ ) and exclusive breastfeeding ( $p; 0.026$ ), while the results of multiple logistic regression, history of infectious diseases was the dominant factor determining nutritional status in children aged 7-2 months in Kelapa Lima District, Kupang City ( $p;0.025$  with OR;2.38 and CI;1.11-5.08).

#### ***The Relationship between Breastfeeding Complementary Food and Children's Nutritional Status***

The table above also shows the results regarding the types of complementary feeding to children. Of the 31 people who were given this type of complementary food-breastfeeding, it was found that 7 people (22.6%) had less nutritional status and 24 people (77.4%) had good nutritional status. Meanwhile, out of 23 people who were given local complementary food, 5 people (21.7%) were undernourished and 18 people (78.3%) had good nutritional status. Based on the results of statistical analysis, showed that there was no relationship between the type of complementary feeding-breastfeeding and the nutritional status of children where the value of  $p = 0.582 > \alpha 0.05$ . This research is in line with research conducted by Sariy et al. (2018), who found that the nutritional status of Body Length/Age was in the short category of 18.3% and Early Complementary Foods 66.7% while statistical tests showed a probability value ( $p$ ) of 0.273 ( $p > 0.05$ ). There is no relationship between early complementary feeding and nutritional status of Body Length/Age aged 4-7 months in Ratu Samban District, Bengkulu City. In addition to the research above, research was also carried out by Wargiana et al. in Oktafirnanda (2018), entitled The Relationship between Early Complementary Feeding and the Nutritional Status of Infants Aged 0-6 Months in the Work Area of the Rowotengah Community Health Center, Jember Regency, who found the results of the Chi-Square Test by looking at the Pearson Chi-Square value,  $p < \alpha (0.008 < 0, 05)$ . This means that the alternative hypothesis ( $H_a$ ) failed to be rejected or there is a relationship between early complementary feeding and the nutritional status of infants 0-6 months in the working area of the Rowotengah Health Center, Jember Regency.

This study is not in line with research conducted by Septiani (2014), who found that based on multivariate analysis, it was found that there was a significant relationship between early complementary food breastfeeding and the nutritional status of infants 0-11 months. Infants who were given complementary food breastfeeding  $< 6$  months had a 16.694 times chance of having an abnormal nutritional status compared to babies who were given complementary food breastfeeding  $\geq 6$  months. Likewise with the research conducted by Wardani (2018), in the group of respondents who provided proper complementary food breastfeeding, good nutritional status was obtained at 77.3% and 22.7% with poor nutritional status. Meanwhile, the group of respondents who provided inappropriate complementary food breastfeeding had a poor nutritional status of 77.8% and a good nutritional status of 22.2%. The results of the statistical test found that  $p = 0.001$  and the closeness of the relationship was 0.481. This proves that there is a relationship between the provision of

complementary food breastfeeding and the nutritional status of infants aged 6-24 months in Setabelan Village, Surakarta City with a moderate relationship.

Introducing complementary foods-breastmilk too early to children found that 7 people (22.6%) were malnourished, and the types of complementary foods-breastfeeding given to their children were industrially processed types of complementary foods-breastfeeding. Provision of complementary food-breast milk processed by industry, a type of powdered milk too early, is not enough to provide balanced nutrition to children, causing malnutrition. Based on research conducted by Utami et al. (2019), found that more than half of the mothers of toddlers in Sumberbendo Village, Bubulan District, Bojonegoro Regency in 2018 provided complementary food-breastfeeding that was not appropriate for the age of the toddlers. More than half of the toddlers aged 6-24 months in Sumberbendo Village, Bubulan District, Bojonegoro Regency in 2018 experienced malnutrition and there was a relationship between the provision of complementary food-breastfeeding and the nutritional status of toddlers aged 6-24 months in Sumberbendo Village, Bubulan District, Bojonegoro Regency in 2018.

While research conducted by Lestari et al. (2014), also found 42% of children who were given complimentary food-factory breast milk had better nutritional status compared to complementary foods-home-made mother's milk (10%). Most of the respondents gave porridge or milk biscuits as complementary food-breastfeeding for the first time and some had already given mashed bananas. From the results of statistical analysis using the Mann-Whitney test, it was found that there was no significant relationship between the type of complementary food-breast milk and the nutritional status of children,  $p = 0.456$  ( $p > 0.05$ ). This shows that complementary foods-factory breast milk and complementary foods-home made breast milk have the same benefits as long as they are given in sufficient quantities and are of relatively good quality.

In an in-depth data search, it was found that 5 heads of families with employment status as farmers and labourers had introduced complementary food-industrial processed breast milk with a type of condensed milk powder early on to their children who were experiencing malnutrition. Giving formula milk to children who are too early should get a prescription from a health worker because milk is not food, but is medicine for toddlers. To match the nutritional content in breast milk, of course, choose formula milk that has sufficient nutritional content. Sasmiati & Fitriyanti (2017), with the title relationship between consumption of formula milk and the nutritional status of toddlers at the Piyungan Bantul Health Center in Yogyakarta, shows that there is a relationship between family income and the nutritional status of toddlers.

## CONCLUSION

Based on the results and discussion, this study concluded that: 1) there was no relationship between exclusive breastfeeding and the nutritional status of children where the value of  $p = 0.941 > \alpha 0.05$ ; 2) there is no relationship between the type of complementary food-breastfeeding and the nutritional status of children where the value of  $p = 0.582 > \alpha 0.05$ . Based on these conclusions, this study suggests mothers who give exclusive breastfeeding to children continue giving it without other complementary foods until the child is 6 months old and mothers who do not give exclusive breastfeeding that they can provide nutritious complementary foods according to the needs of children with utilize local food sources. Based on the conclusions above, this study has limitations that only look at the two factors that cause undernutrition, namely the history of exclusive breastfeeding and complementary feeding, so this study recommends further researchers research on other variables that are the causative factors of poor nutritional status in children.

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