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Association Between Exclusive Breastfeeding and Nutritional Status of Infants Aged 6–8 Months at Tambakrejo Health Center, Sidoarjo: A Cross-Sectional Study

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ABSTRACT

Exclusive breastfeeding plays a crucial role in preventing malnutrition in infants, yet its coverage remains suboptimal in Indonesia, including in new health centers like Tambakrejo. This study aimed to provide evidence-based insights to support maternal and child nutrition programs. A cross-sectional analytical design was used involving 55 infants aged 6–8 months selected through saturated sampling at Tambakrejo Health Center, Sidoarjo. Data were collected via structured interviews and anthropometric measurements, then analyzed using univariate and bivariate analysis with the Spearman test. Results showed that 63.6% of infants received exclusive breastfeeding, and most had normal nutritional status based on weight-for-age (96.4%), length-for-age (94.5%), and weight-for-length (80%). A significant association was found between exclusive breastfeeding and weight-for-length (p=0.043), while no significant relationship was found with weight-for-age (p=0.058) or length-for-age (p=0.270). These findings indicate that exclusive breastfeeding may help prevent acute malnutrition. Health workers are encouraged to enhance education and promotion of exclusive breastfeeding, while future research should consider factors such as complementary feeding and disease history using longitudinal methods for a more comprehensive understanding.

INTRODUCTION

Nutritional status is a key indicator of the body's ability to meet physiological needs through adequate nutrient intake and utilization. Malnutrition, especially undernutrition, remains a global public health issue, contributing significantly to morbidity and mortality, particularly among children and hospitalized patients[1–4]. In 2001, approximately 10.8 million child deaths in developing countries were linked to malnutrition, underscoring the importance of early preventive measures in maternal and child health.

Low exclusive breastfeeding coverage among infants aged 6–8 months is influenced by limited maternal knowledge, lack of family and healthcare support, poor maternal nutrition, and time constraints due to work. Additional factors include exposure to formula milk advertising and early introduction of complementary foods before six months[5–7].

Exclusive breastfeeding is a proven strategy to prevent both undernutrition and overnutrition in infants, as breast milk provides complete, easily digestible nutrients for the first six months of life[8,9]. The WHO defines exclusive breastfeeding as feeding infants only breast milk, with no other food or liquids except medicines or supplements. Despite its benefits, the global exclusive breastfeeding rate

in 2022 was only 44%, below the WHO target of 50%[10,11].

In Indonesia, exclusive breastfeeding remains suboptimal. The 2021 Basic Health Research reported that only 52.5% of infants under six months were exclusively breastfed, a 12% decrease from 2019. In East Java, the rate slightly declined from 73.6% in 2021 to 73.3% in 2022, partly due to pandemic-related data collection issues. In contrast, Sidoarjo Regency recorded a slight increase from 70.80% to 71.14% in the same period.

Lack of exclusive breastfeeding increases the risk of nutritional disorders such as wasting, stunting, and underweight. It also raises vulnerability to infections like diarrhea and pneumonia and may impair cognitive and immune development. Long-term consequences include higher healthcare costs and increased economic burden on families[1,12,13].

Despite its recognized importance, the relationship between exclusive breastfeeding and infant nutritional status remains underexplored, especially in new healthcare centers. Tambakrejo Health Center, established in 2021, was selected as the study site due to limited data on breastfeeding coverage and its active efforts to meet national health targets. A preliminary 2023 survey identified 70 infants aged six months; 50 (71.4%) were exclusively breastfed, and 20 (28.5%) were not. This highlights the need for further investigation into the nutritional impact of exclusive breastfeeding in this setting. This study aims to provide evidence-based insights to strengthen maternal and child nutrition programs within primary healthcare services.

MATERIALS AND METHODS

This study employed a cross-sectional analytical observational design to examine the association between exclusive breastfeeding and the nutritional status of infants. A preliminary survey was conducted in the working area of the Tambakrejo Health Center, located in Waru District, Sidoarjo Regency, which includes Tambakrejo Village, Tambak Sumur Village, and Wadungasri Village, as part of the proposal and report development process.

The population consisted of 55 infants aged 6–8 months registered in the health center's coverage area. The sampling technique used was saturated sampling, where the entire population was included as the study sample, totaling 55 respondents. This approach was chosen due to the relatively small and accessible population, allowing for comprehensive data collection without selection bias.

Data collection was conducted over a three-month period from January to March 2024. It involved structured interviews with mothers using a validated and reliable questionnaire, alongside direct anthropometric measurements performed by trained health personnel. Body weight was measured using a calibrated digital baby scale with a precision of ±0.1 kg, and body length was measured using a standard infantometer with a precision of ±0.1 cm. Nutritional status was assessed

based on WHO Child Growth Standards, using Z-scores for weight-for-age (W/A), length-for-age (L/A), and weight-for-length (W/L) categories.

Data analysis included both univariate analysis (to describe respondent characteristics and distribution of key variables) and bivariate analysis using the Spearman rank correlation test. The Spearman test was selected due to the non-parametric nature of the data and the use of ordinal scale variables. This statistical method is appropriate when data do not meet the assumptions of normality. This study adhered to ethical research standards, and ethical clearance was obtained from the Health Research Ethics Committee of the Polytechnic of the Ministry of Health Surabaya.

RESULTS

Overview of Tambakrejo Health Center

Tambakrejo Health Center is located on Tambak Sari Street No. 8, Tambaksari Hamlet, Tambak Rejo Village, Waru District, Sidoarjo Regency. The Tambakrejo Health Center working area has an area of 13.68 km² and is bordered by Surabaya City to the north, Madura Strait to the east, Tambak Sawah Village and Sedati Sub-district to the south, and Berbek Village and Kepuh Kiriman Village to the west. Tambakrejo Health Center serves four villages, namely Tambak Rejo Village with an area of 4.95 km², Tambak Oso Village with an area of 7.10 km², Tambak Sumur Village with an area of 0.2 km², and Wadung Asri Village with an area of 1.43 km².

Characteristics of Respondents

The characteristics of respondents in this study were classified based on age and gender. Based on the data obtained, the distribution of mothers and babies is as follows:

Characteristics of Mothers and Baby

Table 1 Frequency Distribution of Characteristics of Mothers and Baby 6-8 Months of Age at Tambakrejo Health Center, Sidoarjo Regency in 2024

Characteristics	Frequency	%
Baby Age		
6 Months	21	38.2
7 Months	18	32.7
8 Months	16	29.1
Total	**55**	**100**
Gender		
Male	27	49.1
Femal	28	50.9
Total	**55**	**100**
Age of Mother		
<20 y.o	0	0
20-35 y.o	40	72.7
>35 y.o	15	27.3
Total	**55**	**100**

Education of the Mother		
Primary School	1	1.8
Middle School	6	10.9
Upper Secondary School	33	60
D3/D4/S1/S2	15	27.3
Total	**55**	**100**
Mother's Work		
Housewife	31	56.4
Entrepreneur	9	16.4
Employee	14	25.5
Etc	1	1.8
Total	**55**	**100**
Exclusive Breastfeeding		
Exclusive Breastfeeding	35	63.6
Non Exclusive Breastfeeding	20	36.4
Amount	**55**	**100**

Source: Primary Data, 2024

Table 1 presents the characteristics of mothers and their 6–8-month-old infants at the Tambakrejo Health Center in 2024. The majority of infants were aged 6 months (38.2%), with a relatively balanced gender distribution (49.1% male and 50.9% female). Most mothers were in the 20–35-year age group (72.7%), an age range generally considered ideal for childbearing. Regarding educational background, the majority had completed upper secondary school (60%), while 27.3% had attained higher education (D3/D4/S1/S2), indicating a moderately educated population. In terms of occupation, more than half of the mothers (56.4%) were housewives, potentially allowing more time for child care, including breastfeeding practices. Notably, 63.6% of the infants received exclusive breastfeeding, while 36.4% did not, reflecting a moderately high coverage that still falls short of national targets. These findings highlight the relevance of maternal characteristics particularly education and employment status in influencing infant feeding practices and potentially, nutritional outcomes.

Baby Nutritional Status

Table 2 Frequency Distribution of Nutritional Status Based on the Anthropometric Index of weight for age in Infants 6-8 Months of Age at Tambakrejo Health Center, Sidoarjo Regency, 2024

Nutritional Status (weight for age)	**Frequency**	**%**
Underweight	0	0
Less	2	3.6
Normal	53	96.4
Overweight	0	0
Total	**55**	**100**
Nutritional Status (length for age)	**Frequency**	**%**
Severely stunted	0	0
Stunted	3	5,5
Normal	52	94.5

Tall	0	0
Total	**55**	**100**
Nutritional Status (weight for length)	**Frequency**	**%**
Severely Wasted	0	0
Wasted	8	14.5
Normal	44	80
Overweight	3	5.5
Amount	**55**	**100**

Source: Primary Data, 2024

Table 2 shows that the majority of infants aged 6–8 months at Tambakrejo Health Center in 2024 had normal nutritional status across all anthropometric indices. Based on weight-for-age, 96.4% were classified as normal, indicating good general growth. In terms of length-for-age, 94.5% were normal, though 5.5% were stunted, suggesting some instances of chronic undernutrition. Meanwhile, the weight-for-length index revealed that although 80% were in the normal category, 14.5% were wasted and 5.5% overweight, indicating the presence of both acute undernutrition and emerging risks of overnutrition. These findings underscore the importance of continuous monitoring, as signs of nutritional imbalance though not prevalent are still present within this population.

Relationship between exclusive breastfeeding and baby's nutritional status

The following table shows the association between the nutritional condition of babies aged 6 to 8 in the Tambakrejo Health Center operating area and exclusive breastfeeding.:

Table 3 Cross tabulation based on the relationship between exclusive breastfeeding and nutritional status weight for age in babies aged 6-8 months at the Tambakrejo Health Center, Sidoarjo Regency in 2024

Exclusive Breastfeeding	Nutritional Status								Amount		P - Value
	Underweight		Less		Normal		Overweight				
	n	%	n	%	n	%	n	%	n	%	
Exclusive Breastfeeding	0	0	0	0	35	63.6	0	0	35	63.6	**0.058**
Non Exclusive Breastfeeding	0	0	2	3.6	18	32.7	0	0	20	36.4	
Total	**0**	**0**	**2**	**3.6**	**53**	**96.3**	**0**	**0**	**55**	**100**	

Source: Primary Data, 2024

The cross-tabulation results indicate that most infants, regardless of feeding practice, had normal nutritional status based on weight-for-age. Among those who received exclusive breastfeeding, 100% (35 infants) were categorized as having normal nutritional status. In contrast, within the non-exclusive breastfeeding group, 2 infants (3.6%) fell into the "less" category, while 90% (18 out of 20) had normal status. Although the p-value of 0.058 suggests a statistical trend toward significance, it does not meet the conventional threshold ($p < 0.05$), indicating that the observed association between exclusive breastfeeding and weight-for-age status was not statistically

significant. However, the absence of underweight cases and the higher proportion of normal weight in exclusively breastfed infants may still imply a potential protective effect of exclusive breastfeeding on optimal nutritional outcomes, warranting further investigation with a larger sample size.

Table 4 Cross tabulation based on the relationship between exclusive breastfeeding and nutritional status length for age in babies aged 6-8 months at the Tambakrejo Health Center, Sidoarjo Regency in 2024

Exclusive Breastfeeding	Nutritional Status								Amount		P - Value
	Severely Stunted		Stunted		Normal		Tall				
	n	%	n	%	n	%	n	%	n	%	
Exclusive Breastfeeding	0	0	1	1.8	34	61.8	0	0	35	63.6	**0,270**
Non Exclusive Breastfeeding	0	0	2	3.6	18	32.7	0	0	20	36.4	
Total	**0**	**0**	**3**	**5.4**	**52**	**94.5**	**0**	**0**	**55**	**100**	

Source: Primary Data, 2024

The cross-tabulation shows that the majority of infants aged 6–8 months had normal length-for-age, regardless of breastfeeding status. Among exclusively breastfed infants, 97.1% (34 of 35) had normal stature and only 1 infant (1.8%) was classified as stunted. In the non-exclusive breastfeeding group, 90% (18 of 20) had normal status, while 2 infants (3.6%) were stunted. There were no cases of severely stunted or tall stature in either group. Although a greater proportion of stunting was found among non-exclusively breastfed infants, the p-value of 0.270 indicates that this difference was not statistically significant. Nonetheless, the trend suggests that exclusive breastfeeding may contribute to improved linear growth outcomes, highlighting its role in preventing chronic undernutrition during early infancy.

Table 5 Cross tabulation based on the relationship between exclusive breastfeeding and nutritional status weight for length in babies aged 6-8 months at the Tambakrejo Health Center, Sidoarjo Regency in 2024

Exclusive Breastfeeding	Nutritional Status								Total		P - Value
	Severely Wasted		Wasted		Normal		Overweight				
	n	%	n	%	n	%	n	%	n	%	
Exclusive Breastfeeding	0	0	3	5.4	29	52.7	3	5.4	35	63.6	**0.043**
Non Exclusive Breastfeeding	0	0	5	9.09	15	27.2	0	0	20	36.4	
Total	**0**	**0**	**8**	**14.5**	**44**	**80**	**3**	**5.4**	**55**	**100**	

Source: Primary Data, 2024

Table 5 illustrates a notable difference in weight-for-length nutritional status between exclusively and non-exclusively breastfed infants. Among the exclusively breastfed group, 82.9% (29 of 35) had normal nutritional status, while 3 infants (5.4%) were wasted and another 3 (5.4%) were overweight. In contrast, in the non-exclusive breastfeeding group, only 75% (15 of 20) had normal

status, and a higher proportion 25% (5 infants) were classified as wasted, with no cases of overweight. No severely wasted infants were found in either group. The p-value of 0.043 indicates a statistically significant association between exclusive breastfeeding and weight-for-length status. These findings suggest that exclusive breastfeeding during the first six months of life may play a protective role in preventing acute malnutrition, such as wasting, and contributes to maintaining appropriate weight relative to length in early infancy.

DISCUSSION

Based on research at Tambakrejo Health Center, Sidoarjo Regency, the sample consisted of 55 infants aged 6-8 months: 21 babies (38.2%) were 6 months old, 18 babies (32.7%) were 7 months old, and 16 babies (29.1%) were 8 months old. There were 28 female infants (49.1%) and 27 male infants (50.9%), showing a balanced distribution of age and sex. The majority of mothers were 20-35 years old (72.2%), an ideal age for pregnancy with lower health risks than mothers under 20 years old or over 35 years old[14]. Mother's education varies, the majority of SMA / SMK (60%), which affects exclusive breastfeeding[15]. Most of the mothers were housewives (56.4%), followed by private employees (25.5%).

A total of 35 respondents (63.6%) provided exclusive breastfeeding, while 20 respondents (36.4%) did not. Factors such as lack of IMD implementation, assumptions about formula milk, physical and psychological conditions of mothers, and easy access to formula milk influenced exclusive breastfeeding. The results showed that of the three nutritional status indicators used (weight by age/BB/U, body length by age/PB/U, and body weight by body length/BB/PB), only the BB/PB indicator showed a statistically significant relationship (p=0.043). Meanwhile, BB/U (p=0.058) and PB/U (p=0.270) showed no significant relationship.

These results confirm that exclusive breastfeeding may contribute to the nutritional status of the baby in relation to the proportion of body weight to body length, which reflects the acute status of the baby. This means that babies who get exclusive breastfeeding tend to have normal nutritional status in the short term, because breast milk provides enough energy and essential nutrients until six months of age[1,12,16]. Exclusive breast milk contains easily digestible whey protein, immunoglobulin A antibodies, and enzymes and hormones that support the optimal growth of the baby[17].

These findings are in line with Suharmanto's (2020) research which shows that exclusive breastfeeding has a meaningful relationship with the nutritional status of the baby based on BB/PB indicators. The study explained that babies who were exclusively breastfed had more normal nutritional status than babies who did not receive exclusive breastfeeding[18]. Similarly, a study by Hamid et al. (2020) on children aged 6–24 months also found a significant association between exclusive breastfeeding and the BB/PB indicator as a reflection of acute nutritional status[19].

However, the lack of a meaningful relationship between the BB/U and PB/U indicators in this study needs to be analyzed further. BB/U describes nutritional status in general, while PB/U reflects the baby's long-term nutritional status and chronic growth history. The insignificance of the exclusive association of breast milk with BB/U is likely due to the homogeneity of the sample where most of the infants were in the normal nutritional category, so the variation of the data was low and insufficient to show a meaningful difference. This is supported by the results of the distribution of BB/U nutritional status which shows that 96.4% of babies are classified as normal.

Meanwhile, the PB/U indicator that describes chronic nutritional status also did not show a meaningful relationship. This may be due to the impact of lack of exclusive breastfeeding on height not immediately visible at the age of 6–8 months, but more noticeable at later ages. Research by Marlani (2021) states that the influence of chronic malnutrition such as stunting can usually only be detected after babies are over 12 months old[20]. Therefore, the use of PB/U in the infant population under 9 months of age as a key indicator may be less sensitive.

In addition, environmental factors such as complementary feeding of MP-ASI, hygiene, frequency of breastfeeding, and maternal health status can also affect the nutritional status of the baby, which was not entirely controlled in this study. The success of exclusive breastfeeding is influenced not only by the mother's knowledge, but also by internal factors such as the mother's stress level and milk production, as well as external factors such as family support and breastfeeding culture[21].

Exclusive breastfeeding is also closely related to the mother's employment status and education. In this study, most of the mothers had a high school education (60%) and the status of housewives (56.4%). This generally supports the success of exclusive breastfeeding, as revealed by Fauziah and Ratiah (2021), that mothers who do not work outside the home tend to have more time to breastfeed exclusively[22].

Selain peran ASI eksklusif, status gizi bayi juga dipengaruhi oleh pengasuhan, status kesehatan lingkungan, dan status imunisasi. Suatu studi Dewi Modjo (2024) menunjukkan bahwa balita dengan imunisasi dasar lengkap memiliki kejadian stunting yang lebih rendah dibandingkan balita dengan imunisasi tidak lengkap. Imunisasi berperan penting dalam mencegah infeksi yang dapat menghambat pertumbuhan[23]. Dengan demikian, upaya peningkatan status gizi bayi tidak hanya cukup dengan pemberian ASI eksklusif, tetapi juga perlu pendekatan menyeluruh melalui program kesehatan ibu dan anak (KIA) di fasilitas pelayanan primer[13,24–26].

This research has several limitations that need to be acknowledged. First, the cross-sectional design of the study did not allow researchers to determine the causal relationship between exclusive breastfeeding and infant nutritional status. Second, the relatively small sample size (n=55) and covering only one work area of the health center limits the generalization of results to a wider

population. Third, intake measurement is only based on interviews and breastfeeding history, which is at risk of recall bias, especially if mothers do not record their breastfeeding history in writing. Fourth, the nutritional status of the baby is only measured at one point in time without considering factors of infection history, actual energy consumption, or environmental conditions of residence.

The results of this study provide empirical evidence that exclusive breastfeeding has a positive impact on the nutritional status of babies based on BB/PB indicators. These findings reinforce the importance of continuous education about exclusive breastfeeding for breastfeeding mothers, especially through posyandu cadres and nutrition officers of health centers. Education should include not only the importance of exclusive breastfeeding, but also how to milk, store, and give breast milk under certain conditions.

For further research, it is recommended to use a longitudinal design in order to evaluate the long-term impact of breastfeeding on child growth. It is also recommended to combine additional parameters such as energy intake, gastrointestinal infections, and immunization status to see a more complex relationship between these factors and the nutritional status of the baby.

CONCLUSION

Based on the results of the study, it can be concluded that there is only a significant relationship between exclusive breastfeeding and the nutritional status of infants aged 6–8 months based on the weight by body length indicator (BB/PB) with a value of p = 0.043, while in the indicators of body weight by age (BB/U) and body length by age (PB/U) no meaningful relationship was found. These findings suggest that exclusive breastfeeding plays an important role in supporting the acute nutritional status of infants. Therefore, it is recommended that health workers at health centers and posyandu increase education to breastfeeding mothers about the benefits of exclusive breastfeeding, as well as encourage efforts to promote exclusive breastfeeding on an ongoing basis as part of the prevention of nutritional problems. In addition, further research with a longitudinal design and consideration of other variables such as MP-ASI, immunization status, and disease history is needed to gain a more comprehensive understanding of the factors that affect the nutritional status of infants.

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