

# Different Differences Of Baby Bodies That Get Exclusive Breast Milk With Babies Who Do Not Get Exclusive Breastfeeding

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**Abstract:** The baby's growth is largely determined by the amount of breastmilk obtained, including energy and other nutrients contained in the EXCLUSIVE BREAST MILK. This study aims to determine differences in the weight of babies who received exclusive breastfeeding with babies who did not receive exclusive breastfeeding in the work area of the UPTD Puskesmas Suak Ribee, Johan Pahlawan District, West Aceh Regency in 2016. This study was a comparative analytic study with a cross sectional approach. The sampling technique in this study was to visit the home of the mother who had a baby aged > 6 months-7 months and distribute a predetermined questionnaire to find out the category of independent variables in accordance with this study and weighing the babies > 6 months old 7 months to find out the details of the dependent variable in this study. The results of independent T-test data analysis were processed with a confidence level of 95% ( $\alpha = 0.05$ ), it can be seen that the variance of the data is not different (the same), the value t value is 1.449, while the value of t table is 1.761. Thus we can know that t value  $\leq$  t table, then  $H_0$  is rejected, meaning that there is no significant difference between the weight of babies who are exclusively breastfed and those who are not exclusively breastfed. Based on the results of research conducted by researchers from April 1-5, 2016 by visiting the respondent's house as many as 30 people scattered in the work area of the Suak Ribee Puskesmas UPTD, the researchers concluded that there was no difference between the weight of babies who were exclusively breastfed and those who did not exclusive breastfeeding. It is recommended that mothers continue to maintain exclusive breastfeeding by increase exclusive breast milking the nutritional intake of mothers so that the baby's weight can increase even without PEXCLUSIVE BREAST MILK.

**Index Terms:** Infant weight, baby bodies, exclusive breast milk, exclusive breastfeeding, Aceh.

## 1 Introduction

In 2012 there were about 42,702 toddlers suffering from malnutrition. When linked to exclusive breastfeeding, this situation is quite alarming (2012 IDHS). Exclusive breastfeeding coverage of 0-6 months in 2012 based on the results of the 2012 IDHS of 42%. This is a very meaningful improvement when compared to the results of the same survey in 2007 that the exclusive Exclusive Breast Milk (ASI) coverage in Indonesia was only 32%. Riskesdas 2013 which states that the coverage of exclusive breastfeeding has increased to 30.2%, and the status of children under five who experience over nutrition is 43.7%. This shows that giving non-exclusive breastfeeding or giving early breastfeeding can cause the effects of obesity in children. Based on data from the Health Profile of Aceh Province 2012, the proportion of the incidence of infants with undernutrition was 16,099 people or 12.7%, and for the incidence of malnutrition was 759 people or 0.6%, while the percentage of exclusive breastfeeding coverage was only as large as 27% in 2012. This indicates that the high incidence of malnutrition and poor nutrition in the Province of Aceh may be related to the low level of exclusive breastfeeding. According to data from the West Aceh District Health Office in 2016, there were 32 babies who suffered from malnutrition, and 1 baby suffered from malnutrition in Johan Pahlawan Subdistrict, while for the coachievement of exclusive breastfeeding in the West Aceh region in February 2016 was 46%, and in August 2016 was 54%. This is still far from the target of achieving exclusive breastfeeding that the West Aceh District Health Office wants to achieve that is 75%.

While the data from the UPTD Puskesmas Suak Ribee, Johan Subdistrict, Heroes of West Aceh District in 2016, of the total number of babies Exclusive Breast Milk (ASI) coverage in the working area of the Puskesmas is 116 babies. However, only 52 babies or 45% of the total coverage of Exclusive Breast Milk (ASI) were exclusively breastfed. This shows that the percentage of babies who receive exclusive breastfeeding is still far from the target of achieving exclusive Exclusive Breast Milk (ASI) 2016 by IDHS, which is adjusted by the West Aceh District Health Office, amounting to 75%, while for infants who do not get exclusive breastfeeding is 55% or 64 babies of the total coverage babies who are exclusively breastfed 116 babies. The results of research conducted by Reny Nur Agista in the city of Malang in 2011, data analysis showed that infants who received exclusive breastfeeding gave a significant difference to the growth of infants compared to non-exclusive breastfeeding.

## B. RESEARCH METHODS

This type of research uses uncorrelated comparative analytic research design (Hasan, 2004). This study uses a Cross Sectional approach where data concerning independent variables and dependent variables will be collected at the same time (Notoatmodjo, 2010). The population in this study were all mothers who had infants aged > 6 months-7 months, as many as 30 people scattered in the work area of the UPTD Puskesmas Suak Ribee, Johan Pahlawan District, West Aceh District. The sampling technique uses total sampling. The sample in this study were all mothers who had infants aged > 6 months-7 months, as many as 30 people scattered in the work area of the UPTD Puskesmas Suak Ribee, Johan Pahlawan District, West Aceh District The instrument used in this study is an open questionnaire addressed to mothers who have infants aged > 6-7 months containing 6 questions about exclusive breastfeeding and 4 questions filled by the researcher after weighing, and the baby scales used as a measure of body weight babies aged > 6-7 months. Data analysis using independent T-test at 95% confidence level ( $\alpha = 0.05$ ) so that

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there can be known whether there is a statistically significant difference. (Riwidikdo, 2008)

### C. RESEARCH RESULTS

Bivariate analysis using independent T-test statistical test at 95% confidence level ( $\alpha = 0.05$ ).

**Table 1** T-test for Independent Variable Status of ASI

Status ASI	N	Mean	Standard Deviation	Standar Error Mean
Exclusive weight now	15	7346,67	967,963	247,927
Non exclusive	15	6920,00	602,613	155,594
<i>Average difference = 426,67</i>				

Based on the table above it can be concluded that for babies who received exclusive breastfeeding as many as 15 people on average had a weight of 7347 grams, while infants who did not receive exclusive breastfeeding were 6920 grams. The difference in the average body weight of babies who are exclusively breastfed with babies who do not receive exclusive breastfeeding is 427 grams. It can be concluded that the weight of babies who receive exclusive breastfeeding is not too much different from babies who do not get exclusive breastfeeding. Based on the table 2 can be seen that the variance of the data is not different (the same), and the value of t value is 1.449, while the value of t table is 1.761. Thus we can know that t value (1,449) with t table (1,761), then  $H_0$  is rejected, meaning there is no significant difference between the weight of babies who are exclusively breastfed and those who are not exclusively breastfed.

**Table 2.**

Variance	F	Sig	T Value	Significant (2-way)	df	95% Confidence interval	
						Lowest value	Highest value
Weight	2,423	0,131	1,449	0,158	28	- 176,390	1029,723

According to the researchers there was no significant difference between the weight of babies who were exclusively breastfed and those who did not receive exclusive breastfeeding in the work area of the Suak Ribee Puskesmas UPTD because weight gain was not only determined by breastfeeding, but could be influenced by several other factors such as genetic factors, gender, race /ethnicity, environmental factors, physical factors, psychosocial factors, and family factors (Nursalam, Susilaningrum, and Utami 2005). Genetic factors are the basic capital in achieving the end result of the child's growth and development process. In infants who have quality genetic potential, they can interact positively with the environment (Nursalam, Susilaningrum, and Utami 2005). The better the genetic potential in interacting with the environment, the more optimal the increase in baby's weight, both for babies who are exclusively breastfed and those who are not exclusively breastfed. Infants' growth, especially weight gain, is also supported by geographical conditions, sanitation, housing conditions, ventilation, and lighting in the home (Nursalam, Susilaningrum, and Utami 2005). The more adequate the environment in which a baby lives, the better the increase in body weight, but an inadequate

environment can cause a maximum increase in baby's weight because the baby is often attacked by various diseases such as diarrhea, cough, runny nose, and so on. Cultural factors also affect the increase in baby's weight, babies in a family environment who tend to prioritize the culture of giving bananas have a higher body weight than babies in general because the nutritional content of bananas can increase the baby's body weight. The results obtained by researchers contradict the results of research conducted by Reny Nur Agista in the city of Malang in 2011 about the differences in growth of infants aged 0-6 months who received exclusive breastfeeding and exclusive non-breastfeeding with the results that infants aged 0-6 months who received breast milk exclusive with more normal growth than babies who experience thin growth. Meanwhile, infants aged 0-6 months who received exclusive non-breast milk with lean growth were more than babies who experienced normal growth. Looking at the discussion put forward by Reny Nur Agista (2011), it is very different from the social, economic and cultural conditions in Aceh, especially West Aceh. In this study, researchers found that in Aceh Barat the environment where babies live is not sufficient and the majority of people still adhere to the culture of each family. This, of course, causes not optimal weight gain and the application of exclusive breastfeeding can be disrupted. As researchers have previously stated, the culture of PASI in this case bananas is very influential in increasing the baby's weight. The frequency of giving bananas also overcomes the frequency of breastfeeding. Thus, it can be ascertained that even though babies are not exclusively breastfed, increasing the baby's weight is not too much different from the weight of babies who are not exclusively breastfed. Although the results of this study prove that there is no significant difference between the weight of babies who are exclusively breastfed and those who are not exclusively breastfed, exclusive breastfeeding must be prioritized, because exclusive breastfeeding can increase the baby's immune system against various diseases, avoid the baby from the risk of obesity, optimize the growth and development of the baby, and increase the intelligence of the baby.

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