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The Effect of Exclusive Breastfeeding on the Nutritional Status of Mothers and Infants in the Working Area of Telaga Health Center

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ABSTRACT

Low coverage of exclusive breastfeeding not only impacts infants but can also reduce the achievement of optimal nutritional status for mothers and infants during the breastfeeding period. Mothers and children are vulnerable to declining nutritional status. This is due to several factors, particularly the increased nutritional needs of mothers during pregnancy and breastfeeding, as well as the rapid growth and development of children aged 0–6 months. The study aimed to determine the effect of exclusive breastfeeding on the nutritional status of mothers and infants. The research design used a quantitative correlational cross-sectional method. The population in this study were all mothers with infants aged 0–6 months. The sample was drawn using a purposive sampling technique, resulting in 57 respondents. Data analysis used the Chi-square test with a significance level of 0.05. The results of the study showed that on average, 33 mothers (57.9%) had normal nutritional status, and 35 babies (61.4%) had normal nutritional status. There was an influence of Exclusive Breastfeeding on the Nutritional Status of Mothers and Babies with a p value of 0.000 < 0.05. It can be concluded that there is an influence of exclusive breastfeeding on the nutritional status of mothers and babies in the Telaga Health Center work area.

INTRODUCTION

Maternal and child health is one of the indicators that is a benchmark for health development in a country. Mothers and children are family members who need to get priority in the implementation of health efforts, because mothers and children are vulnerable groups to family circumstances, so it is important to assess the nutritional status and performance of maternal and child health efforts. Maternal and child health efforts concern the services and maintenance of mothers during pregnancy, childbirth, postpartum and breastfeeding as well as infants to preschool children. The achievement of optimal maternal and child nutritional status can be reflected in exclusive breastfeeding to children during the breastfeeding period.

Maternal and child health can be reflected through the Maternal Mortality Rate (MMR) and Infant Mortality Rate (AKB). According to data sourced from WHO, in 2023, the global maternal mortality rate will reach 211 per 100,000 live births (WHO, 2023). According to the results of the Inter-Census Population Survey in the 2023 Maternal and Child Health Profile, AKI in Indonesia in 2023 was 305 per 100,000 live births (Central Statistics Agency, 2023).

Exclusive breast milk is the most important food for babies. No matter how high and good the quality of breast milk as baby food, its benefits for growth and development, as well as the nutritional status of the baby are largely determined by the amount of breast milk that can be given by the mother. Exclusive breastfeeding where breastfeeding is carried out until the age of 6 months by not adding other foods (Harjanto, 2020).

Breast milk (breast milk) is a fat emulsion in a solution of protein, lactose and salt - organic salts secreted by the mother's two breast glands. Breast milk can also meet the nutritional needs of babies for the first 4-6 months of life. Advanced breastfeeding is defined as breastfeeding to an infant after 6 months of age.

This advanced breastfeeding is recommended for up to two years or more. The reason breast milk is still given after the baby is 6 months old, because about 2/3 of a baby's energy needs at the age of 6-8 months still have to be met through breast milk. At the age of 9-12 months it is about 1/2 of its needs and at the age of 1-2 years it is only about 1/3 of its needs (Scott, 2022).

According to the World Health Organization (WHO, 2023), the coverage of exclusive breastfeeding is less than optimal anywhere in developed or developing countries, where the rate of exclusive breastfeeding in the world shows 38% even though the global target is to increase exclusive breastfeeding to 50% by 2025. In non-exclusively breastfed babies causes 1.4 million deaths and a 10% burden of disease in children under five years of age. On average, only 37% of babies under 6 months are exclusively breastfed in low- and middle-income countries.

The prevalence of exclusive breastfeeding coverage in Indonesia nationally is still far below the national target of 80%. Based on the 2023 Indonesian Health Survey (SKI), babies aged 0-6 months who receive exclusive breastfeeding are only 55.5% (Indonesian Health Survey, 2023). Basic Health Research (RISKESDAS) data in 2023 shows that as many as 50.85% or only half of the 2.5 million babies aged less than six months receive exclusive breastfeeding in Indonesia.

Exclusive breastfeeding is not only beneficial for the baby's nutritional status but for breastfeeding mothers, one of which will affect the nutritional status, especially nutritional status and also accelerate their weight loss as before pregnancy. The condition of being overweight in the mother will cause excess fat, so that the frequency and quantity of breast milk are reduced if the mother breastfeeds the baby regularly and because of the accumulation of fat in the mother. For one day, the mother's body needs 500 calories in breast milk production to breastfeed her baby, a loss of energy of 3500 calories/0.45 kg during breastfeeding. Mothers naturally lost 11 kg of weight only by exclusive breastfeeding for 6 months. When added to diet and exercise, the weight of postpartum mothers can be monitored calories according to the needs of the mother. Weight will return to like 9 - 11 months

During pregnancy, the body gains weight, apart from the fetus, also because of the accumulation of fat in the body, this fat reserve is actually prepared as a source of energy in the milk production process. And by breastfeeding, the body will produce more milk so that the fat deposits that function as energy reserves will be used up and if the fat deposits shrink, the mother's weight will quickly return to the same condition as before pregnancy (Harjanto, 2020).

Comparing weight loss with pre-pregnancy weight, mothers who exclusively breastfed lost more weight in the 2, 4, 8, and 12 weeks after giving birth than mothers who combined breast milk with formula. In this percentage of weight loss, it is statistically very significant in exclusively breastfed mothers and not in other groups of mothers. This weight loss is evident, although the calorie intake in breastfeeding mothers is higher, for at least 4 months the mother in the period of exclusive breastfeeding to the baby will lose about 45 thousand kcal which is equivalent to 5 kg of fat (Laliasa, 2022).

Fat deposits during pregnancy are indeed prepared to support the breastfeeding process, and precisely if the mother does not breastfeed, the fat deposits will settle and cause overweight. Breastfeeding is actually one of the ways that mothers can lose weight, because when breastfeeding there will be fat burning, which reduces fat deposits naturally. By breastfeeding, you will achieve weight loss by yourself by half to one kilogram per month with proper meal planning, i.e. avoiding foods that reduce fat and sugar

Exclusive breastfeeding will cause the mother to lose weight faster because when breastfeeding, the mother will experience a deficiency of 250 kcal. To meet calorie needs, calories will be taken from the mother's fat stores during pregnancy. If calculated, then if the mother breastfeeds for four months, the mother will lose 250 x 30 x 4 kcal = 45,000 kcal which is equivalent to 5 kg of fat. However, in contrast to the findings published by "The International Breastfeeding Journal" which stated that in the first 4 weeks after giving birth, mothers who combined breast milk with formula milk experienced more weight loss compared to mothers who gave exclusive breastfeeding (Scott, 2022).

Research in Indonesia on the effect of breastfeeding on weight loss has been conducted in Karanganyar District. The results showed that during the 6 weeks after giving birth, as many as 96% of exclusively breastfeeding mothers and 72% of non-exclusive breastfeeding mothers experienced weight loss. Average weight loss of 2.08 kg in exclusively breastfeeding mothers and 0.89 kg in non-exclusive breastfeeding mothers (Tianingsih, 2020).

Another study by (Elisa, 2020) showed that there was a relationship between breastfeeding and the nutritional status of babies aged 6-12 months in the working area of the Tatelu Health Center, Dimembe District, North Minahasa Regency, as evidenced by the p. value ($0.000 < 0.05$).

Based on the initial data collection of the researcher in the last three months of August - October 2024 in the Work Area of the Telaga Health Center, Gorontalo Regency, the coverage of exclusive breastfeeding at the Telaga Biru Health Center was 32%, which explains that the implementation of the Exclusive Breastfeeding program has not been good, as seen from the poor output that has not reached the target of SPM Exclusive Breastfeeding, which is 80% per work area. The next data is the number of breastfeeding mothers at the Telaga Health Center of 67 breastfeeding mothers divided into 4 villages/sub-

districts, Bulila Village as many as 15 mothers, Mongolato Village as many as 15 mothers, Luhu Village as many as 24 mothers, and Hulawa Village as many as 13 mothers.

Another data obtained by researchers is the number of toddlers aged 0 – 24 months as many as 217 toddlers in January – April 2025. Nutritional status was obtained as many as 36 toddlers experiencing malnutrition, Malnutrition 2 toddlers. Since the last 3 years, there has been an increase in cases of undernourished toddlers, where in 2023 there will be 12 undernourished toddlers, in 2024 23 undernourished toddlers, and in 2025 it will increase rapidly to 36 undernourished toddlers. Based on the interview, the problem of increasing malnutrition cases is less due to several factors such as insufficient daily nutritional consumption of toddlers due to non-compliance with exclusive breastfeeding by parents.

Based on interviews conducted with 10 breastfeeding mothers, some mothers or five of them are worried that breastfeeding will make it difficult for the mother's body to return to its previous shape, because of the existing belief that breastfeeding mothers will be more easily hungry and consume excess food, mothers also say that their weight increases by 1-3 Kg during breastfeeding, Because they eat a lot, especially eating soup so that breast milk can come out more and be nutritious. Meanwhile, in 2 mothers, they regularly lose weight of 1-2 kg in a month. In the other 2 mothers, they choose to use formula milk because they do not have enough time to breastfeed, dense activities and work cause mothers to choose formula milk and to stop children who are quite fussy and thirsty because they do not get enough breast milk.

RESEARCH METHODOLOGY

This research is a type of research Quantitative which is Analytics. Quantitative research is research that is based on the collection and analysis of numerical (numerical) data to explain, predict, and control the phenomenon of interest. Quantitative research emphasizes its analysis on numerical data processed by statistical methods, with quantitative methods will obtain the significance of the relationship between variables. This research uses a design cross sectional (Nursalam, 2020).

Cross-sectional is a design that is very suitable for studies or research that aims to find an event in a phenomenon, situation, problem, behavior, or issue through taking cross-section (representative examples represent the whole) of a population. This design is very useful in obtaining a comprehensive picture of the time when conducting studies or research (Pasaribu et al., 2022). This study was designed using a retrospective data collection method. According to Notoatmodjo, (2020), retrospective research is research in the form of observation of events that have occurred and aims to find factors related to the cause. Retrospective is a research where data collection of consequential variables (dependent) is carried out first, then the cause variables that have occurred in the past are measured.

This study aims to determine the relationship between two variables, namely the Effect of Exclusive Breastfeeding on the Nutritional Status of Mothers and Infants in the Working Area of the Telaga Health Center. The location where the research is conducted in this study is the Telaga Health Center and the research will be carried out in May 2025.

The population in this study is all mothers who have babies aged 0-6 months at the Telaga Health Center with a total of 67 mothers divided into 4 villages/sub-districts, Bulila Village as many as 15 mothers, Mongolato Village as many as 15 mothers, Luhu Village as many as 24 mothers, and Hulawa Village as many as 13 mothers. Data analysis was carried out with a computer using the SPSS Computer program Version 25.0

RESULTS

Univariate Analysis

Overview of Maternal Nutrition Status in the Telaga Health Center Working Area

Table 1. Overview of Maternal Nutrition Status in the Telaga Health Center Working Area

Yes	Nutritional Status	Frequency *(n)*	Present (%)
1.	Malnutrition	11	19.3
2.	Normal Nutrition	33	57.9
3.	More Nutrition	13	22.8
	Total	**57**	**100%**

(Source: Primary data, 2025)

Based on the table above, the majority of mothers have a normal nutritional status of 33 people (57.9%), and the lowest is mothers who have more nutrition of 13 people (22.8%).

Overview of Infant Nutritional Status in the Working Area of Telaga Health Center

Table 2. Overview of Infant Nutritional Status in the Working Area of Telaga Health Center

Yes	Nutritional Status	Frequency *(n)*	Present (%)
1.	Malnutrition	17	29.8
2.	Normal Nutrition	35	61.4
3.	More Nutrition	5	8.8
	Total	**57**	**100%**

(Source: Primary data, 2025)

Based on the table above, the majority of babies have a normal nutritional status of 35 people (61.4%) and the lowest has a nutritional status of more than 5 people (8.8%).

Overview of Exclusive Breastfeeding in the Working Area of Telaga Health Center

Table 3. Overview of Exclusive Breastfeeding in the Working Area of Telaga Health Center

Yes	Exclusive Breastfeeding	Frequency *(n)*	Present (%)
1.	Exclusive Breast Milk	17	29.8
2.	Non-Exclusive Breast Milk	35	61.4
	Total	**57**	**100%**

(Source: Primary data, 2025)

Based on the table above, the majority of babies received exclusive breastfeeding in 37 people (64.9%), and babies who did not receive exclusive or non-exclusive breastfeeding were 20 people (35.1%).

Bivariate Analysis

The Effect of Exclusive Breastfeeding on Maternal Nutritional Status in the Working Area of the Telaga Health Center

Table 4. The Effect of Exclusive Breastfeeding on Maternal Nutritional Status in the Working Area of the Telaga Health Center

Exclusive Breastfeeding	Nutritional Status								*p.value(x2)*
	Malnutrition		Normal Nutrition		More Nutrition		Total		
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	
Exclusive Breast Milk	2	3.5	32	56.1	3	5.3	37	64.9	0.000
Non-Exclusive Breast Milk	9	15.8	1	1.8	10	17.5	20	35.1	
Total	**11**	**19.3**	**33**	**57.9**	**13**	**22.8**	**57**	**100.0**	

Based on the results of the study, it was shown that the majority of mothers who gave exclusive breastfeeding and had normal nutritional status were 32 people (56.1%), and the lowest mothers who gave exclusive breastfeeding with an undernourished status were 2 people (3.5%).

In the lowest group, mothers who do not exclusively breastfeed with nutritional status are 10 people (17.5%) and the lowest are mothers who do not exclusively breastfeed with normal nutritional status of 1 person (1.8%).

The results of statistical analysis using the chi square (x2) test obtained a p-value of 0.000 (≤0.05), Based on this value because the p value ≤ 0.05 can be concluded that there is an Effect of Exclusive Breastfeeding on the Nutritional Status of Mothers in the Work Area of the Telaga Health Center.

The Effect of Exclusive Breastfeeding on Infant Nutritional Status in the Working Area of Telaga Health Center

Table 5 Effect of Exclusive Breastfeeding on Infant Nutritional Status in the Working Area of Telaga Health Center

Exclusive Breastfeeding	Nutritional Status								*p.value(x2)*
	Malnutrition		Normal Nutrition		More Nutrition		Total		
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	
Exclusive Breast Milk	5	8.8	31	54.4	1	1.8	37	64.9	0.000
Non-Exclusive Breast Milk	12	21.1	4	7.0	4	7.0	20	35.1	
Total	**17**	**29.8**	**35**	**61.4**	**5**	**8.8**	**57**	**100.0**	

Based on the results of the study, it was shown that the majority of babies who were given exclusive breastfeeding had a normal nutritional status of 31 people (54.4%), and the lowest were babies who were given exclusive breastfeeding but had more nutrition than 1 person (1.8%).

In the lowest group, there were 12 infants who were not exclusively breastfed with undernutrition (21.1%), and the lowest were infants who were not exclusively breastfed with overnutrition 4 people (7%).

The results of statistical analysis using the chi square (x2) test obtained a p-value of 0.000 (≤0.05), Based on this value because the p value ≤ 0.05 can be concluded that there is an Effect of Exclusive Breastfeeding on the Nutritional Status of Babies in the Work Area of the Telaga Health Center.

DISCUSSION

Overview of Maternal Nutrition Status in the Telaga Health Center Working Area

Based on the results of the study, it shows that the majority of mothers have a normal nutritional status of 33 people (57.9%), Based on the findings of researchers in the field, this is associated with mothers who have an ideal weight as seen from their weight compared to their height showing an ideal or proportional body mass index. Mothers who have normal nutritional status in daily food consumption focus on healthy and nutritious foods to increase breast milk, because the diet of breastfeeding mothers affects the production and quality of breast milk. Mothers increase their intake of animal protein and vegetable protein to increase their milk production. Mothers want to provide the best quality of breast milk to their babies in supporting the growth and development of the baby according to their age stages.

According to (Hamid et al., 2020) that mothers who have sufficient nutritional intake will produce breast milk with more complete nutritional content, such as protein, fat, vitamins, and minerals. High-quality breast milk will meet the nutritional needs of babies well. KThe quality and quantity of breast milk are greatly influenced by the nutritional status of breastfeeding mothers. Mothers who have a good nutritional status will produce breast milk with a more complete nutritional content and smoother milk production. Good breast milk is essential for the growth and development of the baby

In the lowest group, 13 mothers (22.8%) were overnourished. Based on the findings of researchers in the field, this is associated with mothers who do not breastfeed tend to be overweight, mothers do not breastfeed regularly and often give their children sweetened condensed milk or honey when they are 0-6 months old.

According to (Hanifah & Sab'ngatun, 2020) that non-breastfeeding mothers have a higher risk of obesity due to the lack of calorie burning that occurs during breastfeeding, and due to the possibility of an unhealthy diet. Breastfeeding mothers burn more calories, which can lead to weight loss. Non-breastfeeding mothers may not have a natural urge to engage in physical activity and may be more likely to eat unhealthy foods

Related research conducted by showed that there was a close relationship between mothers who did not breastfeed exclusively and the incidence of overweight with a p. value of <0.05. Based on the researcher's assumption, the nutritional status of the mother is closely related to exclusive and non-exclusive breastfeeding to her baby at the age of 0-6 months.

Overview of Infant Nutritional Status in the Working Area of Telaga Health Center

Based on the results of the study, it shows that the majority of babies have a normal nutritional status of 35 people (61.4%). Based on the findings of the researcher, this result is influenced by the baby's weight compared to the relative length of the baby's body according to his age stage, in addition to the family's economic level is a medium economy so that the family provides a variety of daily food with sufficient nutritional status so that the daily nutritional adequacy of toddlers can be met. The family said providing

meals varied every day.

According to (Beno et al., 2022) that in toddlers who come from families with a medium economic level affect food purchasing power, so that nutritional intake greatly affects the nutritional status of toddlers. The availability of food in the family will affect the quality and quantity of food consumed by family members so that what is consumed is guaranteed nutritional content. So the higher the income, the higher the ability to provide nutritious food for his family.

According to (Ardiny & Rahayuni, 2022) that nutritional status is a state that is shown as a consequence of the balance between nutrients that enter the body and those that are needed. Nutritional status is the expression of a state of equilibrium in the form of a certain variable, or the embodiment of a particular nutrient intake. The state of nutrition is a description of what a person consumes over a long period of time. Therefore, the availability of nutrients in a person's body determines whether the nutritional state is lacking, optimal or more. The toddler period is an important period that needs to be considered for parents who have toddlers, because during this period the nutritional status of toddlers affects the growth and development of toddlers

In the lowest group, 5 people (8.8%) had more nutritional status. Based on the findings of the researcher, this is related to giving formula milk to babies from the age of < 6 months, this is done by mothers because of little or no complaints of breast milk coming out at all to the reason of being busy at home or work.

According to (Apreliasari et al., 2024) that toddlers who experience obesity are related to high levels of protein consumption, namely from formula milk at the age of 12 months. In addition, it is also known that children who consume formula milk or complementary foods at the age of less than 4 months can increase the baby's weight. This suggests that the initial time of formula milk consumption may be related to weight gain and the risk of obesity in children. and the risk of obesity in children. Feeding formula milk with high energy and protein content early in life can increase the risk of weight gain and obesity in children due to the amount of energy intake that exceeds the requirement, and high protein intake can increase the release of the hormones insulin and insulin like growth factor-1 (IGF-1) which hormone can increase adipogenic activity and promote weight gain.

Related research proves that in babies aged 0-6 months, the consumption of formula milk between 15 - 24 times/day at a rate of 11.3 g per 1 spoon of milk or equivalent to 170-270 g/day can cause obesity in children (Arling Tamar Daworis, 2021).

Based on the description above, the researcher assumes that the nutritional status of babies is not only influenced by exclusive and non-exclusive breastfeeding but also influenced by early MP-breastfeeding in the family.

Overview of Exclusive Breastfeeding in the Working Area of Telaga Health Center

Based on the results of the study, the majority of babies received exclusive breastfeeding as many as 37 people (64.9%), based on the findings of researchers that babies received exclusive breastfeeding without any additional drinks or food from 0 – 6 months. Babies who consume enough exclusive breast milk show signs such as frequent urination (6 – 8 times a day), bowel movements (more than 4 times a day with sufficient volume), and healthy weight gain, babies also appear calm, not fussy because of thirst, seem full, and often sleep soundly after breastfeeding. These things show that the baby shows the adequacy of the milk given.

According to (Namangboling et al., 2022) that Exclusive breastfeeding is breastfeeding for 6 months without the addition of other liquids, such as formula milk, oranges, honey, tea water, and water, and without the addition of solid foods, such as bananas, milk porridge, biscuits, rice porridge, and team rice, except for vitamins and minerals and medicines. In addition, exclusive breastfeeding is also related to the act of giving breast milk to babies up to 6 months of age without other food and drinks, except for medicinal syrup. After the baby's age of 6 months, only then does the baby begin to be given complementary foods with breast milk, while breast milk can be given for up to 2 years or more. Exclusive breastfeeding during the first 6 months of a baby's life can improve the baby's health because breast milk contains natural antibodies, essential nutrients, and helps the development of the immune system.

Based on the description above, researchers assume that exclusive breastfeeding to babies 0-6 months determines the next growth of babies, babies who are given exclusive breastfeeding show gradual normal growth according to babies of their age.

In babies who did not receive exclusive or non-exclusive breastfeeding, 20 people (35.1%). Based on the findings of the researcher, this is associated with babies who are not exclusively breastfed at 0-6 months, on average babies at the age of 3 months start to be given formula milk and some others are given water, sweetened condensed milk and honey. Babies who are not exclusively breastfed show weight loss, and some experience an uncontrolled increase in BB, babies look weak and fussy, and often cry because they feel thirsty, urinate less than 6-8 times a day, urine is dark, and stools are dark or small in number and the baby becomes sick more easily than other babies of his age. In addition, babies who have been given additional

drinks other than breast milk are always fussy when they are not given the drink they like. Babies become uninterested in the milk given and always show a reaction of rejection when they are breastfed, such as always removing the nipple from the mouth or pushing the nipple with the tongue so that the milk does not enter the mouth.

According to (Hamid et al., 2020) that non-exclusive breastfeeding babies are babies who receive breast milk, but are also given other foods or drinks other than breast milk before the age of 6 months. This non-exclusive breastfeeding means that babies not only get breast milk as the main source of nutrition, but also are given additional foods or drinks such as water, formula milk, or MP-ASI (complementary foods for breast milk) early before they are 6 months old. Non-exclusive breastfeeding, which is giving additional foods other than breast milk before the age of 6 months, has an impact on the baby's health and can cause nutritional disorders, increased risk of diseases such as diarrhea and infections, and growth disorders.

Based on the description above, researchers assume that babies who are not given exclusive or non-exclusive breastfeeding are more prone to developing growth disorders and infectious diseases due to the lack of antibodies in the body that are formed compared to babies who receive exclusive breastfeeding.

The Effect of Exclusive Breastfeeding on Maternal Nutritional Status in the Working Area of the Telaga Health Center

The results of statistical analysis using the chi square (x2) test obtained a p-value of 0.000 (≤0.05), Based on this value because the p value ≤ 0.05 can be concluded that there is an Effect of Exclusive Breastfeeding on the Nutritional Status of Mothers in the Work Area of the Telaga Health Center.

Based on the results of the study, it showed that the majority of mothers gave exclusive breastfeeding and had a normal nutritional status of 32 people (56.1%), based on the findings of the researcher, mothers with exclusive breastfeeding until the baby was 6 months old had a normal nutritional status because the mother's weight was controlled during breastfeeding, in addition to the mother's increase intake with multivitamins consumed during breastfeeding and a healthy and balanced diet. Mothers always routinely breastfeed their babies every day and never replace them with drinks or other foods even when the baby is fussy, mothers say that the best nutrition that her baby needs right now is breast milk so that her baby can grow and develop like other children according to their age stages.

According to (Namangboling et al., 2022) that exclusive breastfeeding can indeed help mothers lose weight, because the breastfeeding process requires significant energy, and can burn up to 500 calories per day. PRose milk production requires additional energy from the body, so breastfeeding mothers will burn more calories compared to non-breastfeeding mothers. Breast milk also contains quite a lot of calories, when the breastfeeding process occurs, the mother "transfers" calories to the baby. This will of course make your calorie consumption decrease. So that the average postpartum mother who experiences weight gain will gradually return to the ideal weight when breastfeeding exclusively.

In the group of mothers who give exclusive breast milk but have undernourishment as many as 2 people (3.5%), based on the findings of the researcher, this is because the mother has a history of KEK during pregnancy and is not treated thoroughly. In addition, the mother has never been to the posyandu to get additional food (PMT), so the mother experiences chronic malnutrition. The mother also said that less milk is produced, but the mother still tries to get her baby exclusive breast milk without giving any drinks/food before he is 6 months old. The mother said that the history of KEK during pregnancy made her breast milk production small, and not smooth, so the mother had to routinely do breast massage to increase her milk production and expenditure.

According to (Hamid et al., 2020) that SEZs can interfere with breast milk production because mothers with SEZs may have less body fat stores for breast milk production. In addition, SEZs in pregnant or lactating women can cause a lack of important nutrients, such as protein, vitamins, and minerals. This nutrient deficiency can have an impact on breast milk production, both in quantity and quality. Mothers with KEK may produce breast milk with a smaller volume or an incomplete composition.

Research conducted by (Jannah, 2023) shows that there is a significant relationship between Chronic Energy Deficiency (SEZ) in mothers and milk production and quality. Mothers with KEK tend to have a smaller volume of breast milk and less optimal milk quality compared to mothers with normal nutritional status.

In the lowest group, mothers who did not exclusively breastfeed with nutritional status were more than 10 people (17.5%). Based on the findings of researchers in the field, this is associated with mothers who do not breastfeed tend to be overweight, mothers do not breastfeed regularly and often give their children sweetened condensed milk or honey when they are 0-6 months old. This non-breastfeeding mother has a busy reason and does not have time to breastfeed her child because of the high work activities and as a housewife who has several children who have to be nurtured at the same time.

According to (Lubis & Asih Setiarini, 2022) that non-breastfeeding mothers have a higher risk of obesity due to the lack of calorie burning that occurs during breastfeeding, and due to the possibility of an unhealthy diet. Breastfeeding mothers burn more calories, which can lead to weight loss. Non-breastfeeding

mothers may not have a natural urge to engage in physical activity and may be more likely to eat unhealthy foods.

Related research conducted by showed that there was a close relationship between mothers who did not breastfeed exclusively and the incidence of overweight with a p. value of <0.05.

In the group of mothers who did not exclusively breastfeed with normal nutritional status, 1 person (1.8%). Based on the researchers' findings, this is associated with mothers who consume diet drugs or slimming after childbirth so, even though the mother does not breastfeed exclusively, the mother's weight remains within the normal range. The mother said that when she was pregnant, she had gained weight by 8-11 kg, but after childbirth, the mother consumed slimming drugs in the form of herbal medicine and other herbal drinks as soon as possible to lose her excess weight.

According to (Wulandari, 2019) that slimming drugs can help lose weight in postpartum mothers, but in general, the consumption of slimming drugs by breastfeeding mothers is not recommended. Although there are several products that claim to be safe for breastfeeding mothers, keep in mind that each product has different ingredients and is not necessarily safe for all mothers. In addition, slimming drugs can have an impact on decreasing the quality and quantity of breast milk. Some of the ingredients in slimming drugs can be detected in breast milk and have an impact on the baby, in addition to the side effects in the mother can cause side effects in the mother, such as indigestion, mood swings, and other problems.

Based on the description above, the researcher assumes that exclusive breastfeeding is closely related to the nutritional status of the mother, where there is a positive correlation between the two variables, namely exclusive breastfeeding from the age of 0 – 6 months in the baby will affect the nutritional status of the mother after childbirth.

A good nutritional status of the mother, especially adequate nutritional intake, is essential for optimal milk production. Mothers with good nutrition have enough nutritional reserves to produce breast milk that meets the needs of the baby. On the other hand, malnutrition in pregnant women can lead to a decrease in milk production, both in quantity and quality (Lubis & Asih Setiarini, 2022).

The quality of breast milk, which includes nutritional content such as protein, fat, carbohydrates, vitamins, and minerals, is also affected by the nutritional status of the mother. Mothers with good nutrition will produce breast milk that is richer in nutrients, so that the baby gets optimal benefits from breast milk. Good nutritional status also contributes to the overall health of the mother. Healthy mothers tend to have more energy and stamina to care for the baby, including breastfeeding, and are better able to cope with the stress that may arise during breastfeeding (Hamid et al., 2020).

Based on the description above, it can be concluded that the nutritional status of pregnant women is an important factor that affects the success of exclusive breastfeeding. Pregnant women need to get a balanced and adequate nutritional intake to support quality breast milk production and maternal health, so that babies can get optimal benefits from exclusive breastfeeding.

The Effect of Exclusive Breastfeeding on Infant Nutritional Status in the Working Area of Telaga Health Center

Based on the results of the study, it showed that the majority of babies who were given exclusive breastfeeding had a normal nutritional status of 31 people (54.4%), based on the findings of the researcher, this was associated with babies who had a history of complete exclusive breastfeeding without any additional drinks and food until they were 6 months old. In addition, babies also show signs of nutritional adequacy or normal nutrition such as having weight growth and body length in accordance with age standards, in addition to a good appetite, active, and rarely sick. Babies who are fed exclusive breastfeeding also during the breastfeeding period seem calmer and more satisfied after breastfeeding, are not fussy, gain weight normally, urinate frequency increases (more than 6 times a day), stools are yellowish after the age of 5-7 days, and breasts feel soft after conceiving

According to (Sasa et al., 2024) in line with the theory that states Breast milk is the most important source of energy and nutrition in children aged 0-24 months, considering that this period is the golden period of child development until the age of 2 years. Breastfeeding can reduce the risk of babies who are not breastfed and are very susceptible to infectious diseases, babies and toddlers suffer from recurrent infectious diseases that will result in the occurrence of toddlers with malnutrition and thinness.

This is in line with Parti (2021) research, breastfeeding can prevent malnutrition in children. that there is a positive correlation between breastfeeding and children's nutritional status. More often than not, children who receive attention (through breastfeeding) have a better probability than babies who are not breastfed or breastfed but only briefly. Because of the relationship between exclusive breastfeeding and the nutritional status of the baby as the baby ages accompanied by weight and height increases, the need for energy and nutrients will also increase.

In the group of babies with exclusive breastfeeding but undernourished 5 people (8.8%), based on the findings of the researcher this is associated with a history of BBLR in babies (Low Birth Weight) which is not handled properly, it appears that babies with BBLR even though they have received exclusive

breastfeeding but get sick easily, because they have weak antibodies, lack of nutritional intake due to fuss, showing rejection when breastfeeding or experiencing difficulties when breastfeeding, besides that babies like to vomit when they are breastfed.

According to (Werdani, 2023), the factors that cause wasting or malnutrition in children are grouped into 3 categories, namely based on mother, child, and family factors. Maternal factors are exclusive breastfeeding, parenting, mother's education level, mother's knowledge level, and employment status. Children's factors are gender, age, nutritional intake, infectious diseases, and BBLR. Family factors are family food security, economic level and number of family members. In infants with a history of low birth weight (BBLR) there is a strong association with the risk of malnutrition in infants. Babies born with BBLR have a 2-3 times greater risk of malnutrition than babies with normal birth weight. Babies born with BBLR (below 2,500 grams) are more susceptible to malnutrition because they may experience problems in nutrient absorption, impaired growth, and an increased risk of infection.

Research conducted by (Werdani, 2023), shows that based on the results of chi-square analysis, it shows that the incidence of BBLR is significantly related to malnutrition (wasting). A double logistics regression test showed that energy intake was the dominant factor of wasting in children aged 6-23 months in Pagedangan District, Tangerang Regency in 2020 (OR=5.616; 95% CI: 1.193-26.438).

In the lowest group, there were 12 infants who were not exclusively breastfed with malnutrition (21.1%), based on the findings of the researcher, infants were given formula milk from an early age. The mother said that her child was fussy because the milk came out a little so that to overcome the thirst of the child, the mother gave formula milk almost every day since the average child was 3 months old and above. The signs of the baby that appear are due to early formula feeding where the baby is fussy after breastfeeding, dissatisfied after breastfeeding even though it has been breastfed frequently, and weight can gain or even decrease. Babies can also experience digestive problems such as diarrhea or constipation. Conditions such as dehydrated babies.

According to (Hamid et al., 2020) that Giving formula milk at the age of babies under 6 months will have an impact on the nutritional status of the baby. If formula milk is too diluted, it will result in less nutritional intake for the baby's body. From every 100 grams of formula milk packaging has almost the same nutritional content, there are even 2 brands of milk that have the same energy, protein, fat and carbohydrate content. If you refer to the 2022 WNPG, all brands of formula milk have a nutritional content that is less than the nutritional adequacy figure that babies aged 0-6 months should get

In the group of babies who were not exclusively breastfed with more nutrition, 4 people (7%). Based on the researchers' findings, this is associated with babies who are given formula milk every day with a thick and excessive consistency. Babies at the age of 0-6 months have been given formula milk from an early age, on average babies consume formula milk 5-6 times a day where babies look fatter than the average baby of their age and are often fussy because they experience bloating, gas, or abdominal pain after drinking formula milk, besides that babies who are used to being given formula milk will prefer the taste of formula milk and refuse breastfeeding when they are going to be breastfed.

According to (Hanifah & Sab'ngatun, 2020) which states that the passing of formula milk in babies can lead to faster weight gain compared to breastfed babies. This is because the nutrient and calorie content in formula milk is often higher than breast milk. Formula milk is high in protein, high in fat, and high in sugar. This can certainly make formula babies more prone to excess calorie intake, making it easier to gain weight.

The study, conducted by By, showed that infants who had a history of being given formula were overweight, and statistically had a meaningful relationship (p-value: 0.0245).

The results of statistical analysis using the chi square (x2) test obtained a p-value of 0.000 (≤0.05), Based on this value because the p value ≤ 0.05 can be concluded that there is an Effect of Exclusive Breastfeeding on the Nutritional Status of Babies in the Work Area of the Telaga Health Center.

The research is in line with the results of the above study found that there is a significant relationship between exclusive breastfeeding and the nutritional status of toddlers.

Breast milk (breast milk) is a fat emulsion in a solution of protein, lactose and organic salts secreted by two mammary glands. Breast milk can also meet the nutritional needs of babies for the first 4-6 months of life. Advanced breastfeeding is defined as breastfeeding to an infant after 6 months of age. This advanced breastfeeding is recommended for up to two years or more. The reason breast milk is still given after the baby is 6 months old, because about 2/3 of a baby's energy needs at the age of 6-8 months still need to be met through breast milk.7 At the age of 6 to 12 months, breast milk is the main food of babies because it contains more than 60% of the baby's nutritional needs. The baby's nutritional needs can be supplemented with complementary foods for breast milk. After the age of 1 year, although breast milk can only meet 30% of the baby's needs, breastfeeding is still recommended because it still provides benefits. The World Health Organization (WHO) and The United Nations Chlidren's Fund (UNICEF) recommend that in addition to being given additional food and drink after the age of 6 months, babies are still given breast milk until the age of 2 years.8 The results of the above study generally show that exclusive breastfeeding of infants during the

first 6 months of life can prevent malnutrition and overnutrition. In theory, it is reasonable that breast milk is very important to meet the needs of babies in all things (Beno et al., 2022).

Exclusive breastfeeding can affect the nutritional status of toddlers. In addition, it can also affect children's motor development. Toddlers who were exclusively breastfed had a normal weight, compared to toddlers who were not exclusively breastfed, tended to be thin and obese. Breast milk is a hygienic, cheap, easy to give, and available to babies. Breast milk is the only food that babies need during the first 6 months of life to become a healthy baby. Its dynamic composition and according to the needs of babies makes breast milk an optimal nutritional intake for babies. Breast milk and plasma have the same concentration of ions so the baby does not need fluids or supplements. Breast milk has all the elements that meet the baby's nutritional needs for a period of about 6 months, unless the mother experiences severe malnutrition or other health problems. This study is in line with previous research that found that babies who were not exclusively breastfed had twice the risk of experiencing stunting at the age of 6-12 months compared to toddlers who received exclusive breastfeeding (Ardiny & Rahayuni, 2022).

Nutritional status can be interpreted as a balance between intake and nutrient needs. Nutritional status is good if the intake of nutrients is according to the body's needs and nutritional status is low if the intake of nutrients needed by the body is not sufficient. One of the main causes of malnutrition and growth inhibition in children is related to the low feeding of Exclusive Breast Milk (AS) for 6 months. The growth and development of babies and toddlers is largely influenced by the amount of breast milk obtained, including energy and other nutrients contained in breast milk. Breast milk without other food ingredients can meet the growing needs of up to about six months.13 Breast milk should be given continuously until the child is 2 years old because breast milk contains nutrients that are important for the child, which are not found in cow's milk. The long process of breastfeeding should be stopped when the child is 2 years old, because the substances contained in breast milk can no longer meet the needs of the child (Hamid et al., 2020).

CONCLUSION

The majority of mothers with the lowest normal nutritional status are mothers who have more nutrition following the advice of doctors and nurses. The majority of babies have normal nutritional status and the lowest have more nutritional status with an impact on toddlers who rarely get sick. There is a significant influence on exclusive breastfeeding with the nutritional status of the mother and baby

SUGGESTIONS

For the sake of the Squirrels, can be used as a reference in improving the evaluation of exclusive breastfeeding in the Telaga Health Center Working Area

For Nursing, it can be used as a reference in improving the quality of nursing education and the teaching and learning process of nursing students, especially in the field of maternity nursing.

For the next researcher, as a reference for the next researcher to develop this research, especially related to other factors that affect exclusive breastfeeding such as support and attitude of family/husband, as well as environmental factors.

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