The Relationship Of Exclusive Breastfeeding With The Incident Rate Of Diarrhea In Babies Aged 0-6 Months

by Library Referensi

Submission date: 13-Dec-2023 01:49PM (UTC+0700)
Submission ID: 2257661960
File name: C2811101624.pdf (845.13K)
Word count: 5157
Character count: 27753

IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 28, Issue 11, Series 10 (November, 2023) 16-24
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

The Relationship Of Exclusive Breastfeeding With The Incident Rate Of Diarrhea In Babies Aged 0-6 Months

Christine Handayani Tampubolon [1], Keswari Aji Patriawati[2], Louisa A. Langi[3]
[1,2]*Department of Pediatrics, Medical Faculty, Universitas Kristen Indonesia, Jakarta, Indonesia*
[3]*Department of Medical Community, Faculty of Medicine, Universitas Kristen Indonesia, Jakarta, Indonesia*

Abstract:
Background*: Exclusive breastfeeding can contribute to reducing morbidity and mortality, as well as preventing infectious diseases in babies, such as diarrhea. Diarrhea has the potential to become an Extraordinary Event (KLB) and is one of the causes of death in every age group, especially children under 5 years of age. This study aims to determine the incidence of diarrhea in babies aged 0-6 months who receive exclusive breast milk and non-exclusive breast milk and to determine the risk between babies who receive exclusive breast milk and babies who do not receive exclusive breast milk regarding the incidence of diarrhea.*
Materials and Methods *The type of research in this study was an analytical survey with a case-control cohort retrospective design conducted at the Pasar Rebo District Health Center, with a sample size (n) of 60 babies. The total sample was 60, 30 babies (50%) with exclusive breast milk and 30 babies (50%) with non-exclusive breast milk*
Results*: Babies who received exclusive breast milk had a history of diarrhea, which was less, namely one baby (3.3%) while babies who did not 10 babies received exclusive breast milk (33.3%). Statistical data shows (p) = 0.003 (p < 0.05) and the Odds Ratio obtained between these two variables is 0.69 with 95% CI between 1.45 - 1.88 and the value r = -0.388 with p = 0.002. There is a significant relationship between a history of diarrhea and a history of exclusive breastfeeding in babies aged 0-6 months at the Pasar Rebo District Health Center. The value of r = -0.388 with p = 0.002 obtained concludes that if exclusive breastfeeding is increased, the incidence of diarrhea in babies will decrease.*
Conclusion: *There is a significant relationship between a history of diarrhea and a history of exclusive breastfeeding in babies aged 0-6 months at the Pasar Rebo District Health Center. The value of r = -0.388 with p = 0.002 obtained concludes that if exclusive breastfeeding is increased, the incidence of diarrhea in babies will decrease.*
Key Word*: Breast milk, breastfeeding, diarrhea, exclusive breastfeeding..*

Date of Submission: 18-11-2023 Date of Acceptance: 28-11-2023

I. Introduction

Breast milk (ASI) is the best food choice that is ideal for health, meeting nutritional needs, and for a baby's growth and development. According to UNICEF, breast milk is a gift from the mother to every child. It is a gift because many researchers have proven that breast milk and early breastfeeding have many benefits and advantages, both for the baby and the mother[2,3,4,5]. The benefits of breast milk for babies consist of various aspects[2]. First, from a nutritional aspect, breast milk contains colostrum. Colostrum contains 10-17 times more immune substances than formula milk which contains glycans, immunoglobulin A/IgA, glycans, when-casein, docosahexaenoic (DHA), arachidonic acid (AA), lactoferrin, lysozyme, as well as Bifidus factor which plays a role as a protective/immune factor for babies as well as supporting the growth and development of the baby's brain[1,2]. Then if seen from a psychological aspect, breastfeeding can create a warm relationship between the child and the mother, while from an economic aspect, breastfeeding does not require costs to use, This is because breast milk is produced directly by the mother[2]. Meanwhile, the benefits of breastfeeding for mothers, according to the research results of Chowdhury et al, also Victora, breastfeeding can protect mothers from breast cancer. Apart from that, it can also protect mothers against the risk of postpartum bleeding, liver disease, ovarian cancer, and type 2 diabetes[3,4].

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that breastfeeding be given to babies by early initiation starting from the first hour after the baby is born, which is then given exclusively (only giving breast milk without additional food or fluids, even water). in the first six months) and continue to receive complementary breast milk (MPASI) for up to two years.1

UNICEF says, such breastfeeding can contribute to reducing morbidity and mortality, as well as preventing chronic diseases in babies[1]. UNICEF says that increasing breastfeeding rates throughout the world will be able to save the lives of more than 820,000 children, 87% of whom are children under 6 months of age[1].

The contribution of breast milk in reducing morbidity and mortality in babies has been proven by several epidemiological studies which state that breast milk with its protective factors is able to protect babies against various infectious diseases such as diarrhea and pneumonia which are the main causes of death and morbidity in children under 5 years of age[1,6,35,37].

Diarrhea is the occurrence of defecation with a more liquid consistency than usual which can cause the body to lose a lot of electrolytes and various minerals that are important for the body. UNICEF said that until now diarrhea is still the main killer of children[1,6]. In 2016, 8% of deaths in children under 5 years of age worldwide were caused by diarrhea. More than 1,300 children die every day, or around 480,000 children die annually worldwide due to diarrhea[1]. The cause of death caused by diarrhea is often due to complications from untreated dehydration.

Diarrhea has the potential to become an Extraordinary Event (KLB) and is one of the causes of death in every age group, especially children under 5 years of age[7,8]. In 2018, Diarrhea Outbreaks occurred 10 times spread across 8 Provinces, including West Java, Bali, West and East Nusa Tenggara, West Kalimantan, Central Sulawesi, Maluku, and Papua[8]. The death rate / Case Fatality Rate (CFR) in each Diarrhea Outbreak tends to increase annually, in 2017 the CFR for Diarrhea was 1.97% and increased to 4.76% in 2018[7,8]. The number of diarrhea sufferers in Indonesia continues to increase every year, therefore this disease is still the country's main health problem that must be addressed. Diarrhea cases among toddlers in DKI Jakarta are included in the high category, this was recorded in the 2018 National Diarrhea Patient Service Coverage Data for Toddlers. DKI Jakarta was ranked second highest in 2018, namely (68.54%) after West Nusa Tenggara (75, 88%).8 This is thought to be related to the low coverage of exclusive breastfeeding for children in the DKI Jakarta area. The 2018 Strategic Plan target for ensuring exclusive baby breastfeeding is 47%. Nationally, the coverage of babies receiving exclusive breast milk in 2018 has reached the target of 68.74%, however, the achievement for DKI Jakarta is still less than the target of 45.29%[8]. The results of Roesli's research in 2000 stated that babies who do not receive exclusive breast milk are 14.2 times more likely to suffer from diarrhea when compared to babies who are exclusively breastfed.

Based on the background described above, it is necessary to conduct research on "The relationship between exclusive breastfeeding and the incidence of diarrhea in babies aged 0-6 months at the Pasar Rebo Community Health Center."

II. Material And Methods

This research is a study of the relationship between exclusive breastfeeding and the incidence of diarrhea in infants aged 0-6 months at the Pasar Rebo District Health Center at the Integrated Management Clinic for Sick Toddlers (MTBS) and the Maternal and Child Health Clinic (KIA). Data collection was carried out using a questionnaire. The method for collecting data is the purposive-nonprobability sampling method, sample selection is based on the researcher's own considerations. From the research results, it was found that the number of samples of toddlers aged more than or equal to 6 months was 60 people

Study Design: The type of research used in this study is an analytical survey with a retrospective case-control cohort design, namely a data analysis method to determine whether exposure is different between cases and controls, namely with a retrospective approach

Study Location: This research was conducted at the Pasar Rebo Community Health Center, East Jakarta

Study Duration: August to December 2019.

Sample size: 60 patients.

Sample size calculation: The sample selection method in this research was purposive-non-probability sampling method, namely sample selection based on the researcher's own considerations. The samples used in this study were toddlers aged more than or equal to 6 months who were visiting the District Health Center. Rebo Market

Inclusion criteria:

1) Toddlers aged more than or equal to 6 months
2) Children under five who have been exclusively breastfed
3) Children under five who are not exclusively breastfed
4) Toddlers who have had diarrhea
5) Toddlers who have never had diarrhea

6) Pasar Rebo District Community

Exclusion criteria:
1) Toddlers aged less than 6 months
2) Not the people of Pasar Rebo District

Procedure methodology
Data collection

Data collection was carried out using primary data obtained from questionnaires. Then recording will be carried out according to the required variables. Data Collection Procedures

1) Submit a request to the dean's secretariat to receive a cover letter for borrowing maternal and child surveillance data from the Pasar Rebo District Health Center as secondary data in the thesis research.
2) Submit the letter to the East Jakarta Health Sub-Department and the Head of the Pasar Rebo District Health Center
3) Complete the research permit administration
4) After obtaining permission, then distribute questionnaires to mothers of pediatric patients who come to the puskesmas.

Research Instrument

Research instruments are tools used to obtain research data. The instruments used in this research were questionnaire sheets, notebooks, pens, pencils and laptops

Statistical analysis
Data Management and Analysis
Data Management

The data that has been collected is then processed using a computer using the SPSS for Windows 24.00 Version computer program, as follows:34

1. Edit Data (Editing)

The data that has been collected will be corrected and checked for completeness.

2. Providing Code (Coding)

Data is differentiated based on each category. Each category is given a code to simplify the data processing process.

3. Enter Data (Entry)

The data that has been coded is then entered into the data processing system using SPSS for Windows 24.00 Version.

4. Data Cleaning (Cleaning)

Data cleaning is done manually or computerized. In data cleaning, the data will be re-checked so that it will be detected if there are data entry errors or missing data.

Data analysis
Univariate analysis

This analysis is used to determine the frequency distribution of the independent and dependent variables with the aim of seeing the variations of each variable (Dahlan, 2012).

Bivariate analysis

This analysis is used to measure the closeness of the relationship between the dependent variable and the independent variable. The statistical tests used in this research are Chi-Square and Odd Ratio. At the 95% confidence level. With this confidence level, if the p-value ≥ 0.05 then the statistical calculation results are meaningful (significant).

III. Result

Data collection was carried out in November 2019 regarding the relationship between exclusive breastfeeding and the incidence of diarrhea in babies aged 0-6 months at the Pasar Rebo District Health Center at the Integrated Management Poly for Sick Toddlers (MTBS) and the Maternal and Child Health Polyclinic (KIA). Data collection was carried out using a questionnaire. The method for collecting data is the purposive-nonprobability sampling method, and sample selection is based on the researcher's considerations. From the

research results, it was found that the number of samples of toddlers aged more than or equal to 6 months was 60 and the following research results were obtained:

Univariate Analysis

Univariate analysis in this study will describe the frequency distribution of all research variables. The dependent variable is the history of diarrhea in children, and the independent variables are the respondent's education level, respondent's occupation, respondent's income, child's age, child's gender, order of number of children, child's weight at birth, exclusive breastfeeding, early initiation of breastfeeding (IMD), knowledge and respondent behavior and other factors such as water and waste management.

Characteristics of Respondents (Mother)

Respondent Demographics (Mothers)

In terms of final education, the majority of respondents (mothers) were high school graduates as many as 26 people (43.4%), followed by Diploma/Bachelor graduates as many as 20 people (33.3%), junior high school graduates as many as 9 people (15%) and the highest frequency was The few that are elementary school graduates are 5 people (8.3%). Data distribution as in diagram 1 below:

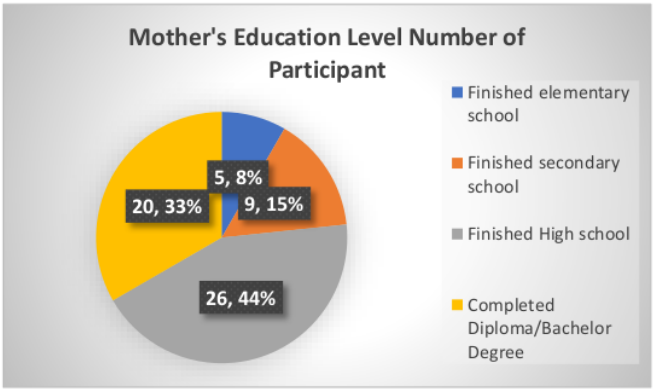

Diagram 1. Distribution of Mother's Educational Status

Based on diagram 2 below, the majority of respondents do not work/are housewives, namely 46 respondents (76.67%), 9 respondents (15%) work as private employees, 3 respondents (5%) are self-employed and 2 respondents others (3.33%) work as Civil Servants (PNS). Data distribution as in diagram 2 below:

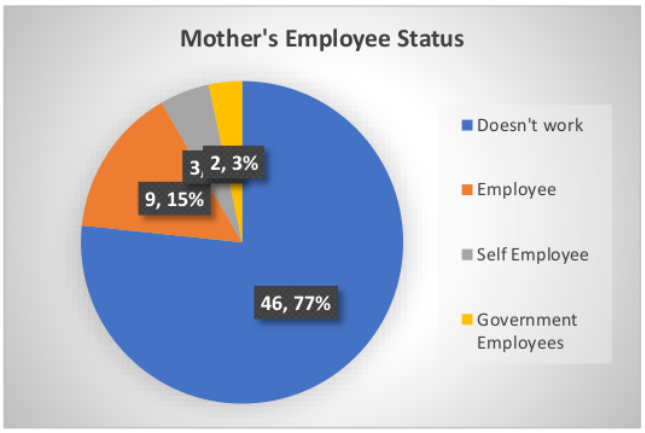

Diagram 2. Mother's Employee Status

Diagram 3 shows that the family income of most of the respondents was more than 3,500,000/month, namely 35 respondents (58.3%), and the monthly family income of 25 other respondents was less than 3,500,000. Data distribution as in diagram 3 below:

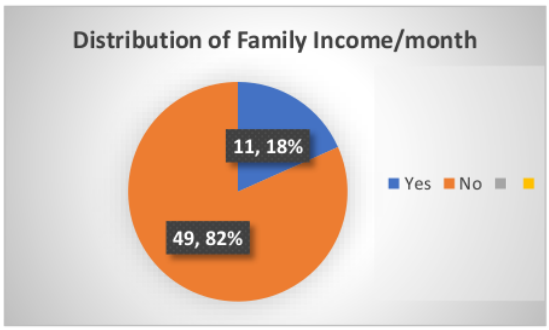

Diagram 3. Distribution of Family Income/Month

Exclusive breastfeeding
Frequency Distribution of Exclusive Breastfeeding History Babies aged 0-6 months

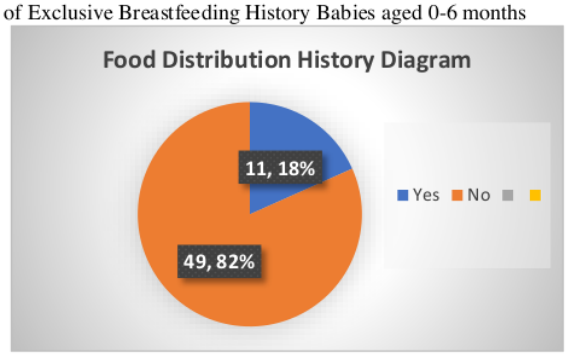

Diagram 4. Foof Distribution History

Based on diagram 3, this research found that 30 respondents (50%) gave exclusively breast milk and the other 30 respondents (50%) did not give exclusive breast milk

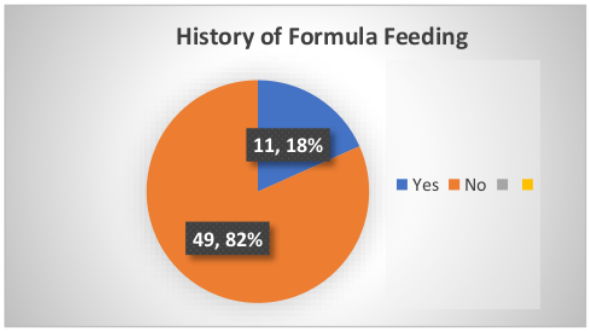

Diagram 5. History of Formula Feeding

Diagram 5 shows that the majority of respondents who had a history of giving formula milk to babies when the baby was 0-3 months old were 16 respondents and 11 other respondents gave formula milk to babies when the baby was 3-6 months old.

History of Diarrhea

Frequency Distribution of Diarrhea History in Children

Based on diagram 6 below. it shows that the majority of children did not have a history of diarrhea at the age of 0-6 months, namely 49 children (81.67%) but 11 children (18.33%) had a history of diarrhea at the age of 0-6 months.

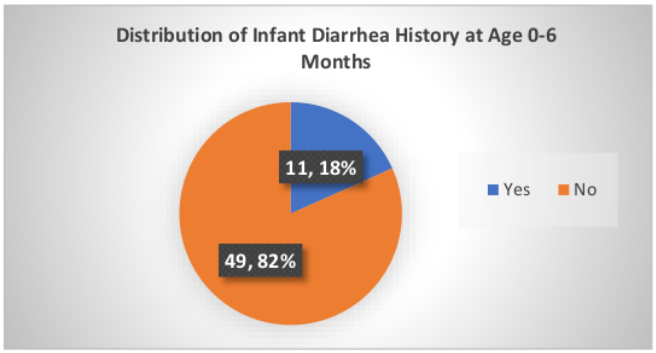

Diagram 6. Distribution of Infant Diarrhea History at Age 0-6 Months

Bivariate Analysis

Bivariate analysis in this research was carried out using the chi square statistical test to see whether there was a significant relationship between the dependent and independent variables, then the analysis continued with the Odds Ratio. The incidence of diarrhea in children aged 0-6 months who receive exclusive and non-exclusive breast milk is shown as in Table 1 below:

Table 1. Correlation between the incidence of diarrhea at the age of 0-6 months and exclusive breastfeeding

History of Breastfeeding	Number Who Have a History of Diarrhea						PValue	OR (95% CI)
	Yes		No		Total			
	N	%	N	%	N	%		
Exclusive breastfeeding	1	3.3	29	96.7	30	100		0.69
Non-exclusive breast milk	10	33.3	20	66.7	30	100	0.003	1.45-1.88
Total	**11**	**18.3**	**49**	**81.7**	**60**	**100**		

Based on Table 1, it shows that babies who received exclusive breast milk had less of a history of diarrhea (3.3%) compared to babies who did not receive exclusive breast milk (33.3%).

The relationship between the incidence of diarrhea in children aged 0-6 months and maternal knowledge and behavior

Table 2. The relationship between the incidence of diarrhea in children aged 0-6 months and maternal knowledge and behavior

Maternal Knowledge and Behavior Variables	History of Diarrhea						P Value
	Yes		No		Total		
	N	%	N	%	N	%	
Mother's knowledge about exclusive breastfeeding							
Yes	10	20.4	39	79.6	49	100	
No	1	9.1	10	90.9	11	100	**0.349**
The mother takes the child to the doctor/health center when the child has diarrhea							
Yes	11	21.2	41	78.8	52	100	
No	0	0	8	100	8	100	**0.176**
Mother's knowledge that breast milk contains many nutrients for babies							
Yes	11	19	47	81	58	100	
No	0	0	2	100	2	100	**0.664**

Based on table 2, it shows that of the 11 children who had a history of diarrhea, 10 mothers (20.4%) knew the meaning of exclusive breastfeeding, but 1 mother (9.1%) did not. All mothers whose children had a history of diarrhea took their children for treatment to a doctor/health center (21.2%). All mothers (19%) whose children had diarrhea at the age of 0-6 months know that breast milk contains many nutrients for babies.

The relationship between the incidence of diarrhea in the last 4 months and the history of diarrhea in children aged 0-6 months

Of the 11 babies who had a history of diarrhea between the ages of 0-6 months, 7 babies (33.3%) had diarrhea in the last 4 months while the other 4 babies (10.3%) did not suffer from diarrhea in the last 4 months as described in table 3 below:

Table 3. The relationship between the incidence of diarrhea in the last 4 months and the history of diarrhea in children aged 0-6 months

Diarrhea for the last 4 months	History of Diarrhea in the first 0-6 Months						PValue
	Yes		No		Total		
	N	%	N	%	N	%	
Yes	7	33.3	14	89.4	21	100	
No	4	10.3	35	53.8	39	100	**0.034**
Total	11	18.3	49	81.7	60	100	

IV. Discussion

In research conducted at the Pasar Rebo District Health Center, 60 respondents were mothers and their children/babies. These respondents were divided into two large groups, namely 30 respondents (50%) who were recorded as giving breast milk exclusively to their babies and 30 respondents (50%) who were recorded as not giving breast milk exclusively to their babies. Exclusive breastfeeding is giving only breast milk without giving other food and drinks or even water to the baby from birth to 6 months, except for medicines and vitamins[10]. Non-exclusive breastfeeding can be categorized as predominant breastfeeding, namely breastfeeding the baby but never being given a little water or other water-based drinks. other than breast milk, for example, such as formula milk, tea, soft rice, etc. as prelacteal drinks/food before breast milk comes out to the baby and partial breastfeeding, namely breastfeeding the baby but having been given artificial food other than breast milk such as formula milk, porridge, or other food before the baby six months old either given continuously or given as prelacteal food[10]

Diarrhea is a symptom of a digestive tract infection which can be caused by bacteria, viruses and parasites. Diarrhea is characterized by changes in the shape and consistency of loose stools and a frequency of defecation (defecation) of more than 3 times/day in infants and 4 times/day in neonates.

Based on diagram 4.15, the results show that the incidence of diarrhea is more often experienced or suffered by babies after the baby is more than 6 months old, namely 26 babies (43.33%) while when the baby is between 0-6 months old, there are 11 babies (18 .33%). This is the same as the results of research conducted by Rahabeat F and Atussoleha M, namely that the majority of diarrhea cases occurred in children aged 6-12 months.[32,33]

The babies who were exclusively breastfed had less of a history of diarrhea (3.3%) compared to babies who did not receive exclusive breast milk (33.3%). Statistical data shows (p) = 0.003, meaning $p < 0.05$, so it can be concluded that there is a significant relationship between a history of diarrhea and a history of exclusive breastfeeding in babies aged 0-6 months at the Pasar Rebo District Health Center. The Odds Ratio obtained between these two variables is 0.69 with a 95% CI between 1.45-1.88, which means that children who are not exclusively breastfed have a 0.69 times greater risk of suffering from diarrhea compared to children who are exclusively breastfed. Based on statistical data, the value $r = -0.388$ with $p = 0.002$ was also obtained, so it can be concluded that if exclusive breastfeeding is increased, the incidence of diarrhea in babies will decrease.

This is the same as what is said by the American Academy of Pediatrics, namely that one of the potential protective effects of breast milk on babies which cannot be denied is a reduction in the incidence or severity of diarrhea. 34 The protective effect of breast milk on the incidence of diarrhea is none other than because breast milk is equipped with various bioactive components starting from the initial phase of lactation, namely colostrum to mature milk. According to the Indonesian Data and Information Center, colostrum contains 10-17 times more bioactive components than mature milk[10]. Bioactive components function as protective substances that babies really need. These bioactive components include (1) anti-microbial factors, (2) immune-stimulating peptides, (3) growth factors14. Some bioactive components are multifunctional. There are components that function as anti-microbial factors, also function as immune stimulants and even as growth

supporting factors, such as lactoferrin, oligosaccharides, lysozyme, cytokines, colostrinin and other protective substance

The results of this study support the hypothesis stated in the previous chapter, namely that there is a significant relationship between exclusive breastfeeding and the incidence of diarrhea in babies aged 0-6 months at the Pasar Rebo District Health Center. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that breastfeeding be given to babies by early initiation starting from the first hour after the baby is born, which is then given exclusively (only giving breast milk without additional food or fluids, even water). in the first six months) and continue to receive complementary breast milk (MPASI) for up to two years.1 Based on diagram 4.10. the majority of respondents (78.3%) had carried out Early Breastfeeding Initiation (IMD) with the help of post-natal health workers. There are 5 babies who received IMD experienced diarrhea (10.6%) while 6 babies who did not receive IMD experienced diarrhea with a p value of 0.009, so it can be concluded that there is a significant relationship between the child's history of diarrhea at the time of birth. aged 0-6 months with Early Initiation of Breastfeeding (IMD).

Several results show the frequency distribution of several variables regarding maternal knowledge and behavior. Of 11 children who had a history of diarrhea, 10 mothers (20.4%) knew the meaning of exclusive breastfeeding, but 1 mother (9.1%) did not with p value = 0.349 ($p > 0.05$). All mothers whose children had a history of diarrhea took their children for treatment to a doctor/health center (21.2%) obtained p value = 0.176 ($p > 0.05$). All mothers (19%) whose children had diarrhea at the age of 0-6 months knew that breast milk contains many nutrients for babies with a p value of 0.664 ($p > 0.05$). From the results of obtaining a p value of > 0.05 for each variable of maternal behavior and knowledge, it can be concluded that in this study the incidence of diarrhea and maternal knowledge and behavior did not have a significant relationship.

V. Conclusion

Based on the results of research and discussions that have been carried out at the Pasar Rebo District Health Center, it can be concluded as follows:

1. The incidence of diarrhea in babies aged 0-6 months who received exclusive breast milk in this study was 23%.
2. The incidence of diarrhea in babies aged 0-6 months who did not receive exclusive breast milk in this study was 33.3%.
3. The Odds Ratio obtained between exclusive breastfeeding and diarrhea in this study was between 1.45-1.88 with a CI of 95%, which means that children who do not receive exclusive breast milk have a risk between 1.45-1.88 times greater of suffering from diarrhea compared to children who receive exclusive breast milk. exclusive..

References

[1]. Unicef. Breastfeeding A Mother's Gift, For Every Child, New York, 2018.
[2]. Banda Aceh City Health Service, Southwest Aceh District Health Profile 2017, Banda Aceh: Banda Aceh City Health Service.
[3]. Chowdhury, R. Et Al. Breastfeeding And Maternal Health Outcomes: A Systematic Review And Meta-Analysis. Acta Paediatr. 2015 Dec; 104 (Suppl 467): 96–113.
[4]. Victora C. G. Et Al. Breastfeeding In The 21st Century: Epidemiology, Mechanisms, And Lifelong Effects. Lancet 2016; 387: 475–90.
[5]. Analinta A. The Relationship Between Exclusive Breastfeeding And The Incidence Of Diarrhea In Toddlers In Ampel Village, Semampir District, Surabaya City 2017. Amerta Nutrition 2019: 13–17.
[6]. Unicef, Diarrhoea Remains A Leading Killer Of Young Children, Despite The Availability Of A Simple Treatment Solution, Unicef, New York, 2019. Available From: Https://Data.Unicef.Org/Topic/Child-Health/Diarrhoeal-Disease/
[7]. Ministry Of Health. Indonesia Health Profile 2017. Jakarta: Indonesian Ministry Of Health, 2018.
[8]. Ministry Of Health. Indonesia Health Profile 2018. Jakarta: Indonesian Ministry Of Health, 2019.
[9]. Shah R, Alhawaj Af. Physiology, Breast Milk. In: Statpearls. Treasure Island (Fl): Statpearls Publishing; 2019. Available From : Https://Www.Ncbi.Nlm.Nih.Gov/Books/Nbk539790/?Report=Classic
[10]. Ministry Of Health. Infodatin Breastfeeding As The Basis Of Life. 2018.
[11]. Suraatmaja S. Asi Instructions For Health Workers: Nutritional Aspects Of Breast Milk. Jakarta: Egc; 1997. 12-16. [14]. Insurance Institute For Highway Safety: Highway Loss Data Institute. Fatality Facts 2019 Males And Females. Retrieved From: Https://Www.Iihs.Org/Topics/Fatality-Statistics/Detail/Males-And-Females. Accessed July 15, 2021.
[12]. Siagian, C., Djogo, M. F., Nahak, M. M., Tedjasulaksana, R., Manek, A. E., Sormin, E., & Pieter, L. A. G. (2023). Supplementation Of Moringa (Moringa Oleifera) Leaf Capsules On Hemoglobin Levels In Women Of Reproductive Age With Iron Deficiency Anemia In Malaka Regency, Nusa Tenggara Timur, Indonesia. Bali Medical Journal, 12(3), 2383-2385.
[13]. Bryant J, Thistle J. Anatomy, Colostrum. In: Statpearls. Treasure Island (Fl): Statpearls Publishing; 2019. Available From: Https://Www.Ncbi.Nlm.Nih.Gov/Books/Nbk513256/?Report=Classic
[14]. Aimi Asi. When Will Breast Milk Start To Be Produced? 2010. Available At: Https://Aimi-Asi.Org/ Jasa/Bayar/Ulasan-Polling-September-2010
[15]. Menchetti, L. Et Al. Potential Benefits Of Colostrum In Gastrointestinal Diseases, Frontiers In Bioscience 2016; 331-351.
[16]. Lawrence, Ruth A. And Lawrence, Robert M. Breastfeeding: A Guide For The Medical Profession Seventh Edition. Elsevier 2016.
[17]. Motee, A., & Jeewon, R. Importance Of Exclusive Breast Feeding And Complementary Feeding Among Infants, 2014; 2(2), 56–72.
[18]. American Pregnancy Association. Breastfeeding: Overview. 2019 Oct 14. Available From: Https://Americanpregnancy.Org/Breastfeeding/Breastfeeding-Overview/

[19]. Martin C. R. Et Al. Review Of Infant Feeding: Key Features Of Breast Milk And Infant Formula. Nutrients 2016, 8(5), 279; 1–11. Available From: Https://Doi.Org/10.3390/Nu8050279
[20]. Wambach, K., & In Riordan, J. Breastfeeding And Human Lactation. 2016
[21]. Ballard O, Morrow Al. Human Milk Composition: Nutrients And Bioactive Factors. Pediatr Clin North Am. 2013;60(1):49–74.
[22]. Meinapuri M, Putri Bo. Relationship Between Levels Of Secretory Immunoglobulin A In Breast Milk And The Body Weight Of Babies Who Receive Exclusive Breast Milk. 2018;41(1):1–9.
[23]. Dallas Dc. Comparison Of Human Milk Immunoglobulin Survival During Gastric Digestion Between Preterm And Term Infants. 2018;
[24]. Demers-Mathieu V, Huston Rk, Markell Am, Mcculley Ea, Martin Rl, Spooner M, Et Al. Differences In Maternal Immunoglobulins Within Mother's Own Breast Milk And Donor Breast Milk And Across Digestion In Preterm Infants. Nutrients. 2019 Apr 24;11(4),1–14.
[25]. Sormin, E., & Siagian, C. (2022). Anthropometric Measurement Training And Balanced Nutrition Education As Efforts To Revitalize Posyandu In The Context Of Reducing Stunting Rates In Cawang/East Jakarta Subdistrict. Journal Comunitã Servizio, 4(1), 786-794.
[26]. Ayuningtias El. Use Of The Antibiotic Ceftriaxone In Diarrhea Patients At Sidoarjo District Hospital. 2011;6–31.
[27]. Resistance D. Management Strategies In The Treatment Of Neonatal And Pediatric Gastroenteritis. 2013;133–61.
[28]. Nadeak, B., Siagian, C., Sormin, E., & Juwita, C. P. (2023, June). Analysis Of Family And Infant Characteristics Of Potential Stunting Event. In 1st World Conference On Health And Social Science (Wchss 2022) (Pp. 66-71). Atlantis Press.
[29]. Ciccarelli S, Stolfi I, Caramia G. Management Strategies In The Treatment Of Neonatal And Pediatric Gastroenteritis. Infect Drug Resist. 2013 Oct 29;6:133-61.
[30]. Sukut S.S. Factors In The Occurrence Of Diarrhea In Toddlers Using Nola J. Pender's Theory Approach In The Emergency Room At Ruteng Regional Hospital. Pediomaternal Journal. 2015 Vol. 3 No. 2
[31]. Mokomane M, Kasvosve I, Melo E De, Pernica Jm, David M. The Global Problem Of Childhood Diarrheal Diseases: Emerging Strategies In Prevention And Management. 2018;29–43.
[32]. Consolini D. M. Diarrhea In Children. Msd Manuals. 2018. Available From:Https://Www.Msdmanuals.Com/Professional/Pediatrics/Symptoms-In-Infants-And-Children/Diarrhea-In-Children#V1083474
[33]. Ghai O. P. Understanding And Managing Acute Diarrhoea In Infants And Young Children. Health Education To Villages. 2019. Available From: Https://Hetv.Org/Resources/Acute-Diarrhoea.Htm#Breast-Fed%20babies
[34]. Nainggolan S. Introduction To Public Health Research Surveys. Nusa Litera Inspiration. 2018
[35]. Rahabeat F. Differences In The Incidence Of Diarrhea In Children Aged 6-24 Months Who Receive Exclusive And Non-Exclusive Breast Milk. 2018
[36]. Atussoleha M. The Relationship Between Nutritional Status, Exclusive Breastfeeding, And Other Factors On The Frequency Of Diarrhea In Children Aged 10-23 Months At Tuhu Community Health Center, Depok, 2012. 2012
[37]. Ancient Ika. Descriptive Analysis Of Exclusive Breastfeeding With Diarrhea Incidence Rates In Infants 0-6 Months At The Kramat Jati District Health Center, East Jakarta. 2014

The Relationship Of Exclusive Breastfeeding With The Incident Rate Of Diarrhea In Babies Aged 0-6 Months

ORIGINALITY REPORT

21%	18%	16%	7%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	hmpublisher.com Internet Source	3%
2	repository.ugm.ac.id Internet Source	3%
3	"1st Annual Conference of Midwifery", Walter de Gruyter GmbH, 2020 Publication	3%
4	repository.poltekkes-kaltim.ac.id Internet Source	3%
5	Submitted to Udayana University Student Paper	1%
6	Farida Farida. "Giving Breast Milk For Motoric Development For Babies In Karangtalun Village, Kalidawir District, Tulungagung On 2019", STRADA Jurnal Ilmiah Kesehatan, 2020 Publication	1%
7	sciencescholar.us Internet Source	1%

8	Submitted to Badan PPSDM Kesehatan Kementerian Kesehatan Student Paper	1 %
9	Submitted to Syntax Corporation Student Paper	1 %
10	jddtonline.info Internet Source	1 %
11	Yopi Wulandhari, Anjeli Ratih Syamlingga. "The Effect Of Baby Massage On The Frequency And Long Of Breastfeeding Babies", JKM (Jurnal Kebidanan Malahayati), 2023 Publication	1 %
12	www.ijhsr.org Internet Source	1 %
13	Submitted to University of KwaZulu-Natal Student Paper	1 %
14	iosrjournals.org Internet Source	1 %
15	discovery.researcher.life Internet Source	1 %

Exclude quotes	On	Exclude matches	< 1%
Exclude bibliography	On		