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# Relationship Between Exclusive Breastfeeding Status and Nutritional Status of Infants Aged 7-12 Months

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**Abstract:**
Malnutrition remains a major public health concern that contributes to infant morbidity and mortality worldwide. One of the important factors associated with infant nutritional status is exclusive breastfeeding, which provides optimal nutrition and may prevent long-term health problems such as stunting. However, previous studies have shown inconsistent findings regarding the relationship between exclusive breastfeeding and infant nutritional status, particularly among infants aged 7–12 months. Therefore, this study aimed to analyze the relationship between exclusive breastfeeding status and the nutritional status of infants aged 7–12 months in the working area of the Kotaanyar Community Health Center, Probolinggo Regency. This study used a correlational analytic design with a cross-sectional approach. The population consisted of 79 infants aged 7–12 months, and 64 respondents were selected using proportional stratified random sampling. Data were analyzed using the Lambda test. The results showed that 53.1% of infants did not receive exclusive breastfeeding, while 62.5% had good nutritional status. Statistical analysis revealed that the p-value was 0.95, which was greater than α = 0.05, indicating that there was no significant relationship between exclusive breastfeeding status and the nutritional status of infants aged 7–12 months. In conclusion, exclusive breastfeeding status was not significantly associated with the nutritional status of infants aged 7–12 months in the Kotaanyar Community Health Center area.

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## INTRODUCTION

Malnutrition is a public health problem associated with infant mortality and morbidity. Exclusive breastfeeding is suspected to be a contributing factor to malnutrition in infants (Odiase et al., 2023). Nutrition during infancy requires serious attention because inadequate or even poor nutritional status can lead to various delays and irreversible damage (Sosseh et al., 2023). Malnutrition and

severe malnutrition are nutritional statuses based on the weight-for-age (BW/U) index, which is a term used to describe malnutrition. underweight( malnutrition) andseverely underweight (malnutrition) according to (Purkiewicz et al., 2025).

The government is aiming to reduce underweight by 12% by 2024. Based on the Indonesian Nutritional Status Survey (SSGI), the prevalence of underweight is underweightnational prevalence in 2022 was 17.1%. In East Java, the prevalence underweightby 15.8%. And in Probolinggo Regency the prevalence underweightby 19.9% (Syahri, 2024). In Kediri City, the majority of respondents (60.6%) did not provide exclusive breastfeeding. As many as 51.5% of toddlers aged 2-3 years are malnourished. Meanwhile, data from the Kotaanyar Community Health Center's health profile in 2023 shows a prevalence of malnutrition. underweightThe rate of exclusive breastfeeding was 17.6%. Meanwhile, the rate of exclusive breastfeeding was 77% (Pratiwi, 2023).

Compared to the WHO target of 80% exclusive breastfeeding, the rate of exclusive breastfeeding at the Kotaanyar Community Health Center is still low. The causes of malnutrition include nutritional intake and health status, which includes food security (availability, affordability and access to nutritious food), social environment (norms, food for babies and children, hygiene, education and workplace), health environment (access to preventive and curative services), and residential environment (water, sanitation, building conditions (Sonephet et al., 2024). The short-term impact of malnutrition can hinder cognitive and motor development, reduce body size, and disrupt metabolism (Chen et al., 2024).

In the long term, malnutrition can lead to stunting and other developmental problems in children. To address this issue, the government has implemented several programs, including nutritional assistance for malnourished toddlers, strengthening the role of healthcare workers, and training communities to prepare local complementary foods (MP-ASI) based on animal protein (Clarke et al., 2023). Although these interventions have been widely implemented, the prevalence of nutritional problems among infants remains relatively high (Hörnell & Lagström, 2024).

Previous studies have mainly focused on the benefits of exclusive breastfeeding for infant growth and development; however, the findings regarding its relationship with infant nutritional status are still inconsistent. In addition, limited studies have specifically examined infants aged 6–12 months in rural and coastal areas such as the working area of the Kotaanyar Health Center, Probolinggo Regency, where socioeconomic conditions, complementary feeding practices, and family support may also influence nutritional outcomes (Hörnell & Lagström, 2024). This condition indicates a clear research gap regarding the role of exclusive breastfeeding in determining infant nutritional status within the local community context (Arndt, 2024).

Therefore, this study was conducted to analyze the relationship between exclusive breastfeeding status and the nutritional status of infants aged 6–12 months in the working area of the Kotaanyar Health Center, Probolinggo Regency, in 2024. The novelty of this study lies in its focus on evaluating the association between exclusive breastfeeding and infant nutritional status in a

specific regional setting while considering the possibility of other contributing factors influencing nutritional outcomes among infants aged 6–12 months.

## RESEARCH METHODS

This study employed a quantitative approach with a correlational analytical design using a cross-sectional method. Quantitative research is based on the positivist paradigm and is used to examine specific populations or samples through systematic data collection and statistical analysis to test predetermined hypotheses. The cross-sectional approach was chosen to determine the relationship between exclusive breastfeeding status and the nutritional status of infants aged 7–12 months at a single point in time.

The population in this study consisted of all infants aged 7–12 months living in Sumber Centeng Village, Talkandang Village, Sidomulyo Village, Sambirampak Lor Village, Pasembun Village, and Curah Temu Village within the working area of the Kotaanyar Health Center, Probolinggo Regency, in June 2024. The total population was 79 infants, and 66 respondents were selected as the study sample. The sampling technique used was proportional stratified random sampling because the population was distributed unevenly across several villages. This technique ensured proportional representation from each village and minimized sampling bias.

The study was conducted in the working area of the Kotaanyar Health Center, Probolinggo Regency, from July to September 2024. The research instruments used were structured checklist sheets developed according to the study variables and based on relevant literature and health service guidelines. The checklist for exclusive breastfeeding status included questions regarding infant feeding practices during the first six months of life, categorized into exclusive breastfeeding and non-exclusive breastfeeding. Data were collected through interviews with mothers and verification using maternal and child health records (KIA books).

The instrument for assessing infant nutritional status consisted of anthropometric measurement records, including body weight and age. Nutritional status was determined using weight-for-age indicators based on the World Health Organization (WHO) Child Growth Standards and the Indonesian Ministry of Health anthropometric guidelines. Measurements were cross-checked with growth monitoring records available at the community health center to improve data accuracy and consistency. Before data collection, the instruments were reviewed to ensure clarity and suitability for the study objectives.

To reduce potential bias, several bias control strategies were implemented during the study. Selection bias was minimized through the use of proportional stratified random sampling. Information bias was reduced by using standardized checklist instruments and verifying respondents' answers with official health records such as KIA books and growth monitoring data. Interview procedures were conducted uniformly for all respondents to minimize interviewer bias. In addition, incomplete or inconsistent data were rechecked directly with respondents and health workers to ensure data validity.

Data analysis was performed in two stages. First, descriptive statistical analysis was used to describe respondent characteristics, exclusive breastfeeding status, and infant nutritional status in the form of frequencies and percentages. Second, inferential statistical analysis was conducted using the Lambda test to examine the relationship between exclusive breastfeeding status and infant nutritional status. The level of significance used in this study was $\alpha = 0.05$. A p-value of less than 0.05 indicated a statistically significant relationship between the variables studied.

## RESULTS AND DISCUSSION

### Results

This study describes the characteristics of respondents, including maternal age, employment status, education level, family support, health worker support, sanitation, and infant feeding practices. The variables presented provide an overview of the socio-demographic and environmental conditions of mothers and infants aged 7–12 months in the study area. In addition, this section outlines the relationship between exclusive breastfeeding status and the nutritional status of infants.

**Table 1. Distribution of Maternal Age**

| Mother age | *(f)* | (%) |
|---|---|---|
| < 20 | 1 | 1.6 |
| 20-35 | 56 | 87.5 |
| >35 | 7 | 10.9 |
| Total | 64 | 100 |

Based on the table 1 of maternal age distribution, the majority of respondents were aged 20–35 years, accounting for 56 individuals (87.5%). Respondents aged more than 35 years numbered 7 individuals (10.9%), while only 1 respondent (1.6%) was younger than 20 years. In total, there were 64 respondents (100%). These findings indicate that most mothers in the study were within the optimal reproductive age range of 20–35 years.

**Table 2. Distribution of Maternal Employment Status**

| Mother's Job | *(f)* | (%) |
|---|---|---|
| Work | 11 | 17.2 |
| Doesn't work | 53 | 82.8 |
| Total | 64 | 100 |

Based on table 2 mothers' occupational status, the majority of respondents were not employed, comprising 53 individuals (82.8%) of the total sample. In contrast, 11 respondents (17.2%) were employed. These findings indicate that most mothers participating in the study did not have a paid occupation, suggesting that the study population was predominantly composed of non-working mothers.

**Table 3. Distribution of Mother's Education Level Status**

| Level Mother's education | *(f)* | (%) |
|---|---|---|
| Elementary School | 6 | 9.4 |
| Junior High School | 15 | 23.4 |
| Senior High School | 34 | 53.1 |
| College | 9 | 14.1 |
| Total | 64 | 100 |

Based on table 3, it shows that of the 64 parents of babies aged 7-12 months in the working area of the Community Health Center Kotaanyar, Some respondents, namely 34 people or 53.1%, had a high school education. Regency Probolinggo, Some respondents, namely 34 people or 53.1%, had a high school education.

**Table 4. Distribution of Family Support**

| Support Family | *(f)* | (%) |
|---|---|---|
| Yes | 37 | 57.8 |
| No | 27 | 42.2 |
| Total | 64 | 100 |

Based on the table 4 of family support, 37 respondents (57.8%) reported receiving support from their families. Meanwhile, 27 respondents (42.2%) indicated that they did not receive family support. These findings show that more than half of the respondents had family support, suggesting that family involvement was relatively common among the study participants.

**Table 5. Distribution of Health Worker Support**

| Support Power Health | *(f)* | (%) |
|---|---|---|
| Given support | 64 | 100 |
| No | 0 | 0 |
| Total | 64 | 100 |

Based on the table 5 of support from health personnel, all respondents (64 individuals; 100%) reported receiving support from health professionals. No respondents (0%; n = 0) indicated that they did not receive such support. These findings demonstrate that health personnel support was universally available among the study participants, highlighting a high level of engagement from healthcare providers.

**Table 6. Distribution of Sanitation**

| Sanitation | *(f)* | (%) |
|---|---|---|
| Well | 64 | 100 |
| PDAM | 0 | 0 |
| River | 0 | 0 |
| Total | 64 | 100 |

Based on table 6 it shows sanitation sources, all respondents (64 individuals; 100%) reported using well water as their source of sanitation. None of the respondents used PDAM water (0%; n = 0) or river water (0%; n = 0) for sanitation purposes. These findings indicate that well water was the sole sanitation source among the study participants, reflecting a complete reliance on wells within the study area.

**Table 7. Distribution of Ages Given Complementary Feeding**

| Age given MPASI | (*f*) | (%) |
|---|---|---|
| < 6 Months | 2 | 3.1 |
| 6 Months | 60 | 93.8 |
| >6 Months | 2 | 3.1 |
| Total | 64 | 100 |

Based on the table 7 of the age at which complementary feeding (MPASI) was introduced, the majority of mothers (60 respondents; 93.8%) started giving MPASI at 6 months of age. Only 2 respondents (3.1%) introduced MPASI before 6 months, while another 2 respondents (3.1%) introduced MPASI after 6 months. These findings indicate that most mothers followed the recommended practice of introducing complementary foods when the child reached six months of age.

**Table 8. Distribution of Exclusive Breastfeeding Status**

| Exclusive Breast Milk Status | (*f*) | (%) |
|---|---|---|
| Yes | 30 | 46.9 |
| No | 34 | 53.1 |
| Total | 64 | 100 |

Based on the table of exclusive breastfeeding status, 34 respondents (53.1%) reported that their children did not receive exclusive breastfeeding. In contrast, 30 respondents (46.9%) stated that their children received exclusive breastfeeding. These findings indicate that the proportion of children who did not receive exclusive breastfeeding was slightly higher than those who did, suggesting that exclusive breastfeeding practices were not fully implemented among all respondents.

**Table 9. Distribution of Infant Nutritional Status**

| Status Gizi | (*f*) | (%) |
|---|---|---|
| Malnutrition | 0 | 0 |
| Undernourished | 9 | 14.1 |
| Good nutrition | 40 | 62.5 |
| Over nutrition | 15 | 23.4 |
| Total | 64 | 100 |

Based on the table 9 of nutritional status, the majority of children had good nutrition, accounting for 40 individuals (62.5%). Meanwhile, 15 children (23.4%)

were classified as having overnutrition, and 9 children (14.1%) were categorized as undernourished. No children (0%; n = 0) were identified as experiencing malnutrition. These findings indicate that most children in the study had a normal nutritional status, although a considerable proportion experienced either undernutrition or overnutrition.

**Table 10. Relationship between Exclusive Breastfeeding Status and the Nutritional Status of Infants Aged 7-12 Months Exclusively**

| Exclusive breastfeeding status | Nutritional status of babies aged 7-12 months | | | | | | Total | | p *value* |
|---|---|---|---|---|---|---|---|---|---|
| | Under Nutrished | | Good Nutrition | | Over Nutrition | | | | |
| | (*f*) | (%) | (*f*) | (%) | (*f*) | (%) | (*f*) | (%) | |
| Not exclusive breastfeeding | 6 | 9.4 | 14 | 21.9 | 10 | 15.6 | 30 | 46.9 | |
| Exclusif breastfeeding | 3 | 4.7 | 20 | 40.6 | 5 | 7.8 | 34 | 53.1 | 0.95 |
| Total | 9 | 14.1 | 34 | 62.5 | 15 | 23.4 | 64 | 100 | |

Based on table 10 the cross-tabulation between exclusive breastfeeding status and the nutritional status of infants aged 7–12 months, among infants who were not exclusively breastfed, 6 (9.4%) were undernourished, 14 (21.9%) had good nutrition, and 10 (15.6%) experienced overnutrition, totaling 30 infants (46.9%). Meanwhile, among infants who received exclusive breastfeeding, 3 (4.7%) were undernourished, 20 (40.6%) had good nutrition, and 5 (7.8%) had overnutrition, with a total of 34 infants (53.1%). Overall, most infants in both groups had good nutritional status, with a higher proportion observed in the exclusively breastfed group. However, cases of both undernutrition and overnutrition were still present in both groups. The statistical test showed a p-value of 0.95, indicating that there was no significant relationship between exclusive breastfeeding status and the nutritional status of infants aged 7–12 months.

## Discussion

This study shows that of the 64 parents of babies aged 7-12 months in the working area of the Kotaanyar Health Center, Probolinggo Regency, the majority of respondents, namely 34 babies or 53.1%, did not 46.9% were given exclusive breastfeeding. Breast milk is an ideal source of nutrition, with a composition appropriate for infant growth and development based on their age. The Indonesian government, through Government Regulation No. 33 of 2012, has stipulated exclusive breastfeeding for six months, with a target of 100% exclusive breastfeeding in Indonesia (Ames et al., 2023).

Based on the data obtained through table 10, this study analyzes that the low rate of exclusive breastfeeding can be caused by a lack of family support for breastfeeding mothers (Sabbah, 2023). Family support is very important as a factor in the success of exclusive breastfeeding, such as supporting mothers while breastfeeding, providing attention, helping to prepare food, and not offering

formula milk to babies (Castro, 2023). However, in the work area of the Kotaanyar Community Health Center, many breastfeeding mothers do not receive this support, resulting in low exclusive breastfeeding coverage. In addition, maternal age also influences the success of exclusive breastfeeding, where mothers aged over 35 years experience a decrease in the quantity of breast milk because they have entered their non-reproductive age (Danso, 2023). Giving Family finances during the global crisis, accompanied by rising food prices. Therefore, it is hoped that health workers at the Kotaanyar Community Health Center in Probolinggo Regency will focus more on educating families about the importance of exclusive breastfeeding to support optimal infant growth and development.

In this study, it was found that the majority of infants had good nutritional status, namely 40 infants (62.5%), while 9 infants (23.4%) experienced malnutrition, and 15 infants (23.4%) experienced overnutrition. This data shows that infants with good nutritional status are more numerous than infants with undernutrition or overnutrition (Mohammed, 2023). Nutritional status itself is a body condition that is influenced by food consumption and nutrient utilization, where nutrients are very important as a source of energy (Olga, 2023). The nutritional content of breast milk is very complete and varies throughout the breastfeeding process. Foremilk (early breast milk) produced at the beginning of breastfeeding contains high amounts of lactose and protein, while Hindmilk (later breast milk) which is thicker has a fat content that is very necessary for energy sources, brain development, growth, and maintenance of body tissues (Abrams, 2023).

Assessment of toddler nutritional status can breast milk save done through measurement Anthropometric data includes age, weight (BB), and height (TB). Based on the data obtained through table 10, researchers analyzed that most babies had good nutritional status, possibly due to the provision of Complementary feeding (MPASI) begins when babies are 6 to 12 months old(González-Castell, 2023) . According to Putri et al (2023), knowledge is gained from personal experience or the experiences of others. Furthermore, a mother's education level also significantly influences a baby's nutritional status. Mothers with higher education tend to have better knowledge of nutritional needs, healthy eating patterns, and appropriate breastfeeding and complementary feeding practices (Toma, 2023).

Education level is categorized as low if the last education was between elementary and junior high school, while high education level is categorized as high if the last education was between elementary and junior high education school (Sufri, 2023). Categorized as high if the highest level of education is high school or college. Furthermore, mothers with a high level of education are better able to understand health information, recognize signs of malnutrition, and make decisions that support optimal growth and development of their babies (Wijenayake, 2023).

The working area of the Kotaanyar Health Center, Probolinggo Regency. From the data obtained, it can be concluded that of the 64 respondents, 40 infants had good nutritional status. Of these, 26 infants (40.6%) did not receive exclusive

breastfeeding. Meanwhile, 14 infants (21.9%) received exclusive breastfeeding. The results showed that the resulting probability value was 0.95, which is greater than the α value. Therefore, H0 is accepted and H1 is rejected, which means there is no relationship between exclusive breastfeeding status and the nutritional status of infants aged 7-12 months in the working area of the Kotaanyar Community Health Center, Paiton District, Probolinggo Regency in 2024.

Breast milk is the ideal food for newborns up to 6 months of age because it contains essential nutrients that support their growth and development (Sarkar, 2023). Exclusive breastfeeding can meet all of a baby's nutritional needs during the first six months of life. In addition to its high nutritional content, breast milk also contains immune-boosting substances that can protect babies from various diseases (Chan, 2023). Therefore, babies who are exclusively breastfed tend to be healthier and have better nutritional status (Dinleyici, 2025). Research result that there is no relationship between exclusive breastfeeding status and the nutritional status of infants aged 7-12 months in the working area of the Kotaanyar Health Center, Probolinggo Regency in 2024.

This condition may occur because, after the exclusive breastfeeding period ends, complementary feeding (MP-ASI) is often introduced in ways that do not meet nutritional standards in terms of timing, frequency, texture, and nutrient content. As a result, infants may not receive adequate nutritional intake to support optimal growth and development (Vesel, 2023). Theoretically, these findings indicate that infant nutritional status is not determined solely by exclusive breastfeeding practices but is also influenced by the quality and appropriateness of complementary feeding after six months of age. Therefore, proper distribution of nutritional education regarding age-appropriate complementary feeding is essential for mothers and families to ensure balanced nutritional intake during infancy (Nie, 2023). Nutritional status can affect a baby's nutritional status. Even if a baby is exclusively breastfed, but the complementary foods they are given are of poor quality, their nutritional status can still be compromised (Adokiya, 2023). Therefore, it is important for parents to pay attention to the quality of complementary foods and regularly take their babies to the integrated health post (Posyandu) so their growth and development can be monitored by health workers. This way, health or growth issues can be detected and addressed quickly through nutritional counseling and infant growth education (Yakubu, 2023).

## CONCLUSION

Based on the results of this study, it can be concluded that there was no significant relationship between exclusive breastfeeding status and the nutritional status of infants aged 7–12 months in the working area of the Kotaanyar Health Center, Probolinggo Regency, in 2024. Although most infants did not receive exclusive breastfeeding, the majority had good nutritional status. These findings indicate that the nutritional status of infants aged 7–12 months may be influenced not only by exclusive breastfeeding practices but also by other factors, including complementary feeding practices, maternal knowledge, socioeconomic conditions, and family support.

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