

BF_KPSP

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Relationship Between Duration Of Breastfeeding And Nutritional Status And KPSP's Score

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ABSTRACT

Background: ASI is one of the factors that can affect growth and development. World Health Organization (WHO) is promoted exclusive breastfeeding and also encourages mother to raise breastfeeding until the children reach 2 year of age. This study was aimed to examine the relationship between the duration of breastfeeding with the nutritional status and KPSP's score of the children.

Subjects and Method: This study was an observational analytic study with a cross sectional approach. This research was conducted in December 2019 to January 2020 in three public health centres of South Sulawesi, Indonesia: Bontomate'ne, Jeneponto district, Bulukunyi, Takalar district, and Sudiang, Makassar city. A total of 200 mothers with children aged 1-3 years old were selected by Purposive Sampling. The dependent variables were nutritional status and KPSP score while the independent variable was duration of breastfeeding. We did an anthropometric measurement and held a KPSP's (Prescreening Developmental Questionnaire) to the samples. Data analysis was used Statistical for Social Science (SPSS) version 23 with Kruskal Wallis test was performed to assess the relationship between variables.

Results: This study found no significant relationship between nutritional status with length of breastfeeding time ($P=0,071$). Meanwhile, we found a significant relationship between KPSP score with length of breastfeeding time ($P=0,018$). By the result of this study, we would like to encourage the breastfeeding duration from 6 months until 24 months to achieve motoric status of the children

Conclusion: There was no association between breastfeeding duration and children nutritional status. However, children's KPSP score was associated with duration of breastfeeding.

Keywords: Breastfeeding, nutritional status, KPSP Score

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BACKGROUND

Growth and development are two distinct but interrelated processes. Growth refers to physical changes, behavior, thoughts, feelings. Whereas development is changed regularly, for example, the child stands on one leg, tiptoes, climbs stairs, runs, and can be predicted as a result of maturity (B. Hurlock, 2010; Soetjningsih, 2012). Things that need to be considered in optimal child development are motor skills, language and speech communication, sensory social emotions, cognitive, creativity, morals, cooperation, spirituality and leadership (Suharjo, 2002; B. Hurlock, 2010).

The growth and development of children is influenced by several factors, one of which is nutrition. The best nutrition and play a role in growth and development can be fulfilled by giving breast milk (ASI). Pertiwi's research (2012) suggests that the growth and development of children aged 1-3 years is largely determined by the amount of breast milk they get. This is because breast milk contains antibodies, hormones, growth factors, anti-inflammatory and nutrition so it is good for children's growth and development and can reduce the risk of disease. Based on research in The Lancet Breastfeeding Series, it shows that breast milk plays a role in increasing intelligence and preventing obesity (Pertiwi, 2012).

WHO data (2014) shows that only 37% of children in the world do not receive exclusive breastfeeding (The World Health Organization, 2015). South Sulawesi Province shows that out of 163,595 children only 97,837 children or around 59.0% of children are exclusively breastfed (The World Health Organization, 2015). South Sulawesi Health Office data (2015) shows that exclusive breastfeeding in several districts has not reached the target set by the Ministry of Health, which is 80% and has not yet reached the target of WHO, where in 2025 the achievement of exclusive breastfeeding in the world will reach 50%. Data on exclusive breastfeeding in each district are Makassar 72.42%, Takalar 56.75%, Jeneponto 67.31%, Barru 70.93%, and Maros 79.77%. Data on the Puskesmas in Makassar are Puskesmas Sudiang 23.79%, Puskesmas Bulukunyi (Takalar) 53.7%, Puskesmas Bontomate'ne (Jeneponto) 79.0%, Puskesmas Pujananting 60.0%, and Puskesmas Mandai 58, 8% (Suhud, 2013; DINKES, 2015).

Exclusive breastfeeding affects the growth and development of children. Children who are given 80% exclusive breastfeeding with normal nutritional status, while children who do not receive exclusive breastfeeding can be at risk of experiencing malnutrition (Kurnia Widiastuti Giri, 2013; Andriani, Wismaningsih and Indrasari, 2015; Nilakesuma, Jurnal and Rusjdi, 2015). In addition, information was obtained from the development of children who did not receive exclusive breastfeeding (Widayati, 2016; Nurlaila, Riyatun and Iswati, 2017). Pratama (2013) and Zulaikha (2018) research also shows that children who do not get breast milk are at a 9.5 times greater risk of experiencing developmental deviations compared to those who are breastfed. In addition, children who are breastfed have an IQ of 2.62 higher than those who are not breastfed (Pratama, AM. dan Budiati, 2013; Zulaikha, 2018). Therefore, giving ASI to children must be given optimally in order to support the growth and development of children so as to create a healthy and smart future generation (Hubertin, 2012).

Based on the description above, it is necessary to carry out further studies on the duration of breastfeeding with the growth and development of children. The purpose of this study was to analyze differences in growth and development of children aged 1-3 years based on the length of breastfeeding in order to increase public awareness of the importance of optimal breastfeeding to support children's growth and development so as to create a healthy and smart future generation.

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SUBJECTS AND METHOD

1. Study Design

This study was an observational analytic study with a cross sectional approach. We conducted in three public health centres of South Sulawesi, Indonesia: Bontomate'ne, Jeneponto district, Bulukunyi, Takalar district, and Sudiang, Makassar city during December 2019 to January

11 20.

2. Population and Sample

The source population in this study were all children aged 1-3 years who were at the study location. All 200 mothers of 12 – 36 months children with a history of breastfeeding were consented to join. Mother with diffable was excluded from the study. Total of 200 mothers with children aged 1-3 years old was carried out by purposive sampling.

3. Study Variables

The dependent variables were nutritional status and KPSP score in children aged 1-3 years old.

The independent variable was duration of breastfeeding.

4. Operational Definition of Variables

Duration of breastfeeding is the length of breastfeeding time based on the subject's answer.

Nutritional status is growth status of children aged 12-36 months measured by body weight and height of children with adjusted to children's anthropometric standard KEMENKES of Indonesia.

A KPSP score questionnaire was applied to assess children's KPSP (Pre-screening questionnaire) score.

5. Study Instruments

The research instrument used for data collection including anthropometric status was obtained by measuring body weight and height of children and nutritional status was determined with adjustment with age and gender. Direct interview with questionnaires was applied to assess children's KPSP (Pre-screening questionnaires) score.

6. Data analysis

Data analysis was used Statistical for Social Science (SPSS) version 23. Characteristics data was described with percentage and number for the frequency. Chi square test was applied to calculate the association between breastfeeding duration and nutritional status. Kruskal Wallis test was performed to determine association between breastfeeding duration and KPSP score.

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Research Ethics

This study was approved by the ethical committee of Medical and Health Ethic, Islamic State University of Alauddin with number E.010/KEPK/FKIK/XII/2019 issued on December 18, 2019.

RESULTS

1. Univariate Analysis

The subject of this study consisted of 200 samples. Univariate analysis of variables covering gender, number of children, age, sequence of children, nutritional status, income, duration of breastfeeding and KPSP score are described in table 1.

Table 1. Characteristic Data of Subject

Variable	N	%
Gender of Children		
Male	103	51,5%
Female	97	48,5%
Total of children		
1 -3 children	187	93,5%
≥4 children	13	6,5
Age of Children		
12 – 24 month	93	46,5%
25 – 36 month	107	53,5%
Sequence of children		
1-3	186	93%
≥4	14	7%
Nutritional Status		
Malnutrition	16	8%
Undernutrition	37	18,5%
Normal	143	71,5%
Overweight	4	2%
Family Income		
<1 million	125	62,5%
1-3 million	22	11%
>3 million	53	26,5%
Duration of breastfeeding		
<6 month	28	14%
6-24 month	140	70%
>24 month	32	16%
KPSP Score		
Appropriate	120	60%
Deviate	35	17,5%
Dubious	45	22,5%

Table 1. showed that of 200 children, 70% was breastfeed for 6 – 24 months, 71,5% normal nutritional status, and 60% appropriate KPSP score. Interestingly, the majority of samples are classified as low income with less than 1 million per month. The majority of respondents were male (103 / 51.5%), aged 24-36 months (107 / 53.5%) and had more than 2 children in their family.

2. Bivariate Analysis

Bivariate analysis was performed using Kruskal Wallis test. The result of the bivariate analysis in table 2 and table 3 show the independent variable (duration of breastfeeding) with

dependent variables (nutritional status and KPSP score). The result of the analysis can be seen in table 2 and table 3.

Table 2. Association of Breastfeeding Duration and Nutritional Status

Variable	Malnutrition (n=16)	Undernutrition (n=37)	Normal (n=143)	Overweight (n=4)	Nilai P
Breastfeeding Duration (month) (median(min- max))	14,5(1,00- 28,00)	20 (0,00-31,00)	19 (0,00- 36,00)	9,5 (0,00- 19,00)	0,071

¹Kruskal Wallis Test

²Nutritional status was adjusted with age and gender (Depkes, Anthropometric Assessment)

Normal nutrition was found 71.5% among 200 children with 6 – 24 months duration of breastfeeding. Although no significant association was found between breastfeeding duration and nutritional status, the normal nutrition was the largest in proportion compared to other nutritional status (p = 0.071).

Table 3. Association of Breastfeeding Duration and KPSP Score

Variable	Deviate (n=34)	Dubious (n=45)	Appropriate (n=121)	Nilai P
Breastfeeding Duration (month) (median(min- max))	13 (0,00-31,00)	21 (0,00-36,00)	19 (0,00-36,00)	0,018

¹Kruskal Wallis Test

The association between breastfeeding duration and kpsp score was significant (table 3, p = 0.02). Approximately 62.9% children within 6 – 24 months of breastfeeding length have a normal kpsp score.

DISCUSSION

1. The Association Between Breastfeeding Duration And Children Nutritional Status

There was no significant association between breastfeeding duration and nutritional status. Previous studies by Charis Suhud (2013) and Ninuk, dkk (2016) revealed similar result with the use of anthropometric parameter found no relationship between length of breastfeeding and growth and development of children (Elisa A. Purba, Nova H. Kapantow, 2014; Irot, Kapantow and Punuh, 2017). Race, family, age, gender, genetic, stimulation, psychology, socio-economy, income, education, work, culture, physical condition, infection, and consumption of food or nutrition might contribute children's growth and development (Soetjiningsih, 2012; Tewu, Punuh and Purba, 2017; Supariasa, 2019).

We were concerned with the complementary feeding issue, as subjects included in this study entered the age of complementary feeding. MP-ASI in this case is associated with energy intake and protein intake that children get after they are more than 6 months old (Ninuk Sri Hartini, Susanto INTISARI and Susanto, 2016; Diniyyah and Nindya, 2017; Rahim K.F, 2017).

As previously mentioned, Muchlis, dkk (2013) dan Diniyyah (2017) found that carbohydrate, protein and fat intakes of children influenced their nutritional status. In this study, we did not collect food intake data as complementary feeding of subjects therefore we could not elaborate more to the result of our anthropometric data. Rational to assume that there was the effect of complementary feeding to influence weight and height of children. After period of exclusive breastfeeding, children will start complementary feeding phase and insufficiency of children's energy intake at that phase will affect delay of children's growth (Muchlis, 2011; Soetjningsih, 2012; Horta, Loret De Mola and Victora, 2015; Diniyyah and Nindya, 2017).

2. The Association Between Breastfeeding Duration And Children KPSP Score

Development of children with KPSP scores showed significant differences between groups ($p = 0.018$). Nineteen months was found to be the best length of breastfeeding duration in regards to having normal development of children. This result was similar to our finding about nutritional status in this study that found 19 months of breastfeeding duration resulted in the highest number of normal nutritional status. Research by Oktiyani, et al (2015) and Lestari, et al (2017) also shows that there is a relationship between breastfeeding and child development (Oktiyani P, SA Nugraheni, 2015; Lestari and Trisnowati, 2017; Kumala and Purnomo, 2019). Study by Fitri, et al (2014) reported exclusively breastfed children have 5.47 times probability of increased development compared to non-exclusively breastfed children (Fitri, Chundrayetti and Semiarty, 2014). In addition, children who were exclusively breastfed for 6 months or more had higher ASQ (Ages and Stages Questionnaire) scores (gross motor skills) than children who were not exclusively breastfed (Ali, Dhaded and Goudar, 2014). This is because breast milk contains many food juices that can accelerate nerve development and brain cell growth and currently, there is no food or formula that can match the nutritional content of breast milk (Elyas *et al.*, 2017). Moreover, Pramata (2013) revealed breastfed children have 9.5 times lower risk of abnormal development compared to non breastfed children (Pratama, AM. dan Budiati, 2013). Bounding attachment during breastfeeding time between mother and children will provide stimuli through eye contact, hug, and communication that will affect children development (Diah, 2012; Nurjanah, 2018).

In this study, we took a range of age subjects from 12 to 36 months. With the wider range of age, we explore not only the period of exclusive breastfeeding but also the 1000 days golden period of children's early life. Limitation of this study including no assessment of complementary feeding that needed to calculate for showing association on nutritional status. Moreover, the duration of each breastfeeding time probably will also influence the bonding between mother and children that later develops. Unfortunately we did not measure the length of each breastfeeding duration.

This study added new evidence of breastfeeding benefit to the children's development. More specifically, extending the duration of breastfeeding to more than 6 months as exclusive breastfeeding will aid the development of children.

AUTHOR CONTRIBUTION

Sri Rezki Wahdania Jamaluddin, Andi Faradilah, Rini Fitriani, collected data, did data analysis, and wrote the paper.

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CONFLICT OF INTEREST

There are no conflicts of interest

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