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Article

Relationship Between Illness History, Exclusive Breastfeeding History, Food Consumption Patterns With Nutritional Status in Toddlers in The Working Area of Puskesmas Sikumana Kupang City

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Abstract

Background: Factors that cause toddlers to experience malnutrition problems are toddlers who have experienced illness where the body has decreased appetite, toddlers do not get exclusive breastfeeding, poor daily food consumption patterns. **Objectives**: This study aims to determine the relationship of illness history, exclusive breastfeeding history, food consumption patterns with nutritional status in toddlers in the Sikumana Health Center working area of Kupang City. **Methods** : This type of research is an analytic survey with a cross sectional study approach. This study was conducted in the working area of Sikumana Health Center in Kupang City in March-April 2025. The population of this study were all toddlers aged 7-12 months in the working area of Sikumana Health Center, Kupang City. Sample determination using the Slovin formula with a sample size of 99 respondents. The statistical test used Chi-square test analysis with a=0.05. **Results**: The results showed that the variable history of illness (p-value=0.000), exclusive breastfeeding history (p-value=0.000), food consumption patterns (p-value=0.000) were associated with the nutritional status of toddlers in the Sikumana Health Center working area in Kupang City. **Conclusions**: It is expected that parents of toddlers pay more attention to toddlers so as not to get sick and pay attention to their food consumption patterns every day and add information about the importance of exclusive breastfeeding to prevent malnutrition problems in toddlers.

Keywords: *Illness history, exclusive breastfeeding history, food consumption patterns*

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1. Introduction

Nutrition is a very important part of a child's growth and development. Nutrition in it has a very close relationship with health, if exposed to nutritional deficiencies, it is likely that children will be susceptible to illness and even disease.

Diseases that affect children can spread directly or indirectly from one person to another. The symptoms caused by each disease and the treatment steps vary depending on what microorganism is the trigger. For this reason, treatment of infectious diseases suffered as early as possible will help improve nutrition balanced with the fulfillment of appropriate intake according to the needs of children under five and also with children getting exclusive breastfeeding for 0-6 months.

The World Health Organization reports data 2021 on exclusive breastfeeding globally, which is around 44% of infants aged 0-6 months worldwide who are exclusively breastfed during the 2015-2020 period, this has not yet reached the target for exclusive breastfeeding coverage in the world, which is 50% [1]. Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96% down from 69.7% from 2021, indicating the need for more intensive support such as providing education to mothers about the importance of exclusive breastfeeding so that this coverage can increase [2].

Under-five nutritional problems such as stunting which is a condition of chronic malnutrition during growth and development from the beginning of life. Basic health research results (riskesdas) The incidence of stunting is often found in children aged 12-36 months with a prevalence of 38.3-41.5%. Indonesia is the country with the fifth largest prevalence of stunting in the world, with a prevalence of around 37% (nearly 9 million) of children under five experiencing stunting [3].

The short-term impact if the child is not treated immediately is disruption of physical growth and metabolism and disruption of brain development and intelligence. The long-term impact is a decrease in immunity so that it is easily sick and decreases cognitive abilities and is at risk of infectious diseases. The treatment is that the child must get food intake that has a higher nutritional content than what is consumed every day. In itself, there must be an improvement in the child/toddler. Children must be monitored for their diet, and provide food intake with appropriate portions. The way a food is served is different for everyone even though it actually has the same nutritional value, food that is served attractively enough and placed in a clean place will be appetizing for all who see it. [4]

2. Materials and Methods

2.1 Study Design and Setting

The type of research used is an analytic survey method with a cross sectional study research design. The cross sectional study design is a study that emphasizes the time of measurement or observation of data on the independent variable Hospitalization History, Exclusive Breastfeeding History, Food Consumption Patterns and the dependent variable Nutritional Status of Toddlers only once at a time. This study will obtain the prevalence or effect of a phenomenon (independent variable) associated with its cause (dependent variable).

2.2 Population and Sampling

The population in this study were all toddlers in the posyandu of the Sikumana Health Center working area of Kupang City. The population in this study were all toddlers in the working area of the Sikumana Health Center in Kupang City with as many as 438 toddlers. The sample is a subject that is directly involved in research that can actually be representative of the entire population, namely 99 respondents.

2.3 Data Collection

The tools used in this research are questionnaires and several other questions that have been prepared by the researcher where the interviewer only needs to provide answers or give certain signs on the questionnaire. As for other supporting tools used in data collection, namely documentation tools in the form of a cell phone used to take photos or pictures, and record respondents' answers. After the data is collected, data processing is carried out with the Statistical Package for Social Science (SPSS) for Windows version 25 program. The stages of data processing that must be passed include: Editing, Coding, Processing, Cleaning.

2.4 Variables and Operational Definitions

In this study, the independent variables of Hospital History (history of illness experienced by toddlers within the last 1 month), Exclusive Breastfeeding History (history of breastfeeding for 0-6 months without being given additional food), Food Consumption Patterns (a description of eating habits in toddlers every day which includes the type of

food, frequency of eating, the amount of food consumed) and the dependent variable Nutritional Status of Toddlers (nutritional status of toddlers based on BB/U) where the independent variable will be associated with the dependent variable to see whether there is a significant relationship between the independent and dependent variables.

2.5 Data Analysis

Data analysis techniques were carried out in two ways, namely univariate analysis and univariate bivariate analysis:

1. Univariate Analysis Performed to explain or describe the characteristics of each variable from the results of the study based on the number of frequencies of respondents.

2. Bivariate Analysis Bivariate analysis is an analysis conducted on two variables to prove that the two variables are related or correlated. Bivariate analysis was conducted to test the relationship between the independent variable and the dependent variable using the Chi-square correlation test with a significance level of a=0.05.

The data analysis used in this study was Univariate analysis and Bivariate analysis. The statistical test used is Chi-Square. The results of statistical calculations can show whether there is a significant relationship between the variables studied with the provisions if:

1. p-value ≤0.05 means that the research hypothesis is accepted or there is a significant relationship between the variables studied.

2. p-value >0.05 means that the research hypothesis is rejected or there is no significant relationship between the variables studied.

2.6 Ethical Considerations

This study has been carried out an ethical feasibility test which has been declared feasible in research ethics issued by the Research Ethics Committee through an ethical feasibility letter on March 17, 2025 with number: 000725/KEPK FKM UNDANA/2025 which is based on 7 standards and guidelines WHO 2011, with reference to the fulfillment of CIOMS 2016 guidelines.

3. Results

3.1. Respondent Characteristics

Table 1. shows that the percentage distribution of respondents based on the characteristics of the respondents shows that of the 99 respondents, most (30.3%) respondents were 25-29 years old and a small proportion (9%) were 40-44 years old. The percentage distribution based on education shows that most (61.6%) respondents have a high school education and a small percentage (2%) of respondents have a Masters / S3 education.

Table 1. Percentage Distribution Based on Respondent Characteristics

No	Respondent Characteristics	n	%
A	**Age**		
	20-24 years old	16	16,1
	25-29 years old	30	30,3
	30-34 years old	25	25,2
	35-39 years old	19	19,1
	40-44 years old	9	9,09
B	**Education**		
	not finish school	1	1,01`
	Elementary school	5	5,05
	Junior high school	7	7,07
	Senior high school	61	61,6
	Diploma degree	7	7,07
	Master's degree	2	2,02
C	**Occupation**		
	Housewife	79	79,7
	Civil Servant	7	7,07
	Self-employed	6	6,06
	Health Worker	4	4,04

No	Respondent Characteristics	n	%
	Other	8	8,08
D	**Age Under Five**		
	7 months	16	16,1
	8 months	13	13,1
	9 months	16	16,1
	10 months	14	14,1
	11 months	10	10,1
	12 months	30	30,3

The percentage distribution based on employment shows that most (79%) respondents are housewives and a small percentage (5%) work as health workers. the percentage distribution based on the age of toddlers shows that most (30.3%) respondents have toddlers aged 12 months and a small percentage (10.1%) of respondents have toddlers aged 11 months. The percentage distribution based on the age of toddlers showed that most (59.5%) respondents had male toddlers and a small proportion (40.4%) of respondents had female toddlers.

3.2. Distribution of Respondents according to Analysis Variables

Table 2. Shows that the percentage distribution of respondents based on univariate analysis of toddler illness history in the last 1 month shows that of the 99 respondents, most (53.5%) respondents had toddlers who had experienced illness in the last 1 month and a small proportion (47.4%) had toddlers who had never experienced illness in the last 1 month. The percentage distribution of respondents based on exclusive breastfeeding history showed that most (66.6%) respondents had toddlers who were exclusively breastfed and a small proportion (33.3%) had toddlers who were not exclusively breastfed. A percentage distribution based on food consumption patterns of toddlers showed that most (57.5%) respondents had toddlers with good food consumption patterns and a small proportion (42.4%) had toddlers with poor food consumption patterns.

Table 2. Percentage Distribution of Respondents Based

No	Univariate Analysis	n	%
A	**History of Illness**		
	Ever Ill	53	53,5
	Never Ill	46	46,4
B	**History Of Exclusive Breastfeeding**		
	Exclusive Breastfeeding	66	66,6
	Not Exclusive Breastfeeding	33	33,3
C	**Food Consumption Pattern**		
	Good Consumption Pattern	57	57,5
	Poor Consumption Pattern	42	42,4
D	**Nutrition Status**		
	Good Nutrition	58	58,5
	Poor Nutrition	41	41,4

The percentage distribution of respondents based on the nutritional status of toddlers showed that most (58.5%) respondents had toddlers with good nutritional status and a small proportion (41.4%) of respondents had toddlers with poor nutritional status.

3.3 The Relationship Between Illness History, Exclusive Breastfeeding History, Food Consumption Patterns With Nutritional Status In Toddlers In The Working Area Of Puskesmas Sikumana Kupang City

Table 3. Shows that the percentage distribution of the relationship between the history of illness in the last 1 month with nutritional status shows that most (91.3%) toddlers who have experienced illness in the last 1 month have poor nutritional status compared to toddlers who have never been sick. The results of the analysis show that the history of illness in the last 1 month is related to nutritional status (p-value 0.00 <0.05) in the Sikumana Health Center working area in Kupang City. Based on the results of the analysis obtained the Odds Ratio value of 24.281 (OR value> 1) means that toddlers who have been sick are at risk of 24 times experiencing malnutrition compared to toddlers who have never been sick with a Confidence Interval value (CI = 7.451-79.132).

Table 3. Analysis of the Relationship Between Medical History, History of Exclusive Breastfeeding, Food Consumption Patterns and Nutritional Status of Toddlers in the Working Area of the Sikumana Community Health Center, Kupang City

Variabel	Nutritional Status				Total		*P*	OR (95%CI)
	Good		Poor					
	n	%	n	%	n	%		
A. History of Illness								
Ever Ill	4	8,7	**42**	91,3	46	100	0,00	**24,281**
Never Ill	37	69,8	**16**	30,2	53	100		**(7,451-79,132)**
B. Exclusive Breastfeeding								
Exclusive Breastfeeding	**55**	**83,3**	**11**	**16,7**	**66**	**100**		**50,00**
Not Exclusive Breastfeeding	3	9,1	30	90,9	33	100	**0,00**	**(12,938-193.236)**
C. Food Consumption Pattern								
Good	**56**	**98.2**	**1**	**1.8**	**57**	**100**	**0.00**	**15,20**
Poor	2	4.8	40	95.2	42	100		**(12,938-193.236)**

Table 3. Shows that the percentage distribution of exclusive breastfeeding relationships with nutritional status shows that most (90.9%) toddlers who do not have a history of exclusive breastfeeding have a nutritional status less than children who have a history of exclusive breastfeeding. The results of the analysis show that exclusive breastfeeding history is related to nutritional status (p-value 0.00 <0.05) in the Sikumana Health Center working area in Kupang City. Based on the results of the analysis, the Odds Ratio value is 50.00 (OR value> 1), meaning that toddlers who do not have a history of exclusive breastfeeding are at risk of 50.00 times experiencing malnutrition compared to toddlers who have a history of exclusive breastfeeding with a Confidence Interval value (CI = 12.938-193.236).

4. Discussion

4.1. Relationship between History Of Illnes and Nutritional Status

Toddlers are an age that is vulnerable to suffering from an infection due to an immature immune system. Infections that attack toddlers can cause a lack of appetite, which causes the nutritional intake received by the body in toddlers to be insufficient, which has an impact on the nutritional status of toddlers. Repeated illnesses can affect the nutritional status of toddlers due to insufficient nutritional intake due to decreased appetite. The types of pain that are often experienced by toddlers in the last 1 month in the Sikumana Health Center work area are fever, cough, runny nose.

The results of this statistical test obtained p-value = 0.000 which means there is a significant relationship between the history of illness and the nutritional status of toddlers. The results of this study found that of the 46 toddlers who had experienced illness there were 42 toddlers experiencing malnutrition and 4 toddlers had good nutrition with an OR value obtained of 50,000 which means a history of illness in the last 1 month has a 50 times greater risk of causing malnutrition in toddlers. The results of this study are in line with research conducted by Cono, 2024 on the relationship between the history of infectious diseases with the nutritional status of toddlers 12-59 months at the Oepoi Health Center in Kupang City which says that children who have suffered illness are more prone to nutritional status problems compared to children who do not have a history of illness [4]. This study is also in line with research conducted by (Maria, 2023) on the relationship of food consumption patterns with a history of illness with the incidence of stunting in toddlers in the Sikumana village of Kupang City with a p-value=0.020 which means there is a significant relationship between the history of illness and nutritional status, and an OR value = 3.401 which means that toddlers who have experienced illness in the last 1 month are at risk 3.4 times greater to cause nutritional problems in toddlers. Based on the results of the study, the history of illness with nutritional status of toddlers is most commonly suffered by toddlers, namely fever, cough, runny nose. This is due to cold temperatures and sudden weather changes [5].

Malnutrition causes children to be susceptible to disease. Some of the factors that cause children to experience stunting are the mismatch of food intake with the needs and

infectious diseases suffered by children resulting in a decreased immune system and inadequate nutritional intake needs. Many cases of stunting occur in children with infectious diseases. Infections that last repeatedly for a long time will inhibit the growth of children, so that children have a short body length or below the normal body length of children their age [6]. In line with that, research conducted Lusiani & Anggraeni, 2021 with the type of case-control research conducted in the Kebasen Health Center work area, Banyumas Regency with a sample of 96 respondents concluded that the duration and frequency of infectious diseases were proven to be associated with the incidence of stunting in toddlers aged 24-59 months in the Kebasen Health Center work area. Infectious disease itself is a condition that must be prevented in order to minimize the risk of stunting in children under five. In this study, it was found that there were 2 toddlers who never had a history of infectious disease but suffered from stunting. This is due to the child's difficulty eating and because of the mother's behavior that pays less attention to providing the amount of food, type of food, and eating schedule that is in accordance with the needs of children's age. Parents also need to pay attention to how food is placed so that food is not exposed to bacteria or dust, and pay attention to child hygiene when playing, eating, sleeping, and others. In this study, it can be assumed that a history of infectious disease is a direct causal factor for stunting in toddlers. Infectious diseases affect intake and appetite [7].

4.2. The Relationship between Exclusive Breastfeeding History and Nutritional Status

Nutritional status is still a health problem in Indonesia. Low nutritional status will affect the health status of the population as seen from the high mortality rate of children under five. Efforts that can be made to overcome nutritional status problems include exclusive breastfeeding. Breast milk is very useful because it contains complete nutrients and is very important to support growth and increase the immune system of toddlers so that it can protect toddlers from infection.

The results of this statistical test obtained p-value = 0.000 which means there is a significant relationship between exclusive breastfeeding history and nutritional status of toddlers. The results of this study found that of the 30 toddlers who did not have a history of exclusive breastfeeding there were 30 toddlers experiencing malnutrition and 3 toddlers had good nutrition with an OR value = 50,000 which means that toddlers who do not have a history of exclusive breastfeeding are at 50 times greater risk of experiencing malnutrition problems in toddlers. The results of this study are in line with research conducted by Daini, 2018 on the relationship between exclusive breastfeeding and the nutritional status of toddlers in the work area of the warunggunung Health Center in 2018 the results of statistical tests obtained p-value = 0.00 which means that there is a significant relationship between the history of exclusive breastfeeding and the nutritional status of toddlers with an OR value of = 8.04 which means that toddlers who do not have a history of exclusive breastfeeding are at risk of 8 times experiencing malnutrition [6]. [8]

This is in line with the research of Aryani 2020, so as not to experience malnutrition, in children aged 6-24 months, it is expected that exclusive breastfeeding for 6 months without giving food or drinks other than breast milk and at the age of 6-24 months given MP-ASI, namely food or drinks that contain nutrients, given to fulfill nutrition other than breast milk [9].

This is in line with Parti's research 2019, breastfeeding can prevent malnutrition in children. That there is a positive correlation between breastfeeding and children's nutritional status. The more often a child receives attention (through breastfeeding) has a better probability than babies who are not breastfed or breastfed but only briefly. Because of the relationship between exclusive breastfeeding and infant nutritional status, the age of the baby is accompanied by an increase in body weight and height, so the need for energy and nutrients will also increase [10].

This is in line with Suharmanto's research, 2020 breast milk is the only food babies need for the first 6 months of their lives and continues for up to 2 years in order to become

healthy babies and can prevent malnutrition and more. Breast milk is very important to meet the needs of babies in every way. Breast milk can affect the nutritional status of toddlers. It also affects the child's motor development. Toddlers who are exclusively breastfed have a normal weight, compared to toddlers who are not exclusively breastfed tend to be thin and fat [11].

This is in line with the research of Nasa, 2020 giving formula milk to infants who are less precise in frequency, dose and sanitation of presentation will cause nutritional problems, can be overnourished or undernourished. Increased nutritional risk is more common in infants who are given formula milk than those given breast milk [12].

This is in line with researcher Maria M 2020, babies who are not exclusively breastfed, many of them are still malnourished. Exclusively, there are still many of them who suffer from malnutrition. Influencing factors are knowledge, education, employment, family support, maternal health, formula milk promotion and maternal motivation. failure of exclusive breastfeeding in infants can be caused by the influence of previous breastfeeding experiences that have experienced difficulties, fussy babies so that formula milk becomes an alternative and with many publications in the form of information about formula milk information about formula milk [13].

4.3 The Relationship between Food Consumption Pattern History and Nutritional Status

The food consumption pattern of toddlers is the habit of consuming food in a day. Based on the types of food consumed by toddlers in a week are staple foods (white rice), animal side dishes (fish and meat). vegetable side dishes (tempeh and tofu), vegetables (spinach, kale and moringa), fruits (papaya and banana), snacks (bread and biscuits), and drinks (milk and mineral water). Types of food grouped by food groups in toddlers in Sikumana Village consumed 3-4 types of food. The type of food in each group may vary in each household according to the available food sources. For example, in the morning (Moringa mixed porridge), afternoon (white rice, fried fish, and spinach vegetables) and evening (white rice and fried fish).

The results of this statistical test obtained p-value = 0.000 which means there is a significant relationship between food consumption patterns with nutritional status of toddlers. The results of this study found that of the 57 toddlers who had good food consumption patterns, 56 toddlers were malnourished and 1 toddler had poor nutrition with an OR value of 1120,000 which means that toddlers who have poor food consumption patterns are 1120 times more likely to experience malnutrition in toddlers. This study is in line with research, 2017 which states that there is a relationship between the diversity of food consumption and stunting status, the results of the chi-square statistical test p value of 0.015 with an OR value of 3.61 meaning that toddlers whose food consumption is not diverse have a 3.61 times greater risk of experiencing stunting compared to toddlers who consume diverse foods. When viewed from the food diversity score according to research in Myanmar, children who consume <3.5 food groups will be more at risk for malnutrition than children who consume 4 or more food groups with an OR value of 4.22. This means that toddlers with a non-diverse diet have a 4 times greater risk of being stunted than toddlers who consume a diverse diet. Consumption of food with 4 or more food groups can increase nutrient intake to meet daily nutritional needs and reduce the risk of malnutrition [14].

This study is in line with previous research conducted Putri hasanbuan 2020, which states that there is a relationship between the type of food and nutritional status, and the similarities found in this study are diet and type of food. Components that can influence food consumption patterns include the type of food. The type of food consumed already represents balanced nutrition, balanced nutrition must contain carbohydrates, protein, fat, and nutrients. But there are some children who like to snack who have a category of food types that are still lacking, this is because children who like to snack in general often buy food based on what they like and what they want without paying attention to nutritional content [15].

This is in line with research conducted Utami 2020, which states that there is a relationship between the level of energy adequacy and nutritional status. A person's energy adequacy is the consumption of energy derived from food needed to cover a person's energy expenditure if he has a body size and composition with a level of activity that is in accordance with long-term health and which allows the maintenance of socially and economically required physical activity. In children under five, energy needs include the need for the formation of new tissues in accordance with health. Chronic energy deficiency in toddlers can cause the child to be weak, as well as stunted physical growth and impaired development. Protein can usually be found in various types of foods that are often found in everyday life which are classified into animal protein and vegetable protein. Foods that contain animal protein include meat, liver, chicken, eggs, and milk [16].

5. Conclusions

The conclusion from the results of the study on the relationship between history of illness, history of exclusive breastfeeding, food consumption patterns with nutritional status in toddlers in the Sikumana Health Center Work Area of Kupang City, namely: History of illness, Exclusive breastfeeding history, and Food consumption patterns factor have a relationship with the nutritional status of children under five in the working area of Sikumana Health Center, Kupang.

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7. Conflicts of Interest

The authors declare no conflict of interest.

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