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Article

Breastfeeding and the Risk of Illness among Young Children in Rural China

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Abstract: Poor rural areas in China exhibit the country's highest rates of child mortality, often stemming from preventable health conditions such as diarrhea and respiratory infection. In this study, we investigate the association between breastfeeding and disease among children aged 6–24 months in poor rural counties in China. To do this, we conducted a longitudinal, quantitative analysis of socioeconomic demographics, health outcomes, and breastfeeding practices for 1802 child-caregiver dyads across 11 nationally designated poverty counties in southern Shaanxi Province in 2013–2014. We found low rates of continued breastfeeding that decreased as children developed: from 58.2% at 6–12 months, to 21.6% at 12–18 months, and finally to 5.2% at 18–24 months. These suboptimal rates are lower than all but one other country in the Asia-Pacific region. We further found that only 18.3% of children 6–12 months old met the World Health Organization (WHO)-recommended threshold for minimum dietary diversity, defined as consuming four or more of seven specific food groups. Breastfeeding was strongly associated with lower rates of both diarrhea and cough in bivariate and multivariate analyses. As the first analysis to use longitudinal data to examine the relationship between continued breastfeeding and child illness in China, our study confirms the need for programmatic interventions that promote continued breastfeeding in order to improve toddler health in the region.

Keywords: breastfeeding; infants; illness; rural China





1. Introduction

Breastfeeding is widely recognized as the best feeding practice for early child development [1]. During the first two years of a child's life, breastfeeding can positively contribute to both short- and long-term health outcomes [2,3]. According to the World Health Organization (WHO), exclusive breastfeeding reduces infant mortality due to common childhood diseases such as diarrhea or pneumonia, both by increasing resistance to and allowing for a quicker recovery from such diseases. For children aged 6 to 23 months, continued breastfeeding reduces their exposure to contaminated food and liquids, and reduces the prevalence of diarrhea and cough [4,5]. Breastfeeding has also been associated with lower rates of other common childhood diseases, including upper respiratory tract illnesses [6]. Based on such evidence, the WHO recommends that children be exclusively breastfed for the first six months after birth, with breastfeeding continuing up to 2 years of age (or even later) together with the introduction of appropriate complementary foods [7].

A considerable amount of literature shows that rates of breastfeeding in rural China are dismally

Research Article

Risk Factors of Diarrhoea among Children Under Five Years in Southwest Nigeria

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Diarrhoea is the passage of three or more loose or liquid stools per day or more frequent passage than is normal for an individual. Diarrhoea alters the microbiome, thus the immune system, and is a significant cause of morbidity and mortality in young children. This study evaluated the association between the risk factors and diarrhoea prevalence among children under five years in Lagos and Ogun States, located in Southwest Nigeria. Participants included 280 women aged 15–49 years and children aged 0–59 months. The study used quantitative data, which were assessed by a structured questionnaire. Data obtained were analyzed using the Statistical Package for the Social Sciences Software Version 25.0 and Microsoft Excel 2013. The relationships and/or association between variables were evaluated using Pearson's Chi Square and logistic regression tests. One hundred and eighteen (42%) of the children were male, and 162 (58%) were female. The majority of the children belonged to the age group 0–11 months (166). Age ($p = 0.113$) and gender ($p = 0.366$) showed no significant association with diarrhoea among the children. The majority of the mothers belonged to the age group 30–34. Multivariate analysis showed that the mother's level of education (95% CI for OR = 11.45; $P = 0.0001$) and family income (95% CI for OR = 7.61, $P = 0.0001$) were the most significant risk factors for diarrhoea among children. Mother's educational status, mother's employment, and family income were the factors significantly associated with diarrhoea in Southwest Nigeria. The study recommends that female education should be encouraged by the right government policy to enhance the achievement of the sustainable development goal three (SDG 3) for the possible reduction of neonates and infants' deaths in Nigeria.

1. Introduction

World Health Organisation defines diarrhoea as "the passage of three or more loose or liquid stools per day or more frequent passage than is normal for the individual" [1, 2]. Diarrhoeal disease is the second leading cause of death in children under five years old and is responsible for killing around 525 000 children every year [2]. Childhood diarrhoea affecting children five years old and below accounts for approximately 63% of diarrhoea burden [3, 4] and is the second significant cause of infant mortality in developing

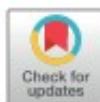
nations [2, 5–7], where poor sanitation and insufficient potable water are lacking [8, 9]. In Southwest Nigeria, diarrhoea is one of the three most prevalent water-related diseases, the others being typhoid fever and cholera [10, 11]. In Southwest Nigeria, most of the studies on childhood diarrhoea have focused on the molecular epidemiology of diarrhoeagenic agents [12–15]. Several other studies have reported the antimicrobial activities of indigenous medicinal plants on diarrhoea-causing agents [16–18]. However, there are insufficient reports on the associated risk factors of childhood diarrhoea in Southwest Nigeria [19, 20].

RESEARCH ARTICLE

Infant feeding practices and diarrhoea in sub-Saharan African countries with high diarrhoea mortality

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Data Availability Statement: The analysis used the Demographic and Health Survey (DHS) data for the countries studied. Approval to use these data was sought from Measure DHS/ICF International, and permission was granted for this use. The data can be applied for online at <https://dhsprogram.com/data/available-datasets.cfm>.

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† Membership of the Global Child Health Research Interest Group is provided in the Acknowledgments.
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Abstract

Background

The impacts of optimal infant feeding practices on diarrhoea have been documented in some developing countries, but not in countries with high diarrhoea mortality as reported by the World Health Organisation/United Nations Children's Fund. We aimed to investigate the association between infant feeding practices and diarrhoea in sub-Saharan African countries with high diarrhoea mortality.

Method

The study used the most recent Demographic and Health Survey datasets collected in nine sub-Saharan African countries with high diarrhoea mortality, namely: Burkina Faso (2010, N = 9,733); Demographic Republic of Congo (2013; N = 10,458); Ethiopia (2013, N = 7,251); Kenya (2014, N = 14,034); Mali (2013, N = 6,365); Niger (2013, N = 7,235); Nigeria (2013, N = 18,539); Tanzania (2010, N = 5,013); and Uganda (2010, N = 4,472). Multilevel logistic regression models that adjusted for cluster and sampling weights were used to investigate the association between infant feeding practices and diarrhoea in these nine African countries.

Results

Diarrhoea prevalence was lower among children whose mothers practiced early initiation of breastfeeding, exclusive and predominant breastfeeding. Early initiation of breastfeeding and exclusive breastfeeding were significantly associated with lower risk of diarrhoea (OR =

ORIGINAL ARTICLE

Exclusive breastfeeding duration and infant infection

MA Quigley¹, C Carson¹, A Sacker² and Y Kelly²

BACKGROUND/OBJECTIVES: We estimated the risk of infection associated with the duration of exclusive breastfeeding (EBF). **SUBJECT/METHODS:** We analysed the data on 15 809 term, singleton infants from the UK Millennium Cohort Study. Infants were grouped according to months of EBF: never, < 2, 2–4, 4–6 and 6 (the latter being World Health Organisation (WHO) policy since 2001: 'post-2001 WHO policy'). Among those EBF for 4–6 months, we separated those who started solids, but not formula, before 6 months, and were still breastfeeding at 6 months (that is, WHO policy before 2001: 'pre-2001 WHO policy'), from other patterns. Outcomes were infection in infancy (chest, diarrhoeal and ear). **RESULTS:** EBF was not associated with the ear infection, but was associated with chest infection and diarrhoea. EBF for < 4 months was associated with a significantly increased risk of chest infection (adjusted risk ratios (RR) 1.24–1.28) and diarrhoea (adjusted RRs 1.42–1.66) compared with the pre-2001 WHO policy. There was an excess risk of the chest infection (adjusted RR 1.19, 95% confidence interval (CI): 0.97–1.46) and diarrhoea (adjusted RR 1.66, 95% CI: 1.11, 2.47) among infants EBF for 4–6 months, but who stopped breastfeeding by 6 months, compared with the pre-2001 WHO policy. There was no significant difference in the risk of chest infection or diarrhoea in those fed according to the pre-2001 versus post-2001 WHO policy. **CONCLUSIONS:** There is an increased risk of infection in infants EBF for < 4 months or EBF for 4–6 months who stop breastfeeding by 6 months. These results support current guidelines of EBF for either 4–6 or 6 months, with continued breastfeeding thereafter.

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INTRODUCTION

Breastfeeding has many health benefits, including protection against gastrointestinal and respiratory infections in infants. The World Health Organisation (WHO) and governments worldwide promote exclusive breastfeeding (EBF), although the most appropriate age for solids to be introduced is still debated. Before 2001, the WHO recommended that solids were introduced at 4–6 months, whereas in 2001, the recommendation was changed to 6 months.¹ The change was based largely on a systematic review that compared the effect of EBF for 6–7 months with EBF for at least 3–4 months and mixed feeding thereafter (that is, breast milk plus solids and/or formula).² The review, which was updated in 2012,³ found that in studies from Belarus, Iran and Nigeria, EBF for 6+ months was associated with less gastrointestinal infection and (in Iran and Nigeria) less respiratory infection in infancy compared with EBF for 3–4 months. There were no differences between the two groups with respect to other outcomes.

The WHO policy of 6 months of EBF has been widely adopted by many countries.^{4–6} Despite this, the majority of infants are not EBF at 6 months, particularly in developed countries. For example, on average 39% of infants in Organisation for Economic Cooperation and Development countries are EBF for 4 months and 23% are EBF for 6 months.⁷ The rates of EBF in the UK are even lower: in 2010, 12% were EBF for 4 months and 1% were EBF for 6 months.⁸

Given that many more infants are fed according to the pre-2001 WHO policy (defined in Table 1) than with the current (hereafter referred to as post 2001) policy, we estimated the risk of infection in infants fed according to the pre-2001 policy compared with infants fed according either to the post-2001 policy, or with

shorter periods of EBF (as defined in Table 1). We estimated these risks in a large UK cohort born at a time when the pre-2001 WHO policy was still national policy, and with a sufficient number of infants who were EBF for 4–6 months. In this paper, we define the pre-2001 WHO policy as EBF for 4.0–5.9 months rather than EBF for 4–6 months, so as to enable a direct comparison of two mutually exclusive groups (EBF for 4.0–5.9 months and EBF for 6 months).

PARTICIPANTS AND METHODS

Millennium cohort study

The Millennium Cohort Study is a nationally representative longitudinal study of 18 818 infants born in the UK.⁹ A random two-stage sample of all infants born in England and Wales between September 2000 and August 2001, and in Scotland and Northern Ireland between November 2000 and January 2002, who were alive and living in the UK at age 9 months was drawn from Child Benefit registers. At the time of the survey, Child Benefit claims in the UK covered virtually all children. Stratified sampling by electoral ward (defined geographical area), with over-sampling of ethnic minority and disadvantaged areas, ensured adequate representation of such areas. The interview response rate was 85%.⁹ Parents were interviewed for the first time when infants were aged 9 months, and detailed information was collected on socio-economic and health factors.

Exclusions

This analysis focused on term, singleton infants who did not have major problems at birth. Hence, 3008 infants (16% of the original 18 818) were excluded, sequentially, for the following reasons: multiples ($n=522$); gestational age < 37 weeks or missing ($n=1525$); admission to intensive care units at birth ($n=961$); and main respondent not the birth mother ($n=1$). The analysis was based on the remaining 15 809 infants.

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Research

Prevalence and determinants of diarrhoea among infants in selected primary health centres in Kaduna north local government area, Nigeria

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Key words: Exclusive breastfeeding, infant diarrhoea, immunization status, infant care, maternal health education

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Abstract

Introduction: Despite efforts toward the prevention and management of diarrhoea, associated mortality among infants has remained high in Northern Nigeria. This study was designed to determine the prevalence and identify determinants of diarrhoea among infants in Kaduna North Local Government Area (KNLGA), Nigeria. **Methods:** In a cross-sectional survey 630 mothers of infants attending three primary health care centers were interviewed. Data was collected on socio-demographic characteristics, infant care practices, infant diarrhoea history and mothers knowledge of causes, symptoms and management of diarrhea. Data were analyzed using descriptive statistics, Chi-square, and logistic regression tests at 5% level of significance. **Results:** Mothers' mean age was 27±5.5 years and 46.1% had secondary education. Infants' mean age was 22.4± 12.8 weeks and 50% were females. Prevalence of diarrhoea in the two weeks preceding the study was 21.1%. Only 11.7% of mothers had poor knowledge of diarrhoea. About 76.3% of mothers always washed their hands with soap after cleaning infants' perineum. Majority of infants (84.6%) completed age appropriate immunization while 31.6% were exclusively breastfed. Infants whose mothers sometimes (OR=2.32; 95% CI: 1.4-3.87) or never washed (OR=2.64; 95% CI: 1.19-5.82) their hands with soap after cleaning the infants perineum and those with incomplete age appropriate immunization (OR=1.87, 95% CI: 1.2-2.896) were more likely to have diarrhoea. **Conclusion:** Promotion of hygiene and nutrition education for mothers particularly on proper infant feeding practices, hand washing practices and complete immunization of infants is needed to address the diarrhea determinants.

Pan African Medical Journal. 2017;28:109. doi:10.11604/pamj.2017.28.109.8152

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Full Length Research

Prevalence of acute diarrhea and associated precipitating factors among under-five children in West Guji Zone, Oromia Region, Ethiopia, 2018: Community based cross sectional study

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Child hood diarrhea has continued as a leading cause of morbidity and mortality in Ethiopia. In conjunction with implementing control programs, an up-to-date comprehensive information on the magnitude and contributing factors among child hood diarrhea is needed to develop and design effective interventions at the district level. A community based cross sectional study was carried out among 717 mothers/care givers of under five children in four districts of West Guji Zone from July 21, 2018 up to August 21, 2018. The study participants were selected using systematic random sampling techniques. The collected data were entered into Epi-data version 3.5.4 and exported to SPSS version 20 for analysis. Descriptive statistics such as frequencies with percentages were computed. AOR with 95% C.I was employed to test significant association. A total of 717 children participated in this study; of which 262(36.5%) suffered acute diarrhea within two-week prevalence. Factors significantly associated with childhood diarrhea were maternal educational status [AOR=3.75, 95% CI:(1.07,13.22)], age of index child [AOR=2.72; 95% CI(1.18, 6.27)], number of under five children [AOR= 1.527; 95% CI: (1.04, 2.24)], exclusive breast feeding practice [AOR = 2.45; 95% CI:(1.61,3.73)], time supplementary feeding initiated [AOR=2.16; 95% CI(1.22,3.83)], waste disposal method [AOR = 1.92; 95% CI:(1.26,2.94)] and pneumococcal vaccination [AOR= 6.72; 95% CI(1.20,37.65)], Vitamin A supplementation [AOR= 1.66 ;95 % CI(1.04,2.68)]. More than one-third, 262 (36.5%, 95 CI: 33.13%, 39.87%) of the children reported childhood diarrhea which refers it is a major public health problem in the district. This finding point application of integrative intervention strategies such as building toilet, safe water access, effective health education related to appropriate child feeding practices.

Key words: Child health, diarrhea, pre-school children.

INTRODUCTION

Diarrhea is generally defined as the passage of loose or watery stools occurring three or more times in a 24-hour period, in a period not exceeding 14 days than is normal for that person (WHO, 2007). The dangers of diarrhea

are related to severe dehydration, fluid loss and malnutrition that can leave the body without water and salt that are necessary for survival (WHO, 2009). Diarrheal disease has continued as a leading cause of

RESEARCH ARTICLE

Risk factors for diarrhoea and malnutrition among children under the age of 5 years in the Tigray Region of Northern Ethiopia

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Data Availability Statement: All relevant data are within the paper.

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Competing interests: The authors have declared that no competing interests exist.

Abstract

Background

Diarrhoea and malnutrition are the leading cause of morbidity and mortality among children in areas with poor access to clean water, improved sanitation, and with low socioeconomic status. This study was designed to determine the prevalence of diarrhoea, malnutrition and risk factors among children aged 6–59 months in the Tigray Region of Northern Ethiopia.

Methods

A community based cross-sectional study design was conducted from June to August 2017 to assess the magnitude and factors associated with diarrhoea and malnutrition among children. A standardized questionnaire was used to collect data on diarrhoea, environmental, demographic and behavioural factors from 610 mother-child pairs. Anthropometric measurements were collected from the children. SPSS ver.21 statistical software was used for analysis. Factors associated with diarrhoea and nutritional status were identified using bivariate and multivariate logistic regression. A p-value ≤ 0.05 was considered statistically significant.

Results

Of the 610 children monitored in this study, the incidence of diarrhoea among 6–59 month-old children in the two weeks preceding the day of the interview day was 27.2% (95% CI: 23.6–31%). Specifically, 35.9%, 9.7%, and 1.8% had 1–2, 3–4 and 5–6 times of diarrhoea episodes in a one year of time, respectively. The prevalence of stunting, underweight, wasting, and acute under-nutrition were 36.1% (95% CI: 31–38.6%), 37% (95% CI: 32–39.6%), 7.9% (95% CI: 5.5–9.7%), and 5.4% (95% CI: 3.8–7.4%), respectively. In a multivariate logistic regression analysis, type of drinking water source [AOR = 3.69; 95% CI: 2.03–6.71],



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Research Article

Prevalence and Determinate Factors of Diarrhea Morbidity among Under five Children in Shake Zone, Southwest Ethiopia, a Community Based Cross-Sectional Study

Abstract

Despite the global decline in the death rates of Under five children, the risk of a child dying before becoming 5 years of age remains highest in the African Region (90 per 1000 live births), which is approximately seven times higher than that in the European Region (12 per 1000 live births). The purpose of this study was to identify socio-economic, demographic, environmental and nutrition characteristics predictors affecting diarrheal morbidity of under-five children in Sheka zone, South west Ethiopia. A Community-based cross-sectional study was conducted in Sheka zone, from September 1–September 14, 2018. A Sample of 582 under-five children were selected randomly from Kebeles in the zone constituted the study population. Data were collected using structured and pre-tested questionnaires. Descriptive, bivariate and multiple binary logistic regressions were employed for data analysis by using SPSS 20. The descriptive results showed that 21.8% of under-five children have experienced diarrhea in the two weeks prior to the time of survey. The remaining 78.2% of under-five children have no experienced diarrhea in the two weeks prior to the time of survey. In multiple logistic regression, the most important determinant factors associated with diarrhea morbidity were stunting, underweight, Child had fever, ever had Vaccination, Employment (working) status of mother, mother education level, source of water supply, and mother underweight. Therefore the Government local health organizations should provide health intervention programs and maternal health awareness (health education for mothers) to reduce under-five children diarrhea morbidity.

Introduction

Despite the global decline in the death rates of Under five children, the risk of a child dying before becoming 5 years of age remains highest in the WHO African Region (90 per 1000 live births), which is approximately seven times higher than that in the WHO European Region (12 per 1000 live births) [1].

Diarrheal disease is the most common cause of illness and the second leading cause of child death in the world. The disease accounts for 4–3% of the total global disease burden; the burden being greatest in the developing world including Ethiopia. In developing countries, a quarter of infant and childhood mortality is related to childhood disease, particularly to diarrhea. Diarrhea is caused by ingesting certain bacteria, viruses or parasites found in fecal matter which may be spread through water, food, hands, eating and drinking utensils, flies, and dirt under fingernails [2].

Globally, diarrhea is the third largest cause of morbidity and the sixth largest cause of mortality among population of all ages [3]. Two decades ago diarrhea was responsible for around 5 million deaths of children aged under-five each year. Recently, due to the joint effort of public health, it was reduced and account for less than 2 million child death a year [4]. Diarrhea is one of the leading causes of morbidity and mortality in developing countries, especially among under-five children [5].

More than four-fifths of all deaths among children younger than 5 years old in 2011 occurred in sub-Saharan Africa and South Asia. The problem in Ethiopia is even worse than elsewhere in the world, with an Ethiopian child being 30 times more likely to die by his/her fifth birthday than a child in Western Europe [1].

According to the 2011 Ethiopian Demographic and Health

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RESEARCH ARTICLE

Etiologies, Risk Factors and Impact of Severe Diarrhea in the Under-Fives in Moramanga and Antananarivo, Madagascar

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Abstract

Background

Diarrheal disease remains a leading cause of death in children in low-income countries. We investigated the etiology, risk factors and effects on nutritional status of severe diarrhea in children from two districts in Madagascar.

Methods

We performed a matched case-control study in 2011 to 2014, on children under the age of five years from Moramanga and Antananarivo. The cases were children hospitalized for severe diarrhea and the controls were children without diarrhea selected at random from the community. Stool samples were collected from both groups. Anthropometric measurements were made during follow-up visits about one and two months after enrolment.

Results

We enrolled 199 cases and 199 controls. Rotavirus infection was the most frequently detected cause of diarrhea. It was strongly associated with severe diarrhea (OR: 58.3; 95% CI: 7.7–439.9), accounting for 42.4% (95% CI: 37.6–43.1) of severe diarrhea cases. At the household level, possession of cattle (OR = 0.3; 95% CI: 0.1–0.6) and living in a house with electricity (OR = 0.4; 95% CI: 0.2–0.8) were protective factors. The presence of garbage around the house was a risk factor for severe diarrhea (OR = 3.2; 95% CI: 1.9–5.4). We found no significant association between severe diarrhea and the nutritional status of the children at follow-up visits, but evident wasting at enrolment was associated with a higher risk of severe diarrhea (OR = 9; 95% CI: 4.5–17.9).

RESEARCH ARTICLE

Open Access

Prevalence of diarrheal diseases and associated factors among under-five children in Dale District, Sidama zone, Southern Ethiopia: a cross-sectional study



Behailu Melese¹, Wondimagegn Paulos², Feteke Hailemichael Astawesegn¹ and Temesgen Bati Gelgelu^{2*}

Abstract

Background: Globally childhood diarrhoeal diseases continue to be the second leading cause of death, while in Ethiopia it kills half-million under-five children each year. Sanitation, unsafe water and personal hygiene are responsible for 90% of the occurrence. Thus, this study aimed to assess the prevalence and associated factors of diarrheal diseases among under-five children in Dale District, Sidama Zone, Southern Ethiopia.

Methods: A community-based cross-sectional study was conducted. A face to face interview using a structured questionnaire and observation checklist was used. A total of 546 households with at least one under-five children were selected using simple random sampling techniques. The data entry and cleaning were performed using Epidemiological Information software (EPI Info) 3.5.1 and then exported to Statistical Package for Social Science (SPSS) version 16.0 for analysis. Frequencies and proportions were computed as descriptive analysis. Initially using bivariate analysis a crude association between the independent and dependent variables was investigated. Then, those variables with p -value ≤ 0.25 were included in multivariable analysis to determine the predictor variables for the outcome variables. Finally, further analyses were carried out using multivariable analysis at a significance level of p -value ≤ 0.05 .

Results: A total of 537 children under the age of 5 years were included. The 2 weeks prevalence of diarrhea among children under the age of 5 years was 13.6, 95% CI (10.7, 16.5%). Educational level [AOR: 3.97, 95% CI (1.60, 8.916)], age of indexed child [AOR: 12.18, 95% CI (1.78, 83.30)], nutritional status [AOR: 6.41, 95% CI (2.47, 16.77)], hand washing method [AOR: 3.10, 95% CI (1.10, 8.67)], hand washing after latrine [AOR: 2.73, 95% CI (1.05, 6.56)], refuse disposal method [AOR: 3.23, 95% CI (1.37, 7.60)] and housing floor material [AOR: 3.22, 95% CI (1.16, 8.91)] were significantly associated with the occurrence of childhood diarrheal diseases.

Conclusion: Childhood diarrhea remains the commonest health problem in the study area. The findings have important policy implications for childhood diarrhoeal disease intervention programs. Thus, activities focusing on proper handwashing techniques at all appropriate times, proper refuse disposal, **improving nutrition** and better childcare also highly recommended.

Keywords: Dale District, Diarrhoeal diseases, Under-five children

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RESEARCH STUDY

Open Access

Hubungan antara Pemberian ASI Eksklusif dengan Kejadian Diare pada Balita di Kelurahan Ampel, Kecamatan Semampir, Kota Surabaya 2017

The Relationship between Exclusive Breastfeeding and The Incidence of Diarrhea in Toddlers in The Ampel Village, Subdistrict Semampir, Surabaya City 2017

Armina Analinta*

ABSTRAK

Latar Belakang: Diare adalah penyakit endemis di Indonesia dan sering menyebabkan kematian. Pada tahun 2015 terjadi delapan belas kali kejadian luar biasa diare yang tersebar di sebelas provinsi, delapan belas kabupaten/kota, dengan jumlah penderita satu. 213 orang dan kematian 30 orang (CFR 2,47%). Menurut Dinas Kesehatan Kota Surabaya, pada tahun 2015 terdapat 65.447 kasus diare, dengan kata lain terdapat 23 kasus diare pada 1000 penduduk.

Tujuan: Penelitian ini bertujuan untuk menganalisis hubungan asi eksklusif dengan diare pada balita di RW XIII dan RW XIV Kelurahan Ampel, Kecamatan Semampir, Kota Surabaya 2017.

Metode: Jenis penelitian adalah analitik observasional dengan desain cross sectional. Populasi pada penelitian ini yaitu seluruh balita yang berada di wilayah di RW XIII dan RW XIV di Kelurahan Ampel. Teknik pengambilan data menggunakan simple random sampling didapatkan 39 responden. Data Primer dikumpulkan dengan wawancara dengan kuesioner, Focus Group Discussion (FGD). Analisis data menggunakan uji statistik Fisher's Exact.

Hasil: Hasil penelitian menunjukkan pemberian ASI eksklusif memiliki hubungan dengan kejadian diare ($p < 0,002$).

Kesimpulan: Terdapat hubungan yang bermakna antara pemberian ASI Eksklusif dengan kejadian diare.

Kata Kunci: ASI eksklusif, diare, balita

ABSTRACT

Background: Diarrhea is an endemic disease in Indonesia and often cause death. In 2015 there were eighteen times the outbreak of diarrhea spread in eleven provinces, eighteen districts / cities, with the number one patient. 213 people and 30 deaths (CFR 2.47%). According to Surabaya City Health Office, there were 65.447 cases of diarrhea in 2015, in other words there were 23 cases of diarrhea in 1000 population.

Objectives: This study aimed to analyze the relationship between exclusive breastfeeding and diarrhea in RW XIII and RW XIV Kelurahan Ampel, Subdistrict Semampir, City of Surabaya in 2017.

Methods: This was observational analytics study with cross sectional design. The population in this research were all the children under five in the area in RW XIII and RW XIV in Kelurahan Ampel. Sampling technique used was simple random sampling involving 39 respondents. Primary data were collected by interview with questionnaire, Focus Group Discussion (FGD). Data were analyzed statistically using Fisher's Exact Test.

Results: The result of this this study showed that there was relationship between exclusive breastfeeding and diarrhea ($p < 0.002$).

Conclusion: There was a significant relationship between exclusive breastfeeding and diarrhea.

Keywords: Exclusive Breastfeeding, diarrhea, toddler

**HUBUNGAN PEMBERIAN ASI EKSKLUSIF DAN SUSU FORMULA DENGAN
ANGKA KEJADIAN DIARE PADA BAYI DI UPT PUSKESMAS LAU
KABUPATEN MAROS**

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ABSTRAK

Penyakit diare merupakan penyebab utama kematian kedua pada anak di bawah lima tahun, dan bertanggung jawab untuk membunuh sekitar 525.000 anak setiap tahunnya. Diare bisa berlangsung beberapa hari, dan bisa meninggalkan tubuh tanpa air dan garam yang diperlukan untuk bertahan hidup. Di masa lalu, bagi kebanyakan orang, dehidrasi berat dan kehilangan cairan adalah penyebab utama kematian diare. Tujuan penelitian adalah untuk mengetahui hubungan pemberian ASI Eksklusif dan susu formula dengan angka kejadian diare pada bayi di UPT Puskesmas Lau Kabupaten Maros. Penelitian ini menggunakan metode penelitian deskriptif analitis dengan pendekatan *cross sectional study* dan dilaksanakan di Wilayah Kerja UPT Puskesmas Lau Kabupaten Maros pada tanggal 24 Desember 2018 sampai 24 Januari 2019. Populasi dalam penelitian ini adalah semua bayi yang berada di wilayah kerja UPT Puskesmas Lau Kabupaten Maros sebanyak 35 bayi. Metode pengambilan sampel yang digunakan adalah *accidental sampling* dengan jumlah sampel sebanyak 32 bayi. Hasil penelitian ini menunjukkan bahwa hubungan pemberian ASI Eksklusif ($p=0,010$) dan susu formula ($p=0,010$) dengan angka kejadian diare pada bayi di UPT Puskesmas Lau Kabupaten Maros. Kesimpulan penelitian ini adalah ada hubungan pemberian ASI Eksklusif dan susu formula dengan angka kejadian diare pada bayi di UPT Puskesmas Lau Kabupaten Maros.

Kata kunci: ASI Eksklusif, Susu Formula, Diare

PENDAHULUAN

Penyakit diare merupakan penyebab utama kematian kedua pada anak di bawah lima tahun, dan bertanggung jawab untuk membunuh sekitar 525.000 anak setiap tahunnya. Diare bisa berlangsung beberapa hari, dan bisa meninggalkan tubuh tanpa air dan garam yang diperlukan untuk bertahan hidup. Di masa lalu, bagi kebanyakan orang, dehidrasi berat dan kehilangan cairan adalah penyebab utama kematian diare. Sekarang, penyebab lain seperti infeksi bakteri septik kemungkinan akan menyebabkan peningkatan proporsi kematian terkait diare. Anak-anak yang kekurangan gizi atau memiliki kekebalan yang terganggu serta orang yang hidup dengan HIV paling berisiko mengalami diare yang mengancam jiwa (WHO, 2017).

Penyakit diare merupakan penyakit endemis di Indonesia dan juga merupakan penyakit potensial Kejadian Luar Biasa (KLB) yang sering disertai dengan kematian. Pada tahun 2016 terjadi 3 kali KLB diare yang tersebar di 3 provinsi, 3 kabupaten, dengan jumlah penderita 198 orang dan kematian 6 orang (CFR 3,04%). Target cakupan

pelayanan penderita diare yang datang ke sarana kesehatan dan kader kesehatan adalah 10% dari perkiraan jumlah penderita diare (insidens diare dikali jumlah penduduk di satu wilayah kerja dalam waktu satu tahun). Insidensi diare nasional hasil Survei Morbiditas Diare tahun 2014 yaitu sebesar 270/1.000 penduduk, maka diperkirakan jumlah penderita diare di fasilitas kesehatan pada tahun 2016 sebanyak 6.897.463 orang, sedangkan jumlah penderita diare yang dilaporkan ditangani di fasilitas kesehatan adalah sebanyak 3.198.411 orang atau 46,4% dari target (Kemenkes RI, 2017).

Pemetaan jumlah penderita diare menurut Kabupaten/Kota di Sulawesi selatan tahun 2016 menunjukkan bahwa Kabupaten/Kota dengan angka kesakitan diare tertinggi (65,84 – 87,16) yaitu Kabupaten Bantaeng, Soppeng, Enrekang, dan Kota Parepare sedangkan terendah (26,31-29,71) yaitu Kabupaten Bulukumba, Jeneponto, Maros, Bone, Luwu, Tana Toraja, Luwu Utara dan Kota Makassar. Tahun 2016 perkiraan diare sebanyak 464.744 kasus, adapun diare yang ditangani sebanyak 192.681 kasus (41,46%).

Hubungan Status Gizi dengan Kejadian Diare

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*Akbid La Tansa Mashiro

Article Info

Keywords:
Diarrhea,
Nutritional status

Abstract

The incidence in Indonesia is still a lot of early marriage in children and adolescents. As many as 38% of girls under the age of 18 are married. The real impact of young marriage is abortion or miscarriage because physiologically the reproductive organs (especially the uterus) are not perfect. The purpose of this study is to find out the relationship between education and work with early marriage in religious Affairs office Kalanganyar 2016

The design used is cross-sectional. The sample in this study was 74 women who had a wedding at religious Affairs office, Kalanganyar District. The sampling technique using random sampling showed that most respondents (75.7%) had an early marriage and the majority of respondents (68.9%) had low education, and most respondents (70.3%) did not work. Statistic test results using chi-square ($p = 0.001$) obtained there is a relationship between education with early marriage and ($p = 0.014$) obtained there is a relationship between work with early marriage.

Because there are still many cases of adolescents who conduct early marriage, it is expected that the place of research will provide information by way of counseling about the impact of early marriage on adolescents.

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Menurut data *World Health Organization* (WHO) pada tahun 2013 di Indonesia, diare

STATUS GIZI DAN STATUS IMUNISASI CAMPAK BERHUBUNGAN
DENGAN DIARE AKUT

NUTRITIONAL STATUS AND MEASLES IMMUNIZATION STATUS
ASSOCIATED WITH ACUTE DIARRHOEA

Sri Kurniawati¹, Santi Martini²

Info Artikel

Sejarah Artikel:
Diterima 3 Juni 2016
Disetujui 12 Juni 2016
Dipublikasikan 16
Desember 2016

Kata Kunci:
Status gizi, imunisasi
campak, diare

Keywords:
Nutritional status, the
measles immunization,
diarrhoea

Abstrak

Latar Belakang: Diare merupakan penyebab utama kematian anak di negara berkembang. **Tujuan:** Menganalisis hubungan berat lahir, status gizi, status imunisasi campak, pola menyusui, pengetahuan ibu, dan kebiasaan ibu mencuci tangan dengan kejadian diare akut pada balita di Puskesmas Pacar Keling Surabaya. **Metode:** Desain penelitian *case control study* dengan menggunakan 152 sampel (76 kasus; 76 kontrol). Teknik sampling menggunakan *simple random sampling*. Analisis data bivariat dengan regresi logistik. **Hasil:** Kejadian diare berhubungan dengan status gizi berdasarkan BB/U $p < 0.000$ (OR=4,304, CI95%: 1.917-9.663), status gizi berdasarkan PB/U $p < 0.001$ (OR=4,093, CI95%: 1.904-8.800), status imunisasi campak $p = 0.016$ (OR=12.692, CI95%: 1.595-100.97), pola menyusui $p < 0.001$ (OR=3.909, CI95%: 1.962-7.789), pengetahuan ibu $p < 0.001$ (OR=5.675, CI95%: 2.825-11.400). **Simpulan dan saran:** Faktor yang mempengaruhi kejadian diare adalah status gizi (BB/U dan PB/U), status imunisasi, pola menyusui, dan pengetahuan ibu. Perluanya penelitian lanjutan menggunakan sampel berdasarkan *population based*.

Abstract

Background: Diarrhea is a major cause of child mortality in developing countries. **Objectives:** To analyze the associated between with birth weight, nutritional status, the measles immunization status, breast-feeding, mother's knowledge and mother's habit of washing hands with the incidence of acute diarrhea in under-five children in Pacar Keling health center in Surabaya. **Methods:** Case control study is used as research design by using 152 samples (76 cases : 76 control). The sampling technique was simple random sampling. The data were analyzed using bivariate analysis by using simple logistic regression. **Results:** The results showed that the incidence of diarrhea associated with, nutritional status based BB/U $p < 0.000$ (OR=4,304, CI95%: 1.917-9.663); nutritional status based PB/U $p < 0.001$ (OR=4,093, CI95%: 1.904-8.800); the measles immunization status $p = 0.016$ (OR=12.692, CI95%: 1.595-100.97), breast-feeding $p < 0.001$ (OR=3.909, CI95%: 1.962-7.789); and mother's knowledge $p < 0.001$ (OR=5.675, CI95%: 2.825-11.400). **Conclusions and suggestions:** Influencing factors that the incidence of diarrhea associated were nutritional status based BB/U, nutritional status based PB/U, the measles immunization status, the pattern of breastfeeding, and the mother's knowledge. Future studies should be use sample of population based.

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HUBUNGAN STATUS GIZI DENGAN KEJADIAN DIARE PADA BALITA UMUR 3-5 TAHUN DI RUMAH SAKIT TK II PELAMONIA MAKASSAR

Sitti Nurbaya

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ABSTRAK

Diare adalah perubahan frekuensi dan konsistensi tinja. WHO pada tahun 1984 mendefinisikan diare sebagai berak air tiga kali atau lebih dalam sehari semalam (24 jam) para ibu mungkin mempunyai istilah terdiri seperti lembek, cair, berdarah, berlendir, atau dengan muntah (muntaber). Tujuan dari penelitian ini adalah untuk mengetahui hubungan status gizi dengan kejadian diare pada balita umur 3-5 tahun di Rumah Sakit TK II Pelamonia Makassar. Penelitian ini menggunakan metode penelitian survey analitik dengan pendekatan *cross sectional study* yang dilaksanakan di Rumah Sakit TK II Pelamonia Makassar pada tanggal 5 Februari sampai 13 Februari 2018. Populasi dalam penelitian ini adalah semua anak yang dirawat di Rumah Sakit TK II Pelamonia Makassar sebanyak 30 anak. Metode pengambilan sampel yang digunakan adalah *total sampling* dengan jumlah sampel sebanyak 30 balita. Hasil penelitian ini menunjukkan hubungan status gizi ($p=0,008$) dengan kejadian diare pada balita umur 3-5 tahun. Kesimpulan penelitian ini adalah ada hubungan status gizi dengan kejadian diare pada balita umur 3-5 tahun di Rumah Sakit TK II Pelamonia Makassar. Diharapkan kepada instansi setempat agar memberikan penyuluhan kesehatan pada ibu dan keluarga untuk meningkatkan asupan gizi sejak periode prenatal sampai 2 tahun kehidupan anak agar status gizi tidak lagi menjadi masalah yang dapat menyebabkan diare.

Kata Kunci : Status Gizi, Diare, Balita

PENDAHULUAN

Diare adalah perubahan frekuensi dan konsistensi tinja. WHO pada tahun 1984 mendefinisikan diare sebagai berak air tiga kali atau lebih dalam sehari semalam (24 jam) para ibu mungkin mempunyai istilah terdiri seperti lembek, cair, berdarah, berlendir, atau dengan muntah (muntaber) (Kunoli, 2013).

Secara global, ada hampir 1,7 miliar kasus penyakit diare pada anak setiap tahun. Penyakit diare merupakan penyebab utama kematian anak dan morbiditas di dunia, dan sebagian besar disebabkan oleh makanan dan sumber air yang terkontaminasi. Di seluruh dunia, 780 juta orang kekurangan akses terhadap air minum yang lebih baik dan 2,5 miliar kekurangan sanitasi yang memadai. Diare akibat infeksi tersebar luas di seluruh negara berkembang (WHO, 2017).

Penyakit diare sampai kini masih menjadi masalah kesehatan masyarakat, walaupun secara umum angka kesakitan masih berfluktuasi, dan kematian diare yang dilaporkan oleh sarana pelayanan dan kader kesehatan mengalami penurunan namun penyakit diare ini masih sering menimbulkan KLB yang cukup banyak bahkan menimbulkan kematian. Hasil Risesdas 2013 mengumpulkan informasi insiden diare agar

bisa dimanfaatkan program, dan period prevalens diare agar bisa dibandingkan dengan Risesdas 2007. Period prevalen diare pada Risesdas 2013 (5,2%) lebih kecil dari Risesdas 2007 (7,9%). Penurunan period prevalen dimungkinkan juga karena waktu pengambilan sampel yang tidak sama antara 2007 dan 2013. Insiden diare yang didiagnosis untuk semua kelompok umur di Sulawesi Selatan adalah 2,8 persen (Kemenkes RI 2017).

Tindakan dalam pencegahan diare ini antara lain dengan perbaikan keadaan lingkungan, seperti penyediaan sumber air minum yang bersih, penggunaan jamban, pembuangan sampah pada tempatnya, sanitasi perumahan dan penyediaan tempat pembuangan air limbah yang layak. Perbaikan perilaku ibu terhadap balita seperti pemberian ASI sampai anak berumur 2 tahun, perbaikan cara menyapih, kebiasaan mencuci tangan sebelum dan sesudah beraktivitas, membuang tinja anak pada tempat yang tepat, memberikan imunisasi morbiditas. Masyarakat dapat terhindar dari penyakit asalkan pengetahuan tentang kesehatan dapat ditingkatkan, sehingga perilaku dan keadaan lingkungan sosialnya menjadi sehat. Bila dikelompokkan ke dalam kelompok umur

Lampiran 3

Perihal : **Surat Pernyataan Tidak Melakukan Uji Validitas**

Kepada Yth.

Bapak/Ibu Dosen

Di –

Tempat

Assalamualaikum Wr. Wb.

Saya yang bertanda tangan dibawah ini:

Nama : NINA SUBEKTI

NIM : 17111024110080

Judul Skripsi : HUBUNGAN PEMBERIAN ASI EKSKLUSIF DAN
STATUS GIZI TERHADAP KEJADIAN DIARE PADA
BALITA: *LITERATURE REVIEW*

Dengan surat ini saya menyatakan bahwa saya tidak menggunakan uji validitas dan reabilitas dikarenakan sudah pernah di uji validitas dan reabilitas.

Demikian permohonan yang saya sampaikan atas perhatiannya saya ucapkan terima kasih.

Wassalamu'alaikum Wr.Wb.

Samarinda, 12 Juli 2021

Pembimbing

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Mengetahui,
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Lampiran 4








LEMBAR KONSULTASI (bimbingan)



Nama Mahasiswa : NINA SUBEKTI
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Judul Penelitian : Hubungan Pemberian ASI Eksklusif dan Status Gizi Terhadap Kejadian Diare Pada Balita: *Literature Review*
Nama Pembimbing : Ns. Fatma Zulaikha

NO	TANGGAL	KONSULTASI	HASIL KONSULTASI	PARAF
1.	3 Juli 2020	Proposal Penelitian : Judul, BAB I & BAB II	<ul style="list-style-type: none"> - Tulisan kata pengantar bold - Buat urutan di kata pengantar (Allah, Rektor, Dekan, Prodi, Ortu) - Tulisan BAB I di bold - Tambahkan data diare di Samarinda - Tambahkan odd ratio dan risk ratio pada penelitian sebelumnya - Lengkapi Tujuan Khusus - Pada Keaslian Penelitian tambahkan desain, variable dan Teknik sampling - Penulisan judul table 	
2	16 Juli 2020	Proposal Penelitian : Judul, BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Tambahkan data terbaru di latar belakang - Bullets pakai angka atau huruf - Tabel di perbaiki jangan sampai terpisah - Judul table menggunakan font ukuran 10 - Tambahkan klasifikasi ASI Eksklusif 	

			Balita di Puskesmas Wonorejo Kota Samarinda” <ul style="list-style-type: none"> - Tambahkan desain dan instrument pada bagian keaslian penelitian - Kata asing menggunakan italic - Tabel jangan terpotong - Daftar Pustaka diberi spasi 1 dalam judul dan spasi 1,5 dalam judul lain 	
5.	8 Januari 2021	Proposal Penelitian : Judul, BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Sebutkan nama orang tua di Kata pengantar - Antumkan hasil stupen di paragraph akhir sebelum rumusan masalah - Keaslian penelitian nama penulis bagian belakang saja yang ditulis - Keaslian penelitian diberi urutan angka atau huruf - Beri urutan angka pada bagian tinjauan Pustaka - Perbaiki di KEMENKES RI - Tambahkan Dlare di definisi operasional - Tambahkan keterangan hasil uji bagian uji validitas dan reliabilitas - Tabel rumus risk ratio diperbaiki - Tambahkan instrument dan table jadwal penelitian 	
6.	5 Januari 2021	Proposal Penelitian : BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Perbaiki menjadi S1 Keperawatan di halaman sampul 	

3	24 Juli 2020	Proposal Penelitian : Judul, BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Perbaiki latar belakang langsung menggunakan narasi - Bagian keaslian penelitian di lengkapi. Tambahkan desain dan instrument yang digunakan - Perbaiki bagian keaslian penelitian menggunakan desain kuantitatif retrospektif - Tinjauan Pustaka ditambahkan dengan teori diare kronik - Table diperhatikan jangan sampai terpotong - Kerangka teori diperbaiki ditambahkan variable yang akan diteliti - Tambahkan pemberian ASI Eksklusif (dilakukan atau tidak) dan status gizi ditambahkan 4 kategori - Tambahkan jurnal terkait pada penelitian terkait - Hitung sampel menggunakan rumus - Ukuran huruf dalam table 10 dan spasi 1 - Instrumen yang digunakan lembar observasi - Tambahkan teori tentang uji validitas lembar observasi 	
4	11 Agustus 2020	Proposal Penelitian : Judul, BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Perbaiki judul menjadi "Hubungan Pemberian ASI Eksklusif dan Status Gizi terhadap Kejadian Diare pada 	

			<ul style="list-style-type: none"> - Perbaiki menjadi fakultas ilmu keperawatan - Pada penelitian terkait perbaikan uji bivariat - Lengkapi tahun kunjungan di kriteria inklusi - Perbaiki instrument penelitian 	
7.	11 Februari 2021	Proposal Penelitian : BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Perbaiki kerangka konsep sesuai dengan definisi operasional - Di perbaikan tabel jangan sampai terputus 	
8.	16 Februari 2021	Proposal Penelitian: BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Perbaiki metode menggunakan literatur review 	
9.	18 Februari 2021	Proposal Penelitian: BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Perbaiki diagram flow - Tambahkan lampiran pencarian diagram flow 	
10.	14 Maret 2021	Proposal Penelitian: BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - Perbaiki tabel 	
11.	14 Maret 2021	Proposal Penelitian: BAB I, BAB II & BAB III	<ul style="list-style-type: none"> - ACC 	
12.	28 Mei 2021	Skripsi Penelitian: BAB I, BAB II, BAB III, BAB IV & BAB V	<ul style="list-style-type: none"> - Berikan nama tabel dan atur tabel sesuai fit margin - Pembahasan dibuat minimal 1 halaman 	
13.	9 Juni 2021	Skripsi Penelitian: BAB I, BAB II, BAB III, BAB IV & BAB V	<ul style="list-style-type: none"> - Perbaiki ketikan (gunakan justify) - Jadwal penelitian di perbaikan karena sudah bulan juni - Tabel analisis jurnal dibentuk landscape 	

14.	20 Juni 2021	Skripsi Penelitian: BAB I, BAB II, BAB III, BAB IV & BAB V	- Buat ringkasan hasil tiap variable pada kesimpulan	
15.	22 Juni 2021	Skripsi Penelitian: BAB I, BAB II, BAB III, BAB IV & BAB V	- ACC	

Lampiran 5**SURAT PERNYATAAN BEBAS PLAGIARISME**

Saya yang bertanda tangan di bawah ini:

Nama : Nina Subekti

NIM : 17111024110080

Program Studi : S1 Ilmu Keperawatan

Fakultas : Keperawatan

Dengan ini menyatakan bahwa penelitian dengan judul:

Hubungan Pemberian ASI Eksklusif dan Status Gizi terhadap Kejadian Diare pada Balita: Literature Review

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Demikian surat pernyataan ini saya buat untuk dipergunakan sebagaimana mestinya

Samarinda, 10 Juli 2020



NINA SUBEKTI
NIM. 17111024110080

Lampiran 6

Hubungan Pemberian ASI Eksklusif dan Status Gizi terhadap Kejadian Diare pada Balita: Literature Review

by Nina Subekti

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