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Literature Review: The Correlation of Exclusive Breastfeeding and Incident of Diarrhea to Baby

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Abstract

Exclusive breastfeeding is giving ASI without other additional food to infants aged 0-6 months. Babies are not given anything to eat, except food directly produced by the mother because the baby gets the best nutrition through breast milk. Although the efficacy of breast milk is so great, but not many mothers are willing or willing to give exclusive breastfeeding for 6 months as suggested by the world health organization. In Kediri Baptist Hospital, most babies do not get exclusive breastfeeding. The objective of this study was to analyze the correlation of exclusive breastfeeding and the incidence of diarrhea to babies based on the results of a literature review. This study used Literature review. Literature was obtained using Google Scholar and DOAJ (Directory of Open Access Journals). The results of study on exclusive breastfeeding was according to Sing, et al. (2018) 54.1%, according to Analinta, (2019) 69.2%, according to Sinaga, et al. (2018) 55.9%, according to Rini, (2018) 37.5%, according to Tamimi, (2016) 46.3%, according to Istiqamah, et al. (2013) 56.2%, and the incidence of diarrhea according to Sing et al. (2018) 68.4%, according to Analinta, (2019) 59%, according to Sinaga, et al. (2018) 27.5%, according to Rini, (2018) 59.4%, according to Tamimi, (2016) 19.5%, Istiqamah, et al. (2013) 40.6%. It was concluded that Correlation Between Exclusive Breastfeeding and Incident of Diarrhea to Toddlers.

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INTRODUCTION

Exclusive breastfeeding, that is, babies only receive breast milk from the age of 0-6 months and do not provide complementary feeding. The best nutrition can only be obtained in breast milk so that the baby is not given other foods (Yuliarti, 2010). The best quality and quantity of nutrition is breast milk so that it is good for infant immunity, increases intelligence, and maintains affection between mother and baby (Priyono & Yunisa, 2010). The benefits of exclusive breastfeeding are the need for enzymes and protein to be obtained with the best quality, getting iron, protein and other substances, direct contact with the skin of the mother, the baby feels warmth and protection, so that the mother is more sensitive to the needs of her baby, because the mother does not menstruate. no substances are discarded, and financially it will be economical because they do not buy milk and the incidence of diarrhea, respiratory system disorders and obesity in children decreases WHO in (Yuliarti, 2010) recommends that exclusive breastfeeding be given for 6 months, there are still many mothers who do not want to give exclusive breastfeeding even though the benefits are so great. In Kediri Baptist Hospital, most of the children under five do not receive breastfeeding exclusively, this is also proven based on the results of the literature review journal (Rini & Tarisia, 2016;Tamimi & Antya, 2016)

According to WHO (2010) in Pollard (2015) it is estimated that only 40% of babies from around the world are exclusively breastfed for a period of 6 months. Although since last year the exclusive breastfeeding program has become a priority by local and national governments as well as with the support of international institutions. According to Riskesdas in 2018, only 37.3% of infants aged 0 to 5 months in Indonesia received exclusive breastfeeding. In East Java in 2018, 40% exclusively breastfed babies. This result does not meet the WHO criteria which requires 50%. Based on the results of the pre-research carried out at the Block-C Outpatient Installation on 27 December 2019 - 10 January 2020, it was found that out of 10 respondents, 80% were not exclusively breastfed, based on the journal (Rini & Tarisia, 2016), 62.5% were not exclusively breastfed and based on the journal (Tamimi & Antya, 2016) found that 53.7% were not exclusively breastfed.

At present, even children before 6 months of age have been given solid food by most mothers Septikasari & Majestika, (2018) Socio-cultural factors, working mothers / career women and other social activities, because the closest person is giving bottle milk, so that the mother feels like following it, is psychologically afraid of being considered unattractive, the mother's physical factors, the mother is sick, for example mastitis, heat, and so on. , the baby factor, babies who cannot be breastfed because of illness, the factor of medical personnel and the widespread promotion of canned milk to replace breast milk are among the factors supporting the behavior of mothers who do not provide breast milk (Astutik & Reni, 2017). Complementary feeding before the age of 0-6 in babies will have an impact on increasing the risk of diarrhea and other diseases, this is because we cannot guarantee the cleanliness of water and food, while babies 0-6 months still have sensitive digestion, by giving other milk to babies the risk of diarrhea will be 17 times greater than those who get breast milk, and 4 times more likely to have the risk of experiencing ARI (upper respiratory tract infection), giving food or drinks other than breast milk can interfere with the breastfeeding process, so it can reduce the amount of milk production, there have been several cases where The baby's intestine is twisted, as a result of being given food other than breast milk (Pratiwi, 2017).

The role of nurses in increasing exclusive breastfeeding for babies is by providing health education to prospective mothers regarding the benefits of breast milk for babies, namely: increasing the growth and development of babies, increasing the closeness of children and mothers, reducing the risk of infant mortality, reducing the risk of diarrhea and tract infections. respiration reduces the risk of chronic disease incidence, reduces the risk of obesity, and supports cognitive and motor development of infants (Nurlaila, 2018). For mothers who have problems so that the mother has to stop breastfeeding for some time, the mother can breastfeed the baby again or what is known as relactation, relactation is breastfeeding again after stopping for some reason, relactation can be started a few days, weeks, months after stopping breastfeeding, letting the baby suckle as often as possible or at least 10 times in 24 hours at the breast if the baby wants is the way that is done in retraction, the time needed to increase the amount of breast milk varies, it takes about 1-2 weeks, however giving breast milk in small amounts is still much more beneficial than giving ASI (Astutik & Reni, 2017). Based on the description of the problems that have been described, researchers are

interested in conducting a review of the journal entitled the correlation of exclusive breastfeeding with the incidence of diarrhea in children under five. Analyzing the correlation between exclusive breastfeeding and the incidence of diarrhea in children under five based on the results of a literature review.

METHODS

This review aims to determine and examine the literature or examine literature whether there is a correlation between exclusive breastfeeding and the incidence of diarrhea in children under five. Researchers reviewed research using various research designs, namely cross-sectional, case-control analytic, historical cohorts, and cross-sectional. The population used in this study is the journal of the last 10 years from 2010 to 2020. The online database sources used come from repositories both from Indonesia and from other countries that use international languages, including from google scholar and DOAJ or the Directory of Open Access Journals. The inclusion criteria in this study are: have been published with the Open Access Journal system, journal manuscripts consist of abstracts and full text, articles in Indonesian or English, google scholar indexed journals, journals from Indonesia indexed by SINTA.

The number of references used in this literature review is 10 main full text articles starting from high reputation, namely from SINTA, SJR (chimago institutions rankings), medium reputation from SINTA, and low reputation from SINTA. In this study, using the Literature Review design analysis method and in accordance with specific inclusion indicators in document selection with a comprehensive search system or comprehensive literature search. Researchers used the entire electronic search strategy for each electronic database, with limitations on the inclusion criteria. Researchers used a Search String with the keywords: Exclusive Breastfeeding, and in Indonesian the correlation between exclusive breastfeeding and the incidence of diarrhea in children under five.

Researchers identified the data through the PICO approach (population, intervention, compare, and outcame). Researchers make a selection and examination. The data was also identified by the supervisor, to review the extraction results by the researcher, after which a discussion was held regarding the results of data extraction that had been carried out by the researcher. Researchers performed Critical Appraisal using the Critical Appraisal Skill Program (CASP) instrument. The researcher validated the literature by extracting data. The researcher identifies research in the literature whether it has been carried out in accordance with the procedure, and is measured using validated tools, as well as data collection methods in whether a blank method is carried out. The researcher explores the variability in the research results (heterogeneity), and the researcher determines the research objectives or hypotheses before conducting the analysis. The weakness of this study, the researchers did not limit the age of the respondents.

RESULT

The researcher carried out a literature search strategy through a search system using Indonesian using Google scholar electronic database sources, and DOAJ or Directory of Open Access Journals. Researchers used a search method using Google scholar by searching journal literature based on the special purpose of "exclusive breastfeeding for babies based on literature review results" DOAJ database search with the keyword "exclusive breastfeeding" obtained 1,591 results. With the keyword "The correlation between exclusive breastfeeding and the incidence of diarrhea in children under five" with a search system using google scholar, the results were 4,410 articles. These articles were identified and checked for journal reputations using the SINTA and SJR (chimago institutions ranking) database systems, the data was also identified for data duplication and an abstract review was carried out whether it met the inclusion criteria. After identification, 12 suitable journals were obtained. After that, the Eligibility and identification with the supervisor were carried out, the literature used was obtained. Researchers carry out in-depth identification of the articles of the journal obtained. Researchers get a total of research articles according to specific objectives and inclusion criteria. 10 research studies that fit the criteria include (Prasetyo, 2015; Sing et al., 2018; Analinta & Armina, 2017; Bayu & Odi, 2020; Istiqamah, 2013; Norma & Ariana, 2016; Rini & Tarisia, 2016; Sentana, 2018; Sinaga & Warnelis, 2018; Tamimi & Antya, 2016).

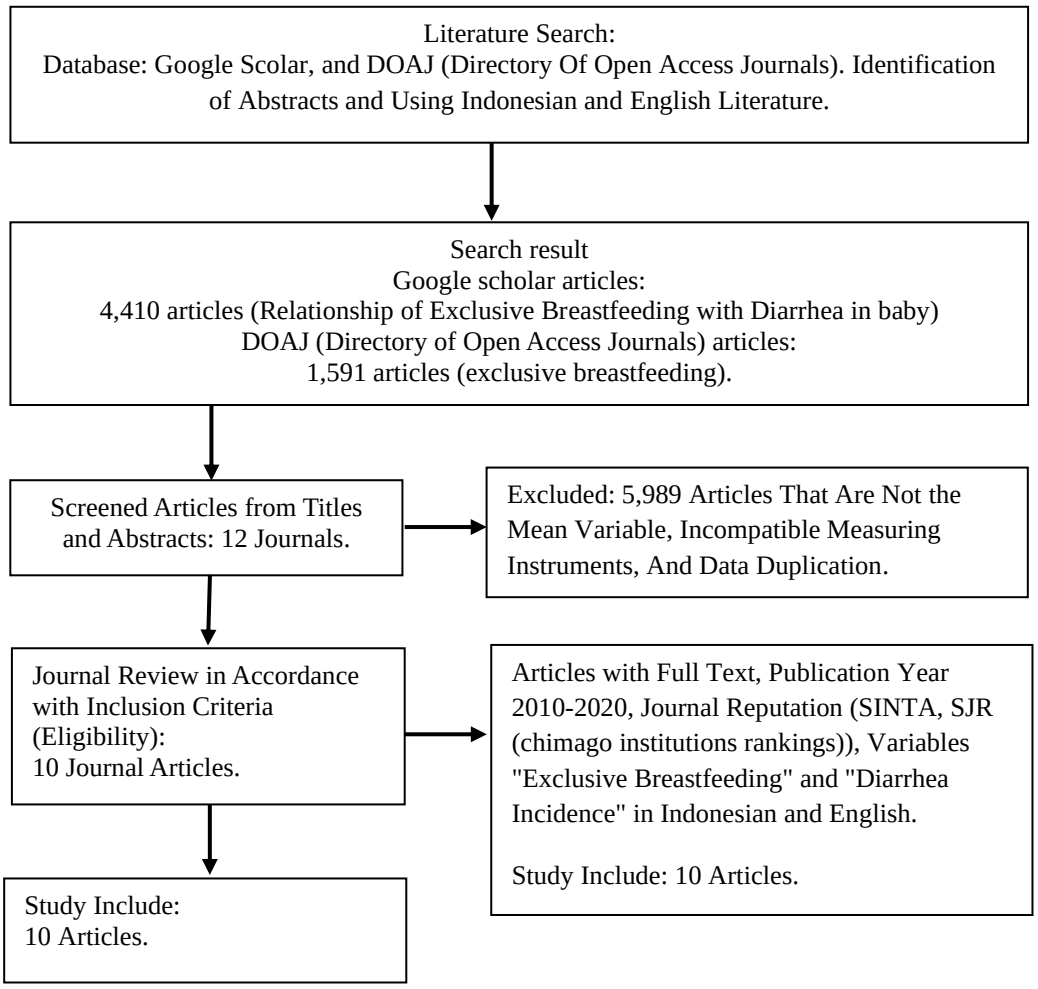
Literature Search:
Database: Google Scolar, and DOAJ (Directory Of Open Access Journals). Identification of Abstracts and Using Indonesian and English Literature.
Search result
Google scholar articles:
4,410 articles (Relationship of Exclusive Breastfeeding with Diarrhea in baby)
DOAJ (Directory of Open Access Journals) articles:
1,591 articles (exclusive breastfeeding).
Screened Articles from Titles and Abstracts: 12 Journals.
Excluded: 5,989 Articles That Are Not the Mean Variable, Incompatible Measuring Instruments, And Data Duplication.
Journal Review in Accordance with Inclusion Criteria (Eligibility):
10 Journal Articles.
Articles with Full Text, Publication Year 2010-2020, Journal Reputation (SINTA, SJR (chimago institutions rankings)), Variables "Exclusive Breastfeeding" and "Diarrhea Incidence" in Indonesian and English.
Study Include: 10 Articles.
Study Include:
10 Articles.

Figure 1: Systemic review Synthesis Flow Chart Diagram.

Table 1 Data Extraction using the PICO Approach

Authors	*Location*	Characteristics of Respondents			*Research Design*	*Phase Retrieval of Data*	*Results*
		N	*Age*	Inclusion Critical			
Prasetyo et al., (2015) Q2	Rumah sakit umum Dr. Hasan Sadikin, Bandung Indonesia	134 subjects	≤ 6 months	Infants ≤ 6 months with acute diarrhea Cross	Cross-sectional study	1. Fresh stool specimens were obtained from all subjects within 24 hours of admission and stored at 200 temperatures before rotavirus detection 2. Rotavirus was tested by Rota Antigen Detection using ProSpecT Rotavirus Microplate Assay according to standard operating procedures. 3. Information about breastfeeding was obtained from the questionnaire. 4. Data analysis using Chi-squared test and Fisher's exact test	1. Positive rotravirus (44,8%), negative rotravirus (55,2%) 2. Exclusive breastfeeding (9.3%) is not dehydrated, (78.1%) slightly dehydrated, (12.6%) severe dehydration 3. Not exclusively breastfed (17.8%) not dehydrated, (60.7%) slightly dehydrated, (21.5%) severe dehydration 4. Not significant association was found between severe dehydration and exclusive breastfeeding (p = 0.491) in rotavirus diarrhea.

Authors	*Location*	Characteristics of Respondents			*Research Design*	*Phase Retrieval of Data*	*Results*
		N	*Age*	Inclusion Critical			
Singh et al., (2018) S2	Puskesmas padang bulan	98 childr en	6-24 mont hs	A mother who has children in the age range of 6 months to 4 months and states that she is willing to be interviewed	Cross sectional	1. Data was collected using a validated questionnaire measuring tool and interview guides 2. When the analysis was performed using the chi-square test	1. Exclusive breastfeedi ng (54.1%), not exclusive breastfeedi ng (45.9%) 2. Diarrhea (68.4%), no diarrhea (31.6) 3. The result is (p = 0.002) there is a correlation.
Analinta , Armina (2019) S2	Semampir, Surabaya City	39 toddl ers	Todd lers	All babies	Cross sectional	1. Data were collected during interviews, focus group discussions or FGDs and used a questionnaire. 2. Fisher's Exact statistical test used when conducting analysis tests	1. Results of exclusive breastfeedi ng (69.2%), not exclusive breastfeedi ng (30.8%) 2. The results of diarrhea yes (59, 0%), no (41.0%) 3. The results of the study (p <0.001) have a correlation
Sentana et al., (2018) S3	Puskesmas banjarangk ang II, klungkung, Bali	80 respo ndent	<36 mont hs	Children under 36 months	Case-control analysis	1. Identifying the subject through health center data 2. Collecting data through questionnaires and interviews 3. Analysis using the kai-squared test	1. The Kai-squared bivariate analysis test was obtained with the result [p = 0.004] 2. Multivariat e analysis was obtained with results [p = 0.005].
Norma et al., (2016) S3	Puskesmas Ambulharj o 1 Yogyakart a	84 babie s	> 6-12 mont hs	Respondents are mothers of infants aged <6-12 months who are willing to be	Kohort historical	1. Data collection by interview 2. Analysis using chi-square, cox	1. Exclusive breastfeedi ng (11.9%) diarrhea (88.1%) no diarrhea,

Authors	*Location*	Characteristics of Respondents			*Research Design*	*Phase Retrieval of Data*	*Results*
		N	*Age*	Inclusion Critical			
				interviewed		regression	not exclusive breastfeeding (35.7%) diarrhea (64.3%) no diarrhea 2. The results (p-value 0.046) have no effect
Bayu et al., (2020) S4	Puskesmas Denpasar Barat II	84 respondent	6-12 months	Infants aged 6-12 months who received breast milk at the age of 0 to 6 months, babies aged 6 to 12 months suffering from diarrhea, and mothers who were willing participated	cross-sectional research	1. Data were collected through a questionnaire with a Likert scale 2. The analysis test used simple linear regression	1. Variations in exclusive breastfeeding with diarrhea incidence of 40.2% 2. Other factors 59.8% 3. results p = 0.000 there is a correlation.
Sinaga et al., (2018) S4	Puskesmas pulo brayan	102 people 6 months to 24 months	6 bulan sampai 24 bulan	Mothers who have children aged 6 months - 24 months	Cross sectional	1. Samples were taken using accidental sampling technique 2. To get an overview of the dependent and independent variables using univariate analysis, bivariate analysis is used to prove the correlation between the independent variables and the related variables, the chi-square analysis is used	1. Respondents who provide exclusive breastfeeding (55.9%), who do not breastfeed exclusively (44.1%) 2. Children who do not have diarrhea (72.5%) and those who experience diarrhea as much (27.5%) 3. Results obtained (p = 0.003 <0.05)

Authors	*Location*	Characteristics of Respondents			*Research Design*	*Phase Retrieval of Data*	*Results*
		N	*Age*	Inclusion Critical			
Rini, (2018) S5	RS MYRIA	32 Respondent	Respondents> 6 months-2 years	Underwent care in children's rooms with cross sectional composmentis awareness	Cross sectional	1. Data collection using a questionnaire 2. Chi square test used for bivariate analysis	1. Breastfeeding, did not get exclusive (62.5). Exclusive breastfeeding (37.5) 2. Incidence of diarrhea, diarrhea (59.4%) without diarrhea (40.6%) 3. (p value 0.030 <0.05) there is a correlation
Tamimi., (2016) S3	Puskesmas naggalo padang	82 people	-	All mothers and babies who are in the Puskesmas Nanggalo Padang City	Cross sectional	1. Data is collected during interviews and also uses a questionnaire 2. Chi square test and independent t test were used for the analysis test	1. No diarrhea (80.5%) diarrhea (19.5%) 2. Exclusive breastfeeding (53.7%) and exclusive breastfeeding (46.3%) 3. results (p = 0.014). There is a correlation
Istiqamah et al., (2013) S4	Puskesmas gadang hanyar	64 People	0-6 months	All mothers who have babies aged 0 months -6 months	Cross sectional	1. The method used is an analytical survey using the approach, observation and data collection 2. Analysis using the chi-square test	1. Exclusive breastfeeding (56.2%), not exclusive breastfeeding (43.7%) 2. Diarrhea (40.6%), no diarrhea (59.3%) 3. There is a correlation between P = 0.063 and α = 0.1.

DISCUSSION

1. Exclusive breastfeeding

The results of a literature review study from 6 journals found that exclusive breastfeeding was on average 53.2% and non-exclusive breastfeeding was 46.78% on average. Journal data explained exclusive breastfeeding according to the journal Sing, et al. (2018) were given exclusive breastfeeding 54.1%, according to the journal (Analinta & Armina, (2017) were given exclusive breastfeeding for 69.2%, according to the journal (Sinaga & Warnelis, (2018) are given exclusive breastfeeding 55.9%, according to the journal (Rini & Tarisia, (2016) are given exclusive breastfeeding 37.5%, according to the journal Tamimi, (2016) are given exclusive breastfeeding 46.3%, according to the journal Istiqamah (2013) were given exclusive breastfeeding 56.2%.

Exclusive breast milk (ASI), that is, if from 0-6 months the baby is not given complementary food, which means that he only gets breast milk. Exclusive means that babies from birth to 6 months of age are only given breast milk without additional fluids such as formula milk, oranges, honey, tea water, water, and without any complementary foods, such as bananas, rice porridge, papaya, or biscuits. and others, Widiartini, (2017). Exclusive breastfeeding is if you are given breast milk from 30 to 6 months of age, without the addition of other fluids such as formula milk, fruit juice, water, honey, tea water, and without additional solid foods such as fruit, biscuits, porridge. milk, rice porridge, and team rice. (Walyani & Purwoastuti, 2017).

According to Marliandiani & Ningrum, (2015) the best food for babies is breast milk. For babies, breastfeeding has the benefits of providing nutrition with optimal quality and quantity, reducing the risk of obesity, healthier children because they get high antibodies, not creating allergies and reducing the risk of diabetes, having an effect on mental growth, reducing the risk of dental caries, reducing infection. in the digestive tract such as vomiting and diarrhea, and reducing the risk of respiratory infections and asthma, increased intelligence and breast milk can be digested by the baby's digestive system. According to Pratiwi, (2017) food other than breast milk for babies 0-6 months has an impact: it can increase the risk of diarrhea and other diseases. This is because we cannot guarantee the cleanliness of water and food. Meanwhile, babies 0-6 months still have sensitive digestion. Giving another milk to a baby the risk of diarrhea will be 17 times greater than that of breastfeeding. The risk of upper respiratory tract infections is also 4 times greater. Providing food or drink other than breast milk can interfere with the breastfeeding process, thereby reducing the amount of milk production. There have been found several cases where the baby's intestine is twisted, as a result of being given food other than breast milk. Digestion of babies is also not able to digest food other than breast milk.

At this time some mothers have already given breast milk as the main source of nutrition for babies so that some babies have been given exclusive breastfeeding from the age of 0 to the first 6 months of life, which means that babies only get breast milk without additional food and fluids, because knowledge about the benefits of breastfeeding is lacking so that some mothers are still reluctant to exclusively breastfeed, on the grounds that time is limited for working mothers they choose not to breastfeed, mothers with higher education tend to have a lot of activity so they do not breastfeed, mothers do not have sufficient amounts of breast milk, there are also those who think that breast milk is not enough because there is still a lack of explanation regarding exclusive breastfeeding for mothers and their families, so it is deemed necessary to have additional food. So that to increase exclusive breastfeeding, it is necessary to increase the knowledge of mothers first.

2. The incidence of diarrhea

The results of a literature review study from 6 journals found that the incidence of diarrhea on average was 45.73% having diarrhea and no diarrhea with an average of 54.25%. the incidence of diarrhea in children under five according to the journal, Sing et al., (2018) who experienced diarrhea was 68.4%, according to the journal Analinta & Armina (2017) who had diarrhea at 59%, according to the journal Sinaga & Warnelis (2018) who experienced diarrhea 27.5%, according to the journal Rini & Tarisia (2016) who experienced diarrhea 59.4%, according to the journal Tamimi & Antya, (2016) who experienced diarrhea 19.5%, Istiqamah, (2013) who experienced diarrhea 40.6%.

Diarrhea is the result of an inflammatory process in the stomach or intestines that causes abnormal bowel movements more than 3 times a day accompanied by watery or watery stools with blood or no blood or mucus Wijayaningsih (2013) Diarrhea is an increase in the frequency of bowel

movements more than 3 times in 24 hours, there is an increase in stool dilution and an increase in the number of stools more than 200gr / day which normally is only 100-200 g / day Kapti & Azizah (2017). According to Suriadi (2010) the clinical manifestations of diarrhea include: Frequent bowel movements with the consistency of runny or watery stools, signs and symptoms of dehydration; poor skin turgor (decreased skin elasticity), sunken crown and eyes, dry mucous membranes, abdominal cramps, fever, nausea and vomiting, anorexia, weakness, pallor, changes in vital signs; pulse and rapid breathing and decreased or no urine output. According to Widjaja (2002) in Hidayatullah & Syahrudin (2019) which can cause diarrhea, namely infectious factors, impaired absorption of nutrients, food and psychological factors. According to the in Sumampouw (2017) the right and proper way to prevent diarrhea in babies is by carrying out exclusive breastfeeding from the first 6 months of life to 2 years, disposing of baby feces in the right place, and providing complementary breastfeeding. age. In addition, drinking boiled water and using clean water, cleaning hands with water and soap before eating and after defecating, defecating in the latrine, and giving measles immunization are measures to prevent toddler diarrhea. According to (Lestari, 2016), there are basically three levels of disease prevention in general, namely: first level prevention by carrying out health promotion and special prevention, second level prevention through early diagnosis and appropriate treatment, and third level prevention such as prevention of disabilities and rehabilitation. According to Handy, (2016), acute diarrhea is a common occurrence in toddlers. In one year, babies and babies will experience diarrhea at least 2-3 times.

Until now, acute diarrhea is a factor in the high mortality rate for children under five. At this time some babies do not experience diarrhea, this is supported by compliance with exclusive breastfeeding from mothers to toddlers, maternal hygiene while caring for toddlers, and mothers who are > 35 years old have experience and know well in caring for children, especially prevention of diarrhea. While some babies still experience diarrhea because they are not given exclusive breastfeeding, but there are those who have been given exclusive breastfeeding but diarrhea, this is because mothers do not maintain cleanliness from the outside, one of which is breast hygiene, unstable psychological factors, mothers do not wash their hands after cleaning the dirt babies or before feeding and feeding children, environmental cleanliness, cleanliness in milk preparation, milk hygiene or additional food storage, allergies, and children's incomplete digestion.

3. Analysis of the correlation between exclusive breastfeeding and the incidence of diarrhea

Analysis of 10 journals there was a significant correlation between exclusive breastfeeding and the incidence of diarrhea in children under five, 9 of the 10 journals statistical test results p = 0.000 to p = 0.063. Babies who are given exclusive breastfeeding do not experience diarrhea, and babies who are not exclusively breastfed experience diarrhea.

Breast milk is nutrition with the right dose because it can adjust to the needs of the baby during growth. Breast milk is food of the perfect quality and quantity for babies. Breastfeeding alone is sufficient to meet the needs of the baby during growth up to age 6 as long as it is properly managed during breastfeeding Walyani & Purwoastuti, (2017) exclusive breastfeeding is giving breast milk only without being given other foods from the time the baby is aged 0-6 months. The best nutrition can only be obtained in breast milk. so that babies are not given other food (Yuliarti, 2010). WHO (2001) in Widiartini, (2017) recommends that exclusive breastfeeding be given for at least 6 months. Six months of breastfeeding is considered to be better in health and to benefit both mother and baby. Because breast milk has a lot of nutrition that children need at that age and breast milk does not have the risk of being contaminated. According to Nurlaila (2018) the benefits of breastfeeding include benefits for babies: increasing the growth and development of the baby, increasing the closeness of the child to the mother, reducing the risk of infant mortality, reducing the risk of diarrhea and respiratory infections, reducing the risk of chronic disease incidence, reducing the risk of obesity, supports cognitive and motor development of infants.

According to Pratiwi, (2017) the impact of feeding other than breast milk for babies 0-6 months: it can increase the risk of diarrhea and other diseases. This is because we cannot guarantee the cleanliness of water and food. Meanwhile, babies 0-6 months still have sensitive digestion. The risk of diarrhea in babies who get milk other than breast milk is 17 times greater than that of babies who are breastfed. The risk of upper

respiratory tract infections is also 4 times greater. Providing food or drink other than breast milk can interfere with the breastfeeding process, thereby reducing the amount of milk production.

Diarrhea is the result of an inflammatory process in the stomach or intestines that causes abnormal bowel movements> 3 times a day with a watery or watery consistency with blood or no blood or mucus Wijayaningsih, (2013). According to the Ministry of Health of the Republic of Indonesia (2010) in Sumampouw, (2017), the right and proper way to prevent diarrhea in babies is by giving exclusive breastfeeding for the first 6 months of life until the age of 2 years, disposing of baby feces properly, and giving complementary foods according to age . In addition, drinking boiled water and using clean water, cleaning hands using water and soap before eating and after defecating, defecating in the latrine, and giving measles immunization are measures to prevent toddler diarrhea.

Efforts that can be made to prevent diarrhea are exclusive breastfeeding, so that it can reduce the prevalence of diarrhea in children under five. This is also evidenced by the fact that exclusively breastfed children have a significant correlation with the incidence of diarrhea experienced by children under five. Babies who are not given exclusive breastfeeding increase the risk of diarrhea, and vice versa with increasing exclusive breastfeeding, the incidence of diarrhea will decrease. One group found no significant association was found between severe dehydration and exclusive breastfeeding of rotavirus diarrhea, suggesting that other methods of prevention against rotavirus diarrhea are needed, such as rotavirus vaccination to provide protection against rotavirus diarrhea.

CONCLUSION

Exclusive breastfeeding for babies based on the results of a literature review, it was found that the majority of mothers gave exclusive breastfeeding compared to mothers who did not give exclusive breastfeeding. Exclusive breastfeeding based on the results of a literature review reduces the incidence of diarrhea in baby.

SUGGESTION

It is important for a mother to understand the importance of trying to provide exclusive breastfeeding for 6 months because of the great benefits for children's health, one of which is increasing the child's resistance to diarrheal diseases. Mothers can increase knowledge about exclusive breastfeeding from various media and consult with health workers at health service centers.

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The author realizes that the preparation of this journal still has many shortcomings and weaknesses. Therefore, the author expects corrections in the form of constructive criticism and suggestions. The author hopes that this journal can be useful for readers and nursing

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CONFLICTS OF INTEREST

In compiling research up to journal publication conducted by researchers, there are no "Conflicts of Interest". Everything went well because there was good cooperation between researchers and support providers, namely the STIKES RS. Kediri Baptist.

AUTHOR CONTRIBUTION

In this research, the first author acts as a correspondence who is responsible for the research process to publication by writing articles that have been adapted to journal guidelines. The second author assisted in the data collection, in this case, literature search and data analysis. The third author also assisted in data collection, the research process, and translation.

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