

Title	Writer
<p>Analysis of Factors Related to Providing Formula Milk to Infants Aged 0-6 Months at the Pasar Rundeng Village Health Post, Rundeng District, Subulussalam City, Aceh Province in 2024</p>	<p>Maulidia Winanda e-mail: rundingwinda@gmail.com</p> <p>Yasrida Nadeak e-mail: yasrida.nadeak@gmail.com</p> <p>Mitra Husada Health College</p>

Abstract.

Based on data from the World Health Organization (WHO), the presentation of Exclusive Breastfeeding in 2016 through The Global Breastfeeding Scorecard data obtained from 194 countries, only 40% of babies were exclusively breastfed and only 23 countries had an exclusive breastfeeding rate above 60 percent. In fact, WHO itself has a target of at least 50% Exclusive Breastfeeding by 2023. This study aims to determine the relationship between knowledge and attitudes of breastfeeding mothers towards providing Exclusive Breastfeeding in the work area of the Rundeng Health Center, Subulussalam City, Aceh Province in 2024. This study uses a cross-sectional research method, the population in this study were all mothers who had children aged 6-24 months who were in the Rundeng Health Center Work Area, Subulussalam City, totaling 80 people. The sample in this study was 56 respondents with a purposive sampling technique. The research instrument used a questionnaire. The conclusion of this study is that there is a relationship between maternal knowledge regarding providing Exclusive Breastfeeding, there is a relationship between maternal attitudes towards providing Exclusive Breastfeeding, there is a relationship between age and providing Exclusive Breastfeeding. There is a most dominant factor in providing exclusive breastfeeding, namely age. It is expected that health services should provide information in increasing the provision of exclusive breastfeeding.

Keywords: Knowledge, Work, Information sources, Formula Milk

I. INTRODUCTION

Based on data from the World Health Organization (WHO), the presentation of Exclusive Breastfeeding in 2016 through The Global Breastfeeding Scorecard data obtained from 194 countries, only 40% of babies were exclusively breastfed and only 23 countries had an exclusive breastfeeding rate above 60 percent. In fact, WHO itself has a target of at least 50% Exclusive Breastfeeding by 2025. Based on data from the United National Children Fund (UNICEF), the coverage of the presentation of Exclusive Breastfeeding in 2016 was only 43%. In the Association of Southeast Asian Nations (ASEAN) countries, the provision of Exclusive Breastfeeding is not widespread in all countries. Cambodia is the

only country in the ASEAN region that has an Exclusive Breastfeeding achievement of up to 65%. Thailand is the country with the lowest Exclusive Breastfeeding presentation rate, which is 12% (Silaban, 2018).

A report from the World Health Organization (WHO) states that around two-thirds of infant deaths aged 0-12 months occur when the baby is still neonatal (0-28 days). The main causes are not initiating early breastfeeding (IMD) in the first hour and not continuing exclusive breastfeeding until the age of 6 months. Globally, only 42% of babies receive IMD for around 1 hour (Sinaga, 2020).

Based on the routine report of the Directorate of Community Nutrition in 2021, it is known that out of 1,845,367 babies aged <6 months who were recalled, there were 1,287,130 babies aged <6 months who received exclusive breastfeeding, so it can be concluded that the achievement of the indicator for babies aged <6 months receiving exclusive breastfeeding was 69.7%. This achievement has met the 2021 target, which is 45%. Based on the distribution of provinces, there are 3 provinces with achievements still below the target, namely Papua (11.9%), West Papua (21.4%), and West Sulawesi (27.8%), while 31 other provinces have achieved the target with the highest achievement being the province of West Nusa Tenggara (86.7%) (Ministry of Health of the Republic of Indonesia, 2021).

The low coverage of exclusive breastfeeding is caused by the lack of understanding of the community and even health workers about the benefits and importance of providing exclusive breastfeeding to babies. There are still many hospitals that do not support the increase in exclusive breastfeeding, which is indicated by not yet conducting joint care between mothers and their babies and the free circulation of formula milk in the hospital environment (Istiqomah, 2011).

As for maternal factors such as lack of knowledge, minimal support from partners and families, mothers for reasons of work ultimately do not provide full breastfeeding until the age of 6 months. In connection with the factors explained, health workers also play a role in providing good promotional and educational actions regarding the benefits of breastfeeding and recommendations for using formula milk for babies. According to Government Regulation of the Republic of Indonesia Number 33 of 2012, in providing infant formula milk as referred to in Article 15, health workers must provide demonstrations and explanations of the use and presentation of formula milk to mothers and/or families who need infant formula milk. Because the wrong

presentation of formula milk can cause babies to experience malnutrition from body needs or obesity which will have an impact on the growth and development of children (Enambere, 2020).

II. LITERATURE REVIEW

Formula Milk

Definition of Formula Milk

Formula milk is milk made from cow's milk or artificial milk whose composition has been changed so that it can be used as a substitute for breast milk. The reason for using cow's milk as the basic ingredient is probably because of the large amount of milk that can be produced by farmers. Formula milk is also called artificial milk, because this artificial drink functions as a substitute for breast milk. Formula milk is produced specifically for special consumption such as milk for babies, children and milk for pregnant and lactating mothers and other adults with specific milk consumption needs (Utami, 2016).

According to WHO in Silaban's research (2018), formula milk is milk that is suitable and acceptable to the baby's body system. Good formula milk does not cause digestive tract disorders such as diarrhea, vomiting, or difficulty defecating and other disorders such as coughing, shortness of breath and skin disorders. By definition, infant formula is food that is specifically indicated to meet the nutritional needs of babies as a substitute for part or almost all of breast milk which for some reason cannot be given in full or in part (Silaban, 2018).

Types of Formula Milk

a. Adapted Formula Milk

Adapted formula milk is a formula milk that is adjusted to the needs of newborn babies up to 6 months of age. In babies under 3-4 months of age, the digestive tract and kidney function are not yet perfect so that breast milk substitutes must contain easily digestible nutrients and do not contain excessive or insufficient minerals. Therefore, in the adapted formula, the nutrients are sufficient for normal growth and prevent the

occurrence of nutritional diseases caused by deficiencies or excess intake of these substances. The composition of the adapted formula is very close to the composition of breast milk, but not exactly the same as the table below (Damaris, 2018).

Table 2.1
Comparison of the composition of formula milk with the composition of breast milk

Nutrients	Adaptation formula	breast milk
Fat (g)	3.4-3.64	3.0-5.5
Protein (g)	1.5-1.6	1.1-1.4
Whey (g)	0.9-0.96	0.7-0.9
Casein (g)	0.6-0.64	0.4-0.5
Carbohydrates (g)	7.2-7.4	6.6-7.1
Energy (kcal)	67-67.6	65-70

b. Follow-Up Formula Milk

Follow-up formula milk is a continuation formula milk which is used to replace the baby formula currently being used with this formula.

c. Complete Early Formula Milk

Complete initial formula milk means that the nutritional composition is complete and can be started after the baby is born (Silaban, 2018).

d. Premature Formula Milk

Premature formula milk is used for babies born prematurely, and has a greater nutritional composition compared to regular formula (Silaban, 2018).

e. Hypoallergenic Milk (Hydrolysate)

Hypoallergenic or hydrolyst formula milk is given to babies who experience protein digestion disorders. Protein that enters through food cannot be absorbed by the intestines and is excreted again through feces (Silaban, 2018).

f. Soy milk

Lactose-free soy milk for babies and children who are allergic to cow's milk protein. Soya uses soy protein isolate as its base ingredient and has a high protein content equivalent to cow's milk (Silaban, 2018).

g. Low Lactose or Lactose-Free Milk

Milk for babies who are unable to digest lactose because they do not have the enzymes to process lactose (Silaban, 2018).

Risks of Giving Formula Milk

The following are some of the risks of giving formula milk to babies:
as follows :

1. Increases the risk of asthma
2. Increases the risk of allergies
3. Inhibits cognitive development
4. Increases the risk of upper respiratory tract infections
5. Increases the risk of occlusion in children's teeth
6. Increased risk of infection from contaminated formula
7. Increases the risk of malnutrition
8. Increases the risk of cancer in children
9. Increases the risk of chronic disease
10. Increases the risk of diabetes
11. Increases the risk of cardiovascular disease
12. Increase the risk of obesity disease
13. Increases the risk of digestive tract infections
14. Increases the risk of death in infants and children
15. Increases the risk of ear infections and otitis media
16. Increases the risk of experiencing side effects from environmental contamination (Silaban, 2018).

III. RESEARCH METHODS

Research Design

This type of research is analytical survey research with a cross-sectional research design or plan which is a research design by conducting measurements or observations and data collection methods at once at a time. While analytical survey research tries to explore how and why it happens, then conducts analytical dynamics of correlation between phenomena both between risk factors and effects and finds out whether there is a relationship between knowledge, education and work with the

provision of formula milk in infants 0-6 months (Notoatmodjo, 2012).

Conceptual Framework

The conceptual framework is a formulation or simplification of the theoretical framework or theories that support the research. The conceptual framework in this study is depicted as in Figure 3.1 (Notoatmodjo, 2012).

Population and Sample

a. Population

The population in this study was all mothers with babies aged 0-6 months at the Kuala Bangka Health Center UPTD, a total of 48 mothers.

b. Sample

Sample is a part of the population to be studied or a portion of the number of characteristics possessed by the population. The sample in this research uses the Slovin formula because in drawing samples, the number must be representative so that the research results can be generalized.

Sampling Techniques

The sampling technique used is purposive sampling, which is a non-random sampling technique where researchers determine the sampling by determining specific characteristics that are in accordance with the research objectives (Notoatmodjo, 2012).

Research Location

The location of this research was conducted at the Kuala Bangka Health Center UPTD, Kualuh Hilir District, North Labuhan Batu Regency.

Data collection technique

Primary Data

Primary data is data that is done directly by researchers. Primary data in this study uses a questionnaire that is given directly to the mother. A questionnaire is a data collection by giving or distributing questions to respondents in the hope that respondents will provide responses to the list of compilations, to find out the mother's knowledge.

3.7.2 Secondary Data

Secondary data collection was obtained by looking at the report records at the Kuala Bangka Health Center UPTD, Kualuh Hilir District, North Labuhan Batu Regency in 2023.

IV. RESEARCH RESULTS AND DISCUSSION

Research Location Overview

This research was conducted at the Kuala Bangka Health Center UPTD, North Labuhan Regency, located on Jalan Pendidikan, Kuala Bangka Village, Kualuh Hilir District, North Regency. This Health Center UPTD is headed by Hj. Hasinah, SKM. The boundaries of the area consist of:

1. The north borders Sei Sentang Village
2. The south side borders Aek Kuo Village
3. To the east it borders with Downstream Blade
4. To the west it borders Kualuh Hulu District

Research result

Univariate Analysis

Univariate data analysis was used to determine the frequency distribution of respondents including characteristics, knowledge, support from health workers, husband's support, sources of information and provision of formula milk to infants aged 0-6 months.

1. Respondent Characteristics

Table 4.1.

Frequency Distribution of Respondent Characteristics at the Kuala Bangka Health Center UPTD, Kualuh Hilir District, North Labuhan Batu Regency in 2023 Based on table 4.1. above, it is known that out of 48 respondents (100%), those who have characteristics based on the majority of respondents' ages in the 21-35 year category are 32 people (66.7%).

2. Knowledge

Table 4.2.

N	Respondent	Frequency	Percentage
o	Characteristics	(f)	(%)
1	Age		
.			
	a. ≤ 20 years	2	4.2
	b. 21-35 years	32	66.7
	c. ≥ 36 years	14	29.2
	Amount	48	100
2	Education		
.			
	a. Basic	5	10.4
	b. Intermediate	34	70.8
	c. College	9	18.8
	Amount	48	100
3	Work		
.			
	a. Working	19	39.6
	b. Not working	29	60.4
	Amount	48	100
4	Number of children		
.			
	a. ≤ 3 children	35	72.9
	b. ≥ 4 children	13	27.1
	Amount	48	100

Respondents' education is in the middle category, namely 34 people (70.8%). Respondents' jobs are in the unemployed category, namely 29 people (60.4%). The number of respondents' children is in the category ≤ 3 children, namely 35 people (72.9%).

Bivariate Analysis

Bivariate data analysis was used to determine the factors of work, knowledge, support from health workers, husband's support and sources of information related to providing formula milk to infants aged 0-6 months.

1. Relationship between Occupational Factors and Formula Milk Provision in Infants Aged 0-6 Months

Cross Tabulation Distribution of the Relationship between Work Factors and

Formula Milk Provision for Infants Aged 0-6 Months at the Kuala Bangka Health Center UPTD, Kualuh Hilir District, North Labuhan Batu Regency

Table 4.7

Giving Formula Milk to Babies 0-6 months

Total Value					
		f	%	f	%
1	Work	14	29.25	10.4	19 39.6
					6
2	Doesn't work	7	14.622	45.8	29 60.00
					4 2
	Amount	21	43.827	56.3	48 100
	t				

Based on table 4.13. it is known that out of 48 respondents (100%), the respondents' jobs in the unemployed category were 29 people (60.4%) with the provision of formula milk to infants aged 0-6 months in the given category being 7 people (14.6%) and not given being 22 people (45.8%). Based on the results of the chi square test with a significance value of $0.001 < 0.05$, H_0 is rejected and H_a is accepted. The conclusion is that there is a relationship between work factors and the provision of formula milk to infants aged 0-6 months at the Kuala Bangka Health Center UPTD, Kualuh Hilir District, North Labuhan Batu Regency in 2023.

Discussion

Relationship between Occupational Factors and Formula Milk Provision in Infants Aged 0-6 Months

The results of the study showed that out of 48 respondents, the respondents' jobs with the categories of working and not working based on the results of the chi square test with a significance value of $0.001 < 0.05$, there is a relationship between work factors and the provision of formula milk to infants aged 0-6 months at the Kuala Bangka Health Center UPTD, Kualuh Hilir District, North Labuhan Batu Regency in 2023. The results of this study are in line with Gabriella's research on factors related to the provision of formula milk to infants aged 0-6 months in the Molompar Tombatu Timur Minahasa Tenggara Health

Center work area, stating that most of them were not working with a total of 62 respondents (62%). The results of the cross-tabulation between work and the provision of formula milk showed that respondents who worked mostly gave formula milk as many as 28 respondents (28%) while respondents who did not work mostly did not give formula milk as many as 46 respondents (46%). The results of the data analysis showed that the value of the relationship between work and the provision of formula milk was $p = 0.002$ where there was a significant relationship between respondents' jobs and the provision of formula milk. The results of the research conducted at the women's clinic are the same as the theory above, namely that more working mothers give formula milk to their babies due to limited time with their babies and the distance between home and work being far, so mothers prefer to give formula milk. (12)

The results of this study are in line with Rafika's research on the analysis of factors related to the provision of formula milk to infants aged 0-6 months, stating that there is a relationship between the respondent's work and the provision of formula milk to infants aged 0-6 months. The value ($OR=1.408$) means that respondents who work are at risk 1.408 times of providing formula milk to infants aged 0-6 months compared to respondents who do not work. (13)

The results of this study are in line with Nurmayani's 2015 study stating that the mother's job influences the behavior of giving formula milk to babies, where the results of the study showed that the percentage of respondents who did not work was 74.3% giving formula milk compared to respondents who did not work. This is because respondents who did not work had less motivation and knowledge about the importance of giving exclusive breastfeeding so they tended to give formula milk to their babies. (26)

For working mothers, breastfeeding does not need to be stopped. Working mothers must

still breastfeed their babies because there are many benefits. If possible, the baby can be brought to the mother's workplace. However, this will be difficult to do if there are no baby care facilities or lactation corners at or around the workplace. If the workplace is close to home, the mother can go home to breastfeed her baby during breaks or ask someone to take her baby to work. Even though the mother works and the workplace is far from home, the mother can still breastfeed her baby. Breastfeed exclusively and as often as possible during the mother's maternity leave. (25) Housewives or mothers who do not have permanent jobs have more time with their babies, which supports the success of exclusive breastfeeding. Meanwhile, mothers who work outside the home have little time with their babies, so working mothers will give formula milk to their children more quickly. (24) Mothers often leave the house because of work or social duties so that formula milk is considered the only way out in providing food for babies left at home, with the reason being the distance of the house from the workplace and the busyness at work which allows for a lack of time to provide breast milk to their babies. (20) The researcher's assumption is that there is a relationship between work factors and the provision of formula milk to babies aged 0-6 months. The results of the research that has been conducted obtained that the majority of respondents' jobs are unemployed, statistically there is a relationship between work and the provision of formula milk. Respondents who work are at risk of giving formula milk to babies aged 0-6 months compared to respondents who do not work. The mother's employment status affects the behavior of giving formula milk to babies aged 0-6 months. Of the 14 respondents who work, they choose to give formula milk because the mother does not have much time with her baby to provide breast milk and prefers to give formula milk because she is tired after work and formula milk is more practical. There are 5 working mothers who continue to breastfeed their babies because they have enough breast milk so that the mother feels sorry if her breast milk is not given to her baby. This is different

from the 22 mothers who do not work who can breastfeed their babies because they have free time to always breastfeed their babies. If there are 7 mothers who do not work but still do not breastfeed, then there are other factors according to the theory, namely breast milk that does not come out or is not enough, the mother's nipples are not protruding or the release of breast milk takes a long time so that the mother gives formula milk first.

Relationship between knowledge factors and giving formula milk to babies 0-6 months

The results of the study showed that the respondents' knowledge was categorized as having good, sufficient, and insufficient knowledge based on the results of the chi square test with a significance value of $0.002 < 0.05$, so there was a relationship between the knowledge factor and the provision of formula milk to infants aged 0-6 months at the Kuala Bangka Health Center UPTD, Kualuh Hilir District, North Labuhan Batu Regency in 202. The results of this study are in line with Gabriella's research on factors related to the provision of formula milk to infants aged 0-6 months in the Molompar Tombatu Timur Minahasa Tenggara Health Center working area, stating that most respondents had knowledge in the good category with a total of 56 respondents (56%). The results of the cross tabulation between knowledge and the provision of formula milk showed that most respondents who had good knowledge did not provide formula milk as many as 37 respondents (37%), while respondents who had less knowledge turned out to provide formula milk as many as 25 respondents (25%). The results of the data analysis showed that the value of the relationship between knowledge and the provision of formula milk was $p = 0.027$, where there was a significant relationship between respondents' knowledge and the provision of formula milk. The research conducted at the women's clinic with the above theory is the same, namely respondents with good knowledge give more breast milk than formula milk. (12) The results of this study are in line with Rafika's research on the analysis of factors

related to giving formula milk to babies aged 0-6 months, stating that there is a relationship between respondent knowledge and giving formula milk to babies aged 0-6 months. The value ($OR = 0.018$) means that respondents with good knowledge have a $1/0.018$ or 55.6 times chance of preventing giving formula milk to babies aged 0-6 months compared to respondents with less knowledge. (13) The mother's lack of knowledge often makes mothers choose to use formula milk rather than give breast milk to their babies. For example, when the mother is sick with influenza or a cough, the mother is sometimes afraid of transmitting the disease to the baby, so the mother does not want to breastfeed. If the mother stops breastfeeding and replaces it with formula milk, the risk of contracting the disease will be greater. (9) The mother's lack of knowledge often makes mothers choose to use formula milk rather than give breast milk to their babies. For example, when the mother is sick with influenza or a cough, the mother is sometimes afraid of transmitting the disease to the baby, so the mother does not want to breastfeed. If the mother stops breastfeeding and replaces it with formula milk, the risk of contracting the disease will be greater. (38) Mothers who have good knowledge will be more likely to give breast milk rather than formula milk, while mothers who have sufficient knowledge will tend to give breast milk occasionally alternated with formula milk and mothers who have less knowledge about the importance of providing exclusive breastfeeding tend to have poor breastfeeding and equate it with formula milk. (31) The knowledge factor is related to the behavior of providing formula milk. Many parents' knowledge assumes that the baby's nutritional needs are not sufficient with breast milk alone, so the baby needs to be helped by providing complementary foods. Providing complementary foods in the form of formula milk among parents has become commonplace, with various reasons given such as little breast milk coming out, the mother's busyness, the mother's lack of knowledge about providing breast milk, saving time, being tempted by the

content of the formula milk offered. Most parents consider that providing formula milk is almost equivalent to breast milk and can meet the nutritional needs of their babies. (30) The researcher's assumption is that there is a relationship between the knowledge factor and providing formula milk to babies aged 0-6 months. The results of the study obtained that the majority of respondents' knowledge about providing formula milk was lacking and there was a relationship between knowledge and providing formula milk. Respondents who have good knowledge have the opportunity to prevent giving formula milk to babies aged 0-6 months compared to respondents who have less knowledge. This means that the less knowledge a person has about giving formula milk, the more they will give formula milk at the wrong time, which will directly reduce the coverage of exclusive breastfeeding and increase the number of infants' illnesses. The researcher added that mothers with good knowledge, as many as 12 mothers, were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because they thought that formula milk was a food supplement for babies, while according to theory there was breast milk that did not come out or nipples that did not protrude. There were also mothers with sufficient knowledge, as many as 13 mothers, who gave breast milk because they had begun to understand the benefits and advantages of breast milk and had begun to apply giving breast milk to their babies as the best food for babies. According to the mother, because formula milk is milk that comes from cows and they think that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There were as many as 6 mothers with sufficient knowledge who gave formula milk because they understood the types and impacts of giving formula milk to babies aged 0-6 months. Meanwhile, 11 mothers with less knowledge gave formula milk because

according to them, formula milk is a substitute for breast milk which is not enough and they do not know the impact of formula milk and it is considered important for baby growth. As many as 2 mothers with less knowledge continued to give breast milk because they had enough breast milk for their babies so as to prevent breast milk stasis.(31) Knowledge factors are related to formula milk giving behavior. Many parents' knowledge assumes that infants' nutritional needs are not met by breast milk alone, so infants need to be helped by providing complementary foods. Providing complementary foods in the form of formula milk among parents has become commonplace, with various reasons given such as little breast milk coming out, busy mothers, lack of knowledge of mothers about breastfeeding, saving time, being tempted by the content of the formula milk offered. Most parents consider that giving formula milk is almost equivalent to breast milk and can meet their infants' nutritional needs. (30) The researcher's assumption is that there is a relationship between knowledge factors and giving formula milk to infants aged 0-6 months. The results of the study showed that the majority of respondents' knowledge about giving formula milk was lacking and there was a relationship between knowledge and giving formula milk. Respondents with good knowledge have the opportunity to prevent giving formula milk to infants aged 0-6 months compared to respondents with less knowledge. This means that the less knowledge a person has about giving formula milk, the more people will give formula milk at the wrong time, which will directly reduce the coverage of exclusive breastfeeding and increase the number of infants who are sick. Researchers added that mothers with good knowledge, as many as 12 mothers, were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because mothers thought that formula milk was a food

supplement for babies, while according to theory there was breast milk that did not come out or nipples that did not protrude. There were also mothers with sufficient knowledge, as many as 13 mothers, who gave breast milk because mothers had begun to understand the benefits and benefits of breast milk and had begun to apply giving breast milk to their babies as the best food for babies. According to mothers, because formula milk is milk that comes from cows and they think that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There were as many as 6 mothers with sufficient knowledge who gave formula milk because they understood the types and impacts of giving formula milk to babies aged 0-6 months. While 11 mothers who lacked knowledge gave formula milk because according to mothers, formula milk was a substitute for breast milk which was not enough and did not know the impact of formula milk and was considered important for baby growth. As many as 2 mothers with less knowledge continued to breastfeed because they had enough breast milk for their babies, thus preventing breast milk stasis.(31) Knowledge factors are related to formula milk giving behavior. Many parents' knowledge assumes that infants' nutritional needs are not met by breast milk alone, so infants need to be helped by providing complementary foods. Providing complementary foods in the form of formula milk among parents has become commonplace, with various reasons given such as little breast milk coming out, busy mothers, lack of knowledge of mothers about breastfeeding, saving time, being tempted by the content of the formula milk offered. Most parents consider that giving formula milk is almost equivalent to breast milk and can meet their infants' nutritional needs. (30) The researcher's assumption is that there is a relationship between knowledge factors and giving formula milk to infants aged 0-6 months. The results of the study showed that the majority of respondents' knowledge about giving formula milk was lacking and there was a relationship between knowledge and giving formula milk.

Respondents with good knowledge have the opportunity to prevent giving formula milk to infants aged 0-6 months compared to respondents with less knowledge. This means that the less knowledge a person has about giving formula milk, the more people will give formula milk at the wrong time, which will directly reduce the coverage of exclusive breastfeeding and increase the number of infants who are sick. Researchers added that mothers with good knowledge, as many as 12 mothers, were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because mothers thought that formula milk was a food supplement for babies, while according to theory there was breast milk that did not come out or nipples that did not protrude. There were also mothers with sufficient knowledge, as many as 13 mothers, who gave breast milk because mothers had begun to understand the benefits and benefits of breast milk and had begun to apply giving breast milk to their babies as the best food for babies. According to mothers, because formula milk is milk that comes from cows and they think that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There were as many as 6 mothers with sufficient knowledge who gave formula milk because they understood the types and impacts of giving formula milk to babies aged 0-6 months. While 11 mothers who lacked knowledge gave formula milk because according to mothers, formula milk was a substitute for breast milk which was not enough and did not know the impact of formula milk and was considered important for baby growth. As many as 2 mothers with less knowledge continued to breastfeed because they had enough breast milk for their babies, thus preventing breast milk stasis.so that babies need to be helped by providing complementary foods. Providing complementary foods in the form of formula milk among parents has

become commonplace, with various reasons given such as little breast milk coming out, busy mothers, lack of knowledge of mothers about giving breast milk, saving time, being tempted by the content of the formula milk offered. Most parents consider giving formula milk to be almost equivalent to breast milk and can meet their baby's nutritional needs. (30) The researcher's assumption is that there is a relationship between knowledge factors and giving formula milk to babies aged 0-6 months. The results of the study showed that the majority of respondents' knowledge about giving formula milk was lacking and there was a relationship between knowledge and giving formula milk. Respondents who have good knowledge have the opportunity to prevent giving formula milk to babies aged 0-6 months compared to respondents who have less knowledge. This means that the less knowledge someone has about giving formula milk, the more people will give formula milk that is not on time so that it will directly reduce the coverage of exclusive breastfeeding and increase the number of infants who are sick. Researchers added that mothers with good knowledge, as many as 12 mothers, were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because mothers thought that formula milk was a food supplement for babies, while according to theory there was breast milk that did not come out or nipples that did not protrude. There were also mothers with sufficient knowledge, as many as 13 mothers, who gave breast milk because mothers had begun to understand the benefits and benefits of breast milk and had begun to apply giving breast milk to their babies as the best food for babies. According to mothers, because formula milk is milk that comes from cows and they think that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There were as many as 6 mothers with sufficient knowledge who gave

formula milk because they understood the types and impacts of giving formula milk to babies aged 0-6 months. While 11 mothers who lacked knowledge gave formula milk because according to mothers, formula milk was a substitute for breast milk which was not enough and did not know the impact of formula milk and was considered important for baby growth. As many as 2 mothers with less knowledge continued to breastfeed because they had enough breast milk for their babies, thus preventing breast milk stasis so that babies need to be helped by providing complementary foods. Providing complementary foods in the form of formula milk among parents has become commonplace, with various reasons given such as little breast milk coming out, busy mothers, lack of knowledge of mothers about giving breast milk, saving time, being tempted by the content of the formula milk offered. Most parents consider giving formula milk to be almost equivalent to breast milk and can meet their baby's nutritional needs. (30) The researcher's assumption is that there is a relationship between knowledge factors and giving formula milk to babies aged 0-6 months. The results of the study showed that the majority of respondents' knowledge about giving formula milk was lacking and there was a relationship between knowledge and giving formula milk. Respondents who have good knowledge have the opportunity to prevent giving formula milk to babies aged 0-6 months compared to respondents who have less knowledge. This means that the less knowledge someone has about giving formula milk, the more people will give formula milk that is not on time so that it will directly reduce the coverage of exclusive breastfeeding and increase the number of infants who are sick. Researchers added that mothers with good knowledge, as many as 12 mothers, were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because mothers thought that formula milk

was a food supplement for babies, while according to theory there was breast milk that did not come out or nipples that did not protrude. There were also mothers with sufficient knowledge, as many as 13 mothers, who gave breast milk because mothers had begun to understand the benefits and benefits of breast milk and had begun to apply giving breast milk to their babies as the best food for babies. According to mothers, because formula milk is milk that comes from cows and they think that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There were as many as 6 mothers with sufficient knowledge who gave formula milk because they understood the types and impacts of giving formula milk to babies aged 0-6 months. While 11 mothers who lacked knowledge gave formula milk because according to mothers, formula milk was a substitute for breast milk which was not enough and did not know the impact of formula milk and was considered important for baby growth. As many as 2 mothers with less knowledge continued to breastfeed because they had enough breast milk for their babies, thus preventing breast milk stasis. Most parents consider that giving formula milk is almost equivalent to breast milk and can meet the nutritional needs of their babies. (30) The researcher's assumption is that there is a relationship between knowledge factors and giving formula milk to babies aged 0-6 months. The results of the study showed that the majority of respondents' knowledge about giving formula milk was lacking and there was a relationship between knowledge and giving formula milk. Respondents with good knowledge have the opportunity to prevent giving formula milk to babies aged 0-6 months compared to respondents with less knowledge. This means that the less knowledge someone has about giving formula milk, the more they will give formula milk at the wrong time so that it will directly reduce the coverage of exclusive breastfeeding and increase the number of infants who are sick. The researcher added that 12 mothers with good knowledge were more aware of the advantages and benefits of breast

milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because they thought that formula milk was a food supplement for babies, while according to the theory there was breast milk that did not come out or nipples that did not protrude. There are also mothers who are knowledgeable enough, as many as 13 mothers, who provide breast milk because they have begun to understand the benefits and advantages of breast milk and have begun to implement breastfeeding for their babies as the best food for babies. According to mothers, because formula milk is milk that comes from cows and they assume that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There are as many as 6 mothers who are knowledgeable enough to provide formula milk because they understand the types and impacts of giving formula milk for babies 0-6 months. While 11 mothers who lack knowledge provide formula milk because according to mothers, formula milk is a substitute for breast milk which is not enough and do not know the impact of formula milk and is considered important for baby growth. As many as 2 mothers with less knowledge continue to provide breast milk because they have enough breast milk for their babies, thus preventing breast milk blockage. Most parents consider that giving formula milk is almost equivalent to breast milk and can meet the nutritional needs of their babies. (30) The researcher's assumption is that there is a relationship between knowledge factors and giving formula milk to babies aged 0-6 months. The results of the study showed that the majority of respondents' knowledge about giving formula milk was lacking and there was a relationship between knowledge and giving formula milk. Respondents with good knowledge have the opportunity to prevent giving formula milk to babies aged 0-6 months compared to respondents with less knowledge. This means that the less knowledge someone has about giving formula milk, the

more they will give formula milk at the wrong time so that it will directly reduce the coverage of exclusive breastfeeding and increase the number of infants who are sick. The researcher added that 12 mothers with good knowledge were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because they thought that formula milk was a food supplement for babies, while according to the theory there was breast milk that did not come out or nipples that did not protrude. There are also mothers who are knowledgeable enough, as many as 13 mothers, who provide breast milk because they have begun to understand the benefits and advantages of breast milk and have begun to implement breastfeeding for their babies as the best food for babies. According to mothers, because formula milk is milk that comes from cows and they assume that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There are as many as 6 mothers who are knowledgeable enough to provide formula milk because they understand the types and impacts of giving formula milk for babies 0-6 months. While 11 mothers who lack knowledge provide formula milk because according to mothers, formula milk is a substitute for breast milk which is not enough and do not know the impact of formula milk and is considered important for baby growth. As many as 2 mothers with less knowledge continue to provide breast milk because they have enough breast milk for their babies, thus preventing breast milk blockage. This means that the less knowledge a person has about giving formula milk, the more they will give formula milk at the wrong time, which will directly reduce the coverage of exclusive breastfeeding and increase the number of infants' illnesses. The researcher added that mothers with good knowledge, as many as 12 mothers, were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew

that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because they thought that formula milk was a food supplement for babies, while according to theory there was breast milk that did not come out or nipples that did not protrude. There were also mothers with sufficient knowledge, as many as 13 mothers, who gave breast milk because they had begun to understand the benefits and advantages of breast milk and had begun to apply giving breast milk to their babies as the best food for babies. According to the mother, because formula milk is milk that comes from cows and they think that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There were as many as 6 mothers with sufficient knowledge who gave formula milk because they understood the types and impacts of giving formula milk to babies aged 0-6 months. Meanwhile, 11 mothers with less knowledge gave formula milk because according to them, formula milk is a substitute for breast milk which is not enough and they do not know the impact of formula milk and it is considered important for baby growth. As many as 2 mothers with less knowledge continued to give breast milk because they had enough breast milk for their babies, thus preventing breast milk stasis. This means that the less knowledge a person has about giving formula milk, the more they will give formula milk at the wrong time, which will directly reduce the coverage of exclusive breastfeeding and increase the number of infants' illnesses. The researcher added that mothers with good knowledge, as many as 12 mothers, were more aware of the advantages and benefits of breast milk compared to formula milk and mothers knew that breast milk was the first food for babies so mothers with good knowledge chose to give breast milk to their babies. As many as 4 mothers with good knowledge gave formula milk because they thought that formula milk was a food supplement for babies, while according to theory there was breast milk that did not come out or nipples that did not

protrude. There were also mothers with sufficient knowledge, as many as 13 mothers, who gave breast milk because they had begun to understand the benefits and advantages of breast milk and had begun to apply giving breast milk to their babies as the best food for babies. According to the mother, because formula milk is milk that comes from cows and they think that breast milk is the best food for babies. And they already know the impact of formula milk for babies. There were as many as 6 mothers with sufficient knowledge who gave formula milk because they understood the types and impacts of giving formula milk to babies aged 0-6 months. Meanwhile, 11 mothers with less knowledge gave formula milk because according to them, formula milk is a substitute for breast milk which is not enough and they do not know the impact of formula milk and it is considered important for baby growth. As many as 2 mothers with less knowledge continued to give breast milk because they had enough breast milk for their babies so as to prevent breast milk stasis. As many as 2 mothers with less knowledge continued to breastfeed because they had enough breast milk for their babies, thus preventing breast milk stasis. As many as 2 mothers with less knowledge continued to breastfeed because they had enough breast milk for their babies, thus preventing breast milk stasis.

V. CONCLUSIONS AND RECOMMENDATIONS

Conclusion

From the results of the study of factors related to the provision of formula milk to infants aged 0-6 months, UPTP Kuala Bangka Health Center, Kualuh Hilir District, North Labuhan Batu Regency In 2023, it can be concluded as follows:

1. There is a relationship between work factors and the provision of formula milk to babies aged 0-6 months
UPTP Puskesmas Kuala Bangka Kec. Kualuh Hilir, North Labuhan Batu Regency with a significance value of $0.002 < 0.05$
2. There is a relationship between knowledge factors and the provision of formula milk

for infants aged 0-6 months at the Kuala Bangka Health Center UPTP, Kualuh Hilir District, North Labuhan Batu Regency with a significance value of $0.002 < 0.05$.

3. There is a relationship between health worker support factors and the provision of formula milk to babies aged 0-6 months at the UPTD Health Center Kualuh Bangka District, Kualuh Hilir District, North Labuhan Batu Regency in 2023 with a value with a significance value of $0.003 < 0.05$
4. There is a relationship between husband's support factor and the provision of formula milk to infants aged 0-6 months at the Kuala Bangka Health Center UPTD, Kec. KuTahun 2018 with a significance value of $0.002 < 0.05$
5. There is a relationship between information source factors and the provision of formula milk to babies aged 0-6 months at the Kula Health Center UPTD Bangka District, Kualuh Hilir Regency, North Labuhan Batu Regency in 2023 with a significance value of $0.003 < 0.05$

Suggestion

The suggestions in this research, based on the research results, are:

1. For Institutions
STIKes Mitra Husada Medan in carrying out midwifery care, one of which is Health for Neonates and Toddlers, can involve lecturers and students to work together or Collaboratively with local Health workers, because of the sense of empathy for caring for the Health of Toddler families to fostering elderly families who are Responsible and Reliable in carrying out actions and Accountable to report all care or activities carried out as Work Area Efforts in research
2. The public should provide exclusive breast milk to babies aged 0-6 months without being influenced by existing promotions of formula milk.

3. For health workers, it is hoped that the results of this study can be used as one of the considerations and information to increase public knowledge by providing counseling or direction to the public about the effects of giving formula milk to babies aged 0-6 months.
4. The Indonesian Midwives Association (IBI), especially in North Labuhan Batu Regency, is expected to implement the existing midwifery code of ethics, especially for matters relating to providing formula milk to babies.
5. The Health Service of North Labuhan Batu Regency is expected to immediately implement government regulations regarding the marketing code of ethics for formula milk marketing.
6. For further researchers, it is hoped that the results of this study can be used as a basis for further research on other variables related to the provision of formula milk to babies aged 0-6 months, such as maternal perceptions and formula milk advertising.

BIBLIOGRAPHY

Arismawati S. Evaluation Between Exclusive Breastfeeding and Formula Milk in Infants Aged 0-6 Months with Acceleration of First Tooth Growth in Infants Aged 6-12 Months at UPTD Health Center, Pontianak City District Wijayanti, HS and Citra, TU Consumption of Formula Milk as a Risk Factor for Obesity in Toddlers In Semarang City. [Internet]. 2017. Available from: <http://ejournal-s1.undip.ac.id/index.php/jnc.IndonesiaPPR.breastmilkExclusive.2012>; Available from: <https://www.google.co.id/url?sa=t&source=web&rct=j&url=http://www.kinerja.or.id/pdf/FarrerH.MaternityCare>. Jakarta: EGC; 2015. Prasetyono. Smart Book of Exclusive Breastfeeding: Introduction, Practice and Benefits. Jakarta: Diva Press; 2015.

Syarifah R. Breast Milk for Baby Intelligence, Complete Guide for Breastfeeding Mothers. Yogyakarta: Ayyana; 2014.

Sugiyono. Quantitative, Qualitative and R&D Research Methods. Bandung: PT Alfabet; 2016.

Amin Nur Khotimah, Ni Ketut Kasmini RS. Factors Affecting the Provision of Formula Milk to Infants Aged 0-6 Months at BPS Mulyasari Klumpit Gebog Kudus. Internet. 2014;(2007):1–9.

Gabriella Rombot, Grace D. Kandou GAER. Factors Related to Formula Milk Provision for Infants Aged 0-6 Months in the Working Area of Molompar Health Center, East Tombatu, Southeast Minahasa. Internet [Internet]. :152–8. Available from: <https://ejournal.unsrat.ac.id/index.php/JKKT/article/download/5325/4838>

Oktova R. Analysis of Factors Related to Formula Milk Giving to Infants Aged 0-6 Months. Internet [Internet]. 2015;315–20. Available from: https://www.researchgate.net/.../323576423_Analisis_Faktor_yang_Berhubungan_dengan_WayuniT.FactorsRelatedtoGivingFormulaMilktoInfantsAged0-6MonthsinWonosariVillage,NgoroDistrict,Mojokerto. Internet. 2018

Hery Susanto, Rocky Wilar HL. Factors affecting the provision of formula milk to infants treated in the Postpartum Room of RSUP from: <download.portalgaruda.org/article.php?article=291803&val=1001>

Fadhli A. Smart Book of Children's Health. Yogyakarta: Pustaka Angrek; 2013.

Khamzah SN. A Myriad of Miracles of Breast Milk That You Should Know. Yogyakarta: Flash Books; 2017.

Kurnia DBF. Nutritional Science for Health Practitioners. Yogyakarta: Graha Ilmu; 2016.

- Nazar. Food for Babies and Breastfeeding Mothers. Jakarta: Gramedia Pustaka Utama; 2015.
- Khasanah N. Breast Milk or Formula Milk. Yogyakarta: Flash Books; 2014.
- Moehly. Healthy and Smart Babies. Yogyakarta: Pustaka Mina; 2015.
- Suririnah. Smart Book for Caring for Babies Aged 0-12 Months. Jakarta: PT Gramedia Pustaka Utama; 2016.
- Dewi. 2018. The Relationship between the Role of Health Workers and Promotion of Formula Milk on the Provision of Exclusive Breastfeeding to Breastfeeding Mothers in the Harapan Raya Health Center Work Area, Pekanbaru City 2018. Vol.9 No.2, June 2019: Photon Journal. Accessed March 7, 2023