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<b>The Influence of Parenting Patterns on Tantrum Incidents in Toddlers in the Work Area of Rundeng Health Center, Rundeng District, Subulussalam City, Aceh Province in 2024</b>	<b>Rina Devianti Rao</b> e-mail: <a href="mailto:rinadeviantrao@gmail.com">rinadeviantrao@gmail.com</a>  <b>Yasrida Nadeak</b> e-mail: <a href="mailto:yasrida.nadeak@gmail.com">yasrida.nadeak@gmail.com</a>  Mitra Husada Health College

### Abstract.

WHO and UNICEF (2015), reported that 20-30% of children experience psychosocial problems and 3-12% experience mental disorders. Children are the world's generation who will be responsible in the future. The future of the country depends on children's mental health. If a child experiences emotional disorders, the child will have difficulty learning. To build a mood, parents or teachers play a very active role. Parents and teachers as the main roles that will influence the life and behavior of children. This study aims to determine the Effect of Parenting Patterns on Tantrum Incidents in Toddlers in the Rundeng Health Center Work Area, Rundeng District, Sublussalam City in 2024. This study uses an observational/survey research method. The population in this study were mothers and toddlers in the Rundeng Health Center Work Area, Rundeng District, Sublussalam City, Aceh Province in 2024 as many as 34 people. The sample in this study used Total Sampling. The research instrument used a questionnaire. The conclusion of this study shows that there is an influence between parenting patterns on the incidence of tantrums in children in the Rundeng Health Center Work Area, Rundeng District in 2024 where the p-value is 0.006 ( $p < 0.05$ ), the majority of the distress tantrum type is 29 respondents (76%) and the minority of the anger tantrum type is 9 respondents (24%). and the majority of neglectful parenting patterns are 9 respondents (24%) and the minority of abusive parenting patterns are 7 respondents (18%).

**Keywords:** Parenting Patterns, Tantrums, Toddlers

## I. INTRODUCTION

WHO and UNICEF (1994), reported that 20-30% of children experience psychosocial problems and 3-12% experience mental disorders. Children are the world's generation that will be responsible in the future. The future of the country depends on the mental health of children. If children experience emotional disorders, children have difficulty in learning. To build a mood, parents or teachers play a very active role. Parents and teachers as the main roles that will influence the lives and behavior of children.<sup>1</sup>

Throughout human life, the toddler period is a time when the basic pattern of personality is formed because at that time there is a rapid development of all the potentials that

the child has, especially his emotional potential. At this time too, a person seeks to find a way to behave to gain recognition, feel meaningful and feel involved in the family. The search for meaning and space in the family is very fundamental for every child, especially at the age of four to six years (Balson, 1999).<sup>2</sup>

In reality, emotional development, which is widely known as emotional intelligence, is often neglected by many families, because there are still many families who prioritize intellectual intelligence (IQ) alone. In fact, emotional intelligence must be nurtured and strengthened in every child, because emotional intelligence is closely related to other intelligences, such as social, moral, interpersonal, and

spiritual. Thus, paying attention to the emotional development of children is not an easy thing for parents.<sup>2</sup>

Based on the results of research by Potegal 2003, it was stated that as many as 335 children aged 18 to 60 months, with a tantrum duration of 0.5 to 1 minute. 75% of tantrums last 5 minutes or less. If a child's tantrum throws himself on the floor for 30 seconds, then the tantrum tends to be shorter so that parental intervention is smaller. 29% of tantrums are related to the relationship between parents and children. Children who tantrum will show emotions by screaming. The age of the child is related to tantrums, it is likely that with increasing age, tantrums will decrease with feelings of shame and guilt. Children who scream for more than 6 minutes or for a long time will affect the child's dysphoria so that the child needs entertainment. The child's anger will increase rapidly at the beginning of the anger and will decrease. The child will cry and seek comfort and provide a sense of security and comfort, so it will be an effort to control the child's emotions or tantrums.<sup>3</sup>

Age 1-3 years is the age prone to temper tantrums, children are not yet skilled at expressing their desires and needs clearly. The consequences of temper tantrums are quite dangerous, for example, children who vent their anger by rolling on a hard floor can cause injury to the child. Temper tantrums are episodes of anger that are usually described as crying, screaming, but tantrums are also said to be extreme outbursts of frustration, which appear to be a loss of control as characterized by rough or aggressive body movement behavior such as throwing things, rolling on the floor, banging the head, and

stomping the floor. In younger children, it usually causes vomiting, urination, or even shortness of breath due to crying and screaming too much. The consequences of this temper tantrum are quite dangerous, for example, a child who vents his/her anger by rolling around on a hard floor can cause the child to become injured. A child who vents his/her anger can

hurt himself/herself, hurt others, or damage objects around him/her. If the objects around the child are hard, it will be very dangerous because the child can be hurt and injured as a result of his/her tantrum. Tantrums that are not addressed can endanger the child's physical condition, in addition, the child will not be able to control his/her emotions or the child will lose control and will be more aggressive. This will result in the child being unable to face the outside environment, unable to adapt, unable to solve problems (Dariyo, 2007).<sup>4</sup>

Parenting that allows children to find and discover for themselves the procedures that provide boundaries for their behavior, parents are not very involved in the child's life and do not demand or control the child much, so that the child does not learn to respect others, always wants to dominate, does not obey the rules, is egocentric, has difficulty in controlling behavior and has difficulty in dealing with prohibitions in the social environment, so that when his desires are not fulfilled he will have a temper tantrum (Baihaqi, 2013; Suwaid, 2009).<sup>4</sup>

## **II. LITERATURE REVIEW**

Tantrums are emotional outbursts associated with children or those experiencing emotional difficulties, usually characterized by stubbornness, crying, screaming, defiance, and yelling. Physical control may be lost, the child may be unable to stay still, even if goals or desires are met the child remains restless.

Tantrums often occur when a child is 24 months old because at this time the child begins to develop his language skills. Toddlers are not yet able to express their feelings, desires, and needs appropriately. Children will be upset and frustrated if parents or adults do not understand their desires and this feeling of annoyance will result in tantrums.

The worst behavior usually occurs at the age of 18-36 months, but at the age of 60-72 months it can also occur. Research shows that 5-20% of children have tantrums that are severe enough to require the attention of their parents.

The main cause of tantrums is their conflict with their parents such as eating (16.7%), putting the child in a seat, high chair or others (11.6%), wearing clothes (10.8%). Tantrums also occur more often in boys and in relatively uncomfortable households, but this has not been proven very clearly.

#### Factors Causing Tantrums

Some factors that cause children to have tantrums include sleep disorders, speech problems, severe illness, maternal stress and depression, as well as pressure and discipline by parents.

A psychologist at a State University of Depok said that the condition of a child during pregnancy is related to the nature of the child at birth. Genetics and parenting can also influence. The threshold for tantrums varies from child to child. Tantrums are also more likely to occur in children who are considered difficult, such as:

1. Having bad sleeping habits
2. Irregular eating and defecation
3. Difficult to adapt
4. Frequently negative mood
5. Easily provoked and easily angered and annoyed
6. It's hard to distract him.

#### How to Deal with Tantrums

Tantrums can end with a hug or embrace from parents<sup>6</sup>. According to Steve Biddulph, emotions are part of the body's sensations that can be felt in certain situations. The level of emotion ranges from very weak to strong. There are 4 basic types of emotions that can be experienced by children and adults, namely, anger, fear, sadness and joy. If a baby cries, sometimes parents immediately stop the crying by breastfeeding or giving what he wants. However, there are also parents who scold their children, even though the child is experiencing problems and there is a cause, as a result the baby will feel afraid and sad if the parents scold him so that the child who, for example, feels cold becomes afraid to express his desire to get warmth.<sup>7</sup>

Children have different types of tantrums, so parents should recognize their child's characteristics. There are children who can be calm and happy to be taken to crowded places, but there are also children who do not need a crowded atmosphere so parents must pay attention to the duration when taking their children. If the child is tired, the child will be fussy so the child needs rest. Tired parents tend to panic when their child has a tantrum so that sometimes parents ignore the child's needs and feelings. If this continues to happen until the child is a toddler, the child will have difficulty recognizing his emotions and will not know what to do.

Parents should not use harsh words because it will lead children to suppress their emotions. All children need appreciation in the form of praise or expressions of affection such as hugs, kisses, and positive words. The most important thing for parents to do is pray because parents' prayers for the good of their children with Allah's permission will be answered, because words are prayers.

#### Types and Forms of Tantrum Behavior

There are peak tantrum events that often occur in the middle of the day and evening when the child is hungry or tired. Usually the stages of tantrums are different from warning signs such as demanding attention, or looking for trouble so that they often end with sad cries and a desire to be coaxed. Severe tantrums last more than 15 minutes and occur 3 or more times a day.

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

#### 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 202 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.

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  $\leq 3$  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	%	f	%
1	Work	14	29.25	10.4	19	39.6	
2	Doesn't work	7	14.622	45.8	29	60.00	4 2
<b>Amoun t</b>		<b>21</b>	<b>43.827</b>	<b>56.3</b>	<b>48</b>	<b>100</b>	

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, 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

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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

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## **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 for babies aged 0-6 years at the Kuala Bangka Health Center UPTP, Kualuh District Downstream of 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 infants aged 0-6 months at the UPTD Kualuh Bangka Health Center, Kualuh Hilir District, North Labuhan Batu Regency in 2023 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, Ku District, 2018 with a significance value of  $0.002 < 0.05$
5. There is a relationship between the source of information factors with the provision of formula milk to infants aged 0-6 months at the UPTD Kula Bangka Health Center, Kualuh Hilir District, 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 marketing formula milk.
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.

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