

RESEARCH STUDY

English Version

OPEN ACCESS

Factors Related to Mother's Decision in Giving Formula Milk to Infants Aged 0-24 Months at Puskesmas Merdeka, Bogor City

Faktor-Faktor yang Berhubungan dengan Keputusan Ibu dalam Pemberian Susu Formula pada Bayi Usia 0-24 Bulan di Puskesmas Merdeka, Kota Bogor

Alya Salsabilla¹, Khoirul Anwar^{1*}, Muh. Nur Hasan Syah²¹Nutrition Study Program, Faculty of Food Technology and Health, Sahid University, Jakarta, Indonesia²Ikatan Sarjana Gizi Indonesia (ISAGI), Jakarta, Indonesia

ARTICLE INFO

Received: 22-08-2023

Accepted: 20-12-2023

Published online: 31-12-2023

***Correspondent:**

Khoirul Anwar

khoirul_anwar@usahid.ac.idDOI:
10.20473/amnt.v7i2SP.2023.58-64**Available online at:**<https://e-journal.unair.ac.id/AMNT>**Keywords:**

Formula Milk, Formula Feeding Factors, Infants Aged 0-24 Months

ABSTRACT

Background: Infants aged 0-24 months are known to experience a period of rapid growth and development with increasing vulnerability to deficiency and overnutrition. The low prevalence of exclusive breastfeeding among this age group is inversely proportional to the increasing trend of formula feeding motivated by several factors.

Objectives: This study aimed to analyze the social factors affecting the decision of mothers to provide formula milk to infants aged 0-24 months.

Methods: A quantitatively descriptive method with a cross-sectional design was used, while the respondents were mothers having infants aged 0-24 months and were active in visiting the health center. The respondents totaled 66 people who were further divided into groups including mothers who provided formula milk and those who did not. The sample selection was achieved with the purposive sampling method, while data were collected by distributing questionnaires on several factors which had responses ranging from never to frequently.

Results: The results showed that there were differences in the variable role of health workers between formula and non-formula milk groups with a significance value of 0.014 (<0.05). Moreover, there was a significant relationship between family support (P=0.002; R=0.373) and the role of health workers (P=0.001; R=0.387) in the decision to provide formula feeding.

Conclusions: There was no significant difference in the nutritional status of infants who were provided formula milk and those who were not. On the other hand, a significant relationship was found between family support and the role of health workers in formula feeding of infants 0-24 months. Other variables such as maternal knowledge of breast milk, early initiation of breastfeeding, and promotion of formula milk had no significant association with formula feeding.

INTRODUCTION

Infancy, spanning 0-24 months, is often referred to golden or critical period characterized by rapid development reaching a peak at 24 months of age. During this phase, infants experience very rapid growth and development with a tendency to develop various diseases due to lack or excess intake of certain nutrients¹. Malnutrition in this golden period is irreversible, hence, the nutritional status must be taken seriously. Nutritional status in infants plays an important role in determining the level of health².

Breast milk is critical in supporting optimal physical and mental development in infants. Therefore, mothers and health workers must pay special attention to the breastfeeding process. Breast milk is recognized as the best food for infants and children. However, in certain situations, there may be obstacles making it difficult for children to consume enough breast milk. In these

conditions, the use of breast milk substitutes (PASI), such as formula milk, can be a suitable alternative³.

According to the results of Basic Health Research in 2018, the proportion of feeding patterns for infants aged 0-6 months in Indonesia is 37.3%, 9.3%, and 3.3% exclusive, partial, and predominant breastfeeding respectively. The Ministry of Health targets an increase in exclusive breastfeeding to 80%, but the rate has only reached 74.5%⁴. Based on the health profile data in Indonesia, the coverage of infants receiving exclusive breastfeeding in 2018 was 68.74% while the city of Bogor has not attained the strategic plan target, reaching only 53.15%⁵. Additionally, the coverage in the Central Bogor sub-district based on data from Puskesmas Merdeka in August 2022, reached only 67.1% of the annual target set at 74%⁶.

Specifically, two main factors influence the decision of mothers to provide formula to their infants,

namely internal and external. Internal factors include aspects such as socioeconomic background comprising psychological status, physical health, level of education and knowledge, lifestyle, demographics, and family income. Meanwhile, external factors include the surrounding environment, occupation, formula milk prices, and the promotion of formula milk advertisements in the media⁷.

In contemporary Indonesia, there is a rising trend among young mothers to opt for formula milk influenced by factors such as level of education and knowledge. Mothers with a higher education and extensive knowledge tend to prioritize exclusive breastfeeding, while others lacking an understanding of its importance, may turn to breast milk substitutes⁸.

Based on the description above, this study aimed to examine the relationship between maternal characteristics and formula feeding among infants at the Merdeka Health Center, Bogor City with a focus on analyzing factors influencing the decision of mothers to provide formula milk for infants aged 0-24 months.

METHODS

This study was conducted in April-June 2023 at the Merdeka Health Center, Bogor City serving three villages, namely Ciwaringin, Kebon Kalapa, and Panaragan with a total of 35 Posyandu. Data collection was carried out in three Posyandu in three villages, namely Kenanga, Wijaya Kusuma 1, and Mawar Posyandu by distributing questionnaires to mothers. A quantitative descriptive method with a cross-sectional design was used. In addition, this study received ethical approval with the number 10.117.B/KEPK-FKMUMJ/IV/2023.

The variables in this study consisted of independent and dependent, with the independent comprising maternal characteristics including family income, education level, and occupation of mothers; and maternal factors affecting the provision of formula milk namely family support, the role of health workers, implementation of early breastfeeding initiation, knowledge about breastfeeding, and promotion of formula milk. Meanwhile, the dependent variable was the decision of mothers to provide formula milk or not. The sample, namely 66 respondents, was determined using a non-probability method, namely purposive sampling. The inclusion criteria were mothers who had babies aged 0-24 months and were willing to visit the Posyandu Puskesmas Merdeka, Bogor City.

Primary data collection was carried out using questionnaires with several predetermined questions.

These questions covered topics such as potential problems with the breasts of mothers during breastfeeding, whether mothers received encouragement/motivation from the husband or family to continue breastfeeding, whether health workers motivated mothers to provide formula milk when the secretion of milk was low, and whether mothers provided IMD (Early Initiation of Breastfeeding) immediately after birth¹¹. The respondents were asked for their willingness to commit to this study through informed consent filling. The primary data collected included the characteristics and factors influencing the decision of mothers to provide formula milk, while data analysis was performed using Microsoft Excel 2016 and IBM SPSS Statistics 22. Analysis was carried out with observational statistical methods to determine the proportion and average of respondents with the category of mothers who provided formula milk and those who did not. Data on formula feeding characteristics and factors were then tested for normality. When the data was deemed normal, the independent sample t-test was further used but when abnormal, the data was tested with Mann-Whitney to determine the difference between infants given formula milk and those who were not. In addition, the Spearman rank test was used to examine the relationship between two ordinal-scale variables, namely maternal socioeconomic characteristics (education, occupation, and income) with formula feeding as well as formula feeding factors (family support, the role of health workers, early breastfeeding initiation, maternal knowledge about breastfeeding and promotion of formula) with the decision of mothers in formula feeding.

RESULTS AND DISCUSSION

Description of Respondent Characteristics based on Formula Feeding Decision

Table 1 shows the characteristics of the respondents comprising the education level, occupation, and family income per month. The majority of respondents were aged 20-30 years with the highest level of education being Senior High School (SMA / SMK / equivalent) and the least was Diploma 3 (DIII). A significant proportion were housewives (IRT) with the most monthly family income ranging from Rp. 1,000,000 to Rp. 2,999,999. A total of 20 respondents had 1-2 children and 46 had more than 2 children. Furthermore, 16, 19, and 31 respondents had babies aged 0-6 months, 7-12 months, and 13-24 months respectively, with the most gender, namely women totaling 36 and the rest were men amounting to 30.

Table 1. Overview of Respondent Characteristics based on Formula Feeding Decision

Characteristics	Giving Formula Milk			
	Not Given		Given	
	n (25)	%	n (41)	%
Mother's Age				
20-30 years	9	13.6	25	37.9
31-40 years	12	18.2	15	22.7
41-50 years	4	6.1	0	0.0
>50 years	0	0.0	1	1.5
Mother's Education				
Finished Elementary School	6	9.1	6	9.1

Characteristics	Giving Formula Milk			
	Not Given		Given	
	n (25)	%	n (41)	%
Junior High School	6	9.1	9	13.6
Senior High School	13	19.7	19	28.8
Associate's Degree	0	0.0	3	4.5
Bachelor/Master/PhD	0	0.0	4	6.1
Mother's Job				
Housewife	25	37.9	36	54.5
Civil Servant	0	0.0	0	0.0
Private Employee	0	0.0	4	6.1
Entrepreneur	0	0.0	1	1.5
Others	0	0.0	0	0.0
Income per Month				
<Rp 1.000.000	8	12.1	10	15.2
Rp 1.000.000 - Rp 2.999.999	14	21.2	23	34.8
Rp 3.000.000 - Rp 4.999.999	3	4.5	6	9.1
Rp 5.000.000 - Rp 7.000.000	0	0.0	2	3.0
Number of Children in the Family				
1-2 person	4	6.1	16	24.2
>2 person	21	31.8	25	37.9
Infants Age				
0-6 Months	9	13.6	7	10.6
7-12 months	8	12.1	11	16.7
13-24 months	8	12.1	23	34.8
Infants Gender				
Men	13	19.7	17	25.8
Woman	12	18.2	24	36.4

Factors Influencing the Decision of Mothers to Provide Formula Feeding

Table 2 shows several factors enabling mothers to provide formula milk for their infants including family support, role of health workers, early breastfeeding initiation, maternal knowledge about breastfeeding, and effect of formula milk promotion. The majority specifically 38 or 57.6% lacked family support, particularly in the context of exclusive breastfeeding, leading to the use of formula milk. Regarding the role of

health workers, the highest incidence of formula milk usage was observed among mothers who did not receive support, totaling 23 or 34.8%. A total of 37 mothers or 56.1% who engaged in Early Initiation of Breastfeeding (IMD) still provided formula milk. Furthermore, those with less knowledge tended to give formula milk with a frequency of 26 or 39.4%. The impact of formula milk promotion was evident, with 32 mothers, or 48.5% reporting exposure or promotion, which influenced their decision.

Table 2. Overview of Factors Influencing the Decision of Mothers to Provide Formula Feeding

Formula Feeding Factors	Giving Formula Milk			
	Not Given		Given	
	n (25)	%	n (41)	%
Family Support				
Support	23	34.8	38	57.6
Doesn't Support	2	3.0	3	4.5
The Role of Health Workers				
Support	15	22.7	23	34.8
Doesn't Support	10	15.2	18	27.3
Early Initiation of Breastfeeding				
Don't	1	1.5	4	6.1
Do	24	36.4	37	56.1
Mother's Knowledge of Breast Milk				
Not Enough	10	15.2	26	39.4
Enough	15	22.7	15	22.7
Promotion of Formula Milk				
Don't Get	16	24.2	9	13.6
Get	9	13.6	32	48.5

Relationship between Social Characteristics and Formula Feeding

This relationship test aimed to determine the association between the education level, occupation, and

family income per month with formula feeding decisions. The Spearman correlation test was used to determine the direction and strength of the relationship.

Table 3. Relationship between Social Characteristics and Formula Feeding

Indicator	Average ± SD ¹				R ²	Sig ³
	Not Given		Given			
	Average	SD	Average	SD		
Mother's Education	2.28	0.843	2.76	1.113	0.199	0.109
Mother's Job	1.00	0.000	1.27	0.742	0.223	0.071
Family Income	1.80	0.645	2.00	0.775	0.116	0.352

¹SD = Standard Deviation, ²R = Correlation Coefficient Value from the Spearman Correlation test, ³Significance of Spearman Correlation Results

Based on the test results in Table 3, there was no relationship between maternal education and formula feeding with a significance value of 0.109 (>0.05). This was in line with Kartini et al. (2014)¹² which found no significant relationship between the level of education and formula feeding of infants aged 0-6 months shown by the Chi-Square test analysis with p-value >0.05. Formal education plays a crucial role in knowledge acquisition, the higher the knowledge of an individual, the better the ability to absorb information, leading to improved knowledge. An educated individual is more receptive to the reason for breastfeeding due to a more realistic mindset compared to those with a lower level of education. Education is a significant predisposing factor influencing the mindset of mothers in making decisions about their infants. However, the level of education cannot be used as the only benchmark to determine good behavior toward the health and nutritional status of infants. Several other crucial factors that affect maternal behavior include work, income, socioeconomic, cultural, and psychological aspects. In other words, behavior change does not only depend on the level of education but entails a variety of other complex and interacting factors.

The job variable yielded insignificant results with a value of 0.071 (>0.05) suggesting no discernable relationship between employment status and formula feeding decision, possibly because most of the respondents were Housewives (IRT). This differed from the study by Sugiyono et al. (2018)¹³ which found a significant relationship between employment status and formula feeding based on the Spearman Test (<0.05), although the majority of mothers worked as private employees. Occupation is a crucial factor influencing the

daily activities of mothers to earn income and meet specific needs. Consequently, this affects the time available for interaction with infants. For working mothers, exclusive breastfeeding becomes a difficult task due to the challenge of balancing work and childcare, resulting in the use of formula milk as an alternative for infants aged 0-6 months.

Regarding the family income level, the Spearman correlation test resulted in a value of 0.352 (>0.05) showing no significant relationship. The majority of family income was in the range of Rp. 1,000,000 – Rp. 2,999,999 per month. This was contrary to the study of Marfina et al. (2019)¹⁴ which found a significant relationship (Chi-Square test p-value <0.05) between family income and the decision to provide special formula milk to infants aged 0-24 months with the majority of family income ranging from Rp. 3,000,000 to Rp. 5,000,000 per month. Mothers who have low economic backgrounds are more likely to prefer breastfeeding than those with high socioeconomic status due to the exorbitant prices of formula milk and their low purchasing power.

Relationship between Formula Feeding Factors and the Decision of Mothers to Provide Formula Milk

The Spearman correlation test was used to determine the relationship between variable factors of formula feeding and the decision of mothers to provide formula milk, influenced by several factors such as family support, role of health workers, maternal knowledge about breastfeeding, and promotion of formula milk. This relationship test was performed to assess the direction and strength of the relationship by determining the correlation.

Table 4. Relationship between Formula Milk Feeding Factors and the Decision of Mothers to Provide Formula Milk

Formula Feeding Factors	Average ± SD ¹				R ²	Sig ³
	Not Given		Given			
	Average	SD	Average	SD		
Family Support	1.06	0.253	1.14	0.363	0.373*	0.002
The Role of Health Workers	1.35	0.480	1.71	0.469	0.387*	0.001
Early Initiation of Breastfeeding	1.90	0.298	2.00	0.000	-0.055	0.661
Mother's Knowledge of Breast Milk	1.23	0.425	1.36	0.497	0.111	0.373
Promotion of Formula Milk	1.25	0.437	1.36	0.497	0.000	0.997

¹SD = Standard Deviation, ²R = Correlation Coefficient Value from the Spearman Correlation test, ³Significance of Spearman Correlation Results, *Significance value <0.05 (p-value <0.05)

Based on data presented in Table 4, mothers who did not receive family support tended to opt for formula milk. The Spearman correlation test yielded a significance value of 0.002 (<0.05) suggesting a significant relationship between the absence of family support and the choice of formula feeding. A correlation coefficient value of 0.373 showed that there was a discernable relationship between the variables of family support and formula feeding. Similar results were obtained by Sukatin et al. (2022)¹⁵ with a p-value of <0.05 implying the presence of a significant relationship between family support and exclusive breastfeeding. Mothers who receive adequate positive support from family were inclined towards not using formula, while those with less support opted for formula feeding.

A significance value of 0.001 (<0.05) was obtained for the relationship between the role of health workers and formula feeding, with the majority of mothers who lacked support giving formula milk. The correlation coefficient value of 0.387 implied a discernable relationship between the role of health workers and formula feeding. Similarly, Efniyanti et al. (2022)¹⁶ found a significant correlation between the role of health workers and exclusive breastfeeding as showed by a p-value of <0.05 . Health workers, including midwives, play an important role in the success of exclusive breastfeeding, acting as providers of information and motivators. Positive views communicated by health workers enhance self-confidence in mothers, impacting the decision to exclusively breastfed. Despite several efforts, challenges persist in motivating mothers to continue exclusive breastfeeding, underscoring the multifactorial nature of success in this regard.

The results showed no significant relationship between IMD (Early Initiation of Breastfeeding) and the decision of mothers to provide formula milk with a significance value of 0.352 (>0.05). Eucharist et al. (2017)¹⁷ found different results stating that Early Breastfeeding Initiation (IMD) could increase the possibility of providing exclusive breastfeeding up to 4.3 times more than mothers who did not practice IMD. Early Initiation of Breastfeeding is a key factor in the success of exclusive breastfeeding. This is because when mothers are assisted by a birth attendant to perform IMD, adequate interaction occurs with infants more rapidly. Through IMD, mothers feel more confident in breastfeeding, and infants can comfortably cling to the breast or rest in the arms soon after birth. Skin-to-skin contact that occurs during IMD also benefits both mothers and infants. Furthermore, IMD is recommended to help babies learn to breastfeed, encourage nipple sucking, as well as prepare mothers to start producing milk. Delays in nipple sucking after delivery can decrease prolactin secretion, affecting colostrum production, and potentially impeding breastfeeding success¹⁸.

This study found that maternal knowledge about breast milk did not significantly correlate with formula feeding, as shown by a significance value of 0.373 (>0.05). This was contrary to Widiyanto et al. (2012)¹⁹ stating that respondents with good knowledge were more inclined to avoid formula milk with a p-value of <0.05 . Mothers possessing good knowledge tend to view breast milk as the best food for infants ages 6 months, and this

knowledge becomes a strong factor in exclusive breastfeeding. However, even though some respondents had good knowledge, some still opted for formula milk, possibly due to their busy work schedule, limiting the time for breastfeeding. Another factor that influenced the decision was insufficient milk production to meet the nutritional needs of infants²⁰. From these data, it was assumed that the lower the maternal knowledge of mothers about exclusive breastfeeding, the greater the chances of opting for formula milk.

The exposure to formula milk promotion yielded the following results, with 32 mothers (48.5%) opting for formula milk and a significance value of 0.997 (>0.05). This means there was no significant relationship between milk promotion and formula feeding. In contrast, Maulidiyah et al. (2021)²¹ found that there was a significant relationship between the promotion of formula milk and exclusive breastfeeding with a p-value of <0.05 . Mothers who are less interested in formula promotion are more likely to provide exclusive breastfeeding compared to those who are interested.

This study analyzed various factors affecting the decision of mothers to provide formula milk including education level, occupation, knowledge about breastfeeding, promotion of formula milk, early initiation of breastfeeding, as well as the role of health workers, husband, and family support. Apriyani et al. (2023)²² found a significant relationship between the absence of early breastfeeding initiation and exclusive breastfeeding with a p-value (<0.05). Early breastfeeding initiation plays a crucial role in stimulating milk production and strengthening the sucking reflex. The strongest initial sucking reflex in infants occurs in the first few hours after birth, contributing to exclusive breastfeeding. Although several investigations have explored the association between early breastfeeding initiation and exclusive breastfeeding, information on the relationship between early breastfeeding initiation and formula feeding is limited.

This study focused on evaluating the support of husbands and families without considering data on maternal health and other variables related to diseases suffered by mothers as well as drug consumption which could pose a risk for breast milk and infants. As stated by Rembet et al. (2019),²³ a significant relationship was found between maternal health and formula feeding in Manado City. Therefore, further studies are needed to identify other factors influencing the decision of mothers to provide formula milk, specifically for infants aged ≤ 6 months.

CONCLUSIONS

In conclusion, this study found that there was no significant difference between maternal characteristics including education, occupation, and monthly income, with formula feeding. However, a significant difference was found between the role of health workers and family support with formula feeding. Other variables such as maternal knowledge of breast milk, early initiation of breastfeeding, and promotion of formula milk showed no significant relationship with formula feeding. Based on the results, Puskesmas should form a breastfeeding

counselor to provide counseling and monitor mothers in the implementation of exclusive breastfeeding.

ACKNOWLEDGMENTS

The authors are grateful to all Indonesian Nutrition Scholars Association (ISAGI) who contributed to this study as well as all mothers who participated as respondents.

Conflict of Interest and Funding Disclosure

The authors declare that there is no conflict of interest.

REFERENCES

1. Mufida, L., Widyaningsih, T. D. & Maligan, J. M. PRINSIP DASAR MAKANAN PENDAMPING AIR SUSU IBU (MP-ASI) UNTUK BAYI 6-24 BULAN: KAJIAN PUSTAKA [IN PRESS SEPTEMBER 2015]. J. Pangan dan Agroindustri **3**, (2015).
2. Sulfiandi, S. et al. Penentuan Status Gizi. (Yayasan Kita Menulis, 2021).
3. Safrida, S. & Fahlevi, M. I. Pengaruh Tingkat Pengetahuan Ibu Menyusui Terhadap Pemberian Asi Eksklusif Dalam Upaya Pencegahan Stunting Di Gampong Alue Ambang. J. Biol. Educ. **10**, 105–113 (2022).
4. Sherllia Sofyana. Penyuluhan Program SBM (Save Breast Milk) Untuk Meningkatkan Kesadaran Asi Eksklusif Pada Ibu Nifas. Abdimas Polsaka 90–94 (2022) doi:10.35816/abdimpolsaka.v1i2.41.
5. Handiani, D. & Anggraeni, D. Faktor Yang Mempengaruhi Pemberian Asi Eksklusif. J. Ilmu Kesehat. Karya Bunda Husada **6**, 8–16 (2020).
6. Nurjanah, I., Hamidah, A. & Sari, Y. M. Dukungan Ibu Dalam Pemberian ASI Eksklusif. J. Pemberdaya. dan Pendidik. Kesehat. **1**, 47–56 (2022).
7. Nuddin, A. & Umar, F. PEMILIHAN JENIS SUSU FORMULA OLEH IBU BALITA DI WILAYAH KERJA PUSKESMAS MATTOMBONG KABUPATEN PINRANG. J. Ilm. Mns. Dan Kesehat. **3**, 244–256 (2020).
8. Laila, fita nur, Hardiansyah, A. & Susilowati, F. Pengetahuan Gizi Ibu, Pendapatan Orang Tua, Pemberian Susu Formula, Dan Kaitannya Dengan Status Gizi Balita Di Posyandu Desa Welahan Kabupaten Jepara. J. Nutr. Culin. **3**, 24–36 (2023).
9. Sabati, M. R. & Nuryanto, N. Peran Petugas Kesehatan Terhadap Keberhasilan Pemberian ASI Eksklusif. J. Nutr. Coll. **4**, 526–533 (2015).
10. Rohsiswatmo, R. & Amandito, R. Optimalisasi Pertumbuhan Bayi Prematur dan Pasca Prematur di Indonesia; Mengacu pada Pedoman Nutrisi Bayi Prematur di Rumah Sakit Cipto Mangunkusumo. Sari Pediatr. **21**, 9 (2019).
11. Vrablik, M., Dlouha, D., Todorovova, V., Stefler, D. & Hubacek, J. A. Genetics of cardiovascular disease: How far are we from personalized CVD risk prediction and management? International Journal of Molecular Sciences vol. 22 at <https://doi.org/10.3390/ijms22084182> (2021).
12. Kartini, A., Suyatno, S. & Lestari, P. Hubungan Praktik Pemberian Susu Formula Dengan Status Gizi Bayi Usia 0-6 Bulan Di Kecamatan Semarang Timur Kota Semarang. J. Kesehat. Masy. **2**, 339–348 (2014).
13. Sugiyono, P. D. Nifas 1. J. Chem. Inf. Model. **53**, 1689–1699 (2018).
14. Marfina Lova, O., Endayani Safitri, D. & Yuliana, I. Faktor-Faktor Yang Berhubungan Dengan Pemberian Susu Formula Pada Bayi 0-6 Bulan Di Kelurahan Pamulang Barat Kota Tangerang Selatan. Argipa **4**, 85–93 (2019).
15. Sukatin, Nurkhalipah, Kurnia, A., Ramadani, D. & Fatimah. Humantech Jurnal Ilmiah Multi Disiplin Indonesia. J. Ilm. Multi Disiplin Indones. **1**, 1278–1285 (2022).
16. Efniyanti, F., Dewi, M., Khomsan, A. & Ekawidyani, K. R. Riwayat Pemberian ASI Eksklusif, Status Gizi, dan Status Anemia Balita di Kecamatan Gegesik, Kabupaten Cirebon. J. Ilmu Gizi dan Diet. **1**, 181–188 (2022).
17. Ekaristi, P., Kandou, G. D. & Mayulu, N. Hubungan Inisiasi Menyusui Dini (IMD) dengan Pemberian ASI Eksklusif di Kota Manado. J. Kesehat. Masy. **6**, 1–7 (2017).
18. Adam, A., Bagu, A. A. & Sari, N. P. Pemberian Inisiasi Menyusu Dini Pada Bayi Baru Lahir. J. Kesehat. Manarang **2**, 76 (2016).
19. Widiyanto, S., Aviyanti, D. & A, M. T. Hubungan

- Pendidikan dan Pengetahuan Ibu tentang ASI Eksklusif dengan Sikap terhadap Pemberian ASI Eksklusif Subur. *J. Kedokt. Muhammadiyah* **1**, 25–29 (2012).
20. Timporok, A. G. A., Wowor, P. M. & Rompas, S. Hubungan Status Pekerjaan Ibu Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Kawangkoan. *J. Keperawatan* **6**, 1–6 (2018).
21. Maulidiyah, L. M. & Astiningsih, N. W. W. Hubungan Paritas Ibu dan Promosi Susu Formula dengan Pemberian ASI Eksklusif pada Bayi Usia 6-12 Bulan di Posyandu Harapan Baru Samarinda. *Borneo student Res.* **2**, 1576–1583 (2021).
22. Apriyani, E., Putri, R. & Rindu, R. Hubungan Pengetahuan, Imd Dan Iklan Susu Formula Terhadap Motivasi Pemberian Asi Eksklusif Di Desa Bangka Kota Kecamatan Simpang Rimba Kabupaten Bangka Selatan Tahun 2022. *SENTRI J. Ris. Ilm.* **2**, 2446–2454 (2023).
23. Rembet, S. R., Mayulu, N. & Ratag, B. T. Hubungan Status Gizi Ibu dengan Pemberian ASI Eksklusif di Kota Manado. *J. Kesehat. Masy. Univ. Sam Ratulangi* **6**, 1–13 (2017).