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Analysis of Factors Affecting the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

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ABSTRACT

Bangkinang City Health Center is one of the Health Center with the lowest exclusive breastfeeding coverage in Kampar Regency at 44.4% and in Langgini sub-district, the working area of Bangkinang City Health Center has exclusive breastfeeding coverage of only 26.6%. The purpose of this study is to determine the factors that affect the low exclusive breastfeeding of infants in Langgini sub-district, Bangkinang City Health Center Working Area in 2023. The type of research used is quantitative with a cross sectional design. The population in this study was all mothers who had babies aged 7-11 months with a total of 150 babies with a sample of 60 people taken by simple random sampling technique. Data analysis in this study used univariate, bivariate and multivariate analysis. The results of this study show that there is an influence of age, nutritional status, occupation, parity, knowledge, attitude, family support, education of health workers, promotion of formula milk with low exclusive breastfeeding in Langgini Village working area of Bangkinang City Health Center. Conclusion variables parity and promotion of formula milk are the dominant factors that most influence exclusive breastfeeding. It is expected that all puskesmas or health facilities at the sub-district and kelurahan/village levels have breastfeeding counselors as information providers about breastfeeding for the success of breastfeeding babies exclusively.

Keywords : age, employment, parity, family support, formula milk, exclusive breastfeeding

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INTRODUCTION

Exclusive breastfeeding during the first six months of a newborn's life can reduce the risk of infectious diseases in infants, protect babies from chronic diseases in adulthood and can improve intelligence scores Khan, *et al* (2017). The Ministry of Health of the Republic of Indonesia in 2020 through the community nutrition improvement program has targeted exclusive breastfeeding coverage of 80%. Nuraini (2022) Saying adequate breast milk given to babies has many benefits for both mother and baby such as maintaining nutrition in infants and reducing pain and death in children. Several epidemiological studies show that breast milk increases body resistance so as to keep babies from various infectious diseases such as ARI, otitis media and diarrhea and provides benefits for mothers as natural contraception, minimizes the risk of breast cancer, and builds mother-child bonds.

Based on the Health Profile of Riau Province in 2019, the coverage of infants who were exclusively breastfed until the age of 6 months in Riau province in 2018 was 35%, while in 2019 it increased by 75% and again decreased to 65.17% in 2020. Based on data from the Kampar District Health Office, the achievement of exclusive breastfeeding in Kampar Regency in 2022 is 57.3%. Kampar Regency has 31 Puskesmas located in 21 Kecamatan in Kampar Regency. Of the 31 Puskesmas in Kampar Regency, there are 24 Puskesmas that have not met the target of Exclusive Breastfeeding Achievement of 80%. One of them is the Bangkinang City Health Center with an exclusive breastfeeding achievement of 44.4% in 2022.

The Working Area of the Bangkinang City Health Center, there are 2 villages and 2 villages, namely Bangkinang Village, Langgini Village, Kumantan Village and Ridan Permai Village. Of the 4 villages or villages, Langgini Village is the lowest village providing exclusive breastfeeding, which is 26.6%. compared to Bangkinang Village 31.3%, Kumantan Village 37.8% and Ridan Village 40%. In Langgini Village, the number of mothers who have babies aged 7-11 months is 150 people from a total of 397 babies in Bangkinang District in 2023 (Bangkinang City Health Center, 2023).

Lestari *et al* (2019) said the impact that occurs if the baby does not get exclusive breastfeeding can cause 45% of deaths from neonatal infections, 30% of deaths from diarrhea and 18% of deaths from respiratory infections in toddlers. Children who are not exclusively breastfed are 14 times more likely to die from diarrheal diseases and pneumonia, compared to children who are exclusively breastfed.

Based on data obtained from the Kampar Regency Health Office, the number of diarrhea cases in infants in Kampar Regency in 2022 amounted to 387 people, including 41 infants in Langgini Village. The low coverage of exclusive breastfeeding is caused by several factors, namely internal factors and external factors. Internal factors include age, education, occupation, parity, maternal knowledge, attitudes and nutritional status, while external factors include family support, the role of health workers and vigorous promotion of infant formula.

METHODS

This research was conducted in Langgini Village, Bangkinang City Health Center Working Area in June-August 2023. The type of research used is quantitative with a cross sectional design. The population in this study was all mothers who had babies aged 7-11 months with a total of 150 people, while the sample in this study amounted to 60 people taken using a simple random sampling technique with Inclusion Criteria, namely: mothers who have babies aged 7-11 months who are domiciled in Langgini Village, in good health and can be communicated with and willing to be respondents in the Bangkinang City Health Center Work Area. While the exclusion criteria are: Mothers who have babies aged less than 6 months and more than 12 months, mothers who have babies aged 7-11 months who cannot be found when the study is carried out and are over 30 years old.

The instrument used was a questionnaire adopted on previous researchers. Data analysis in this study used univariate analysis to determine the frequency distribution of the variables studied, bivariate using the Chi-Square test to determine the correlation between independent variables (age, nutritional status, parity, occupation, knowledge, attitudes, family support, health worker education, and formula milk promotion) with bound variables (low exclusive breastfeeding) and multivariate analysis to determine the influence of the most dominant independent variable with dependent variables.

RESULT

1. Univariate Analysis

Table 1
Frequency Distribution of Dependent and Independent Variables in Langgini Village, Bangkinang City Health Center Working Area in 2023

| o | Variable | =60 | %) |
|---|--------------------------|-----|-----|
| | Age | | |
| | < 20 Years | 8 | 0 |
| | 20-30 Years | 2 | 0 |
| | Nutritional Status | | |
| | Abnormal | 5 | 8,3 |
| | Normal | 5 | 1,7 |
| | Work | | |
| | Work | 0 | 6,7 |
| | Does Not Work | 0 | 3,3 |
| | Parity | | |
| | Primigravida | 6 | 0 |
| | Multigravida | 4 | 0 |
| | Knowledge | | |
| | Good | 8 | 6,7 |
| | Less | 2 | 3,3 |
| | Attitude | | |
| | Negative | 4 | 6,7 |
| | Positive | 6 | 3,3 |
| | Family Support | | |
| | Support | 9 | 1,7 |
| | Does Not Support | 1 | 8,3 |
| | Health Officer Education | | |
| | Playing A Role | 7 | 5 |
| | Not Playing A Role | 3 | 5 |
| | Formula Mikls Promotion | | |
| | Exist | 4 | 3,3 |
| | None | 4 | 3,3 |

| | | | |
|---|-------------------------------|---|-----|
| | | 6 | 6,7 |
| 0 | Exclusive Breastfeeding | | |
| | Not Exclusively Breastfeeding | 8 | 3,3 |
| | Exclusive Breastfeeding | 2 | 6,7 |
| | Sum | 0 | 00 |

Based on the table above, it can be seen that from 60 respondents, the majority of respondents have aged 20-30 years with a total of 45 people (70%), abnormal nutritional status with a total of 35 people (58.3%), working with a total of 40 people (66.7%), primigravida parity with a total of 36 people (60%), less knowledge about exclusive breastfeeding with a total of 32 people (53.3%), a negative attitude about exclusive breastfeeding with a total of 34 people (56.7%), families do not support exclusive breastfeeding with 41 people (68.3%), education of health workers does not play a role in exclusive breastfeeding with 33 people (55%), there is promotion of formula milk as many as 44 people (77.3%) and mothers do not provide exclusive breastfeeding to their children 38 people (63.3%).

2. Bivariate Analysis

Bivariate analysis found that all were significantly associated with low exclusive breastfeeding: age, nutritional status, parity, occupation, knowledge, attitudes, family support, health worker education and formula promotion. Variables that are significantly related to low exclusive breastfeeding can be explained as follows:

Table 2
Bivariate Results of Dependent and Independent Variables Langgini Village Working Area of Bangkinang City Health Center in 2023

| Variabel | ASI Eksklusif | | | | | P value | POR (95 % CI) |
|---------------|-----------------|--------------------|----------------|-----------|----------|--------------------------|--------------------------|
| | k Memberikan | Tida Memberikan | Me ngetahui | T otal | n (%) | | |
| Usia tahun | < 20 tahun | 6 | 8,9 | 0 | 1,1 | 18 (100) | ,017 3 (1,483-35,657) |
| | 20-30 | 2 | 4,4 | 7,6 | 42 (100) | | |
| | Total | 8 | 3,3 | 2 | 6,7 | 0 (100) | |
| Status Gizi | Tidak Normal | 9 | 2,9 | 7,1 | 5 (100) | ,001 3 (2,588-28,524) | |
| | Normal | | 6,0 | 6 | 4,0 | | 5 (100) |
| | Total | 8 | 3,3 | 2 | 6,7 | | 0 (100) |
| Pekerjaan | Bekerja | 2 | 0,0 | 0,0 | 0 (100) | ,000 3 (2,72-31,957) | |
| | Tidak bekerja | | 0,0 | 4 | 0,0 | | 0 (100) |
| | Total | 2 | 0,0 | 4 | 0,0 | | 0 (100) |

| | | | | | | | | |
|-----------|---------------------------|---|-----|----|------|----------|------|------------------------|
| | Total | 8 | 3,3 | 22 | 36,7 | 60 (100) | | |
| da | Paritas Primigravi | 9 | 0,6 | | 9,4 | 6 (100) | ,002 | 5(2,147-6,90) |
| da | Multigravi | | 7,5 | 5 | 2,5 | 4 (100) | | 22,202) |
| | Total | 8 | 3,3 | 2 | 6,7 | 0 (100) | | 6 |
| an | Pengetahu | | | | | | | |
| | Kurang | 5 | 8,1 | | 1,9 | 2 (100) | ,023 | 1 4,12 (1,235-12,628) |
| | Baik | 3 | 6,4 | 4 | 3,6 | 8 (100) | | |
| | Total | 8 | 3,3 | 2 | 6,7 | 0 (100) | | 6 |
| | Sikap Negatif | 6 | 6,5 | | 3,5 | 4 (100) | ,032 | 2 3,79 (1,255-11,455) |
| | Positif | 2 | 6,2 | 4 | 3,8 | 6 (100) | | |
| | Total | 8 | 3,3 | 2 | 6,7 | 0 (100) | | 6 |
| | Dukungan Keluarga | | | | | | | |
| mendukung | Tidak | 2 | 8,0 | | 2,0 | 1 (100) | ,001 | 4 7,70 (2,280-26,032) |
| g | Mendukun | | 1,6 | 3 | 8,4 | 9 (100) | | |
| | Total | 8 | 3,3 | 2 | 6,7 | 0 (100) | | 6 |
| | Edukasi Petugas Kesehatan | | | | | | | |
| berperan | Tidak | 6 | 8,8 | | 1,2 | 3 (100) | | 3 4,64 (1,503-14,346) |
| | Berperan | 2 | 4,4 | 5 | 5,6 | 7 (100) | ,013 | |
| | Total | 8 | 3,3 | 2 | 6,7 | 0 (100) | | 6 |
| | Promosi Susu Formula | | | | | | | |
| | Ada | 4 | 7,3 | 0 | 2,7 | 4 (100) | | |
| | Tidak ada | | 5,0 | 2 | 5,0 | 6 (100) | ,001 | 00 10,2 (2,689-38,693) |
| | Total | 8 | 3,3 | 2 | 6,7 | 0 (100) | | 6 |

3. Multivariate Analysis

After bivariate data analysis, it is continued with multivariate analysis which aims to determine the influence of the most dominant independent variable with the dependent variable. Multivariate analysis consists of 2 stages, namely bivariate selection and multivariate modeling.

From the results of bivariate selection that has been carried out, 9 variables have a p value of < 0.25 , namely age, nutritional status, occupation, parity, knowledge, attitudes, family support, health worker education and formula milk promotion so that 9 independent variables are included in the multivariate model.

Table 3
Pemodelan Multivariat IX (Model Akhir)

| No | Variabel | Pvalue | POR | (95%CI) | |
|----|----------------------|--------|--------|---------|---------|
| | | | | Lower | Upper |
| 1 | Paritas | 0.004 | 28,146 | 2,842 | 278,719 |
| 2 | Promosi susu formula | 0,021 | 19,472 | 1,580 | 239,940 |
| 3 | Usia | 0,097 | 5,086 | 0,744 | 34,776 |
| 4 | Dukungan Keluarga | 0,082 | 6,219 | 0,796 | 48,617 |

From the modeling results, there are 2 variables that are most dominant with exclusive breastfeeding, namely: parity and promotion of formula milk. While the variables of age and family support as counfunding variables.

DISCUSSION

1. The Effect of Age on the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be known that as many as 42 mothers (70%) aged 20-30 years. After bivariate analysis, it was found that there was an influence of age on the low exclusive breastfeeding, namely with a p value of 0.0017.

Age less than 20 years is a period of growth including reproductive organs (breasts), while the age of more than 35 years reproductive organs are weak and not optimal in exclusive breastfeeding, so that a mother's ability to breastfeed exclusively is also no longer optimal due to decreased function of reproductive organs such as breasts (Yulianah, 2013).

Age less than 20 years is a period of growth including reproductive organs (breasts), while the age of more than 35 years reproductive organs are weak and not optimal in exclusive breastfeeding, so that a mother's ability to breastfeed exclusively is also no longer optimal due to decreased function of reproductive organs such as breasts.

2. The Effect of Nutritional Status on Low Exclusive Breastfeeding for Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be known that as many as 35 mothers (58.3%) have abnormal nutritional status. After bivariate analysis, it was found that there was an influence of nutritional status on the low exclusive breastfeeding, namely with a p value of 0.0001.

Breastfeeding mothers need to eat foods with balanced nutrition. Balanced nutrition will provide good and quality nutrition. Several studies prove that mothers with good nutrition are generally able to breastfeed their babies for at least 6 months. An unbalanced maternal diet during breastfeeding can cause the vulnerability of the mother's body condition and the mother's body has worked hard in producing milk. As a result, breast milk production will decrease (Imasrani, 2016).

According to researchers of 35 mothers with abnormal nutritional status, 29 mothers did not exclusively breastfeed. This is because nutritional status affects the volume and composition of breast milk, so that if the mother has abnormal nutritional status, milk production will be less so that balanced nutrition is needed so that the needs of the mother and baby can be met properly.

3. The Effect of Work on the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be known that as many as 40 mothers (66.7%) work. After bivariate analysis, it was found that there was an effect of work on the low exclusive breastfeeding, namely with a p value of 0.000.

This research is in line with research Timporok et al (2018). The results of the chi-square analysis there is a relationship between employment status and exclusive breastfeeding obtained a significant value (p-value) of 0.000.

According to researchers, work as one of the obstacles in the implementation of exclusive breastfeeding was obtained by 32 mothers out of 40 working mothers who did not provide their milk. For working mothers do not provide exclusive breastfeeding to their babies because the time to give milk to their babies is less so that mothers give more formula milk to their babies so that the nutritional needs of the baby remain fulfilled.

4. The Effect of Parity on Low Exclusive Breastfeeding for Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be known as many as 36 mothers (60%) primigravida parity. After bivariate analysis, it was found that there was an effect of parity on the low exclusive breastfeeding, namely with a p value of 0.002.

The parity that risks not exclusively breastfeeding is primipara, because knowledge and experience are closely related to what will be done. Multipara already has knowledge and experience from previous parity so that it has a greater opportunity to provide exclusive breastfeeding (Nurma, 2014).

According to researchers, mothers with primigravida parity do not have experience in breastfeeding their babies so mothers prefer to give formula milk to their babies, in contrast to mothers with multiparous parity is very influential on exclusive breastfeeding because of the experience that mothers have regarding breastfeeding previous children. The results obtained from 36 mothers, 29 mothers did not provide exclusive breastfeeding. This is because primigravida parity is still sensitive to the baby and the provocation in the surrounding environment makes the mother less confident to give exclusive breastfeeding.

5. The Effect of Knowledge on the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be known that as many as 32 mothers (53.3%) have less knowledge about exclusive breastfeeding. After bivariate analysis, it was found that there was an influence of knowledge on the low exclusive breastfeeding, namely with a p value of 0.023.

Fatimah & Oktavianis (2019) said many factors affect the low number of mothers who exclusively breastfeed, including mothers' knowledge about the importance of exclusive breastfeeding is still low. The lack of knowledge of mothers about the benefits of breast milk causes mothers to be easily influenced and switch to formula milk. A high level of knowledge determines whether it is easy for mothers to understand and absorb information about exclusive breastfeeding. The higher the level of knowledge of the mother, the higher the mother in absorbing information about exclusive breastfeeding.

According to researchers, someone who has less knowledge about exclusive breastfeeding will tend to behave negatively towards exclusive breastfeeding, in addition, the respondent's knowledge is lacking, so the mother will not provide exclusive breastfeeding even though the milk is smooth or sufficient, so the mother will provide additional food in addition to breast milk. So that with less knowledge will not be able to encourage someone to make the right decision, namely in exclusive breastfeeding. This is in line with the results of a study of 32 mothers who were less knowledgeable, 25 mothers did not provide exclusive breastfeeding.

6. The Effect of Attitudes towards Low Exclusive Breastfeeding for Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be seen that as many as 34 mothers (56.7%) have an attitude about exclusive breastfeeding. After bivariate analysis, it was found that there was an influence on attitudes towards low exclusive breastfeeding, namely with a p value of 0.032.

Attitude is a person's closed response to a particular stimulus or object, which already involves the opinion factor and emotion concerned (happy-displeased, agree-disagree). This research is in line with research Putri (2021) It was found that there was a relationship between the attitude of breastfeeding mothers towards exclusive breastfeeding in the Working Area of the Ratu Agung Care Health Center in Bengkulu City in 2021 with a p value of 0.003.

According to researchers, negative maternal attitudes will not exclusively breastfeed their babies, negative attitudes arise from maternal experience and knowledge. On the contrary, if the mother is positive, then the mother will give exclusive breastfeeding to her baby. This is in accordance with the results of the study, namely from 34 mothers with negative attitudes, 26 mothers did not provide exclusive breastfeeding.

7. The Effect of Family Support on the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be seen that as many as 41 mothers (68.3%) do not support exclusive breastfeeding. After bivariate analysis, it was found that there was an effect of family support on the low exclusive breastfeeding, namely with a p value of 0.001.

Misgiyanto & Susilawati (2014) said the role of the family is critical to the success of exclusive breastfeeding. The main key to successful breastfeeding is to build the mother's confidence and motivation during breastfeeding, supporting the mother in making the decision to breastfeed. This result will be more optimal if the husband and the mother's closest family such as parents and other families participate in supporting and playing an active role to work together and carry out their main task of breastfeeding (Nabilla, 2016).

The results of the above research are in line with the results of research conducted by Khofiyah (2019) with the results of the study, namely exclusive breastfeeding, mostly gave (54%). Family support is almost half sufficient (45.8%). The results of the Spearman Rank statistical test obtained p value = $0.000 < \alpha (0.05)$ which states that there is a relationship between family support and exclusive breastfeeding for breastfeeding mothers.

According to researchers, family support is very meaningful for wives or mothers who are exclusively breastfeeding. The role of the family, especially the husband, is very necessary in providing support for breastfeeding mothers because it can increase the mother's confidence to provide exclusive breastfeeding. Vice versa, a mother who lacks support from her family becomes insecure and less motivated to exclusively breastfeed. This is in accordance with the results of the study, namely from 41 mothers who did not get family support, 32 mothers did not provide exclusive breastfeeding.

8. The Effect of Health Worker Education on the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be seen that as many as 33 mothers (55%) of health worker education do not play a role in exclusive breastfeeding. After bivariate analysis, it was found that there was an influence of health worker education on the low exclusive breastfeeding, namely with a p value of 0.013.

This research is in line with research Hasibuan (2023). It was found that there was a relationship between the role of health workers and exclusive breastfeeding in Puskesmas Kecupak Pakpak Bharat District with a p value of 0.002. According to researchers, the lack of education from health workers to mothers who have babies aged 7-11 months is due to the many health programs run by health workers at this time, making health workers less provide counseling to mothers who have babies in exclusive breastfeeding. This is in accordance with the results of the study, namely from 33 mothers who did not get education on the role of health workers, 26 mothers did not provide exclusive breastfeeding.

9. The Effect of Formula Milk Promotion on the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

Based on the results of statistical tests, it can be known that as many as 44 mothers (55%) give formula milk to their babies. After bivariate analysis, it was found that there was an influence of health worker education on the low exclusive breastfeeding, namely with a p value of 0.000.

The promotion of formula milk is one of the determinants that can result in the failure of exclusive breastfeeding. The incessant campaign of milk producers and breast milk substitutes, as well as the successful efforts of distributors in distributing them make it easy for mothers to trust them. Ads promoting that factory-made milk is as good as breast milk can always shake the mother's confidence, making it easy for mothers to try using formula as a substitute for breast milk. Not a few consumers choose to give formula milk to babies who should get exclusive breastfeeding (Prasetyono, 2015). This research is in line with research Harmia (2021) It was found that there was a relationship between the promotion of formula milk and exclusive breastfeeding in Naga Switch, North Kampar District, with a p value of 0.000. According to researchers, mothers who are interested in the promotion of formula milk will be more likely not to exclusively breastfeed their babies when compared to mothers who are not interested in the promotion of formula milk. This means that the more interested someone is in the promotion of formula milk, the exclusive breastfeeding will not be carried out properly. This is in accordance with the results of the study, namely from 44 mothers who received formula milk promotion, 34 mothers did not provide exclusive breastfeeding.

10. Variable Selection of Dominant Factors Affecting the Low Exclusive Breastfeeding of Infants in Langgini Village, Bangkinang City Health Center Working Area in 2023

The results of bivariate selection conducted showed that variations in age, nutritional status, parity, occupation, knowledge, attitudes, family support, health worker education and formula milk promotion had a p value of < 0.25 , so it was included in a multivariate model. From the results of the modeling analysis, the variable with the largest p value is alternately removed from the model, and if there is a change in OR $< 10\%$, the variable is excluded from the model. But if the OR change occurs $>$ of 10% then the variable is returned to the model.

From the final multivariate modeling analysis, it turns out that the variables that have a significant effect on the low exclusive breastfeeding in infants are parity (p value 0.004) and formula milk promotion (p value 0.021). While the variables of age and family support are confounding variables (disruptive variables).

Nurpelita (2017) argue that the risky parity of not exclusively breastfeeding is primipara, because knowledge and experience are closely related to what will be done. Multipara already has knowledge and experience from previous parity so that it has a greater opportunity to provide exclusive breastfeeding. Primiparous mothers are more irregular in giving milk in the first two weeks and 12 weeks compared to multiparous mothers. Mothers who give birth more than once, milk production is much more than mothers who give birth for the first time. The number of deliveries that the mother has experienced provides experience in giving breast milk to the baby. The more parity the mother will be more experienced in breastfeeding and know how to increase milk production, so there is no problem for the mother in giving milk.

Based on research, a mother who successfully breastfeeds her child exclusively will be more confident to breastfeed the next born child and facilitate the breastfeeding process more than mothers who have experienced difficulties in breastfeeding, so that a mother with her first baby will experience difficulties and problems when breastfeeding, this is due to lack of knowledge of actual breastfeeding methods and has no experience in breastfeeding children Next, and if you listen to the promotion of formula milk that is almost as nutritious as breast milk found in mothers, then you will give formula milk to your baby. Mothers who are exposed to the promotion of formula milk are caused by insufficient maternal knowledge about the definition of exclusive breastfeeding, the benefits of babies being given exclusive breastfeeding so that mothers are easily influenced by information circulating about formula milk

Although the initial desire of mothers to provide breast milk, the information about exclusive breastfeeding is not strong enough to match the incessant promotion of formula milk where, manufacturers simulate formula milk in such a way that is increasingly similar to breast milk, one of which is with the addition of DHA, AA, and other ingredients, thus making some mothers think that giving formula milk is the same as breast milk because the nutritional content in formula milk is getting better and increasing.

The increase in the use of formula milk is also due to the influence of the wider promotion of formula milk, so parents prefer to give their babies Breast Milk Substitute (PASI). Currently almost all people already have television, the promotion of formula milk is increasingly rife on television stations which results in people easily getting promotions about formula milk, even formula milk manufacturers sponsor health workers and health care facilities in promoting formula milk (Harmia, 2021)

One of these studies in accordance with the research conducted Selferida (2018) showed that mothers who had more than 2 children mostly gave exclusive breastfeeding at 22 respondents (44%) and mothers who had only 1 child mostly did not provide exclusive breastfeeding at 19 respondents (38%). The results of chi square analysis using spss found a p-value of 0.005 and less than 0.05. It is concluded that there is a parity relationship with exclusive breastfeeding.

This research is in line with research Rahman (2023) that is, there is a relationship between the promotion of formula milk and the failure of exclusive breastfeeding for infants aged 0-6 months at the UPTD Puskesmas Bojo Baru Barru Regency in 2022 with a value of ρ value = 0.000.

However, this study is different from research conducted by Djafar (2020) with the title Factors related to mothers in exclusive breastfeeding of infants. The results of the study found that there was no significant relationship between work, knowledge, promotion of formula milk and exclusive breastfeeding.

CONCLUSIONS

Based on the description in the research results chapter and discussion chapter, the study hereby draws the following conclusions of this study:

1. The results showed that the proportion of mothers who had babies aged 7-11 months was mostly aged 20-30 years (70%), had abnormal nutritional status (58.3%), worked (66.7%), primigravida parity (60%), had less knowledge about exclusive breastfeeding (53.3%), were negative about exclusive breastfeeding (56.7%), families were not supportive in exclusive breastfeeding (68.3%), education of health workers did not play a role in exclusive breastfeeding (55%), There is a promotion of formula milk (77.3%) and mothers do not provide exclusive breastfeeding to their children (63.3%).
2. There is an influence of age, nutritional status, occupation, parity, knowledge, attitudes, family support, education of health workers, promotion of formula milk on the low exclusive breastfeeding of infants in Langgini Village Working area of Bangkinang City Health Center
3. The most dominant factor with the low exclusive breastfeeding in Langgini Village, Bangkinang City Health Center Working Area in 2023 is the parity and promotion of formula milk

REFERENCES

1. Depkes RI. 2019. Buku Kesehatan Ibu dan Anak. Jakarta: Depkes RI.
2. Djafar. 2020. Faktor- faktor yang berhubungan dengan ibu dalam pemberian asi eksklusif pada bayi., *Public Health Nutrition Journal*, 1(1): 50–58.
3. Ikatan Dokter Anak Indonesia (IDAI). 2013. Indonesia Pediatric Society. Nilai Nutrisi Air Susu Ibu. Jakarta
4. Imasrani. (2016). Kaitan Pola Makan Seimbang Dengan Produksi Asi Ibu Menyusui. *Jurnal Ilmiah Ilmu Kesehatan*. Vol 4, No 3 (2016) 1:22-8
5. Khan, MN; Islam, MM . 2017. Pengaruh Menyusui Eksklusif Hasil Kesehatan dan Gizi Buruk. Studi Perwakilan Nasional. *Kesehatan Masyarakat BMC*.
6. Khofiyah, N. (2019). Analisis faktor-faktor yang mempengaruhi pemberian ASI eksklusif di Puskesmas Umbulharjo I Yogyakarta. *Jurnal Kebidanan*, 8(2), 4-7
7. Lestari, Cahaya Indah et al. 2019. “Faktor-Faktor Yang Menyebabkan Kegagalan Ibu Dalam.” *Midwifery Journal* | 4(1):11–16.
8. Nuraini, Yulia et al. 2022. “Hubungan Dukungan Keluarga Dengan Sikap Ibu Dalam Pemberian Asi Eksklusif the Relationship Between Family Support and Mother’S Attitude in Exclusive Breastfeeding.” *Jurnal Ilmu Keperawatan* 10:1.
9. Nurma. 2014. Hubungan Pengetahuan, Pendidikan, Paritas dengan Pemberian ASI Eksklusif di Puskesmas Bahu Kecamatan Malalayang Kota Manado. *Jurnal ISSN: 2339-1731 Volume 2 Nomor 2-7*
10. Nurpelita. 2017. Faktor-Faktor yang Berhubungan Dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Buatan II Siak Tahun 2017. Tesis. FKM UI
11. Putri. 2021. Hubungan sikap ibu menyusui terhadap pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Perawatan Ratu Agung Kota Bengkulu. *Jurnal SAWWA*. Vol 11, No. 1
12. Prasetyono. 2015. Buku Pintar ASI Eksklusif. Yogya : Diva Press.
13. Rahman. 2023. Hubungan promosi susu formula dengan kegagalan pemberian ASI eksklusif pada bayi usia 0-6 bulan di UPTD Puskesmas Bojo Baru Kabupaten Barru. *Window of Public Health Journal*, Vol. 4 No. 1 (153-161
14. Untari J. 2017. Hubungan antara karakteristik ibu dengan pemberian asi eksklusif di wilayah kerja puskesmas Minggir Kabupaten Sleman. In *Jurnal Formil (Forum Ilmiah) KesMas Respati* (Vol. 2, No.1