

**DIFFERENCES IN ACUTE DIARRHEA INCIDENCE AMONG INFANTS AGED 0–6 MONTHS FED  
EXCLUSIVE BREASTFEEDING AND FORMULA MILK IN PULO ARA GEUDONG TEUNG OH VILLAGE,  
KOTA DISTRICT, THE STRUGGLE OF BIREUEN DISTRICT**

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**ABSTRACT**

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*Background: Breast milk for babies is the perfect food. This is because of the important antibodies contained in colostrum; in addition, breast milk is also always safe and clean, so that it is very unlikely for germs to enter the child's body. Breast milk can protect babies through the various immune substances it contains. Even if the mother is in a state of malnutrition, breast milk still contains sufficient essential nutrients for babies and can overcome infections through phagocyte cell components and immunoglobulins. The purpose of the study: to determine the comparison of the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency. Method: This study is a Quasi-Experimental study with a pretest-posttest Non-equivalent control group design. The study population was infants aged 0-6 months in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency. The sampling technique was purposive. The sample size was 36 respondents, consisting of 18 people in the exclusive breastfeeding group and 18 people in the formula milk group. During the pretest, the researcher asked about the infant's history of diarrhea prior to the treatment. After the treatment, the researcher reassessed the incidence of diarrhea in both groups over a period of one month. Univariate and bivariate data analysis were performed using the Wilcoxon test and the Mann-Whitney test. Results: The results of the Mann-Whitney test analysis show that the Asymp.Sig. (2-tailed) The value is 0.004, which is smaller than 0.05. Therefore, it can be concluded that the hypothesis is accepted, and there is a difference in the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk. Conclusion: There is a difference in the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk.*

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## 1. INTRODUCTION

Maternal and child health issues in Indonesia are a public health issue that requires greater attention, as they have a significant impact on health development. One of the goals of national development is to develop quality human resources (HR) so they can continue the national development struggle towards prosperous, just, and prosperous families. To prepare reliable human resources, the Indonesian government has implemented various programs, including fulfilling nutritional needs for newborns through breastfeeding programs up to the age of 2 years and exclusively for 6 months. (Huznan Rafid et al., 2022)

Increasing breastfeeding has become a global commitment since the 1990 World Summit for Children's Conference for Children established ten global child welfare goals and the Innocenti Declaration on the Promotion and Support of Breastfeeding in the same year. Breastfeeding, especially exclusively, not only fulfills a child's basic needs as a child's right, but is also highly beneficial for improving human resources and fostering a loving relationship between the baby and its mother.

WHO research in 6 developing countries found that if a 19-month-old baby is not breastfed, mortality will increase by 40%. If a child aged 2-3 months is not breastfed, mortality will increase by 300%. If a baby under 2 months is not breastfed or mixed breastfed, mortality will increase by 400%. Other research shows that children who are not breastfed or formula-fed are 6-8 times more likely to suffer from leukemia, nerve cancer (neuroblastoma), lymphoma, and diarrhea. The process of early initiation or early breastfeeding can reduce infant mortality by up to 22%. Of the babies allowed early initiation, 59% are still breastfeeding, which is not only 18%. (WHO, 2024)

Breast milk (ASI) is an emulsion of fat in a solution of protein, lactose, and organic salts secreted by both breasts and is the primary food for infants. Breast milk is not a drink, but it is the single most complete food for infants up to 6 months of age. It contains all the nutrients a baby needs. Breast milk is naturally enriched with digestive enzymes, allowing the baby's digestive system to easily digest and absorb the nutrients. The digestive system of young infants does not yet have sufficient digestive enzymes; therefore, infants should be exclusively breastfed until 6 months of age, without any additional drinks or foods. (Bunga Dhiang Anggraini et al., 2024)

Breast milk is the perfect food for babies. This is due to the important antibodies contained in colostrum. Furthermore, breast milk is always safe and clean, making it very unlikely for germs to enter the child's body (Ministry of Health, 2012). Breast milk can protect babies through the various immune substances it contains. Even if the mother is malnourished, breast milk still contains enough essential nutrients for the baby and can fight infections through phagocyte and immunoglobulin components. (Azizah & Wulandari, 2022)

Pathogenic microorganisms and other allergens remain a significant problem in developing countries like Indonesia. Gastrointestinal and non-gastrointestinal infections are more common in infants receiving breast milk substitutes (PASI) than in those receiving breast milk (ASI). This indicates that breast milk is an important component of the immune system of the gastrointestinal and other mucosal surfaces, as most microorganisms enter the body through the mucosa. (Zulhakim & Naelasari, 2021)

According to the Central Statistics Agency (BPS) in 2023, the highest

percentage of 38 provinces that provide exclusive breastfeeding without any additional food or even water is in Central Java at 80.20%, and the lowest percentage for providing exclusive breastfeeding is in Papua province at 55.41%, for Indonesia at 73.97%, and Aceh province at 67.05%.

Formula-fed babies are 14.2 times more likely to develop diarrhea than breastfed babies. This suggests that all breast milk products are absorbed by the baby's digestive system. This is likely due to breast milk's high nutritional value, the presence of antibodies, leukocytes, enzymes, hormones, and other substances that protect babies against various infections (Anandita & Gustina, 2022)

Infant formula is a substitute for breast milk, which is generally made from cow's milk whose composition is modified so that it can be used as a substitute for breast milk. Giving infant formula too early, before the age of 6 months, can have negative impacts on the baby's health, such as digestive disorders, constipation, coughing, diarrhea, allergies, and so on. (Septikasari, 2018)

In Indonesia, in 2020, diarrhea was found to be the leading cause of infant mortality (42%). Diarrhea accounted for 25.2% of deaths in the 1-4 yearold age group, compared to 15.5% for pneumonia. The 2010 diarrhea morbidity survey conducted by the Indonesian Ministry of Health found that in 2000, the infant mortality rate due to diarrhea in Indonesia was 1,278 per 1,000, dropping to 1,100 per 1,000 in 2003 and rising again in 2006, then declining in 2010. The national prevalence of clinical diarrhea (based on health worker diagnosis and symptoms) was 9.0% with a range of 4.2%-18.9%. Fourteen provinces were reported to have diarrhea prevalence above the national prevalence, with the highest prevalence in Aceh and the lowest in Yogyakarta. (Septikasari, 2018)

The total number of diarrhea cases in Aceh Province reached 256,386 with an Incidence Rate (IR) of 31.35%. Meanwhile, the average annual incidence of diarrhea in infants reached 13%, indicating a high prevalence of diarrhea in infants in Aceh Province. This indicates that the incidence of diarrhea in infants remains high in Aceh Province. One factor that can cause diarrhea is the lack of mothers providing exclusive breastfeeding to infants. The coverage of exclusive breastfeeding in Indonesia has not reached the expected figure of 80%. Based on the 2013 SDKI report, the achievement of exclusive breastfeeding in Indonesia was 42%. Meanwhile, in Aceh, according to a 2013 report from the Aceh Provincial Health Office, the coverage of breastfeeding for 0-6 months was only 54.3%. The highest cases of diarrhea were in Bireuen Regency at 22%, Southeast Aceh at 21%, and South Aceh at 19% (Aceh, 2020).

The role of health workers is also very important. The average woman in Indonesia gives birth in a hospital or with a midwife. They are trusted for their advice on the health of the child. Therefore, health workers (midwives) play a key role in this matter, especially in ensuring exclusive breastfeeding in hospitals/maternity homes. The quality of midwives who do not match their roles and responsibilities will hurt the people they help. Midwives, as a profession with the primary responsibility for maternal and child health services, must be able to implement the concept of exclusive breastfeeding so that babies receive adequate nutrition for their development. By understanding the concept of implementing exclusive breastfeeding, midwives will be able to provide counseling and understanding to mothers about the importance of breastfeeding so that every mother realizes and feels proud, happy, and respected in breastfeeding her baby.

Midwives who play a role and are responsible for the field of preventive and promotive health must be able to handle cases that are still considered physiological, cases that require collaboration, cases that require emergency action, and make referrals with the appropriate process (Huznan Rafid et al., 2022)

Various obstacles faced in increasing breastfeeding, especially exclusive breastfeeding, include: Less supportive breastfeeding behavior, for example, throwing away colostrum because it is considered dirty. Providing food and drink before breast milk comes out: lack of mother's confidence that breast milk is sufficient for her baby, working mothers, and the intense promotion of Formula Milk, both through health workers and through the mass media, even nowadays directly to mothers: also no less influential is the attitude of health workers who are less supportive of achieving success in increasing breastfeeding. (Stevilinda D. et al., 2024)

From the gap between the hope of increasing exclusive breastfeeding and the reality of the role of midwives which is not yet optimal, it is necessary to find a way out so that the development of a healthy, intelligent and pious generation can add color to the beloved country and be able to produce young shoots of the nation who are ready and able to lead the nation.

Based on the results of an initial survey of 10 breastfeeding mothers in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency, 7 of them provided exclusive breastfeeding, and 3 provided both breast milk and formula milk. Of the 7 mothers who provided exclusive breastfeeding, only 1 mother had experienced acute diarrhea in her baby, while of the 3 mothers who provided both breast milk and formula milk, 2 of them said that their babies experienced acute diarrhea,

and one of them had even been treated for diarrhea. Based on the above background, the author is interested in further researching the comparison of the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency.

## **2. METHODE**

This study is a Quasi-Experimental study with a pretest-posttest Non-equivalent control group design. The study population was infants aged 0-6 months in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency. The sampling technique was purposive. The sample size was 36 respondents, consisting of 18 people in the exclusive breastfeeding group and 18 people in the formula milk group. During the pretest, the researcher asked about the infant's history of diarrhea before the treatment. After the treatment, the researcher reassessed the incidence of diarrhea in both groups over a period of one month. Univariate and bivariate data analysis were conducted using the Wilcoxon test and the Mann-Whitney test. This study has obtained permission from the KEPK STIKES Guna Bangsa Yogyakarta with number 023/KEPK/X/2024.



### 3. RESULTS AND DISCUSSION

Table 1 Frequency Distribution of Characteristics of Research Respondents in Pulo Ara Geudong Teungoh Village, Bireuen Regency

No	Characteristics	Exclusive Breastfeeding		Formula Milk	
		f	%	f	%
1	Age				
	a. 21-25 years old	1	5,6	3	16,7
	b. 26-30 years old	10	55,6	11	61,1
	c. 31-35 years old	7	38,8	4	22,2
	Amount	18	100,0	18	100,0
2	Number of children				
	a. ≤ 2 people	8	44,4	6	33,3
	b. > 2 people	10	55,6	12	66,7
	Amount	18	100,0	18	100,0
3	Education				
	a. Senior High School	10	55,6	6	33,3
	b. DIII	4	22,2	3	16,7
	c. S1	4	22,2	8	44,4
	d. S2	0	0	1	5,6
	Amount	18	100,0	18	100,0
4	Work				
	a. Housewife	17	93,3	6	33,3
	b. Traders	0	0	1	5,6
	c. Farmers	0	0	2	11,1
	d. Self-employed	1	6,7	1	5,6
	e. Civil servants	0	0	8	44,4
	Amount	18	100,0	18	100,0
5	Monthly Income				
	a. ≤ Rp. 1,500,000	12	66,7	7	38,9
	b. > Rp. 1,500,000	6	33,3	11	61,1
	Amount	18	100,0	18	100,0

The results of the frequency distribution of respondent characteristics indicate that from the group of mothers who provide exclusive breastfeeding, most are aged 26-30 years, as many as 10 people (55.6%), have more than 2 children as many as 10 people (55.6%), have a high school education as many as 10 people (55.6%), work as housewives as many as 17 people

(93.3%) and have an income of ≤Rp. 1,500,000, as many as 12 people (66.7%).

Meanwhile, from the group of mothers who gave formula milk, most were aged 26-30 years, as many as 11 people (61.1%), had more than 2 children, as many as 12 people (66.7%), had a bachelor's degree as many as 8 people (44.4%), worked as civil servants as many as 8 people (44.4%), and had an income of more than Rp. 1,500,000, as many as 11 people (61.1%).

Table 2 Frequency Distribution of Acute Diarrhea Incidence in Infants Who Are Exclusively Breastfed and Formula-Fed in Pulo Ara Geudong Teungoh Village, Bireuen Regency

Diarrhea incident	breast milk exclusive				Milk formula			
	Pre		Post		Pre		Post	
	n	%	n	%	n	%	n	%
Never	15	83.3	17	94.5	6	33.3	5	27.8
Seldom	2	11.1	1	5.5	2	11.1	3	16.7
Often	1	5.5	0	0	10	55.6	10	55.5
Total	18	100	18	100	18	100	18	100

Based on Table 2 shows that in the exclusive breastfeeding group (pretest), the majority of respondents had never experienced diarrhea, namely 15 respondents (83.3%), while in the post-treatment group (posttest), the majority of respondents had never experienced diarrhea, namely 17 respondents (94.5%).

In the formula milk group (pretest), the majority of respondents experienced frequent diarrhea, namely 10 respondents (55.6%), while in the posttest group, some respondents experienced frequent diarrhea, namely 10 respondents (55.6%).

Based on the research results, it was shown that in the exclusive breastfeeding group (pretest), the majority of respondents had never experienced diarrhea, namely 15 respondents (83.3%), while in the post-treatment group (posttest), the majority of

respondents had never experienced diarrhea, namely 17 respondents (94.5%).

According to researchers, most babies who are exclusively breastfed never experience acute diarrhea because providing exclusive breastfeeding to babies until they are 6 months old provides immunity to various diseases. Therefore, the presence of anti-immune substances in breast milk can protect babies from diarrhea.

Breastfeeding has many benefits for both the baby and the mother. Babies who are exclusively breastfed have fewer and milder cases of diarrhea and a lower risk of death compared to babies who are not breastfed. In the first six months of life, the risk of diarrhea requiring hospitalization can be up to 30 times greater in babies who are not breastfed than in babies who are exclusively breastfed. This is because breast milk eliminates the need for bottles, pacifiers, and water that can easily become contaminated with bacteria that can cause diarrhea. Breast milk also contains antibodies that protect babies against infections, especially diarrhea, which are not found in cow's milk and formula. Once babies reach six months, they should receive fruits and other foods to meet their increased nutritional needs, but breastfeeding should continue until at least 24 months of age.

This is in accordance with (Maki et al., 2021) The opinion that breast milk is a fluid that contains immune substances that can protect babies from various diseases. The results of the research in the formula milk group (pretest) showed that most respondents had frequent diarrhea, namely 10 respondents (55.6%), while in the posttest group (posttest), some respondents had frequent diarrhea, namely 10 respondents (55.6%).

According to researchers, despite its nutritional value, cow's milk is only good for calves, not babies. Therefore, before it can be

used for baby food, the nutritional composition of the formula must be modified to suit infants. Because breast milk is the ideal food for babies, changes to the nutritional composition of cow's milk must be made to approximate the nutritional composition of breast milk.

Furthermore, mothers often make formula that isn't finished in one go, allowing bacteria to grow. Dropped nipples are fed directly to babies without washing. Bottles should also be washed and boiled to prevent bacterial growth.

According to (Huznan Rafid et al., 2022), formula-fed babies are more likely to vomit/spit up, experience gas, hiccups, pass gas, be fussy, and have difficulty sleeping, especially at night. Incorrectly diluting the formula can disrupt a baby's digestive tract, while formula that is too thick can make it difficult for the baby's intestines to digest. The milk is excreted through the anus before it can be digested, resulting in diarrhea.

**Table 3 Results of Wilcoxon Analysis Comparison of Acute Diarrhea Incidence in Infants Given Exclusive Breastfeeding and Formula Milk in Pulo Ara Geudong Teungoh Village, Bireuen Regency**

Acute diarrhea incident	N	Positive Ties Ranks	Negative Ranks	Sig(2-tailed)
exclusive breastfeeding	18	12	5	.000
Formula milk	18	9	7	.002

Based on Table 3, the results of the Wilcoxon signed-rank test analysis show that there are 18 respondents in the exclusive breastfeeding group and 18 respondents in the formula milk group. The results of the Wilcoxon signed-rank test show a significance value of 0.000 and 0.002 is smaller than 0.05, so it is concluded that there is a significant effect, meaning there is

a difference in the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency.

Table 4 The results of the Mann-Whitney analysis of the comparison of the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk in Pulo Ara Geudong Teungoh Village, Bireuen Regency.

Diarrhea incident	Man Whitney	Z	Asymp.Sig. (2-tailed)	Information
Posttest	279.500	-2.896	.004	There is a significant difference

Based on Table 4, the results of the Mann-Whitney test analysis show that the Asymp.Sig. (2-tailed) The value is 0.004, which is smaller than 0.05. Therefore, it can be concluded that the hypothesis is accepted, and there is a difference in the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency.

This research aligns with the results of a study by (Pratiwi et al., 2022), which found that infants who are not exclusively breastfed have a two to three times higher risk of diarrhea than infants who are exclusively breastfed. This finding is further supported by a study by the Indonesian Ministry of Health, which showed that 42% of diarrhea cases in infants are related to unhygienic formula feeding practices.

According to researchers, this is evident from research results showing that babies who are exclusively breastfed mostly never experience diarrhea, while babies who are formula-fed mostly experience diarrhea frequently. This is because breast milk contains immune-boosting substances that can protect babies from various diseases, while formula milk does not. Furthermore,

researchers assume that the lactose contained in formula milk cannot be digested properly by the baby's digestive system, so it can cause allergies that trigger acute diarrhea in babies.

Newborn babies have an immature digestive system. Not just any food can pass through the stomach, duodenum, and large intestine, which are still very vulnerable. The first breast milk produced is clear, called colostrum, and is excellent for conditioning the baby's stomach and perfecting its digestive system. (Ary-HS et al., 2023)

The gastrointestinal system of newborns is relatively immature. A baby's ability to swallow and digest external food sources is limited. Most of these limitations require various digestive enzymes and hormones found throughout the digestive tract, from the mouth to the intestines. Newborns are less able to digest protein and fat than adults. Carbohydrate absorption is relatively efficient, but still less efficient than in adults. (Herman et al., 2021)

A newborn's stomach capacity is less than 30 cc. Initial oral feeding stimulates the intestinal lining to mature by increasing rapid cell turnover and the production of microvilli enzymes, such as amylase, trypsin, and pancreatic lipase. Immature epithelium affects the intestine's ability to protect itself from potentially harmful substances. In humans, the entire digestive tract functions as part of the innate immune system, a defense mechanism (Herman et al., 2021). The newborn's colon is less efficient at retaining fluid than an adult's, making newborns more prone to complications from fluid loss. This condition makes diarrhea more likely to be serious in infants (Bunga Dhiaz Anggraini et al., 2024)

Limitations of this study include door-to-door data collection, which cannot be conducted simultaneously and requires multiple enumerators to assist in

distributing the questionnaires. Data collection was difficult because not all respondents selected by the researcher were willing to participate. The data on acute diarrhea history obtained by the researcher could have been fabricated by respondents because it was a history or incident that had occurred without the researcher directly witnessing it.

#### 4. CONCLUSION

Based on the research that has been done, it can be concluded that the results of the study showed that in the exclusive breastfeeding group (pretest), most of the respondents with diarrhea never occurred, namely 15 respondents, 83.3%, while in the treatment group after (posttest), some respondents had diarrhea, never as many as 17 respondents 94.5%. The results of the formula milk group (pretest) most of the respondents had diarrhea often, namely 10 respondents, 55.6%, while the group after (posttest) some respondents had diarrhea often, namely 10 respondents, 55.6%. The results of the Mann-Whitney test analysis showed that the Asymp.Sig. (2-tailed) The value was 0.004, which was smaller than 0.05. Therefore, it can be concluded that the hypothesis is accepted, and there is a difference in the incidence of acute diarrhea in infants with exclusive breastfeeding and formula milk in Pulo Ara Geudong Teungoh Village, Kota Juang District, Bireuen Regency.

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