Nov. 2016. Vol. 11, No.1 ISSN 2307-2083
International Journal of Research In Medical and Health Sciences

http://www.ijsk.org/ijrmhs.html

# DOMINANT FACTORS INFLUENCING EXCLUSIVE BREAST FEEDING BABY IN NABIRE REGENCY DISTRICT OF NABIRE PAPUA PROVINCE YEAR 2016

[1]RAMLA HAKIM, [2]RANTETAMPANG, [3]SANDJAYA

[1] Lecturer School of Midwive in Poltekes Nabire, Papua,Indonesia.
[2,3] Lecturer of Public Health, Cenderawasih University of Papua,Indonesia.
Email: ramlahakim24@gmail.com

**ABSTRACT**

*Background: Breast feeding milk (ASI) is essential for optimalizing growth and development both physically and mentally to babies. In Indonesia, the target coverage exclusive breastfeeding 6 months is totally 80%. However, this figure is very difficult to achieve even the prevalence of exclusive breastfeeding trends from year to year continues to decline. The scope of exclusive breastfeeding in Papua Province has reached totally 28%, even coverage of exclusive breastfeeding in Nabire district at only totally 24%.Objective of this research : To observe the factors that affected the provision of exclusive breastfeeding in infants or babies in Nabire District 2016.Methods: This research is done by analytic survey research with cross sectional design approach. Sampling doing by using quota sampling. To Collect data gaining by using questionnaires. Analysis of data using descriptive analysis, chi square and multivariate analysis.*

*Results: The majority of breastfeeding mothers (65.1%) in the district of Nabire give exclusive breastfeeding to their babies. The results of this research indicate that exclusive breastfeeding influenzing into their behavior, namely to work cases (p value = 0.023), parity (p value = 0.000), ethnicity (p value = 0.021) and the support of her husband (p value = 0.009). While that does not affect the behavior of exclusive breastfeeding, such as education (p value = 0.928), the support of health workers (p value = 1.000) and the promotion of infant formula (p value = 0.345). In the study to the factors of education, promotion of infant formula and health providers support showing the prevalence ratio no effect on exclusive breastfeeding, although not significant. Factors dominant influence on the behavior of exclusive breastfeeding, ie parity an husband support.*

*Recommendation: that healthcare workers must be more proactive in providing information to the public about the importance of exclusive breastfeeding for the infant not only in the center of the employee's health, but also through various mass media both electronic and print media*
.

***Keywords: Exclusive breastfeeding, Baby, Breastfeeding, factors***.

## 1. INTRODUCTION

### A. Background

Breastfeeding (breast milk) is essential for optimal growths and development both physically and mentally, therefore breastfeeding should receive serious attention by the mothers to infant's nutritional needs can be meet up, especially early in life span.

Mother's Milk (ASI) or breast feeding is the one - the only natural food for babies whose mothers. ASI has the possibility of allergies which is very small compared with other nutrients and therefore milk can be said to be the best and the perfect food for babies because it contains nutrients substances accordance with the needs of growth and development for infants (Siregar, 2004).

ASI is the birth right of a baby and breastfeed the baby is the right of a mother, it is stipulated in the Law on child protection section 1 clause 1 no 12 and chapter 2 of Article 2. Exclusive breastfeeding according to WHO is giving only breast milk to

infants addition to any meal babies aged 6 months unless syirop containing vitamins and minerals. (WHO, 2009).

MOH (2006), mentions the definition of exclusive breastfeeding is giving only breast milk without any additional food and other beverages for infants from birth to 6 months old. Linkages (2002) explains that international guidelines recommend exclusive breastfeeding for the first 6 months based on scientific evidence about the benefits of breastfeeding for infant survival, growth and development. Breast milk provides all the energy and nutrients (nutrients) that an infant needs for the first 6 months of life. In addition, breastfeeding may also reduce the risk of infant mortality. (Nurmiati & Besral, 2008).

According to Singh (2010), duration of breastfeeding in developing countries is high but the practice of exclusive breastfeeding is still not good. In the Philippines and Sri Lanka, the practice of exclusive breastfeeding is only done about four months. While in Indonesia, Pakistan and Thailand, is only done almost 2 months. In Indonesia, the target coverage exclusive breastfeeding 6 months is 80%. However, this figure is very difficult to achieve even the prevalence of exclusive breastfeeding trends from year to year continues to decline.

Data Indonesia Demographic and Health Survey 1997-2007, showed a decrease in the prevalence of exclusive breastfeeding from 40.2% in 1997 to 39.5% and 32% in 2003 and 2007 (CBS, 2007) in Fikawati & Syafiq, (2010) , According to Riskesdas data, (2013), the scope of exclusive breastfeeding at 6 months was 38% in Indonesia. These conditions can be affected by so many factors such as lack of knowledge of mothers on how to optimize the benefits of breastfeeding for health. Brown, et al. (2003) expressed a lack of knowledge about breastfeeding mother became one of the obstacles sustainability of breastfeeding. The decline in exclusive breastfeeding is influenced by various factors, including the knowledge and support health officer also is something that is very influential in the provision of exclusive breastfeeding. Several studies conducted on the effect of officers in breastfeeding showed a significant result, as many as 90% of respondents who received counseling on infant feeding methods, either breast milk or formula and shows the influence of health workers in feeding, especially exclusive breastfeeding for infants. (Chezem, Friensen & Clark, 2001).

In addition, factors of work and there are several other factors that are also very influential on exclusive breastfeeding. Factors ethnic / culture plays an important role in the process of breastfeeding difficulties in various circles of society. Social and cultural elements were able to create a habit of not breastfeeding because they feel outdated if breast-feeding her baby, this is contrary to the principles that exist.

Things that need to be considered in the ethnic and cultural influences, among others attitude towards food, breastfeeding, taboos, superstitions and know that breastfeeding causes consumption to be low (Supariasa, 2001). environmental factors, such as maternal imitate friends who also give formula to their children (Roesli, 2005). Research conducted Swart, kruger and dolman (2010) shows the formula to be one of the factors affecting the provision of exclusive breastfeeding.

Promotion of infant formula means that women have a reason not to provide or combine breastfeeding. (Swart, kruger and dolman (2010). In 2010 coverage 6 months of exclusive breastfeeding in Papua Province has reached 23%, and 28% in 2013, while coverage of exclusive breastfeeding Nabire slightly lower at 24.6% in 2014. and 31.6% in 2015. Despite higher in 2105, but not all of the District in the region has increased the same. it can be seen from the coverage of exclusive breastfeeding Nabire district in 2014 which only reached 26% and 2015 back down to 16%, 6.4% west of Nabire District after District Wanggar with 10% coverage in 2013 (profile DHO Nabire, 2015).

Based on the preliminary survey conducted in 20 mothers breastfeeding in posyandu village Karang Tumritis in order to gain an overview of the provision of exclusive breastfeeding, then known that of 20 women were found only totally 40% of breastfeeding mothers who breastfeed Exclusive while 60% among whom are still breastfeeding but already combined with milk formula.

Based on the above data, it appears that there has been a decline in coverage of exclusive breastfeeding in the district of Nabire. It becomes important for further research on the factors influencing the exclusive breastfeeding in the region. With the phenomenon of the still low prevalence of exclusive breastfeeding by nursing mothers in the district of Nabire, especially District Nabire and the presence of

*predisposing* factors (education, employment, parity, ethnicity, knowledge) and factor *enabeling* (promotion of infant formula) and *the reinforcing* factors (support of health workers and the support of her husband) that can affect exclusive breastfeeding in infants, the researchers want to conduct further research, in this case the researchers are interested in knowing the factors that influence exclusive breastfeeding in infants in Nabire district in 2016.

### B. Formulation of the problem

Based on the description of the background which has been described above, the problems that can be formulated is "How does an overview of factors - factors that affect the provision of exclusive breastfeeding in infants in terms of knowledge, education, employment, parity, ethnicity, promotion of infant formula, support health workers and support her husband in District of Nabire year 2016 ".

### C.Research purposes

1. **General Interest**

To determine the factors that affect the mother in giving breast feeding/ASI Exclusive in Distrik Nabire at Nabire Regency year 2016

2. **Special purpose**

a. Knowing the influence of mother's knowledge by giving exclusive breastfeeding in infants in Nabire district ".

b. Knowing the influence of maternal education with the provision of exclusive breastfeeding in infants in Nabire district ".
c. Knowing the effect of maternal employment with exclusive breastfeeding in the District Nabire ".
d. Knowing the influence of maternal parity with exclusive breastfeeding in infants in Nabire district ".
e. Knowing the influence of tribal Exclusive breastfeeding mothers with babies in Nabire district ".
f. Knowing the effect of promotion of infant formula with exclusive breastfeeding in infants in Nabire district ".
g. Knowing the influence of health workers to support exclusive breastfeeding in infants in Nabire district ".
h. Knowing the influence of her husband with the support of exclusive breastfeeding in infants in Nabire district ".
i. Knowing the dominant factor affecting the provision of exclusive breastfeeding.

### D.Benefits of research

1. For the Community

The results of this study are expected to increase public knowledge about breastfeeding, particularly women, so that mothers want and are willing to give their babies breast milk exclusively and continued until the baby is 2 years old.

2. For Health Workers

Can give you an idea of exclusive breastfeeding for health workers, especially midwives in providing information, knowledge and teach the practice of breastfeeding to mothers, so mothers are motivated to breastfeed the baby.

3. For Government

This research can be used to make advice associated with exclusive breastfeeding in infants in district of Nabire / Nabire Regency in particular and in general as common.

4. For other researchers

As a reference or baseline data to conduct further research related to exclusive breastfeeding

## 2. LITERATURE REVIEW

### A.Exclusive breastfeeding

#### 1.Definition of Exclusive Breastfeeding

Exclusive breastfeeding is the infant only breast-fed for 6 months without additional other liquids, such as milk formula, orange, honey, tea and water, and no extra-dense foods, such as bananas, milk porridge, biscuits, rice porridge and Rice tim, except vitamins, minerals and drugs (Prasetyono, 2009).

Exclusive or more precisely is called exclusive breastfeeding, meaning that babies given only breast milk alone, without the addition of other

liquids, milk, orange, honey, tea, pure water, also without additional solid food, such as banana, papaya, milk porridge, biscuits, rice porridge or steam from birth to 6 months of age (Roesli, 2005).

MOH (2006) states the definition of exclusive breastfeeding is giving only breast milk without any additional food and other beverages for infants from birth to 6 months old. Breast milk is a healthy source of nutrition for infants. Exclusive breastfeeding is defined WHO should feed infants during the first 6 months of the baby's life, and continue to provide care until 2 years (WHO, 2009).

## 2. Breastmilk

The composition of the substances in breast milk, among others, 88.1% water, 3.8% fat, 0.9% protein, 7% lactose and 0.2% other substances such as DHA, DAA, shpynogelin and other nutrients (Prasetyono, 2009) , According Soetjiningsih (1997), breast milk contains nutrients and protective substances necessary for infant growth, nutrients that are present in breast milk consists of fat is the main source of calories in breast milk.

Carbohydrates or lactose has other benefits, which enhances the absorption of calcium and stimulate the growth of Lactobacillus bifidus, carbohydrates as a source of energy substances, in addition to breast milk also contains, protein, salt and minerals and vitamins that are needed by the body during the growth of the baby (Roesli 2005 ).

According Matondang et al (2008), stating that the ASI *immunoglobulin* not absorbed baby but plays strengthen local intestinal immune system. Breastfeeding also increases IgA on respiratory tract mucosa and salivary glands caused infant growth factors and hormones that can stimulate the development of local baby's immune system. It is seen from the lower, bacteremia, meningitis and urinary tract infections in infants who are breastfed compared to infants who were PASI. High enough milk protein content and composition different from the proteins found in cow's milk. Protein in human milk and cow's milk consists of *whey* protein and *casein.* More protein in breast milk is composed of *whey* protein is more easily absorbed by the baby's intestines, 14 whereas cow's milk contains more *casein* protein is more difficult to be digested by the baby's intestines (Hendarto and Pringgadini, 2008)

## 3. Exclusive Breastfeeding Benefits

ASI/ breast feeding is given exclusively to 6 months old baby will ensure the achievement of the development of children's intelligence potential optimally. This is because apart from being ideal nutrition with the right composition, as well as tailored to the needs of the baby (Soetjiningsih, 2012).

Exclusive breastfeeding led to easy tejalin intimate bond of affection between mothers and newborns. This marks the beginning of the advantages of breastfeeding exclusively. For babies there is no gift more precious than breastfeeding. Only a mother can provide the best food for the baby. Besides being able to improve the health and optimal versatility, ASI also has the potential to make children good social development. According Roesli (2005), the benefits of breastfeeding can be explained as follows:

### a. Benefits of Breastfeeding For Baby

Breast milk is the most complete nutrition for infants, which consists of equall proportion and contain enough nutrients needed for the first 6 months. According to WHO (2009), breastfeeding reduces the risk of infection in the perinatal period, acute respiratory infections and diarrhea bottom in infants under 23 months. Breast milk contains antibodies (especially colostrum) which protects infants against disease is primarily diarrhea and respiratory problems, prevent allergies. Breast milk contains enough fluid to the needs of infants in the first 6months (87% of breast milk is water), easily digestible and easily absorbed nutrients. Breast milk contains fatty acids that are necessary for the growth and potential supply brain breastfed babies smarter. ASI can support motor development, personality development, emotional intelligence, spiritual maturity, and good social relations. Breastfeeding will improve the fabric of affection between mother and baby.

### b. Benefits of Breastfeeding for Mother

When mothers breastfeed immediately after birth, it can help increase milk production and lactation, as well as reducing the likelihood of bleeding after childbirth *(postpartum).* In nursing mothers increased levels of oxytocin are useful also

for the contraction or closing of blood vessels, so the bleeding will stop more quickly. Exclusive breastfeeding is also a means of contraception that is safe, inexpensive, and quite successfully. During the mother to breastfeed exclusively and not menstruating, 98% will not get pregnant in the first 6 months after delivery and 96% can not become pregnant until the baby is 12 months old. Breastfeeding helps reduce the workload of mothers because milk is available anytime and anywhere, economic / cost, lower risk of breast cancer, as well as to give satisfaction to the mother

Based on the above, it can be concluded that the benefits of breastfeeding is not only beneficial for the baby, but also for the mother. Mom would be proud and needed affection needed by all humans.

## 4. Classification of ASI

ASI classification according Roesli (2005), divided according to the order to flow ASI, namely:

a. Colostrum

Colostrum is the golden liquid, liquid-rich protective substances and high protein infections. The volume of colostrum between 150-300 ml / 24 hours. Colostrum contains living cells that resemble "white blood cells" that can kill germs. Colostrum contains more protein than mature milk, and contains anti-infective 10-17 times more than mature milk. Levels of carbohydrates and fats lower than mature milk. Total energy lower than mature milk. Colostrum is purgative ideal for cleaning unused substances from the intestines of newborns and prepare the digestive tract of baby food for the food to come.

b. Breast feeding transition

ASI transition/ breast feeding is milk that came out after the colostrum to mature before becoming ASI. At this time, the lower protein content of breast milk, whereas the levels of carbohydrates and fats increasingly rising and the volume will be increased.

c. Breast feeding Mature *(mature)*

Mature milk is milk that was issued at about day 14 onwards, the composition relatively constant. In a healthy woman with enough breast milk production, breast milk is the only food as the best and enough for babies up to age 6 months.

## 5. Factors affecting Exclusive Breastfeeding

There are several factors that influence the use of exclusive breastfeeding is maternal psychological factors, factors of his own baby, environmental factors and factors of breast abnormalities (Roesli, 2005).

a. Maternal psychological factors

Maternal psychological factors can be derived from internal and external factors. Internal factors affecting psychiatric nursing mothers, among others, self-confidence, personality, anxiety, emotional stability, attitudes, and experiences of breastfeeding. Confidence or belief that breastfeeding mothers were given exclusively to babies is not enough that the mother wanted to quickly give formula or porridge made from flour grains to their babies.

Personality mother always suffered distress because they do not have the support of their husbands when breastfeeding exclusively. The level of anxiety since the mother was afraid if only breastfed until the age of 4 months or the remaining 6 months babies can not growing bigger. Emotional stability mothers fear losing its appeal as a woman for breastfeeding will make the breast less good shape thus making the emotional mother increased. The attitude of the mother more interested in the information and encouragement about the promotion of infant formula could reduce interest in breastfeeding. Moreover, the experience of nursing mothers who have children will be different from two mothers who have children in terms of breastfeeding.

Maternal psychological factors are derived from external factors, among others, family relationships and work environment. In family relationships, fathers can play an active role in the success of exclusive breastfeeding by providing emotional support to his wife and giving practical assistance, such as changing diapers . Work environment, where a working mother if the mother does not support exclusive breastfeeding will affect the productivity of the work.

b. Factors of baby alone

Factors of her own baby is a child born premature (preterm) birth weight or very low, sick children and various kinds of diseases lip defects.

c. Environmental factor

Environmental factors that influence the use of exclusive breastfeeding is a factor of socio-cultural changes such as working mothers, imitating friends, neighbors and dignitaries who formula feed, and feel outdated if breastfeeding her baby.

Working mothers or other social bustle, not a reason to stop exclusive breastfeeding, although only three months maternity leave. Working mothers can still exclusively breastfed at how flushed her milk a day before she left. Because breast milk can be storage-stable 24-hour dive in the ice bucket by ice cubes, hold for 6-8 hours in the air freely and in the refrigerator for 48 hours and 3 months - 6 months in freezer. Employee workplace to provide maternal affection is a workplace that allows work for him exclusively breastfeeding for 4 months or up to 6 months, will further support efforts to provide exclusive breastfeeding mothers (Soetjiningsih, 2012).

d. Factors breast abnormalities

Factors such as maternal abnormalities in the breast nipple pain or sore, swollen breasts, clogged milk ducts, mastitis and punting anatomical abnormalities in the breast milk that the mother difficulties in breastfeeding exclusively. Nipple pain / blisters cause is an error in feeding techniques, that the baby is not feeding through to prop breast. When the baby feeds only on the nipple, the baby will be breastfed babies slightly because gum does not press on the lactiferous sinus area while the mother will occurs some pain or nipple. In addition nipples that can be caused by moniliasis blisters on the mouth that rubs off on the mother's nipple. As well as by the use of soap, alcohol, cream, or other irritant substances to clean the breast can cause sore nipples.

Breast swelling occurs because the milk does not drinking thightly, so the rest of the milk collected in the duct system which resulted in swelling. Swelling occurs in the third or fourth day after delivery. Caused by a clogged milk duct milk collected are not immediately excess so that blockages (Soetjiningsih, 2012).

A. **Management Lactation**

1. **Preparation and feeding techniques**

Preparation of breastfeeding during pregnancy is very important, because with better preparation the mother is ready to breastfeed. Because pregnant women should be included in the class "Preparation Guidance Suckling baby" (BPM). Services on BPM consists of:

a. Counseling about: the advantages of breastfeeding and bottle feeding losses, the benefits of rooming, infant care, nutrition of pregnant and lactating mothers and family planning.
b. Psychological support to women for childbirth and confidence in the success of breastfeeding.
c. Services consisting of the examination of the breast, nipple care and pregnancy exercise.

**2.The psychological preparation**

a. Encourage every mother to believe and are confident that he can succeed in breastfeeding their babies.
b. Convince the mother will gain the milk and milk losses bottle / formula.
c. Solve problems that arise in women who had a previous breastfeeding experience.
d. Involving husbands or other family members play a role in the family.
e. Every time the mother was given the opportunity to ask and doctors / health care personnel should be able to show concern and willingness to help the mother.

3. **Breast examination**

a. Breast infections
    1. Breast size and shape
    2. Breast Kalang: kountur / surface
    3. The nipple: size and shape, surface and color
    4. Skin color: reddish color when there are signs of inflammation, skin disease or malignancy. The nipple: size and shape, surface and color.

b. Breast palpation

1. Consistency. consistency of the breast from time to time vary because of hormonal influences. Period. Every period must be clearly delineated, the location and characteristics of a period must be evaluated.
2. Nipple. Examination of the nipple is important in preparing for breastfeeding mothers.

4. **Milk Putting examination**

To support successful breastfeeding during pregnancy the mother's nipple should be checked first of elasticity by:

a. Before examined first check nipple shape
b. Pinch prop breast on the side nipple with his thumb and forefinger.
c. Slowly the nipple and breast retractable prop, to form a "dot". When the nipple:
d. Easily drawn, it means bending;
e. Interested in the least, it means bending
f. Entered into, means nipple set.

5. **Breastfeeding techniques**

A mother with her first baby may experience various problems, just because they do not know the ways is actually very simple, like cases how to put the baby on the breast when breast-feeding, the baby's sucking lead to breast pain

6. **Breastfeeding positions**
   a. sitting position
   b. standing or lying down
   c. specialized positions such as nursing twins.
   d. Facedown on the mother's chest.

**Figured 2.1 : Position breastfeeding**

**breastfeeding**

a. understanding behavior

Human behavior is essentially an human factor activity itself and has a vast expanse includes walk, talk, react and so on. Even internal activities such as thought, perception and emotions are also human behavior (Henry and Goddess, 2010).

According Notoatmodjo 2003, response or behavior is a person's reaction to a stimulus (stimuli from the outside). Behavior can also be interpreted as an act or acts that can be observed and studied. Factors that influence the formation of behavior according Notoatmodjo (2003) can be divided into two: internal and external factors: Internal factors include knowledge, intelligence, perception, emotion, motivation, and so forth that serves to process stimuli from the outside. The external factors surrounding environment both physical and non-physical such as climate, human, social, economic, cultural and so on.

The general concept used to diagnose adalahkonsep behavior of Lawrence Green (1980) as described by Notoatmodjo (2003) that behavior is influenced by three main factors: (1) predisposition factors *(predisposing factors).* These factors include: knowledge and attitudes towards health, tradition and public confidence in the matters relating to the health system of shared values of society, education level, socioeconomic level and so on, (2) Supporting Factor *(Enabling factors)* These factors include the availability of infrastructure or health care facilities for the community, (3) factors amplifier *(reinforcing factors),* these factors include the factors of attitude and behavior of public figures (toma), religious leaders (toga), and the behavior of the officers, including officers health, husband, in its support for a nursing mother to breast feed exclusively.

From experience and research proved that behavior based on knowledge will be more lasting than the behavior that is not based pengetahuan.Penelitian Rogers (1974), in Notoatmodjo (2003) revealed that before people adopt new behaviors, in that person happens sequential process, that is:

*1.Awareness* (consciousness) that the person is aware of in the sense of knowing stimulus (object) in advance.

*2.Interest,* however, people are attracted to the stimulus.

Nov. 2016. Vol. 11, No.1 ISSN 2307-2083
International Journal of Research In Medical and Health Sciences

http://www.ijsk.org/ijrmhs.html

*3.Evaluation* (weigh the good and the absence of the stimulus for him), it means that the attitude of the respondents have been better.

*4.Trial,* people have begun to try new behaviors

*5.Adoption,* a new subject has behaved in accordance with the knowledge, awareness and attitudes toward the stimulus.

Nevertheless, changes in behavior do not always go through stages over if acceptance or adoption of new behaviors such behavior is based on the knowledge, awareness and attitudes. These behavioral factors also can affect the success of breastfeeding mothers in giving breast feeding exclusive.

b. Definition of healthy behavior giving exclusive breastfeeding

Breastfeeding behavior is a form of action that a mother in breast-feeding infants. Forms of behavior breastfeeding by Hurlock (2004), the behavior is divided into two, namely the observed behavior *(overt behavior)* is about how breastfeeding is true, the behavior is not visible *(covert behavior)* Belonging is the mother felt to have her baby so that the reflected mother always wanted protect the baby, *Accepted's* mother received the genders of children born to mothers proved very loved and indulge his love's mom and always Love which means the baby is reflected with anxiety and confusion when a mother feels there is something of a problem in the baby.

**A. Theoretical framework**

This theoretical framework is a model *preced* e of Green (2005) in which sound is affected by three main factors, namely behavioral, genetic and environmental. Behavior can be influenced by 3 factors, predisposing factors, enabling factors and reinforcing factors.

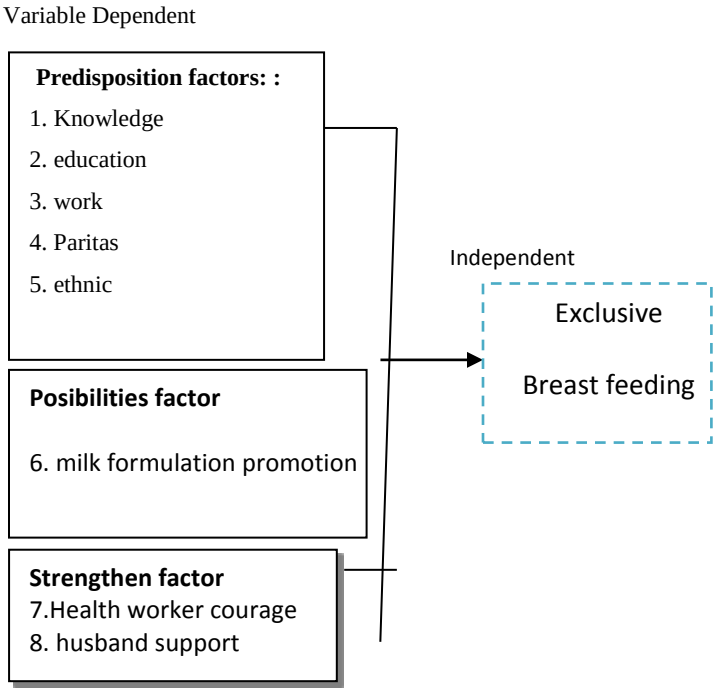


**Figure 2.2 Framework Theory**

**3.RESEARCH METHODS**

A. **Types of Research**

Types of research is analytic survey research that aims to determine the factors that affect giving breast feeding Exclusive in infants in year 2016 at District Nabire is using *cross sectional* design (Notoatmodjo, 2010).

B. **Place and Time Research**

The study was conducted in 3 posyandu in three villages in the working area of Nabire Regency district of Nabire. The study was conducted in September into Oktober2016.

C. **Research subject**

That is the subject of this research is the mother bayi6-12 months give breast feeding have ever been to Posyandu in Siriwini Village, Village Coral Tumaritis and Village Earth Wonorejo. This study uses a total sampling, where the number of mothers giving breast

feeding gaining as the sample are those with inclusion criteria.

The inclusion criteria used in the study include:

1. Mothers with babies aged 6 -12 months
2. Based in Nabire District
3. Being able to communicate in Indonesian.
4. Willing to become respondents

D. **Population**

The population in this study were all nursing mothers in the working area of Nabire Regency Nabire district. Based on inclusion criteria above, the result that the data yangtersedia three village in the district of Nabire many as 331 nursing mothers, so there are 86 nursing mothers that fulfilled above criteria to the subject of this research.

E. **Samples**

Samples are some of the nursing mothers who have babies 6-12 Months in the village Kalibobo, Coral Tumaritis and Village Earth Wonorejo. So there are 86 nursing mothers that fulfilled above criteria to the subject of research.

F. **Implementation Research**

Data used in the study are primary data. Primary data in this study is data taken directly from the respondents to a questionnaire which has been designed by researchers in accordance with the needs of research. Researchers collecting data by distributing questionnaires and interviews on the mother menyusuibayi 6-12 months in the territory of the district of Nabire, questionnaire contains question and naration about exclusive breastfeeding and exclusive breastfeeding. Respondents were asked to provide an answer to one of the appropriate answers to the respondent state.

Steps in the collection of data used are:

1. Determining the subject of research that mothers have babies 6-12 menyusuiyang bulandikelurahan Nabire district work areas that match the criteria.
2. Provide an explanation of the research and do persetujuandengan give *informed consent* are willing to become respondents affidavit.
3. Conducting interviews with respondents to the questionnaires.
4. Provide guidance and provide an explanation if there is a sentence that question is unclear by respondents

G. **Processing and Data Analysis**

1. **Start processing Data**

After the questionnaire respondents collected of data processed using several computers through the following steps: (1) *Editing*, wherein the step is conducted checks / repairs completed questionnaires to determine if all the questions have been filled and clearly legible. (2) *Coding*, coding is done by changing the form of the sentence into numbers or numbers. (3) *Entry*, then the data that has been processed using dicoding *softwear* computer. (4) *Cleaning*, after all the data entered needs to be checked again to see the possibility of coding errors and then made corrections or improvements to the data to ensure that no data is mising (Notoadmodjo, 2010).

**Data analysis**

After the data collected, further analysis of the data. Data analysis was performed by using univariate analysis, bivariate and multivariate analyzes. Univariate analysis used to explain or describe the characteristics of each variable research, including using the frequency distribution. Analisis bivariate conducted on two variables were related. While the multivariate analysis used to determine the independent variables which are more closely influence / relationship with the dependent variable. (Notoadmodjo, 2010).

In this case, the analysis univarite used to describe variable such as knowledge, age, education, occupation, parity, ethnicity, support health workers, support her husband and exclusive breastfeeding, while bivariate analysis was used to test the influence of variables indepenen with exclusive breastfeeding and multivariate used to knowing where the independent variables that most influence on exclusive breastfeeding.

a.Univariate analysis

Univariate analysis is used to look at the frequency distribution of respondents and to describe the dependent and independent variables are presented in tabular form.

b.analysis Bivariat

Univariate Unalsis aims to analyze the influence anatara Dependent and independent variables using *cross-sectional* prevalence ratio formula as follows.

**Table 3.2. *Cross Sectional* Data Analysis Research**

| Risk factors | Effect | | amount |
|---|---|---|---|
| | + | - | |
| + | a | b | a + b |
| - | c | d | c + d |
| amount | a + c | b + d | a + b + c + d |

Source: Hasmi, 2012

If the value of p> α (0.05), the research hypothesis Ho is accepted, that there is no influence between independent and dependent variables and if the p-value α (0.05), the research hypothesis Ho is rejected, that there is influence between independent variables and dependent

The size of the power of association used was the prevalence ratio (PR). Prevalent in the exposed group: a / (a + b)

Prevalent in the group not exposed to: c / (c + d)

Calculation of prevalence ratio (RP): $\frac{a/(a+b)}{c/(c+d)}$

Interpretation of ratio prevalence (RP) (Sastroasmoro, 2010):

a. If the value of RP = 1 means that the variable is suspected as a risk factor that there is no impact on the occurrence of an effect, or in other words not as a risk factor for the effect (disease / health problems).
b. If the value of RP> 1 = means that the variable is a risk factor for the effect (disease / health problems)
c. If the value of RP <1 means that the variable reduces the occurrence of an effect or a protective factor for the occurrence of the effect (disease / health problems).

RP provisions are:

a.Or confidence intervals *Confidence Interval (CI)* of 95%

b.Values of significance to see the risk factors with the cases found by the boundaries limit as follows:

Lower limit value (lower limit) = RP ( $\varepsilon -^{f}$ )

Upper limit value (Upper limit) = RP ($\varepsilon^{f}$ )

Using the chi square test with the conclusion:

If the value of p> α (0.05), the research hypothesis Ho is accepted

If the p-value α(0.05), the research hypothesis Ho is rejected.

c.Multivariate analysis

A multivariate analysis was conducted to see the relationship and the relationship of independent variables together on the dependent variable. Logistic regression analysis can be done with the kind of cross-sectional studies (Riyanto, 2009). The analysis used is multiple linear regression analysis logistics. The purpose of this analysis is to determine the independent variables which are greater influence on the dependent variable. It is also to determine whether the independent variables associated with the dependent variable is influenced by other variables that are considered as a confounder or an interaction between variables-variables through bivariate test had p <0.25 and has a biological significance, should be considered for inclusion in the multivariate model. Further variables that are considered the dominant influence when the obtained p <0.05.

## H. Research limitations

This research effort has been made and implemented in accordance with scientific procedures, however, still has its limitations, namely:

1. This study used *cross sectional* design, where the data obtained with just one measurement, so can not describe the totality of the factors associated with exclusive breastfeeding.

2. The results of this study depends on the honesty of respondents in answering each question, due to only use the data collection questionnaire.

**I.Research ethics**

Researchers in implementing all research activities must uphold the scientific attitude *(scientific attitude)* and using the principles of research ethics. Ethics research has a wide range of principle, but there are four main principles that need to be understood by researchers, namely: respect for human dignity *(respect for human dignity)*, respecting the privacy and confidentiality of research subjects *(respect for privacy and confidentiality)*, justice and inclusivity ( *respect for justice andinclusiveness)*, and taking into account the benefits and losses incurred *(balancing harms and benefits)* (Notoatmodjo, 2010).

The first principle, researchers need to consider the rights of subjects to obtain transparent information related to the course of study and have the freedom to make choices and be free from coercion to participate in research activities *(autonomy).*

Some of the actions associated with the principle of respect for human dignity, are: researcher prepare a consent form subjects *(informed consent)* consisting of: (1) explanation of the benefits of research; (2) explanation of possible risks and inconveniences that may occur; (3) an explanation of benefits to be obtained; (4) approval of the researcher can answer any questions related to the subject of research procedures; (5) the subject may withdraw consent at any time; and (6) a guarantee anonymity and confidentiality.

The second principle, every human being has basic rights of individuals, including privacy and individual freedom. Basically, the study will provide information as a result of the opening of the individual including information of a personal nature. Meanwhile, not everyone wants the information known by others, so that researchers need to consider basic rights individual.

In its application, the researcher may not display information on the identity of either the name or address of the origin of the subjects in the questionnaire and any measuring instrument to maintain anonymity and confidentiality of the identity of the subject. Researchers can use the coding *(initials* or *identificationnumber)* instead of the identity of respondents. The third principle, the principle of fairness has a connotation of openness and fair.

To meet the principles of openness, research conducted honestly, carefully, professional, humane, and careful attention to accuracy, precision, accuracy, intimacy, psychological and religious sensibilities of research subjects. Environmental research is conditioned to comply with the principles of openness, namely clarity of the research procedures.

The fourth principle, researchers conducted the study in accordance with prosedurpenelitian in order to obtain useful results as closely as possible to the subject of research and can be generalized at the population level. Researchers minimize the adverse impact on the subject. If the study intervention could potentially cause injury or additional stress, the subjects were excluded from the research activity to prevent injury, illness, stress, or the death of the subject of research.

**4. RESULTS AND DISCUSSION**

A. **Research result**

1. **Overview District/ Investigated**

This research was conducted in Nabire district, which is in 3 Integrated health centre (IHC) in three villages in the region Nabire district, namely Siriwini Village, Village Coral Tumaritis, and Village Earth Wonorejo. The study was conducted on 15 September 2016 to the date of October 15, 2016. Nabire District is one district that exist in Nabire district. Nabire district boundaries north bordering Yapen and Warope district, bordering with Wondama Bay and Kaimana regency in the east by Paniai and Waropen, south Regency Dogiai and Kaimana.

Nabire district consists of 9 villages and 4 villages with an area of 127.0 km $^{2.}$ The population in 2013 is in Nabire district as many as 82 437 people, with distribution by sex, male and female life 44 394 043. 38. Goal baby in Nabire district area in 2013 amounted to 1 342 people. Existing health advice among other things Having Nabire District totally 9

IHC Health Center with 10, 6 and totally 5 in Polindes Pustu.

2. **Overview Research Subjects**

This research was conducted in September 2016. The distribution of the field work research is observation and questionnaires conducted in September 2016, while the analysis of the research and writing of the report was held in October 2016. In the future, are described in detail and systematically on the analysis of *univariate, bivariate,* and *multivariate* of 9 (nine) variables studied, the knowledge of the mother, the mother's education, mother's occupation, parity mother, tribal mother, the support of health workers, husband support, promotion of infant formula, and the behavior of exclusive breastfeeding in infants by breastfeeding mothers in the District Nabire.

In this study, data collection procedures using questionnaires filled out by respondents. Questionnaires were distributed to nursing mothers with babies 6-12 months and never been to Posyandu in Siriwini Village, Village Coral Tumaritis and Village Earth Wonorejo as respondents in this study. Questionnaire distributed to each mother directly by researchers alternately on Siriwini posyandu in the Village, Village Coral Tumaritis and Village Earth Wonorejo. Duration of questionnaires to collect back is for approximately 30 days.

Number of questionnaires distributed depends on the number of samples in this study. Questionnaires were distributed were 120 packages. Deployment questionnaire was conducted on 15 September 2016 to the date of 15 September 2016 in IHC located in the Village Siriwini, Village Coral Tumaritis and Village Earth Wonorejo. Until the deadline for the collection of data, of the 120 questionnaires distributed, there were 86 questionnaires were returned. This is because there are some of the respondents are not willing to fill out the questionnaire on the grounds busy and do not have the ability to read and write. Respondents further investigated and corrected by the investigators through the *editing* process. A total of 86 questionnaires, all can be included in data processing for all the questionnaires filled out completely by each respondent.

3. ***Univariate* analysis**

*Univariate* analysis is used to view the frequency distribution of respondents and to describe the dependent and independent variables are presented in tabular form. Analysis of *univariate* in this study consisted of respondent characteristics (age, education, occupation, and parity), factor *predisposis* (knowledge, education, employment, parity, and ethnicity / culture), factor *enabeling* (promotion of infant formula), factor *reinforsing* (support officers health and support of her husband), and the dependent variable or the dependent variable such as: giving exclusive breastfeeding.

a. **Characteristics of Respondents**

Before the research data presented each of the variables examined in this study, first briefly describe the characteristics of respondents. Characteristics of respondents is comprised of components that are poured into the early part of the questionnaire, namely age, education, occupation, and parity. Here is a table of the characteristics of the respondent:

**Table 4.1. Characteristics of nursing mothers in Work area District of Nabire Year 2016 (n = 86)**

| Characteristics | Frequency | Percentage (%) |
|---|---|---|
| **Age** | | |
| <30 years | 45 | 52.3 |
| > 30 years | 41 | 47.7 |
| **Education** | | |
| Low | 22 | 25.6 |
| High | 64 | 74.4 |
| **Work** | | |
| Does not work | 50 | 58.1 |
| Work | 36 | 41.9 |
| **parity** | | |
| primiparas | 29 | 33.7 |
| multiparas | 57 | 66.3 |

*Source: Primary Data*

The above table shows that the distribution of mothers by the age of 86 of the most respondents are aged less than 30 years (52.3%). The number of mothers by education level of higher education (74.4%) and. The majority of the 86 mothers are not work (58%) and the majority of respondents as multiparas parity (66.3%).

b. **Factor *Predisposition*.**

*Predisposing* factors in this research is knowledge, education, employment, parity and ethnicity. Distribution of mothers in Nabiremenurut District area of knowledge, education, employment, parity, and parts can be seen in the following table:

**Table 4.2. Capital Distribution According to Factor Predisposis (Science, Education, Employment, Parity and Interest) in Distrik of Nabire year 2016 (n = 86)**

| characteristics | Frequency | Percentage (%) |
|---|---|---|
| **Knowledge** | | |
| Less | 52 | 60.5 |
| Good | 34 | 39.5 |
| **Education** | | |
| Low | 22 | 25.6 |
| High | 64 | 74.4 |
| **Work** | | |
| Does not work | 50 | 58.1 |
| Work | 36 | 41.9 |
| **parity** | | |
| primiparas | 29 | 33.7 |
| multiparas | 57 | 66.3 |
| **tribe** | | |
| Papuan | 63 | 73.3 |
| Non Papua | 23 | 26.7 |

*Source: Primary Data*

The table above shows that the majority of women have less knowledge (60.5%). Distribution of mothers according to the education of high is education totally 86 respondents (74.4%), did not work (58.1%) and the majority of respondents reach big multiparas parity (66.3%) and from the tribe of Papua (73.3%).

c. **Factors *enabling***

*Enabeling* factor in this study is the promotion of infant formulation. Distribution of mothers in Nabire District area by promotion of infant formula can be seen in the following table:

**Table 4.3. Capital Distribution According to Factor *enabeling* (Promotion of Infant Formula) in Distrik of Nabire year 2016 (n = 86)**

| Promotion of infant formula | Frequency | Percentage (%) |
|---|---|---|
| Interested | 50 | 58.1 |
| Not interested | 36 | 41.9 |

*Source: Primary Data*

The above table shows that most mothers who have ever received information attracted by formula (58.1%).

d. **Factors *Reinforcing***

*Reinforcing* factors in this study is the support of health workers and support her husband. Distribution of mothers in Nabire District area by the support of health workers and the husband support can be seen in the following table:

**Table 4.4. Capital Distribution According to Factor *Reinforsing* (Support Officer Health and Support Husband) in District Nabire Year 2016 (n = 86)**

| Variable | Frequency | Percentage (%) |
|---|---|---|
| **Support health care workers** | | |
| Never | 81 | 5.8 |
| Ever | 5 | 94.2 |
| **Support husband** | | |
| Does not support | 51 | 59.3 |
| Support | 35 | 40.7 |

*Source: Primary Data*

Based on Table 4.4.di above, it can be seen that most mother has received support from health professionals regarding exclusive breast feeding (94.2%). Most husbands do not support the exclusive breast feeding (59.3%).

**e. Dependent variables**

The variables of this research dependent is giving exclusive breast feeding. Distribution of mothers in Nabire District area according to Exclusive breastfeeding can be seen in the following table:

Nov. 2016. Vol. 11, No.1 ISSN 2307-2083
International Journal of Research In Medical and Health Sciences

http://www.ijsk.org/ijrmhs.html

**Table 4.5. Distribution of Breastfeeding Mothers According Ekclusive in Distrik Nabire year 2016 (n = 86)**

| Exclusive breastfeeding | Frequency | Percentae (%) |
|---|---|---|
| Exclusive breastfeeding photo | 30 | 34.9 |
| Exclusive breastfeeding | 56 | 65,1 |

*Source: Primary Data*

Tabel4.5 Based on the above, it can be seen that most nursing mothers in Nabire district exclusively breastfed. This is evident from the 86 mothers who were respondents of this study, approximately (65.1%) giving exclusive breast milk. Mothers who do not give breastfeed Exclusive totally (34.9%).

4. ***Bivariate* analysis**

To determine whether there is a relationship of independent variables (factors *predisposes*, *enabling* factors, and factors *reinforsing)* with the dependent variable (exclusive breastfeeding) used statistical analysis *chi-square* test.

a. Factor *P redisposition*

Distribution of *predisposing* factors (knowledge, education, employment, parity and spare) according to the behavior of exclusive breastfeeding in infants by mothers in Nabire District area can be seen in the following table:

**Table 4.6. Distribution of Knowledge According to Conduct Exclusive breastfeeding in the baby by the mother in Nabire district area (n = 86)**

| Knowledge | Exclusive breastfeeding: Not exclusive breastfeeding n | % | Exclusive breastfeeding n | % | Total n | % | *p-value* | *RP* | *CI 95%* *Lower* | *Upper* |
|---|---|---|---|---|---|---|---|---|---|---|
| Less | 23 | 44.2 | 29 | 55.8 | 52 | 100 | | | | |
| Good | 7 | 20.6 | 27 | 79.4 | 34 | 100 | 0,044 | 2,148 | 1,038 | 4.446 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

The table above shows the results of the analysis that the mother menyusuiyang less knowledgeable as many as 23 people (44.2%) is higher than exclusive breastfeeding mothers good knowledge of 7 people (20.6%) not giving breastfeeding eksklusif.According to statistical test results obtained *p Value*-= 0.044 <0.05, so otherwise there is the influence of knowledge with exclusive breastfeeding in infants in Nabire district. The results of the RP = 2,148; CI95% = 1.038 - 4.446 assumed that mothers who have less knowledge likely not exclusively breastfed 2,148 times greater than those who are knowledgeable good.

**Table 4.7. According to the Education Distribution Exclusive Breastfeeding Behavior in Infants by Capital Territory Nabire District (n = 86)**

| Education | Exclusive breastfeeding: Not exclusive breastfeeding n | % | Exclusive breastfeeding n | % | Total n | % | *p-value* | *RP* | *CI 95%* *Lower* | *Upper* |
|---|---|---|---|---|---|---|---|---|---|---|
| Low | 7 | 31.8 | 15 | 68.2 | 22 | 100 | | | | |
| High | 23 | 35.9 | 41 | 64.2 | 64 | 100 | 0, 928 | 0, 885 | 0, 442 | 1, 772 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

Table 4.7 shows the results of analysis that mothers with low education are not exclusively breastfed were 7 people (31.8%) was lower than those who are well educated as many as 23 people (35.9%) did not breastfeed eksklusive. Result of statistical test was obtained *p- value* = 0.0928> 0.05, so otherwise no education influences with exclusive breastfeeding in infants in Nabire district. The results of the RP = 0,885; CI95% = 0.442-1,772 not includes the value 1, so that education is not a risk factor for exclusive breastfeeding.

**Table 4.8. According to the Public Distribution Exclusive Breastfeeding Behavior in Infants by Capital Territory district of Nabire (n = 86)**

| Work | Exclusive breastfeeding: Not exclusive breastfeeding n | % | Exclusive breastfeeding n | % | Total n | % | *P-value* | *RP* | *CI 95%* *Lower* | *Upper* |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not work | 12 | 24 | 38 | 76 | 50 | 100 | | | | |
| Work | 18 | 50 | 18 | 50 | 36 | 100 | 0, 023 | 0, 480 | 0, 266 | 0, 867 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

Table 4.8 shows the results of analysis that mothers who did not give exclusive breastfeeding as many as 12 people (24%) lower compare with mother who worked as many as 18 people (50%). Statistical test results obtained *p-value* = 0.023 <0.05, so otherwise there is the influence of the work with

exclusive breastfeeding in infants in Nabire district. The results of the RP = 0.480; CI95% = 0.442 -1.772 does not include the value of 1, meaning that although there is a relationship between work and the provision of exclusive breastfeeding, but it can be said there is no difference in exclusive breastfeeding among working mothers with no work.

**Table 4.9. Parity Distribution Exclusive Breastfeeding According Behavior in Infants by Capital Territory Nabire District (n = 86)**

| parity | Exclusive breastfeeding: Not exclusive breastfeeding n | % | Exclusive breastfeeding n | % | Total n | % | *p-value* | *RP* | *CI 95%* Lower | Upper |
|---|---|---|---|---|---|---|---|---|---|---|
| primiparas | 18 | 62.1 | 11 | 37.9 | 29 | 100 | | | | |
| multiparas | 12 | 21.1 | 45 | 78.9 | 57 | 100 | 0, 000 | .948 | , 655 | , 523 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

Table 4.9 shows the results of analysis that mother that would not give exclusive breastfeeding in mothers with parity primiparity many as 18 people (62.1%) higher than women with parity multiparas many as 12 people (21.1%). Statistical test results obtained *p-value* = 0.000 <0.05, so otherwise there is the influence of parity with exclusive breastfeeding in infants in Nabire district. The results of the RP = 2.948; CI95% = 1.655 - 5,523yang assumed that mothers with parity primiparity likely not give exclusive breastfeeding to their babies 2.948 times greater than women with parity multiparous.

**Table 4.10. Distribution Rate According Exclusive Breastfeeding Behavior in Infants by Capital Territory Nabire District (n = 86)**

| tribe | Exclusive breastfeeding: Not exclusive breastfeeding n | % | Exclusive breastfeeding n | % | Total n | % | *p-value* | *RP* | *CI 95%* Lower | Upper |
|---|---|---|---|---|---|---|---|---|---|---|
| Papuan | 27 | 42.9 | 36 | 57.1 | 63 | 100 | | | | |
| Non Papua | 3 | 13 | 20 | 87 | 23 | 100 | 0, 021 | 3 , :86 | 1 , 1019 | , 803 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

Table 4.10 shows the results of analysis that mothers who did not breastfeed exclusively on parts of Papua as many as 27 people (42.9%) is higher than the rate Non Papua as many as 3 people (13%). Statistical test results obtained *p-value* = 0.021 <0.05, so otherwise there is the influence of tribes with exclusive breastfeeding in infants in Nabire district. The results of the RP = 3,268; CI95% = 1.101 â € "9.803 assumed that mothers with Papua tribe likely not provide exclusive breastfeeding to baby 3,286 times greater than women with non-Papuan tribes.

### b. Factor *Enabling*

Distribution factor *enabling* (promotion of infant formula) according to the behavior of exclusive breastfeeding in infants by mothers in the District Nabire can be seen in the table below:

**Table 4.11. Distribution Promotion Formula According to Conduct Exclusive breastfeeding in the baby by the mother in Nabire district area (n = 86)**

| Promotion of Infant Formula | Exclusive breastfeeding: Not exclusive breastfeeding n | % | Exclusive breastfeeding n | % | Total n | % | *p-valu*e | *RP* | *CI 95%* owe r | Ippe r |
|---|---|---|---|---|---|---|---|---|---|---|
| Interested | 20 | 40 | 30 | 60 | 50 | 100 | | | | |
| Not interested | 10 | 27.8 | 26 | 72.2 | 36 | 100 | 0, 345 | l , 40 | 0 , 770 | 2 , 695 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

Table 4.11 shows the results of the analysis that mother very interested in the promotion of infant formula does not give exclusive breastfeeding as many as 20 people (40%) was higher than those who are not interested in exclusive breastfeeding as many as 10 people (27.8%). Statistical test results obtained *p-value* = 0.345> 0.05, so otherwise there is no effect of promotion of infant formula with exclusive breastfeeding in infants in Nabire district. The results of the RP = 1,440; CI95% = 0.7 that assumed that mothers are interested in the promotion of infant formula is not likely to give their babies exclusively breastfeeding as much as 1,440 times greater than those who do not like with the promotion of infant formula.

### c. Factors *Reinforcing*

Distribution factor *reinforcing* (support health workers and support the husband) by the behavior of exclusive breastfeeding in infants by mothers breast feedingin District of nabire work area can be seen in the following table:

Nov. 2016. Vol. 11, No.1 ISSN 2307-2083
International Journal of Research In Medical and Health Sciences

http://www.ijsk.org/ijrmhs.html

**Table 4.12. Distribution Support Behavioral Health Officer According Exclusive breastfeeding in the baby by the mother in Nabire district area (n = 86)**

| Support Health Officer | Exclusive breastfeeding | | | | Total | | p-value | RP | CI 95% | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Not exclusive breastfeeding | | Exclusive breastfeeding | | | | | | | |
| | n | % | n | % | n | % | | | Lower | Upper |
| Never | 2 | 40 | 3 | 60 | 5 | 100 | | | | |
| Ever | 28 | 34.6 | 53 | 65.4 | 81 | 100 | 1,000 | , 157) | , 3803 | , 527 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

Table 4.12 shows the results of analysis that mother not giving exclusive breastfeeding who never get the support of health workers as much as 2 people (40%) than women who have received support from health officials as many as 28 people (34.6%). Statistical test results obtained *p-value* = 0.345> 0.05, so otherwise no effect health support officer with exclusive breastfeeding in infants in Nabire district. The results of the RP = 1,157; CI95% = 0.380 -3.527 assumed that mothers never get the support of health workers is not likely to give exclusive breastfeeding to baby 1,157 times greater than a mother who never have courage of health workers.

**Table 4.13. Distribution Support Husband According Conduct Exclusive breastfeeding in the baby by the mother in Nabire district area (n = 86)**

| Support husband | Exclusive breastfeeding | | | | Total | | p-value | RP | CI 95% | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Not exclusive breastfeeding | | Exclusive breastfeeding | | | | | | | |
| | n | % | n | % | n | % | | | Lower | Upper |
| Does not support | 24 | 47.1 | 27 | 52.9 | 51 | 100 | | | | |
| Support | 6 | 17.1 | 29 | 82.9 | 35 | 100 | 0 , 009 | , 745 | 1 , 253 | 6 , 015 |
| amount | 30 | 34.9 | 56 | 65,1 | 86 | 100 | | | | |

*Source: Primary Data*

Table 4.13 shows the results of analysis that a husband that does not support exclusive breast feeding as many as 24 people (47.1%) was higher than those who had the support of her husband as much as six (17.1%) breastfed eksklusif.Result of statistical test was obtained *p- value* = 0.009 <0.05, so otherwise there is the influence of husbands' support with exclusive breastfeeding in infants in Nabire district. The results of the RP = 2,745; CI95% = 1,253- 6,015 is assumed that mothers who do not get the support of a husband likely do not provide exclusive breastfeeding to baby 2,745 times greater than those who have the support of her husband.

5. **Analysis *Multivariate***

Analysis of *multivariate* used to determine the factors that most influence on the behavior of exclusive breastfeeding in infants by mothers in Nabire district area. To determine the factors that most influence the behavior of exclusive breastfeeding in infants by mothers in Nabire District area, then analyzes *multivariate* by logistic regression. Multivariate analysis can be seen in the following table:

**Table 4.14.Analisis *Multivariate***

| | *p-value* | *OR* | CI 95% | |
|---|---|---|---|---|
| | | | *Lower* | *Upper* |
| Knowledge | 0.028 | 3.059 | 1,131 | 8.276 |
| Education | 0.727 | .832 | 0,296 | 2.335 |
| Work | 0,014 | 0,316 | 0.126 | .793 |
| parity | 0,000 | 6,136 | 2,294 | 16.415 |
| tribe | 0.016 | 5,000 | 1,346 | 18.569 |
| Promotion of Infant Formula | 0,243 | 1.733 | .689 | 4.363 |
| Support case health officer | 0.061 | 1,262 | 0,199 | 8,000 |
| Support husband | 0,006 | 4.296 | 1,523 | 12.117 |

*Source: Primary Data*

Table 4:14 above variables knowledge, employment, parity, ethnicity, promotion of infant formula, support health workers and support her husband in the category value *p-value* <0.25, so get into the multivariate model. Mutltivariat analysis results obtained *p-value* <0.05 was parity and husband support as shown in Table 4. 14 below.

**Table 4:15. Variable Multiple Logistic Regression Analysis**

| No. | variable | B | *p-value* | OR | 95% CI for Exp (B) | |
|---|---|---|---|---|---|---|
| | | | | | *Lower* | *Upper* |
| 1 | parity | 2,303 | 0,002 | 10.003 | 2,268 | 44.109 |
| 2 | Support husband | 2.412 | 0,003 | 11.157 | 2,260 | 55.076 |
| | Constant | -10, 191 | 0, 015 | 0, 000 | | |

*Source: Data Primer, 2016*

4:15 table above, the parity and the support of her husband has a dominant influence on exclusive breastfeeding.

B. **Discussion**

1. **Influence of Knowledge Capital with Behaviour Giving Exclusive breastfeeding**

The study found that respondents who are knowledgeable about many do not provide exclusive breastfeeding to their babies (44.2%) mothers dibadingkan good knowledge (20.6%). After testing *the chi-square* with significance level of 5% (0.05) was obtained that *p value* = 0.004 which means *p value* <0.05, then there is the influence of mother's knowledge with exclusive breastfeeding in infants by breastfeeding mothers in the Nabire district. This condition means that the concept of the mother understand the meaning and intent of the program exclusive breastfeeding. With a good level of knowledge about exclusive breastfeeding, a mother prone to giving exclusive breast feeding her baby.

A good knowledge of this cause the mother to have its own views and different to exclusive breastfeeding.

The results of this study are supported by research conducted by Widiyanto, et al. (2012) which shows that there is a significant relationship between mother's knowledge about exclusive breastfeeding attitudes toward exclusive breastfeeding. Another study conducted by Arintasari (2016) who found that knowledge with exclusive breastfeeding behaviors correlated positively and significantly.

Knowledge mothers less about exclusive breastfeeding because they do not know the benefits of breastfeeding for mothers to prevent breast cancer (38%), the benefits of breastfeeding exclusively for babies to protect against infectious diseases (31%) and the frequency of breastfeeding as often as possible / not scheduled (36 %). Besides the mother does not know the benefits of exclusive breastfeeding (24%). Lack of knowledge about the benefits of breastfeeding eklusisf affect exclusive breastfeeding her baby. This is evident from the results of statistical tests of prevalence ratio values that mothers who have less knowledge likely not exclusively breastfed 2,148 times greater than those who are knowledgeable good.

Knowledge is one of the components that embodies and supports behavior. Knowledge is the result of stimulation of the information note and remember. Such information can be derived from both formal and informal education. The low level of understanding about the importance of exclusive breastfeeding mothers due to lack of information and knowledge on nutrition for the baby's mother until the age of 6 months and benefits contained in breast milk (Sunar, 2012). In this research there most of the respondents have a level of knowledge is good but not everything is exclusive breastfeeding. It is related to variables such as support to support health workers and support her husband and their promotion of infant formula haini will affect health behavior change in the mother.

Changes in mindset and lifestyle not just in mothers who have a baby will give an early solid foods at age <6 months (Mabud, et al, 2014).

2. **Effect between P Education Mothers with Breastfeeding Exclusive**

The study found that mothers exclusively breastfed less educated respondents (31.8%) lower than women with higher education (35.9%). After testing *the chi-square* with significance level of 5% (0.05) was obtained that *p value* = 0.928 which means the *p value* > 0.05, there is no effect between maternal education with exclusive breastfeeding in infants by breastfeeding mothers in the Nabire District ,

The results of this study is different from the research conducted by Astuti (2013) found no significant relationship between education and exclusive breastfeeding. Higher education will be affected how the mother in the care of infants included in the exclusive breastfeeding.

Education is guiding people to do and fill the lives that can be used to get information, so as to improve the quality of life. As usually, the higher one's education, the more easily the man to get information and ultimately affect their behavior. However, in this study statistically maternal education has no effect on exclusive breastfeeding. Although most mothers had higher education (> SMA), that does not mean the mother also has a good knowledge. This is because knowledge in this research is specific knowledge is knowledge of exclusive breastfeeding and not knowledge in

general, so it is not necessarily the mothers with higher education have a good knowledge also about exclusive breastfeeding, which can affect the behavior of the mother to give exclusive breastfeeding (Firmansyah and Mahmudah, 2012).

This is in line with the opinion of Rhokliana, et al. (2011), which explains that the mother's education level can influence the pattern of breastfeeding. Indeed, there are no educational requirements are effective for individuals in the field of breastfeeding as happened in the village community. Absorption information vary and are influenced by the level of education. Education will affect all aspects of human life both mind feeling and attitude. The higher the education the higher the basic abilities of a person, especially breastfeeding. The level of education may underlie maternal attitude to absorb and transform the system of information about breastfeeding. Where ASI is the main and best food for babies 0-2 years.

Researchers assume that mothers with lower education and higher education do not get information about exclusive breastfeeding will affect knowledge. It is evident that knowledge affect exclusive breastfeeding.

### 3. The influence of Mother Breastfeeding Works Exclusive

The study found that the higher the respondents who work not breastfeeding exclusively (50%) than women who do not work (24%). After testing *the chi-square* with level signifikan5% (0.05) was obtained that *p value* = 0.023 significant *p value* <0.05, then there is the influence of mothers work with exclusive breast feeding in infants by breastfeeding mothers in the Nabire district. However, from the results of the prevalence ratio is not meaningful work against exclusive breastfeeding. This is because mothers who did not have more time for exclusive breastfeeding, while working mothers can provide backup exclusive breastfeeding at home. It is associated with factors such as mother's knowledge on how to milk.

The results of this study are not consistent with research Firmansyah and Mahmudah (2012) who found that there was no effect of maternal employment on exclusive breastfeeding. However, this study is different from the research conducted by Widdelrita and Mohanis (2014) has proved that there is a significant relationship between maternal employment status with exclusive breastfeeding.

In practice exclusive breastfeeding, working mothers have the challenge of giving her milk. Process for working mothers expressing milk is a matter of exclusive breastfeeding in the mother works. Mom went back to work full before the baby is six months old cause Exclusive breastfeeding is not as it should be, yet the physical and mental condition are tired of having to work all day. This will obviously result in lactation. The laws are on leave, which lasted for 3 (three) months to make many mothers must be preparing the baby to solid foods before her leave expired, so that exclusive breastfeeding be unsuccessful. At the time of the second month of maternity leave working mothers can make the milk supply because of the current milk production increased, while demand is still a little baby, breast milk can be stored in the refrigerator. Upon entry should work working mothers still express milk every three hours and store her milk and bring it home after work (Astuti, 2013).

### 4. Effect of the Parity Mother Breastfeeding Exclusive

The results found that respondents with parity primipara (62.1%) higher compared ekskslusif not breastfeeding mothers with parity multiparous. After testing *the chi-square* with significance level of 5% (0.05) was obtained that *p value* = 0.000 which means *p value* <0.05 then there is influence between mother parity with exclusive breast feeding in infants by breast feeding mothers in the Nabire district.

The results of this study are not consistent with research conducted by Arintasari (2016), which proves that there is no significant relationship between parity with exclusive breast feeding. However, parity obtain exclusive breast feeding relationship with the research conducted by Mabud, et al. (2014).

Experience plays an important role in increasing knowledge about breastfeeding. Mother's experience can be seen from the number of children born. Mothers who give birth more than once (multiparous) tend to give breast milk to her baby (Arintasari, 2016).

This is evident from the test results that the prevalence ratio of mothers with parity primiparity likely not exclusively breastfed 3,268 times higher than women with parity multiparous. Thus it can be said that the exclusive breastfeeding, first-time

mothers breastfeed has no experience compared to mothers who already have experience of previous lactation.

Parity in breastfeeding is experience in exclusive breastfeeding. Researchers classify parity variables into 2 (two) types, namely his mother number one including mothers with parity bit (primiparous) and his mother who number more than one, including a mother with a lot of parity (multiparous). This is related to the experience factor, where a mother who primiparity young age tend to have difficulties, do not know what to do in the face of the problems associated with exclusive breastfeeding.

5. **The influence of the tribe mother with breastfeeding Exclusive**

The results found that respondents with Papua rate (42.9%) did not provide exclusive breastfeeding rate is higher than the non Papua (13%). After testing *the chi-square* with significance level of 5% (0.05) was obtained that *p value* = 0.021 significant *p value* <0.05, then there is the influence of tribal women with exclusive breastfeeding in infants by breast feeding mothers in the Nabire district.

The results are consistent with research conducted by Rhokliana, et al. (2011) has proved that there is influence between tribes with exclusive breastfeeding. The results are consistent with research conducted Yulianah (2013), a lot of beliefs that are not fundamental to the meaning of breastfeeding makes the mother does not do exclusive breastfeeding for 6 months. Generally, the reason the mother did not give exclusive breastfeeding include the fear that is not essential that the milk produced is not enough or have the quality is not good, late start breastfeeding and disposal of colostrum, the technique of breast feeding is wrong, as well as the erroneous belief that the baby is hungry and require a fluid additional.

Their effect on the rate of exclusive breastfeeding in Nabire district due to cultural customs of local tribes are still strong and the majority of mothers are still low when compared with the education Non Papuan tribes who mostly have a college education so that affects the mother's knowledge about the benefits of exclusive breastfeeding.

This is consistent with the theory put forward by Notoatmdojo (2011), that racial, ethnic or socioe conomic ethnic differences, thus affecting the health behaviors related to the culture and customs cultural.

Mother trust social culture in Nabire Regency Nabire District is supported by knowledge of the local culture in the form of infant feeding. Trust or confidence attitude influenced toward certain behavior, subjective norms and behavioral control. The local culture in the newborn based on the recognition of women who believe in the local culture such as the provision of honey and coconut milk, and discard colostrum on the first day, so that babies be breastfed at 2-3 day the next day in the newborn. This is done, because according to the understanding of the mother and husband that the baby's digestive smoothly and remove impurities in the stomach after childbirth is completed. After digging deeper beliefs about mothers, mothers believe that local culture is based that breast feeding alone is not enough, so need to be given additional food.Unless considers additional food provided is very beneficial for the baby. Besides their belief that giving young coconut in the newborn has nutrients that are good for digestion and remove toxins in the stomach during an unborn baby. In addition, the granting of bananas in newborns considered to make babies sleep soundly because of satiety. Health effects in infants with socio-cultural proficiency level may be affecting the health of the baby such as indigestion, because the baby's digestive system is still sensitive and can cause allergies.

Factors tribe consists of values and people's habits, such as the habit of giving food / drink other than breast milk from an early age (honey, coconut water, papah rice, bananas and milk formula), as well as the trust give honey / sweet water is a religious teachings. Prelakteal early feeding habits of the family and community are hereditary while waiting for the milk out, they assume by giving early baby food is not fussy, not hungry faster and faster growth of the baby. New mothers believe more in the habit of families / parents made hereditary than in applying information from health officials. This can hinder the success of the mother in exclusive breastfeeding (Rhokliana, et al, 2011).

6. **Influence of Support Officer K poor living conditions Health with the Breastfeeding Exclusive**

The study found that respondents who did not receive the support of health workers (40%) is higher does not give exclusive breast feeding than women (34.6%). After testing *the chi-square* with significance level of 5% (0.05) was obtained that *p value* = 1.000 which means the *p value* > 0.05, there is no influence between the support of health workers with exclusive breastfeeding in infants by breast feeding mothers in the District Nabire.

The results of this study is different from the research conducted by Kurniawati and Hargono (2014) has proved that there is influence between exclusive breastfeeding with the support of health workers. Another study conducted by Widdelrita and Mohanis (2014) who found that there was a significant relationship between the role of health care workers by giving exclusive breast milk.

Factors human resources, mainly health workers (nurses, midwives, and physicians), which is directly related to the service process breastfeeding / pregnant and postpartum or breastfeeding, plays a very important to produce a positive impact on the services provided by the institution health services. In performing its duties, health or midwifery demanded his ability to generate performance in the form of health care or midwifery in nursing mothers. Particularly in the services that are professional, the health officer is required to invite the public (lactating mothers) to enforce the health motto to give exclusive breast-feeding is better than milk formula (Syahruni, et al, 2012).

Encouragement from health care providers can protect and improve the behavior of lactating mothers, either exclusive breastfeeding or breastfeeding up to 2 (two) years. Health workers can help mothers solve the problems associated with resistance in breast-feeding mothers and improve their knowledge by providing information to them, so that there are conditions that make them still breastfeed exclusively (Widdelrita and Mohanis, 2014).

It is evident from the findings that mothers get the support of health workers (65.4%) give exclusive breastfeeding is higher than those who had never (60%) received support health workers. From the results of the prevalence ratios that mothers who do not support the officer likely did not provide exclusive breastfeeding 1,157 times higher compared to women who support health workers.

7. **The husband and the influence of Support Breastfeeding Exclusive**

The study found that respondents who did not support her husband (47.1%) did not giving exclusive breastfeeding than mothers who got support of her husband (17.1%) give exclusive breastfeeding her baby. After testing *the chi-square* with significance level of 5% (0.05) was obtained that *p value* = 0.009 significant *p value* <0.05 then there is influence between the husband support exclusive breast feeding in infants by breast feeding mothers in the Nabire district. This condition means that her mother supports exclusive breastfeeding chance of exclusive breast feeding 2 (two) times than mothers whose husbands do not support exclusive breast feeding.

The results are consistent with research conducted by Setiowati (2011), which reveal the influence of husbands' support to the implementation of exclusive breastfeeding. Another study conducted by Wattimena, et al. (2015) who found that the support of a husband with the wife for breastfeeding success correlated positively and significantly.

The husband is the closest person plays many mothers during pregnancy, labor and after birth, including breastfeeding. Support husband is an effort that is given by a husband to his wife who was in the breastfeeding period, either in the form of moral and material support to breast feed her baby (Syahruni, et al., 2012).

The results of the prevalence ratio value that mothers who do not get a husband support a higher chance compare to 2,745 women who supported her husband in providing exclusive breastfeeding. Their husband's support will influence the physical, psychological and emotional stimulates the mother, so the mother easy in giving exclusive breastfeeding to their babies.

This is consistent with the theory put forward by Ramadani and Hadi (2010), that the support given by the husband greatly affect maternal psychological condition that will affect the success of breastfeeding, because the husband is a supporting factor in the activities of a given emotional and psychological to mom with breastfeeding. Approximately 80% to 90% of milk production is determined by the mother's emotional state associated with maternal oxytocin reflex in the form of thoughts, feelings and sensations. If it increases will facilitate excretion of

breast milk. Thus it can be said that the husband support given in any form, can affect the emotional condition of mothers who have an impact on milk production.

8. **Influence of Promotion Formula with breastfeeding Exclusive**

The result showed that there was no influence between promotion of infant formula with exclusive breastfeeding in infants by breastfeeding mothers in the Nabire District ( *p value* = 0.345> 0.05). The results of this study is different from the research conducted by Kurniawati and Hargono (2014) which prove that the promotion of infant formula has an effect on exclusive breastfeeding.

Lately, manufacturers of infant formula so aggressively promotion, through all print media, or electronic, institutional hospitals, maternity hospitals, health centers, and midwife practices. Promotion of infant formula is an attempt to introduce, market, distribute, and sell products to the public formula that aims to make people recognize, receive or buy such products to wear it faithfully. In addition, many of the events that the new mother is also given a sample of milk for free. This condition began to shift the position of exclusive breastfeeding (Syahruni, et al., 2012).

It is evident from the findings that mothers who are interested interested in the promotion of infant formula (40%) was higher (27.8%) than those who are not interested do not provide exclusive breastfeeding. The test results *prevalence ratio* that mothers are interested in the promotion of infant formula as much as 1.440 higher to her infant not give exclusive breastfeeding than mothers who are not interested in the promotion of infant formula.

Researchers assume that mothers who are interested in the promotion of infant formula products offered due to promotion acceptable to mother apart from the advantage of being beneficial for babies as well as their souvenir or gift for the mother who bought it. Mothers who are interested supported with low knowledge of breast feeding cause the mother to give her baby formula.

9. **Effect of Dominant with breastfeeding Exclusive**

Results of multivariate analysis showed that parity and husband support the dominant influence on exclusive breastfeeding. This is due to the parity is a form of a mother's experience of the benefits of exclusive breastfeeding. Although less educated mothers with their experience of previous child so the mother more contact or get information from health professionals about the benefits of exclusive breastfeeding.

It is no less important, that the husband plays an important role in family decisions on the health of their families, including the provision of exclusive breastfeeding. There is support for a supportive husband, mother will be more confident with their physical needs, psychological fulfilled given by her husband so dominant to exclusive breastfeeding.

## 5. CONCLUSIONS AND SUGGESTIONS

Based on the results of research and discussion, then a number of conclusions as follows:

1. There is influence between knowledge with exclusive breast feeding in infants by breastfeeding mothers in the District of Nabire( *p value* = 0.044 <0.05).
2. There is no influence between education and exclusive breast feeding in infants by breastfeeding mothers in the District of Nabire ( *p value* = 0.928> 0.05).
3. There is influence between work and exclusive breastfeeding in infants by breast feeding mothers in the Nabire District ( *p value* = 0.023 <0.05).
4. There is the influence of parity with exclusive breastfeeding in infants by breast feeding mothers in the Nabire District ( *p value* = 0.000 <0.05).
5. There is influence between tribes with exclusive breastfeeding in infants by breast feeding mothers in the Nabire District ( *p value* = 0.021 <0.05).
6. There is no effect between health providers support with exclusive breastfeeding in infants by breastfeeding mothers in the Nabire District ( *p value* = 1.000> 0.05).
7. There is influence between the husband support exclusive breast feeding in infants by breastfeeding mothers in the District Nabire ( *p value* = 0.009 <0.05).
8. No influence between promotion of infant formula with exclusive breastfeeding in infants by breastfeeding mothers in the District of Nabire ( *p value* = 0.345> 0.05).

9. The dominant factor affecting exclusive breastfeeding in infants by breastfeeding mothers in District Nabire area is parity and husband support.

B. **Suggestion**

Based on these results, the researchers gave suggestions as follows:

**1. For Health Officer**

a. Health workers should always provide health education about the benefits and exclusive breastfeeding on postpartum mothers have the knowledge and readiness to give milk to their babies for 6 months without supplementary food.
b. Provide counseling to the husband to give support in exclusive breastfeeding.
c. In collaboration with community leaders to provide information relating to the importance of exclusive breastfeeding.

**2.For Mom**

a. Mom should have an awareness and a good knowledge of exclusive breastfeeding in a way to dig up information on the health or read a magazine so that mothers breastfeed exclusive properly to achieve the level of health of optimal infant.
b. For working mothers, mothers breastfeed exclusively by way of dairy milk.

**3. For husband**

Providing support to the mother by providing information, physical and psychological needs a mother, so that mothers get the support in exclusive breastfeeding.

**4. For Further Research**

This research is quantitative, so that researchers can then continue the research with different research methods such as qualitative, so answer the problem more complex.

**BIBLIOGRAPHY**

1. Azrul, A. (2005). *Management of Lactation* . Jakarta: MOH.
2. Arintasari, Farida. 2016. *Factors Associated with Exclusive breastfeeding* in the PHC Tegalrejo Yogyakarta Year 2015 Respati Medical Journal. Vol. 11, No.2. Page. 42-50
3. Astuti, Isroni. 2013. *Determinants of Exclusive Breastfeeding Maternal Breastfeeding. Journal of Health Quality* . Vol. 4, No. 1.. 60-68
4. ..... BKKBN. (2006). *Detection of Early Complications of Childbirth* . Jakarta: BKKBN.
5. ..... MOH. (2006). *Glossary Health Data & Information* . Jakarta: Central Data and Information Ministry of Health.
6. ..... MOH. (2004). *Asi Exclusive For Working Mothers* . Jakarta: Director General of Community Health, Directorate of Community Nutrition
7. Fathurrahman. (2007). *Several factors are associated with the provision of MP_ASI in infants 0-6 months* by mothers in rural areas in Hulu Sungai Selatan district. *Journal Ala € ™ Ulum* , Vol. 34, No. 4: 39-43.
8. Fikawati, S & Syafiq, A. (2010). Implementation and Policy Studies BMS Exclusive and early initiation in Indonesia. Makara, Health, 14 (1), JUNE 2010: 17-24
9. Kurniawati, D. and Hargono, R. 2014. *Factors Affecting Determinants Exclusive Breastfeeding Failure in Infants Ages 6-12 Months in the Village Puskesmas Mulyorejo Mulyorejo Surabaya. Promkes Journal,* Vol. 2, No.1.. 15-27
10. Lawoyin, TO, & OlaOlorun, FM. 2006. Health Workersâ € ™ Support for Breastfeeding in Ibadan, Nigeria. *Journal of Human Lactation.* Vol. 22 no. 2188-194.
11. Linkages (2002). *Exclusive breastfeeding or breast milk alone: The Only Source of Fluid Needed Baby Early Childhood* . October 2002
12. Maas, LT. (2004) Maternal and Child Health: *the perception of Culture Culture and health impacts* , FKM University of North Sumatra

13. Mabud, NH, et al. 2014. *Relationship of Knowledge, Education, Parity with Exclusive breastfeeding* in the sub-district Puskesmas Bahu Malalayang Manado City. Jidan, *Scientific Journal Midwives* . Vol. 2, No. 2. Page. 51-56
14. Nkala, TE, & Msuya, SE (2011). Prevalence and predictors of exclusive breastfeeding Among women in Kigoma region, Western Tanzania: a community based cross-sectional study. *International Breastfeeding Journal* , 6 (17).
15. Notoatmodjo, S. (2003). *Education and Health Behavior*. Jakarta: Rineka Reserved.
16. Notoatmojo, S. (2010). *Methodology for Health Research* . (rev. ed). Jakarta: Rineka Reserved
17. Nurmiati & Besral. (2008).Effect of Duration of Breastfeeding on Infant Life Resilience in Indonesia. *Makara Health* , 12 (2), December 2008: 47-52
18. Nursalam. (2001). *Methodology of Nursing Research* . Jakarta: CV Infomedika.
19. Prasetyono, DS (2009), *exclusive breastfeeding* . Yogjakarta: DIVA press.
20. Perinasia. (2004).Protect, Promote and Support Breastfeeding, Prints All 2. Jakarta: Bina Visual Script.
21. Picciano, MF. Pregnancy and lactation: physiological adjustments, nutritional, requirements and the role of dietary supplements. *Journal of Nutrition* , Vol. 133.
22. Indonesian Government Regulation No. 32 of 1996 About Health Workers.
23. Ritzen, A., Johnson, D., Bekemeier, B., & Oa € ™ Hara, M. 2009. Breastfeeding Survey of Washington State pediatricians. *Washington State Journal of Public Health Practice* . Vol 2, No. 2.
24. ..... Basic Health Research. (2010). Agency for Health Care Research and Development of the Ministry of Health in 2010.
25. Ramadani, M. and Hadi, EN 2010. *Support Husband in Exclusive Breastfeeding* in Puskesmas Freshwater city of Padang, West Sumatra. Public Health, National Public Health Journal. Vol. 4, No. 6. It. 269-274
26. Rhokliana, et al. 2011. *Social Relationships Culture with breastfeeding in Infants* in Puskesmas Keruak East Lombok. Journal of Health Prima. Vol. 5, No.2. Page. 765-777
27. Roesli, U. (2005). *Knowing exclusive breastfeeding* . Jakarta: Poster Agriwidya
28. Soetjiningsih. 1997. *ASI Instructions For Health Workers* . Jakarta: EGC.
29. Siregar, A. (2004). Exclusive breastfeeding and Factors Affecting. *Digitized by USU digital library* .
30. Singh , B. (2010). Knowledge, Attitude and Practice of Breast Feeding - A Case Study. *European Journal of Scientific Research* , 40 (3): 404-422
31. Soetjiningsih. (1997). *Breastfeeding Guidelines for Health Workers* . Jakarta: EGC Medical Books
32. Suhartono, S. (2005). *Philosophy of Science*. Edition 1. Jogjakarta: AR-Ruzz
33. Sunaryo.(2004). *Psychology For Nursing* . Jakarta: EGC
34. Setiowati, Tri. 2011. *Relations with the Capital Factors Implementation of Exclusive Breastfeeding Baby 6-12 Months village Puskesmas Cidadap West Pagaden Subang Regency period from January to July 2011. Journal of Health Kartika*. It. 10-17
35. Sunar, P. Dwi. 2012. Book Smart Exclusive breastfeeding. Yogyakarta: Salemba Medika
36. Syahruni, et al. 2012. Exclusive breastfeeding determinant factor in Puskesmas Jumpandang New District of Tallo Makassar. *Journal of Midwifery and Nursing* . Vol. 8, No. 1.. 63-71
37. Wattimena, et al. 2015 . *Support Wife's Husband With Successful Breastfeeding. Journal of Nurses LENTERA* . Vol. 3, No. 1.. 10-20
38. Widdelrita and Mohanis. 2014. *Role of Health Personnel and Employment Status Exclusive Breastfeeding Mom* . Journal Public Health. Vol. 8, No. 1.. 40-45
39. Widiyanto, S., et al. 2012. *Relationships Education and Knowledge Capital of exclusive breastfeeding with Attitudes toward Exclusive breastfeeding.* Journal

of Medicine Muhammadiyah. Vol. 1, No. 1.. 25-29

40. Swart, S., Kruger, HS, & Dolman, RC (2010). *Factor affecting breastfeeding mothersâ € ™ choice vs.formula: feeding in the lower Umfolozi war memorial district hospital, KwaZulu-natal. Journal of interdisciplinary health sciences, 15, 119-126*
41. Henry , A., & Goddess, M. (2010). *Theory and Measurement of Knowledge, Attitude and. Human Behavior* . Yogyakarta: Medika Nuha.
42. Tjokronegoro, A. & Sudarsono, S. (2001). *Research Methodology BidangKedokteran* . Jakarta: New Style
43. Tan, KL. 2011. Factors associated with exclusive breastfeeding Among infants under six months of age in peninsular Malaysia. *International Breastfeeding Journal* 2011, 6: 2.
44. Varney, H. (2006). *Textbook of Midwifery Care* (translation). Jakarta: EGC.
45. ..... WHO . 2009. *Global health risks: Mortality and burden of disease attributable to selected major risks* . Downloaded from: http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf .
46. ..... Wiener, RC & Wiener, MA (2011). Breastfeeding prevalence and distribution in the USA and Appalachia by rural and urban settings. *Rural and Remote Health* , 11: 1713.
47. ..... (2008). *Indicators for Assessing Infant and Young Child Feeding Practice* . Geneva.
48. Swart, S., Kruger, HS, & Dolman, RC (2010). *Factor affecting breastfeeding mothersâ € ™ choice vs.formula: feeding in the lower Umfolozi war memorial district hospital, KwaZulu-natal. Journal of interdisciplinary health sciences, 15, 119-126*