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## **The Determinant of Success Exclusive Breastfeeding in Urban Areas**

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### **Abstract**

Breastfeeding is the best way to provide the ideal food for the growth and development of a healthy baby. Factors that support the achievement of exclusive breastfeeding are widely various. This study aims to determine the determinants of success in providing exclusive maternal breastfeeding in urban areas. The research was conducted in Somba Opu District. The design of this study is qualitative. Informant 21 people consisted of 14 nursing mothers and 7 supporting informants. The selection of informants by purposive sampling. Data were analyzed using a Constant Comparative Method. The results of the analysis show that at the individual level, a positive attitude is reflected in the evaluation of the final results, behavioral control with the role models and previous experience and the convenience of breastfeeding in public places is a determining factor in the success of exclusive breastfeeding.

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At the group level, the informant revealed that the services of health workers as sources of information and post-birth care services helped breastfeeding mothers face the problem of breastfeeding and continued to breastfeed exclusively, positive support from their families and neighbours also determined the success of exclusive breastfeeding. While at the social level, it is illustrated that subjective norms of normative beliefs (the rights of every baby and better than formula) and mother's motivation (for children's health, mother and child bond inner and learning from experience) also Determine the success of exclusive breastfeeding. It was concluded that all levels of individuals, groups and social groups contribute to the success of exclusive breastfeeding in urban areas. The need for a mother assistance Group (KP-Mother) from the inner family to be aware of the importance of exclusive breastfeeding through social media.

**Keywords:** exclusive breastfeeding; urban areas; determinant factors; qualitative; behavior.

## **1. Introduction**

Breastfeeding is a natural and normal way to provide nutrition, endurance and optimal emotional. Breast milk is not only added to the benefits but also puts standard infant feeding. Research related to the benefits of exclusive breastfeeding for 6 months giving effect, directly or indirectly for infants and nursing mothers. A systematic study by [1] concluded that babies who were exclusively breastfed for six months had a reduced risk of gastrointestinal infection and observation no deficit growth.

The coverage rate of exclusive breastfeeding has not been consistent. In Indonesia, the percentage of exclusive breastfeeding based on the data Nutritional Status Assessment is 35.7% (2017) and 29.5% (2016). Based on the Ministry of Health Strategic Plan 2015-2019, the target percentage of infants younger than 6 months get exclusive breastfeeding at 42% (2016) and 44% (2017). This illustrates that the percentage of exclusive breastfeeding is still not reached the target.

The coverage rate of exclusive breastfeeding in South Sulawesi has fluctuated from year to year. In 2013 coverage amounted to 62.70% of exclusive breastfeeding, then decreased in 2014 is 56.31% according to the result of Health Profile of South Sulawesi and based on data Nutritional Status Assessment 2016 by Health Minister further decreased with a rate of 38.5% and in the year of 2017 increased again by 42.1%. Meanwhile, for Gowa district, based on data from Nutritional Status Assessment, exclusive breastfeeding percentage reached 28.7% on 2016 and for 2017 has increased reaching 38.8%. The rate also illustrates that have not achieved the expected target.

Somba Opu sub-district which is an urban area consisting of two health centres : Somba Opu Health Center and Samata Health Center. Data coverage are clearly extreme in 2016 and 2017. Based on data from the Health Office on the results of Semester Report Nutrition Program, the rate of exclusive breastfeeding in 2016 based on the data by Department of Health for the health centre of Somba Opu and Samata was 55.56% and 70.51% and then declined rapidly in subsequent years by 15.56% and 12.60%. The results tend to decrease, it concerns us and a different rate is apparently due to the different data collection techniques.

Living in urban areas provide easy access to health facilities, public facilities, health workers and government

regulations relating to exclusive breastfeeding. Despite all the ease, one thing that could hinder the achievement of exclusive breastfeeding, especially in urban areas as exposure to the promotion of infant formula. A study in Andalas Health Center, Padang, stated that mothers are interested in promotion of infant formula advertising amounted to 57.8% and those who were interested in the promotion of infant formula are likely not achieve exclusive breastfeeding [2], Research using Focus Group Discussion technique states that perception and jobs become obstacles in some urban areas in Thailand [3].

The question arises, why there are mothers successfully breastfeed exclusively up to 6 months with a condition in which low rate exclusive breastfeeding and easily exposed to the advertising campaign formula. Achieving exclusive breastfeeding can then be studied more thoroughly based on the experiences of mothers who managed to become the input for the success of the program or intervention with regard to exclusive breastfeeding and to become an example of Good Practice for the community, supporting breastfeeding and the other mothers. Determination of exclusive breastfeeding successful outcome is influenced by various factors from individual, group and social.

Research done by Astuti that mothers who exclusively breastfed in urban areas in Serpong health centers, that there is a significant correlation between maternal education, maternal employment, maternal knowledge, the attitude of the mother, the role of officers, the media exposure, the husband's role, the role of parents with exclusive breastfeeding [4].

Studies looking at the individual factors by Jessri [5] showed that women with postgraduate education level are 3.76 times more likely to breastfeed exclusively for 6 months compared to those who do not have a college degree. Mothers breastfeed exclusively until six months postpartum showed a higher intention to breastfeed exclusively, provide comfort to breastfeed in public places, feel the physical strength and reported less perceived difficulty breastfeeding [6].

Family support is also one of the critical success factors in the group level results of a study to look at factors the role of fathers produce, the prevalence of exclusive breastfeeding practices on father support group 2.25 times higher than the group of fathers who do not support. Likewise, with the support of the grandmother of the baby or the mother-in-law were visible from research systematic that when the grandmother of the baby previously had experience of breastfeeding or tend to breastfeed, producing an effect between 1.6 to 12.4 times more likely to exclusive breastfeed or refrain not introduce solid foods [7]. A qualitative research that viewing experience by nursing mothers [8], mothers who managed to make exclusive breastfeeding stated that the importance of having a peer group or the nursing and support for breastfeeding.

World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are the two institutions that play an active role to support breastfeeding, recommending babies to be breastfed exclusively for the first six months of life to achieve the growth, development and optimal health. In low-income countries and middle-income, only 37% of children under 6 months of exclusive breastfeeding [9], Percentage of children aged 0-5 months who were fed exclusively with breastmilk at the global level that is 39% by the period 2010-2015 [10].

Exclusive breastfeeding becomes important for infant growth and development needs early in life in this case related to 1000 First Day of Life. Although there is still a low rate of exclusive breastfeeding is not an obstacle for other mothers to successfully breastfeed exclusively. This study was conducted to determine how the behavior of mothers successfully perform exclusive breastfeeding and its relation to the behavior of the critical success factors.

## **2. Material and methods**

### ***2.1. The location and design of the study***

This research was conducted in February - July 2018 in the District of Sombo Opu, Gowa, South Sulawesi, Indonesia. This research is a Qualitative Research with a phenomenological approach.

### ***2.2. The Informants***

There are two categories of informant: key and support informants. Total informants are 21 people composed of 14 nursing mothers and supporters informant 7 people. Selection of the key informant done with purposive sampling mechanism. The inclusion criteria for the key informant is a mother with a baby who has completed exclusive breastfeeding until age 6 months and informants who are willing and enough time to be interviewed. Support information consisting of a husband/family, nutrition officers and cadres.

### ***2.3. Method of collecting data***

Data collection is emphasized through in-depth interviews in which in-depth interview is a dialogue individually with the informant obtained directly using interview guide that includes the main points that will be asked for information orally, between researcher and informant. The study also documents made to look like a classroom participatory pregnant mother and posyandu.

### ***2.4. Data analysis***

Analysis of data using the Constant Comparative Method, regularly comparing category with the other categories. To obtain the data with a high degree of validity then takes the appropriate techniques. In this study using triangulation techniques with the data source.

## **3. Results**

### ***3.1. Individual-level factors***

Factors to be clustered at the individual level consists of attitudes toward exclusive breastfeeding with regard to the evaluation of the final results, behavior control and comfort of breastfeeding in public spaces.

- Attitude - Evaluation Results

In the group of successful exclusive breastfeeding informants to feel the benefits of exclusive breastfeeding

itself that is practical, efficient, mother-child bond to be close, immune system are strong and breastmilk is better than the other milk. The following statement of the informants were shown below :

"For me yes indeed healthy ... If using formula, I need to wake up at night and make more. If this (breastfeeding) just direct, practical, economical as well ... Rarely feel ill as well and she is closer to us" (DS, 37 years)

"Thank God, the child never sick ... I'm afraid when we don't have enough money and the children would ask for milk, it will be a danger. So, breastmilk just simply taking it out" (HR, 33 years)

"Children are rarely sick, means going to the hospital often. Children become closer to us" (NH, 35 years)

"Yes, breast milk, it is simple, healthier ... healthy children with breast milk, infant formula sometimes there is an infection, itching, or others. Anyway, breastmilk is healthy" (MD, 30 years)

"Breastfeeding is giving you a bond with the child, breastfeeding better than others" (PT, 23 years)

"Child immunity more powerful than my first child, it was rather strong endurance ... more saving a bit at least for 6 months from infant formula" (FC, 26 years)

"Breastfeeding is the most pleasant, because children are rarely sick, no fuss if they were sick also not too bothersome because of direct breastfeeding. Three sons as well" (HA, 23 years)

Whereas in the group, who did not succeed exclusive breastfeeding aware that formula feeding affects the cost, frequent illness and underweight children so that in the end some informants continued breastfeeding. There was one informant who breastfed but not exclusively for giving breastfeeding before six months. Here are the results of in-depth interviews.

"Spending money if you use milk (formula)" (SK, 17 years)

"More efficient and immunity of his body stronger, her sister skinny and weakly probably because I do not give breast milk" (AW, 24 years)

"It's good I guess, healthy, we easily can detect when the child having a fever. This child (child number 5) cannot detect easily when using a bottle" (RH, 32)

"If I thought why not give the breast milk, and I have it. He does not want a new bottle feeding too ... a wasteful ... who would want to waste your money when he does not want formula" (NF, 27 years)

- Control Behavior

According to the two groups of informants both have control of the behavior of role models. This role model from the exclusive breastfeeding group is one determinant of the success of exclusive breastfeeding and for that

who did not exclusively breastfeed make role models to keep running even if not exclusively breastfed. The following statement of the informants were shown below.

"Parents, My mother gave breast milk to all her child. Rarely giving formula, all are breast milk directly" (DS, 37 years)

"Parents, mother. I have nine siblings, and I'm the third. Everyone got breastfed" (NH, 35 years)

"Parents ..." (SK, 17 years)

"Mother direct me to this and that" (RH, 32 years)

The above quotation is that parents, especially mothers become the closest role models and can achieve exclusive breastfeeding success. In addition to parents, siblings and brother-in-law had a role as an example to be imitated for successful exclusive breastfeeding. The following statement of the informants were shown below

"Siblings, total six children breastfed all by our mother ... All of my sibling giving their children breast milk" (ER, 33 years)

"My sister, she gave birth 5 times and all are breast milk" (HA, 23 years)

"My sister in law is giving breast milk to her child, she asked me to breastfed too and also I saw her children are healthy" (AW, 24 years)

"By my sister" (PT, 23 years)

Public figures are also one way of getting the informant role in the success of exclusive breastfeeding as a statement following informant.

"I love to go to Instagram, there are children of the artist's baby given breast milk, why I'm not, I'm housewife why should I'm not giving breast milk to my child " (FC, 26)

"From Facebook, there I follow the group, AIMI, anyway. I joined it since my first child... family, most of them are breastfed" (NI, 33 years)

Another behavioral control in the success of exclusive breastfeeding informants is a successful previous experience. Mothers who have given birth more than once and a child who was previously not exclusive breastfeeding because there are breastfeeding problems, so for the next child is determined to give exclusive breastfeeding. The following excerpt results informant.

"Because of his brother before, I wanted to give breast milk but there was a problem with the breast milk, so I determined to myself for his younger brother must be breast milk because I can give it. Why should I help it with formula when I have breast milk" (MD, 30 years)

"Experienced from the first child, my first child was breastfed for 1 week, because every time when doing breastfeeding she vomited, so for my second child I have my intentions. Because I feel pity for the first child because she doesn't have enough milk so for the next child was I determined to have exclusive breastfeeding" (FC, 26 years)

As for the informants who did not work previously had exclusive breastfeeding experience but the youngest children do not become exclusive breastfeeding for experiencing breastfeeding problems is the problem of spacing pregnancies (parity) so jealous brother when the brother of breastfeeding by the mother.

"I stopped breast milk when he is 3 months old and giving him formula. Actually he still want to drink breast milk but because of his older brother still wants breast milk too so sometimes he feels jealous and he beat his younger brother" (ER, 33 years)

- Breastfeeding convenience in Public Area

Other individual factors related to the success of exclusive breastfeeding is the convenience feeling of breastfeeding in public places. According to the informant who succeeded exclusive breastfeeding revealed they does not feel uncomfortable and casually breastfeed in public places. Informants feel comfortable because it is assisted by using the cover or find a place that is closed. While on informants who are not breastfed exclusively feel a bit uncomfortable and use formula when they are out. The following results informant interviews.

"No (uncomfortable), usually I cover it.. I was looking for a place that is closed anyway, I breastfeeding her .... still breastfeed, more practical and unnecessary to carry a bottle" (DS, 37 years)

"No, we can cover it, equipped with all of his needs" (NI, 33 years)

"No (uncomfortable), because it was an ordinary thing" (NH, 35 years)

The following quote informants who did not breastfeed exclusively.

"Yes, somehow its uncomfortable" (ER, 33 years)

"If I'm going out somewhere, I gave him formula" (AW, 24 years)

### **3.2. Group level factors**

- Post delivered services

According to informants who have succeeded on exclusive breastfeeding, when informants are having breastfeeding problems, they consulted to a breastfeeding counsellor or midwife. The following results informant interviews.

hmm, abrasions about 2 weeks later. There was my friend like this part (about a breastfeeding counsellor), in

Makassar through Whatsapp. I asked about a good attachment because of abrasions happened"(NI, 33 years)

"In the past (first child) my breast was swelling because of a lot of breast milk, So, she (midwife) directed me on how to breastfed perfectly"(HR, 33 years)

"Ordinary I asked Midwife, she is my sister-in-law, so usually I consulted my problem to her" (FC, 26 years)

While unsuccessful mother (to breastfed exclusively), when experiencing breastfeeding problems they consult with a parent (mother) or cadres. The following quotes delivered by the informant.

"Feels hard on my breast sometimes and my mother says to use a cup, I do not know at the first anyway, apparently it's because of milk is full" (AW, 24 years)

"I have a problem on breastfeeding, would not come out (breastmilk), my breast is big enough, but still it would not come out if it's come out but the only little amount, so when the baby wants more but it can't... People say I have to stop breastfed when I was sick ... I consult my problem to a cadre, and asked me to stop breastfeeding"(RH, 32 years)

- Family environment

According to informants, husband's role consists of instrumental support and emotional support shown in informant who managed to give exclusive breastfeeding. Here are excerpts interviews

He supports.. form of support, for example, yeah, I give breastfeeding, he's doing the other work" (NI, 33 years)

"If the baby feels thirsty, he (father) brought the baby to the market... Usually, he bought me vitamins, milk, asked me to eat vegetables and fruits" (NH, 35 years)

"Giving a lot of support, even when I decided to give formula mi first, he is the person who still supports breastfeeding, He tries to find drugs to enhance breast milk production, foods that increasing breastfeeding" (FC, 26 years)

Yes, he supports, regularly he asked me to keep giving breastfeeding your child when sometimes I feel lazy to give it because there is there was no breast milk, feel pain when it sucks" HA, 23 years)

Yes support, he also taking care of the baby when I'm going to campus because he always stayed at home" (PT, 23 years)

This was stated also by one of the informant husband as a form of instrumental support, the following statements of the informants.

"I help her if she's busy, I replace her work while she is giving breast milk to the baby. We have a food business if she was preparing food, and the baby cry so give breast milk directly"(SP, 37 years)



While informants who did not breastfeed exclusively revealed that they also getting support from her husband in the form of emotional support only.

"Yes he supports breastfeeding, when I gave formula he asked to give breast milk, but when going outside then give formula" (AW, 24 years)

"Yes, husband supports breastfeeding" (NF, 27 years)

According to a statement of exclusive breastfeeding informants and unsuccessful informants, both of them received support from parents as a informative and emotional support. The following statement of the informant.

"Yes they support (parent)" (NI, 33 years)

"After eating hot food, don't breastfeed directly, the baby will vomiting. I should not eat tape" (NH, 35 years)

"Parents also supports indeed, from the beginning she said to give the baby breastmilk if I don't have work to do, better to give breastmilk to your child" (FC, 26 years)

"Mama ... she is always the person I asked questions about breastfeeding" (SK, 17 years)

"From the parents, be used to say this cannot be eaten, this is should not be like this ... Mother always directing me" (NF, 27 years)

This is in line with the opinion of the informant during the interview with parents. The following statements of the informants.

"Because of my experience that using formula will add cost as well, after all, it is better if breastfeeding is recommended up to 2 years" (KM, 48 years)

"We were a long time, usually three years. Yes, for example, the practice of breastfeeding should not turn left and right, it is usually less milk. Or do lift up (hand), can't eat any food, especially spicy and sour food, because what we eat will be also eaten by the child" (NA, 53 years)

### **3.3. Social level factors**

Normative beliefs that positively support the success of informants who provide exclusive breastfeeding, while those who did not give exclusive breastfeeding has a normative beliefs positives such as breastfeeding is the right of every baby and better benefits, while the other group also said the same thing but not at the end, not exclusive breastfeeding. The following statements of the informants.

"That's is charity anyway. Rights of each baby, especially I don't have any work ... Struggle on it, we are just ordinary women because breast milk is truly a grace from God" (NI, 33 years)

"Better breastfeeding" (NH, 35 years)

"Certainly if they were baby, they will ask milk she drinks, breast milk or formula? If I say breast milk, they will say breast milk is better" (FC, 26 years)

"I saw my sister is giving breast milk to her baby, so I was asked to give it, breast milk is better" (HA, 23 years)

My sister asked me to breastfeed because it is better (PT, 23 years)

"There are no people said that formula is better than breastmilk, they said to give breast milk, their body (baby) develops well too" (ER, 33 years)

"I saw my sister in law, she said breastfeeding is better than formula. So I tried to give" (AW, 24 years)

Other subjective norms are formed from individual motivation in achieving such behavior. Informants who successfully breastfed exclusively have a strong motivation for many reasons, namely for the health of children, the bond between mother and child, breastfeeding is better than other milk, practical, previous experience and economics. The following excerpt depth interviews.

"In order for children to be healthy, not often ill, immune to it ... To be closer together children, the right inner bond is stronger when breastfeeding" (DS, 37 years)

"Because simple, though nowhere busy to prepare formula milk, just directly breastfeeding when cry" (HR, 35 years)

"I have a great intention to breastfeeding, because if give formulas don't possible" (HA, 23 years)

## **4. Discussion**

### ***4.1. Individual-level factors***

At the individual level, the determination of a breastfeeding mother is a key element in the success of exclusive breastfeeding in urban areas.

- **Evaluation Results**

Exclusive breastfeeding attitudes toward others were drawn from the evaluation of the final results informant against exclusive breastfeeding. According to exclusive breastfeeding informant who succeeded already seeing the benefits of exclusive breastfeeding itself that is practical, economical, and mother-child bond to be close, not easily hurt (strong immune system) and breast milk is better than the other milk.

Results are approached in a study conducted in the Village Magersari, Sidoarjo. Mother support to the evaluation results to provide exclusive breastfeeding by 5 respondents. in the study Yusrina and Devy (2016) [11] see the evaluation results of the mother seen through the statement that includes breast milk make healthy

babies, breastfeeding can prevent the baby from infectious diseases, breastfeeding can save expenses, breastfeeding closer bond between mother and child, and exclusive breastfeeding can make a healthy mother.

Informants were unsuccessful breastfeeding exclusive breastfeeding but still declared that formula feeding does not impact either the cost, the baby more often / easily hurt, often finicky and underweight children. In addition to formula feeding, giving solid foods before 6 months is also not appropriate but still few women who understand the impact of giving solid foods too early. A study looked at the relationship formula feeding with diarrhoea in infants aged 0-6 months found that infants who consume formula have 6,250 times the risk of diarrhoea than in infants who are exclusively breastfed [12], This is due to the baby is still very susceptible to disease because the immune system is still low.

- Control behavior

The results of in-depth interviews with key informants, the figure of a role model is the parent (mother), brothers and community groups. According to the two groups of informants both have control of the behavior of role models. Exclusive breastfeeding for the group becomes a critical success factor for the exclusive breastfeeding and exclusive breastfeeding informants who did not make role models to keep running, although not exclusive breastfeeding.

Based on interviews, parents, especially the mother (grandmother of the baby) into the nearest figure in driving the success of exclusive breastfeeding. In addition to parents, siblings and in-laws had a role in setting an example in outcomes of exclusive breastfeeding.

A systemic review of research results that eight studies examined the effects of attitude or experience of the older generation with respect to breastfeeding and five of eight find a significant positive impact on breastfeeding when the grandmother of the baby has had the experience of breastfeeding on their own or are likely to breastfeed, so the effect of between 1.6 to 12.4 times more likely to breastfeed exclusively or refrain from introducing solids [7].

Nowadays, social media cannot be separated from one's ease in finding information quickly. Some informants also expressed on social media find a role in the success of exclusive breastfeeding. This is in accordance with the Qualitative research conducted by Alianmoghaddam, Phibbs and Benn (2018) [13] that most participants sourced post-partum information and advice to support breastfeeding through the Internet, while those with geographically distant family members to access the emotional and practical support breastfeeding through Skype. Certainly, the benefits of social media to support breastfeeding described as easy, practical, timely, and cost, as well as information provided by the recognized mobile app useful and educational.

Another behavioral control, especially on successful informant Exclusive breastfeeding is the previous experience. According to the informant if they had given birth previously or not successful yet exclusive breastfeeding for breastfeeding problems, so for the next child's mother is determined to succeed with the support exclusive breastfeeding knowledge and encouragement mother and other relatives.

So broadly control the behavior becomes a strong determinant in the success of exclusive breastfeeding. Results of research by [14] found that other factors associated with intention are the attitude, exposure of mothers to breast milk exclusively from social media, support of health workers, breastfeeding experience before, and the work of the mother with the perception of behavioral control, you're likely three times more likely to have a 'high intention' to give exclusive breastfeeding compared with women in the low behavioral control perception.

- Leisure breastfeeding in public spaces

According to the informant who successfully breastfeeds revealed that feel uncomfortable and unfamiliar to breastfeed in public places. Informants feel comfortable just because it is assisted using the cover or find a place that is closed. In line with a qualitative research that most informants when the mother had to go out of the house and took the child, the implementation of exclusive breastfeeding remains guaranteed. While a mother does such alternative choose a safe and comfortable place to breastfeed when there is no special room for breastfeeding. Besides the mother also wear loose clothing such as veils and scarves that can be used to cover the breasts when breastfeeding. The final alternative is to utilize a lactation room that has been provided in public places [15].

Other research by [6] that women who breastfeed exclusively until six months postpartum showed a higher intention to exclusively breastfeed in comfort breastfeed in public places. While on informants who are not breastfed exclusively feel a bit uncomfortable and use formula when you're out.

#### **4.2. Factor group level**

- Post deliver services

Support health care workers as a place to consult according to informants who have successfully breastfed Exclusive breastfeeding when experiencing problems informants consult a breastfeeding to counsellor or midwife. While unsuccessful informant exclusive breastfeeding, when experiencing breastfeeding problems they consult with a parent (mother) or cadres. The research found that health workers have an important role in enhancing the success of breastfeeding, which amounted to 51 (70, 8%) said that health workers do not support the exclusive breastfeeding [16].

- Family environment

According to informants husband's role are no instrumental support and emotional support shown in informant who successfully breastfed Eksklusif. Meanwhile, informants who are not exclusive breastfeeding revealed also get support from her husband in the form of emotional support only. Statistical test results on a study carried out by Astuti [4] which gained significant results ( $p < 0.05$ ) between the role of the husband with exclusive breastfeeding. From the analysis, we value that mothers who have a role 9.86 times the husband has the opportunity to provide exclusive breastfeeding than women who do not have a husband's role.

Statement of exclusive breastfeeding and unsuccessful informants, both of them received support from parents

as information and emotional support. This is in line with the findings that the role of parents significantly associated with exclusive breastfeeding with OR = 8.815, which means the mother who has the role of parents have the opportunity 8.81 times to give exclusive breastfeeding compared to those without [4], Informants who see parents giving milk to her sister, pushing the informant wishes also to breastfeed.

#### **4.3. Social level factors**

Normative beliefs is a conviction obtained by the mother of the family and the environment that affect the intention to perform a behavior. Positive normative beliefs that support the success of informants who provide exclusive breastfeeding, while not exclusive breastfeeding has a positive normative belief for breastfeeding but the behavior is not exclusive breastfeeding. A study shows that majority of the informants have their normative beliefs. This result suitable with the research by Yusriana that statements of the most informants stated that they will pay attention to the people views to perform a behavior [11]. Exclusive breastfeeding informants who managed to have a strong motivation for many reasons, namely for the health of children, bond between mother and child, breast milk is better than another milk, practical, based previous experience and economy.

#### **5. Conclusion**

Individual-level factors which consisted evaluation of the final results of the informant who succeeded exclusive breastfeeding is practical, economical, and mother-child bond become close, immune system stronger and breast milk is better than the other milk. Control behaviors consisted of role models into which the figure panutanya are parents, siblings and public figures as well as the convenience of breastfeeding in public places.

Factor group level consisted of health workers and hospital post delivery services or consulted to help mothers to overcome breastfeeding problems to still be able to breastfed exclusively. Family support, especially from the husband needs to be given to the mother in success exclusive breastfeeding is instrumental and emotional support. And to parents support by providing an information and emotional support to breastfeeding mothers and the neighbourhood to provide positive support to mothers who breastfeed can be a driver of the success of exclusive breastfeeding

Social level factors, namely a positive normative belief that breastfeeding is the right of every baby and more benefits will provide a good impact on the success of exclusively breastfeeding mothers

These three factors: the level of individuals, groups and social can contribute to each other in achieving the success of exclusive breastfeeding. Where if someone less understanding associated with exclusive breastfeeding but with the support of health workers, family and subjective norms will help the mother remain successful exclusive breastfeeding.

#### **6. Recommendations**

Breastfeeding mother needs assistance group from the inner family to be aware of the importance of exclusive breastfeeding through social media. The limitation of this study is involving the informants from working mother who are success on breastfeeding exclusively in urban areas.

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