

Analysis of Factors Affecting Mother's Behavior in Giving Exclusive Breastfeeding to Infants aged 0-6 Months, in Bobonaro District, Timor Leste

Honorio Pereira Vicente, Sabina Gero, Marthen R. Pellokila

Faculty of Public Health, Universidade da Paz, Timor Leste

Graduate Program Universitas Nusa Cendana (UNDANA) Kupang, Indonesia

honoriopereiravicente@gmail.com, sabinagero@poltekeskupang.ac.id.,

marthenrpellokila@staf.undana.ac.id

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Abstract

One of the efforts to reduce the risk of infant mortality is through the provision of Exclusive Breastfeeding (ASI) from the beginning of birth and then continued with breastfeeding. The practice of giving solid complementary foods can inhibit the growth of newborns. The purpose of this research is to describe and analyze the factors that influence the mother's behavior in exclusive breastfeeding for infants aged 0-6 months in Bobonaro District, Timor Leste. The research design is descriptive analytic with a cross-sectional approach. The research sample was 84 mothers giving birth using simple probabilities. Data were analyzed using logistic regression test (binary logistic). The results showed that 67.9% of mothers who gave exclusive breastfeeding to infants aged 0-6 months in Bobonaro District. Mother's education factor, mother's knowledge, mother's attitude, support for health services, support from mother's family and exposure to information have an influence on mother's behavior in breastfeeding, each of which has a p value > 0.05. Mother's socio-cultural factors and distance of health services did not have an influence on the behavior of mothers in giving exclusive breastfeeding, each obtained a p value <0.05. Health workers as supporters of the success of exclusive breastfeeding, should increase health education programs about exclusive breastfeeding to mothers and their families in detail and continuously, so that mothers giving birth and their families can know and understand the importance of breastfeeding, and can change the behavior of mothers giving birth and their families.

Keywords: Behavioral Factors; Mother; Exclusive Breastfeeding;

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Introduction

Full human development must be as early and as early as possible, namely since the human is in the womb and during toddlerhood, one of which is by conducting child health development from an early age through maternal and child health activities and aimed at producing a generation that is healthy and potentially resilient. To achieve this goal, health development is carried out systematically and continuously. In addition, it is determined that health development is directed to achieve the target, one of which is to reduce the Infant Mortality Rate (IMR). Based on WHO research (2000) in six developing countries, the risk of infant mortality between 9-12 months increased by 40% if the baby was not breastfed. For infants under 2 months of age, this mortality rate increases to 48%. WHO/UNICEF, in 2003 reported that 60% of under-five deaths were directly or indirectly caused by malnutrition, and two thirds of these deaths were related to inappropriate feeding practices for infants and children (MOH, 2009). In addition, prelacteal foods such as honey, tea water, starch water, and bananas are very dangerous for the baby's health. Solid foods such as bananas can cause obstruction of the digestive tract and cause death in the range of 5.1% (Theresiana, 2002).

Timor Leste experienced a decrease in the Infant Mortality Rate from year to year in a 5-year period, this was strengthened in the data from the Timor Leste Demographic Health Survey (PDSTL) in 1999-2003, which was 83/1000 live births. From 2005-2009, it decreased from 83/1000 live births to 64/1000 live births and until 2009-2010 it decreased to 45/1000 live births. (PDSTL, 2009-2010). Although the Infant Mortality Rate has decreased from year to year, it still varies greatly between rural and urban areas. This is also confirmed in the Timor Leste Health Demographic Survey data for 2009-2010 that the infant mortality rate in urban areas is 42/1000 live births. Meanwhile, the infant mortality rate in rural areas is 61/1000 live births. Bobonaro Regency has a high infant mortality rate compared to 12 other districts in Timor Leste, which is 50/1000 live births. (PDSTL, 2009-2010). The causes of the high mortality rate above are health services that are not evenly distributed or lacking, the communication system is still very lacking and limited (geography, transportation, and telecommunications are still very lacking and limited, and there are still taboo mother beliefs, and more trust in practice). traditional untrained workers in rural areas (El-Hai, 2005; Olson et al., 2002; Zwi et al., 2009)

Exclusive breastfeeding, meaning that babies are only given breast milk of course, without the addition of other fluids, such as formula milk, oranges, tea water, water, also without additional food such as bananas, papaya, milk porridge, biscuits, rice porridge from birth to 6 months of age (Roesli, 2005). According to experts In terms of health, infants aged 0-6 months are already nutritionally fulfilled with breast milk alone, but many mothers face problems giving exclusive breastfeeding. UNICEF and WHO recommend that infants should be breastfed after birth. However, in Timor Leste, only 52% of mothers give exclusive breastfeeding to babies for babies aged 0-6 months, while 26% of mothers who provide additional food to babies for babies aged 0-6 months, only give 7% water and other milk. is 14%. This shows that although the majority of mothers give exclusive breastfeeding to

infants 0-6 months, there are still many mothers who provide additional food to infants 0-6 months. (PDSTL, 2009-2010)

Exclusive breastfeeding for infants varies greatly between urban and rural areas. Based on PDSTL data, it shows that in rural areas exclusive breastfeeding for infants 0-6 is only 32%, while in urban areas it reaches 43%. In Bobonaro district, the rate of exclusive breastfeeding is still decreasing, the 2009-2010 PDSTL data shows that only 31% of mothers give exclusive breastfeeding to babies for babies aged 0-6 months. However, the majority of mothers who have given complementary foods from the age of less than 2 years to infants from the age of <2. This is due to, among others, media exposure, low public understanding, low levels of maternal knowledge and other family support regarding the benefits and proper ways of breastfeeding, lack of lactation counseling services and support from health workers, socio-cultural factors, inadequate conditions for pregnant women. working mothers and the intensive marketing of formula milk. Initial interviews conducted by researchers with several women in Bobonaro Subdistrict also found that they gave formula milk and early supplementary food to babies (1 or 2 months), because they felt their breast milk was not sufficient for the baby's needs, were lazy to give breast milk, worried that their baby would not have enough nutrition if without formula milk, and the habits of the people around him.

The purpose of this study was to describe the factors (mother's education, mother's knowledge, mother's attitude, mother's socio-culture, support from health workers, family support, exposure to information on formula milk, and distance to health services) that influence the behavior of mothers in exclusive breastfeeding. infants 0-6 months in Bobonaro District. In addition, it is also to analyze the factors (mother's education, mother's knowledge, mother's attitude, mother's socio-culture, support from health workers, family support, exposure to information on formula milk, and distance to health services) that affect mother's behavior in giving exclusive breastfeeding to babies. -6 months in Bobonaro District.

Theoretical Model

The theoretical model used is the theory of "Lawrence Green" which analyzes several factors that influence human behavior or what is often called the theory of determinants of health behavior. Experts who also analyze the determinants of health behavior, namely: Snehandu B. Karr in Notoatmodjo (2010), Karr identified three (5) behavioral determinants, namely:

1. The existence of an intention to act in relation to an object or stimulus outside himself. For example, people load the family latrine/WC in their house if they have the "intention" for it.
2. There is support from the surrounding community (social support). In a person's life in society, that person's behavior tends to require legitimacy from the surrounding community. If the behavior is contradictory or does not get support from the

community, then he will feel less or less "comfortable". Likewise, to behave in a person's health requires the surrounding community, at least, not to become gossip or the subject of public discussion.

3. Accessibility of information is the availability of information related to actions that someone will take.
4. The existence of autonomy or personal freedom (personal autonomy) to make decisions. A wife, in making decisions is still very dependent on her husband. For example, to bring her child to the Puskesmas, for a pregnancy check, must obtain the consent of the husband.
5. The existence of conditions and situations that are not possible (action situation). To take any action, it is necessary to have the right conditions and situations. Conditions and situations have a broad understanding, of both the available facilities and existing capabilities.

Green's theory in Notoatmodjo (2010) which underlies the emergence of these behaviors is grouped into predisposing, enabling and reinforcing.

1. Predisposing factors are factors that facilitate or predispose the occurrence of a person's behavior, including knowledge, attitudes, beliefs, values, traditions, and so on. For example, that a mother takes her child to the Posyandu, knowing that at the Posyandu a child will be weighed to determine growth. Their children will receive immunizations to prevent disease, and so on. Without this knowledge, the mother may not take her child to the Posyandu.
2. Enabling factors are factors that enable or facilitate behavior or actions. What is meant by enabling factors are facilities or facilities for the occurrence of health behavior, for example, Puskesmas, Posyandu, hospitals, water disposal sites, garbage disposal sites, sports facilities, nutritious food, money, and so on. A family who already knows about health problems, makes efforts for the family to use clean water, defecate in the toilet, eat nutritious food, and so on. But if the family is unable to provide all these facilities, then they are forced to defecate in rivers or gardens, eat potluck and so on.
3. Reinforcing factors (reinforcing factors) are factors that encourage or strengthen the occurrence of behavior. Sometimes, even though someone knows and is able to behave in a healthy life, they don't do it. A pregnant woman knows the benefits of having a pregnancy check-up, and there is a Polindes near her house, close to a midwife, but she doesn't want to do a pregnancy check-up, because the village head or other mothers have never had a pregnancy check-up but their children are still healthy. This means that to behave in a healthy manner requires an example from a community leader.

The conceptual framework in this study is as follows:

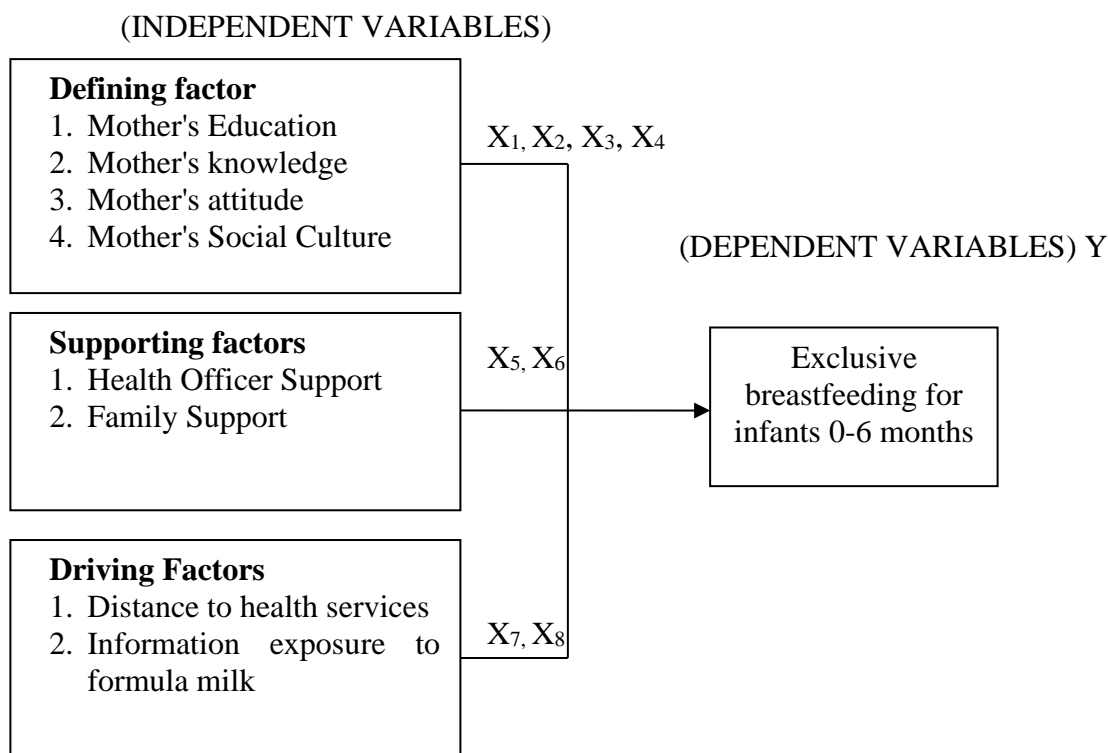


Figure 2. Conceptual Framework

Research Design

The type of research used is a descriptive study with a cross-sectional approach, which is an observational study to determine risk factors for an event related to the problem of exclusive breastfeeding behavior in infants 0-6 months. The study population was all mothers giving birth based on the data/report of Senrvisu saúde Municipiu Bobonaro, as many as 523 people.

To find out the sample size in the study can be determined by the formula:

$$n = \frac{N}{N \cdot (d^2) + 1}$$

n = Number of Samples

N = Total Population

d² = specified precision (10)

The sampling technique is simple random sampling of the sampling members, namely 84 respondents who have met the inclusive criteria, namely:

1. All mothers who have babies aged 0-6 months
2. Lives in the District of Bobonaro (18 villages)
3. Willing to be a research respondent

Research instrument

The tool used in this research is a structured questionnaire designed based on several research variables used, with closed questions and given to respondents to answer and fill out. The questionnaire used will first test the validity and reliability tests. The validity and reliability tests were carried out on 30 mothers who had the same characteristics. Some invalid and reliable questions will be issued automatically.

Technical Analysis

The type of analysis is descriptive and logistic regression analysis (binary logistic) can be described as follows:

1. Descriptive analysis aims to create a systematic and accurate description of the factors that influence maternal behavior and an overview of exclusive breastfeeding. To determine the frequency and percentage, you can use the cross-tabulation test (crosstabs) with the Statistical Program and Service Solution (SPSS) program.
2. Logistics regression analysis (binary logistics). This model is used to look at the independent variables (exclusive breastfeeding behavior) with a dichotomous scale ($Y=0$ and $Y=1$) influenced by independent variables such as mother's education, mother's knowledge, mother's attitude, mother's social culture, support from health workers, family support, the distance of health services and exposure to category-scale information. To determine the value of the relationship between mothers' behavior in breastfeeding, we can use the Statistical Program and Service Solution (SPSS) program.

Research Result

1. Result Description

Exclusive breastfeeding behavior: exclusive breastfeeding behavior has 2 categories, namely giving exclusive breastfeeding and not giving exclusive breastfeeding. Of the 84 mothers interviewed, 57 (67.9 %) gave breast milk exclusively, while 27 (32.1 %) did not give breast milk exclusively.

Mother's Education: Mother's education has 3 levels. When associated with the behavior of exclusive breastfeeding, then only 29.8 % of mothers with higher education provide exclusive breastfeeding, 21.4 % with secondary education provide exclusive breastfeeding, and only 16.7 % with low education provide breastfeeding exclusive. Thus, it is stated that mothers with higher education levels are more likely to give Exclusive Breastfeeding to infants 0-6 months than mothers with secondary and low education levels.

Maternal knowledge: maternal knowledge has 3 categories. When associated with the behavior of exclusive breastfeeding, only 29.8 mothers with a good enough level of knowledge gave breast milk exclusively, 23.8 % of mothers with a good level of knowledge

gave breast milk exclusively and only 14.3 % of mothers with less knowledge well that breastfeeding exclusively in infants 0-6 months.

Mother's attitude: mother's attitude has 3 levels. When associated with the behavior of exclusive breastfeeding, only 39.3 % of mothers with the attitude of agreeing to give breastfeeding exclusively, 21.4 % of mothers with the attitude of disagreeing to give breastfeeding exclusively, and 7.2 % of mothers with less agreed to give Breastfeeding exclusively in infants 0-6 months.

Socio-cultural mothers: socio-cultural mothers have 3 categories. When associated with the behavior of exclusive breastfeeding, as many as 33.3 % of mothers who do not agree with their socio-cultural status prefer to give exclusive breastfeeding, and as many as 21.4 % of mothers who do not agree with the social status of crocodiles choose to give exclusive breastfeeding on and 13, 1 % of mothers who agree with their social status and continue to breastfeed exclusively for babies 0-6 months.

Health worker support: health worker support has 3 categories. When associated with the behavior of exclusive breastfeeding, only 23.8 % of mothers have received support from health workers to give breast milk exclusively, and 22.6 % have less support from health workers but still give breast milk exclusively, while 10, Another 7 % do not get support from health workers but they still choose to breastfeed exclusively in infants 0-6 months.

Maternal family support: Maternal family support has 3 categories. When compared to the behavior of giving exclusive breastfeeding, then only 47, 6 % of mothers who get support from the family to give exclusive breastfeeding, 23.8 % of mothers who do not get support from the family but still give exclusive breastfeeding, and 9.5 % of mothers who do not get support from the family but still choose to give breast milk exclusively to infants 0-6 months.

Health service distance: Health service distance has 3 categories. When compared to the behavior of exclusive breastfeeding, only 41.7 % of mothers who have close proximity to health care facilities that provide breastfeeding exclusively, and 19.0 % have a distance to health care facilities close enough but still provide breastfeeding exclusively, and 7, 1 % of mothers who have a long-distance from health care facilities and still give breast milk exclusively at 0-6 months of age.

Information exposure: information exposure has 3 categories. When compared to the behavior of exclusive breastfeeding, only 27.4 % who sometimes get information (1-2 times a week) give breastfeeding exclusively, and 25.0 % of mothers who often get information (<2 times a week) who give breast milk exclusively while the other 15.5 % rarely get information (> 1 time a month) who give breast milk exclusively to infants 0-6 months.

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Table 4.1 The results of the descriptive test between education, knowledge, attitudes, socio-culture, support from health workers, family support, distance to health services, and information exposure to exclusive breastfeeding behavior in the sub-district, Bobonaro, Timor Timur

Category	ASI Exclusive		No Exclusive ASI		Total	
	f	(%)	f	(%)	f	(%)
Mother's Education						
High	25	29,8	3	3,6	28	33,3
Medium	18	21,4	19	22,6	37	44,0
Low	14	16,7	5	6,0	19	22,6
Mother's knowledge						
Good	20	23,8	2	2,4	22	26,2
Enough	25	29,8	15	17,9	40	74,6
Less	12	14,3	10	11,9	22	26,2
Mother's attitude						
Agree	33	39,3	2	2,4	35	41,7
Less	18	21,4	22	26,2	40	47,6
No	6	7,1	3	3,6	9	10,7
Mother's Social Culture						
No	28	33,3	2	2,4	30	35,7
Less	18	21,4	21	25,0	39	46,4
Agree	11	13,1	4	4,8	15	17,9
Health Officer Support						
Support	28	33,3	0	0,0	28	33,3
Less	20	23,8	17	20,2	37	44,0
No	9	10,7	10	11,9	19	22,6
Mother's Family Support						
Support	40	47,6	3	3,8	43	51,2
Less	12	14,3	21	25,0	33	39,3
No	5	6,0	3	3,6	8	9,5
Health Service Distance						
Near (<5 km)	35	41,7	11	13,1	46	54,8
Enough (5-10 km)	16	19,0	15	17,9	31	36,9
Far >10 Km	6	7,1	1	1,2	7	8,3
Information Exposure						
Often (<2 times a week)	21	25,0	6	7,1	27	32,1
Sometimes (1-2 times a week)	23	27,4	11	13,1	34	40,5
Rarely (>1 times a Month)	13	15,5	10	11,9	23	27,4
Amount	57	67,9	27	32,1	84	100

Source: Primary Data

2. Logistic regression test

The logistic regression test showed that the mother's education, mother's knowledge, mother's attitude, support from health workers, family support, and information exposure had a positive influence on exclusive breastfeeding behavior, while the mother's socio-cultural status and distance from health services did not have a positive influence. on the behavior of exclusive breastfeeding.

Mother's education: mother's education has $p = 0.042$ obtained $\text{Exp (B)} = 0.278$. This means that the higher the education level of the mother, the more likely the mother's behavior is good in giving exclusive breastfeeding to infants 0-6 months.

Mother's knowledge: mother's knowledge has $p = 0.046$ obtained $\text{Exp (B)} = 8.332$. This means that the better the mother's knowledge, the better the mother's behavior in exclusive breastfeeding for infants 0-6 months.

Mother's attitude: Mother's attitude has $p = 0.032$ obtained $\text{Exp (B)} = 3.187$. This means that the better the mother's attitude, the better the mother's behavior in giving exclusive breastfeeding to infants 0-6 months.

Support of health workers: Support of health workers has $p = 0.047$ obtained $\text{Exp (B)} = 2.870$. This means that the more support provided by health workers to the mother, the better the mother's behavior in giving exclusive breastfeeding to infants 0-6 months.

Family support: Mother's family support has $p = 0.010$ obtained $\text{Exp (B)} = 4.396$. This means that the more support from the mother's family, the better the mother's behavior in giving exclusive breastfeeding to infants 0-6 months.

Information exposure: Information exposure has $p = 0,057$ obtained $\text{Exp (B)} = 0.173$. This means that the more information the mother gets on health, the better the mother's behavior in giving exclusive breastfeeding to infants 0-6 months.

Table 4.3 Logistics regression test results between education, knowledge, attitudes, socio-cultural, support from health workers, family support, a distance of health services, and information exposure on exclusive breastfeeding behavior in Bobonaro District, Timor Leste.

Vaiable	B	Sig	Exp (B)	95 % C.I.for EXP (B)	
				Lower	Upper
Mother's education	-1,281	0,041	,278	,081	,950
Mother's knowledge	2,120	0,046	8,332	1,034	67,111
Mother's attitude	1,159	0,032	3,187	1,140	9,201
Mother's Social culture	0,433	0,384	1,542	0,582	4,086
Support of health workers	1,054	0,047	2,870	1,015	8,117
Family support	1,481	0,010	4,396	1,415	13,658
Health Service Distance	,247	0,602	1,281	0,505	3,247
Information exposure	-1,755	0,057	0,173	0,028	1,051
Constant	-3,787	0,000	0,023		

Source: Primary data

Discussion

1. **Exclusive breastfeeding behavior.** Mother's milk is the best food for babies because it has advantages in 3 main aspects, namely nutritional aspects, immune aspects, and psychological aspects. Exclusive breastfeeding for infants from 0-months and thereafter until the age of 24 months (Ministry of Health RI, Directorate of Community Nutrition, 2003). The results showed that only 67.9% of mothers gave exclusive breastfeeding to infants from the age of 0-6 months, while the other 32.1% chose not to exclusively breastfeed. It can be stated that the behavior of exclusive breastfeeding in Bobonaro District is classified as sufficient but needs to be considered through the active role of the community and support from various related parties. Several factors can influence the mother's behavior in exclusive breastfeedings, such as the mother's ignorance of lactation management, maternal confidence still, mother's job status, changes in traditional to modern values, wrong perceptions, and factors that encourage health workers who are still lacking.
2. **Mother's education** has an influence on the behavior of exclusive breastfeeding in infants in Bobonaro District. The value of $\text{Exp (B)} = 0.278$, which means that mothers with higher education levels have the opportunity to exclusively breastfeed compared to those with secondary and lower education levels. The results of this study are in line with the research conducted by Astuti I, 2013 which found that education had a significant relationship with exclusive breastfeeding where the statistical test results showed $p < 0.05$.
3. **Mother's knowledge** has an influence on the behavior of exclusive breastfeeding in infants in Bobonaro District. The value of $\text{Exp (B)} = 8.332$ means that the better the mother's level of knowledge, the more likely she is to choose to exclusively breastfeed infants 0-6 months compared to mothers who have good and bad knowledge. This research is in line with the research that has been done by Astuti. A, 2013 states that knowledge has a relationship with exclusive breastfeeding for infants, where the results of statistical tests show that high knowledge has a 5.94 times chance to exclusively breastfeed compared to mothers who have low knowledge.
4. **Mother's attitude** has an influence on the behavior of exclusive breastfeeding in infants in the Bobonaro District. The value of $\text{Exp (B)} = 0.032$ means that the better the attitude of the mother, the more likely the mother has good behavior toward exclusive breastfeeding for infants 0-6 months. Astuti's research, I 2013 research results show that the more positive the mother's attitude, the mother's opportunity is 8.77 times to exclusively breastfeed her baby compared to mothers who have a negative attitude.
5. **Mother's social** culture has no influence on the behavior of exclusive breastfeeding for infants in the Bobonaro District. The value of $\text{Exp (B)} = 1.542$ means that the more negative the socio-cultural status of the mother, the more likely the mother has the

opportunity to give complementary feeding to infants aged 0-6 months. This study is in line with research by Ginting D. et al which stated that mothers who have a negative socio-cultural category have a 2.35 times risk of giving early complementary feeding to infants less than 6 months old.

6. **The support of health workers** has an influence on the behavior of exclusive breastfeeding in infants in Bobonaro District. The value of $\text{Exp (B)} = 2.870$ means that mothers who receive support from health workers are more likely to have a vacuum behavior in exclusively breastfeeding infants 0-6 months compared to mothers who do not receive support from health workers. This study is in accordance with the opinion of Afifah N. D, 2007, which states that mothers who are successful in exclusively breastfeeding are mothers who give birth who receive assistance from midwives at health facilities. Although her mother's education level is low, she only graduated from elementary school, but she is willing to follow the government's recommendations and wants to leave habits that can endanger her health. Another research such as Astuti. I 2013 also stated that the role of health workers in exclusive breastfeeding where mothers who received support from health workers had 9.45 times the opportunity to breastfeed their babies compared to mothers who did not receive support from health workers.
7. **Mother's family support** has an influence on the behavior of exclusive breastfeeding in infants in Bobonaro District. The value of $\text{Exp (B)} = 4.396$ means that the greater the mother who gets support from the family, the more likely the mother has good behavior in exclusively breastfeeding infants 0-6 months compared to mothers who do not get support from their family. The support in question is as explained by Prasetyawati, AE, 2012 that everyone definitely needs affectionate help from others. This support is in the form of sympathetic and empathetic support, love, trust and appreciation.
8. **The distance of health services** has no influence on the behavior of exclusive breastfeeding in infants in Bobonaro District. The value of $\text{Exp (B)} = 1.281$ means that the distance of health services is getting further, it is more likely that the mother will not get help and will not get access to proper health care.
9. **Information exposure** has an influence on the behavior of exclusive breastfeeding in infants in Bobonaro District. The value of $\text{Exp (B)} = 0.173$ means that a mother who often gets information about breastfeeding more than 2 times a week is likely to have good behavior in exclusively breastfeeding her baby compared to mothers who rarely get health information. This study is not in line with research conducted by Zakaria, R. 2014 that there is no significant relationship between information exposure and exclusive breastfeeding, more for giving complementary feeding compared to exclusive breastfeeding.

Conclusion

1. Exclusive breastfeeding in Bobonaro District is still low, namely only 67.9% of mothers who give exclusive breastfeeding while the other 32.1% do not exclusively breastfeed infants aged 0-6 months.
2. Mother's education has an influence on mother's behavior in giving exclusive breastfeeding in Bobonaro District, obtained values of $p = 0.041$ and $\text{Exp. (B)} = 0.278$ times
3. Mother's knowledge has an influence on mother's behavior in exclusive breastfeeding in Bobonaro District, obtained values of $p = 0.046$ and $\text{Exp. (B)} = 8,332$ times
4. Mother's attitude has an influence on the behavior of mothers in giving exclusive breastfeeding in Bobonaro District, obtained values of $p = 0.032$ and $\text{Exp. (B)} = 3.187$ times.
5. The mother's socio-culture has no influence on the mother's behavior in exclusive breastfeeding in Bobonaro District, with a value of $p = 0.384$.
6. The support of health workers has an influence on the behavior of mothers in giving exclusive breastfeeding in the Bobonaro District, the values obtained are $p = 0.047$ and $\text{Exp. (B)} = 2.870$ times.
7. Mother's family support has an influence on the behavior of mothers in giving exclusive breastfeeding in Bobonaro District, obtained values of $p = 0.010$ and $\text{Exp. (B)} = 4,296$ times
8. The distance of health services has an influence on the behavior of mothers in exclusive breastfeeding in the Bobonaro District, the value of $p = 0.602$ is obtained.
9. Information exposure has an influence on the behavior of mothers in exclusive breastfeeding in the Bobonaro District, obtained with values of $p = 0.057$ and $\text{Exp. (B)} = 0.173$ times
10. Mother's family support has a dominant influence on exclusive breastfeeding behavior in Bobonaro District.

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