

## Factors Associated with Exclusive Breastfeeding: Application of PRECEDE-PROCEED Model and Theory of Planned Behavior

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### ABSTRACT

**Background:** Exclusive breastfeeding (EBF) is an ideal food for infants aged 0-6 months. EBF is useful for infants, but it is under-implemented. A non profit organization, namely Indonesian Association of Lactating Mothers (AIMI), has been established recently, with an objective to disseminate knowledge and information on breastfeeding and to increase breastfeeding practice in Indonesia. This study aimed to examine factors associated with exclusive breastfeeding using PRECEDE-PROCEED model and Theory of Planned Behavior.

**Subjects and Methods:** This was an analytic observational study with retrospective cohort design. This study was conducted at Pajang Community Health Center, Surakarta, Central Java, from January to March, 2017. A total sample of 120 lactating mothers were selected for this study by simple random sampling. The dependent variable was exclusive breastfeeding. The independent variables were maternal education, maternal employment status, participation in AIMI, knowledge, attitude, family support, perceived behavior control, and intention. The data were collected by a set of questionnaire and analyzed by path analysis.

**Results:** Exclusive breastfeeding were positively associated with maternal education  $\geq$ senior high school ( $b = -0.13$ ;  $SE = 0.22$ ;  $p = 0.572$ ), participation in AIMI ( $b = 0.45$ ,  $SE = 0.26$ ,  $p = 0.085$ ), maternal employment status ( $b = -0.63$ ;  $SE = 0.20$ ;  $p = 0.002$ ), attitude ( $b = 0.05$ ;  $SE = 0.03$ ;  $p = 0.172$ ), family support ( $b = 0.06$ ;  $SE = 0.03$ ;  $p = 0.039$ ), perceived behavior control ( $b = 0.04$ ;  $SE = 0.03$ ;  $p = 0.164$ ), and intention ( $b = 0.09$ ;  $SE = 0.05$ ;  $p = 0.045$ ). EBF intention were positively associated with maternal education  $\geq$ senior high school ( $b = 1.44$ ;  $SE = 0.42$ ;  $p < 0.001$ ), participation in AIMI ( $b = 0.55$ ;  $SE = 0.46$ ;  $p = 0.229$ ), attitude ( $b = 0.11$ ;  $SE = 0.06$ ;  $p = 0.046$ ) and perceived behavior control ( $b = 0.38$ ;  $SE = 0.05$ ;  $p < 0.001$ ).

**Conclusion:** Exclusive breastfeeding are positively associated with maternal education  $\geq$ senior high school, participation in AIMI, maternal employment status, attitude, family support, perceived behavior control, and intention. EBF intention are positively associated with maternal education  $\geq$ senior high school, participation in AIMI, attitude and perceived behavior control.

**Keywords:** PRECEDE-PROCEED model, theory of planned behavior, AIMI, exclusive breastfeeding

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### BACKGROUND

Breast milk is ideal food for 0-6 month old infant because breast milk composition meets the infant's needs at the beginning of his life; as a result, breast milk is easily absorbed and processed by infant's digestion system. The duration of exclusive

breastfeeding, as it is recommended by the WHO, is during the first six month. Regulation of the Republic of Indonesia Government No. 33 Year 2013 regarding Exclusive Breastfeeding explains that the breastfeeding mothers should exclusively breastfeed their infants t for six month and

continue the provision until the infant has reached the age of 2 years old, unless medical indication occurs. The government has designed a regulation regarding exclusive breastfeeding because breastfeeding has multiple benefits for the infant namely: protecting the infant from multiple infectious diseases, being useful for the infant development, health and helping to pursue the optimum infant intelligence. The other benefits of breastfeedings are improving maternal self confidence to be able to breastfeed her infant and to increase bonding between mother and her infant, therefore breastfeeding is greatly necessary for infants' development especially in the first stage of his life (Tan, 2011; Roesli, 2012; WHO dan UNICEF, 2013).

Regulations regarding exclusive breastfeeding have not been able to reach the targeted level of exclusive breastfeeding achievement which is 80.00%. The coverage of exclusive breastfeeding in Indonesia in 2015 has been 55.70%. Specifically, the coverage of exclusive breastfeeding in the Province of Central Java has decreased from 60.60% into 56.10%. A preliminary survey in the Health Office of the City of Surakarta reveals that not all toddlers are exclusively breastfed by their mothers. (Kementerian Kesehatan Republik Indonesia, 2016; Dinkes Surakarta, 2015).

Exclusive breastfeeding will not be put into practice if it is not supported by mothers' behavior. Factors affected the provision of exclusive breastfeeding can be categorized into: maternal factor (wrong perception, health problems, working mother, and breast milk production), infant factors (early initiation of breastfeeding, introduction to additional food), family factors (mother in law's pressure and husband's support), and health workers' factors (Agunbiade dan Ogunleye, 2012). The lack of support and the attitudes

performed by health workers may also influence the success of exclusive breastfeeding. A qualitative study by Abba et al. (2010) regarding the promotion of exclusive breastfeeding shows that mothers and family obtain less information regarding breastfeeding from health workers so that the promotion by the health workers should be professionally improved and monitored by related institutions in order to improve breastfeeding implementation.

Due to the lack of information regarding the provision of exclusive breastfeeding, therefore health workers from *Asosiasi Ibu Menyusui Indonesia* (AIMI, the Association of Indonesian Breastfeeding Mothers) actively provide education about breastfeeding. Initiative to establish AIMI is encouraged by the concern on low support of government, society, private institutions toward the breastfeeding implementation. This condition is worsen due to the absence of support toward Indonesian families, especially toward mothers in accessing complete information regarding breastfeeding both from the hospitals where they give birth to their infants as well as health workers. Based on the interview with 10 breastfeeding mothers who have joined the AIMI, six mothers have been successful in exclusively breastfeeding while the remaining four mothers do not breastfeed exclusively. From the four mothers who do not breastfeed, 1 mother states that her infant is fed with solid food by her mother in law, 2 mothers states that they are working mothers and do not have time to express their breast milk, and 1 remaining mother states that she does not have sufficient breast milk to breastfeed her infant. Then, the mothers who have joined the AIMI may have interactions in the form of question and answer sessions, may share their own experiences in relation to breastfeeding,

such as the difficulties they deal with, and gain supports from the fellow breastfeeding mothers to breastfeed therefore mothers can be enlightened from the. The natures of AIMI's breastfeeding education which are educative and informative are considered able to change the perception toward breastfeeding and later it may change behavior. The change will be apparent from the improvement of their perception regarding the breastfeeding activity. Breastfeeding is a natural matter that becomes the mother's responsibility and the infant's right (Arisma & Kaylaku, 2012).

The behavioral change is influenced by encouraging factors such as education, knowledge, and cultural values. Then, the factors that enable the behavioral change are family income and maternal health and employment status. On the other hand, supporting factors of behavioral change are family support and health workers support. (Green and Kreuter, 2005).

This study also referred to the planned behavior theory that consists of attitude toward the behavior; subjective norms; and intention. In relation to the above explanation, this study aimed at analyzing the factors that were related to the behaviors of exclusive breastfeeding among breastfeeding mothers by implementing PRECEDE PROCEED theory and planned behavior theory.

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## **SUBJECTS AND METHOD**

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### **1. Design of the Study**

This study implemented quantitative method. Looking at the data source, this study belonged to the ex post facto research. This study was also an analytic observational research using the cohort retrospective approach. The study was conducted in Pajang Community Health Center, the City of Surakarta, and in Association of Indonesian Breastfeeding

Mothers or AIMI organization from January to March 2017.

### **2. Population and Sample of the Study**

The population in this study was all of the breastfeeding mothers in Pajang Community Health Center and mothers who joined AIMI organization. The subjects in this study were 120 breastfeeding mothers who had been selected using the simple random sampling.

### **3. Variables of the Study**

There were nine variables in this study and these variables were categorized as dependent and independent variables. Dependent variable was the exclusive breastfeeding behavior. The independent variables were education, occupation, AIMI membership, knowledge, attitude, family support, perceived behavioral control, and intention.

### **4. Operational Definition**

The operational definition of the mother's knowledge about breastfeeding was the mother's understanding toward exclusive breastfeeding that included breastfeeding definition, benefits of breastfeeding, risks of refusing to breastfeed, the content of breast milk, and ways of improving breast milk production.

Attitude was defined as the mother's positive or negative impression toward exclusive breastfeeding which would influence her in implementing exclusive breastfeeding.

Family support was defined as attitudes, actions, and any other form of supports that tended to be provided by the family members, which included emotional, informational, instrumental, and evaluative support. Mother's education was defined as the latest formal education which certificate had been earned by the mother.

Perceived behavioral control was defined as the mother's subjective assumption regarding her capability in using the

supporting factors to decrease the constraining factors in implementing exclusive breastfeeding. Mother's occupation, was defined as the activity conducted in order to earn living. Intention for exclusively breastfeeding was defined as the mother's plan or desire to opt or not to opt for exclusively breastfeeding.

Exclusive breastfeeding behavior was defined as the provision of only exclusive breast milk for the mother's infant without other additional food except vitamins and medicines to infants of 0-6 months of age.

**Table 1. Results reliability test on questionnaires**

Variables	Total Item Correlation	Alpha Cronbach
Knowledge	≥0.31	0.855
Attitude	≥0.22	0.755
Family support	≥0.32	0.925
Perceived behavioral control	≥0.45	0.874
Intention	≥0.35	0.889
Exclusive breastfeeding behavior	≥0.25	0.812

## 6. Data Analysis

The data were analyzed in univariate, bivariate, and multivariate. The bivariate data were analyzed using Pearson correlation. Then, the multivariate data were analyzed using path analysis model. The steps in conducting path analysis were as follows:

- Model specification
- Model identification
- Model fit
- Parameter estimation
- Model re-specification

## Results

### 1. Characteristics of the Study Subjects

Table 2 showed that most of 120 subjects of the study were between 25-35 years old (69.90%), had 6-9 month old infant (56.60%), had high educational background (51.70%), were unemployed (71.70%), and did not join AIMI (65.00%).

## 5. Instrument

The data was collected using a set of questionnaire. Based on the results of total-item correlation reliability test, knowledge, attitude, family support, perceived behavioral control, intention, and behavior of providing exclusive breastfeeding the  $r$  count had been  $\geq 0.20$  and the Cronbach's Alpha had been  $\geq 0.70$ ; as a consequence, all of the statement items had been reliable. The results of reliability test would be explained in Table 1.

Table 3 showed that out of 120 subjects there were 66 subjects (55.00%) who had positive attitude toward exclusive breastfeeding, 63 subjects (52.50%) had good family support, and 75 subjects (62.50%) had high knowledge. On the other hand, 49 subjects (40.80%) had good perceived behavioral control, 58 (48.30%) had strong intention, and 82 subjects (68.30%) had good exclusive breastfeeding behavior.

### 2. Univariate Analysis

Table 4 showed that the mean and the SD of knowledge variable were equal to 25.72 and 2.24, the mean and SD of attitude variable were equal to 29.83 and 4.33, the mean and SD of family support variable were 27.42 and 4.36, the mean and SD of perceived behavioral control variable were 24.51 and 4.32, the mean and SD of intention variable were equal to 20.98 and 3.12, and the mean and SD of exclusive breastfeeding behavior were equal to 10.76 and 1.43, respectively.

**Table 2. Subject characteristics**

Characteristics		n	%
<b>Mother's Age</b>	a. < 25 years old	19	15.80
	b. 25-35 years old	84	69.90
	c. ≥ 35 years old	17	14.30
<b>Infant's Age</b>	a. 6-9 month old	68	56.60
	b. 10-12 month old	52	43.40
<b>Formal Education</b>	a. High	62	51.70
	b. Low	58	48.30
<b>Employment Status</b>	a. Employed	34	28.30
	b. Unemployed	86	71.70
<b>AIMI Membership</b>	a. Member	42	35.00
	b. Non-member	78	65.00

**Table 3. Special data characteristics**

Classification	Category	Frequency	Percentage (%)
<b>Attitude</b>	Negative	54	45.00
	Positive	66	55.00
<b>Family Support</b>	Supportive	63	52.50
	Unsupportive	57	47.50
<b>Knowledge</b>	High	75	62.50
	Low	45	37.50
<b>Perceived behavioral control</b>	Good	49	40.80
	Poor	71	59.20
<b>Intention</b>	Weak	62	51.70
	Strong	58	48.30
<b>Breastfeeding behavior</b>	Positive	82	68.30
	Negative	38	31.70

**Table 4. Construct description on theory of planned behavior and PRECEDE PROCEED**

Construct	n	Mean±	SD	Min.	Max.
Knowledge	120	25.72±	2.24	19	28
Attitude	120	29.83±	4.33	20	36
Family Support	120	27.42±	4.36	19	36
Perceived behavioral control	120	24.51±	4.32	16	32
Intention	120	20.98±	3.12	14	28
Exclusive Breastfeeding Behavior	120	10.76±	1.43	7	12

### 3. Bivariate Analysis

Table 5 showed that the exclusive breastfeeding would have higher possibility if mothers had educational background which were equal to or higher than senior high school, they were housewives, joined AIMI, had good knowledge, positive attitude, strong family support, strong perceived behavioral control and strong intention.

### 4. Path Analysis

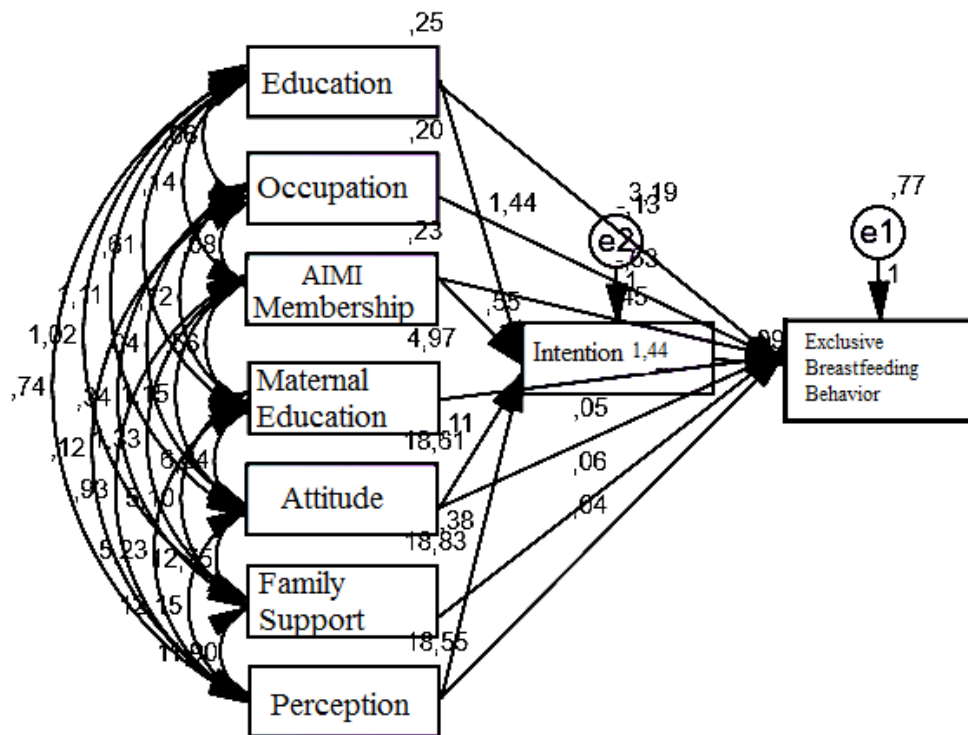
The path analysis model was specified based on two theories namely the PRECEDE PROCEED Model and the Theory of Planned Behavior. Figure 1 displayed the structural model after the model had been estimated using IBM SPSS AMOS 20. The indicators that displayed the fitness of the path analysis model could be viewed in Table 5.

From the goodness of fit measure, the researcher found the fit index CMIN that had been equal to 0.172,  $p= 0.982$ ; NFI= 1.00; CFI 1.00; RMSEA <0.001. These

results implied that the empirical model had already met the assigned criteria and had already been in accordance to the empirical data.

**Table 5. Bivariate analysis toward the factors related to the provision of exclusive breastfeeding**

Variables	r	p
Mother’s educational background	0.41	< 0.001
Mother’s occupation	-0.06	0.500
AIMI membership	0.52	< 0.001
Knowledge	0.61	< 0.001
Attitude	0.68	< 0.001
Family support	0.63	< 0.001
Perceived behavioral control	0.64	< 0.001
Intention	0.65	< 0.001



**Picture 1. The structural model of path analysis with estimation**

Through Table 6, the researcher found that behavior had been influenced by intention, education, AIMI membership, perceived behavioral control, family support, attitude, knowledge, and occupation.

Every 1-unit increase in the education would increase exclusive breastfeeding behavior by 0.09 unit ( $b= 0.09$ ;  $SE= 0.05$ ;  $p= 0.045$ ).

Every 1-unit increase in the education would decrease exclusive breastfeeding behavior by 0.13 unit ( $b=0.13$ ;  $SE= 0.22$ ;  $p=0.572$ ). Then, every 1-unit increase in the AIMI membership would increase exclusive breastfeeding behavior by 0.45 unit ( $b=0.45$ ,  $SE= 0.26$ ,  $p= 0.085$ ).

Every 1-unit increase on the perception would increase exclusive breastfeeding behavior by 0.04 unit ( $b=0.04$ ;  $SE= 0.03$ ;

p= 0.164). Every 1-unit increase on the family support would increase exclusive breastfeeding behavior by 0.06 unit (b= 0.06; SE= 0.03; p= 0.039). Every 1-unit increase on the attitude would increase exclusive breastfeeding behavior by 0.05 unit (b=0.05; SE= 0.03; p= 0.172). Every 1-unit increase on the knowledge would increase exclusive breastfeeding behavior by 0.13 unit (b= 0.13; SE=0.05; p= 0.015). Every 1-unit increase on the occupation would decrease exclusive breastfeeding behavior by 0.63 unit (b=-0.63; SE= 0.20; p= 0.002).

Intention was influenced by AIMI membership, attitude, education, and perceived behavioral control. Every 1-unit increase in the AIMI membership would increase the intention by 0.55 unit (b= 0.55; SE= 0.46; p= 0.229).

Every 1-unit increase on the attitude would increase the intention by 0.11 unit (b= 0.11; SE= 0.06; p= 0.046). Every 1-unit increase on the perceived behavioral control would increase the intention by 0.38 unit (b= 0.38; SE= 0.05; p < 0.001). Every 1-unit increase on the education would increase the intention by 1.44 unit (b= 1.44; SE= 0.42; p< 0.001).

**Table 6. Results of path analysis toward the factors related to exclusive breastfeeding behaviors**

Dependent Variable	Independent Variable	b*	SE	p	β**
<b>Direct Influence</b>					
Exclusive Breastfeeding Behavior	← Intention	0.09	0.05	0.045	0.20
	← Mother's education ≥ SMA	-0.13	0.22	0.572	-0.04
	← AIMI membership	0.45	0.26	0.085	0.15
	← Perceived behavioral control	0.04	0.03	0.164	0.13
	← Family support	0.06	0.03	0.039	0.19
	← Attitude	0.05	0.03	0.172	0.14
	← Knowledge	0.13	0.05	0.015	0.20
	← Occupation	-0.63	0.20	0.002	-0.20
<b>Indirect Influence</b>					
Intention	← AIMI Membership	0.55	0.46	0.229	0.08
Intention	← Attitude	0.11	0.06	0.046	0.16
Intention	← Perceived behavioral control	0.38	0.05	<0.001	0.53
Intention	← Mother's education ≥SMA	1.44	0.42	<0.001	0.23
N Observation = 120					
Model Fit :					
CMIN = 0.172		CFI = 1.00			
GFI = 1.00		RMSEA = 0.00			
NFI = 1.00					
*unstandardized path coefficient ** standardized path coefficient					

## DISCUSSIONS

### 1. Relationship between mother's education and exclusive breastfeeding behavior

The result of the analysis showed that there was negative indirect influence from the mother's education toward exclusive breastfeeding behavior. It implies that the

higher the mother's educational level is the lower exclusive breastfeeding behavior will be. According to the theory, an individual who have higher educational level significantly will have good knowledge as well; as a result, the individual will respond the given information rationally and will think how far the benefits that she will have

especially with regards to the exclusive breastfeeding.

From the results of the analysis in this study, the researcher found that the higher the mother's educational level was, the lower exclusive breastfeeding behavior would be. This finding is similar to that of the results of a study in Yordania which concludes that the mothers with low educational background tend to breastfeed more than those with high educational background (Khasawneh et al., 2006). This might happen due to the fact that the mothers with high educational level usually have many activities outside the house; as a result, they will leave their infant most of the times. On the other hand, the mothers with low educational background tend to stay at home most of the time, therefore they have many opportunities to breastfeed their infants (Amraeni and Amiruddin, 2010). The mothers who have high educational level will be easier to find occupation outside their house and, as a consequence, they will have limited time to breastfeed their infant. This statement is also similar to the results of a study by Karo (2009) which concludes that there is a relationship between the educational level and the employment. However, the results of this study are not in accordance to those by Megawati (2017) which concludes that there is a relationship between the educational level and exclusive breastfeeding behavior.

Mothers who have knowledge about the exclusive breastfeeding will be more confident and will have stronger intention to breastfeed exclusively (Behera dan Kumar, 2015). According to the theory of PRECEDE and PROCEED, an individual's behaviors in relation to health are determined, among others by the educational level (Green dan Kurter, 2005).

## **2. Relationship between the mother's occupation and exclusive breastfeeding behavior**

The result of the analysis showed that there was direct negative influence from mother's occupation toward exclusive breastfeeding behavior. It means mothers who work outside the house have a tendency to lower their exclusive breastfeeding behavior. On the other hand, unemployed mothers who are regarded as housewives since they only perform their functions as a housewife and they spend most of the time at home without being tied to any responsibility outside the house.

Mothers have plenty opportunities in nursing their infant and in providing the exclusive breastfeeding optimally without being limited by their time and activities. This statement is in accordance to a study by Sari (2014) and Asnani (2013) which concluded that the unemployed mothers have greater opportunity to provide the exclusive breastfeeding compared to the employed mothers. This finding is related to the reasons why the unemployed mothers tend to have more time for maintaining contacts with their infant (Ramadani, 2009).

This finding is also in accordance to another study (Vijayalakshami, 2015) which concludes that housewives have better awareness to exclusively breastfeed because they are able to focus more than the employed mothers. However, working mothers are still actually able to provide breast milk for their infants. They can express their breast milk by hand or by using breast pump. Unfortunately, heavy workloads that cause stress among the employed mothers and their fatigue due to less resting time influence breast milk production and lead to the failure of exclusive breastfeeding; whereas, being breastfed is the right for infant and mothers have



the responsibility to provide it without any exception.

### **3. Relationship between AIMI membership and exclusive breastfeeding behavior**

Breastfeeding mothers will encounter numerous challenges; as a result, they need support from their family, mass media, and social environment. This support will provide positive assistance toward the breastfeeding mothers' mental aspect in dealing with the problems that appear during the breastfeeding time.

Mothers who have joined AIMI organization may have interactions in the form of question and answer sessions or of sharing experience in relation to breastfeeding and the difficulties that they encounter during breastfeeding. They can even gain support from the fellow breastfeeding mothers to breastfeed exclusively. In sum, these mothers may be educated based on the experience of the other breastfeeding mothers.

The breastfeeding mothers who have joined the AIMI organization will have the sense of communality and, as a consequence, they will have the tendency to imitate and follow the positive suggestions (Arisma dan Kaylaku, 2012). In relation to this statement, the results of this study are in accordance to another study (Lakshmi, 2011) which conclude that the the group that supports the breastfeeding mothers significantly improves exclusive breastfeeding behavior through the active participation in this group; such active participation may double the opportunity to exclusively breastfeed in. The support that is provided by the AIMI organization will increase the intention to exclusively breastfeed (Arisma and Kaylaku, 2012). The educative and normative nature of the AIMI organization is considered able to change the perception and the behavior.

This nature then is in accordance to the PRECEDE PROCEED theory which stated that one of the factors that influence the behavior is the attitude of the closely related people or community. In this case one of such closely related community for breastfeeding is the AIMI organization (Green dan Rabinowitz, 2013).

### **4. Relationship between the knowledge and exclusive breastfeeding behavior**

There was positive direct influence of knowledge toward exclusive breastfeeding behavior. It means that the higher the mother's knowledge is the higher exclusive breastfeeding behavior will be.

It is in accordance with a study by Ihsani (2011) that was conducted in the City of Solok, the Province of West Sumatra. In this study, he concludes that the high level of knowledge results in 5.2 times opportunity to exclusively breastfeed. Mother's knowledge is one of the strongest decisive factors in the practice of exclusive breastfeeding (Dubois dan Girard, 2003). From the results of this study, the researcher found that behaviors that were based on the knowledge last longer than those that were not based on knowledge. It is in accordance with the Green theory, which states that behavior is influenced by three main factors and one of the existing predisposition factors contains knowledge within. Mothers who have better knowledge on the benefits of exclusive breastfeeding will have longer duration in exclusively breastfeeding (Afrose et al. 2012).

### **5. Relationship between attitude and exclusive breastfeeding behavior**

There was indirect relationship between attitude and exclusive breastfeeding behavior through the intervening variable intention. This relationship is positive and significant. The study showed that mothers had positive attitude toward breastfeeding,

for example, mothers' attitude that state they support exclusive breastfeeding without any food in addition to breast milk in the first six months.

Mothers who had positive attitude have the greater opportunity to exclusively breastfeed in comparison to those who had negative attitude. This finding is in accordance to a study (Vijayalakshmi *et al.*, 2015) which concludes that the positive attitude toward the breastfeeding will lead to the longer breastfeeding duration and the greater opportunity to practice successful breastfeeding. Breastfeeding mothers need the strength in the form of positive attitude, intention, belief, and self confidence in dealing with multiple life aspects that become their challenges. This strength is manifested from the positive intention and attitude toward breastfeeding. The intention itself is manifested from the sense of caring toward the health and the safety of their infant therefore generates mother's attitude which are expected, planned, and challenging (Lupton *et al.* 2001)..

#### **6. Relationship between perceived behavioral control and exclusive breastfeeding behavior**

There was indirect relationship between the perceived behavioral control and exclusive breastfeeding behavior through the intervening variable intention.

The result of the study showed that the better the perceived behavioral control was, the stronger the breastfeeding mothers' intention would be in practicing exclusive breastfeeding. The stronger mother's intention to breastfeed, the greater opportunity she would have to be successful in practicing exclusive breastfeeding.

Factors that influence mothers' decision to breastfeed their infant are breastfeeding intention to breastfeed, social support, and maternal belief to breastfeed

(Shahla *et al.*, 2010). The result of this study is in accordance to the Ajzen theory (1991) which states that the perceived behavioral control refers to the individual confidence upon her self to perform her behavior. Mothers' perceived behavioral control will influence their self-belief and give impact to their intention to exclusively breastfeed.

#### **7. Relationship between family support and exclusive breastfeeding behavior**

There was direct positive and significant influence from the family support to exclusive breastfeeding behavior. The higher the family support for breastfeeding mothers would be more improving mothers' exclusive breastfeeding behavior.

According to Friedman (2010), family support refers to attitudes, actions, and acceptance of a family to the members. Based on Mannion et al. (2013), family support, especially the one given by the husband, may result in self-confidence among the breastfeeding mothers to exclusively breastfeed their infant. In relation to this statement, from the results of this study the researcher found that most of the families provided their support emotionally, instrumentally, and evaluatively while mothers were breastfeeding. This finding is in accordance to a study by Agunbiade and Ogunleye (2012), which concludes that the support provided by the husband may determine the practice of exclusive breastfeeding among breastfeeding mothers in Nigeria.

#### **8. Relationship between intention and exclusive breastfeeding behavior**

There was positive and significant influence from intention toward exclusive breastfeeding behavior. It means that that the stronger the intention to breastfeed, the

more improving exclusive breastfeeding behavior will be.

Schiffman and Kanuk (2007) stated that intention is a matter that has been related to an individual's tendency in performing an action. Intention is a theoretical construct: attitude, subjective norms, and behavioral control that an individual experiences (Bai *et al.*, 2010). The most important determinant of an individual's behavior is intention. The bigger an individual's intention in performing certain behavior is, it is expected for the individual to be more successful in performing it. Intention may change due to the time. The greater the distance between the intention and the behavior is, the greater the tendency of change upon the intention will be (Yuliani, 2015). It is in accordance to a study by Ariwati (2016) and Megawati (2017), which concludes that there is positive and significant relationship between the intention and exclusive breastfeeding behavior.

Based on the results of the study, it can be concluded that exclusive breastfeeding behavior is influenced by education, AIMI membership, occupation, knowledge, attitude, family support, perceived behavioral control, and intention. The intention to provide exclusive breastfeeding is influenced by education, AIMI membership, attitude, and perceived behavioral control.

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