

IMPLEMENTATION OF AN EXCLUSIVE BREASTFEEDING POLICY IN WONOGIRI REGENCY

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ABSTRACT

Introduction: Breastfeeding is the best intake to fulfill nutrition of babies aged 0-6 months. In Wonogiri Regency, exclusive breastfeeding achievement in 2017 is 53.62% and 25 out of 34 public health centers haven't reached the target yet. **Method:** This research was descriptive research type with observational approach and cross-sectional design. Sample was 34 public health centers in Wonogiri Regency, with nutritionist, midwives and health cadres from each public health centers as respondents. The data were collected using interview and questionnaire techniques, and correlation analysis performed using the contingent coefficient method. **Result:** show that communication factors showed good result for respondent's knowledge, consistency in obtaining socialization and transmission to carry out further socialization. Resource factors show that availability of nutrition staff isn't sufficient and funds lack for activities related to exclusive breastfeeding. On disposition factors, respondents disagree with the gift provided from the formula milk distributor because it can inhibit achievement of exclusive breastfeeding purpose. And many public health centers still don't have exclusive breastfeeding SOP. **Conclusion:** It can be concluded that training, availability of facilities and infrastructures in lactation room and number of staff positively affect target achievement of exclusive breastfeeding. The effort that can be done is by giving counselling of breastfeeding to workers and healthcare staff, fulfillment of facilities and infrastructure of lactation room to support exclusive breastfeeding, making SOP related to breastfeeding for public health centers.

Keywords: Exclusive Breastfeeding, Policy Implementation, Public Health Center

INTRODUCTION

The infant mortality rate (IMR) is an indicator of public health degree. The factor that most influences the infant mortality rate is the nutritional factor, so nutrition needs to be given serious attention, especially the best nutrition for babies being breast milk (ASI). Breast milk is important for optimal baby development, both physical and intelligence. Consuming exclusive breastfeeding at 0-6 months will also prevent mental problems when the child is 3-4 years old by 76.2% (Setyarini, Mexitalia and Margawati, 2016). Because of its significant benefits, exclusive breastfeeding requires the community's attention, especially breastfeeding mothers, to be successfully carried out. The most effective intervention in reducing the infant mortality rate is exclusively breastfeeding the baby (Mufdlilah, 2017).

The movement to provide exclusive breastfeeding in Indonesia is still minimal

even though the legal principles related to the exclusive breastfeeding program policy have been regulated since 1979 in Law Number 4 concerning child welfare which was then clarified in Government Regulation Number 33 of 2012 concerning exclusive breastfeeding (Zainafree, Widanti and Wahyati, 2016), As happened in 34 public health centers in Wonogiri Regency, the achievement of exclusive breastfeeding in 2017 was 53.62%. This achievement still did not meet the target set of 66%. This achievement has decreased over year (Central Bureau of Statistics, 2018). In Wonogiri Regency, the health center is the executive of the exclusive breastfeeding program under the direction of the Health Office with a policy based on the Wonogiri Regent Regulation No. 12 of 2012 on increasing breastfeeding in Wonogiri Regency. Even though it has a written policy, data on the attainment of exclusive breastfeeding in Wonogiri Regency have not met the target.

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Government Regulation No. 33 of 2012 on Exclusive Breastfeeding explains that to support the success of the Exclusive Breastfeeding program, things that must be done include regulating early breastfeeding initiation (IMD), health workers or health service providers carrying out joint care, prohibiting formula milk as a substitute for breastfeeding and procuring a lactation room (Secretariat General of the Ministry of Health of the Republic of Indonesia, 2012). From research (Andriani, Ainy and Destriatania, 2016) which conducted an analysis of implementing the exclusive breastfeeding program at the Lumpatan Community Health Center in Musi Regency, the success of the exclusive breastfeeding program was influenced by several factors, including resources, budget, infrastructure, socialization methods used, intervention situations and activities.

The success of the exclusive breastfeeding program does not escape the role of stakeholders. In research (Parji, 2017), the synergy between stakeholders in the aspects of communication effectiveness, trust, awareness of contribution and equality influenced the success of the exclusive breastfeeding program. The implementation of the exclusive breastfeeding policy in Rungkut Subdistrict, Surabaya is also carried out based on Government Regulation No. 33 of 2012. Implementation of exclusive breastfeeding regulations as Government support for mothers also is not optimal as exclusive breastfeeding is a disposition to each region, although these regulations are not enforced by all regions. The absence of strict sanctions from the central government to local governments and public facility providers who do not carry out regulations related to exclusive breastfeeding, makes the exclusive breastfeeding counseling program considered less intensive to do (Safitri and Puspitasari, 2018). In regions and agencies, it needs written policies related to exclusive breastfeeding. The existence of a

written policy will help the program to be planned properly and run optimally.

At the Bukittinggi City Health Center, one obstacle in implementing the exclusive breastfeeding program is the absence of a policy from the City Government and the lack of cross-sectoral and cross-programmatic issues. Because of the lack of a policy, the allocation of funding and facilities for exclusive breastfeeding activities at Health Center is not well-programmed and has led to exclusive breastfeeding, which does not fulfill government objectives (Ezafitria, 2019). Not only in health agencies, at PT Royal Korindah, Purbalingga Regency, implementing the breastfeeding policy for female workers is still in the moderate category (54.2%) because the company does not have internal regulations and supervision from related agencies has not been implemented optimally (Andriani, Ainy and Destriatania, 2016).

The purpose of this study was to analyze communication factors, resource factors, disposition factors and organizational structure factors on implementing exclusive breastfeeding policies, which will then analyze the implementation of exclusive breastfeeding policies that have been carried out at public health centers in Wonogiri Regency. Here, it relates to the coverage of exclusive breastfeeding, which is an indicator of the success of the nutrition program.

METHODS

This research is a descriptive study with an observational approach using a cross-sectional design. The population in this study were all public health centers in Wonogiri Regency, as many as 34. This research was conducted from February to April 2019 in Wonogiri Regency, Central Java.

Primary data collection, namely communication factors, resource factors, disposition factors and SOP presence factors, was carried out by interview with

questionnaire techniques, with respondents comprising nutrition officers, midwives and health cadres who were each selected as a representative of the sample. Meanwhile, secondary data were obtained from documents from the Wonogiri Regency Health Office. Data processing proceeded through the editing, coding, scoring and entry stages and were then analyzed descriptively.

The initial stage of the research carried out was to identify communication factors, resource factors, disposition factors and organizational structure factors at the public health centers' exclusive breastfeeding policies implementation. Then calculations were performed with the contingency coefficient method to measure and analyze the correlation between the two research factor variables of the nominal data type. The results of the contingency coefficient will then be used to analyze the implementation of the exclusive breastfeeding policy in Wonogiri Regency. This study has passed the ethical clearance with No: 93/EA/KEPK/2019.

RESULT

The health administration of Wonogiri Regency comprises 34 public health centers; 29 of them are outpatient public health centers and five are inpatient health centers. In all health centers there are 225 midwives. There are 24 nutrition staff in all health centers, while the remaining 10 health centers are midwives for the nutrition program. There are 10,754 health personnel, 10,041 of whom are active cadres at all health centers in Wonogiri Regency. The results obtained are:

Communication

In the dimension of clarity of policies related to implementing exclusive breastfeeding, namely knowledge of exclusive breastfeeding policies, on average respondents knew about the clarity of the policies of Law No. 36 of 2009,

Minister of Health Regulation No. 15 of 2013, Government Regulation No. 33 of 2012, Governor Regulation of Central Java No. 17 of 2016 and Regent Regulation Wonogiri No 12 of 2012. Regarding Government Regulation No. 33 of 2012, nutrition officers have an average of sufficient knowledge of 15 people (44%), midwives have an average of good knowledge of 19 people (56%) and health cadres have an average knowledge of sufficient 17 people (50%).

As for the consistency in the implementation of Government Regulation No. 33 of 2012, most of the respondents had received socialization, namely 91 people (89.2%) with the source of socialization from the District Health Office, specifically the health center for nutrition officers, midwives and health cadres, then Family Care Welfare also carried out socialization to health cadres. And for Wonogiri Regent Regulation No 12 of 2012, most of the respondents had received socialization, namely 84 respondents (82.3%) with the source of socialization from the health center for nutrition officers, midwives and health cadres. Besides that, health cadres also get policy outreach from the Empowerment of Family Welfare (EFW), and the Wonogiri Regency Health Office also provides outreach to nutrition officers and midwives.

In terms of transmission, 91 respondents (89.2%) had carried out further socialization for Government Regulation 33/2012 with the target of socialization being midwives, cadres, community groups and patients (pregnant women and women giving birth). As for the Wonogiri Regent Regulation No.12 of 2012, 84 respondents (82.4%) performed further socialization with the target of the socialization being midwives, cadres, community groups and patients (pregnant women and women giving birth).

Resources

For staff availability at the Wonogiri Regency Health Center, in the

category of nutrition workers staff there was still a shortage in nine health centers (27%) where the duties of the nutrition officer themselves were held by the health center midwife. Meanwhile, the availability of midwife staff is sufficient for all health centers in Wonogiri Regency. Thirteen (38%) of nutrition staff respondents had received training and 21 (61%) had never received training. Meanwhile, of the 34 midwife respondents, 19 (56%) had received training related to breastfeeding organized by the Health Office with funding from the State Budget.

Disposition

The disposition in this study is the respondent's attitude in implementing the exclusive breastfeeding policy. The lowest average was 1.21, which was shown by the attitude of the respondents who did not agree with the prohibition on distributors of infant formula milk and / or other baby products from giving gifts and / or assistance to health workers which could hinder the success of the exclusive breastfeeding program. Some respondents have a good attitude toward implementing exclusive breastfeeding policy, 68 respondents consented to exclusive breastfeeding practices or programs.

Organizational Structure

The bureaucratic structure studied in this study was the Standard Operational Procedure (SOPs), where in achieving the goal of implementing the exclusive breastfeeding policy at the health center it

is necessary to have SOPs on exclusive breastfeeding. In this variable, seven health centers (21%) already had exclusive breastfeeding SOPs, and 27 health centers (79%) did not. SOPs by seven health centers are related to exclusive breastfeeding counseling mechanisms and exclusive breastfeeding monitoring activities.

Implementation of Exclusive Breastfeeding Policy

Of the five inpatient community health centers in Wonogiri Regency, all of them have performed combined care for mothers and children (joint care). All health centers (five inpatient health centers and 29 outpatient health centers) in Wonogiri Regency have also provided a special room for breastfeeding or a lactation room wherein the lactation rooms in 21 health centers (62%) have met the minimum standards of Minister of Health Regulation No.15 of 2013. Regarding the distribution of exclusive breastfeeding achievements in Wonogiri Regency in 2018, most of the health centers had not reached the target of exclusive breastfeeding coverage; 24 health centers (70.6%) achieved the target, and 10 (29.4%) failed achieve the target of exclusive breastfeeding coverage.

The results of the cross-tabulation between the achievement of exclusive breastfeeding and implementing the exclusive breastfeeding policy to see how strong is the relationship between the two variables is illustrated in Table 1.

Table 1. Cross-tabulation between exclusive breastfeeding achievement and exclusive breastfeeding policy implementation factors

		Target of Exclusive Breastfeeding				Total		Contingency Coefficient
		Achieved (>66%)		Not achieved (<66%)				
		n	%	n	%	n	%	
Exclusive Breastfeeding Policy Knowledge								
Nutrition Officer	Good	6	46.5	7	53.8	13	100	0.199
	Enough	4	26.7	11	73.3	15	100	

		Target of Exclusive Breastfeeding				Total		Contingency Coefficient
		Achieved (>66%)		Not achieved (<66%)				
		n	%	n	%	n	%	
Midwife	Less	1	16.7	5	83.3	6	100	0.116
	Good	6	31.6	13	68.4	19	100	
	Enough	4	28.6	10	71.4	14	100	
	Less	0	0	1	100	1	100	
Health Cadre	Good	4	44.4	5	55.6	9	100	0.345
	Enough	6	35.3	11	64.7	17	100	
	Less	0	0	8	100	8	100	
Staff Availability								
Nutrition Staff	Sufficient	18	75	6	25	24	100	0.052
	Not sufficient	7	70	3	30	10	100	
Midwife	Sufficient	10	29.4	24	70.6	34	100	-
	Not sufficient	0	0	0	0	0	100	
Exclusive Breastfeeding Related Training								
Nutrition Staff	Ever	4	30.8	9	69.2	13	100	0.023
	Never	6	28.6	15	71.4	21	100	
Midwife	Ever	6	31.6	13	68.4	19	100	0.053
	Never	4	26.7	11	73.3	15	100	
Attitudes toward the Implementation of the Exclusive Breastfeeding Policy								
Nutrition Staff	Good	6	22.2	21	77.8	27	100	0.296
	Enough	4	57.1	3	42.9	7	100	
	Less	0	0	0	0	0	100	
Midwife	Good	6	28.6	15	71.4	21	100	0.023
	Enough	4	30.8	9	69.2	13	100	
	Less	0	0	0	0	0	100	
Health Cadre	Good	8	40	12	60	20	100	0.273
	Enough	2	15.4	11	84.6	13	100	
	Less	0	0	1	100	1	100	
Ownership of SOP								
Health center	Have SOP	3	42.9	4	57.1	7	100	0.149
	Doesn't have SOP	7	25.9	20	74.1	27	100	

Source: Data processing, 2020

DISCUSSION

Communication factors in the implementation of the exclusive breastfeeding policy in Wonogiri Regency

Communication is an important element in implementing a program. The main requirement in making effective policies is that those who implement a decision must understand what they have to do. Therefore, good communication plays an important role in the ongoing

implementation of the exclusive breastfeeding program in order to achieve the goals that have been planned in advance as desired. In this study, communication is divided into three aspects:

Clarity

The results of the cross-tabulation showed that there was a strong correlation between the knowledge of the cadres and the achievement of exclusive breastfeeding.

This is under the results of research that most cadres understand and know the contents of Government Regulation No. 33 of 2012, which contains exclusive breastfeeding. Meanwhile, the cross-tabulation of the knowledge of nutrition workers and midwives showed a weak correlation with the achievement of exclusive breastfeeding. This is because the majority of respondents have only adequate knowledge of Government Regulation No. 33 of 2012 relating to exclusive breastfeeding. Officers and midwives are executors / information outlets related to cadres' exclusive breastfeeding policies.

Most of the nutrition officers and cadres do not know and understand the contents of the policy. Nutrition officers and midwives have sufficient knowledge regarding respondents who do not understand the provision of access to information and education for the implementation of exclusive breastfeeding, which is the responsibility of the central, provincial and local governments. Many respondents do not know that the district / city government is responsible for providing guidance, monitoring, evaluation and overseeing the implementation of the exclusive breastfeeding program.

Many respondents also didn't know about the administrative sanctions imposed on health workers and health facilities for distributing formula milk. This statement is contained in Government Regulation No. 33 of 2012. As explained by Mufdlilah (2017), clarity of program content is an important aspect of communication. If the provision of information about policies isn't clear, it will cause misunderstanding between policy makers and implementers, in this case nutrition officers, cadres and midwives. Lack of clear communication, causes implementers not to know that local/city governments are responsible for providing guidance, monitoring and evaluation. Moreover, the absence of administrative sanctions has made implementers not implement policies

maximally. Socialization concerning Government Regulation No. 33 of 2012 on exclusive breastfeeding must be presented to respondents. This relates to how current conditions that affect the achievement of exclusive breastfeeding affect the implementation of the exclusive breastfeeding policy.

Consistency

Consistency in this matter relates to the implementation of the exclusive breastfeeding policy, the objectives of the policy implementation and the objectives of the exclusive breastfeeding policy carried out by the executor. In Wonogiri Regency itself 89.2% have received socialization related to Government Regulation No. 33/2012 and 82.3% have received information regarding Wonogiri Regent Regulation No 12/2012 which contains exclusive breastfeeding. Most of the respondents received socialization related to the policy from the health center for nutrition workers, midwives and health cadres. These outreach activities are usually performed during routine meetings or holding seminars or workshops at the local health center. The socialization of exclusive breastfeeding, whether given to health workers or cadres to be passed on to the community, is regularly and explicitly provided by the health center.

This is in line with research by Zainafree et al. (2016) which states that consistency of socialization is necessary in order to succeed in the exclusive breastfeeding policy. If the socialization is carried out consistently, the public will be educated. Under Government Regulation No. 33 of 2012 the responsibilities of district / city governments in the Exclusive Breastfeeding program include implementing national policies in the framework of the exclusive breastfeeding program and carrying out advocacy and dissemination of the program on a district / city scale. Meanwhile, most of the cadres had received socialization related to exclusive breastfeeding, which they

received from the health center. The health center has the role of delivering the socialization that has been provided by the local health office so that it is easy to implement existing policies.

Transmission

Transmission is delivering policy messages that must run well, where messages are designed as best as possible so that they are easy to understand, the selection of channels and communication media is appropriate and adapted to the conditions / situations of the recipient of the message, paying attention to the ability of the message recipient, considering possible disturbances and being designed to occur feedback (Ezafitria, 2019). In this research, transmission is carried out to disseminate the exclusive breastfeeding policy and this can be implemented to the executor and to the intended target. Respondents have implemented the exclusive breastfeeding policy and 91 respondents (89.2%) have carried out further socialization of Government Regulation No. 33 of 2012 and 84 respondents (82.4%) have carried out further socialization of the Wonogiri Regent Regulation No 12 of 2012 which contains information about exclusive breastfeeding. Respondents have carried out further outreach to the public according to the target they want to be socialized with. Nutrition officers and midwives usually provide socialization about exclusive breastfeeding to cadres, community groups, Family Welfare Movement mothers and pregnant and maternity patients. This outreach activity is the major function of nutrition officers and midwives. Whereas for cadres, it is common to provide socialization at cadre meetings, pregnancy classes, integrated health centers and community meetings.

This is in line with research (Khevabeta, 2017) which states that the dimension of clarity requires that policies be transmitted to implementers, target groups and other interested parties, both

directly and indirectly, and can be received so that they know what is the intent, purpose, objectives, and the substance of the public policy. The transmission dimension requires that public policies are not only conveyed to policy implementers but also to policy target groups and other interested parties, either directly or indirectly.

Resource factors in the implementation of the exclusive breastfeeding policy in Wonogiri Regency

Resources are a source of operational management for implementing activities. While communication has gone well, introducing the policy will not be successful if it is not supported by sufficient resources (Meyasa and Mawarni, 2015). Implementing the exclusive breastfeeding policy in the Wonogiri Regency needs resources to be used to implement the policy, including the availability of staff, staff training and funds.

Availability of Staff

The ability of the health center in implementing the exclusive breastfeeding policy also needs to be supported by enough nutrition workers and midwives. The results showed that the number of nutritionists remains low, but those in charge were midwives in nine (27%) health centers. As for the midwife staff, each health center has met the standards, 34 Health center in Wonogiri Regency already have their respective coordinating midwives, so we can say it that this is sufficient. As for the results of the contingency coefficient of the availability of nutrition staff at the health centers with the achievement of exclusive breastfeeding this was 0.023 and was included in the insufficient category in 24 (70.6%) health centers while the availability of midwife staff with exclusive breastfeeding was in the sufficient category, 34 people (100%). Fulfilling the minimum number of health workers at the health center will impact the

implementation of the exclusive breastfeeding policy properly and on target.

Health service providers must prepare better service capabilities because of the increasing demand for health services (Meyasa and Mawarni, 2015). The aim of increasing the achievement of exclusive breastfeeding in Wonogiri requires the alertness of officers or human resources in health services to disseminate information about exclusive breastfeeding policies, both national and regional policies. Therefore, the health center must be able to provide quality services with sufficient health personnel.

Staff Training

Besides the sufficient number of nutrition officers and midwives, nutrition officers and midwives must also have excellent skills. These will be gained through training. One of the training related to exclusive breastfeeding is breastfeeding counselor training (Ezafitria, 2019). Breastfeeding counselor training itself is not only intended for nutrition workers and midwives, but can also be given to health cadres and Empowerment of Family Welfare (EFW) mothers. The results showed the total number of nutrition officers and midwives who had not received training related to exclusive breastfeeding was 37 people from 34 health centers. The details of officers who have received training for nutrition officers are 13 people and midwives 19 people. Exclusive breastfeeding training is held by the health office, whereby not all health center health workers can attend the training. The health office will designate a representative health center to attend the training. This is intended so that health workers who receive training will transmit knowledge to other officers. The usual training held regarding exclusive breastfeeding is breastfeeding counselor training.

The results of a-cross tabulation of training obtained by nutrition officers with the achievement of exclusive breastfeeding

obtained a contingency coefficient value of 0.023, while the training obtained by midwives with exclusive breastfeeding attained a contingency coefficient value of 0.053. These results indicate that training for both nutrition workers and midwives has a weak correlation with the outcomes of exclusive breastfeeding. This is because there are still many respondents who have not received training related to exclusive breastfeeding. The training itself aims to increase and hone the skills possessed by officers as capital to facilitate the implementation of exclusive breastfeeding policies.

One of the HR management processes that is important in developing and improving the quality of human resources working in an organization is through training. According to Suaed (2017), training for health workers refers to the methods used so that health workers get the skills needed to do the job. Health workers who have good knowledge, abilities and skills will improve their own employability. Providing training to nutrition officers and midwives will increase their ability to implement exclusive breastfeeding policies. This is supported by research (Suaedi, 2017) which states that training (on-the-job training and off the job training) affects work ability at the Surabaya Hajj Hospital. Training is important to do to improve the competence of health workers.

Funding Source

The availability of funding sources is an important factor to finance policy implementation activities. We need the source of funds to fulfill the components for implementing policies related to exclusive breastfeeding. Funds are an important factor in determining the implementation of a policy. The results illustrate that the source of funds used by the health centers in the implementation of activities related to exclusive breastfeeding in implementing the exclusive breastfeeding policy comes from health

operational funds (BOK). The health centers in Wonogiri Regency use BOK funds from the APBD as funding for programs and activities related to exclusive breastfeeding. In addition, there is also a problem of limited funds, which are not only used to finance breastfeeding-related activities, but many health center activities and programs use BOK funds. Limited budget funds are one obstacle faced by the government, especially local governments and health centers as a program implementation so that it affects the achievement of the objectives of implementing the program or activity.

According to research (Andriani, Ainy and Destriatania, 2016), the limited budget causes the limited quality of health services that should be provided to targets so that it will affect the success of policy implementation. Besides policies cannot be implemented optimally, budget constraints also cause the disposition of policy actors to be low. Financial resources are very important in determining the success or failure of a program or policy, sometimes even programs require a large budget to produce quality programs or policies.

Disposition Factors in the Implementation of Exclusive Breastfeeding Policy in Wonogiri Regency

Disposition is an attitude that is owned and expressed by the implementer in the implementation of an exclusive breastfeeding policy (Parji, 2017). If the implementation is carried out successfully, the implementers must not only know what to do and should do, but must also have the will to implement the policy (Mufdlilah, 2017). Based on the findings of the research conducted in Wonogiri Regency, the majority of respondents agree with the attitudes of policy actors to implementation of an exclusive breastfeeding policy.

Besides analyzing how is the respondents' attitude in implementing the exclusive breastfeeding policy, an analysis was also carried out for the respondents'

attitude toward implementing the exclusive breastfeeding policy, which obtained that most of the respondents had a good attitude, namely 68 respondents who agreed with the activity or program in the implementation of the exclusive breastfeeding policy. The presence of respondents who are sufficient does not mean they do not agree with the implementation of the policy, but there are statements that both nutrition officers, midwives and cadres do not agree with. Statements about government interference will make it difficult to implement the exclusive breastfeeding policy. Respondents disagree with this statement, according to Government Regulation No. 33 of 2012 which states that the government, both central and regional governments, implements exclusive breastfeeding in their respective areas.

The results of cross-tabulation showed that the attitude of nutrition workers had a strong correlation with the achievement of exclusive breastfeeding with a contingency efficiency value of 0.296. The cross-tabulation results also showed a strong correlation for the attitudes of health cadres toward exclusive breastfeeding with a contingency coefficient value of 0.273. The attitude of the midwife shows that the cross-tabulation between the attitude of the midwife and the achievement of exclusive breastfeeding has a weak correlation with a contingency coefficient value of 0.023.

This is demonstrated by the number of respondents who agree with the implementer's approach to enforcing the exclusive breastfeeding policy. One of them is the existence of an exclusive breastfeeding policy in terms of the exclusive breastfeeding program and the availability of lactation space to implement the policy in order to achieve breastfeeding coverage according to the targets set. Cross-tabulation findings also revealed a strong association between the attitudes of health practitioners toward exclusive breastfeeding achievement. This is the

same as the attitude shown by the nutrition officers that the respondents agree with the presence of attitudes that represent the ability to endorse the implementation of the exclusive breastfeeding policy in order to achieve the predetermined objectives.

The findings of the research on the attitudes of midwives showed that there was a weak correlation between the attitudes of midwives and the achievement of exclusive breastfeeding. This is because many midwife respondents do not agree with the argument that a prohibition on distributors of infant formula milk and/or other baby products from giving gifts and/or assistance to health workers may impede the success of the exclusive breastfeeding program. Safitri and Puspitasari (2018) explain that the success of the exclusive breastfeeding program is down to the policy makers and also to the mother of the baby. Even if the formula milk distributor gives gifts or assistance during the introduction of the program and the mother of the infant is not informed of the value of exclusive breastfeeding, it is the same. In the study, the respondents carried out activities related to exclusive breastfeeding. Health centers stated an implementer must have the will to implement an exclusive breastfeeding policy. The success of policy implementation is measured not only by the degree to which policy actors know what to do and what they can do, but also by the ability of such policy actors to be positively inclined toward the policies being implemented.

Bureaucratic Structure Factors in the Implementation of Exclusive Breastfeeding Policy in Wonogiri Regency

Policy makers may know what to do and have sufficient desire and resources to do it, but their implementation may still hamper them due to the organizational structure they use. Two salient characteristics of the bureaucracy are standard operating procedures (SOP) and

fragmentation. Widodo (2013) states this organizational structure was developed as an internal response to limited time and resource management and should standardize work in complex and broad organizations; this organizational structure often remains valid because of bureaucratic rigidity.

The bureaucratic structure studied in this study is the standard operating procedure (SOP). SOP in implementing exclusive breastfeeding policy is a working mechanism in implementing exclusive breastfeeding policy. So that in achieving the goal of implementing the exclusive breastfeeding policy at the health center, it is necessary to have an SOP on exclusive breastfeeding.

Based on the results of research conducted by the health centers in Wonogiri Regency, it can be seen that seven health centers (21%) do not yet have exclusive breastfeeding SOPs and most of the health centers, 27 (79%), already have SOPs related to implementing programs or activities related to exclusive breastfeeding. The SOP itself is made by each health center and endorsed by the head of the health center as a form that the SOP has been legalized in its use. The types of SOPs that are already owned by the health center include the SOP for monitoring exclusive breastfeeding and exclusive breastfeeding counseling.

The cross-tabulation results show that exclusive breastfeeding SOP ownership in the health center shows that, with SOP ownership, the higher the achievement of exclusive breastfeeding is; the effect of these two variables shows a contingency coefficient value of 0.149 where the correlation is moderate. This relates to many health centers with exclusive breastfeeding that have not reached the target yet have SOPs related to exclusive breastfeeding.

Mufdlilah (2017b) explains that if the SOP is not clear, whether it concerns mechanisms, systems and procedures for implementing policies, division of main

tasks, functions, powers, and responsibilities among actors and disharmony relationships between implementing organizations, it will cause failure in policy implementation.

A similar research was conducted by Dolly Erlan Khevabeta (2017) which states that the bureaucratic structure variables comprising SOPs and fragmentation at Arga Makmur Health Center have a significant influence on the implementation of exclusive breastfeeding policy. We need awareness from the health centers to create and carry out activities under established standard operating procedures so that activities and programs can run as intended.

Implementation of Exclusive Breastfeeding Policy in Wonogiri Regency

Policy implementation studies are crucial for public administration and public policy. Policy implementation is one stage of public policy, between policy formation and the consequences of policies for the people it affects. If a policy cannot reduce the problem that is the target of the policy, it means that the policy has failed even though it has been implemented very well. Policies also failed if they are very well designed but not implemented by policy implementers optimally (Winarno, 2002). The implementation of the exclusive breastfeeding policy in Wonogiri Regency in this study is an activity carried out by the health centers for the implementation of exclusive breastfeeding, namely:

Mother and Child Care in Combined (For Inpatient Health center)

Room or combined ward is an inpatient room where the baby is within the reach of the mother for 24 hours. Medical indications are based on the medical condition of the baby and / or the mother's medical condition, which does not allow for combined care. This placement in one room or in a combined

care unit aims to make it easier for mothers to provide exclusive breastfeeding to babies. So that the baby gets sufficient milk intake and does not add any other fluids.

Based on the results of the research, however, all health centers, both inpatient and outpatient health centers in Wonogiri Regency, have performed combined care for mothers and children. The baby is fully in the same room with the mother during the treatment period at the health center. This makes it easier for mothers to give breast milk to their children. The existence of five inpatient health centers in Wonogiri Regency that have implemented policies for combined care of mothers and children, are considered as increasing the bonding between both. Besides, it also affects the success of exclusive breastfeeding.

Provision of Lactation Room

Facilities and infrastructure are supporting facilities that can make it easier for people to carry out their activities. The provision of appropriate infrastructure and services will allow people to use it well. Therefore, healthcare providers must provide the facilities and infrastructure as a form of implementing an exclusive breastfeeding policy, namely meeting the needs for space or lactation corner.

Special facilities for nursing and / or expressing breastmilk, the breastfeeding room are rooms equipped with facilities for breastfeeding and expressing breastmilk used for breastfeeding babies, storing expressed breastmilk, and/or breastfeeding counseling. Every manager of the workplace and organizer of public facilities must provide opportunities for mothers who work indoors and / or outdoors to breastfeed and / or express breastmilk during work at the workplace. One of these public facilities is the health center.

The results showed that all health centers in Wonogiri Regency had facilities for expressing breastmilk or lactation rooms. This is a health center accreditation

requirement that health centers must have lactation rooms; however, the use of these lactation rooms has not been maximized by the health centers.

The nursing room is designed in a permanent building, and can be a separate room or a part of the existing health service in the workplace and public facilities. Every workplace and public place must provide the facilities and infrastructure for the ASI Room according to minimum standards and as needed. Minister of Health Regulation No.15 of 2013 states that the minimum standards for lactation space are the availability of tables, chairs, sinks and hand washing soap (Ministry of Health Indonesia, 2013).

The results showed that there were 21 health centers in Wonogiri Regency that had met the minimum standards for lactation rooms and there were still 13 health centers (38%) that had not met the minimum standards set out in the Republic of Indonesia Minister of Health Regulation No. 15 of 2013 concerning procedures for providing special facilities for breastfeeding and / or expressing breastmilk. This can reduce the needs of nursing room users because of the lack of facilities provided by the health center.

CONCLUSION

Regarding the communication factor, the respondents have good knowledge regarding the policy of Government Regulation No. 33 of 2012. Respondents were consistent in getting socialization about exclusive breastfeeding policy and transmission to carry out further outreach. For the resource factor, Wonogiri Regency has sufficient staff, but in terms of training there are still midwives and many nutrition officers who have never received training. For the disposition factor, the respondents agree with the exclusive breastfeeding policy and the provision of a nursing room. However, in terms of bureaucratic structure, it was found that there were still many health

centers that didn't have exclusive breastfeeding SOPs. The implementation of exclusive breastfeeding policy in Wonogiri Regency includes the implementation of combined care and inpatient care at five health centers, and the provision of nursing rooms at all health centers (34) where 21 health centers (61.7%) have met the minimum standards for providing lactation according to Minister of Health Regulation No. 15 of 2013.

Suggestions for the Health Office Wonogiri Regency include providing maximum periodic outreach to nutrition officers and related midwives regarding Government Regulation No. 33 of 2012, increasing the ability of health centers to implement exclusive breastfeeding policies by providing adequate staff without double workload, hold regular meetings with health center officers, private practice midwives, clinics and hospitals to discuss the application of exclusive breastfeeding to foster commitment in implementing exclusive breastfeeding policies.

REFERENCES

- Andriani, R., Ainy, A., Destriatania, S. 2016. Analisis Pelaksanaan Program ASI Eksklusif di Wilayah Kerja Health center Lumpatan Kabupaten Musi Banyuasin. *Jurnal Ilmu Kesehatan Masyarakat*, 7(1):32–41. <https://doi.org/10.26553/jikm.2016.7.1.32-41>
- Central Bureau of Statistics. 2018. *Profil Kesehatan Kabupaten Wonogiri Tahun 2017*. Semarang : Central Bureau of Statistics
- Ezafitria, N. 2019. Studi Fenomenologi Promosi Kesehatan Dalam Program ASI Eksklusif Di Kota Bukittinggi. *Human Care Journal*, 13(6):153–162. <https://doi.org/10.32883/hcj.v2i2.120>
- Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding.
- Khevabeta, D. E. 2017. Analisis

- Implementasi Peraturan Pemerintah Nomor 33 Tahun 2012 tentang Pemberian Air Susu Ibu Eksklusif. *Professional FIS UNIVED*, 4(1):27–38.
<https://doi.org/10.37676/professional.v4i1.451>
- Meyasa, L., Mawarni, A. 2015. Analisis Implementasi Kebijakan Pojok Laktasi di RSUD Dr. Doris Sylvanus Palangkaraya. *Journal of Public Health*, 7(1):1–6.
- Ministry of Health. 2013. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 15 Tahun 2013 Tata Cara Penyediaan Fasilitas Khusus Menyusui dan/atau Memerah Air Susu Ibu*. Jakarta : Ministry of Health
- Mufdlilah. 2017. *Kebijakan Pemberian ASI Eksklusif: Kendala dan Komunikasi*. Yogyakarta: Nuha Medika.
- Parji. 2017. Studi Tentang Sinergitas Antar Stakeholder Dalam Kecamatan Rungkut Berdasarkan Peraturan Pemerintah Nomor 33 Tahun 2012 Tentang Pemberian Air Susu Ibu. *Kebijakan dan Manajemen Publik*, 5(1):1–13.
- Safitri, A., Puspitasari, D. A. 2018. Effort of Implementation of Exclusive Assembly and Policy in Indonesia. *Penelitian Gizi dan Makanan*, 41(1):13–20.
<https://doi.org/10.22435/pgm.v41i1>
- Secretariat General of the Ministry of Health of the Republic of Indonesia. 2012. Government Regulation of the Republic of Indonesia Number 33 of 2012 Concerning Exclusive Breastfeeding. Jakarta : Ministry of Health of the Republic of Indonesia.
- Setyarini, A., Mexitalia, M., Margawati, A. 2016. Pengaruh Pemberian Asi Eksklusif dan Non Eksklusif terhadap Mental Emosional Anak Usia 3-4 Tahun. *Jurnal Gizi Indonesia (The Indonesian Journal of Nutrition)*, 4(1):16–21.
<https://doi.org/10.14710/jgi.4.1.16-21>
- Suaedi, F. 2017. Pengembangan Kompetensi Sumber Daya Manusia dalam Rangka Meningkatkan Pelayanan di Rumah Sakit Haji Surabaya. *AL Tijarah*, 3(1):79–102.
<https://doi.org/10.21111/tijarah.v3i1.939>
- Widodo, Jianto. 2013. *Analisis Kebijakan Publik Konsep dan Aplikasi Analisis Proses Kebijakan Publik*. Malang Bayu Media.
- Winarno, Budi. 2002. *Teori dan Proses Kebijakan Publik*. Yogyakarta : Media Pressindo.
- Wonogiri Regent Regulation Number 12 of 2012 concerning Increasing Breast Milk (ASI) in Wonogiri Regency.
- Zainafree, I., Widanti, A., Wahyati, E. 2016. Kebijakan ASI Eksklusif Dan Kesejahteraan Anak Dalam Mewujudkan Hak-Hak Anak. *SOEPRA Jurnal Hukum Kesehatan*, 2(1):74–90.
<https://doi.org/10.24167/shk.v2i1.811>