

The Analysis of the Implementation of Government Regulation Number 33 of 2012 Concerning Exclusive Breastfeeding in Surabaya

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Abstract

Background:The coverage of exclusive breastfeeding in Surabaya is still lower (65.10%) than the national target (80%). **Aim:**This study aims to examine the implementation of policies regarding exclusive breastfeeding in Surabaya. **Method:**This research employed a qualitative method. The data collection was conducted through in-depth interviews and observations. The research informants included midwives and nursing mothers in Surabaya. **Result:**The results indicated that the implementation of exclusive breastfeeding policy had not run properly due to the lack of knowledge and public awareness about the benefits of breastfeeding and inadequate infrastructure that supports the implementation of exclusive breastfeeding policy. **Conclusion:**The advice provided is that the implementation of exclusive breastfeeding policies should be carried out in accordance with Government Regulation by providing a lactation room and supervising the distribution of formula milk for babies 0-6 months. Furthermore, it is also expected that all parties can support this implementation.

Keywords: Exclusive Breastfeeding, Government Regulation, Policy

1. Introduction

Health is a human right and one of the well-being elements that must be realized in accordance with the ideals of the Indonesian people as referred to Pancasila and the 1945 Constitution of the Republic of Indonesia. Human rights and infants' right to obtain breast milk are protected in the Indonesian Constitution and a number of laws and regulations.¹

In the Convention on the Rights of the Child (CRC), it is expressly stated that the right of children to enjoy the highest attainable standard of health. Therefore, the countries are required to take steps to reduce infant and child mortality, provide primary health care for infants, children, pregnant women, and nursing mothers, eradicate diseases and malnutrition, and ensure all parents are provided basic knowledge about children's health and nutrition, as well as the benefits of breastfeeding.²

United Nations Children's Fund (UNICEF) states that as many as 30,000 infant mortality in Indonesia and 10 million child mortality under five in the world each year can be prevented through exclusive breastfeeding for six months since birth, without providing supplement food or drink to babies.²

However, mothers' awareness of exclusive breastfeeding is still extremely low. In 2016, exclusive breastfeeding coverage was only 54.0%, then increased to 73.06% in 2017, and slightly decreased to

68.74% in 2018, while the target to be achieved was 80%. The low exclusive breastfeeding triggers the low nutritional status of infants and children under five as well as it can be an indirect cause of infant mortality. Breastfeeding is essential for optimal growth and development, both physically and mentally, as well as the intelligence of infants. Therefore, breastfeeding requires mothers and health workers' attention so that government policies regarding breastfeeding is implementable.³

This policy analysis aims to examine the regulations and policies related to breastfeeding and their implementation in Indonesia. The Government of Indonesia published Government Regulation Number 33 of 2012 concerning Exclusive breastfeeding as the most stringent regulation specific to breastfeeding in the country. It set out the responsibilities of the government, health care providers, and health care professionals. In order to optimize the benefits of exclusive breastfeeding, health care professionals and health care providers were obligated to provide information and education regarding exclusive breastfeeding to pregnant women and/or family members from the antenatal visit until an infant is six months old.

2. Materials and methods

This study employed a qualitative method and systematic review where the data collection was conducted through in-depth interviews and observations. The research informants included midwives and nursing mothers in the city of Surabaya. The informants were chosen purposively, with the criteria of nursing mothers (or ever breastfeeding), and health experts (midwives).

The interview focused on knowledge about exclusive breastfeeding and the benefits of exclusive breastfeeding. The researchers interviewed one nursing mother and one midwife. This study was complemented with supporting data in the form of library review to strengthen the data generated in the field.

Based on the research method described in the previous chapter, the results achieved in this study were observational data and in-depth interviews with several informants, including nursing mothers and midwives.

3. Results

This law undermines the effort required to express breast milk. Breastfeeding is perceived as something that mothers can naturally do, and if they do not, it is because they are choosing not to as opposed to not being able to. The researchers believe that this mentality is primarily based on Indonesia's discrimination issues. Women are heavily discriminated against and looked down upon, and are expected to do as they are told. This law reflects that mindset, as it requires women to complete the task without considering whether they can achieve it.

Based on a study conducted by Sandra Fikawati and Ahmad Syafiq published in the MakaraJournal of Universitas Indonesia, it is found that exclusive breastfeeding in Indonesia is still extremely low, and early initiation of breastfeeding facilitation is not optimal. The policy analysis indicates that the policy regarding exclusive breastfeeding is incomplete and comprehensive. It is also identified that early initiation of breastfeeding has not been explicitly included in the exclusive breastfeeding policy. The rules discussed in this analysis are still independent of the individual, family, community, and institutional context. In terms of process, policy formulation appears to be less transparent, slow, and less participatory. There is no clear mapping of the actors, especially the arrangement of cross-sectoral authority and responsibilities. The analysis of the advocacy coalition framework confirms the findings of the analysis using the previous method with emphasis on the weak aspects of the external system and the policy subsystem.⁴

This study interviewed a number of informants, including P1, a nursing mother. P1 did not receive enough information from the hospital about exclusive breastfeeding during childbirth. During this time, nursing mothers obtained more information through the Internet and parental advice. Information about breast care was not even discovered. The lack of information about the importance of breast milk, care, and complete health of nursing mothers caused the nursing mothers were more interested in using formula milk, which was considered more practical. In addition, there was no supporting infrastructure for nursing mothers in the workplace.

Meanwhile, P2, a midwife, explained that formula milk producers always came to the hospital. They always offered lucrative rewards when midwives promote their patients to use formula milk. Regarding information about exclusive breastfeeding, he said that the local health department had not sent the posters for a long time. P2 said that there were still many midwives at her workplace who did not provide complete information regarding exclusive breastfeeding and breast care. Related to the importance of exclusive breastfeeding for babies, P2 explained that breast milk was required for babies from 1 hour of their first birth. This was because it could encourage the bond between mother and baby. Moreover, at the hospital where P2 works, there was still no lactation room to support the needs of nursing mothers.

Many factors influence knowledge about exclusive breastfeeding. The quality and quantity of information are one of the factors that influence the level of knowledge. If the information quality obtained by a person is correct, then their level of knowledge increases. By delivering interesting information, people are easy to understand the message conveyed. Nursing mothers who obtain information about the definition, lactation, nutritional composition in breast milk, benefits, storage of breast milk, and how to breastfeed correctly provide a correct understanding of exclusive breastfeeding.

The quantity of information accelerate and expand a mothers' knowledge about the benefits of exclusive breastfeeding.⁵

Based on the results of data collection, the implementation of exclusive breastfeeding policy had not been run properly, due to the lack of public knowledge and awareness about the benefits of breastfeeding, inadequate infrastructure that supports the implementation of exclusive breastfeeding policy. Targets in the implementation of the program were still limited so that it was not optimal to be able to achieve the target. Factors that influence the performance of the implementation of exclusive breastfeeding program policies in the city of Surabaya were HR factors that were considered to be inadequate in terms of quantity, limited infrastructure, and the absence of public support in implementing exclusive breastfeeding policies.⁶

4. Discussion

Given the significant benefits of breastfeeding for infants, families, communities, and countries, it is necessary to carry out continuous effort so that the coverage of exclusive breastfeeding increases.⁷ That is the reason why the government interferes with the issue of exclusive breastfeeding. Even though breastfeeding is a personal matter for each individual, the state has an interest in creating a quality next generation, so it is necessary to interfere with this issue. This is in line with the theory of juridical instruments of government. Therefore, the government issued Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding, which is the implementing regulation of the provisions of exclusive breastfeeding in Law Number 36 of 2009 concerning Health.^{3,8}

Supports are obtained by motivating the mothers not to give formula milk to their babies to be more economical. Some family members, in this case, the husbands, provide support by helping mothers to finish homework when they breastfeed, and some get support from parents in the form of vegetables and beans so that the breast milk production is smoother.⁵

Besides providing facilities and providing opportunities for breastfeeding, it is also essential to pay attention to the nursing mothers' nutrition. In Indonesia, there are still a lot of mothers who cannot breastfeed. It is not because they do not want to breastfeed their babies because their breast milk does not come out due to the poor nutritional status of the mother.^{9,10} Good and adequate nutrition are required for nursing mothers to get qualified breast milk. It certainly should also be a concern of the government so that no more mothers who cannot breastfeed due to disrupted breast milk production.⁸

Various studies have revealed that almost all mothers want to breastfeed their children unconditionally. Many mothers fail to breastfeed because they do not get support from health care facilities, such as the absence of the nursing room and not implementing an early breastfeeding initiation. However, it is one of the critical steps in the success of breastfeeding.¹¹

5. Conclusion

Based on the research result on the policy implementation of the exclusive breastfeeding program in Surabaya City. It can be concluded that the program has not been appropriately implemented. Government Regulation Number 33 of 2012 is beneficial to support exclusive breastfeeding programs. However, not many people know about these rights. Special Regulations by the central government and regional governments should also support the Government Regulations so that it has legal force. The program to provide exclusive breastfeeding is considered to still lack of support from many parties. The government has issued regulations that guarantee the right of children to get breast milk as stipulated in Law Number 36 of 2009 concerning Health, related to Articles of exclusive breastfeeding, and also Government Regulation Number 33 of 2012 concerning exclusive breastfeeding.

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