

# Implementation of Exclusive Breastfeeding Policy in Yogyakarta District

Kuntari, T<sup>1</sup>, Julia, M<sup>2</sup>, Prabandari, Y.S<sup>3</sup>, Mahendradhata, Y<sup>3</sup>

<sup>1</sup>Students of Doctoral Study Program Faculty of Medicine, Public Health and Nursing Gadjah Mada University (UGM), Yogyakarta, Indonesia, <sup>2</sup>Department of Child Health, Faculty of Medicine, Public Health and Nursing UGM, Yogyakarta, Indonesia, <sup>3</sup>Department of Public Health, Faculty of Medicine, Public Health and Nursing UGM, Yogyakarta, Indonesia

## Abstract

**Background:** WHO has been recommending exclusive breastfeeding for six months since 2001. Mothers should continue breastfeeding until the child is at least two years old. The benefits of exclusive breastfeeding for mother and their children have been proven scientifically. Supporting this recommendation, the government has established several policies. The national coverage of exclusive breastfeeding is still low, including in the Municipality of Yogyakarta. **Objective:** This study aims to describe the implementation of Regulation on exclusive breastfeeding. **Method:** The research is a qualitative research with case study design. Data were obtained through in-depth interviews, focus group discussions (FGD), and supported secondary data from Yogyakarta Municipal Health Office. In-depth interviews were conducted with health officials, cadres, counselors, community health center officers determined by purposive sampling. FGD was conducted by involving breastfeeding counselors. **Results:** The government implemented PERDA no 1 2014 since February 2014, but the coverage of exclusive breastfeeding and early initiation are still low. Yogyakarta District Government conducted various programs to support the implementation of the regulation, such as counselor training, formation, and optimization of assisting groups, supervision of 10 LMKM in health facilities. There are several things should be improved, such as community involvement, supervision, and punishment of violations of local regulations. Breastfeeding success is influenced by many factors. Internal factors include mother's education level, knowledge, parity, occupation, the success of the previous breastfeeding, and self-efficacy. External factors include support of the immediate family or husband, supporting community / supporting group, formula milk promotion, and health workers supports. **Conclusion:** Effort are needed to improve the performance.

**Keyword:** *implementation, Yogyakarta, exclusive breastfeeding, Case Study*

## Introduction

World Health Organization (WHO) has been recommending exclusive breastfeeding (EB) for six months since 2001. This policy is widely supported by professional organizations and is applied in almost all

Asia Pacific countries<sup>[1]</sup>. The proportion of exclusively breast-fed children is an indicator that can be used to monitor and evaluate infant and children feeding in a country<sup>[2]</sup>.

EB may reduce the risk of otitis media, dermatitis, diarrhea, lower respiratory tract infections, asthma, diabetes mellitus, obesity, SIDS, leukemia in infants. EB also lowers the risk of necrotizing enterocolitis in premature infants and children malnutrition. For mothers, breastfeeding has been reported to reduce the risk of ovarian and breast cancer<sup>[1,3]</sup>. Studies showed that optimal breastfeeding not only saves the lives of children under five, but also improves the quality of

---

### Corresponding author:

**Titik Kuntari,**

Department of Public Health, Faculty of Medicine,  
Indonesian Islamic University, Indonesia Tel.  
+628112536827, Email: titikkuntari76@gmail.com or  
017110426@uii.ac.id

life<sup>[4]</sup>.

Less than 40% of children in the world are exclusively breastfed for 6 months<sup>[5]</sup>. The Indonesian government has made several policies related to breastfeeding Law No. 36 of 2009 on Health, article 128, paragraphs 2 and 3 states that “.. the family, local government and community must support the mother in full by providing time and special facilities”. Government Regulation of the Republic of Indonesia number 33 of 2012 states that, “Every mother giving birth should give EB to the baby she is born”. In addition, the government also issued a Decree of the Minister of Health No. 450 / Menkes / SK / VI / 2004 on EB in Indonesia. Based on the Basic Health Research (Riskesdas) data in 2010, 39,8% of infants receive EB. The proportion decreases with age, therefore only 15.3% of 5-month-olds receive the EB.

Yogyakarta Municipal Government enacted Regional Regulation no 1 of 2014 on EB since 2014. The coverage of EB in the Special Region of Yogyakarta is still quite low, which is about 39%. This figure is still far from the MDGs target of at least 80% in 2015. This study aims to explain the implementation of EB regulation.

## Method

This research is a qualitative descriptive research with case study design. The study examines the implementation of Bylaw no. 1 of 2014 in Yogyakarta and the factors that hinder the achievement of EB coverage target in the city. Breastfeeding coverage data was obtained from Yogyakarta City Health Office 2013-2015. Information on the implementation of Regulation No. 1 of 2014 and its obstacles was obtained by in-depth interviews with a number of persons, namely Nutrition and Family Health Section, one staff of nutrition, 3 nutrition programmer, one assistant group coach (KP) Playground staff. Serial interview conducted on 5 members of KP mother. Researchers also conducted observations on lactation facilities in various public facilities, including markets, and health centers. The group discussion was conducted by involving breastfeeding counselor and nutrition programmer in Yogyakarta.

## Result

Yogyakarta City Regulation No. 1 of 2014 outlines

governance and supervision processes, early breastfeeding initiation, EB, hospitalization, breastfeeding donations, information, education and guidance, the use of infant formula and other infant products, workplaces and places public facilities, community support, rewards and administrative punishments. The regulation came into force on February 27, 2014.

### The Coverage of Exclusive Breastfeeding and Early Initiation of Breastfeeding

EB according to WHO is that babies receive only breastmilk, either by direct suckling or milking, without getting any other food or drink except oral rehydration or vitamin supplements, minerals or drugs for the first 6 months of life<sup>[6]</sup>. (Dyson, Renfrew, Mcfadden, Herbert, & Thomas, 2006). Based on this understanding, EB coverage data has not been accurate indicating the percentage or number of infants who received EB for 6 months. The 6 month EB coverage available in Yogyakarta City Health Office is 2014 data. About 30.9% of infants get EB for 6 months in 2014. The lowest percentage is in Wirobrajan PHC (18.3%).. During the implementation of PERDA no 1 of 2014, early breastfeeding increased from 59.43% to 65.30% in 2014 and 2015 respectively.

The average coverage of EB in infants aged 0-6 months has increased, ie 51.6% on 2013, to 54.9 and 60.9% in 2014 and 2015 respectively. The Government continues to socialize the EB program. Promotion efforts are done through various media either printed, electronic or directly through counseling by health workers. The process of socialization and coaching by the Government is carried out primarily through Nutrition and Family Health Section of Health Office.

Yogyakarta Health Office conducts socialization, guidance and supervision of the implementation of PERDA no 1 year 2014 especially to PHC, private practice midwife, mothers and child clinic or hospital. As for large hospitals such as hospitals, coaching and supervision performed by the Provincial Health Office. However, the regulation has not been implemented, especially in relation to punishment for individuals or institutions that prevent women from breastfeeding their children. Supervision on the distribution and trade of formula milk is also still not running well. Formula milk, including infant formula for less than 6 months is

still very accessible. The promotion of formula milk that is considered very massive becomes a serious challenge for EB promotion efforts.

The community voluntarily play an active role in the activities of the Group of Counselors (KP) Mother. Members of KP are bride-to-be, pregnant women, nursing mothers and other mothers concerned about maternal and children health, but limited membership of the bride and groom. In each mother KP, there is a mother who acts as KP chairman, motivator, and KP builder. Motivators are members of the KP who have a supportive scientific background, such as nurse. The coach of KP consists of elements of community leaders or PKK in urban village level. The coaching process in collaboration with health workers from the community health center (Puskesmas). The implementation of MOM KP is more directed to team work (Pokja) IV, and

is an effort of community empowerment.

*(“... peer groups there ... and they’re sharing ... reinforcing each other. And that they are the people who are around them .. hope that there is anything can be faster .. and if not observe .. The breastfeeding mothers do not yet understand if they have trouble breastfeeding (NS-I).)*

The coaching of health workers, motivators and counselors is conducted by the Government. Health Office perform monthly routine coordination with PHC and also coordination with motivator. Maternal related materials, children growth, maternal and children health are provided in each meetings. The theme of the material is tailored to fulfil the needs of participants. The meeting also discussed the problems that occurred in the field delivered by motivators and their coaches

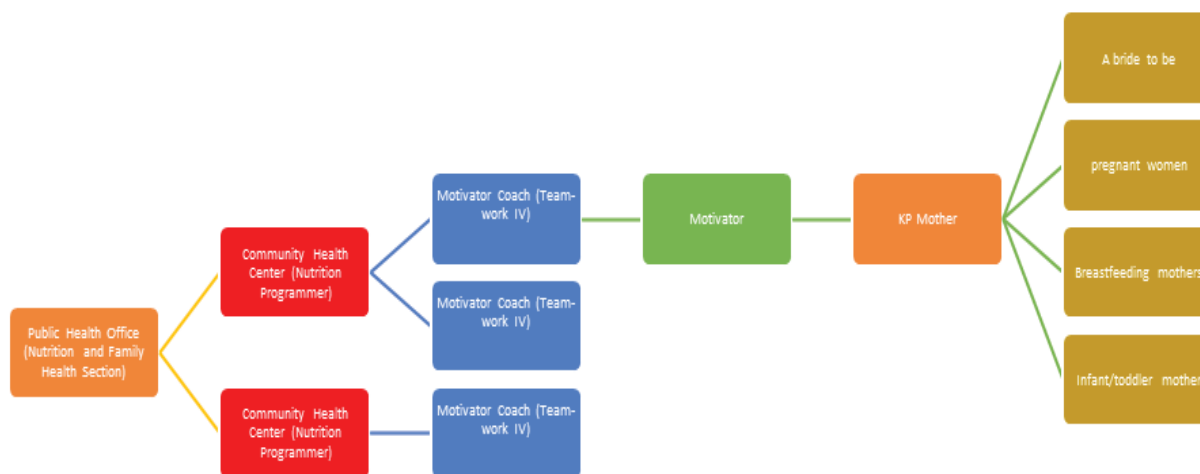


Figure 1. Level of Supervision and Development of Breastfeeding

**Human Resources (HR)**

Due to the limited of human resources, a breastfeeding counselor usually doubles as another counselor, such as nutritional or family planning counselor. Likewise for cadres who come from elements of society and are voluntary. Regeneration process has been running poorly. One cadre usually also doubles as a cadre in several other fields. This is caused by the difficulty of finding citizens who have the motivation, commitment, time and energy to participate as a health cadre. Counselors have been required to proactively find the problems. Many mothers do not realize and understand

that she has problems. Breastfeeding problems were found after the officer experienced a health problem, such as malnutrition or diarrhea. Mothers with good self awareness came for consultation on breastfeeding are very rare.

**Infrastructure**

The government provides several facilities to support the implementation of this regulation. The lactation room was built in Yogyakarta city government office and some public facilities such as mall, railway station, market, and all PHC in Yogyakarta. However, there are many problems in the infrastructures area

include: the quality of the lactation room, some PHC perform another service on the breastfeeding room when it is vacant.

The opening hours of lactation facility services in public places that are less flexible, such as those in Beringharjo market open the service starting at mid-day when breastfeeding should be carried out all the children. Socialization about lactation room facilities is also lacking. There is a lactation facility financed by formula milk producers, but this certainly becomes a dilemma itself in the implementation of this regulation. Family support, especially husband and grandmother also greatly affect mother's behavior.

Working are often the reason to stop breastfeeding. Lack of mother's knowledge and skills are the reason the mother stops breastfeeding her child. This is often experienced by women with low socioeconomic so difficult to get equipment to milk and store milk.

### Discussion

Most maternal failures to exclusively breastfeed occur during vulnerable periods, in the first post-natal days and at the end of the leave period<sup>[7]</sup>. Maternal knowledge and perception about breastfeeding is a very important factor. At the beginning of the breastfeeding period, there is often a mother's perception that her milk production is inadequate for her child's needs therefore the baby is fussy, or another the perception that formula is better than breast milk often encourages the mother to provide formula milk. Knowledge of the benefits of breastfeeding, the negative effects of formula feeding, the correct and effective breastfeeding method will strengthen the beliefs of mothers to breastfeed their children<sup>[8]</sup>.

Previous research has shown that the level of maternal education is significantly associated with the duration of breastfeeding. Provision of information or counseling since before pregnancy, during pregnancy and postpartum become important interventions to do<sup>[9]</sup>.

Previous studies have shown that employment status has no effect on breastfeeding. But the opposite is found in other studies. The return of mothers to work after leave is the cause of the reduced frequency of breastfeeding. Several studies conducted in the UK,

Malaysia and Singapore, showed the result that return to work causes 30-58% of mothers to stop breastfeeding<sup>[10]</sup>. Women workers have limited time and distance<sup>[11]</sup>. The short duration of leave is presumed to be one of the determinants of the decline in EB<sup>[12]</sup>.

Only 25.4% of working women in Malaysia give EB. On average they only give milk for 26 weeks. The unavailability of support facilities is a strong reason why women stop breastfeeding. Mothers with normal delivery will have 9.02 times the likelihood of EB (IK95% 2.8-28.5). Mothers who work as civil servants have fewer risks to stop breastfeeding after leave time.<sup>[13]</sup>

Mothers who do not work outside the home are 3.5 times more likely to succeed in EB than working mothers. Working mothers tend to wean their children towards the end of the leave. Job exhaustion, short duration of leave, the need for immediate return to work and limited facilities or support in the workplace is the reason for failure in working women. Research on the association of EB with parity and level of education shows inconsistent results.<sup>[14, 15]</sup>

The success of EB is influenced by many factors, both internal and external factors. Internal factors are factors that exist in the mother, including maternal health, knowledge, mother's perception of EB, and self efficacy. External factors can include family support, community around mother, biosocial, cultural, workplace support, government, health personnel and promotion of formula milk.<sup>[14,16,17,18]</sup> Implementation of EB in developing countries is heavily influenced by demographic, socioeconomic, and other health-related factors.<sup>[15]</sup>

### Conclusion

The government has implemented PERDA no 1 2014 since February 2014, but coverage of EB and early breastfeeding is still low so there is still a need to increase the achievement. The Yogyakarta Government has implemented various programs to support the implementation of PERDA in breastfeeding, such as counselor training, formation and assistance of assisting groups, supervision of 10 LMKM in health facilities. The success of breastfeeding is influenced by many factors, namely mother's internal factors and external factors.

**Conflict of Interest:** Authors report no conflict of

interest.

**Source of Funding:** It was funded by research grant doctoral dissertation, directorat general of higher education ministry of education and culture of the republic of Indonesia

**Ethical Clearance:** This study was approved by Medical and Health Research Ethics Committee (MHREC) Faculty of Medicine, Gadjah Mada University-DR.Sardjito General Hospital (Ref: KE/FK/0634/EC/2018).

## References

1. Binns, C. W., & Lee, M. K. Exclusive breastfeeding for six months: the WHO six months recommendation in the Asia Pacific Region. *Asia Pacific Journal of Clinical Nutrition*, 2014: 23(3), 344–350.
2. Cai, X., Wardlaw, T., & Brown, D. W. Global trends in exclusive breastfeeding. *International Breastfeeding Journal*, 2012: 7(1), 12.
3. Chung, M., Raman, G., Chew, P., Magula, N., Trikalinos, T., Lau, J., ... Lau, J. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Technol Asses (Full Rep)*, 2017: 153(153), 1–186.
4. Gupta, A., Holla, R., Dadhich, J. P., Suri, S., Trejos, M., & Chanetsa, J. The status of policy and programmes on infant and young child feeding in 40 countries, (July 2012), 279–298.
5. World Health Organization, & Unicef. Breastfeeding Advocacy Initiative For the best start in life. 2015
6. Dyson, L., Renfrew, M., Mcfadden, A., Herbert, G., & Thomas, J. *Promotion of breastfeeding initiation and duration: Evidence into practice briefing*. National Institute for Health and Clinical Excellence. 2006. Retrieved from [http://www.nice.org.uk/niceMedia/pdf/EAB\\_Breastfeeding\\_final\\_version.pdf](http://www.nice.org.uk/niceMedia/pdf/EAB_Breastfeeding_final_version.pdf)
7. Jonas, W., & Woodside, B. Physiological Mechanisms, Behavioral and Psychological Factors Influencing the Transfer of Milk from Mothers to their Young. *Hormones and Behavior*, 77(July 2015), 167–181.
8. Setegn, T., Belachew, T., Gerbaba, M., Deribe, K., Deribew, A., & Biadgilign, S. Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study. *International Breastfeeding Journal*, 2012:7(1), 17. <http://doi.org/10.1186/1746-4358-7-17>
9. Susiloretni, K. A., Hadi, H., Prabandari, Y. S., Soenarto, Y. S., & Wilopo, S. A. What Works to Improve Duration of Exclusive Breastfeeding: Lessons from the Exclusive Breastfeeding Promotion Program in Rural Indonesia. *Maternal and Child Health Journal*, 2014:19(7), 1515–1525. <http://doi.org/10.1007/s10995-014-1656-z>
10. Rahadian, A. S. Pemenuhan Hak ASI Eksklusif di Kalangan Ibu Bekerja: Peluang dan Tantangan ( FULFILLING THE RIGHT FOR EXCLUSIVE BREASTFEEDING AMONG WORKING WOMEN : OPPORTUNITIES AND CHALLENGES ). *Jurnal Kependudukan Indonesia*, 2014: 9(2), 109–118.
11. Handayani, L., Kosnin, A., & Jiar, Y. K. Does Employment Status Affect Breastfeeding ? *International Journal of Evaluation and Research in Education*, 2013: 2(4), 159–162.
12. Basrowi, R. W., Sulistomo, A. B., Adi, N. P., & Vandenas, Y. Benefits of a Dedicated Breastfeeding Facility and Support Program for Exclusive Breastfeeding among Workers in Indonesia. *Pediatr Gastroenterol Hepatol Nutr*, 2015:18(2), 94–99.
13. Amin, R. M., Said, Z. M., Sutan, R., Shah, S. A., Darus, A., & Shamsuddin, K. Work related determinants of breastfeeding discontinuation among employed mothers in Malaysia. *International Breastfeeding Journal*, 2011: 6(4), 1–6.
14. Tan, K. Factors associated with exclusive breastfeeding among infants under six months of age in peninsular malaysia. *International Breastfeeding Journal*, 2011: 6(1), 2. <http://doi.org/10.1186/1746-4358-6-2>
15. Balogun, O. O., Dagvadorj, A., Anigo, K. M., Ota, E., & Sasaki, S. Factors Influencing Breastfeeding Exclusivity During the First 6 Months of Life in Developing Countries : a Quantitative and Qualitative Systematic Review. *Maternal & Child Nutrition*, 2015: 11, 433–451.
16. Ong, G., Yap, M., Li, F. L., & Choo, T. B. Impact of working status on breastfeeding in Singapore Evidence from the National Breastfeeding Survey

2001. *European Journal of Public Health*, 2005: 15(4), 424–430.
17. Inayah, G., & Dian, A. Determinan Perilaku Pemberian Air Susu Ibu Eksklusif pada Ibu Pekerja (Determinant of Exclusive Breastfeeding Behavior on Working Mothers). *Kesmas*, 2013:7(7), 298–303.
18. O, doudo I., & H, A. P. Working Mother Attitude and Practices of Exclusive Breastfeeding in Amac , Fct-Abuja. *International Journal of Research in Sociology and Anthroology*, 2015: 1(1), 28–36.