

ANALYSIS OF THE IMPLEMENTATION OF GOVERNMENT REGULATION NO. 33 OF 2012 CONCERNING EXCLUSIVE BREASTFEEDING IN THE WORKING AREA OF PUSKESMAS BANDARHARJO

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ABSTRACT

Based on the health profile of Puskesmas Bandarharjo in 2019, exclusive breastfeeding for infants aged 0-6 months increased from 27% or 135 babies to 33.85% or 215 babies in 2018. Exclusive breastfeeding coverage for infants aged 0-6 months at Puskesmas Bandarharjo has not reached the target of the Semarang City Strategic Plan (65%). This study aims to determine the implementation of Government Regulation No 33 of 2012 concerning Exclusive Breastfeeding at Puskesmas Bandarharjo. This qualitative study used a descriptive approach. Data collection techniques using in – depth interviews, observation, and documentation. Data analysis used the thematic method of analysis using QDA Miner Lite software. The result showed that the number of human resources at Puskesmas Bandarharjo has been fulfilled. The implementation of the government regulation at Puskesmas Bandarharjo has been going well and in accordance with the existing regulation. This puskesmas does not issue specific regulations related to the Exclusive Breastfeeding program. The implementation of the program is in accordance with the Government Regulation No. 33 of 2012 concerning breastfeeding education, the importance of early breastfeeding initiation, and prohibiting the promotion of formula milk. The coverage of exclusive breastfeeding in the working area of Puskesmas Bandarharjo has not met the national target, which is still at 65%. Puskesmas Bandarharjo is expected to be able to make policies for the Exclusive Breastfeeding program, provide additional financial support so that all relevant officers can attend breastfeeding counseling training, and add posters about the importance of exclusive breastfeeding in every spot in the working area of puskesmas.

Keywords: Implementation, Government Regulation, Exclusive Breastfeeding

BACKGROUND

World Health Organization (WHO) explains that the concept of health covers physical, mental, and well-being conditions which are a unit and are not only free from disease or disability. Moreover, getting exclusive breast milk is an infant's right that must be fulfilled (Wardhani, Dinastiti and Fauziyah, 2021). WHO has reported that breastfeeding has a well-established short-term benefit, especially in reducing morbidity and mortality due to infections in the first two years of life (Srivastava and Gawande, 2018)

Based on the recommendations of WHO and the United Nations International Children's Emergency Fund (UNICEF), the Gold Standard of Infant and Child Feeding covers: giving early initiation of breastfeeding within one hour after birth, exclusive breastfeeding from newborn until the age of six months, giving complementary foods since six months old, and continue breastfeeding until the child is two years old (Sugianti, 2019). Feeding infants and children are important for their health and survival. The World Health Organization (WHO) and UNICEF have recommended breastfeeding infant within one hour after birth, exclusive breastfeeding for the first six months after birth, and continue breastfeeding for two years and completed with solid, semi-solid, soft foods that are nutritionally adequate, safe, age-appropriate, and responsive starting from the six-month-old (Cai and Wardlaw, 2012)

The government guarantees the fulfillment of the infant's right to exclusive breastfeeding with the issuance of Government Regulation No 33 of 2012 concerning Exclusive Breastfeeding. This regulation was issued on the mandate of Article 129 paragraph (2) of Law No. 36 Year 2009 concerning Health. Article 129 reads "(1). The government is responsible for establishing policies to guarantee the right of infants to get exclusive breast milk, (2). Further provisions

as referred to in paragraph (1) shall be regulated by a Government Regulation. This government regulation guarantees the fulfillment of the infant's right to get the best nutrition for six months from birth old and protects the mother in giving exclusive breastfeeding to her baby.

Based on Article 6 of Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding, every mother who gives birth must provide exclusive breastfeeding to her new born baby. While the role of health workers and officers is regulated in article 9 paragraph (1) which reads "Health workers and providers of Health Service Facilities are required to initiate early breastfeeding for newborns to their mothers for a minimum of 1 (one) hour. It is also regulated in paragraph (2) which reads "Health workers and providers of Health Service Facilities are obliged to place mothers and babies in 1 (one) room or joint care except for medical indications determined by the doctor. Mothers who give birth to babies also have the right to refuse to give formula milk to their babies in accordance with the contents of article 12 paragraph (1) which reads "Every mother who gives birth to babies must refuse to give infant formula milk and/or other baby products (Pemerintah Republik Indonesia, 2013)

To properly implement government regulations, health workers are required to provide information and education on exclusive breastfeeding to mothers. The information covers the benefits of breastfeeding, maternal nutrition, preparation and maintenance of breastfeeding, negative effects of partial bottle feeding on breastfeeding, and difficulties in changing the decision not to breastfeed. The provision of information and education is carried out through counseling, counseling, and mentoring. It is in line with the contents of Article 13 paragraph (1) and (2) Government Regulation No. 33 of 2012 concerning exclusive breastfeeding (Peraturan Pemerintah No 33 Tahun 2012 tentang Pemberian ASI Eksklusif)

Referring to the Minimum Service Standards (SPM) of the Minister of Health through the Decree of the Minister of Health of the Republic of Indonesia No. 1457/Menkes/SK/X/2003 concerning Minimum Service Standards for District/City Health Sector, the target of exclusive breastfeeding is 80%. Based on the 2019 Central Java Provincial Health Office profile, the coverage of infants receiving exclusive breastfeeding in Semarang City was 78% (8th rank) (Dinas Kesehatan Provinsi Jawa Tengah, 2019)

The previous studies report that a mother's knowledge plays an important role in the implementation of exclusive breastfeeding. Thus, efforts to increase a mother's knowledge must be implemented before childbirth. Early Initiation of Breastfeeding also has a significant effect on the implementation of exclusive breastfeeding. Health workers play an important role as motivators through information with action (Fikawati and Syafiq, 2010)

The health profile of Puskesmas Bandarharjo in 2019 reported that exclusive breastfeeding for infants aged 0-6 months increased to 33.85% or 215 infants from 27% or 135 infants in 2018. Exclusive breastfeeding coverage for infants aged 0-6 months at Puskesmas Bandarhajo has not reached the target of the Semarang City Strategic Plan of 65%. Based on a brief interview with the puskesmas midwife, only 263 (45.1%) out of 583 infants aged 0-6 months received exclusive breastfeeding in September 2021. This figure did not meet the exclusive breastfeeding target in September 2021 of 49.1 %. Based on the explanation above, the researcher tries to conduct this study entitled, "Analysis of the Implementation of Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding in the Working Area of Puskesmas Bandarharjo."

METHOD

This study used a qualitative design with a descriptive approach. Determination of the main informants used the purposive sampling technique. The main informants were the head of the puskesmas, 2 nutritionists, 5 midwives of Puskesmas Bandarharjo, and the head of the Semarang City Health Office. The triangulation informants were breastfeeding mothers who practice and do not practice exclusive breastfeeding in the working area of Puskesmas Bandarharjo. The determination of the number of triangulated informants used a snowball sampling technique. The instrument used in this study was interview and observation guidelines. The list of questions in the interview guideline

was adjusted to the content of the Government Regulation No. 33 of 2012. The interviews were conducted at the Puskesmas Bandarharjo, Semarang City from February to March 2022. The duration of the interview was about 10-15 minutes. Data were analyzed using the thematic analysis method with the help of QDA Miner Lite software. This study used a deductive approach or method in which there were 6 codes with 12 sub-codes, namely (1) Resources, (2) Disposition, (3) Bureaucratic Structure, (4) Communication, (5) Implementation of Government Regulation, (6) Output of Implementation of Government Regulations. This research has passed the ethical review test with certificate number 004/KEPK/EC/2022.

RESULTS AND DISCUSSION

1. Resources

1.1. Human Resources

The results showed that the officers at Puskesmas Bandarharjo for the Exclusive Breastfeeding program covered 2 nutritionists, 5 midwives, and nutrition cadres. This shows that human resources in implementing the exclusive breastfeeding program are quite good and sufficient.

Breastfeeding-trained staff is staff who have the knowledge and/or skills regarding breastfeeding through training like certified breastfeeding counselors (Kemenkes RI, 2013). Based on the results of the study, the health workers who are responsible for the implementation of the Exclusive Breastfeeding program are not in accordance with the existing regulations of the Regulation of the Ministry of Health No. 15 of 2013. It is because many health workers have not attended breastfeeding counseling training. Only 3 officers have participated in the training.

The following is statement from the informant :

“Not all health workers here participate in the training, only a few if I'm not mistaken. If I have participated in training provided by the City Government, the training used the WHO 40-hour module”

Informant 6

Health workers from Puskesmas Bandarharjo participated in breastfeeding counseling training in Jakarta (Perinasia) for five days. The training was carried out based on the WHO 40-hour module. After participating in the training, health workers will receive a breastfeeding counseling certificate.

Appropriate and strong care for breastfeeding mothers is only carried out if health workers have adequate competence, knowledge, and skills. Training is an effective way to improve the competence and knowledge of health workers. The training must be carried out regularly so that health workers have strong competencies to support the success of the Exclusive Breastfeeding program (Prihandani, 2018). The ability and knowledge of breastfeeding counseling for health workers is very important because these health workers are the first contact between mothers and babies who have duties and roles in the breastfeeding process. The ability of good and appropriate breastfeeding counseling will provide very meaningful support for mothers and families to exclusively breastfeed their babies (Ratnawati, Kurniawati and Kamalah, 2022). Knowledge improvement through counseling is the most widely used effort in the community. Counseling can increase the presentation of exclusive breastfeeding coverage from 16.6% to 83.3% (Safitri and Puspitasari, 2018)

1.2. Source of Funds

Costs for exclusive breastfeeding program activities such as counseling, cadre development, and classes for pregnant and breastfeeding mothers, were from Health Operational Assistance (Bantuan Operasional Kesehatan).

BOK is government assistance to district / city local government in the context of Co – Administration Task, especially for promotive and preventive Puskesmas operational activities in achieving MSS indicators in the Health Sector towards achieving the 2015 MDGs targets. There were no special funds issued by Puskesmas Bandarharjo for exclusive breastfeeding program activities.

Based on the regulation of the Ministry of Health No. 71 of 2016 concerning technical instructions for the use of special non-physical allocation funds in the health sector, the use of BOK funds is to support operational costs for health workers and cadres in reaching the target community in the working area of the puskesmas to realize the clean and healthy life behavior in the community (Kementrian Kesehatan Republik Indonesia, 2021)

1.3. Facilities and Infrastructure

The facilities and infrastructure at Puskesmas Bandarharjo were quite complete. The cleanliness is maintained well so many pregnant women have antenatal care at this puskesmas. This puskesmas has a lactation room to support the Exclusive Breastfeeding program. Some of the facilities and infrastructure available at this puskesmas are lactation kits, breast milk storage bottles, beds, breast pumps, leaflets (about early initiation of breastfeeding, exclusive breastfeeding, the dangers of formula milk, and how to pump breast milk), LCD, and KIE flip chart.

Government Regulation No. 33 of 2012 regulates the lactation room in which workplace administrators and organizers of public facilities have to provide lactation rooms according to conditions and abilities. Based on this regulation, one of the public facilities that must provide a lactation room is the Puskesmas (Peraturan Pemerintah No 33 Tahun 2012 Tentang Pemberian Asi Eksklusif)

Lactation room facilities are very important to support the success of the exclusive breastfeeding program. The government has also made a policy that partners must have breastfeeding rooms, separate or in one room with the company clinic (Aisyaroh and Sutrisminah, 2017). Government Regulation No. 33 of 2012 already regulates the lactation room, that workplace administrators and organizers of public facilities must provide lactation rooms according to conditions and abilities. In the regulation, public facilities that must provide a lactation room, one of which is the Puskesmas.

2. Disposition

The head of Puskesmas Bandarharjo fully supports efforts to succeed in the Exclusive Breastfeeding program. The commitment of the officers at this puskesmas is very high. This puskesmas has made some efforts, for example, conducting socialization for health workers, health cadres, cross-sectoral, community leaders, and religious leaders and supervising all health workers, including monitoring maternity clinics in its working area. This puskesmas also guide nutrition cadres. The nutrition cadres receive counseling about the program to convey accurate information to the public.

Support is also needed from the Semarang City Health Office, especially in the field of nutrition. The Head of the Nutrition Division of the Semarang City Health Office fully supports the Exclusive Breastfeeding program in accordance with the Government Regulation No. 33 of 2012. Efforts that have been made covered establishing a breastfeeding support group Kelompok Pendukung – ASI (KP-ASI) and referring mothers to the group to access the services. Health service facilities have standardized breastfeeding policy, providing training for health workers, explaining and educating pregnant women to breastfeed their infant and practice early initiation of breastfeeding, advocating for managers of public facilities to provide lactation room facilities in their environment, and increasing participation community, private sector, and NGOs in the program.

Supervision in the implementation of the Exclusive Breastfeeding program is needed to ensure that the program continues to run well and achieve the expected goals. This supervision is also related to the supervision of the circulation of formula milk in maternity clinics. The marketing of formula milk and the absence of IMD supervision can be one of the factors in the failure of the implementation of the Exclusive Breastfeeding program (Jairani *et al.*, 2018)

Puskesmas Bandarharjo Health supervises and checks the maternity clinics in its working areas. Supervision is carried out by nutritionists by checking facilities and infrastructure, recapitulating early initiation of breastfeeding data, and checking whether there is the promotion of formula milk or not.

Supervision aims to ensure that everything is going according to what was planned and make improvements if needed. Supervision is carried out while the program is running, the aim is to ensure whether the policy outputs have reached the right target. The Bandarharjo Health Center supervises maternity clinics in the Bandarharjo Health Center work area to ensure whether the clinics actually implement the Exclusive Breastfeeding program. In the working area of the Bandarharjo Health Center there are 3 maternity clinics.

The following is statement from the informant :

“Supervision is carried out by conducting regular supervision and guidance to health workers (midwives, doctors, clinics) to ensure their commitment to implementing Government Regulation No. 33 of 2012”

Informant 1

Based on interviews, the officers who supervised the maternity clinics were nutrition officers. The nutrition officer checks the facilities at the maternity clinic, checks on the promotion of formula milk, checks the implementation of IMD, and recaps the achievements of exclusive breastfeeding. The frequency of supervision carried out is every 3 months.

The following is statement from the informant :

“If the one who supervises the clinic is in the field of nutrition, usually what is checked is the facility, whether there is promotion of formula milk or not, usually the supervision is every 3 months”

Informant 5

Although various efforts have been made, there are some obstacles faced by breastfeeding mothers such as low milk supply, no early initiation of breastfeeding, the rise of unwanted pregnancy cases, and lack of awareness of the mother and support from the family.

The following is statement from the informant :

"Obstacles usually come from the mother who works for various reasons, such as the low supply of milk, the workplace lacks supporting facilities, and the low commitment of the mother"

Informant 1

There are several factors that influence mothers who give birth not willing to do IMD, among others, because they feel that breast milk is not smooth and think that they do not feel enough breast milk is given to their babies, and lack of support from the family. Based on interviews with breastfeeding mothers, the milk produced is not smooth due to the lack of consuming nutritious foods during pregnancy, lack of understanding of how to breastfeed properly, and rarely breastfeeding their babies.

The following is statement from the informant :

“When I was helped by the midwife for IMD, madam, but my breast milk only came out very little, because I couldn't bear to have my child cry and I gave formula milk, but the milk was not from the midwife, my husband brought it himself from home”

Informant 13

Although there are still obstacles in the efforts of the exclusive breastfeeding program, there are some mothers who still choose to give their babies exclusive breastfeeding until the age of six months because they want their babies to get the best food, namely breast milk.

The following is statement from the informant :

“emmm... the problem is that when I work, it's a bit difficult for me to breastfeed my baby, but before going to work I already pumped breast milk so my child can still drink breast milk, and Alhamdulillah my child is full of exclusive breast milk without formula milk”

Informant 10

Supervision aims to ensure that everything is going according to what was planned and make improvements if needed. Supervision is carried out while the program is running, the aim is to ensure whether the policy outputs have reached the right target. The Bandarharjo Health Center supervises maternity clinics in the Bandarharjo Health Center work area to ensure whether the clinics actually implement the Exclusive Breastfeeding program. In the working area of the Bandarharjo Health Center there are 3 maternity clinics.

Working mothers tend to get difficulty in practicing exclusive breastfeeding due to a lack of knowledge of lactation management at work, lack of time and facilities for breast pumping, and limited maternity leave (Hidayati *et al.*, 2019)

Barriers to breastfeeding and lack of support from the surrounding environment indicate that the lack of information about breastfeeding experiences, lack of breastfeeding time. Other inhibiting factors are the lack of participation from family members, lack of support from husbands, mothers, and other family members. Lack of trust from family members who think that breast milk is not enough for the baby, additional food and water are needed. And mothers who have to go back to work so that the time for breastfeeding is reduced (Asnidawati and Ramdhan, 2021)

Factors that cause the coverage of exclusive breastfeeding and IMD are still low are family support, maternal characteristics such as education, occupation, age and also fear of sagging breasts. The role of husbands and parents has a very positive effect on the continuity of exclusive breastfeeding (Sinaga and Siregar, 2020).

3. Bureaucratic Structure

Based on the results of the study, officers at Puskesmas Bandarharjo have carried out their duties and roles in accordance with the Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding. There is no promotion of formula milk in this puskesmas. Officers have explained the dangers of formula milk. The nutritionist has also supervised the maternity clinics in the working area of this Puskesmas to ensure that there is no promotion of formula milk or other similar products. This puskesmas refers to Government Regulation No. 33 of 2012 to run the exclusive breastfeeding program and this puskesmas does not issue special regulations regarding the program.

The following is statement from the informant :

“The implementation at Puskesmas Bandarharjo includes conducting socialization on various occasions to health workers, cross-sectoral, cadres, religious leaders, community leaders, etc; no promotion of formula milk using leaflets, pictures or other media, and using promotion and education media about exclusive breastfeeding”

Informant 1

One of the regulations or policies governing the Exclusive Breastfeeding program is Government Regulation No. 33 of 2012. The government has guaranteed the fulfillment of the baby's right to get breast milk exclusively from newborn to six months of age without adding or replacing it with other foods and drinks. Other provisions are regulated in article 2 of the Joint Regulation of the Minister of Women's Empowerment, the Minister of Manpower and Transmigration, and the Minister of Health Number 48/MEN-PP/XII/2008/PER27/MEN/XII/2008 concerning Promotion of Breastfeeding in the Workplace. Global support came from UNICEF through a statement in 2013 that exclusive breastfeeding for a minimum of six months is a life saver at the lowest cost for children (Ulya, Pradanie and Nastiti, 2020)

Based on observations made, at Bandarharjo Health Center there is no promotion of formula milk, there are no posters or leaflets about formula milk. At the Bandarharjo Health Center there are leaflets and posters about exclusive breastfeeding which aim to invite pregnant and lactating mothers to give their babies exclusive breastfeeding. The observation results obtained are supported by statements from informants who provide exclusive breastfeeding leaflets during examinations for pregnant women, visits to postpartum mothers' homes, classes for pregnant and lactating women.

The following is statement from the informant :

“ummm, if there are many posters of the formula for the formula, it's clear that there aren't any here, sis, if there's a lot of posters about exclusive breastfeeding, in front of the KIA room, there's one in the room, there's also one in the nutrition room”

Informant 2

Besides providing classes for pregnant and breastfeeding mothers, Puskesmas Bandarharjo established nutrition cadres. The nutrition cadres were given counseling about how to convey breastfeeding information to pregnant and breastfeeding mothers. The nutrition cadres have been established by Puskesmas Bandarharjo for 2 years under the nutrition program coordinator. The establishment of nutrition cadres used the BOK budget which is quarterly. The activities covered conducting cadre meetings and delivering material on exclusive breastfeeding, balanced nutrition, filling KMS, KBM, and provision of supplementary feeding.

The following is statement from the informant :

“The formation of nutrition cadres has been 2 years, usually every quarter according to the BOK budget schedule, the people who become nutrition cadres are the same as posyandu cadres”

Informant 7

4. Communication

Based on the results of research, suitable implementation of Government Regulation No. 33 of 2012 is the importance of exclusive breastfeeding and early initiation of breastfeeding. The officers educate pregnant women or breastfeeding mothers who come to puskesmas for check-ups, during classes for pregnant women, and during home visits after childbirth. Education is carried out by providing exclusive breastfeeding manuals, distributing brochures or leaflets, and through Whatsapp groups. The targets are not only pregnant or breastfeeding mothers but also husbands, families, communities, and health cadres. Health workers who do not carry out their duties in accordance with the regulations will be penalized according to their mistakes. The applicable sanctions are verbal and written warnings.

The following is statement from the informant :

"The implementation at Puskesmas Bandarharjo is by providing socialization on various occasions both to health workers, cross-sectoral, cadres, religious leaders, community leaders, etc.; no leaflets, pictures or other promotional media about formula milk; and using promotional and educational media about exclusive breastfeeding"

Informant 1

The World Health Organization (WHO) recommends early initiation of breastfeeding within the first hour of life, exclusive breastfeeding for the first six months and continued breastfeeding for up to two years. Suboptimal breastfeeding practices cause around 823,000 preventable deaths of children under five every year (Green *et al.*, 2021)

Besides through health facilities, exclusive breastfeeding education can be delivered through mass media such as radio, television, internet, and print media. The content of this education is about the introduction of complementary foods at the age of six months and the importance of exclusive breastfeeding (Champeny *et al.*, 2019)

Exclusive breastfeeding education or counseling is an effort made to increase the baby's weight at six months until it is within normal limits and to prevent the incidence of malnutrition in infants and toddlers. Health workers must provide education about proper and correct breastfeeding, starting from the position of breastfeeding, the duration of breastfeeding. This effort is made so that the coverage of exclusive breastfeeding can be increased and formula feeding can be reduced (Olii, 2019)

5. Implementation of Government Regulation

The implementation of Government Regulation No. 33 of 2012 at Puskesmas Bandarharjo is quite good. The officers have been educating and providing support for breastfeeding mothers so they want to practice exclusive breastfeeding for six months since birth, not promoting formula milk, providing education on the impact of using formula milk for babies, and not putting up posters about promoting formula milk.

The following is statement from the informant :

"The implementation of the program has run well, every midwife comes to the posyandu, some conduct home visits after childbirth, some gives counseling during classes for pregnant women and toddlers"

Informant 6

Program implementation includes actions taken by health workers aimed at achieving the expected goals aimed at certain target groups. Breastfeeding a newborn is a form of protection for the baby against infection and regulation of body temperature. Exclusive breastfeeding for infants at least until the age of 6 months will help prevent childhood diseases, including gastric and respiratory disorders.

In general, the implementation of the program refers to the existing regulation. There are several different aspects of implementation, including the extent to which innovation is in accordance with the intended program (compliance, integrity), the number of programs that have been implemented (quantity, intervention, strength), program quality, participant responsiveness which refers to the extent to which the program stimulates the interest of the target, program differentiation which involves the extent to which the theory and practice of a program can be distinguished from other programs (program uniqueness) (Durlak and DuPre, 2008)

6. Output of Implementation of Government Regulation

6.1. Coverage of Exclusive Breastfeeding

Based on the 2019 health profile of Puskesmas Bandarharjo, exclusive breastfeeding for infants aged 0-6 months increased to 33.85% or 215 infants from 27% or 135 infants in 2018. Exclusive breastfeeding coverage for infants aged 0-6 months at Puskesmas Bandarharjo has not reached the target of the Semarang City Strategic Plan (65%). Although efforts to increase the coverage of exclusive breastfeeding have been intensively carried out, the coverage of breastfeeding at this puskesmas not met the national target due to some obstacles faced such as the low supply of breast milk, busy and working mothers giving her infant formula milk, lack of support from family, and lack of mother's knowledge. Based on the research results, the coverage of exclusive breastfeeding at Puskesmas Bandarharjo reaches 65%.

The low coverage of exclusive breastfeeding can be caused by a lack of knowledge from the community and even from health workers about the benefits and importance of exclusive breastfeeding, promotion of formula milk, inaccurate recording and reporting, difficult supervision, lack of breastfeeding counselors, and lack of sanctions for hospitals/maternity clinics/health workers that do not carry out their duties in accordance with existing regulations (Deslima, Misnaniarti and Zulkarnain, 2019)

CONCLUSION AND SUGGESTION

In the input aspect, the number of human resources at Puskesmas Bandarharjo has been fulfilled in which this puskesmas has 5 midwives and 2 nutritionists. The source of the funds is BOK funds. The facilities and infrastructure are quite complete. The officers commit to continue supporting the Exclusive Breastfeeding program by always conducting socialization and supervising all health workers (independent practice midwives, clinics, doctors) in the working area of Puskesmas Bandarharjo. Pregnant women and breastfeeding mothers face some obstacles like the low level of awareness of mothers, families, communities, and caregivers about exclusive breastfeeding, the rise of unwanted pregnancy cases, and limited maternity leave. The implementation of the government regulation at Puskesmas Bandarharjo has been going well and in accordance with the existing regulation. This puskesmas does not issue specific regulations related to the Exclusive Breastfeeding program.

In the process aspect, the officers at Puskesmas Bandarharjo have intensively conducted education on breastfeeding, the importance of early initiation of breastfeeding, and forbidding the use of formula milk. Education is carried out directly by providing counseling, classes for pregnant women and breastfeeding mothers during a health check or home visit, or even through WhatsApp groups. Sanctions are in the form of verbal or written warnings and officers at Puskesmas Bandarharjo have never received such sanctions. The implementation of the program is in accordance with the Government Regulation No. 33 of 2012 concerning breastfeeding education, the importance of early breastfeeding initiation, and prohibiting the promotion of formula milk.

In the aspect of output, the coverage of exclusive breastfeeding in the working area of Puskesmas Bandarharjo has not met the national target, which is still at 65%. Puskesmas Bandarharjo is expected to be able to make policies for the Exclusive Breastfeeding program, provide additional financial support so that all relevant officers can attend breastfeeding counseling training, and add posters or leaflets about the importance of exclusive breastfeeding in every strategic spot in the working area of puskesmas.

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