

The Exclusive Breastfeeding Policies Implementation and Health Workers Roles in Medan-Indonesia

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Abstract: Infant nutrition requires serious attention in its growth period, and breast milk become the perfect nutrition for babies. The Health Profile of Medan City in 2014-2016 showed exclusive breastfeeding coverage reached was only 3% in 2014, rising to 3.04% in 2015 and decreased to 1.33% in 2016. All mothers in the city of Medan with children under the age of two years became the population studied. Data collected using questionnaires conducted in Medan and analyzed using multiple linear regression. Based on results of studied was significant effect between the implementation of policy and role of health workers in exclusive breastfeeding ($p=0.038$), on exclusive breastfeeding with $p<0.05$. From the research, it was found that the influence of policy implementation and role of health workers on exclusive breastfeeding and suggested the need to enhance cooperation and commitment advance of governments, health departments, hospitals, Primary Health Centre in improving the implementation of the policy of exclusive breastfeeding with the approach strategy of communication, information, and education.

Keywords: Implementation, Role, Health Workers, Exclusive Breastfeeding.

1. Introduction

There about ten millions babies dying in developing countries and about 60% of them could be prevented with breastfeeding. Around 1.3 millions babies can be saved from mortality risk through breastfeeding. World Health Organization (WHO) and United Nations Children's Foundation (UNICEF) had recommended six months milk breastfeeding for infants. Solid food should be given when the child reached six months old, and breastfeeding should be continued until the age of two years. The government and health agencies have made efforts to provide equitable access to services for breastfeeding support. There was wide variation in breastfeeding rates between culturally separate groups or adjacent city neighborhoods (Hounsou and Dowling 2018).

UNICEF (2013) proclaims that the breastfeeding is the most inexpensive and effective lifesaver for children in the human health histories. Mothers expected to gave at least six months exclusive breastfeeding without any other intake than breast milk (Wattimena and Dwi 2015). Exclusive breastfeeding offers short term and long term health benefits both to mother and infant (Adugna et al. 2017). Breastfeeding was required that infants receive tiny milk, did not allow infants to receive anything else, and allows infants to receive dropped, syrups (vitamins, minerals, medicine), namely infants receive only breastfeeding did not receive anything and allows baby to receive drops, syrups (Arikunto 2001).

Breastfeeding was the major source on infant nutrition and has been linked to positive health outcomes in early childhood and into adulthood (1–3). In Western, high-income Organization for Economic Cooperation and Development (OECD) countries, however, breastfeeding initiation ranges from 44% to 99% this wide range raises questions about what enables or constrains breastfeeding in different national settings (Lubold 2017). The Breastfeeding was the best food for baby, none of the other food that could replace breastfeeding, because breastfeeding has advantages that include three important aspects, *nutrition, immunity system and psychological*, that supported the children intelligence development and their mental health.

To get a maximum benefit, breastfeeding should be given to baby immediately after birth or at least slow 30 minutes after birth, because of suction power of baby at the moment the most powerful to stimulate breastfeeding production. Breastfeeding out a few days after delivery is called colostrums (BKKBN 2005). Colostrums contains the substance for immune system, a high vitamin A, more viscous and yellowish coloured. Therefore, colostrums must be given to the baby even though the milk production of the first day slightly low, but could fulfilled the babies needs. Sugar water, freshwater, and pre-lactate pottage (before breastfeeding produced smoothly) and any others intake should be avoided. According to (Roesli 2007) many breastfeeding benefits especially exclusive breastfeeding which can be felt. The essential benefit following the baby obtained among others.

Based on Indonesian health demographic survey in 2014, it showed only 27% infants at age 4-6 months received exclusive breastfeeding without any additional food or intake. In addition to the breastfeeding, around 8 percent infants on the same period was given formulated milk while 8 percent others provided with water. In the year 2016 exclusive breastfeeding coverage rates among infants at aged 4-6 months in Indonesia decreased if compared with the year 2015, from 27% declined to 17%.

Among the reason on the low exclusive breastfeeding coverage achievement was caused by the unoptimal health officers support related to exclusive breastfeeding due to lack of motivation. This requires the immediately handling to increase the success of the breastfeeding program. As the 80% exclusive breastfeeding coverage targeted in National Development Program and national strategies programs, the situation required a quite apprehensive effort that needs to be seriously taken and immediately directed so that can increase the success of exclusive breastfeeding program (Amiruddin 2009). The Indonesian exclusive breastfeeding prevalence was below the international recommendation in worldwide, with only 36% of under six months infants were received exclusively breastfed (Adugna et al. 2017).

Based on Health Regulation Number 36 in 2009, the government has made breastfeeding supporting policies that regulated in section 129 which mentioned the government was responsibility for specifying the plan to guarantee the infant rights to received breastfeeding exclusively. In the section 128 discuss about breastfeeding, which contained: 1) each baby was entitled to get milk exclusively since born during 6 months unless if there any medical indication; 2) during the milk, family party, local government and the community must support the mother of the baby in full with providing the time and special facilities; 3) provides special facilities referred to in verse 2 was held in the workplace and the public facilities. On section 200 contains rules that state that every person who was deliberately preventing the program providing exclusive breastfeeding will be sued to 1 years imprisonment and a maximum fine of one hundred million rupiahs.

The 2015 North Sumatera Health Profiles showed that breastfeeding on the baby reached 96,5% but only 26,67% baby who got exclusive breastfeeding. Data from Medan health

profiles showed that the scope of exclusive breastfeeding in Medan only reached 3%. Health workers are people whose job it is to protect and improve the health of their communities. Together the health workers, with all their diversity, make up the global health workforce (World Health Organization 2006).

To increase the breastfeeding coverage became main problems and the mothers need assistance and supported information, encourage them to belief that they will be able to breastfeed their baby successfully, and willing to complied with to health information given by health workers regarding nursing the babies with the right treatments. With 1991 Ministry of Health guidelines, this task will only have positive impacts when health officials had adequate knowledge. How to provide the required information and educated the mother to overcome the problems that arise and supported by the appropriate policy with Regulation of the Minister of Health; others were 240 number 1985 about the ban on formula milk, and the knowledge of health workers is very depending on the knowledge received during the education, plus knowledge during working through contact with other health officials. The Primary Health Centre exclusive breastfeeding program was one of the health development program implementation which aims to reduce infant mortality and children in Indonesia.

This can be seen by holding the national movement to increase the use of milk which was inaugurated by the president of the Republic of Indonesia on December 22nd, 1990. In line with that of the campaign and awareness of the Government Regulation of breastfeeding needs to be performed more intensive so that can increase the percentage of the mother who was breastfeeding exclusively. In implementing the exclusive breastfeeding program, The Primary Health Centre always referred to the Minister of Health regulation Number 240/Menkes/PER/V/1995 about the replacement of breastfeeding, which contained inside the main policies to increased exclusive breastfeeding coverage.

The lack of attention to health in explaining the importance of a baby to obtain the exclusive breastfeeding was became another reason for low coverage of exclusive breastfeeding in Medan. This study targeted help to promote exclusive breastfeeding policies to the community and health workers to increase the community health degree.

2. Methodology

This was an analytically research using regression statistics double linear test to investigated the influence of exclusive breastfeeding program implementation and the role of health workers in the Medan Primary Health Center working areas. Across-sectional design was used where data regarding risk, independent variables and dependent variables or the variables result, collected at the same time. The research located in the City of Medan Primary Health Centre working area. The reasons for location selection due to the low breastfeeding coverage in the Medan Primary Health Center working areas.

The populations in this research were all the mother who has a child age 6-12 months living in the working area of the public health center in Medan on November year 2017 as many as 98 people. In this research, we take total sampling with exclusive criteria for all breastfeeding mothers who have a child at the age of 6 months-12 months that meet the health conditions to feed breastmilk to their infants who lived in the Medan PHC working areas on November 2017. As much 98 respondents were meet the selected criteria and acted as research samples.

Data collection methods in this research includes primary data and secondary data. Primary data is data obtained directly from the respondents through the interview with the use of the questionnaire that has been prepared by the researchers. While secondary data obtained

from the Medan PHC document or notes while the double linear regression analysis was used to analyze the data (Bungin 2004) in order to investigate the influence of exclusive breastfeeding program implementation and the health workers' roles for exclusive breastfeeding in the Primary Health Centre in Medan. The research used questionnaires as its instrument for data collection and fulfilled by respondents. The conceptual framework between the measured variables by the research could be seen as figure 1 below, while the measurement aspects on variables can be seen as table 1.

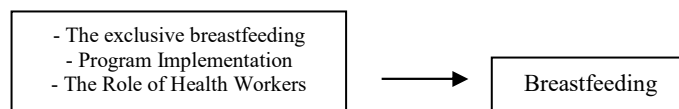


Fig.1. The research conceptual framework.

Table 1. Measurement aspects.

Variables	Indicator	Categories	Value	Measuring Scale
The exclusive breastfeeding Program Implementation	12	Good Enough Less	321	Ordinal
Role of health workers	11	Good Enough Less	321	Ordinal
Breast Feeding	1	Give Not give	10	Ordinal

3. Results

The public health center was located in Medan with 540 hectares working area coverage, consisted of 6 sub-districts and 8798 families.

3.1 Respondent Characteristics

The respondent characteristics can be seen as at table 2 below.

Table 2. The respondent characteristics distribution frequency.

Characteristics of Respondents	Frequency (f)	Percentage (%)
Ages		
21 – 39	93	96.9
40 – 60	5	3.1
Total	98	100
Education level		
Elementary School	4	4.1
Junior High School	34	34.7
Senior High School	55	56.1
College	5	5.1
Total	98	100
Job status		
Unemployment	74	75.5
Employee	24	25.5
Total	98	100
Birth attendants		
Doctors (Hospital)	2	2
Midwives	96	98

Characteristics of Respondents	Frequency (f)	Percentage (%)
Total	98	100

From the table 2 above, it can be seen that majority of respondents age was in the age of 21-39 years (96.9%). Fifty-five respondents(56.1%)had Senior High School as their recent education,24 of them or 75.5% were unemployment with the most birth assisted by midwives (98%).

3.2 The Exclusive Breastfeeding Policies Implementation

The respondent assessment on exclusive breastfeeding policies implementation can be categorized as seen in table 3 below.

Table 3. The respondent assessment on exclusive breastfeeding policies implementation by health workers.

Implementation categories	Frequency (f)	Percentage (%)
Good	74	75.5
Enough	17	17.4
Poor	7	7.1
Total	98	100

Based on the table 3 above, it can be seen that the respondents (75.5%) mostly gave a good judgment on exclusive breastfeeding policies implementation in the city of Medan and there were only 7 respondents (7.1%) think that the exclusive breastfeeding implementation by the Medan PHC health workers was considered poor.

3.3 Health WorkersRoles in The Exclusive Breastfeeding Programs

The respondent assessment on health worker roles in exclusive breastfeeding programs can be categorized as seen in table 4 below.

Table 4. The respondent assessment on health worker roles in exclusive breastfeeding programs.

Roles category	Frequency (f)	Percentage (%)
Good	70	71.4
Enough	26	26.6
Poor	2	2.0
Total	98	100.0

Based on the table 4 above it can be seen that 71.4% of respondents think that the health worker in Medan PHC has a good roles in supporting exclusive breastfeeding programs an only 2 respondents think that the Medan PHC workers have poor roles in supporting the exclusive breastfeeding programs.

Table 5. Exclusive breastfeeding duration distribution.

Exclusive Breastfeeding duration	Frequency (f)	Percentage (%)
0 month	30	30.6
1 month	4	4.1
2 months	5	5.1
3 months	15	15.3
4 months	23	23.3
5 months	19	19.4

6 months	2	2.0
Total	98	100

From the table 5 above, it showed that only 2 percent respondents complied with the 6 months recommended duration on exclusive breastfeeding. In general, the status of exclusive breastfeeding practices can be seen in table 6 below

Table 6. Distribution of respondent frequency based on exclusive breastfeeding practice.

Doing exclusive breastfeeding practice?	Frequency (f)	Percentage (%)
Yes	2	2
No	96	98
Total	98	100

Although the level of respondents assessment againsts the health workers roles was considered good, but it turns out that there only about 2 percent of respondents who demonstrated exclusive breastfeeding consistently.

3.4 Bivariate Analysis

Bivariate analysis was conducted as a requirement for the advanced test in multiple linear regression multivariate test. The bivariate analysis used to see the relationship between exclusive breastfeeding policies implementation and health worker roles with breastfeeding practice as dependent variables and using statistical tests correlation Pearson product moment and $\alpha=0.05$ level of significant. The analysis can be seen in the following table 7.

Table 7. The correlation between exclusive breastfeeding policies implementation and health worker roles with exclusive breastfeeding practice.

Variables	Correlation Coefficient	Sig (p)
The exclusive breastfeeding policies implementation		
Role of health workers	0.497	0.002
	0.454	0.000

Based on the table 7, it can concluded that there were significant relationships between the implementation of exclusive breastfeeding policy with breastfeeding, with the values of $p=0.002<0.05$. The relationship that was formed between those variables indicated a strong relations ($R=0.497$) and exceedingly positive, it means that the better exclusive breastfeeding policies implemented than the better exclusive breastfeeding practice by mothers with infants.

While for the health worker roles variable indicated significant relationships between the health workers role in exclusive breastfeeding programs with breastfeeding practice, with the values of $p=0.000<0.05$. The relationship also indicated a strong relations ($R=0.454$) and exceedingly positive. This means that the better health workers play their roles in the exclusive breastfeeding program then the better exclusive breastfeeding practice among mothers with infants.

3.5 Multivariate Analysis

A double linear regression test was used to further analysis with the 95% ($\alpha=0.05$) trusted level. Based on bivariate statistical test it identified that policies implementation and health workers role variables must reached $p\text{-value}<0.25$ so that these variables can be extended to regression double linear multivariate analysis.

Table 8. The results of multiple regression analysis double linear on exclusive breastfeeding policies implementation and health workers role toward breastfeeding practice.

Variables	Sig. Rank	B	R	R Square	P Value
Constant	0.000	-4.4	0.5	0.354	0.00
Policies implementation	0.023	1.0			
Health workers roles	0.012	1.02			

4. Discussions

Implementation will lead to every necessary step to encourage people and use different types of resources to achieve the plans set out in the planning process. Working behavior that tends to ignore its role probably caused by implementation failures.

The program implementation were an collectively action by individual and government officials against an object. Those actions were directed to achieve predetermined objectives. The dominant internal factors to the success or failure of implementation achievement include organizational programs, interpretation and implementation.

In this research can be seen that public health center as the programs executor was still less a maximum of working in partnership with other organizations even have not seen the cooperation is done in increasing the number of infants who received only breastfeeding until six months. This resulted, the mother who did not know that baby must be given breastfeeding until six months. Such as what is put forward by one of the informers that when pregnancy checked on health officials, there is no recommended to provide only breastfeeding until 6-month-olds, other informants also said that if they have not asked may not officers will tell. This can only happen if there is a cooperation with the community who knows the benefits of exclusive breastfeeding because if health officials forget provides education about exclusive breastfeeding and they got the knowledge from the community and did not make many mothers who know not at all. Other research also said that the cause of the failure of exclusive breastfeeding is much like the culture of providing food, provide additional formula milk.

5. Conclusion

Based on the research that has been described previously and the existence of the influence of exclusive breastfeeding policies implementation and role of health workers in exclusive breastfeeding in Medan.

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