

## Implementation of the Exclusive Breastfeeding Program in Pujud Health Center, Rokan Hilir Regency

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### ABSTRACT

Based on data from the Pujud Health Center, it is known that the achievement of the Exclusive Breastfeeding program in 2021 is 33.2%. This is still far below the target of the Ministry of Health's Strategic Plan (Renstra) which is 60%. This study aims to obtain information on how to implement the Exclusive Breastfeeding Program at the Pujud Health Center in 2021. This research was conducted in Pujud Selatan Village from April to May 2022. This type of research is a qualitative research using case studies. The informant retrieval technique was purposive sampling with a total of 14 informants consisting of 4 people as key informants and 10 people as supporting informants. Collecting data using observation and in-depth interviews and processed using the triangulation method. The results showed that the implementation of the exclusive breastfeeding program had not run optimally. This is due to several factors such as: the absence of policies/regional regulations (Perda) that regulate exclusive breastfeeding, the absence of supporting facilities and infrastructure, and the absence of a budget for exclusive breastfeeding program activities, counseling using the lecture method, the implementation of Breastfeeding Initiation has not been implemented. Dini (IMD), and lack of monitoring and evaluation (MONEV). The conclusion of this study is that the achievement of the Exclusive Breastfeeding program at the Pujud Health Center is still low, judging from the input indicators (policy, infrastructure and budget) that have not been supported, process indicators (extension, IMD implementation, and Monev) implementation that has not been optimal. Suggestions from this research are the need to make a regional policy/regulation, especially in the Rokan Hilir Regency area to support the Exclusive Breastfeeding program.

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## INTRODUCTION

The success of a nation's national development is determined by the availability of quality Human Resources (HR), namely human resources who have strong physical, strong mental and excellent

health in addition to mastery of science and technology. Quality human resources are an important element in the success of National Development[1],[2],[3].

Children as human resources for the nation's successors and hope for the future of the family, society and country need to be given targeted guidance as early as possible from the time they are in the womb until the age of 2 years (1000 HPK). To achieve optimal growth and development, among others, by providing breast milk (ASI) to infants aged 0-2 years [4][5]. One of the indicators of a country's welfare is seen from the Infant Mortality Rate. United Nations of Children's Fund (UNICEF) in the global strategy of feeding infants and children stated that the prevention of infant mortality by exclusive breastfeeding for 6 months. Exclusive breastfeeding is breastfeeding for infants from birth to six months of age without any other liquids or solids given even water with the exception of oral rehydration solutions or drops and vitamins or drugs [6],[7].

Exclusive breastfeeding provides benefits for preventing infant malnutrition, increasing body resistance, increasing cognitive intelligence in infants, preventing digestive tract infections (vomiting and diarrhea), preventing respiratory tract infections and preventing the risk of death. The World Health Organization (WHO) reports that globally the average rate of exclusive breastfeeding in the world in 2017 is only 38%, WHO targets that by 2025 the rate of exclusive breastfeeding in the first 6 months of birth will increase by at least 50%[8][8] 9][10]. According to UNICEF (2017), the low coverage of exclusive breastfeeding is due to a lack of knowledge about lactation management [10]. The Ministry of Health (Kemenkes) recorded the percentage of exclusive breastfeeding for babies at 71.58% in 2021[11].

The coverage of exclusive breastfeeding in Riau Province is 70.29% (BPS, 2022). Based on the Health Profile of Riau Province, the coverage of exclusive breastfeeding in 2020 is 43.5%, an increase compared to 2019 (37.21%). Exclusive breastfeeding coverage in Rokan Hilir Regency in 2019 is 34, 7% and in 2020 that is 45%. This is still far from the target of the Ministry of Health's Strategic Plan, which is 60%. Exclusive breastfeeding coverage at the Rokan Hilir District Office consecutively from 2018 which was 54.98%, 2019 which was 39.49% and in 2020 which was 35.63% (Rokan Hilir District Health Office). It has decreased every year. While the coverage of exclusive breastfeeding at the Pujud Health Center in 2021 is 33.2%. Based on the above background, it is important to conduct research with the aim of knowing the Implementation of Exclusive Breastfeeding Policy at the Pujud Health Center, Rokan Hilir Regency. 49% and in 2020 it is 35.63% (Dinkes Rokan Hilir). It has decreased every year. While the coverage of exclusive breastfeeding at the Pujud Health Center in 2021 is 33.2%. Based on the above background, it is important to conduct research with the aim of knowing the Implementation of Exclusive Breastfeeding Policy at the Pujud Health Center, Rokan Hilir Regency.

## RESEARCH METHOD

This study uses a qualitative method using descriptive analysis. This research design uses a case study. This research was conducted at the Rokan Hilir District Office, from April to May 2022. The data in this study were divided into two, primary data and secondary data. Primary data were obtained by means of interviews, observations, and focus group discussions. Secondary data were obtained from the review of the comments, including the Riau Province Health Profile, the Rokan Hilir District Health Office Profile, the Pujud Health Center Health Profile, the Pujud Health Center KIA Report, and the Pujud Health Center Nutrition Report. The informant collection technique used purposive sampling as many as 16 people.

**Table 1** Research Informants

No	Informant	Informant Status	Informant Code	Number of Informants
1	Head of Public Relations	Key Informants	IU	1 person
2	Head of Kesga Kesga Dinkes	Key Informants	IU	1 person
3	MCH Program Manager	Key Informants	IU	1 person

4	Nutrition Program Manager	Key Informants	IU	1 person
5	Cadre	Supporting Informants	IP	2 persons
6	Pregnant/Breastfeeding Mother	Supporting Informants	IP	8 people

Data Processing, through the process of Data Transcription, Coding, Matrix Formation Analysis Process. Qualitative data analysis consists of three streams of activities that occur simultaneously. Data were collected through interviews, observation, and documentation. In-depth interviews in general are the process of obtaining information used in research by means of face-to-face (face to face) between informant retrieval techniques using purposive sampling.

**Table 2.** Research Informants

No	Informant	Informant Status	Informant Code	Number of Informants
1	Head of Public Relations	Key Informants	IU	1 person
2	Head of Kesga Kesga Dinkes	Key Informants	IU	1 person
3	MCH Program Manager	Key Informants	IU	1 person
4	Nutrition Program Manager	Key Informants	IU	1 person
5	Cadre	Supporting Informants	IP	2 persons
6	Pregnant/Breastfeeding Mother	Supporting Informants	IP	8 people

The data in this study consisted of primary data and secondary data. Primary data consist of Interview and Observation and Document Review. The secondary data consisted of the Riau Province Health Profile, the Rokan Hilir District Health Profile, the Pujud Health Center Health Profile, the Pujud Health Center's MCH Report, and the Pujud Health Center's Nutrition Report. Data analysis uses data reduction, data presentation, and drawing conclusions (verification). This research has been conducted an ethical test at the Research Ethics Commission of Hang Tuah University Pekanbaru with the number: 132/KEKP/STIKes-HTP/III/2022.

## RESEARCH RESULTS

### Input Indicator

#### Health Human Resources

Health Human Resources (HR) in this study are health workers, both civil servants and non-civil servants who work at the Pujud Health Center. The availability of health human resources at the Pujud Health Center is sufficient and complete. From table 4.1, it can be seen the types of health workers and their number. Health HR factors have an important role in health development in the region. The following are excerpts from interviews with supporting informants regarding the availability of Health Human Resources (HR):

"In the Pujud Health Center, as far as I know, there are a lot of officers. There are midwives, nurses, doctors, nutritionists too. The ones who often come to the posyandu are Mrs. Nora (nutrition officer) and other midwives." (MIS) "When asked how many officers there are at the Pujud Health Center, I don't know, because I see a lot of treatment when I get treatment. Every room has an officer. Want up to 4-5 people. Not to mention there are too many in the ER. But I don't know what all civil servants are" (DA).

Based on the results of interviews between researchers and informants, it was found that the Human Resources (HR) of Health at the health center was quite good. Based on the opinion that the Pujud Health Center officers are complete.

### Policy/Bureaucracy

#### Exclusive Breastfeeding Program at Pujud Health Center

The Exclusive Breastfeeding Program at the Pujud Health Center is a method that is carried out with the aim of making it easier for exclusive breastfeeding problems to be solved at the Pujud Health Center. Nutrition is only a few breastfeeding mothers who provide exclusive breastfeeding to their babies. Of the number of mothers who have babies, not half (50%) give exclusive breastfeeding. According to the researcher, this is because the policies implemented are only regular outreach activities/lectures to the community when they go to the Posyandu in the field. Counseling to the community in the old (conventional) way makes people not interested in hearing or understanding it. The following is a summary of the researcher's interviews with key informants:

"If the program is already running, but it is not optimal and not in accordance with the target of 33.2%. So far, apart from counseling at the puskesmas, we also do counseling at the posyandu" (B) ..... "If the program has been running but there is no special program regarding exclusive breastfeeding. If the counseling has been carried out, maybe the community is already bored." (NNN). The statement from the informant is in accordance with the document review that the researcher did. Pujud Health Center only provides counseling to support the Exclusive Breastfeeding program.

#### **Exclusive breastfeeding counseling at Pujud Health Center**

Exclusive breastfeeding counseling is an activity to increase public knowledge about exclusive breastfeeding through the dissemination of messages or information with the aim of changing the behavior of a person/community. The counseling method that is often carried out by Pujud Health Center officers is the lecture method. From the observations made by extension researchers, the lecture method is the old/conventional method and is considered less effective because it is too monotonous and unattractive because people only listen to the information conveyed by health workers. The following are excerpts from interviews with key informants:

"Well, so far we have been conducting exclusive breastfeeding counseling in a conversational manner because the puskesmas and health offices do not provide health promotion media (such as brochures or leaflets)." (B)

"If the program is only limited to providing counseling with ordinary lectures. Don't use leaflets or anything like that. Indeed, it is not optimal if it is limited to public lectures, people forget quickly. But if you use the health promotion media, it's possible that something will be remembered from seeing it." (NNN).

According to key informants that counseling is less effective, in accordance with the statements of supporting informants, namely: "We have often heard about counseling from officers but only at that time we understood, if we ask questions tomorrow, we have forgotten." (HW).

Based on the results of these interviews, it can be concluded that counseling about exclusive breastfeeding using the lecture method is less effective. It is necessary to evaluate to conduct counseling with other methods.

#### **Training/Guidance for Posyandu Cadres**

Posyandu cadre training is an activity to refresh and increase the knowledge and ability of cadres in managing posyandu in order to improve community empowerment efforts in the health sector. One of the tasks of posyandu is to provide counseling. Based on the results of interviews by researchers with supporting informants, posyandu cadres have never conducted counseling to the community. This is due to the lack of knowledge of cadres about health and do not understand what the duties of a cadre are. Whereas cadres should also be able to provide counseling to the community. Posyandu cadre training at Pujud Health Center is carried out once a year from the Pujud Health Center's BOK budget. However, since the COVID-19 pandemic, it has never been re-implemented because the BOK budget is used for COVID-19 as much as 50%. The following are excerpts from interviews with supporting informants regarding cadre training:

"In the past there was training for cadres but in the last 3 years there has been none." (WA) According to the supporting informants that they have never done counseling, namely "I have never done counseling about exclusive breastfeeding." (WA)

"Never. Because at the time of our posyandu we were busy with recording and weighing babies and toddlers. After all, there are already puskesmas officers, let them provide counseling." (SH) Based on the results of interviews with informants, researchers found that policies regarding the Exclusive Breastfeeding Program have not been optimally implemented. This is supported by counseling using the old (conventional) method and the ineffectiveness of the roles and duties of cadres in the village and at the posyandu.

### **Infrastructure**

The infrastructure that supports the exclusive breastfeeding program at the Pujud Health Center is not adequate. One of the infrastructure facilities that support the Exclusive Breastfeeding program is the availability of an ASI corner room/lactation room. The ASI corner room is a special room used by patients/communities who have babies who come for treatment at the puskesmas. Within the Pujud Health Center, there is no ASI corner room available. This is supported by statements from key informants as follows:

"If the facilities and infrastructure that support the Exclusive Breastfeeding program at the Pujud Health Center do not yet exist." (B).

Based on the results of interviews with key informants, the researcher concludes that the ASI corner room is not yet available due to limited budget/funds for infrastructure development and no budget proposal has been made to the DPRD through the Rokan Hilir District Health Office. Furthermore, the infrastructure facilities included in the Exclusive Breastfeeding program at the Pujud Health Center are access roads that are far and damaged. The working area of Pujud Health Center is a fairly large and large area because the majority of the land is oil palm plantations. Pujud Health Center has 16 villages, some of which are very far away, must pass through oil palm plantations where the road conditions are still a lot of red soil and there are also those who cross the river using water transportation, namely: boat/pong-pong. There are 3 villages that have to cross the river. Due to damaged road access and long distances, people are lazy to come to the puskesmas and health workers have limitations to provide guidance to the community in the village. The following is a quote from a key informant regarding infrastructure in the Pujud Health Center area:

"Access to each village is very far. Not to mention that the road is damaged, you have to cross the river by riding pong-pong. Here, on average, oil palm plantations, so many people are gardening" (B) ..... "Then the obstacles here are that each village is far away and also the roads are not all good, some are damaged, so when it's dry, there's a lot of ash, and when it rains, it often floods too.." (NNN).

Based on the results of interviews between researchers and informants, it was found that the problem of infrastructure (ASI corner room and road access) at Pujud Health Center did not support the exclusive breastfeeding program. This is also considered to have a significant impact on the community

### **Budget**

Each puskesmas is given the authority and flexibility to manage its own budget and income to finance activities at the health center. The Puskesmas has a budget (fund) that comes from BOK (Health Operational Assistance) and BLUD (Regional Public Service Agency) funds. Pujud Health Center is one of the health centers that includes managing BLUD and BOK in Rokan Hilir Regency. These sources of funds are used to finance programs and activities to improve public health services. However, the allocation of funds for the Exclusive Breastfeeding program is not yet available because nothing has been proposed so that activities that support the Exclusive Breastfeeding program do not run. The following are excerpts from interviews with informants with the same answers, namely: "The source of financing for the implementation of the Exclusive Breastfeeding

program does not actually exist, but because the program collaborates with other activities, it can be in line." (B).

The implementation of the exclusive breastfeeding program at the Pujud Health Center is influenced by the budget. The unavailability of the budget causes the exclusive breastfeeding program to not run. There is no allocation of BOK and BLUD funds specifically for the Exclusive Breastfeeding program. Even so, Pujud Health Center officers continue to carry out the Exclusive Breastfeeding program by collaborating with other activities that are still interconnected when they come to the field.

### **Process Indicators**

#### **Early Initiation of Breastfeeding (IMD)**

Early Initiation of Breastfeeding (IMD) is the process of breastfeeding a baby immediately after birth, where the baby is left to find his own mother's nipple. The practice of implementing IMD has not been optimal, both in the working area of the Pujud Health Center and nationally. IMD is still rarely done because of the mother's ignorance or because of the lack of support and the role of health workers in educating patients and encouraging patients to carry out IMD. The statements of the informants at the time of the interview are as follows:

"After the operation, my baby was given to my family so that the nurse at the hospital didn't even ask for an IMD." (HW)

Even in hospitals, there are no policies/rules that regulate IMD. It is still very concerned that health workers do not support the success of IMD.

Other informants' statements that contradict the above statement are as follows:

"I gave birth at the puskesmas assisted by the puskesmas midwife. If there are several people at the puskesmas, the officer will put the baby near my breast milk after delivery, he said, let the baby look for his mother's nipple, said the midwife at the puskesmas." (D)

It is possible that health workers at first-level health facilities (puskesmas) understand the importance of IMD better than health workers at advanced-level health facilities (private clinics, private hospitals and government hospitals). As health workers, wherever they work, they should carry out their duties and responsibilities professionally even though there are no binding regulations/policies. It should be the duty of health workers to advise patients to have an IMD after giving birth either normally or by surgery (cesarean).

#### **Implementation of Maternity Class**

Pregnant women class is a study group for pregnant women with a maximum number of 10 participants. In this class, pregnant women will learn together, discuss and share experiences, about maternal and child health (MCH) thoroughly and systematically and can be carried out on a scheduled and continuous basis.

The class for pregnant women has been carried out at the Pujud Health Center and is usually carried out when the number of pregnant women in the village has met a maximum of 5 people. The development of classes for pregnant women is carried out by midwives at the puskesmas. The activities carried out are counseling and exercise for pregnant women. In the class for pregnant women, pregnant women are free to practice the gymnastic style exemplified by the puskesmas officers. The following are excerpts from interviews from supporting informants, namely:

"There are classes for pregnant women, as far as I know, usually from puskesmas officers who come to the posyandu. So, when pregnant women are in class there, they are given counseling as well as the gymnastic movements" (HW)

"There's something if I remember. It's like we're doing gymnastics, we're told to give examples of movements made by the officers." (N)

Based on the results of interviews between researchers and informants, it was found that the implementation of classes for pregnant women in the working area of the Pujud Health Center has

been running. This is evidenced by the opinion of the informant who said that the class for pregnant women was carried out at the posyandu.

### **Monev (Monitoring and Evaluation)**

Every program must be monitored and evaluated (MONEV) whose purpose is to assess the extent to which the program formed is running well or not, whether it has problems/obstacles in implementing it, is it right on target, has it reached the target and so on. Monitoring and evaluation (MONEV) of the Exclusive Breastfeeding program at the Rokan Hilir District Health Office is measured from monthly reports that are collected collectively by puskesmas officers every month. From the document review, the researcher saw that the reports that were reviewed were only limited to the number of pregnant women, the number of mothers who had babies and the number who gave exclusive breastfeeding. This is supported by the opinion of key informants during the interview, namely:

"Usually, for exclusive breastfeeding monitoring and evaluation, this is seen from the monthly reports that are collected every month from each health center. So it is the section head who recapitulates on a monthly basis and calculates the achievement of the Exclusive Breastfeeding program targets." (AF).

Based on the results of interviews with key informants, researchers found that the exclusive breastfeeding program in Rokan Hilir Regency was not optimal. This is evident from the document review, namely the results of the evaluation of the implementation of the Exclusive Breastfeeding program are not good, it can be seen from the poor output that has not reached the target of the Exclusive Breastfeeding MSS, which is 100% in the working area of the Pujud Health Center. So in the future it needs to be explored and identified by the health department to find the root of the problem so that problem solving ideas from the Exclusive Breastfeeding program can be made.

### **Output Indicators (Minimum Service Standards (SPM))**

Minimum Service Standards (SPM) for Health is a reference for district/city local governments in providing health services that every citizen is entitled to at a minimum. The SPM of the Exclusive Breastfeeding program in Rokan Hilir Regency refers to the Strategic Plan (Renstra) of the Riau Provincial Health Office 2019-2024. The SPM target for the Exclusive Breastfeeding program is 47%.

"The achievement of the Exclusive Breastfeeding Program in Rokan Hilir Regency in 2021 is 39.33%. (NA)

Based on the results of interviews between researchers and informants, it was found that the achievement of the Exclusive Breastfeeding Program was still below the target of the Riau Province SPM and the target of the Ministry of Health, which was 39.33%. This still needs to be addressed again in the future so that its achievements can increase. This is the responsibility of the Health Service, puskesmas officers to improve the implementation of the Exclusive Breastfeeding Program

### **Discussion**

Based on the results of research on the implementation of the exclusive breastfeeding program at the Pujud Health Center in 2021, it was found that human resources in the implementation of the exclusive breastfeeding program were good in terms of health workers in terms of quantity and quality. Pujud Health Center has D-III Nutrition personnel who are competent as PJ Nutrition Programs and midwives as PJ Programs for Maternal and Child Health. Pujud Health Center officers supervise exclusive breastfeeding for mothers by monitoring breastfeeding through KMS for every posyandu activity. However, for breastfeeding mothers, there is still a lack of knowledge about the importance of exclusive breastfeeding [12],[13] this is due to the influence of promotion of supplementary food products and formulas. Advances in technology and sophisticated communication, and the incessant promotion of formula milk makes people less believe in the greatness of breast milk. Mothers who are actively working in an effort to provide exclusive breastfeeding often experience obstacles due to the short period of maternity and maternity leave.

Circumstances like that often become obstacles for mothers to give exclusive breastfeeding so that exclusive breastfeeding may not be achieved[14][15]

Policies/bureaucracies in the implementation of the Exclusive Breastfeeding program did not go well, this was due to the absence of special policies or decrees (SK) from the Rokan downstream district government as well as from the health office and also the Pujud Health Center. The Health Office only adopted PP No. 33 of 2012 concerning Exclusive Breastfeeding. Until now, there are no derivative regulations that apply in the regions such as regional regulations (perda)[16]. Likewise, special programs to support exclusive breastfeeding policies. The Rokan Hilir District Health Office admitted that there was no special supervision carried out on midwives, especially private midwives. The implementation model of the exclusive breastfeeding policy at the Rokan Hilir District Health Office is realized in activities, namely the Guidance of Health Center Nutrition Officers.

ResultsThe analysis of the implementation of the policy shows that the implementation of the exclusive breastfeeding policy as outlined in the form of Community Health Center Nutrition Officer Development activities has been going well, from the responsiveness indicators it shows that this activity is very beneficial for nutrition workers and has met their expectations. There is a positive synergy from the implementation of the exclusive breastfeeding policy with the policy objectives shown in 3 things, namely, (1) data collection and reporting of exclusive breastfeeding that is more orderly and follows applicable regulations, although the reported exclusive breastfeeding data is not all in accordance with reality;

Facilities and infrastructure factors in the implementation of the exclusive breastfeeding program at the Pujud Health Center have not been optimal. This is due to the unavailability of a lactation room/ ASI corner at Pujud Health Center. Based on observations, it was found that during the posyandu activities, the officers who went to the field were good, but the lack of media/facilities to promote breastfeeding. The budget for the implementation of the exclusive breastfeeding program at the Pujud Health Center is still limited. There are no special funds to support the Exclusive Breastfeeding program, but related to other activities, some of which are funded from the BOK/DAK funds of the Pujud Health Center.

## CONCLUSION

The still low achievement of the Exclusive Breastfeeding program at the Pujud Health Center is assessed from the input indicators (policies, infrastructure and budget) that have not been supported, process indicators (extension, IMD implementation, and Monev) implementation that has not been optimal. regional policies/regulations, especially in the Rokan Hilir Regency area to support the exclusive breastfeeding program.

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