

Analysis of The Implementation Exclusive Breastfeeding Program in Nusa Indah Public Health Center and Lingkar Barat Public Health Center Bengkulu City

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ABSTRACT

Background: The highest coverage of exclusive breastfeeding data from Bengkulu City Health Office was Nusa Indah Public Health Center (86.9%) and the lowest was Lingkar Barat Public Health Center (63.8%).

Objective: The research objective was to analyze the implementation of exclusive breastfeeding programs from the input, process, output in the city of Bengkulu in 2018.

Methods: This was an observational analytic study with a qualitative approach. The informants consisted of nutrition officers, midwives, health promotion, Head of Public Health Center and mothers who participated in the exclusive breastfeeding program at the Public Health Center. This research was carried out in two Health Center of Bengkulu city, from July to August 2019. Data analysis was done by data reduction, data presentation and conclusion drawing and verification.

Results: Based on input factors, the role of implementing an exclusive breastfeeding program consists of nutrition workers, midwives and health promotion, using BOK funds, material on exclusive breastfeeding, tools in the form of infant statue, breast statue, breast milk, with counseling, enlighten and IMD methods. The implementation processes were exclusive breastfeeding socialization, formation and assistances of the breastfeeding support group. Method used to this step was counseling and educating. A monitoring of process was done by looking at data obtained from Posyandu.

Conclusion: The Nusa Indah Public Health Center has been successful because the breastfeeding support group has played an active role in assisting the implementation of Exclusive Breastfeeding program, while the Lingkar Barat Public Health Center was not.

Keywords: Exclusive Breastfeeding, Program Implementation

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INTRODUCTION

Breastfeeding plays important role for baby's health, growth and development. WHO recommends exclusive breastfeeding for six months to new born baby. WHO data revealed there were only 41% of babies were breastfed for 6 months and 45% of babies were breastfed until the age of 2 years in 2017¹. In 2012, regulation on exclusive breastfeeding was issued (PP No. 33 of 2012) which regulates duties and responsibility of center and local government to develop breastfeed program. This regulation established the government responsibilities such as providing professional counselor of breastfeed in public health center, establishing national policies and advocacy of breastfeed program. t for the proportion of breastfeeding 24 hours after birth

The proportion of breastfeeding 24 hours after birth in Indonesia in 2018 for 0-5 month babies according to characteristics based on gender, namely male (74.1%), female (74.9%), characteristics based on urban residence (72, 7%), in rural areas (76.6%) while the proportion of breastfeeding according to age groups

was 0 months (81.0%), 1 month (78.4%), 2 months (79.7%), 3 months (74.4%), 4 months (72.4%), 5 months (62.2%)³. The coverage of infants receiving exclusive breastfeeding is 61.33%. This figure has exceeded the 2017 Strategic Plan target of 44%. The highest percentage of coverage of exclusive breastfeeding was in West Nusa Tenggara (87.35%), the lowest percentage was in Papua (15.32%), and the percentage of exclusive breastfeeding was in Bengkulu (65.66%)⁴.

Based on Riskesdas data in 2018, exclusive breastfeeding in Bengkulu Province was 35, while the National average was 37.3%.³ In 2017 in Bengkulu Province, the number of babies who were exclusively breastfed was 16,161 (67%) out of 24,003 babies 0-6 available months, with details of 8,089 (68%) boys and 8,072 (67%) girls. The number of babies who were given exclusive breastfeeding according to districts in Bengkulu Province, namely, the highest coverage of babies who received exclusive breastfeeding was South Bengkulu Regency (83%), and the lowest coverage was in Seluma district (51%), and the percentage of exclusive breastfeeding was in Bengkulu City (61 %). This research was conducted in Bengkulu City because since 2007 the



population of Bengkulu Province was mostly in Bengkulu City (19%), North Bengkulu (14%) and Rejang Lebong (14%), while the proportion of the population living in Seluma Regency (11%)⁵

In 2017, the coverage of exclusive breastfeeding in Bengkulu City was 61.2%, this shows a downward trend compared to previous years. Coverage of exclusive breastfeeding in 2016 (61.74%), 2015 (77.9%), 2014 (81.3%), 2013 (78.7%), and the achievement of coverage of breastfeeding in 2012 (51.5 %). Based on data obtained from the Bengkulu City Health Office, there is the highest exclusive breastfeeding coverage, namely the Nusa Indah Puskesmas (86.9%) and the lowest exclusive breastfeeding coverage, namely the West Ring Community Health Center (63.8%) (Bengkulu City Health Office, 2017)⁶.

Based on data from the Bengkulu City Health Office in 2017, of the 20 health centres in Bengkulu City, there were 5 health centres in the lowest order, namely: the West Ring Health Center (18.5%), Sukamerindu (24.2%), Kampung Bali (35.4%) , Anggut Atas (37.8%) and Jalan Gedang (40.5%). The health centres with the highest coverage were Puskesmas Betungan (100%), Nusa Indah (99.6%), Jembatan Kecil (99%), Basuki Rahmad (98.4%) and Ratu Agung (68.1%). Based on the above background, the researchers are interested in analysing the implementation of the exclusive breastfeeding program at the Puskesmas with the highest exclusive breastfeeding coverage (Puskesmas Nusa Indah) and the Puskesmas with the lowest exclusive breastfeeding coverage (Puskesmas Lingkar Barat) in Bengkulu City in 2018.

METHODS

The type of research used in this research is analytic observational with a qualitative approach. As many as 10 informants consisted of nutrition officers, midwives, promkes, heads of puskesmas and mothers who participated in the exclusive breastfeeding program at puskesmas. This research was conducted in two Puskesmas in Bengkulu City, namely the Nusa Indah Health Center and the West Ring Health Center, starting from July to August 2019. The successful implementation of the Exclusive Breastfeeding program can be seen from the service components provided. The information collected is in accordance with the health service component. The service component consists of input / input consisting of physical facilities, equipment and equipment, organization, finance, human resources. Process, namely the activities of all employees, whether or not the process is carried out and the last is the result component.⁷

After all the information collected is then analyzed, the data analysis stage is divided into three, namely data reduction, namely at this stage the researcher chooses the main things that are obtained, focusing on things that are important to look for patterns and themes. Data presentation (data display), namely the researcher makes the presentation of the data in the form of a brief description based on the main points obtained. Conclusion drawing verification, namely making conclusions in the form of new, proven findings⁸.

RESULTS AND DISCUSSION

1. Input

Based on the research results, the results obtained regarding the input (man, money, material, machine, method, market) in the implementation of the exclusive breastfeeding program are as follows:
a. *Man*

Based on the results of research at the two health centers implementing the exclusive breastfeeding program in 2018, namely nutrition officers, midwives and health promotion officers. This is in accordance with one of the statements from the officer at the Nusa Indah Puskesmas as follows:

"... Those who are in charge of the implementation of the exclusive breastfeeding program are first for newborns up to the age of 6 months, namely midwives, midwives themselves at delivery are already counseling for exclusive breastfeeding, then nutrition officers, then health promotion ..." (Informant 2,3)

The nutrition officer has the task of making reports on the exclusive breastfeeding program and also conducting counseling and counseling. This is in accordance with one of the statements from the officer at the West Ring health center as follows:

"... Nutrition officers usually provide nutrition for reports on the exclusive breastfeeding program, but the officers usually provide counseling, provide counseling too ..." (Informant 6,7)

Promkes officers at the West Lingkar puskesmas are in charge of providing counseling. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... If the health promotion officer is also a counselor ..." (Informants 6, 7)

Promkes officers at the Nusa Indah puskesmas only coordinate and see reports from officers who have carried out counseling. This is in accordance with one of the statements from the officer at the Nusa Indah puskesmas as follows:

"... Promkes officers only coordinate and view counseling reports, for the implementation of the exclusive breastfeeding program, nutrition officers and midwives are responsible ..." (Informant 1,2,3)

Midwives have a duty to provide counseling and counseling when pregnant women and after the baby is born until the age of 6 months, midwives also play an important role in the success of IMD (Early Breastfeeding Initiation). This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... The midwife helped the childbirth, so from the moment the mother gave birth directly to the IMD, that's when we explained with the patient that ee to carry out the exclusive breastfeeding program for 6 months"



the baby was given nothing but exclusive breastfeeding ..." (Informant 4.5)

Implementation of the exclusive breastfeeding program, carried out from newborns to 6 months of age. This is in accordance with one of the statements from the Nusa Indah puskesmas midwife as follows:

"... From a newborn to 6 months ..." (Informant 4,5)

Human resources are the main means of each management to achieve predetermined goals, various activities carried out to achieve goals are planning, organizing, implementing, directing, and supervising organizational activities, all of which require humans as a means of driving them⁹

Based on the results of research at Puskesmas Nusa Indah and Puskesmas Lingkar Barat, the implementers of the Exclusive Breastfeeding Program in 2018 are nutrition officers, midwives and health promotion officers. Health workers have their respective main tasks, nutrition officers play a role in planning the program, namely nutrition officers, midwives and health promotion officers to assist in the implementation. Midwives are the first health workers who have direct contact with mothers. Midwives understand comprehensively, starting from pregnant women giving birth, giving birth and breastfeeding.

Utami's research results stated that the staff for implementing the Exclusive Breastfeeding Program at the Pariaman Health Center were nutrition workers and had received exclusive breastfeeding training¹⁰. The success of exclusive breastfeeding cannot be separated from the continuous advice and support of midwives¹¹.

Breastfeeding counseling given to mothers at the age of 4-6 weeks and 6 months has been proven to reduce the number of women who do not exclusively breastfeed. Counseling can be provided face-to-face or by telephone¹. Good Human Resources (HR) Kuliatas are needed to run a program. The Central Mamberamo District Health Office in 2016 showed the inadequacy of the Minimum Service Standard indicator due to the lack of skilled SKM, there are still human resources who do not have a registration certificate for health personnel and limited experienced health workers.

b. Money

Based on the results of interviews at the two health centers regarding the source of funds for the implementation of the Exclusive ASI program in 2018, it shows that the funds obtained from the BOK (Health Operational Assistance) do not have any other funds. Counseling activities or other activities related to exclusive breastfeeding are still carried out even though the funds are not available. This is in accordance with the statement from the West Lingkar health center as follows:

"... There is a budget here, yes, from the BOK budget, it is not actually budgeted every month, but to conduct counseling, to carry out

these activities there is no need for a budget, so every Posyandu, every time we meet pregnant women, or breastfeeding mothers. We as nutrition officers are obliged to give counseling that exclusive breastfeeding is really good to give ..." (Informants 8,9,10)

At the Nusa Indah puskesmas there are no special funds to implement the exclusive breastfeeding program. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... There are no special funds for implementing the exclusive breastfeeding program ..." (Informants 1,2,3)

The results of interviews with officers at both puskesmas found that funding for activities only came from the BOK. Officers do not know for sure what percentage of funds they receive from the BOK for implementing the Exclusive Breastfeeding Program, but every year there are funds budgeted for the Exclusive Breastfeeding program. This is in accordance with the statement from the Nusa Indah health center and West Lingkar health center as follows:

"... Nothing ..." (Informants 8, 9,10)

"... Don't know exactly ..." (Informant 4,5)

The funds obtained from the BOK are used for transportation of officers, activities in the class for pregnant women, and all activities at the puskesmas use BOK funds, all of these funds have been used and are sufficient to implement the Exclusive ASI program. This is in accordance with the statement from the Nusa Indah health center and West Lingkar health center as follows:

"... Usually, the funds are for the officers' transportation, like what happened later in the class of pregnant women, consumption ..." (Informant 4,5)

"... A lot, all programs can use BOK funds from KIA, nutrition, keep on promoting health, many elderlies, almost all programs in the Puskesmas funders go to the field with funds from BOK ..." (Informant 8,9,10)

"... Yes, all of them have been used, and we have been responsible for ..." (Informants 8,9,10)

Money, namely a funding or financial factor. Without adequate finance, the activities of a company or organization will not run as they should, because basically finance is the blood of a company or organization. This financial issue relates to the budget (budget), employee wages (salaries), and company or organizational income¹³.

Based on the results of research at Puskesmas Lingkar Barat, the funds used to carry out the Exclusive ASI program in 2018 were obtained from BOK funds (Health Operational Assistance) and funds from BOK were sufficient and had already been used all to implement the Exclusive ASI program in 2018, while at the Nusa Puskesmas Indah does not have funds to implement the Exclusive ASI program but the Nusa Indah puskesmas has succeeded in implementing the Exclusive ASI



program even though it does not have the funds in its implementation, since 2017 the Nusa Indah puskesmas has not received funds from the BOK.

The main research results state that, there is no special funding for the implementation of the exclusive breastfeeding program at Pariaman Community Health Center¹⁰. Pandanaran Puskesmas Semarang City shows that the availability of money for the exclusive breastfeeding program is good, the funds are available from the BOK¹⁴. Supported by Salla's research which found funds for the activities of the Maternal and Child Health program at the Central Mamberamo District Health Office, Makassar sourced from BOK and BPJS¹²

c. Material

Based on the results of research at the two health centers, the material conveyed during the exclusive breastfeeding program, namely material about the benefits of exclusive breastfeeding, how to care for breasts, how to breastfeed properly, how many months of exclusive breastfeeding, and the right food for mothers to eat while breastfeeding. delivered in the form of leaflets, slides, KIA books, and flipcharts. This is in accordance with the statement from the West Lingkar health center as follows:

"... Regarding how to breastfeed, how to do exclusive breastfeeding, how many months of exclusive breastfeeding, the material is in the form of leaflets, MCH books, flipcharts ..." (Informant 6,7)

Health workers provide materials according to community needs, material presented comes from the internet, literature, nutrition books, and MCH books. Activities carried out according to the schedule arranged in the planning. This is in accordance with one of the statements from the nutrition officer at the Nusa Indah puskesmas as follows:

"... Adjusting to the needs, for example about IMD, it means the leaflet is about IMD, for example about the names of pregnant women nutrition, preparation of breastfeeding mothers, we prepare according to their needs, because I am a lecturer I have a lot of material, I was a lecturer at UMB in 2008. ..." (Informant 4,5)

Officers have no difficulty when determining the material. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... Nothing, there is already a lot of information ..." (Informants 1,2,3)

In the implementation of the health service organization requires materials as a means or management tool to achieve the goals that have been set⁷. Pandanaran Puskesmas in providing information to the public about breastfeeding uses various equipment such as breastfeeding teaching aids, leaflets, breastfeeding manuals, and posters¹⁴.

Based on the results of research at Puskesmas Nusa Indah and Puskesmas Lingkar Barat, the material conveyed during the implementation of the Exclusive Breastfeeding program is material about

the benefits of exclusive breastfeeding, how to care for breasts, definitions of exclusive breastfeeding, the right food for mother's consumption during breastfeeding which is delivered via leaflet. , MCH (Maternal and Child Health) manual / booklet and flipchart.

d. Machine

Based on the results of research at the two health centers, the tools used in the implementation of the Exclusive Breastfeeding Program were props (baby pantoms, breast pantoms, and tools for expressing breast milk), loudspeakers, and breast milk storage bottles. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... The tools are many loudspeakers, breast suction devices, breast milk storage bottles, breast pantoms, baby pantoms, breast milk drink bottles ..." (Informants 1,2,3)

There were no other tools apart from those mentioned, and the officers also had no difficulty in determining the tools. This is in accordance with one statement from the nutrition officer at the Nusa Indah puskesmas as follows:

"... No, we have a breastfeeding counselor, we have breastmilk storage and breastmilk storage, complete breastmilk coolers, because they are not used, they are not kept because of the high cost, complete with exclusive breastfeeding tools, bottles for milking. For preparations, for example, the mother works, how to maintain her exclusive breastfeeding, if we take 3 months off, while 6 months of exclusive breastfeeding, how do we train working mothers to save their breast milk while working ..." (Informant 4)

Based on the results of research at Puskesmas Nusa Indah and Puskesmas Lingkar Barat, the tools used in the implementation of the 2018 Exclusive Breastfeeding Program are props (baby pantoms, breast pantoms, and tools for expressing breast milk), loudspeakers, and breast milk storage bottles.

The results of previous research stated that, in the implementation of the exclusive breastfeeding program at the Remu Health Center, Sorong City, there were not enough teaching aids, only leaflets, but they were not suitable for use¹⁵.

e. Method

Based on the results of research at the two health centers, the implementation of the Exclusive Breastfeeding Program used methods of extension, counseling, and IMD. This is in accordance with the statement from the Nusa Indah puskesmas officer as follows:

"... When the mother is pregnant and has a baby aged 0-6, the mother receives counseling, counseling, and immediately after the newborn is given IMD (Early Breastfeeding Initiation) ..." (Informant 1,2,3)

The easiest method to implement is counseling, and according to officers at the Nusa Indah and Lingkar Barat health centers, there is no method that is difficult to implement at the time of implementing

the exclusive breastfeeding program. This is in accordance with one of the statements from the nutrition officer at the Nusa Indah puskesmas as follows:

"... *Counseling ...*" (Informant 4,5)

Based on the results of research at Puskesmas Nusa Indah and Puskesmas Lingkar Barat in the implementation of the Exclusive Breastfeeding Program in 2018 using methods of counseling, home visits and IMD (Early Initiation of Breastfeeding), the easiest method to implement is according to statements of officers at the four health centers, namely counseling, and methods. According to statements of officers at the four puskesmas, what is difficult to implement is counseling in large groups and home visits.

The method is how to carry out management activities effectively by using considerations to the goals in order to achieve a targeted goal¹³. Health counseling is defined as a health education activity carried out by disseminating messages and instilling confidence. Thus, the community is not only aware, knows and understands, but also wants and can carry out health-related advice¹⁶. Early Initiation of Breastfeeding (IMD) is placing the baby face down on the mother's chest or stomach so that the baby's skin is attached to the mother's skin which is done at least one hour after birth. If the contact is blocked by a cloth or is carried out for less than one hour, it is considered incomplete and is considered not to perform IMD4.

The main research results stated that the method used in implementing the exclusive breastfeeding program at Pariaman Public Health Center was counseling using Posyandu facilities and maternal classes¹⁰. Extension and counseling are methods often used in the implementation of the Exclusive Breastfeeding Program¹⁴. Counseling is a powerful method to convince mothers to continue to provide exclusive breastfeeding, if the mother has problems, the mother can directly convey it to health workers or community service providers who can handle it. In addition, officers can also immediately provide advice on problems / complaints they are facing.¹⁷

f. Market

Based on the results of research at the two health centers, the targets of the exclusive breastfeeding program were pregnant women and breastfeeding mothers. This is in accordance with the statement from the West Lingkar health center as follows:

"... *The targets in the implementation of the exclusive breastfeeding program are pregnant women and breastfeeding mothers ...*" (Informant 6,7)

Without a target market, the goals of a health service organization cannot be achieved as expected, the target market of a health service organization is one of the means to achieve that goal⁹.

Based on the results of research with interviews with nutrition officers, midwives and health promotion officers at the Nusa Indah health

center and the Lingkar Barat community health center, which were the targets in the implementation of the Exclusive Breastfeeding Program, namely pregnant women and nursing mothers.

Planning is important before implementation. All elements of Man, Money, Material, Method and Market must be well planned to get coverage according to the target. Astuti's research found that there was a relationship between the program planning function and the achievement of the exclusive breastfeeding coverage target. As much as 85.7% of health centers that carry out their planning functions properly, the target of the Exclusive ASI program is achieved¹⁸.

2. Proses

Based on the results of research at the two health centers, results were obtained regarding the process (planning, actuating, controlling) in the implementation of the exclusive breastfeeding program in 2018 as follows:

a. Planning

Planning an Exclusive Breastfeeding Program at the Nusa Indah Community Health Center

Based on the results of the research, planning in the implementation of the ASI program consists of planning inside the puskesmas and planning outside the puskesmas, for planning outside the puskesmas, the officers making plans for the development of breastfeeding support groups, and for those inside the puskesmas the officers are ready for the breastfeeding corner. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... *If planning depends on POA (Planning Of Action), but not just ASI in the POA, all program activities in POA, outside the health center there is a development of ASI support groups in 2018, ASI support groups formed in 2017, in in the puskesmas there is a breastfeeding corner room prepared for breastfeeding mothers who come to the puskesmas ...*" (Informants 1,2,3).

Every year health workers make program plans. Especially for the planning of the exclusive breastfeeding program, it does not really change from year to year. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... *If there is a program, there are changes from year to year, right, but if there is an Exclusive breastfeeding program, it may not be significant, the problem is that the rules are not different, right?*" (Informants 1,2,3)

There are no obstacles faced by officers at the Nusa Indah puskesmas in planning. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... *Nothing, just fine ...*" (Informants 1,2,3)

Planning management is indispensable for the sustainability of program implementation. Research conducted by Astuti has shown that planning is closely related to the achievement of the target of exclusive breastfeeding coverage. Poor planning will have an



impact on not achieving exclusive breastfeeding coverage¹⁸.

The implementation of the Exclusive Breastfeeding Program at the Nusa Indah Community Health Center follows the planning from the previous year, not too different. POA is made as a reference in program implementation, POA can be prepared through a mini workshop¹².

Planning for the Exclusive Breastfeeding Program at the West Ring Health Center. Based on the results of the research, planning in the implementation of the exclusive breastfeeding program, namely, the officers made plans for the formation of breastfeeding support groups, breastfeeding socialization, and making monitoring plans. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... In the POA, the Planning of Action already exists for counseling, but for counseling at any time without any planning, the patient can be directly counseled, the patient is a mother who has just given birth directly in counseling, then we plan to form a group. Breastfeeding, socializing breastfeeding, monitoring ..." (Informants 8,9,10)

Changes that occur each year for planning, that is, depending on the budget and benchmarks from the health office. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... If the plan is not only breastfeeding, it depends on the budget, then the benchmark from the Office ..." (Informant 8,9,10)

There are no obstacles faced by officers in making plans. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... There are no obstacles ..." (Informants 8,9,10)

Kristina's research found that exclusive breastfeeding in Bungo District has not been as expected, almost all of her agencies do not have breastfeeding corner rooms and there are no clear rules for breastfeeding mothers such as PERDA, even there is no counseling and supervision about exclusive breastfeeding to every agency. government in Bungo Regency. The absence of counseling and the absence of confirmation from the head of the Health Office for extension officers. Supervision and counseling at each agency in Bungo District is not running well, because the allocation of funds is only allocated at the Puskesmas for direct outreach to the community, such as counseling at posyandu and direct community counseling, even though working mothers do not have time to come to the community. posyandu, because of their time and work, so they only come to the health care provider when it's time for the baby's immunization and if there are health problems¹⁹. The success of the exclusive breastfeeding program begins with planning that will plan everything, from inputs, processes and outputs.

Planning for the implementation of the exclusive breastfeeding program at the Nusa Indah health center and the Lingkar Barat community health center, namely identifying the problem first, then intervening based on the data obtained from home visits, and then analyzing

the factors that cause babies who do not get exclusive breastfeeding, after that in Conduct socialization of exclusive breastfeeding with community leaders, formation of breastfeeding support groups, coaching breastfeeding support groups, making SAP (Outreach Programs) to carry out counseling at posyandu, in classes for pregnant women and in classes for breastfeeding mothers, and providing a breastfeeding room / breastfeeding corner.

The main research result states that there is no special planning for this exclusive breastfeeding activity. Planning is limited to planning posyandu and mother class activities¹⁰.

b. Actuating

Implementation of the Exclusive Breastfeeding Program at the Nusa Indah Community Health Center.

Based on the results of the research, the process of implementing the exclusive breastfeeding program, namely officers carrying out counseling and counseling when pregnant and breastfeeding women come to the health center or posyandu, midwives also carry out IMD when a newborn is born, at the puskesmas there is also a breastfeeding corner room for nursing mothers come to the puskesmas, and breastfeeding support groups play an active role in motivating pregnant women and breastfeeding mothers to be able to provide exclusive breastfeeding for their babies, breastfeeding support groups consisting of the sub-district head, village head, PKK members, Posyandu cadres, and community leaders. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... After the baby is born the midwife helps in implementing the IMD, then we nutrition officers and midwives provide counseling and counseling when the mother comes to the posyandu and puskesmas, there is also a breastfeeding corner room at the puskesmas and the implementation is supported by an active breastfeeding support group. .." (Informants 1,2,3)

According to puskesmas officers, there are no obstacles in implementing the exclusive breastfeeding program at the Nusa Indah puskesmas. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... Nothing ..." (Informants 1,2,3)

Health facilities influence mothers to carry out prenatal checks on a continuous basis, encourage mothers to give birth in health facilities and conduct counseling to mothers about the benefits of breastfeeding for babies and mothers, demonstrate correct breastfeeding techniques²⁰.

Knowledge of the benefits of exclusive breastfeeding and attitudes of mothers towards exclusive breastfeeding are basic factors that can change a person's behavior. Counseling that has been carried out by health center officers is useful for increasing the knowledge and attitudes of mothers about exclusive breastfeeding, there are changes in knowledge and attitudes of mothers after being given counseling on exclusive breastfeeding²¹. Other studies have also shown that counseling given to pregnant women in the



final trimester can increase knowledge, change attitudes and behavior of mothers to provide exclusive breastfeeding²².

Implementation of the Exclusive Breastfeeding Program at the West Ring Health Center

Based on the results of the research, the process of implementing the exclusive breastfeeding program, namely the health center officers carried out the socialization of breastfeeding problems, counseling, the formation of breastfeeding support groups, monitoring home visits, and counseling. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... We conduct socialization on breastfeeding problems, meetings for the formation of breastfeeding support groups, counseling, continue to monitor eee home visits, the meaning is that mothers continue to breastfeed, that is, every time there is a Posyandu or there is a class of pregnant women, we usually follow us along. there are pregnant women who breastfeed at least we hold counseling, that's all ..."
"(Informants 8,9,10)

Puskesmas officers do not experience problems when implementing the exclusive breastfeeding program, only sometimes the mothers do not do what the health center staff has told them to do. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... There is no obstacle, the only obstacle was if the mothers did it because it was not right to do what had been taught ..." (Informant 8,9,10)

The process of implementing the exclusive breastfeeding program at Puskesmas Nusa Indah and Puskesmas Lingkar Barat, namely carrying out counseling and counseling to newly married couples, pregnant women, and breastfeeding mothers about exclusive breastfeeding both at health centers, posyandu and during home visits, for mothers-to-be the mother is willing and ready to give exclusive breastfeeding to her baby, and after the new baby is born the midwife helps in implementing IMD (Early Breastfeeding Initiation) so that the exclusive breastfeeding program can be a success.

Based on the results of Alifah's research in terms of motivation, some Bikor conveyed the achievements that had been achieved so that the midwives were more enthusiastic. All informants stated that there was no reward for the achievement of exclusive breastfeeding and exclusive breastfeeding was not a focus / priority in each Puskesmas. In terms of communication, so far communication has been in the form of meetings, pickets, apples, and coordination. Communication between midwives and cross-sector has not been established because it has not been realized. In terms of Bikor leadership, most Bikors provide direction and authority to the midwives. Midwives accept Bikor's democratic and relaxed leadership style²³.

The way the officers control the exclusive breastfeeding program is by looking at the data obtained from the posyandu, village midwives, village midwives, as well as during home visits, the data is in the form of name, home address and telephone

number, and only Puskesmas Nusa Indah which graphs exclusive breastfeeding based on data obtained from posyandu, Puskesmas Lingkar Barat only records data for breastfeeding mothers to control and does not graph exclusive breastfeeding.

Monitoring in the local area is carried out by observing the recording and reporting of existing exclusive breastfeeding programs. The recording and reporting is carried out by nutrition officers. Recording was only done for breastfeeding mothers who visited the Puskesmas, while the recording and reporting of breastfeeding mothers outside the building was reported by cadres. Recording and reporting of cadres in the form of SIP (Posyandu Information System) which contains not only exclusive breastfeeding but data or information relating to activities, conditions and developments that occur at each Posyandu²³.

Puskesmas that carry out the mobilization function well will achieve the targets for the exclusive breastfeeding program. The results of the risk estimate obtained a PR (Prevalent Ratio) of 2.727, this means that respondents who have a poor movement will have a 2.7-fold risk of not reaching the target coverage of the exclusive breastfeeding program than respondents with good movements¹⁸.

Posyandu activities that are carried out regularly every month can increase the coverage of exclusive breastfeeding.²⁴ Nusa Indah and Lingkar Barat Puskesmas routinely carry out posyandu, but when breastfeeding mothers do not visit posyandu it becomes an obstacle in implementing breastfeeding counseling activities.

c. Controlling

Control of the Exclusive Breastfeeding Program at the Nusa Indah Community Health Center

Based on the results of the study, the way for officers to control the exclusive breastfeeding program was by making graphs based on the data obtained at the posyandu. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... We use the graphic ee exclusive breastfeeding, the data we get from the posyandu at the posyandu, where we get mothers who are immunized, from there we ask whether the mother has given breast milk until the age of 6 months from there graphed ..." (Informants 1,2,3)

Officers have no difficulty when controlling the implementation of the exclusive breastfeeding program at the puskesmas. This is in accordance with one of the statements from the Nusa Indah puskesmas officer as follows:

"... Nothing, the same as the previous process we had no difficulties ..." (Informants 1,2,3)

Supervision needs to be done to monitor the sustainability of the exclusive breastfeeding program, health centers that carry out a good supervisory function will achieve the target coverage of the exclusive breastfeeding program. Poor program supervision will have three times the risk of not achieving the target coverage of the exclusive



breastfeeding program than health centers that do not carry out supervision¹⁸.

Support from health workers is also needed to encourage mothers to provide exclusive breastfeeding to their babies. Support provided by health workers can be in the form of information, motivation and monitoring of mothers for 6 months.²⁵

Control of the Exclusive Breastfeeding Program at the West Ring Health Center

Based on the results of the research, the way the officers control the exclusive breastfeeding program is by controlling the posyandu and making home visits based on the data obtained at the posyandu, the data are in the form of addresses and telephone numbers. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... Yes, for example, we came to the posyandu, the mother came, we asked Eee what her name was, we asked for the address, then eee, usually the phone number, so what is her name, we call first if you are at home, or what else, for example, where, we just visited, the bias is like that, but sometimes let's go too, if for example there is no phone number sometimes lbunyo is also not at home, or for example moving ... "(Informant 8,9,10)

According to the officer, the problem during control is that it is very difficult to determine whether a baby is still breastfed exclusively or not, because if a baby aged 0-6 months has been given plain water, it is no longer exclusive. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... The difficulty is basically very difficult because exclusive breastfeeding is actually plain water, not exclusive breastfeeding, so now there is a new theory, so for 0-6 months there is no other food, so water. white is actually not exclusive breastfeeding, while it is impossible, a baby under 6 months is not sick, there must be 0-6 months there must be a baby that is sick, if he is sick automatically he takes medicine, takes medicine he drinks plain water, meaning That's not breastfeeding anymore, so that's what we are very difficult to achieve, to achieve this is what our target is called, to make improvements, like that while we don't know from other health centers, how come it can reach 80-90%, because it's very difficult to states that children are exclusively breastfed, if it is very difficult for us to control the implementation of the exclusive breastfeeding program ... "(Informants 8,9,10)

The way the officers overcome their difficulties is by always controlling, by asking breastfeeding mothers when they meet them, whether their children are still breastfed and have been given anything. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... Yes that was earlier, most of all we asked every time we met we asked the mother how to still breastfeed, what did the child give her, make

sure again, that the target was only that much ..." (Informant 8,9,10)

The difficulties of Healthcare providers' in monitoring the program can affect the success of the exclusive breastfeeding program. These occur due to the limited number of Healthcare providers', lack of motivation and hard work from Healthcare providers' in serving clients. Furthermore, there is not yet widespread support network from mother to mother that can help in disseminating information about exclusive breastfeeding and connecting mothers to health services.²⁰

3. Output

Public Health Centre That Successfully Implement Exclusive Breastfeeding Program

The study in Nusa Indah Public Health Centre showed high success rate of the exclusive breastfeeding implementation program due to active role of the breastfeeding support groups. This group is made as peer counsellor for giving information about exclusive breastfeeding program to pregnant mother. This is in accordance with one of the statements from the Nusa Indah Healthcare providers' as follows:

"... Yes, we are giving counseling, and support for pregnant mother about exclusive breastfeeding simultaneously with the local government, leader and breastfeeding support groups. So when the baby born, they already know, even though there may also be 1 or 2 who do not carry out exclusive breastfeeding due to certain indications. So what makes the implementation of the breastfeeding program successful is the mothers Indeed.... "(Informant 1,2,3)

The successful implementation of the exclusive breastfeeding program requires support from all parties, including the awareness of the mother. Mothers who believe in the advantages of exclusive breastfeeding will apply exclusive breastfeeding to their children and vice versa²⁶. Support from Healthcare providers' is also very important to increase mother's understanding and confidence.²⁵

Public Health Centre That Unsuccessfully Implement Exclusive Breastfeeding Program

Based on the study in the West Lingkar Health Center by interviewing the nutrition workers, midwives and health promotion showed there are still cultures and customs adhered to by mothers that inhibit the implementation of exclusive breastfeeding. This is in accordance with one of the statements from the West Lingkar puskesmas as follows:

"... That was the perception that maybe there was an influence from the parents, they were told to give a newborn popping up because the breastmilk had not come out, they were told to buy honey, then or mostly they were told to give honey, which was the obstacle to not achieving exclusive breastfeeding or the mother who eee grasak grusuk. milk bae katonyo right the breast milk has not come out to buy milk ajo grandma katonyo sometimes the mother also means the mother is good, sometimes it is easy to get



stressed first too, besides what is it from parents or family relatives who are urging to give this right? I heard the people around her told her to buy honey, well, the breast milk was not enough, when she was just born, there was an abundance of breastmilk, some was different, it was different for each patient, so the control seemed like that ...
"(Informant 8, 9, 10)

The output (result) is an indirect approach, but it is very useful for measuring the quality of services at puskesmas, hospitals or other health service institutions⁷.

The coverage of the exclusive breastfeeding program is high at the Nusa Indah Puskesmas because breastfeeding support groups play an active role in the implementation of the exclusive breastfeeding program to support the success of the exclusive breastfeeding program at the health center. The coverage of exclusive breastfeeding is low at the Lingkar Barat Community Health Center because there are still cultures and customs adhered to by mothers, making it difficult to change the mother's behavior so that she wants to give exclusive breastfeeding to her baby.

Based on the results of previous research, the coverage of exclusive breastfeeding in the Pariaman Health Center is still low, still below the target set by the Pariaman City Health Office. According to the results of the FGD conducted with infant mothers in the working area of Puskesmas Pariaman, only 1 out of 11 mothers exclusively breastfed their babies. There are still many mothers who provide additional food in the form of formula milk¹⁰

CONCLUSIONS

The Executive Breastfeeding Program consists of midwives, nutrition and health promotion officers. The funding source for this program come from BOK funds. Information on how to care for breasts, definitions of exclusive breastfeeding, appropriate foods for mother's consumption during breastfeeding are delivered through leaflets, Maternal and Child Health (MCH) books, flipcharts and direct delivery through counseling and counseling. The implementation of the program is in accordance with the plan, namely ASI group assistance, breastfeeding corner room. Based on the data on the coverage of exclusive breastfeeding, the Nusa Indah Community Health Center was successful in the Exclusive Breastfeeding program and the Lingkar Barat Community Health Center had not been successful.

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