

HEALTH SERVICES AND IT'S UTILIZATION RELATED TO EXCLUSIVE BREASTFEEDING AND EARLY BREASTFEEDING INITIATION PROGRAM IN WEST JAVA PROVINCE

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PELAYANAN KESEHATAN DAN PEMANFAATANNYA TERKAIT DENGAN PROGRAM ASI EKSKLUSIF DAN INISIASI MENYUSU DINI DI PROVINSI JAWA BARAT

Abstract

Despite the essential benefit of early initiation of breastfeeding and exclusive breast feeding during the first six months, the practice was still low. Health services and personnel play important role have not optimal yet in breast feeding. The aim of this study was to review the provision of health services and it's utilization related to early breastfeeding initiation and exclusive breastfeeding practices in West Java province. This study was an analysis of the Indonesian Health Facility Survey (Rifaskes) 2011 and the Basic Health Survey (Riskesdas) 2010. It analyzed 45 public hospitals and 997 primary health centers in West Java Province from HFS and 285 infants (0-6 months) in West Java province from Riskesdas. It supplemented with qualitative data that obtained from in-depth interviews with the representatives from central government, Provincial Health Office, District Health Office (DHO), public health centers and hospitals in Bandung city and Bogor district, West Java. This study revealed that a number of gaps related to breastfeeding services in PHC and hospitals were still found. One of the influential factors that hindering the breastfeeding services in health services was the absence of local policy regarding early initiation of breastfeeding and exclusive breastfeeding practices in West Java Province. The limitation of human resources, facilities and specific budget were also become the obstacles in the implementation of the breastfeeding program. This study implied that most of community already utilized the maternal and child's health care. This study indicated the importance of health services and support from health professionals for successful of breastfeeding. Thus the strong commitment of health personnels as well as the policy makers was really needed.

Keywords : early initiation of breastfeeding; exclusive breastfeeding; health facilities; utilization

Abstrak

Meskipun manfaat esensial dari inisiasi menyusui dini dan ASI eksklusif selama enam bulan pertama sudah banyak diketahui, namun prakteknya masih rendah. Pelayanan kesehatan dan tenaga kesehatan memegang peranan penting dalam peningkatan praktek menyusui namun belum optimal. Studi ini bertujuan untuk meninjau penyediaan layanan kesehatan dan pemanfaatannya terkait dengan inisiasi menyusui dini dan pemberian ASI eksklusif di provinsi Jawa Barat. Penelitian ini merupakan analisis dari Riset Fasilitas Kesehatan (Rifaskes) 2011 dan Survei Kesehatan Dasar (Riskesdas) 2010. Sampel dalam analisa ini adalah 45 rumah sakit umum pemerintah dan 997 Puskesmas dari data Rifaskes dan 285 bayi (0-6 bulan) di Provinsi Jawa Barat dari data Riskesdas. Analisis ini dilengkapi dengan data kualitatif yang diperoleh dari wawancara mendalam dengan pemerintah pusat, Dinas Kesehatan Propinsi dan Kabupaten/ Kota (Dinkes), puskesmas dan rumah sakit di kota Bandung dan Kabupaten Bogor, Jawa Barat. Penelitian ini mengungkapkan bahwa sejumlah kesenjangan yang berkaitan dengan pelayanan inisiasi menyusui dini dan asi eksklusif di Puskesmas dan rumah sakit pemerintah masih ditemukan. Salah satu faktor berpengaruh yang menghambat pelayanan dan program ASI eksklusif dan inisiasi menyusui dini adalah tidak adanya kebijakan lokal mengenai inisiasi dini menyusui dan pemberian ASI eksklusif di Provinsi Jawa Barat. Keterbatasan sumber daya manusia, fasilitas dan anggaran khusus juga menjadi hambatan dalam pelaksanaan program ini. Penelitian menyiratkan bahwa sebagian besar

masyarakat sudah memanfaatkan perawatan kesehatan ibu dan anak. Dengan pentingnya pelayanan kesehatan dan dukungan dari para profesional kesehatan untuk keberhasilan menyusui, komitmen yang kuat dari tenaga kesehatan serta pembuat kebijakan benar-benar diperlukan.

Kata kunci: Inisiasi Menyusu Dini, Asi Eksklusif, Fasilitas Kesehatan, Pemanfaatan

BACKGROUND

The World Health Organization (WHO) recommends that breastfeeding during the first six months is essential for children to achieve optimal health and development¹. Breastfeeding can prevent gastrointestinal and respiratory tract infections, neonatal necrotizing enterocolitis, leukemia, type 1 and 2 diabetes and obesity^{2,3,4}. Breastfeeding protects the health of children in both the short and long term¹.

Exclusive breastfeeding is one of the most effective interventions in order to reduce child mortality by building the baby's immune system^{5,6,7}. The results of a study done in Bangladesh showed that chronic malnutrition was 41.4% higher in children who were not exclusively breastfed than children who were exclusively breastfed (19.5%)⁸.

Despite plenty of evidence that showing the extent of the benefits of breastfeeding and although exclusive breastfeeding is widely recommended, but it is still not universally practiced. Globally, less than 40% of infants under six months are exclusively breastfed⁶. In Indonesia, the prevalence of exclusive breastfeeding up to six months is still 15.3%, far beyond the Indonesian Ministry of Health (MoH) target, which is 60%⁹.

Various programs had been undertaken to support the successful achievement of exclusive breastfeeding, however the practice of exclusive breastfeeding is still very low. Bappenas stated that one of the factors that contributed to the unchanged status of community nutrition is poorly developed programs. Health facilities and officers are still limited especially in public health services (public health centers (PHC) and hospitals)^{10, 11}.

Several studies had demonstrated that activities and programs in health facilities can increase the rate of exclusive breastfeeding and early breastfeeding initiation. One study had shown that the presence of breastfeeding promotion could increase the quality of breastfeeding practice¹². Other studies had also shown an association between prenatal-postnatal

care and early breastfeeding initiation and breastfeeding practice^{11,13}.

West Java Province is the most populated province in Indonesia. Several efforts had been done by the local government to improve the health status of the community, one of which was through the improvement of facilities and infrastructures of PHC, fulfilled drugs demand and improved the access and quality of health services. Based on Basic Health Survey (RISKESDAS 2010) the prevalence of exclusive breastfeeding and early breastfeeding initiation was 31.2% and 29.5%, still below the MoH target.

Thus, the aim of this study was to review the health services and its utilization related to exclusive breastfeeding and early breastfeeding initiation in West Java Province.

MATERIALS & METHODS

This study was an analysis of quantitative and qualitative data. The quantitative data was derived from the Indonesian Health Facility Survey (RIFASKES) 2011 and the Basic Health Survey (RISKESDAS) 2010^{9,14}. The qualitative data was obtained from in-depth interviews.

RIFASKES was a nation-wide survey covering all 9878 Primary Health Centers (PHC), 685 public hospitals and 810 laboratories by National Institute of Health Research and Development (NIHRD) which provide a comprehensive inventory of the characteristics of facilities, types of services, equipment and supplies, medical and non-medical staff, infrastructure, and transportation. RIFASKES 2011 was the first such detailed and comprehensive survey ever conducted in the country¹⁴.

Meanwhile, RISKESDAS was also a nation-wide survey, covering 441 cities in 33 provinces in Indonesia. Data was collected from a total of 70,000 households selected from 200 census blocks consisting of 25 households each⁹. This study looked at a subset of the total data.

This study analyzed 45 public hospitals and 997 PHC from RIFASKES data and 285

Infants (0-5 months) from RISKESDAS data. West Java was chosen purposively as the most populated province in Indonesia. Two districts in West Java were chosen to represent urban and rural area. Bandung City is the capital of West Java Province, represent the urban area, while Bogor district represent the rural area.

This analysis of survey data was supplemented by a qualitative component using in-depth interviews. The variables explored in qualitative study were the policy regarding breastfeeding (early initiation of breastfeeding and exclusive breastfeeding) and also the implementation in health facilities (PHC and government hospitals). The people interviewed came from four groups: (1) central government (from Ministry of Health), (2) Provincial Health Officers, (3) District Health Office (DHO) officers for community nutrition and maternal health programs, (3) head of maternal and child nutrition services in PHC and government hospitals in Bandung city and Bogor district, West Java Province.

The analysis of the quantitative data was done descriptively. The analysis of the qualitative data includes the transcription of the recorded interviews, data verification and analysis based on comparison and contrast.

Health service provision

The variables of health services provision identified in this study were the availability of health service program and its components in PHCs and hospitals, derived from RIFASKES data. In PCH, we identified services and its components related to maternal health and community nutrition improvement programs, such as the availability of lactation room, personnels with nutrition background, breastfeeding counseling training, breastfeeding module maternal and child's health book, maternal and neonatal healthcare module, maternity class and module, local area monitoring of mother and child's health, infant's cohort notes, exclusive breastfeeding activities, and integrated antenatal care.

onents related to breastfeeding practices such as availability of obgyn clinic, pediatric clinic, lactation clinic, availability of medical doctor, nurse and midwife in perinatal care, availability of perinatal delivery and contraceptive services (standard operation procedure (SOP) for

cesarean section, SOP for perinatal care, perinatal care evaluation, delivery evaluation) and 10 Steps on Succesfull of Breastfeeding in health services such as written policy on exclusive breastfeeding, rooming-in policy, training on exclusive breastfeeding for the staff, mother discussion notes on breastfeeding, early initiation of breastfeeding activities, guidance for early initiation of breastfeeding, guidance for breastfeeding, breastfeeding on demand, and provision of other foods in addition to breast milk).

Health service utilization

Utilization of public health services was derived from 11 variables, which were antenatal healthcare professionals, place for antenatal care (ANC), number of ANC, postnatal examination, postnatal healthcare professionals, place for postnatal care, birth attendant, place of delivery, neonatal care, and neonatal healthcare professionals.

The utilization of public health services were assigned into one of three categories: low, average and good. This was done based on the total score which is divided into percentiles: 25, 50, and 75. Low if the score was less than percentile 25, average if the score was between percentile 25-50 and good if the score was above percentile 75.

The total maximum score for utilization of public health services was 11 points, categorized into low (≤ 8 points), average ($8 < \text{score utilization} < 11$ points), and good (≥ 11 points).

Ethical approval was obtained from the Ethical Commission of National Institute of Health Research and Development, Ministry of Health, Indonesia.

RESULTS

Health services provision

Table 1 showed that all PHC in West Java Province had run maternal health programs, and nearly all health centers provide community nutrition improvement programs (99.8%). Most of the health centers already run exclusive breastfeeding activities (88.3%), local area monitoring of mother and child's health (96.6%) and integrated antenatal care (85.6%). Maternal and child's health book were available in 91.8%

PHC and infant record system in 79.4%. In terms of human resources, personnels with nutrition background were available in 79% of PHC.

Table 1. Health services and it's components in PHC related to exclusive breastfeeding and early breastfeeding initiation activities

Services and it's components availability	n (%)
Maternal health program	985 (100)
Community nutrition improvement programs	983 (99.8)
Lactation room	40 (4.1)
Personnel with nutrition background	778 (79)
Breastfeeding counseling training	314 (31.9)
Exclusive breastfeeding activities	870 (88.3)
Local area monitoring of mother and child's health	952 (96.6)
Maternity class	610 (61.9)
Integrated antenatal care	843 (85.6)
Breastfeeding module	562 (57.2)
Maternal & child's health book	904 (91.8)
Maternal & neonatal healthcare module	569 (57.8)
Maternity class module	613 (62.2)
Infant's cohort notes	782 (79.4)

Table 2. Health services and it's components in hospitals related to exclusive breastfeeding and early breastfeeding initiation

Services and it's components availability	n (%)
Obgyn clinic	45 (100)
Pediatric clinic	44 (97.8)
Lactation clinic	21 (46.7)
Perinatal, delivery & contraceptive services	44 (97.8)
Medical doctor in perinatal service	41 (91.1)
Nurse in perinatal service	40 (88.9)
Midwife in perinatal service	34 (75.6)
SOP for Cesarean section	36 (80)
SOP for perinatal care	40 (88.9)
Perinatal care evaluation	32 (71.1)
Delivery evaluation	25 (55.6)

Service components need to be improved were the availability of the maternity classes (61.9%), breastfeeding module (57.2%), maternal and neonatal healthcare module (57.8%), maternity class module (62.2%) and breastfeeding counseling training (31.9%). Lactation room were only available in 4.1% of PHC.

Table 2 showed that all hospitals have obgyn clinics, almost all hospitals have pediatric clinics and services on perinatal, delivery and contraceptive (97.8%). However, lactation room only available in 46.7% hospitals. Regarding human resources, most of the hospitals have

medical doctors and nurses in perinatal care (91.1% and 88.9%), while midwives only available in 34% hospitals. Standard Operation Procedure (SOP) for cesarean section and perinatal care owned by most of the hospitals. Perinatal care evaluation was available in 71.1% hospitals, while delivery evaluation only available in more than half of the hospitals (55.6%).

With regards to the 10 steps to successful of breastfeeding in health services (Table 3), the data was only available on 8 steps/indicators. A written policy on exclusive breastfeeding only exists in 68.8% of the hospital. Rooming-in policies applied in 71.1% hospitals. Exclusive breastfeeding training for the staff had been done by most of the hospitals (82.2%). Mother discussion notes on breastfeeding were only found in 33.3% hospitals. Early initiation of breastfeeding activities had been carried out on 93.3% hospitals, as well as the guidance to conduct it. It means that not all of the hospitals applied this program yet. The guidance for breastfeeding had been done in 91.1% hospitals. Breastfeeding on demand activity has been performed in 95.6% hospitals. Provision of other foods in addition to breast milk was still performed in 26.7% hospital in West Java.

Table 3. Indicators of breastfeeding success in health services

Indicators	n (%)
Written policy on exclusive breastfeeding	31 (68.9)
Rooming in policy	32 (71.7)
Training on exclusive breastfeeding for the staff	37 (82.2)
Mother discussion notes on breastfeeding	15 (33.3)
Early initiation of breastfeeding activities	42 (93.3)
Guidance for early initiation of breastfeeding	42 (93.3)
Guidance for breastfeeding	41 (91.1)
Breastfeeding on demand	43 (95.6)
Provision of other foods in addition of breast milk	12 (26.7)

Health services utilization

Table 4 showed that the majority of mothers did prenatal and postnatal care in health personnel. Most of them were checked in health facilities. However, there were also mothers who did not perform prenatal or postnatal care or cared by non-medical personnel. Most of mothers had antenatal care more than 4 times.

Table 4. Maternal and child health services utilization

Service utilization	n (%)
Utilization of antenatal care	
Antenatal health inspectors	
Not checked	13 (4.6)
Health personnel and non-health personnel	28 (9.8)
Health personnel only	244 (85.6)
Place for ANC	
Not checked	13 (4.6)
Non Health Facilities	6 (2.5)
Health Facilities	265 (93)
Number of ANC	
<4 times or does not check or do not know	44 (15.4)
> = 4 times	241 (84.6)
Utilization of postnatal care	
Examination of post natal	
No	66 (23.2)
Yes	219 (76.8)
Postnatal health inspectors	
Not checked	66 (23.2)
Non health personnel	5 (1.8)
Health personnel	214 (75.1)
Place for postnatal care	
Not checked	66 (23.2)
Health facility	219 (76.8)
Utilization of delivery service and neonatal care	
Birth attendant	
Non health personnel	66 (23.2)
Health personnel	219 (76.8)
Place of delivery	
Non health facilities	125 (43.9)
Health Facilities	160 (56.1)
Neonatal check	
No	50 (17.5)
Yes	235 (82.5)
Neonatal health inspector	
Non health personnel	84 (29.5)
Health personnel	201 (70.5)
Categories of health care utilization	
Less	63 (22.1)
Moderate	222 (77.9)

Most children were delivered by health personnel, however as many as 23.2% children were delivered by non-health care workers. Health facilities were more likely chosen as the place of birth than non-health facilities. Most communities have utilized neonatal examination. Health personnel were more preferred for neonatal care than non-health personnel.

Based on the scoring system explained before, the utilization of maternal and child health services in West Java was categorized as

moderate.

Results from qualitative study

Based on in-depth interviews it was found that West Java provincial government does not have a law promoting exclusive breastfeeding and early initiation of breastfeeding practices. Forms of support from West Java Provincial Government for exclusive breastfeeding and early initiation of breastfeeding described in National Movement for Nutrition Awareness, in which one of its program was that the entire region organizations should have a lactation room.

The similar condition also happens in districts level (Bandung city and Bogor district). The local policy governing the practice of exclusive breastfeeding and early initiation of breastfeeding was not available. Early initiation of breastfeeding practice was just listed as a standard operating procedure in Normal Delivery Care (*Asuhan Persalinan Normal*). The policies that govern exclusive breastfeeding were only from the central policy (agreement of three ministers and regulation of health minister). However, Bandung city have Bandung Health System regulation that deals with Maternal and Child Health. This regulation was used as basis in regulating the practice of exclusive breastfeeding and early initiation of breastfeeding.

In depth interview with the head of maternal and child nutrition services in PHC and government hospitals in Bandung city and Bogor district, West Java confirmed that the policy on exclusive breastfeeding and early initiation of breastfeeding was only available from the central government (Ministry of Health). However, based on the officers from Puter PHC in Bandung city there could be local policy that implement in the specific PHC, however it depends on the commitment of the leader.

Implementation of exclusive breastfeeding and early initiation program in Puter PHC already run well. They already implement the policy of Baby Friendly PHC. They said it because the commitment of their former leader that also being a breastfeeding counselor. Several programs had been done such as early initiation of breastfeeding one hour after delivery, rooming-in policy, guidance on breastfeeding activities, and exclusive breastfeeding counseling for postpartum mothers. For the early initiation of breastfeeding, one midwife said "*Almost after all delivery early initiation of breastfeeding were*

performed, if the condition of mother and the infant were good... ”.

Other PHCs in Bandung city have the program of exclusive breastfeeding and early initiation of breastfeeding mainly in education and socialization for the mothers, one of which through the maternity class. While the early initiation of breastfeeding practices were rarely done. They said one of the reasons was because they were lack of personnels including breastfeeding counselor. Other obstacles identified were lack of facilities and budget to support the program.

In hospitals, it was found that according to the regulations, the exclusive breastfeeding and early initiation of breastfeeding had become one of the standard for baby friendly hospitals. Early initiation of breastfeeding is always done if the condition of mother and infant were good. However, one of the obstacles of early initiation of breastfeeding practice in the hospitals was because the public hospitals were the referral system from the PHC. So that many patients came to the hospitals because they already had medical diagnosis from the medical personnel in PHC, thus usually early initiation of breastfeeding could not been executed. Other obstacles identified were as similar as obstacles identified in PHC such as lack of human resources including breastfeeding counselor and also limitation of facilities and specific budget to support the program.

Obstacles in running the early initiation of breastfeeding and exclusive breastfeeding programs identified by the Provincial health officers were the weakness of record system, low commitment of health officers and policy maker, and delivery process that still carried out in non-health officers.

DISCUSSION

As was stated in Ministry of Health decree No. 128, 2004 about Basic Policy of Primary Health Centers (PHC), the PHC have 6 mandatory services. The mandatory programs should exist and run by all PHC. Those programs were determined by the national, regional and global commitment. Those programs were also the programs that had high impact to the improvement of community health level. Two of them were maternal health and community

nutrition improvement program¹⁵.

This study revealed that almost all PHC in West Java province had run maternal health and community nutrition improvement program which one of the components of its services including the exclusive breastfeeding and early initiation of breastfeeding. However, several services and it's components related to exclusive breastfeeding and early initiation of breastfeeding programs still need to be improved.

Several studies in other Province was figuring similar conditions. Study in one health center in Semarang showed that exclusive breastfeeding program management systems at Candilama PHC, Semarang considered less good, in terms of availability of inputs or resources owned by health centers and less maximum in the process of planning, organizing, actuating, and control¹⁶.

Similar condition also applied in government hospitals. This study implied even though the obgyn clinic, pediatric clinic and perinatal, delivery and contraceptive services were available in almost all hospitals, the ten steps to successful breastfeeding were not optimally implementing in West Java Province. This result was in line with a study done before, which showed that health workers in this regard have not been up in socializing 10 steps to successful breastfeeding especially for step-3 until the 9th. Errors that clearly occurs was the midwives often gave the infant with bottle feeding¹⁷. Similar result also in line with the evaluation of 10 steps to successful of breastfeeding in one government hospital in Surabaya. The implementation of this program was not optimal yet. The written policy on breastfeeding was not exist and provision of other foods than breast milk still applied in this hospital¹⁸.

The 10 steps to successful of breastfeeding were created by the government as a reference for the health care facilities to support the mothers in breastfeeding starting from the health facilities¹⁹. Thus the role of health workers and support from health facilities was very significant in exclusive breastfeeding practice¹⁷.

This study implied the need of commitment from all health personnels and also policy makers to improve the breastfeeding programs and practices in health facilities. Although it was stated that the Provincial Government of West Java has provided support for exclusive breastfeeding and

early initiation of breastfeeding, the Provincial Government of West Java did not have local regulations governing the exclusive breastfeeding and early initiation of breastfeeding. Regulation as the reference of the implementation and practice of exclusive breastfeeding and early initiation of breastfeeding was only from the central government.

Regional autonomy policy has triggered the formulation of local Regulation in various provinces and districts, therefore the local regulations were very crucial. Under the provisions of Law No. 32 of 2004 on Regional Government (Local Government Legislation), legislation established as the framework of regional autonomy of Province/Regency/City and co-administration as well as a further elaboration of the higher legislation with respect to characteristic of each area. Breastfeeding regulations established in order to provide legal protection and an opportunity for babies to get their basic rights and for mothers to breastfeed their babies wherever they were located²⁰. Local regulations on exclusive breastfeeding and early initiation of breastfeeding have been owned by the South Sulawesi Province and Klaten District. South Sulawesi Province became the first province in Indonesia that produced local regulations, namely South Sulawesi Provincial Regulation No. 6 of 2010¹⁷.

Some regulation at the national level has been a cornerstone in the implementation of the exclusive breastfeeding and early initiation of breastfeeding practices. The latest regulations issued by the Government was Regulation (Ministry of Health Regulation) No. 33 of 2012 about Exclusive Breastfeeding. This law governs the practice of early initiation of breastfeeding and exclusive breastfeeding in both the community and in health facilities. It also regulated the obligations and powers of local government. Administrative sanctions had also been arranged for medical and health care facilities that do not implement the provisions as set out in the Regulation²¹.

This study revealed that there was limitation of resources, including breastfeeding counselor, facilities and specific budget in PHC and hospitals. These fact was in line with Bappenas that stated there was still lack of health personnels and facilities in all PHC and hospitals in Indonesia¹⁰.

Therefore the condition was not yet much from 2009. One study in Candilama PHC in Semarang also found these similar obstacles. Besides the limitation of human resources, facilities and also there were no specific budget to support the breastfeeding program in this PHC.

This study showed that the utilization of maternal and child health services in West Java were categorized as moderate. It also implied that most of community already utilized the maternal and child's health care. They were more likely to have maternal and child's health care in health facilities and with health personnel. In relation to breastfeeding practices, these were a good thing, because if the existing health facilities can provide supportive programs thus will improve the knowledge of community about breastfeeding and will improve the breastfeeding practice. Promotion of Breastfeeding Intervention Trial (PROBIT) study in Republic of Belarus showed that among mothers that were randomly assigned to receive an experimental intervention modeled on the Baby-Friendly Hospital Initiative of the World Health Organization and United Nations Children's Fund, which include health care worker assistance with initiating and maintaining breastfeeding and lactation and postnatal breastfeeding support the duration and degree (exclusivity) of breastfeeding were increased and decreased the risk of gastrointestinal tract infection and atopic eczema in the first year of life. These results provide a solid scientific underpinning for future interventions to promote breastfeeding¹².

However, the limitation of this study was because the utilization of health services that was gathered from RISKESDAS data was not actually described specifically the utilization of PHC and government hospitals but the utilization of health services in general.

CONCLUSION

This study revealed that a number of gaps related to breastfeeding services in PHC and hospitals were still found. One of the influential factors that hindering the breastfeeding services in health services was the absence of local policy regarding early initiation of breastfeeding and exclusive breastfeeding practices in West Java Province. The limitation of human resources,

facilities and specific budget were also become the obstacles in the implementation of the breastfeeding program. This study implied that most of community already utilized the maternal and child's health care. They were more likely to have maternal and child's health care in health facilities and with health personnel.

RECOMMENDATIONS

This study indicated the importance of health services and support from health professionals for successful breastfeeding. Thus the strong commitment of health personnels as well as the policy makers to support the implementation of breastfeeding programs and practices was really needed so that the initiation process of breastfeeding from health services could run well and optimal.

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