



RESEARCH ARTICLE

Analysis Of The Implementation Of Exclusive Breastfeeding Policy In Mamuju District

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ABSTRACT

Nutritional status is influenced by food consumption and use. In Rangas Mamuju Health Center and Binanga Health Center, in 2020–2022, the number of babies aged 0-6 months who received exclusive breastfeeding has not yet reached the target of 80% set by the Indonesian Ministry of Health. This study aims to analyze communication factors, resources, content of policy, and context of policy in the exclusive breastfeeding program in Mamuju Regency. This study used thematic qualitative methods. The research informants included the Head of the Mamuju District Health Office, the Secretary of the Health Office, the Head of the Rangas and Binanga Health Centers, health workers providing exclusive breastfeeding, and the community in the working area of the Rangas and Binanga Health Centers. Communication, resources, content of policy, and context of policy factors in the exclusive breastfeeding program have been met well, but still need some improvements. Knowledge of breastfeeding mothers is still low, lactation facilities in health centers are inadequate, and some people still give formula milk to babies. In addition, compliance with the exclusive breastfeeding program is low, with people often asking for formula milk assistance and supervision is still weak. Although the communication, resources, policy content, and policy context factors in the exclusive breastfeeding program in Mamuju Regency have been well met, there is still a need for improvement, such as increasing knowledge of breastfeeding mothers, availability of lactation rooms in health facilities, reducing the use of formula milk, and increasing community compliance with exclusive breastfeeding. In addition, better coordination and supervision are needed to reduce community demand for formula milk assistance.

INTRODUCTION

WHO recommends that mothers exclusively breastfeed for the first six months without any additional supplements, except vitamins or medicines, and continue for up to two years because breast milk adapts to the baby's needs and growth.(1). Exclusive breastfeeding is given without additional fluids or solid foods until the baby is 6 months old, followed by solid foods and breastfeeding until the age of 2 years. However, even though technology is developing rapidly, basic knowledge such as breastfeeding is often forgotten (2). Many factors cause mothers to be unable to

breastfeed, such as breast milk not coming out due to stress, illness, or malnutrition. However, the behavior of not breastfeeding immediately after birth is often influenced by the marketing of formula milk through advertising and direct supply to hospitals or maternity homes.(3).

Breastfeeding is very important for the physical, mental, and intellectual growth of the baby, so mothers and health workers need to ensure that the breastfeeding process goes well. Factors for successful breastfeeding include the mother's commitment, early initiation of breastfeeding, correct technique and position, breastfeeding on demand by the baby, and exclusive breastfeeding for 6 months. Breast milk contains ideal nutrients for babies, such as lactose, fatty acids, easily digested proteins, vitamins, minerals, and anti-infective substances, which are very important for the growth and health of babies. The state is responsible for improving the life of the nation, including ensuring the survival and growth of children through the exclusive breastfeeding program, namely providing full breast milk without any additional until the baby is six months old (4).

The emergence of the exclusive breastfeeding program was partly motivated by the high Infant Mortality Rate (IMR) in Indonesia, which was 32/1000 KH (Live Births) in 2012, whereas the target of the Ministry of Health's Strategic Plan to be achieved in 2014 was 24/1000 Live Births, and the MDGs target was 23/1000 Live Births (Ministry of Health, 2020). Based on data from the West Sulawesi Provincial Health Office in 2017, the neonatal mortality rate in 2012 was 19 per 1,000 live births, with the infant mortality rate increasing from 8.38 per 1,000 live births in 2016 to 12 per 1,000 live births in 2017. Exclusive breastfeeding for the first six months can help reduce infant mortality and provide health benefits for mothers, including reducing the risk of postpartum hemorrhage, anemia, and breast cancer.

In 2019, the coverage of exclusive breastfeeding in Indonesia reached 67.74%, not meeting the national target of 69% for 2020-2024. In West Sulawesi Province in 2022, the coverage of exclusive breastfeeding was only 30.9%, with variations between districts showing unsatisfactory results and not in accordance with the target of the Indonesian Ministry of Health. Observation results at the Rangas Mamuju Health Center and the Binanga Health Center show that the coverage of exclusive breastfeeding for infants aged 0-6 months is still low, with the Rangas Health Center reaching 11.3% in 2020, 12.7% in 2021, and 14.1% in 2022, and the Binanga Health Center reaching 8.2% in 2020, 8.9% in 2021, and 9.6% in 2022. This achievement is still far from the target of 80% set by the Indonesian Ministry of Health for the Healthy Indonesia program.

Research by Mina Yumei Santi (2019) shows that the implementation of the policy of providing breastfeeding through counseling in health centers is not optimal, and the Bantul Regency Health Office is advised to prepare SOPs and report the performance of breastfeeding counselor midwives (5). Research by Munaiseche et al. (2021) revealed that in Bitung City there are no regulations that support PP 33 of 2012 concerning exclusive breastfeeding, trained counselors are not yet available, socialization of exclusive breastfeeding is still lacking, integrated health post cadres have not been involved, and there are sales of formula milk to breastfeeding mothers, as well as uneven breastfeeding room facilities (3).

Then previous research, conducted by Sandra Fikawati, Ahmad Syafiq (2021) the low provision of exclusive breastfeeding in Indonesia and the less than optimal facilitation of IMD (6). The exclusive breastfeeding policy is not yet complete and comprehensive, IMD has not been explicitly included in the policy. The analysis of the advocacy coalition framework confirms the weakness of the external system and policy subsystem aspects in the preparation of the exclusive breastfeeding policy. Efforts to support the success of the exclusive breastfeeding program by remembering that exclusive breastfeeding is very important for infant growth and development, it is necessary to conduct research on the analysis of the implementation of the exclusive breastfeeding policy in Mamuju Regency.

Participants and Methods

This type of research uses a thematic qualitative approach that focuses on analyzing the implementation of the exclusive breastfeeding policy in Mamuju Regency. The location of the

research was carried out in the working areas of the Rangas Mamuju Health Center and the Binanga Health Center, which were selected based on the low coverage of exclusive breastfeeding in the area. The determination of this location aims to gain a deeper understanding of the challenges and obstacles faced in implementing the policy. The informant selection technique was carried out through purposive sampling, which resulted in 7 main informants and several community members involved in the health center. The instruments used in this study included interview guidelines and field notes, as well as supporting devices such as cameras, mobile phones, and ballpoints to document the interview process. Data analysis was carried out using qualitative methods in accordance with the Miles and Huberman framework, which includes data collection, data reduction, data presentation, and drawing conclusions, so that key themes related to the exclusive breastfeeding policy in Mamuju Regency can be identified.

FINDINGS

Mamuju Regency, the capital of West Sulawesi Province, has an area of 5,064.19 km² and consists of 11 sub-districts and 88 villages. Geographically, Mamuju borders North Mamuju, North Luwu, and the Makassar Strait, and has a hilly topography and is supported by three public hospitals, 22 health centers, and 18 mobile health centers. Interview participants consisted of seven informants, including 5 health workers and 2 community members, with the following details: SR (36 years old) as a nutrition program manager at the Mamuju Regency Health Office, SS (41 years old) as Head of the Rangas Health Center, Fi (35 years old) and IFL (40 years old) as health workers at the Binanga and Rangas Health Centers, and Hi (39 years old) and UR (25 years old) as integrated health post cadres and community members in the Rangas Health Center work area. In addition, Y (26 years old) is a community member in the Binanga Health Center work area.

1. Communication Factors

Communication is the process of conveying information, thoughts, and attitudes between two or more people to achieve understanding and change behavior. In the implementation of the exclusive breastfeeding policy in Mamuju Regency, the communication factor is assessed through two indicators: (1) transmission and (2) clarity. Transmission refers to the dissemination of information, where consistency in policy implementation is very important. The communication channels used by health workers at the Rangas and Binanga Health Centers include direct interaction with mothers, such as home visits and counseling, as well as socialization activities and seminars to explain the benefits of exclusive breastfeeding for babies.

"If we do socialization, it is mostly through health workers, there are routine activities at Pasyandu, there are routine counseling activities through all of them, there are classes for pregnant women."

"We have been communicating since the beginning of the pregnancy, that after giving birth, it would be better to give her exclusive breastfeeding for 6 months."

The transmission of the implementation of health policies related to exclusive breastfeeding has been well met through consistent socialization and education, so that the dissemination of information can run clearly. The information conveyed is focused, using language that is easy to understand so that the target can understand the message. Lactation counselors provide information on the correct way to breastfeed, breast pumping techniques, and how to store expressed breast milk, as well as addressing problems such as nipple confusion. The mother's decision to provide exclusive breastfeeding is influenced by various factors, including contextual and socio-cultural conditions, which require a public health approach for broader breastfeeding promotion. Exposure to sources of information is information received by breastfeeding mothers from other people in the form of advice, suggestions, and information that can be used to address their problems in providing exclusive breastfeeding to their babies.

"Friends go to the field every month to provide education to mothers who have babies aged 0-6 months to continue to provide education to both mothers who are still breastfeeding and those who are not."

"If midwives have classes for pregnant women and childbirth classes, that's usually where they deliver them."

Information about exclusive breastfeeding for pregnant women should be provided at the last check-up so that the information is easier to remember, compared to the information provided at the initial check-up which may be forgotten. The mother's knowledge about exclusive breastfeeding greatly influences her ability to understand the explanation from health workers. Mothers who have good knowledge tend to be more confident in providing exclusive breastfeeding. Access to information about exclusive breastfeeding can be obtained from various sources, including print media, electronic media, and health workers. The mother's decision to provide exclusive breastfeeding is influenced by various factors, including contextual and socio-cultural conditions (7). Although the implementation of health policies related to exclusive breastfeeding is stated to be less than good due to the mother's low knowledge, health workers try to provide explanations in stages so that the mother can understand it well. Therefore, efforts to disseminate consistent and clear information are continued to increase public awareness.

2. Resource Factors

All inputs required to support the smooth implementation of the exclusive breastfeeding policy in the Rangas Mamuju Health Center work area and the Binanga Mamuju Health Center work area. The implementation of the exclusive breastfeeding policy in Mamuju Regency based on resource factors is reviewed in the following indicators: (1) Staff, (2) Ability, (3) Implementor, (4) Budget, (5) Facilities.

a) Staff

The success of mothers in providing exclusive breastfeeding at Rangas Health Center and Binanga Health Center Mamuju is greatly influenced by the role of professional health workers who are in accordance with their expertise. Health workers are often used as references by mothers to seek information and solve problems related to providing exclusive breastfeeding.

"Our coverage is quite low, actually for several years it has been proposed for breastfeeding counseling training,"

"If the volunteer health workers do not follow the training, they are only taught here"

Breastfeeding training was attended by nutrition health workers and midwives, including lactation counselors who are nursing professionals who help new mothers in breastfeeding and provide prenatal education. The best lactation counselors are those who have certification from the International Board (IBCLC). The results of the interviews showed that the staff indicators in implementing the exclusive breastfeeding policy have been met well, because the staff who are experts in their fields have worked optimally.

b) Ability

The ability of implementers in implementing exclusive breastfeeding policies at Rangas and Binanga Mamuju Health Centers is influenced by formal education, which contributes to their knowledge, attitudes, and actions. In addition to education, other factors that support maternal behavior in providing exclusive breastfeeding include infant conditions, breast abnormalities, and personality, emotional stability, and breastfeeding experience.

"Advertisements now are like formula milk making you smart, so it's embedded in your head, you want your child to be smart, so you prefer to use milk."

"If it's from the mother herself, she just accepts it, that's the only thing if she's a worker, because she always says... it's difficult, meaning she's in the office and comes back and forth like that."

Health workers provide education to breastfeeding mothers, but many of them are influenced by the environment and family, so they choose to give formula milk. However, the ability indicators in implementing the health policy of providing exclusive breastfeeding have been met well, thanks to the ability and skills of health workers at the Rangas Health Center.

c) Implementers

Formal authority is needed so that orders in policy implementation can be carried out, but if such authority does not exist, the policy implementation process can fail. On the other hand, even though formal authority exists, its effectiveness can decrease if it is misused by the implementer for personal or group interests.

"We only have a circular letter for Mamuju Regency, but in West Sulawesi Province there is already a regulation in 2018, but in Mamuju we only have a circular letter regarding how to kill breast milk."

"We are in the field from the data from friends at the integrated health post, there we look at the age variable, friends also look at the target age data for the baby..."

The implementor indicators in the implementation of the exclusive breastfeeding policy at the Rangas and Binanga Mamuju Health Centers have been met well, involving families and health workers such as midwives and nutritionists.

d) Budget

Budget is a guideline for actions to be implemented by a company or organization following the plan for income, expenditure, transfer, and financing measured in monetary units arranged according to certain classifications systematically for a period. Sources of budget and sources of financial funds in the implementation of exclusive breastfeeding in the working areas of Rangas Health Center and Binanga Health Center, Mamuju.

"If you say it's specifically for breast milk, in previous years it definitely existed, but it was like it was tucked away in the integrated health post development fund, for example, then in the home visit fund, the fund for routine examinations of pregnant women."

"There is no separate fund for her breast milk, she is in the toddler class, so in the toddler class, we budget for it so that in our exclusive activities we include her in the toddler class."

Budget indicators in the implementation of the health policy for exclusive breastfeeding have not been met properly, because there is no special budget for exclusive breastfeeding, even though the funds are available in other activities and programs.

e) Facility.

Facilities are physical resources required before services are provided, including conditions, completeness, design, and cleanliness, which are important to support exclusive breastfeeding at the Rangas and Binanga Mamuju Health Centers.

"Actually, the average is like a breastfeeding corner, not a standardized lactation room, so there is already a circular to complete that, right, in public places."

"There is a regulation here that suggests that there is a breastfeeding corner, so that when the mother and baby patients are waiting in line, their children can still breastfeed there."

Based on interviews, the facility indicators for implementing the health policy of providing exclusive breastfeeding have not been met properly, because some health centers do not have suitable lactation rooms and are only equipped with a breastfeeding corner.

The desire of breastfeeding mothers to have intelligent and smart children, as well as environmental factors and family support, greatly influence their decisions in providing exclusive breastfeeding or formula milk. Working mothers are often influenced by formula milk advertisements and concerns about physical appearance, so they tend to choose formula milk even though they want to provide exclusive breastfeeding. Mothers' knowledge and ability in breastfeeding can be improved through education from health workers, but there are still obstacles such as low levels of education that make them more easily influenced by formula milk promotions (8). Although the Mamuju District Health Office is trying to implement the exclusive breastfeeding policy, obstacles in training, lack of special budget, and issues of recruitment of competent health workers are challenges to the implementation of the policy. The success of the implementation of the exclusive breastfeeding policy is highly dependent on cooperation between health workers and families, as well as adequate socialization and budget support for health programs.

3. Content of Policy Factors

a. Interest

The interests of the target group are included in the contents of the exclusive breastfeeding policy in the working areas of the Rangas Mamuju Health Center and the Binanga Mamuju Health Center.

"The exclusive breastfeeding program is in nutrition, but many programs in the field start from midwives, because those who are in contact with pregnant women are definitely midwives."

"For exclusive breastfeeding, we in the field based on data from friends at the integrated health post, there we look at the age variable, our friends also look at the target age data for the baby..."

The indicators of interest in the implementation of health policies in providing exclusive breastfeeding have been met and can be said to be good because all health parties are involved in exclusive breastfeeding and the targets for the exclusive breastfeeding program are right on target, so that the implementation of health policies in providing exclusive breastfeeding has been carried out.

b. Types of Benefits

The implementation of the exclusive breastfeeding policy at the Rangas and Binanga Mamuju Health Centers has positive impacts such as maintaining ideal baby weight and strengthening the emotional bond between mother and child through direct contact.

"If we look at it, if the baby is breastfed, he is not too fat, which is standard, but he doesn't get sick easily, if he doesn't get sick easily, automatically the cost when the parents go to the doctor or something like that won't be much."

c. Degree of Change

The degree of change expected from the exclusive breastfeeding policy at the Rangas and Binanga Mamuju Health Centers influences the difficulty of its implementation, where policies that require significant behavioral changes and long-term goals are more difficult to implement than policies that provide immediate benefits.

"If we are in the program, we hope that there will be regulations that regulate and control, for example, supporting advertisements."

The indicator of the degree of change in the implementation of the exclusive breastfeeding policy has not been met properly due to a lack of knowledge and awareness of the importance of exclusive breastfeeding, so that the implementation of the policy is still less effective.

d. Location of Decision Making

Decision-making in the exclusive breastfeeding policy at the Rangas and Binanga Mamuju Health Centers is based on intuition and humanitarian feelings, where mothers try to provide the best for their children or future babies.

"If we have Presidential Decree 33 regarding exclusive breastfeeding in 2012, we have only proposed a regional regulation related to breastfeeding for several years."

"From the family, when she gave birth, her grandmother came and gave her something to drink, honey and water, that was support from the family."

The indicator of the location of decision-making in the implementation of health policies in providing exclusive breastfeeding has not been fulfilled and can be said to be less than good because there are still people who give formula milk to babies, so that the implementation of health policies in providing exclusive breastfeeding has been carried out.

e. Program Implementation.

The success of the exclusive breastfeeding policy at the Rangas and Binanga Mamuju Health Centers depends on competent and capable implementers, in accordance with the Regional Regulation of West Sulawesi Province Number 1 of 2016, which includes the implementation of national policies, advocacy, counseling training, provision of counselors, and monitoring and evaluation of exclusive breastfeeding programs in various facilities and communities.

"If we have Presidential Decree 33 regarding exclusive breastfeeding in 2012, we have only proposed a regional regulation related to breastfeeding for several years."

The program implementation indicators in implementing health policies in providing exclusive breastfeeding have been met and can be said to be good because all parties are involved in implementing the exclusive breastfeeding program, so that the implementation of health policies in providing exclusive breastfeeding has been implemented.

Exclusive breastfeeding has important benefits for infant health, including strengthening the immune system thanks to antibodies in breast milk, as well as optimizing brain and physical development through its fatty acid content. By providing exclusive breastfeeding, the risk of health problems such as meningitis, diarrhea, and allergies can be minimized. In Mamuju Regency, the Health Office is trying to increase the rate of exclusive breastfeeding above 80% through regulations governing formula milk advertising and involving the community in the program (9). However, challenges still exist, such as lack of supervision, budget factors, and the influence of family decisions that often choose formula milk. The Health Office provides education to the community and tries to change the mindset regarding complementary foods before the age of 6 months. Although there has been progress, the degree of change in the implementation of exclusive breastfeeding is still less than optimal, so further efforts are needed to increase public awareness and understanding of the importance of exclusive breastfeeding.

4. Context of Policy Factors

a. Power

The power, interests, and strategies of the actors in the implementation of exclusive breastfeeding policies at the Rangas and Binanga Mamuju Health Centers involve the Health Office as the main supervisor, with health center officers functioning as implementers in the field, while the Health Office's interest is to provide comprehensive health services. Strategies for successful implementation include community outreach, training for breastfeeding

motivators, and support from village midwives and cadres in motivating mothers to provide exclusive breastfeeding.

"Previously, it was explained to pregnant women, in the pregnancy class, also at the health center, twice."

"It is better to give breast milk to your child, so that their immunity is also good, the mother's affection for her child is also good if given breast milk."

The implementation of the health policy of providing exclusive breastfeeding in Mamuju Regency is said to be good because all health workers have conducted socialization and training for breastfeeding motivators.

b. Characteristics of the institutions and regimes in power

The characteristics of institutions such as the Health Office and health centers influence the policy of providing exclusive breastfeeding at the Rangas and Binanga Mamuju Health Centers, especially in terms of commitment to the established rules. The Health Office conducts training for health workers and cadres in the area to support policy implementation.

"The meeting includes material about breastfeeding, breastfeeding policies, and if there are cross-sector meetings, usually it is also included, so it's like that."

"Here, the special workforce means those who have studied specifically, have training or whatever, from nutritionists to some midwives who are already breastfeeding counselors."

The characteristics of the institutions and regimes in power in implementing the health policy of exclusive breastfeeding have been well fulfilled, as shown by the Mamuju District Health Office which conducted training for health workers at health centers. The health workers then conveyed the information obtained to the integrated health post cadres, ensuring that the community received direct information about exclusive breastfeeding.

c. Level of Compliance and response from implementers

Compliance and response from the implementers of exclusive breastfeeding in the working areas of Rangas Mamuju Health Center and Binanga Mamuju Health Center. The thing to be explained in this point is the extent of compliance and response from the implementers in responding to a program or policy.

"Alhamdulillah, it is good and accepted by the community in providing breast milk, usually when a child has just given birth, there is no nipple or anything, well, it is difficult to explain it."

"Lack of information from the mother when she is pregnant, pregnant mothers must be educated about that"

The level of compliance and response of implementers in implementing the health policy of exclusive breastfeeding is still not good, indicated by the low compliance of the community in providing exclusive breastfeeding to children and the high demand for formula milk. Lack of supervision and coordination from implementers also contributed to this situation, so that the implementation of the health policy has not been fulfilled properly.

Community compliance and response to exclusive breastfeeding by health workers in Mamuju Regency are very good, but coordination related to formula milk assistance is less effective. This is due to the lack of supervision from the government and inadequate information for pregnant women regarding the importance of exclusive breastfeeding compared to formula milk. Although all health workers actively conduct socialization and training on exclusive breastfeeding, the level of community compliance in its implementation is still low, and many want formula milk assistance (10). The Health Office has an important role in monitoring and implementing policies, but the lack

of coordination and support from families can hinder the success of the program. The characteristics of the institutions and regimes in power have been met well, but there has been no significant change in community compliance with exclusive breastfeeding, which indicates the need for improvements in supervision and education.

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