

How to Cite:

Batara, A. S. ., Ahri, R. A., Muchlis, N., Suharni, S., Arman, A., Bando, U. K. M., Sididi, M., & Amir, H. (2022). Evaluation of the implementation of regional regulation number 4 of 2015 concerning exclusive breastfeeding in Enrekang Regency. *International Journal of Health Sciences*, 6(S5), 3133–3146. <https://doi.org/10.53730/ijhs.v6nS5.10604>

Evaluation of the implementation of regional regulation number 4 of 2015 concerning exclusive breastfeeding in Enrekang Regency

Andi Surahman Batara

Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
Corresponding author email: andisurahman.batara@umi.ac.id

Reza Aril Ahri

Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
Email: reza.ahri@gmail.com

Nurmiati Muchlis

Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
Email: nurmiati.muchlis@umi.ac.id

Suharni

Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
Email: suharni.fachrin@umi.ac.id

Arman

Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
Email: armanidris@yahoo.co.id

Ummu Kalsum Muslimin Bando

Master Student in Public Health, Postgraduate Program Universitas Muslim Indonesia, Makassar, Indonesia
Email: ummukalsum121214@gmail.com

Mansur Sididi

Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
Email: mansur.sididi@umi.ac.id

Haeril Amir

Faculty of Public Health, Universitas Muslim Indonesia, Makassar, Indonesia
Email: haeril.amir@umi.ac.id

Abstract--Exclusive breastfeeding is an important part of fulfilling infants' nutrition to achieve optimal developmental growth at the beginning of their lives. Exclusive breastfeeding is a big commitment

and in its implementation, it needs to be evaluated whether it has been running in accordance with the mandate of Regional Regulation. This study aimed to evaluate the implementation of Regional Regulation No. 4 of 2015 concerning Exclusive Breastfeeding (ASI) in Enrekang Regency in 2022. This study is a quasi-qualitative exploring the evaluation of exclusive breastfeeding policies through in-depth interviews, observation and documentation. The data collection technique used was in-depth interviews in which respondents were selected through snowball sampling and obtained 17 informants consisting of 4 respondents as regular informants, 11 respondents as supporting informants and 2 respondents as key informants. The results showed that the availability of human resources and facilities and infrastructure to support Regional Regulation concerning exclusive breastfeeding is sufficient. Budget realization in proportions that are adjusted to the capacity of the regional budget comes from the APBD and BOK funds. The implementation of Regional Regulation concerning exclusive breastfeeding in Enrekang Regency has been running optimally (well-implemented). Obstacles in supporting the implementation of breastfeeding policies are related to myths and culture in society about foods that should not be eaten during pregnancy (food abstinence). The support provided by midwives and cadres is to encourage mothers of infants to give exclusive breastfeeding. From the results of this study, suggestions that can be given is the need for education given by health workers to change habits and customs during pregnancy in terms of food abstinence so that the nutrition and nutritional adequacy of pregnant women can be fulfilled properly.

Keywords--Evaluation, Regional Regulation (Perda), Breast Milk.

Introduction

To reduce child morbidity and mortality, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommend that infants should be given breast milk only for at least six months. Solid (complementary) food should be given after they are 6 months old, and breastfeeding should be continued until they are two years old (WHO, 2017).

Global Nutrition Report in 2020 showed that 42.2% of under 6-month-old infants in the world have been exclusively breastfed (Global Nutrition Report, 2020). Nationally, the coverage of infants with exclusive breastfeeding in 2019 was 67.74%. The achievement of the indicator of the percentage of under 6-month-old infants with exclusive breastfeeding has met the target set in 2020, namely 40% (Ministry of Health RI, 2020).

Exclusive breastfeeding in the world is still low. Based on data from the United Nations Children's Fund (UNICEF) in 2012, only 39% of under 6-month-old infants were exclusively breastfed worldwide, this figure did not show a significant increase in 2015, where the percentage of the coverage of infants with exclusive

breastfeeding was only 40%. This is not in accordance with the WHO target, namely the coverage of infants with exclusive breastfeeding in their first 6 months of at least 50% worldwide. Nationally, based on data from the Directorate General of Public Health of the Ministry of Health RI in 2018, the coverage of infants with exclusive breastfeeding was 68.74%. This figure has not reached the national target of 80% (Ministry of Health RI, 2018).

A study by (Silvianta et al., 2018) on the evaluation of the implementation of the Exclusive Breastfeeding program on the results of the evaluation of the Breastfeeding Counseling Process revealed that it does not yet have main activities. In terms of output, the coverage of the Exclusive Breastfeeding program at *Puskesmas* (the Community Health Center) is still below the MSS target, this is due to the input aspect of the use of facilities/infrastructure that has not been realized.

Puskesmas as a regional technical implementation unit is responsible to the City/Regency Health Office to organize health development in its working area. Exclusive breastfeeding is one of the program activities in achieving public health degrees and improving community nutrition which is one of the mandatory or essential efforts at *Puskesmas* (Permenkes RI Number 43, 2019). Based on the data obtained from (Enrekang Regency Health Office, 2020), the achievement of exclusive breastfeeding (infants with exclusive breastfeeding) in 2018 was 73.2%. In 2019, this figure decreased by 1% to 73.1% and in 2020, it decreased again to 72.4%. However, this figure exceeds the national target and the regional target in South Sulawesi—where nationally, the achievement of exclusive breastfeeding (the coverage of infants with exclusive breastfeeding) in 2020 was 66.06% and regionally, in South Sulawesi, the achievement of exclusive breastfeeding was 67.8% (Ministry of Health RI, 2020).

The existence of a Regional Regulation strengthened by a Regent's Regulation to support exclusive breastfeeding in the Enrekang Regency shows a very strong commitment of the Enrekang Regency government to exclusive breastfeeding so that the technical implementation of exclusive breastfeeding operations has become more planned and structured every year. Also, since this Regional Regulation and the Regent's Regulation were issued, Enrekang Regency always exceeds the national and provincial achievement of exclusive breastfeeding. Based on these conditions or facts, the researchers were interested in conducting a study on the policy of exclusive breastfeeding in Enrekang Regency.

Method

Research site and design

This study was conducted in Enrekang Regency, South Sulawesi. This study is a quasi-qualitative exploring the evaluation of the Exclusive Breastfeeding Program policy in Enrekang Regency through in-depth analytical observations or in-depth interviews and continuous documentation throughout the study.

Research informants

Key informants

Key informants in this study were the Regent of Enrekang Regency, Member of the Regional People's Representative Council (DPRD) of Enrekang Regency.

Supporting Informants

Supporting informants in this study were the Head of the Enrekang Regency Health Office, the Enrekang Regency PKK Mobilization Team Leader, Posyandu cadres, Village Midwives and Hospital Midwives.

Regular Informants

Regular informants in this study were breastfeeding mothers.

Research instrument

The research instrument in this study was the researchers themselves and the tools used were interview guides, notebooks, stationery, recording devices and cameras.

Data analysis technique

Techniques used for data analysis in this study were divided into three, namely data reduction, data display and conclusion drawing/verification.

Results

Table 1. Characteristics of Informants

No.	Initials	Age (years old)	Education	Occupation/ Position	Information
1	MBA	66 Years	S2	Regent	Key Informant
2	RHM	36 years old	S2	Member of DPRD	Key Informant
3	JHR	64 Years	S2	PKK Team Leader	Supporting Informant
4	STR	55 years old	S1	Head of) Enrekang Regency Health Office	Supporting Informant
5	ANA	40Years	DS	Village Midwife/ Civil Servants	Supporting Informant
6	UMY	36 years old	D3	Hospital Midwife	Supporting Informant
7	MUR	50 years	S1	<i>Posyandu</i> cadres	Supporting Informant
8	MUT	32 years	D3	<i>Posyandu</i> cadres	Supporting Informant
9	YUL	52 years old	Senior High School	<i>Posyandu</i> cadres	Supporting Informant
10	EVA	24 years old	Vocational High School	Housewife	Regular Informant
11	NUR	29 years	S1	Honorary	Regular Informant

				employee	
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Source: Primary data, 2022

In-depth interviews were carried out at the time of the study and the following results were obtained:

Information on Input evaluation

Regarding this input evaluation, researchers obtained data from interviews on the availability of human resources and facilities and infrastructure to support the exclusive breastfeeding program policy in Enrekang Regency. According to the Regent of Enrekang and a member of the DPRD in their interviews, it was revealed that the availability of human resources to support Regional Regulation concerning exclusive breastfeeding in Enrekang Regency is sufficient and all elements of society are involved, not only pregnant women and breastfeeding mothers, but also their husbands, health workers, midwives, cadres and PKK mothers. The following is an excerpt from the interview:

"I think the availability of human resources in Enrekang is sufficient. Moreover, we are not only working with the bureaucracy, but we are also working with educational (teaching) staff in the field and they are welcomed by people in the village because it is easy to convey knowledge and understanding to people through them. This staff includes school principals at the primary education level, secondary education level—to tertiary education level, which is collaboration with universities."

(MBA, 66 years old, a key informant)

"At DPRD, our function is to supervise, so I think the availability of human resources in Enrekang is sufficient."

(RHM, 36 years old, a key informant)

"I think the availability of human resources in Enrekang to support the exclusive breastfeeding program policy is sufficient. Especially if the employee is woman, right, she knows should breastfed her children. The understanding that must be given is regarding nutritious food to make the breast milk nutritious, not too watery, not being contaminated. In addition, the human resources involved in supporting the exclusive breastfeeding program policy are all elements of society including pregnant women, breastfeeding mothers and their husbands, midwives, Posyandu (the Integrated Health Care Center) cadres, PKK team, Health Office and Puskesmas work together to support the exclusive breastfeeding program policy."

(STR, 55 years old, a supporting informant)

"I think the availability of human resources in Enrekang is sufficient from PKK team, because all PKK mothers in our village are involved in supporting this Regional Regulation concerning exclusive breastfeeding."

(JHR, 64 years old, a supporting informant)

To support Regional Regulation concerning exclusive breastfeeding in Enrekang Regency, the availability of facilities and infrastructure is one factor that has an important role. According to the Regent of Enrekang and a member of the DPRD in their interviews, it was revealed that the availability of facilities and

infrastructure to support the exclusive breastfeeding program policy in Enrekang Regency is sufficient. The following is an excerpt from the interview:

"It is not much, but Alhamdulillah, it's sufficient, including infrastructure. If it's an isolated village, we can come to provide counseling/ extension. The educational facilities are also well-built, so the future generation will have optimal access to education and have access to main roads..."

(MBA, 66 years old, a key informant)

"I think it is sufficient, in the DPRD (office building) there is a special breastfeeding room and I have seen it in various government offices and agencies, too"

(RHM, 36 years old, a key informant)

"Each Puskesmas (the Community Health Center) must have one breastfeeding room, because it is a point requirement in the accreditation, I don't know for other offices and agencies; For Posyandu, the preparation of facilities and infrastructure includes leaflets, posters, and props."

(STR, 55 years old, a supporting informant)

"What I can see is that in public places, there are already breastfeeding rooms, and their use has also been advertised—it is well-utilized."

(JHR, 64 years old, a supporting informant)

"For facilities and infrastructure, I think they are sufficient"

(ANA, 40 years old, a supporting informant)

According to the Regent of Enrekang and a member of the DPRD in their interviews, it was revealed that the involvement of all parties in supporting the exclusive breastfeeding program policy, including government offices and agencies in regional apparatus organizations, is in the form of the provision of breastfeeding rooms in their offices and public places. The following is an excerpt from the interview:

"Of course, all mothers who give birth should breastfeed their children, therefore we provide a breastfeeding room in every government offices and agencies as well as in public places."

(MBA, 66 years old, a key informant)

"All stakeholders, especially mothers who give birth should breastfeed their children."

(RHM, 36 years old, a key informant)

The government's responsibility is to disseminate information on Regional Regulation concerning exclusive breastfeeding and to provide training on breastfeeding counseling, including the provision of breastfeeding rooms in every government office and agency as well as in public places. The following is an excerpt from the interview:

"We socialize this regulation, we conduct training on breastfeeding counseling and so on, including the provision of breastfeeding rooms in every government office and agency as well as in public places."

(MBA, 66 years old, a key informant)

"Of course, it is our responsibility to realize the national policy concerning this exclusive breastfeeding program and (therefore) all offices and agencies and public places must have breastfeeding rooms."

(RHM, 36 years old, a key informant)

"For Puskesmas, it is our responsibility to remind them to provide a breastfeeding room, but for other offices and agencies, we leave it to them to arrange it"

(STR, 55 years old, a supporting informant)

According to a Village Midwife, a Hospital Midwife and Posyandu Cadres, the facilities and infrastructure to support Regional Regulation concerning exclusive breastfeeding are in the form of the availability of *Posyandu*, *Posbindu*, *Poskesdes* and hospitals with breastfeeding rooms (nursing rooms). The following is an excerpt from the interview:

"In Poskesdes, there is a breastfeeding room (booth), so if there are mothers who want to breastfeed their children, they can do it there."

(ANA, 40 years old, a supporting informant)

"There is a breastfeeding room (nursing room) provided in the hospital."

(UMY, 36 years old, a supporting informant)

"In Posyand, there is a place for mothers to breastfeed their children."

(MUR, 50 years old, a supporting informant)

"Breastfeeding rooms for mothers who want to breastfeed their children are available in government offices and agencies."

(MUT, 32 years old, a supporting informant)

"Posyandu, Poskesdes, Posbindu are all facilities and infrastructure that I notice (know)."

(YUL, 52 years old, a supporting informant)

Information on Process evaluation

Regarding this process evaluation, researchers obtained data from interviews on the implementation, obstacles and perceived supports in supporting the exclusive breastfeeding program policy in Enrekang Regency. According to the Regent of Enrekang and a member of the DPRD in their interviews, it was revealed that the implementation of Regional Regulation concerning exclusive breastfeeding is considered good because the people of Enrekang Regency are religious communities, so women still positioned themselves according to their nature as mothers who must give their children their right, namely by breastfeeding them exclusively. The following is an excerpt from the interview:

"Yes, in my opinion, it's possible because Enrekang is still a middle area that is not too modern, so women (who have given birth) still position themselves according to their nature as mothers—in the sense that they still have the willingness to breastfeed their children, which is (probably) different from women in metropolitan areas who are busy; they give birth in hospital, then their children are taken care of by other people or by their mother. But, here in Enrekang, because the people here belong to religious communities, mothers

still fulfill their responsibility to give their children their right, namely to be breastfed exclusively. I am proud of this fact that parents, government elements, are in support to give children right to be loved by being breastfed. So, the needs of children can't be compared with the needs of their parents (in this case, mothers) to work and have career. Children are priorities (for their parents, here). They are loved, they are still given their rights in the form of breast milk and that is very maximal, not minimal. Still, I have concerns if later this regency (Enrekang) becomes a more modern area, will this custom of exclusive breastfeeding still be held onto? That's why from now on, we should pave good ways."

(MBA, 66 years old, a key informant)

"It's maximal (optimal), because we also always convey this Regional Regulation concerning exclusive breastfeeding during our recess."

(RHM, 36 years old, a key informant)

Furthermore, according to the head of the Health Office and the head of PKK team of the Enrekang Regency, it was revealed that the implementation of the exclusive breastfeeding program policy is optimal (well-implemented) because every government office and agency is required to have their own breastfeeding room (nursing room) and the socialization is always carried out by stakeholders. The following is an excerpt from the interview:

"The implementation process at the health sector is good (well-implemented), I don't want to talk about it further, I'm just a health sector worker, if there is an office or agency that has no breastfeeding room, then it will be the concern of a law enforcer."

(STR, 55 years old, a supporting informant)

"If we look at the implementation, it has gone well because, us from PKK, continue to carry out socialization."

(JHR, 64 years old, a supporting informant)

According to the Regent of Enrekang and a member of the DPRD in their interviews, it was revealed that there are no prominent obstacles because the people of Enrekang are still conservative, in this case they still maintain religious teachings so they still paid attention to their children right, namely by giving them exclusive breastfeeding. The following is an excerpt from the interview:

"In general, there are no prominent obstacles, because the people of Enrekang are religious and still maintain their religious teachings so they still fulfill their responsibility to give their children their right and still love their children very much. It does not mean that I accuse the people in a more developed area value their work/ career, beauty, body more over their children, ya? But, here, in Enrekang, is still far from such lifestyle, so it's good."

(MBA, 66 years old, a key informant)

"Actually, in the DPRD, there aren't any special problems related to the implementation of this program policy because every time we meet with our constituents (socialize it to them)."

(RHM, 36 years old, a key informant)

The obstacles encountered in supporting the implementation of breastfeeding program policy are related to myths and culture in society about foods that

should not be eaten during pregnancy and also related to human resources, in this case, mothers with low education which will also affect the acceptance of information provided by health workers or cadres. The problems found, among others, there are still mothers whose breast milk productions are still lacking, mothers who do not come to Posyandu because they are busy and so on. The following is an excerpt from the interview:

"The obstacles lie in the culture of our society, there is food abstinence among pregnant women in the society, even though—in fact, they must eat a lot of nutritious food, including protein and so on. For example, there is food abstinence for squid and other types of seafood. Besides, human resource problems, in this case, mothers with low education, (who) sometimes receive less information than mothers with high education. Especially here in Enrekang, people generally live in mountainous areas (so access to information is still not optimal)."

(STR, 55 years old, a supporting informant)

"One of the obstacles is that—there are still people (mothers) whose mindsets are still below standard. Another one is that—sometimes, they don't make any sense. But after we educate them, and we learn about how to win their hearts, they understand."

(JHR, 64 years old, a supporting informant)

"The obstacle usually comes from mothers who reason that their breast milk production is not sufficient to fulfill their children's needs (so they need to give their children complementary food even though it is not yet the time). So, we have to educate them repeatedly that an infant doesn't have to consume a lot of milk every time they're breastfed, so they don't need to give their children complementary food before their children turn 6 months old."

(ANA, 40 years old, a supporting Informant)

"The obstacle is with the mother, for example, if the colostrum doesn't come out, we will definitely direct her to let her infant continue sucking her nipples because the breast milk will definitely come out later, even though it is only a little."

(UMY, 36 years old, a supporting informant)

"Yes, there are still many target mothers who don't want to go (to Posynadu) and weigh their children."

(MUR, 50 years old, a supporting informant)

"For the extension program held for those who work, even though it is advised to them to give their children exclusive breastfeeding, they say that they are busy, too busy to breastfeed their children so insist to give their children formula milk."

(MUT, 32 years old, a supporting informant)

"The obstacle is that—for the people who live in the village (isolated), it is difficult to educate them because sometimes there are mothers who want to listen to the advice, but sometimes there aren't. Sometimes, they understand and do as advised but sometimes they don't. "

(YUL, 52 years old, a supporting informant)

Discussion

Input Evaluation

The success of a policy evaluation process is highly dependent on the ability to utilize available resources. The resources in question include human, financial and time resources (Agustino, 2012). To support the exclusive breastfeeding program policy in Enrekang Regency, the availability of human resources is one of the factors that has an important role. From the results of the study, it was obtained information that the availability of human resources in supporting Regional Regulation concerning exclusive breastfeeding in Enrekang Regency is sufficient by involving all parties and agencies in regional apparatus organizations, which is shown from the requirement for public places to provide breastfeeding rooms (nursing rooms) for mothers who want to breastfeed their children. HR support involves all elements of society, not only pregnant women and breastfeeding mothers, but also their husbands, midwives, *Posyandu* cadres, PPK mothers, Health Office and *Puskesmas* are all together supporting the exclusive breastfeeding program policy.

A study by (Agustina, 2018) revealed that the Human Resources involved in supporting the exclusive breastfeeding program policy include Nutrition Workers as the person in charge of the exclusive breastfeeding program policy, Midwives and Cadres. A study by (A'yuni, 2019) revealed that in terms of input, human resources (HR) for the implementation of the exclusive breastfeeding program policy are in accordance with SOPs. A study by (Muthia & Yantri, 2019) revealed that Health Workers also play a role in *Posyandu* activities to monitor the growth and development of toddlers, so when a 4-6-month-old infant (baby) is experiencing growth faltering, it can be followed up immediately.

One of the important components in the implementation of health development is health facilities and infrastructure that are able to support various health service efforts, both at the individual and community levels. The results of the study obtained information that the availability of facilities and infrastructure to support the exclusive breastfeeding program policy in Enrekang Regency is sufficient, including road infrastructure to rural areas that had been built, making it easier for health workers to provide counseling/ extension to areas with difficult access and breastfeeding room facilities that should be provided by all government offices and agencies as well as public places.

As a form of responsibility of the regional government to support this Regional Regulation concerning exclusive breastfeeding, the government—through its offices and agencies—is responsible to socialize/ disseminate information on Regional Regulation concerning exclusive breastfeeding and provide breastfeeding counseling training, including the provision of breastfeeding rooms in every government office and agency as well as in public places. In addition, as a form of commitment to support Regional Regulation concerning exclusive breastfeeding, a *Puskesmas* will not be accredited if there is no breastfeeding room (nursing room) provided. This study is in line with (Susilowati et al., 2021) that in every public service place, especially in hospitals, it is required to have a breastfeeding room available for employees/ visitors, so that the rights of children/ infants to get

breast milk can be fulfilled, and breastfeeding mothers can feel at ease about the health or condition of their infants (because their breast milk is fulfilled). This will eventually take an effect on the productivity of breastfeeding mothers in the workplace.

The results of the study also obtained information that the provision of facilities and infrastructure to support the implementation of the exclusive breastfeeding program policy at Posyandu level is in the form of leaflets, posters, teaching aids to support the delivery of knowledge and understanding about exclusive breastfeeding. This study is in line with (Irmansyah, 2018) that the provision of information in the form of leaflet and banner media methods is able to increase the knowledge and understanding of pregnant women about exclusive breastfeeding.

Process Evaluation

Process evaluation referred to in this study is the implementation carried out to support the implementation of exclusive breastfeeding program policy in Enrekang Regency. The results of the study obtained information that the implementation of Regional Regulation concerning exclusive breastfeeding was is good because the people of Enrekang Regency are religious communities, so women still positioned themselves according to their nature as mothers who must give their children their right, namely by breastfeeding them exclusively.

In addition, the results of the study also obtained information that the implementation of Regional Regulation concerning exclusive breastfeeding is optimal (well-implemented) because every government office and agency is required to have their own breastfeeding room (nursing room) and the socialization that is always carried out by stakeholders is a part of the support to the implementation of exclusive breastfeeding program policy and encourages the activity of pregnant women and mothers to go to Posyandu.

The form of socialization from the health sector is by providing technical education on how a good breast milk is, breastfeeding and how a nutritious and hygienic breast milk is. For PKK team, this socialization program is packaged in the form of social gathering and Muslim forum that is focused on messages to take care of health, including the encouragement for all mothers to exclusively breastfeed their children.

This study is in line with (Agustina, 2018) that based on the results of interviews with *Puskesmas* midwives, the counseling given to mothers who came to check their pregnancy at *Puskesmas* will assist in the implementation of the exclusive breastfeeding program policy so that the coverage of the Exclusive Breastfeeding program will be achieved in accordance with the provisions. Furthermore, This study is in line with (Megawati & Wiramihardja, 2019) that cadres will feel appreciated if they receive consistent training and they are proud that the knowledge they have and what they get from the training can be useful for their own families and the community.

In addition, the tips (innovations) that are carried out so that the exclusive breastfeeding program policy exceeded the national target is by collaborating with PT Japfa. PT Japfa provided a resource person at *Puskesmas* Maiwa who stayed for 6 months, giving assistance and training. They also provided assistance in the form of Masks, Thermo gun and Complementary Food Recipe, also for Baraka and Maiwa villages, there is also a breastfeeding counselor. In addition, the innovation of PKK team to support the program is the use of the house yard with toga plants used to improve the production of breast milk

This study is in line with (Arman, 2021), that there are several activities that are integrated with private and government programs in the form of fostering productive women's groups such as farmer groups (KWT), assistance for complementary feeding (PMT) including the role of cross-sectoral government.

The obstacles encountered in supporting the implementation of breastfeeding program policy are related to myths and culture in society about foods that should not be eaten during pregnancy and also related to human resources, in this case, mothers with low education which will also affect the acceptance of information provided by health workers or cadres. The problems found, among others, there are still mothers whose breast milk productions are still lacking, mothers who do not come to Posyandu because they are busy and so on.

A study by (Chahyanto & Wulansari, 2018) on taboo food among pregnant women, stated that the culture of taboo food in pregnant women is still widely believed and even practiced by people in Indonesia. The food that is considered the most taboo by pregnant women is the group of seafood and fresh water fish, such as squid and catfish. This study is also supported by (Wati et al., 2020) that the low level of community participation that caused stunting in Leuwigoong Village is caused by, one of which is, parents being busy at work.

A form of support provided by the regional government is the issuance of Regional Regulation concerning the exclusive breastfeeding program policy and assigning of tasks to all stakeholders such as hospitals, *Puskesmas*, women's organizations and relevant agencies, midwives and cadres to provide counseling and motivate mothers of newborns (infants) to exclusively breastfeed their children.

The importance of midwife support in the successful implementation of exclusive breastfeeding program policy is also stated by Suradi in (Utami, 2018), that midwife support in the form of socialization of exclusive breastfeeding can be started since pregnancy. Pregnant women should attend at least 2 antenatal classes that taught about the benefits of exclusive breastfeeding and how to breastfeed properly.

Conclusion

The availability of human resources and facilities and infrastructure to support Regional Regulation concerning exclusive breastfeeding is sufficient. The implementation of Regional Regulation concerning exclusive breastfeeding in Enrekang Regency has been running optimally (well-implemented). Obstacles in supporting the implementation of breastfeeding policies are related to myths and

culture in society about foods that should not be eaten during pregnancy (food abstinence). The support provided by midwives and cadres is to encourage mothers of infants to give exclusive breastfeeding. From the results of this study, suggestions that can be given is the need for education given by health workers to change habits and customs during pregnancy in terms of food abstinence so that the nutrition and nutritional adequacy of pregnant women can be fulfilled properly.

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