

THE LOCAL GOVERNMENT STRATEGY TO INCREASE COVERAGE FOR EXCLUSIVE BREASTFEEDING IN BOALEMO DISTRICT

Robert Pauweni

Study Program of Master in Administrative Science, Universitas Negeri Gorontalo, Gorontalo, Indonesia

*Corresponding Author: tika_aknis@yahoo.com

Abstract

This research aims at finding out and describing 1) the local government strategy to increase coverage for exclusive breastfeeding in Boalemo District and 2) factors supporting and hindering the strategy development of local government to increase coverage for exclusive breastfeeding in Boalemo district. This research applies qualitative method. Data collection uses interview, observation, and documentation. Based on the findings, it concludes that there are several things to be done by the local government in increasing coverage for exclusive breastfeeding, including enacting the local regulation for exclusive breastfeeding program, deciding the target areas, systematically implementing exclusive breastfeeding program, and supervising the program. On the other hand, factors supporting and hindering the coverage for exclusive breastfeeding program are policy support, budget availability, the healthcare workers, knowledge factor, health service facilities, cultural factor, and promotion on infant formula.

Keywords: *Local Government Strategy; The Increasing of Exclusive Breastfeeding.*

1. INTRODUCTION

The success of healthcare development is immensely affected by precise approach, policy, and program strategy along with having a definite target. The efforts in healthcare developments are performed in integrated manners consisting of planning, implementing, supervising, and evaluating. These are carried out to ensure the existing resources are utilized effectively and efficiently. The target is also focused on the family, in the revival of the “Family Approach”. The support of accurate and prompt health data and information is considered necessary to determine policies and strategies for proper healthcare development.

The quality of health service in fulfilling the basic needs of society is a form of public services that needs to be complied with by the local government. Healthcare is a complex service since all aspects such as the facilities, drinking water, hygiene, and environmental sanitation must meet the health standards. The improvement of human resource quality is supposed to be started as early as possible, and one of the most important factors is the breastfeeding. Breastmilk is an ideal nutrient for infant growth, increases intelligence, strengthens the immune system, and reduces the risk of the spread of infectious diseases. These benefits are gained through exclusive breastfeeding at the age of the first six months (Alves et al., 2018; Kramer & Kakuma, 2012; Riordan, 2010). The first total of 1000 days comprises 270 days of pregnancy period and 730 days of the sensitive period for the baby’s first life. Complete and balanced nutrition for infants gives permanent results that will be unalterable later in life. Malnutrition has negatively affected their physical growth, mental development, and intelligence. Furthermore, when they are entering adulthood, they tend to have the unideal physical size and uncompetitive working quality. As a consequence, the economic productivity of the nation will be low either from individual or collective.

The Innocenti declaration in Florence, Italy, in 1990 mandated the importance of campaigning breastmilk in an attempt to “protect, promote, and support breastfeeding.” The gold standard of feeding infants and toddlers has also been established by the Indonesian Ministry of Health (2017a). They are namely: 1) breastfeeding within 1 hour after giving birth (early initiation of breastfeeding or EIB); 2) exclusive breastfeeding for the first six months; 3) complementary feeding at the age of 6 months; 4) extended breastfeeding until the baby is 24 months or more. In addition, breastfeeding is free compared to other complementary food that should be added to family expenses.

The result of monitoring of nutrition status in 2016 in Indonesian Health Profile (Ministry of Health, 2017b) revealed that the national average percentage of newborns who received the EIB in 2016 was 51.9% consisting of 42.7% newborns receiving EIB less than 1 hour after birth, and 9.2% newborns receiving EIB within 1 hour or more after birth. DKI Jakarta province made up the highest percentage (73%), and Bengkulu province made up the least (16%). Apart from that, the national average from the percentage of 0-5-month-old babies who received exclusive breastfeeding was 54%. The following table shows the comparison in some provinces.

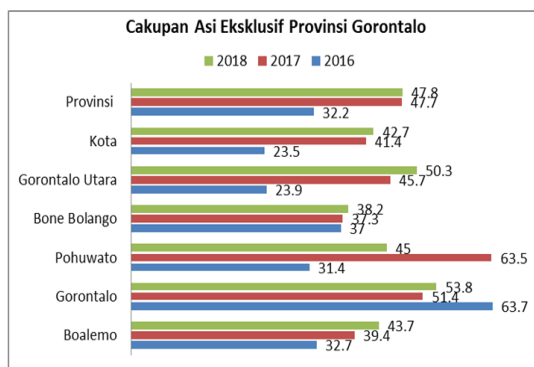
Table 1.1. Coverage of Exclusive Breastfeeding for 0-5-month-old babies Provinces (selected) 2016

Provinsi	Cakupan ASI eksklusif (%)	Peringkat
Nusa Tenggara Timur	79.9	1
Papua	76.2	2
NTB	72.8	3
Sulawesi Barat	62.7	6
Maluku	61.3	7
Papua Barat	51.9	17
Kalimantan Utara	51.9	18
Maluku Utara	49.5	19
Sulawesi Tengah	43.3	28
Gorontalo	32.3	34

Sumber: Profil Kesehatan Indonesia Tahun 2016;
Kementerian Kesehatan RI 2017

The table above illustrates that the three provinces used in this research are in the top-ranked (NTT, Papua, and NTB). West Sulawesi and Maluku are still in the top ten, whereas Gorontalo made up the bottom position with 32,3%.

Picture 1.1: Coverage of Exclusive Breastfeeding in Gorontalo Province Based on Districts and City in 2016-2018.



Sumber: Dinas Kesehatan Provinsi Gorontalo 2019

Based on the picture above, Boalemo District, North Gorontalo District, and Gorontalo City made a significant increase. Bone Bolango District rose gradually, whereas Gorontalo District and Pohuwato District were quite volatile. Boalemo District, as a research area, has several uniqueness related to the ratio of the number of health facilities with a large number of remote and isolated villages. This obviously has an effect on the level of accessibility and acceptability from society towards the health service. The actual condition of health service facilities in Boalemo District is consisted of two units, namely, the class C of Tani and Nelayan Regional Public Hospital, situated on the pivot road of Trans Sulawesi, Lamu Village, Tilamuta Subdistrict, and the class D of Pratama Regional Hospital located in the pivot road of Trans Sulawesi, Tangkobu Village, Paguyaman Subdistrict. This hospital had been in the preparation stage and had not been operated yet until this proposal was composed.

Table 1.3: Coverage for Exclusive Breastfeeding in Boalemo District Based on the Public Health Center Locations from 2016-2018.

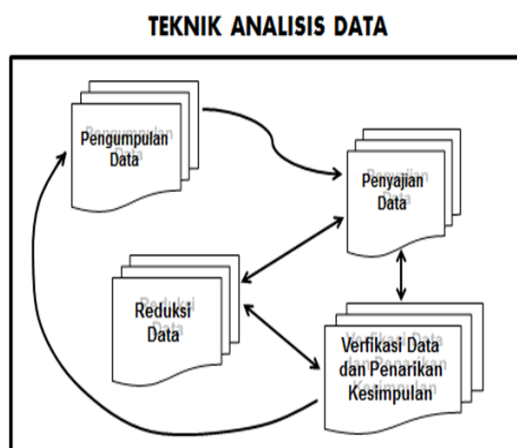
No	Lokasi Puskesmas	Tahun 2016			Tahun 2017			Tahun 2018		
		Jumlah Bayi	ASI eksklusif	Cakupan	Jumlah Bayi	ASI eksklusif	Cakupan	Jumlah Bayi	ASI eksklusif	Cakupan
1	Paguyaman Pantai	69	42	61	81	17	21	15	12	83
2	Paguyaman	221	122	55	161	52	32	109	21	20
3	Betian	78	34	44	67	19	28	37	13	35
4	Bongo Nol	179	85	47	97	34	35	71	18	25
5	Bongo Dua	191	71	37	187	114	61	62	34	55
6	Saritani	119	72	61	76	33	43	58	35	60
7	Dulupi	42	13	31	85	22	26	33	14	42
8	Pangi	117	64	55	87	12	14	59	34	58
9	Tilamuta	336	197	59	304	166	55	65	46	71
10	Botumoto	249	112	45	157	58	37	81	58	72
11	Manangu	184	100	54	133	117	88	43	32	74
	Total	1785	912	549	1435	644	440	633	317	595
	Rata-rata Kab			49,90			40			54,09

Sumber: Dinas Kesehatan Kabupaten Boalemo, 2019

Based on the locations of the public health centers in Boalemo District, the highest coverage for exclusive breastfeeding was Paguyaman Pantai and Saritani in 2016 (index 61), Manangu in 2017 (88), and Paguyaman Pantai in 2018 (83). On the contrary, the lowest coverage was Dulupi (31), Pangi (14), and Bongo Nol (25) from 2016 to 2018, respectively. In the same period, Public Health Center (Puskesmas) Bongo Nol demonstrated that the below average of exclusive breastfeeding coverage was 47 (average index of 49.90), 35 (40), and 25 (54.09). Whereas the number of babies treated at the local health center and exclusive breastfeeding approach experienced a continuous decline. This definitely has become a serious problem for the local community and government. In many global cases and remote areas in Indonesia, the low coverage of exclusive breastfeeding does take part in the occurrence of malnutrition, susceptible, stunting, dehydration, pneumonia, and other degenerative diseases, as well as the higher risk of death.

2. METHODOLOGY OF RESEARCH

This research applies qualitative research with techniques of data collection consisting of a) observation, b) in-depth interview analysis, c) documentation study, and d) Focus Group Discussion.



Gambar 3.1: Analisis Model Interaktif (Miles & Huberman, 1992)

In this research, the data instruments are in the form of observation and interview formats distributed to respondents either in a direct interview or structured interview way. The research site covers the whole unit of the health office, hospital, public health centers, Integrated Healthcare Center, local government, community leaders, and women in their exclusive breastfeeding phase. Below are the eleven public health center locations in Boalemo District:

⊕	I	<u>Paguvaman Pantai</u>	vii	<u>Dulupi</u>
	Ii	<u>Paguvaman</u>	viii	<u>Pangi</u>
	Iii	<u>Berlian</u>	ix	<u>Tilamuta</u>
	Iv	<u>Bongo Nol</u>	x	<u>Botumoito</u>
	V	<u>Bongo Dua</u>	xi	<u>Mananggu</u>
	Vi	<u>Saritani</u>		

3. FINDINGS

The local government strategy to increase coverage for exclusive breastfeeding in Boalemo District is through a package of policies that has become an innovation of the local government named “GEMAR DAMAI.” It is movement care for pregnant and lactating women and aims at setting the local regulations to govern the exclusive breastfeeding program, establishing target areas, systematically implementing exclusive breastfeeding programs, and supervising the program. This innovation is also used as a counter-attack against the incessant promotion of infant formula.

The Gemar Damai program mandates the local government of Boalemo District to: first, enacting local regulation of exclusive breastfeeding; second, establishing target areas for all local health institutions to be responsible for the increasing coverage of exclusive breastfeeding; third, systematically implementing exclusive breastfeeding program; fourth, supervising the exclusive breastfeeding program.

4. DISCUSSION

The Gemar Damai program mandates the local government of Boalemo District to: first, enacting local regulation of exclusive breastfeeding; second, deciding target areas for all local apparatuses to be responsible for the increasing coverage of exclusive breastfeeding; third, systematically implementing exclusive breastfeeding program; fourth, supervising the exclusive breastfeeding program.

1. Local Regulation Enactment on Exclusive Breastfeeding

The local regulation on exclusive breastfeeding in Boalemo District is considered necessary because it has a direct effect on reducing obstacles from internal family and community, add more human resources, and provide lactation facilities in both government and nongovernment institutions.

Enacting the exclusive breastfeeding program gives the community to play a role in accessing and conducting social control toward policies and program activities that include budgeting on the exclusive breastfeeding program. Social control is intended as active participation from the local government to, directly and indirectly, oversee the process of implementation and transparent local governance (Tahir 2011).

2. Regent’s Instruction in deciding target areas for all village apparatuses to be responsible for increasing coverage of exclusive breastfeeding

The regent’s instruction to have supervision and guidance from village apparatuses are in compliance with the public health office strategic plans of 2018-2022. One of the points is to encourage the local community to work in synergy with all sectors, including the village apparatuses who responsible for the village itself. With the support from local government, the village and the working partner will be able to generate innovative programs, enhance apparatuses capacity (candidates of Integrated Healthcare Center), and conduct creative activities to increase coverage for exclusive breastfeeding by utilizing village funds.

3. Regent’s Instruction to have a systematic implementation on exclusive breastfeeding program

Regent’s instruction outlined in regent regulation is crucial to conduct massive, structured, and systematic exclusive breastfeeding program. This instruction clearly regulates the facilities such as lactation room, storage for breast milk, and other facilities provided in government offices, nonprofit organizations, private business entities and schools.

4. Supervision on exclusive breastfeeding program

The success of the exclusive breastfeeding program is underlied with a structured supervision program that protects from all interfering and hindering influences. The supervision must be optimally performed through approaching all society elements in order to jointly supervise and ensure the exclusive breastfeeding program as expected.

5. CONCLUSION

Based on the previous findings and discussions, it can be concluded that:

1. The local government strategy to increase coverage for exclusive breastfeeding in Boalemo District is through a package of policies called “GEMAR DAMAI” or movement care for pregnant and lactating women. The movement consists of enacting the local regulation that governs the exclusive breastfeeding program, establishing

target areas, systematically implementing exclusive breastfeeding program, and supervising the program. This innovation is also used as a counter-attack against the incessant promotion of infant formula.

2. **Supporting and hindering Factors** to increase coverage for exclusive breastfeeding encompass policy support, budget availability, knowledge factor, health service facilities, cultural factor, and promotion on infant formula
3. **SWOT analysis** shows that the effort in increasing coverage for exclusive breastfeeding in Boalemo District lies in the first quadrant (positive - positive). The institutional or organizational environment is in stable condition in terms of internal and external aspects.

6. SUGGESTION

Based on the above conclusions, the implications of policy and suggestion are as follows:

1. Local regulation enactment is absolutely important to increase coverage for exclusive breastfeeding in Boalemo District. The low coverage than other districts and city in Gorontalo Province should make Boalemo District receive more attention and priority from the Government.
2. Government and the regional representative council should set budgetary policies. For instance, 5-7% of local government budget will be allocated to increase coverage for exclusive breastfeeding. This is in line with Minister of Health decree number HK.02.02/Menkes/52/2015 to encourage villages to allocate and utilize their funds of at least 10% for human resource health efforts as outlined in the village regulation
3. The government should instruct all village apparatuses to be responsible for the increase of exclusive breastfeeding in Boalemo District.

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