



## Evaluation of the Implementation of the Exclusive Breast Milk (ASI) Program Policy in the City of Semarang

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### Article Info

Article History:  
Received  
21 February 2024  
Accepted  
16 April 2024  
Published  
16 May 2024

Keywords:  
Public Health  
Program,  
Lactation,  
Health Policies

DOI:  
<https://doi.org/10.15294/phpj.v8i1.8624>

### Abstract

Exclusive breastfeeding is an important policy to ensure the health of infants and mothers. Semarang, as one of Indonesia's metropolitan cities, faces challenges in implementing this policy. Evaluation of the exclusive breastfeeding program is necessary to understand its implementation success and influencing factors. This study aims to evaluate the implementation of the exclusive breastfeeding policy in Semarang. The method used is qualitative research with a case study approach. Data were collected through in-depth interviews with health officials, lactating mothers, and relevant stakeholders in Semarang's exclusive breastfeeding policy implementation. The research findings indicate several challenges in the implementation, such as low public awareness of the importance of exclusive breastfeeding and inadequate government supervision. Based on the research results, evaluation of input from various research informants indicates that the planned breastfeeding program has been well communicated despite some obstacles. Program evaluation is conducted monthly by health centers through recording and reporting. Evaluation of the implementation of the exclusive breastfeeding policy in Semarang is carried out using an output evaluation model, assessing the coverage rate of exclusive breastfeeding in Semarang, which shows an increase in the coverage rate of exclusive breastfeeding.

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## INTRODUCTION

Breast milk (ASI) is the ideal food for infants, containing nutrients that promote growth, development, and anti-infective defenses from infancy through adulthood (Palmeira & Carneiro-Sampaio, 2016). Exclusive breastfeeding for the first 6 months, followed by continued breastfeeding up to 2 years of age, is associated with reduced risk of child mortality under 2 years in Africa (Zhao et al., 2020). The world health organization (who) recommends providing all essential nutrients and energy during the first few months of an infant's life, which crucially determines the behavior of exclusive breastfeeding initiation, continuation, and duration (Taha et al., 2022).

In 2021, who reported that globally, only about 44% of infants aged 0-6 months received exclusive breastfeeding during the period from 2015 to 2020, falling short of the global target of 50% coverage for exclusive breastfeeding (who, 2023). In 2022, the coverage of exclusive breastfeeding in Indonesia reached 50.6%, while other ASEAN countries such as the Philippines reported 54.9%, Vietnam 45.4%, and Malaysia 40.3% (UNICEF & WHO, 2022). According to data from the 2022 Indonesia Health Profile by the Ministry of Health of the Republic of Indonesia, 67.96% of infants received exclusive breastfeeding in Indonesia. This indicates that exclusive breastfeeding rates in Indonesia are still below the national target of 80%. Despite improvements, there remains a significant gap between the target and the actual prevalence of exclusive breastfeeding globally (Ministry of Health RI, 2023).

Central Java province ranked second highest in exclusive breastfeeding coverage in Indonesia after West Nusa Tenggara with a coverage rate of 81.4% in 2020 (Ministry of Health RI, 2021). However, in 2022, it experienced a decline to the 10th position with an exclusive breastfeeding coverage of 65.7% (Ministry of Health RI, 2023). Exclusive breastfeeding coverage in Central Java province increased from 65.6% in 2018 to 72.5% in 2021 but declined to 71.4% in 2022. Purworejo district ranked first in exclusive breastfeeding coverage in Central Java with a percentage of 94.2%, while Magelang city ranked

lowest with 35.5%. Semarang city ranked 22nd in exclusive breastfeeding coverage among the 35 cities/districts in Central Java, with a percentage of 73.2% (Central Java Provincial Health Office, 2022).

Semarang has shown an annual increase in exclusive breastfeeding coverage, with rates rising from 71.91% in 2021 to 74.33% in 2022, and further to 81.55% in 2023 (Semarang City Health Office, 2023). Although the 2023 coverage meets the national target, some health centers in Semarang still report rates below national standards. Five health centers with the lowest coverage are Bandarharjo (66.55%), Karang Doro (75.00%), Rowosari (75.69%), Gunungpati (75.78%), and Candilama (76.11%). Optimizing exclusive breastfeeding coverage in these centers is a priority for policymakers in the Nutrition Section of the Semarang City Health Office.

The policy to improve the coverage of exclusive breastfeeding is regulated under government regulation no. 33 of 2012 concerning exclusive breastfeeding. The purpose of the issuance of government regulation no. 33 of 2012 on exclusive breastfeeding is to protect, support, and promote exclusive breastfeeding through increased support from the central government, local governments, health service facilities and health personnel, as well as empowering the community and the closest family of mothers and infants (Ministry of Health of The Republic of Indonesia, 2012). This regulation consists of 10 chapters, 43 articles, and several clauses that regulate: 1) general provisions, 2) government responsibilities, 3) exclusive breastfeeding, 4) use of infant formula and other baby products, 5) workplace and public facility settings, 6) community support, 7) funding, 8) supervision and monitoring, 9) transitional provisions, and 10) closing provisions.

Policies regarding exclusive breastfeeding are also regulated in the Mayor's regulation (Perwali) of Semarang City no. 7 of 2013 concerning the improvement of breastfeeding in Semarang City by supporting the acceleration of achieving success in exclusive breastfeeding in Semarang City. This regulation consists of 8 chapters with 10 articles, which regulate: 1) general provisions, 2) objectives, 3) implementation, 4) programs, 5) supervision and

monitoring, 6) administrative sanctions, and 7) closing provisions (Mayor Of Semarang, 2013).

Exclusive breastfeeding also enhances infant immunity, brain and physical development, and fosters maternal-infant bonding, potentially increasing infant intelligence (Louis-Jacques & Stuebe, 2020). The Indonesian government recommends exclusive breastfeeding for infants from 0-6 months, followed by complementary foods after 6 months, and continued breastfeeding until 2 years. The Lancet Breastfeeding Series of 2016 reported that exclusive breastfeeding reduces infant mortality due to infections by 88% in infants aged <3 months, prevents stunting, and chronic diseases (The Lancet, 2016).

The role of healthcare providers significantly influences exclusive breastfeeding (Hasibuan & Boangmanalu, 2023), supported by health promotion efforts in healthcare facilities focusing on post-natal care and long-term support for exclusive breastfeeding (Bürger et al., 2022). Involving husbands in breastfeeding promotion programs and counseling, and providing support to mothers facing breastfeeding challenges, are also crucial (Ayalew, 2020).

World health organization (who, 2011) currently recommends that all infants worldwide receive exclusive breastfeeding for the first 6 months of life, and continue breastfeeding up to 2 years of age. however, very few women worldwide meet these recommendations. although the initiation rate of exclusive breastfeeding reaches 96% in developed countries such as australia. A recent study indicates that psychosocial factors are more predictive of the duration of exclusive breastfeeding compared to a combination of demographic factors (O'brien et al., 2008). Given the proportion of women who do not meet the who's global recommendation on exclusive breastfeeding for 6 months.

Research indicates that despite government regulations, there is insufficient support for exclusive breastfeeding initiatives (Ayalew, 2020). Implementation of exclusive breastfeeding policies often faces challenges in communication, resource allocation, and bureaucratic structures, necessitating further evaluation of policy effectiveness (Octavia & Mardiana, 2020). Qualitative evaluation

frameworks should encompass communication, organizational capacity, collaboration, funding stability, public health impact, political support, strategic planning, program adaptation, and program evaluation. These frameworks are critical for decision-makers in public health to develop and implement effective prevention and intervention programs (Schell et al., 2013). Implementing effective policy, george c. edward identified four main issues that must be considered in public policy evaluation: communication, resources, disposition or attitude, and bureaucratic structure (Agustino, 2008).

Government efforts include conducting educational campaigns or outreach programs to the community about the benefits of exclusive breastfeeding for infant health, while non-governmental interventions may provide training programs for pregnant and lactating mothers, as well as in-depth counseling on breastfeeding techniques and the benefits of exclusive breastfeeding. While most mothers have knowledge about the benefits of breastfeeding, many do not fully understand the positions, expression, and storage of breast milk. although 98% of mothers are aware that breastfeeding is beneficial for their baby's health and strengthens the bond, 66% discard colostrum before breastfeeding because they perceive it as unclean (Buss, 2019).

Based on this background, this study aims to evaluate the implementation of the Exclusive Breastfeeding Policy governed by Government Regulation No. 33 of 2012 and Semarang Mayor Regulation No. 7 of 2013.

## METHOD

The research approach used in this study is qualitative (Donsu, 2016). Qualitative research methods are rooted in postpositivist or interpretive philosophy and are used to investigate naturalistic settings, where the researcher serves as the key instrument. Data collection techniques involve triangulation (interviews and documentation). The data obtained are qualitative in nature, and the analysis is qualitative as well. The aim of the research is to understand meanings, explore

uniqueness, and build understanding of the phenomenon under study (Creswell & Guetterman, 2018).

This qualitative research is specifically tailored to George C. Edward's theory, which includes communication, resources, disposition or attitudes, and bureaucratic structure (Agustino, 2008). It is then combined with several components of evaluating public health policies, including communication, organizational capacity, collaboration, funding stability, public health impact, political support, strategic planning, program adaptation, and program evaluation (Schell et al., 2013).

The research focus refers to the topic or issue central to a study. The focus of this research is on evaluating the implementation of the exclusive breastfeeding program with variables. Primary data is obtained from in-depth interviews with key informants and triangulated using interview guidelines. The variables obtained from the interviews include inputs such as communication, resources (organizational capacity and collaboration), disposition or attitudes (funding stability and public health impact), bureaucratic structure (political support), and planning strategies. The process stage is the evaluation of the implementation of the exclusive breastfeeding program (program adaptation and program evaluation). The output stage in this research is evaluating the coverage of exclusive breastfeeding in Semarang City (Public Health Impact).

Data sources in qualitative research are the sources of information. Informant selection in this study is done through purposive sampling, where the researcher selects individuals and places based on their ability to provide detailed information about the issue being studied. Data collection techniques include in-depth interviews and documentary studies.

## RESULTS AND DISCUSSIONS

### Evaluation Of Input (Input) Policy Of Exclusive Breastfeeding Program In Semarang City

#### 1. Communication

Communication is a process whereby information is transferred from a source to a

receiver with a specific purpose. According to Edward III in Agustino (2008), there are three parameters that can be used to assess the success of communication variables: transmission, clarity, and consistency. This is consistent with the form of effective communication between healthcare providers and mothers, which is crucial in supporting exclusive breastfeeding practices.

The approach to promoting exclusive breastfeeding programs through positive and effective communication among all stakeholders is highlighted in interviews conducted by the researcher with research informants regarding the exclusive breastfeeding program in the working area. This is explained by primary informants IU-1, IU-2, IU-3, IU-6 as follows:

"In our focus on addressing problematic toddlers, preventive and promotive measures include increasing the number of breastfeeding counselors in Semarang. We aim for each health center to have breastfeeding counselors, and further, we direct hospitals to ensure uniform handling. Hospitals should also strive for exclusive breastfeeding." (IU-1, Semarang City Health Office)

"Starting from pregnancy, mothers are educated beforehand. The management of exclusive breastfeeding and other matters, it's like catching the ball before delivery. Maybe education for pregnant mothers includes early breastfeeding initiation (IMD). It was communicated at that time, to other family members so when she gives birth anywhere. When family members know that the baby should have IMD, the baby should be exclusively breastfed. This is a screening so don't give formula milk in health facilities. So information about breastfeeding is included during prenatal visits, in prenatal education classes, and we also educate through flyers or videos. Furthermore, there are breastfeeding counselors, so we also have trained staff." (IU-2, Semarang City Health Office)

"If the program is at the operational level, we educate the community that exclusive breastfeeding is a right for the child, so it must be provided and facilitated by the parents. We implement this up to all cadres, so socialization is done. Companies that we mentor should provide a special room for breastfeeding and pumping time." (IU-3, Head of Bandarharjo Community Health Center)

"Activities certainly involve education throughout the community groups, especially in efforts to combat stunting, as exclusive breastfeeding is an important indicator. Then for the Integrated Health Service post, we also convey about exclusive breastfeeding." (IU-6, Head of Gunungpati Community Health Center)

The statements made by the primary informants are supported by triangulation informants, such as the following quotations:

"Yes, we always provide accurate guidance and information about the benefits of exclusive breastfeeding for babies and mothers, as well as ways to achieve exclusive breastfeeding. Providing technical guidance in breastfeeding, such as the correct way to attach the baby to the breast, comfortable breastfeeding positions, and how to deal with potential issues." (IT-1, Breastfeeding Counselor, Bandarharjo)

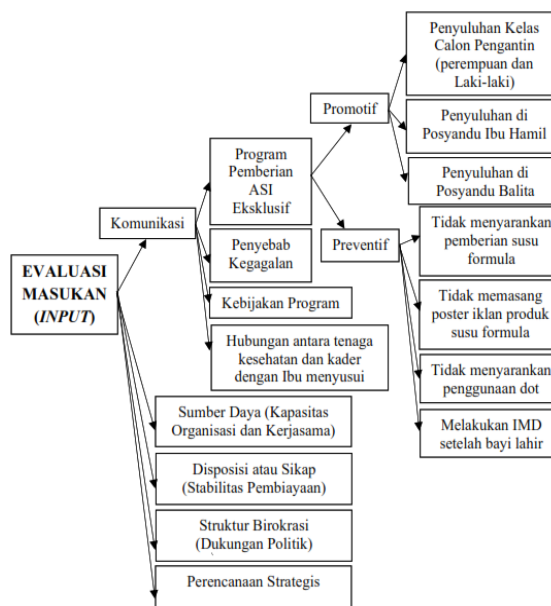
"We have education sessions, like counseling, firstly to cadres, for example, there are cadre meetings or groups with cadres. Then if our community is included in the integrated post of toddlers, prenatal classes, toddler mothers' classes, we also include material on exclusive breastfeeding. During nutritional counseling, it's the pregnant mothers who receive ANC, we provide nutritional counseling there, and we include exclusive breastfeeding material. Then, we also include it in prenatal classes, and we educate with

flyers or videos. So that's part of the material." (IT-4, Breastfeeding Counselor, Gunungpati)

"An effective way to convey the exclusive breastfeeding program is through education provided by health workers, friends who have undergone training, and cadres who understand the program. Additionally, it's important to provide support and understanding to mothers about the importance of exclusive breastfeeding." (IT-5, Breastfeeding Counselor, Candilama)

"Exclusive breastfeeding education was attended during pregnancy, during prenatal classes." (IT-9, Nursing Mother)

The results of the triangulation informant's statement regarding the exclusive breastfeeding program are in accordance with the main informant.



**Figure 1.** Evaluation of Communication Input in the Exclusive Breastfeeding Program in Semarang City

Based on Figure 1, it can be seen that in general, the evaluation of input in the communication section has four categories, namely the exclusive breastfeeding program, causes of failure, program policies and the

relationship between health workers and cadres with breastfeeding mothers. The exclusive breastfeeding program in the informant's work area with promotive and preventive efforts. Promotive efforts are preventive efforts, in the exclusive breastfeeding program it is given through education held during the prospective bride and groom class (prospective brides and grooms), the posyandu for pregnant women and the posyandu for toddlers. Education related to the exclusive breastfeeding program is carried out by health workers (midwives or nurses) who are at the health center assisted by cadres. Preventive efforts are carried out by not recommending the provision of formula milk, not putting up posters advertising formula milk products, not recommending the use of pacifiers and initiating early breastfeeding immediately after the baby is born.

Based on the above interviews with primary informants such as the Semarang City Health Office and the Heads of Community Health Centers regarding the exclusive breastfeeding program in the working area, it is known that the exclusive breastfeeding program through education held during prenatal classes, toddler mothers' classes, and toddler integrated posts. Education related to the exclusive breastfeeding program is conducted by healthcare workers at health centers assisted by cadres.

The exclusive breastfeeding program still faces obstacles that can lead to failures in implementing exclusive breastfeeding programs, as stated below:

"Some factors that can cause failures in implementing exclusive breastfeeding programs include mothers' lack of knowledge and awareness of the importance of exclusive breastfeeding, myths and misconceptions related to breastfeeding, busy working mothers who find it difficult to provide exclusive breastfeeding, preferences for formula milk, and influence from family or the surrounding environment." (IU-1, Semarang City Health Office)

"The obstacles return to the community, to the culture here, or the problem from the parents themselves. Sometimes

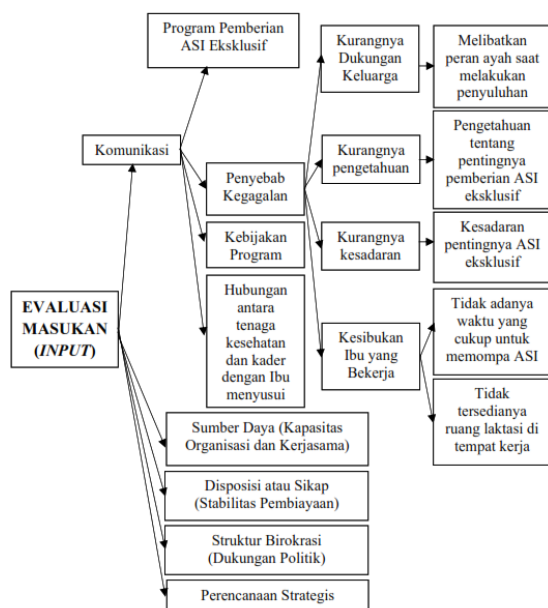
many people assume that breastfeeding will reduce their appearance or whatnot, reasons such as busy work, and their milk doesn't come out, that's a hindrance in our community, their understanding is also not very good." (IU-3, Head of Bandarharjo Community Health Center)

"Indeed, exclusive breastfeeding is still a problem for their understanding, their missed opportunities, and the milk does not come out. The obstacles for mothers are for the first baby (lack of experience), working mothers do not want to give their milk, but not maximal, in her husband, some people think if their wife provides milk, it will be slack, and so forth." (IU-7, Head of Candilama Community Health Center).

Based on the results of the interview above regarding the causes of failure of the exclusive breastfeeding program, namely the lack of adequate support and education for mothers. Without adequate support from health workers, family or the surrounding community, mothers may not provide exclusive breastfeeding. In addition, health problems in both mothers and babies can also be serious obstacles as well as the influence of the family or surrounding environment. Various factors can also cause mothers to be reluctant to provide exclusive breastfeeding.

Based on Figure 2. the causes of failure of the exclusive breastfeeding program are seen from various factors, namely the lack of support from the family and the surrounding environment for exclusive breastfeeding, lack of maternal knowledge about the importance of exclusive breastfeeding, lack of maternal awareness of the importance of breastfeeding, busy working mothers and preference for formula milk. Failure in busy working mothers can be caused by two factors, namely not having enough time to pump breast milk and the unavailability of lactation rooms in the workplace that meet the requirements.

The exclusive breastfeeding program is also influenced by policies in the working area. If it does not achieve the exclusive breastfeeding



**Figure 2.** Evaluation of Communication Input on the Causes of Failure of the Exclusive Breastfeeding Program in Semarang City

target in the working area, it is explained as follows:

"The policy already exists, socialization is still carried out to increase exclusive breastfeeding, which is very important for babies as immunity and also accelerates their recovery." (IU-3, Head of Bandarharjo Community Health Center)

"Education from the beginning of pregnancy, we already have it, prenatal classes, toddler mothers' classes, home visits to pregnant women are also routine until after childbirth, there will definitely be education there. Oh yes, for routine visits, we do it once a month, directly to their homes. During postpartum, we also have four visits." (IU-4, Head of Karangdoro Community Health Center)

"Increasing coordination between midwives and postpartum mothers to ensure effective consultations, and strengthening training and mentoring for breastfeeding mothers." (IU-5, Head of Rowosari Community Health Center)

Policies in the working area that do not achieve the target are usually comprehensively evaluated, which is supported by statements made by triangulation informants explained as follows:

"There is routine monitoring at health centers including monthly reporting and performance assessments, assessing health center performance. For programs like exclusive breastfeeding, education is provided for pregnant women and their families, for example, to prevent formula milk given by health services. Information about breastfeeding is also included during prenatal visits, in prenatal education classes, and during the prenatal phase, husbands must attend to get this information. In addition, there are breastfeeding counselors. The ability of personnel has been trained by the Ministry of Health, province, and city levels using operational health aid from the center, the funds implemented for the activities of breastfeeding counselors, PMBA, two of the most important ones, breastfeeding counselors and PMBA, taken at this health office." (IT-4, Breastfeeding Counselor, Gunungpati)

Based on the above interviews regarding policies in the working area that do not achieve the target, education is still provided to the community regarding the exclusive breastfeeding program. Some mothers in the working area have already provided exclusive breastfeeding, supported by statements made by primary informants as follows:

"Breastfeeding mothers who have provided exclusive breastfeeding account for 81%." (IU-1, Semarang City Health Office)

"In terms of data from programmers, it has reached the target." (IU-4, Head of Karang Doro Community Health Center)

The exclusive breastfeeding program



that has reached the target and has maximized the implementation of exclusive breastfeeding policies in the working area is explained by primary informants as follows:

"In our working area, the implementation of exclusive breastfeeding policies has been carried out as much as possible, but there are still some obstacles related to the availability of facilities and infrastructure, as well as the level of knowledge and awareness of the community. Efforts continue to be made to improve the implementation of exclusive breastfeeding policies to achieve optimal targets." (IU-1, Semarang City Health Office)

"The implementation of exclusive breastfeeding policies by our health workers who go directly to integrated posts, reminding them of exclusive breastfeeding, finding data at once, seeing the process of integrated posts trying to be as effective as possible." (IU-3, Head of Bandarharjo Community Health Center)

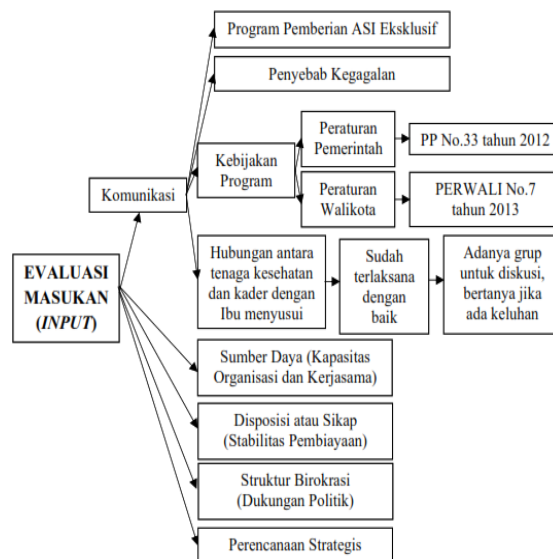
"We believe that from policy, education, direct counseling of mothers, training, we have also conducted prenatal classes." (IU-4, Head of Karang Doro Community Health Center)

The exclusive breastfeeding program carried out through counseling by health workers and cadres must have good communication and relationships, explained by triangulation informants IT-6, IT-8 as follows:

"Yes, it's good, I chatted with the integrated health post, when I was pregnant I also joined the integrated health post, they came to my house too, after giving birth, they came to my house from the cadres." (IT-6 Breastfeeding Mother)

"When I'm with Mrs. Dyah, why are my breasts like this, I chatted with the midwife." (IT-8 Breastfeeding Mother)

The results of the interview above regarding communication and relationships between health workers and cadres with breastfeeding mothers in the exclusive breastfeeding program are in accordance with the main informant.



**Figure 3.** Evaluation of Communication Input on Program Policy and Relationship between Health Workers and Cadres with Breastfeeding Mothers in the Exclusive Breastfeeding Program in Semarang City

Based on Figure 3. the exclusive breastfeeding program policy has been implemented in accordance with Government Regulation PP No. 33 of 2012 and Semarang Mayor Regulation PERWALI No. 7 of 2013. The exclusive breastfeeding program that does not reach the target will be evaluated thoroughly. Efforts are made to improve the implementation of the exclusive breastfeeding program policy in order to achieve optimal targets.

The relationship between health workers and cadres with breastfeeding mothers has been implemented well. Communication can be done face-to-face during counseling, or via electronic media. Health workers, cadres and breastfeeding mothers have a special group if they want to discuss or ask questions if there are complaints. The electronic media provided by health workers is in the form of education via TikTok or Instagram on social media.



## 2. Resources (Organizational Capacity and Collaboration)

Resources that play a role in supporting exclusive breastfeeding include aspects such as the availability of health facilities supporting mothers, such as lactation counseling services and adequate breast pump equipment. Additionally, accurate knowledge about the benefits of exclusive breastfeeding, correct breastfeeding techniques, and ways to address potential problems also serve as crucial resources. Social support from family, community, and workplace, including policies supporting mothers to breastfeed, also plays a significant role in the success of this practice. The economic conditions of families also affect access to nutritious food for mothers, while cultural values and social norms can also influence mothers' choices regarding exclusive breastfeeding.

Researchers conducted interviews with research informants regarding whether the healthcare workforce for exclusive breastfeeding programs is adequate, as described by the main informant below:

"Healthcare workers who have received recent training. This year we are striving for each primary health center to have a lactation counselor. The number of health workers is sufficient because each health center has at least 2 nutrition officers." (IU-2 Semarang City Health Office)

"For the workforce, if we say it's sufficient, it's still lacking. Our population is around 80,000, and if we look at the target of pregnant women, it's about 1,000." (IU-3 Head of Bandarharjo Health Center)

"For midwives and nutrition officers, there are 14." (IU-4 Head of Karang Dora Health Center)

This is supported by statements from triangulation informants as follows:

"When talking about healthcare workers for the exclusive breastfeeding program at Candilama Health Center, we need to

first see the situation on the ground. First and foremost, we need to know how many lactation counselors are there. Adequate availability of lactation counselors is really important to help breastfeeding mothers by providing the guidance and support they need. Also, it needs to be checked whether they have the qualifications and sufficient training on breastfeeding techniques and common breastfeeding issues." (IT-5 Candilama Lactation Counselor)

Researchers conducted interviews with research informants regarding the availability of facilities and infrastructure for exclusive breastfeeding programs as described by the main informant below:

"The availability of facilities and infrastructure for exclusive breastfeeding programs in our work area still needs improvement. Although each health center has a lactation room, not all lactation rooms meet the necessary requirements to support exclusive breastfeeding. In addition, there are still constraints related to specific funds for exclusive breastfeeding programs and the suboptimal utilization of lactation rooms in several areas." (IU-1 Semarang City Health Office)

"Facilities and infrastructure for exclusive breastfeeding programs are available, such as integrated health posts equipped with scales and other equipment, training for mothers and cadres, and lactation rooms. However, there are challenges related to the shortage of midwives and lactation counselors." (IU-5 Head of Rowosari Health Center)

This is supported by statements from triangulation informants as follows:

"Alhamdulillah, for facilities and infrastructure, everything for education is sufficient. For breast pumps, pumping equipment, those are available." (IT-1 Bandarharjo Lactation Counselor)

"Yes, and we also have procurement from blood funds, so if something is lacking, we can request it." (IT-4 Karangdaro Lactation Counselor)

"Facilities and infrastructure for exclusive breastfeeding programs include breastfeeding kits, lactation rooms with pumping facilities, freezers, and sofas. There are also visits to offices such as the Office of Religious Affairs, sub-districts, and villages. Activity funds are sourced from BOK." (IT-5 Candilama Lactation Counselor)

The researcher again conducted interviews with key informants regarding collaboration with other sectors to improve the exclusive breastfeeding program, which was explained by key informants IU-1, IU-3, IU-4 as follows.

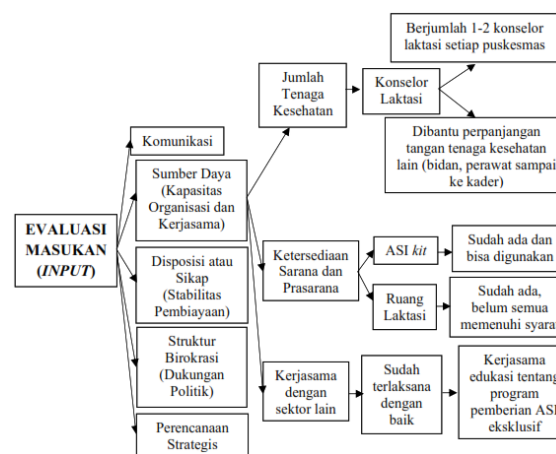
"We are also trying to improve cooperation with companies, involve health cadres, and ensure the availability of facilities." (IU-1 Semarang City Health Office)

"Cooperation with companies, institutions, because this is already a policy from the center to provide pumping and lactation rooms, we only remind. When we provide coaching and information visits to agencies, we remind them again that they must provide it. In companies, there are clinics, we also remind and provide opportunities for employees to pump. If our cooperation does not have a special MOU, we only remind, provide technical assistance to the management in the clinic." (IU-3 Head of Bandarharjo Health Center)

"If possible, there could be cooperation, because we have only just approached the company, but in writing there is no cooperation yet." (IU-4 Head of Karang Doro Health Center)

The results of the interview above regarding cooperation with other sectors to

improve the exclusive breastfeeding program can be carried out with various sectors.



**Figure 4.** Evaluation of Resource Input (Organizational Capacity and Cooperation) for the Exclusive Breastfeeding Program in Semarang City

Based on Figure 4. in general, the evaluation of input in the resource section (Organizational Capacity and Cooperation) has three categories, namely the number of health workers, availability of facilities and infrastructure and cooperation with other sectors. The number of health workers in the exclusive breastfeeding program is given responsibility to lactation counselors and assisted by extensions of other health workers such as midwives, nurses and cadres. Lactation counselors are nutritionists who have undergone special training provided by the relevant health service. Lactation counselors at Semarang City Health Centers average one to two people in each health center.

The availability of facilities and infrastructure is an indicator of resources that must be available in health facilities. The availability of facilities and infrastructure is the availability of complete breast milk kits that can be used when conducting training by lactation counselors. The lactation room contains pumping, freezers, and sofas that must meet the requirements. Another indicator is cooperation with other sectors, where health centers as health facilities must establish good cooperation. Collaboration with other sectors in the form of education on exclusive breastfeeding programs.

### 3. Disposition or Attitude (Public Health Financing Stability and Impact)

Disposition or attitude related to public health financing stability and community health impact refers to how we as individuals or as a community approach and manage available financial resources to support the health system and public health services. Financial stability in this context includes the sustainability and adequacy of funds or budgets to support health programs, including exclusive breastfeeding programs, and also involves the efficient and effective allocation of funds to meet public health needs, including providing support to mothers who want and need to provide exclusive breastfeeding to their babies.

Researchers conducted interviews with research informants regarding methods to overcome targets that do not provide exclusive breastfeeding, as described by the main informant below:

"Some targets rarely come to integrated health posts and on average, those who rarely come are mothers who have just given birth, also working, which causes children to come to the integrated health post at the age of 3 months and their breastfeeding has been replaced with formula milk. That's what we can't prevent, even though if the child comes directly to the integrated health post, we can provide education related to exclusive breastfeeding." (IU-1 Semarang City Health Office)

"We are currently very focused on identifying what causes mothers in our area not to achieve the exclusive breastfeeding target. First of all, we are reviewing our data from last year to see what problems might make mothers uncomfortable or lack support for exclusive breastfeeding. For example, some may not fully understand its benefits, or there may be strong social and cultural factors influencing it." (IU-5 Head of Rowosari Health Center)

This is supported by statements from triangulation informants as follows:

"If the postpartum mother has a midwife home visit, but for breastfeeding support, that's our role, focusing on the baby." (IT-3 Rowosari Lactation Counselor)

"So far, we only provide education because we cannot force it. The usual methods we use are counseling and education. For education, we enter the mother's class, toddler class, and if we visit homes of babies or toddlers with nutritional problems, we also convey that information. Then counseling for those who come to the health center." (IT-2 Karangdaro Lactation Counselor)

"If there are difficulties regarding breastfeeding, it's during pregnancy, so they will go to the Maternal and Child Health clinic first, then they are referred to the nutrition clinic for consultation. Then if there may be problems, maybe a toddler who doesn't gain weight, they are also referred to the nutrition clinic." (IT-4 Gunungpati Lactation Counselor)

The researcher again conducted interviews with research informants regarding funding sources for the exclusive breastfeeding program as explained by the main informants IU-1, IU-2, IU-5, namely as follows:

"The source of funding for the implementation of the exclusive breastfeeding program in the work area comes from the City Health Office. The program does not require a special budget because it is already part of the routine work. In addition, education is carried out without the need for additional budget, such as when the company invites to provide education." (IU-1 Semarang City Health Office)

"The source of funding for the implementation of the exclusive breastfeeding program comes from the health operational assistance budget from the center which is implemented for breastfeeding and PMBA counselor

activities. The funds are used for training for breastfeeding and PMBA counselors taken at the Health Office.” (IU-2 Semarang City Health Office)

“For the budget from the government directly for ASI, there is none yet, if the budget is usually from the BLUD health center, for the facilitation of infrastructure, not for activities. For integrated health posts from BOK. For home visits also from BOK, for pregnant women and postpartum mothers in general, not specifically coming for exclusive ASI education only, indeed comprehensive maternal health” (IU-5 Head of Karang Doro Health Center)

This is supported by statements from triangulation informants IT-1, IT-2, IT-4, as follows:

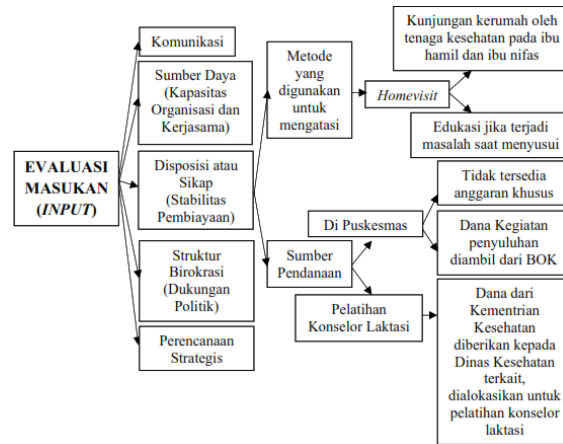
"There is breastfeeding support, hey there are funds from BOK" (IT-1 Lactation Counselor Bandarharjo)

"There are several activities funded by BOK, there are classes for pregnant women, classes for toddlers, there are home visits, we also fund them by BOK, so we think of the visits as education, like that." (IT-2 Karang Doro Lactation Counselor)

"If it says there is no funding for exclusive breastfeeding, it's like joining other activities. That's if the training fund is from the DKK. If there is a cadre meeting, there is indeed a budget in the BOK, if there are internal programs, there is none. I also conveyed it to the toddler mother class, which is the BOK." (IT-4 Gunungpati Lactation Counselor)

The results of the interview above regarding disposition or attitude (financing stability) in the exclusive breastfeeding program are in accordance with the main informant.

Based on Figure 5. In general, the evaluation of input in the Disposition or Attitude (Financing Stability) section has two categories,-



**Figure 5.** Evaluation of Input, Disposition or Attitude (Financing Stability) of the Exclusive Breastfeeding Program in Semarang City

-namely the method used to overcome obstacles and funding sources. The method used to overcome obstacles is to conduct home visits or direct home visits to pregnant and postpartum mothers by health workers. In addition to monitoring the condition of the mother and baby, home visits also provide education related to the exclusive breastfeeding program and education to breastfeeding mothers if there are problems while breastfeeding to immediately come to a health facility.

The funding sources for the exclusive breastfeeding program are divided into two indicators, namely funding sources at health centers and funding sources for lactation counselor training. The implementation of the exclusive breastfeeding program at health centers does not have a special budget, the budget is taken from the BOK related to counseling funds. The funding source for lactation counselor training is funds from the Ministry of Health which are given to the relevant health office, and are allocated for lactation counselor training. Lactation counselor training is not carried out every year by the health office.

#### 4. Bureaucratic Structure

Bureaucratic structure is related to political support for health programs such as exclusive breastfeeding, this includes how policies and support from higher levels of government can affect the implementation and sustainability of the program at the local level. An

effective bureaucratic structure ensures that desired health policies and programs, such as increasing exclusive breastfeeding coverage, can be implemented efficiently and sustainably in health centers and other health facilities.

Strong political support from local, provincial, or national governments is essential to provide adequate budgets, supportive policies, and coordination between units or institutions involved in health services. With good political support, including from various related institutions and legislators, the bureaucratic structure can support the implementation of exclusive breastfeeding programs more effectively through well-coordinated planning, budgeting, reporting, and monitoring.

Researchers conducted interviews with research informants regarding oversight of the implementation of exclusive breastfeeding programs, as described by the main informant below:

"Yes, oversight of the implementation of exclusive breastfeeding programs is done directly and routinely." (IU-1 Semarang City Health Office)

We have tried to enter the companies, then provide coordination to the companies to facilitate mothers for pumping, provide storage space, that's in our area, but the mothers in our area don't have to work in our area" (IU-4 Head of Karangdoro Health Center)

"Yes, our extension is the cadres at the integrated health post, also at the homestay, they can convey to the target pregnant and breastfeeding mothers, in every monthly meeting, information from the health center can be conveyed, either at the integrated health post or PKK there. If the cadres need us to talk directly, they can contact us, our workforce for socialization" (IU-5 Head of Bandarharjo Health Center)

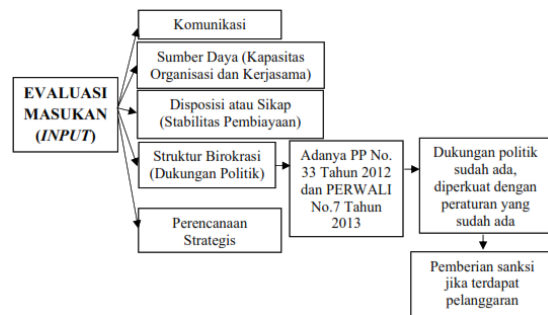
This is supported by the statement made by triangulation informants IT-1, IT-2 which is explained as follows:

"We have home visits to the network

from the health center itself, yes, sometimes with the DKK too. If there is an agreement with the company about the lactation corner, there are already regulations from the government, yes, if we give sanctions ourselves, we can't, yes, it's only providing education. Yes, that's all." (IT-1 Lactation Counselor Bandarharjo)

"At most, we do home visits, then every month we have a health post, so we ask there whether they are still breastfeeding or already using formula milk, or other additional foods. So we supervise once a month." (IT-2 Karangdoro Lactation Counselor)

The results of the interview above regarding the bureaucratic structure (political support) in the exclusive breastfeeding program are in accordance with the main informant.



**Figure 6.** Evaluation of Input (Input) of Bureaucratic Structure (Political Support) of Exclusive Breastfeeding Program in Semarang City

Based on Figure 6. in general, the evaluation of input in the bureaucratic structure section (political support) already exists. This bureaucratic structure is seen from the existence of government regulations and mayoral regulations related to the exclusive breastfeeding program. This political support already exists and is reinforced by the imposition of sanctions on perpetrators if there are violations of the exclusive breastfeeding program. The regulation explains that health service facilities, health education units, workplaces, public facilities, and activities in the community are prohibited from promoting infant formula milk and/or other baby products either directly by putting up posters advertising

formula milk products and/or displaying samples of formula milk products, or indirectly by providing mothers in labor with certain formula milk products, and not accepting sponsorship in any form that can hinder the exclusive breastfeeding program. Violations will be given administrative sanctions by authorized officials in the form of verbal and/or written warnings.

**5. Strategic Planning**

Well-planned strategic planning in the context of exclusive breastfeeding (ASI eksklusif) aims not only to increase exclusive breastfeeding rates but also to improve overall health and well-being of infants and mothers in the community. Exclusive breastfeeding encompasses various critical aspects related to exclusive breastfeeding practices during the first six months of an infant's life.

The researcher again conducted interviews with research informants regarding planning in the exclusive breastfeeding program, which was explained by the main informants IU-1, IU-2, IU-3 as follows:

"There is planning in the exclusive breastfeeding program in the working area. One form of this planning is the enhancement of socialization and education to mothers about the importance of exclusive breastfeeding, implementation of training and counseling programs, as well as periodic program monitoring and evaluation." (IU-1 Semarang City Health Office)

"We only carry out the implementation, as the planning itself comes from those above, the policies from the central [government]." (IU-3 Head of Bandarharjo Community Health Center)

This is supported by statements made by triangulation informants IT-2, IT-4, IT-5 which are explained as follows:

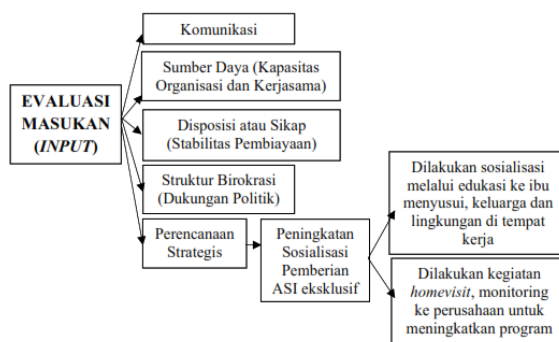
"We usually use last year's performance as a source of problems, and from there we will design several activities related to that performance, for example, such as classes for pregnant women, toddler classes, and there are several additional

activities scheduled from the center, such as trainings, there is funding from the health department for that." (IT-2 Karangdoro Lactation Counselor)

"The planning of the exclusive breastfeeding program is prepared by the program holder and the head of the health center." (it-4 gunungpati lactation counselor)

"The form of planning includes monitoring, evaluation, and the preparation of monthly evaluation reports by the program holder and the head of the health center. if the coverage of exclusive breastfeeding is still lacking, improvements are made through education, home visits by the home visit team), especially for lbw and premature babies." (it-5 Candilama Lactation Counselor)

The results of the interview above regarding strategic planning in the exclusive breastfeeding program are in accordance with the main informant.



**Figure 7.** Evaluation of Input for Strategic Planning of Exclusive Breastfeeding Program in Semarang City

Based on Figure 7. In general, the input evaluation in the strategic planning section is increasing the socialization of the exclusive breastfeeding program. Increasing socialization is carried out continuously, and activities such as training are provided to health workers. Training activities are carried out to increase the scope of the exclusive breastfeeding program.



## Discussion

### Communication

Effective communication also plays a role in overcoming various challenges that may arise in the implementation of an exclusive breastfeeding program, such as cultural or social myths that hinder the practice of exclusive breastfeeding. By educating the community about the benefits of exclusive breastfeeding comprehensively, including explaining about optimal nutrition and protection against disease provided to babies, communication can change community attitudes and behaviors positively. In addition, good communication also helps build trust and strong partnerships between health workers, local governments, and the community. Solid support from various parties is very important in maintaining the sustainability of the exclusive breastfeeding program and ensuring that every mother gets the support and guidance they need to succeed in the practice of exclusive breastfeeding.

The results of the study found that various activities carried out in the exclusive breastfeeding program were carried out to support the needs of the baby and the mother. Therefore, it is important to provide early antenatal and postpartum education and regular breastfeeding counseling, to improve mothers' attitudes and knowledge of breastfeeding practices (Dukuzumuremyi et al., 2020). Promotion of exclusive breastfeeding for about six months should remain a public health priority (Binns & Lee, 2014).

As in the study (Dejager et al., 2013) psychosocial factors such as self-efficacy, postpartum depression, anxiety, maternal intention to breastfeed, attitudes towards breastfeeding and social support have an influence on the duration of exclusive breastfeeding. From previous studies it can be concluded that breastfeeding mothers who have problems with self-efficacy, postpartum depression, anxiety, maternal intention to breastfeed require full support from their husbands and closest family, so this will also have an influence on the exclusive breastfeeding program.

Related to the challenges faced, failure in the practice of exclusive breastfeeding is

caused by several factors. One of them is the lack of knowledge and the persistence of myths related to breastfeeding among parents. Other factors include obstacles such as being busy with work, the perception of the difficulty of producing breast milk, and the influence of family members who may not fully support. To overcome this, a special program is carried out for female workers by providing longer rest periods and establishing lactation rooms in the workplace.

Previous studies have also discussed the obstacles felt when undergoing an exclusive breastfeeding program, namely one study conducted by (Al-Ghannami et al., 2023) which explains that maternal employment is the main obstacle and is an important factor influencing women's decisions to start breastfeeding, breastfeed exclusively, and continue breastfeeding until the second year. Meanwhile, research conducted by (Compte et al., 2022) concluded that interventions in the workplace are likely to help increase breastfeeding duration and prevent premature cessation of breastfeeding. So to overcome these obstacles, cooperation is needed from the company where the mother works to be able to provide lactation space and rest time for taking breast milk.

Exclusive breastfeeding is the provision of breast milk without additional food or other drinks is highly recommended by international health organizations such as WHO as the best way to provide optimal nutrition and protect babies from infectious diseases during the first six months of life. If the target for exclusive breastfeeding is not achieved, there will always be a comprehensive approach to evaluate the causes. Exclusive breastfeeding in Ethiopia is significantly lower than global recommendations (Ayalew, 2020). There is evidence that mothers who have antenatal visits and deliver in health institutions have better exclusive breastfeeding program practices (Ayalew, 2020).

### Resources (Organizational Capacity and Cooperation)

Observation of the results of researchers related to insufficient resources from the number of health workers, availability of facilities and infrastructure. Lactation counselors are assisted by extensions of other health workers such as



midwives, nurses to cadres. Resources in the implementation of the exclusive breastfeeding program have an important influence on the success of the exclusive breastfeeding program. Exclusive breastfeeding will be implemented if the facilities and infrastructure are maximally fulfilled.

The success of exclusive breastfeeding cannot be separated from the excellent support from the family, especially the husband, and from the office leadership. The lack of nursing rooms is overcome by utilizing existing facilities. Most importantly, self-motivation and commitment play the biggest role. It is recommended that offices/agencies provide breastfeeding rooms to support exclusive breastfeeding (Lokat et al., 2020). Such as research conducted by (Panahi et al., 2022) which shows that father education about breastfeeding can increase the frequency and continuity of exclusive breastfeeding because mothers get support from their husbands to provide exclusive breastfeeding.

Lactation counselors are professionals who are trained to provide support, information, and guidance to breastfeeding mothers. Lactation counselors can help mothers overcome challenges that may arise during breastfeeding, such as technical problems with latching, milk production, or discomfort while breastfeeding and reduce the risk of premature cessation. Healthcare professionals should utilize technology-based education to provide holistic services in maternal and infant health (Ozturk & Demir, 2023).

The findings of this study are in accordance with research conducted by (Wouk et al., 2022) lactation counselor support is very effective and practitioners in various sectors have an obligation to increase access for pregnant women during pregnancy and after birth, namely when breastfeeding. The implementation of breastfeeding programs may be most effective if carried out with clear policies and dedicated leadership either internally or through community partnerships or health services. Lactation counselors have an important role in improving the quality of breast milk given to babies. Research shows that lactation counseling not only affects the initial success of

breastfeeding, but also affects the length of time of exclusive breastfeeding and the improvement of the quality of nutrition received by babies.

#### **Disposition or attitude (Financing Stability)**

The disposition or attitude towards financing stability in the context of exclusive breastfeeding is very important in determining the success of this program and its impact on the health of the community as a whole. Financing stability includes adequate and sustainable budget allocation to support the implementation of the exclusive breastfeeding program, including for training health workers, education campaigns, and the provision of supportive health services. Good financing stability includes a sustainable increase in exclusive breastfeeding coverage, which in turn can reduce infant morbidity and mortality rates and improve maternal health. It can also contribute to a decrease in the overall burden of disease in the community, as exclusive breastfeeding has been shown to reduce the risk of respiratory infections, diarrhea, and chronic diseases in infants.

Instability or lack of adequate funding can hamper the implementation of exclusive breastfeeding programs and reduce their positive impact on public health. The decline in the coverage of exclusive breastfeeding programs and hamper efforts to prevent disease through optimal nutrition provided to infants. A positive attitude towards the stability of funding for exclusive breastfeeding programs is essential to achieving better public health goals. This requires a strong commitment from the government, support from various parties including international and non-governmental organizations, and wise budget management to ensure the sustainability and success of exclusive breastfeeding programs in the long term. Interventions for both parents on the level of exclusive breastfeeding can increase the rate of exclusive breastfeeding at 16 weeks to 6 months postpartum. This intervention can also improve breastfeeding knowledge, breastfeeding attitudes, breastfeeding self-efficacy, parent relationships, and effective partner support (Zhao et al., 2023)

Mothers with vaginal delivery prefer to provide exclusive breastfeeding compared to mothers with caesarean section delivery, this is in line with research conducted by (Giang et al.,

2022) which shows that vaginal delivery has a proportion of exclusive breastfeeding compared to caesarean section delivery. Delivery by caesarean section can reduce the duration of skin contact between the mother and her baby. Vaginal delivery with institutional delivery is also one of the predictors of the implementation of an exclusive breastfeeding program (Gebeyehu et al., 2023)

#### **Bureaucratic Structure (Political Support)**

Almost all international organizations and most National Ministries of Health recommend exclusive breastfeeding for up to six months because of its tremendous benefits for infants (Binns & Lee, 2014). Factors associated with exclusive breastfeeding can subsidize public policies on health and nutrition (Boccolini et al., 2015).

Bureaucratic structures and political support are very important in supporting the implementation of exclusive breastfeeding policies. Most international organizations and National Ministries of Health recognize the tremendous benefits of exclusive breastfeeding for the first six months of a baby's life. This recommendation is not only based on strong scientific evidence of health benefits, but also considers its long-term impact on child health and development.

Factors related to exclusive breastfeeding programs, such as social support, access to quality health services, and a positive breastfeeding culture, can influence public policies on health and nutrition. Effective bureaucratic structures at the local, regional, and national levels are needed to develop, implement, and monitor these policies consistently. This includes allocating adequate resources, establishing skilled work teams, and strict supervision to ensure that exclusive breastfeeding policies are implemented according to established standards.

Research conducted by (Vilar-Compte et al., 2022) shows that the implementation of structural policies to reduce the gap in breastfeeding is still not optimal due to social norms and medical practices that support the use of breast milk substitutes compared to breastfeeding, as well as the large number of breast milk substitute products that are widely

marketed. The law on exclusive breastfeeding has not been optimally implemented among low-income women in the United States, especially for women, infants, and children who participate in the special supplemental nutrition program for Women, Infants, and Children (WIC) or additional nutrition program for women, infants, and children (Apanga et al., 2022). WIC is a nutritious food assistance program for low-income pregnant and postpartum women, infants, and children under 5 years of age. WIC is one of the programs of the implementation of the Law that has been passed so that WIC can help meet the nutritional needs of women, infants, and children.

Research conducted by (Apanga et al., 2022) shows that the impact of implementing the Law on breastfeeding policies for infants whose mothers who participate in WIC work, tend not to be given exclusive breastfeeding, but laws that support breastfeeding in the workplace can encourage exclusive breastfeeding among working women. Exclusive breastfeeding is more common among mothers who receive exclusive breastfeeding consultations compared to those who do not receive such consultations.

#### **Strategic Planning**

The implementation of the exclusive breastfeeding program in Semarang City has integrated various strategic plans to improve the success of exclusive breastfeeding practices in the community. The city government has conducted routine monitoring and supervision at health centers which are integrated into monthly reports and health center performance evaluations. This shows a commitment to ensuring that exclusive breastfeeding practices are part of the main performance indicators, which have an impact on improving the overall quality of health services.

The approach taken includes education for pregnant women before giving birth, such as Early Breastfeeding Initiation (IMD), as well as emphasizing the importance of exclusive breastfeeding to family members. This information is conveyed not only to mothers, but also to families and other community members who play an important role in supporting the success of the exclusive breastfeeding program. This is in accordance with the results of research

conducted by (Al-Ghannami et al., 2023) which explains that older female family members have a major influence on mothers' breastfeeding practices, especially new mothers who are not used to breastfeeding. Training for lactation counselors shows an effort to improve the ability of officers to provide support and guidance to mothers regarding exclusive breastfeeding practices. Funds budgeted from the Health Operational Assistance (BOK) are used for training activities and implementation of the exclusive breastfeeding program, demonstrating a continued commitment to prioritizing infant and maternal health.

#### **Evaluation of Policy Implementation Process for Exclusive Breastfeeding Programs in Semarang City Adaptation of the Program and Program Evaluation**

The implementation of the exclusive breastfeeding program is seen from the adaptation of the program and evaluation of the program against the exclusive breastfeeding program policy. Increasing the capacity of health workers is also a priority through intensive training, especially for lactation counselors and other health workers. This capacity building is to ensure that they have sufficient knowledge and skills in providing support and counseling to breastfeeding mothers. The researcher again conducted interviews with research informants regarding work areas that have implemented PP on exclusive breastfeeding, whether it is in accordance with the PP on exclusive breastfeeding explained by the main informants IU-1, IU-3, IU-4 as follows:

"Efforts continue to be made to ensure implementation in accordance with the Government Regulation on exclusive breastfeeding." (IU-1 Semarang City Health Office)

"Here, we do not prepare, do not put up advertisements related to, what, formula milk for children under 6 months old." (IU-3 Head of Bandarharjo Community Health Center)

"For advertisements about formula milk,

they no longer exist, and are not supported." (IU-4 Head of Karangdaro Community Health Center)

This is supported by the statement made by the triangulation informant regarding the form of implementation of the exclusive breastfeeding program which was explained by triangulation informants IT-7, IT-8 as follows:

"The form of implementing the program includes WhatsApp groups between midwives and mothers, if there are no groups with cadres. For example, if there are communication problems, they communicate directly with the midwife. If the catin is at the community health center, it is only an injection without breastfeeding education." (IT-7 Breastfeeding Mother)

"The exclusive breastfeeding program can vary depending on where we live. Usually, the program provides education for mothers about the importance of exclusive breastfeeding, the correct way to breastfeed, and how to deal with possible problems. In health facilities, there is also a special room for mothers who want to breastfeed, plus support from trained healthcare workers, like lactation consultants. They help mothers feel comfortable and maintain the quality of breast milk for their babies. For working mothers, the program can also provide lactation facilities at work or adequate breastfeeding leave. This is important for mothers to continue exclusive breastfeeding even after returning to work." (IT-8 Breastfeeding Mother)

The researcher again conducted interviews with research informants regarding lactation counselor training and the implementation of training for exclusive breastfeeding programs, as explained by the main informants IU-1, IU-3, IU-4 as follows:

"The implementation of training and programs related to exclusive breastfeeding still faces several obstacles

and is not yet fully in accordance with needs. Efforts made to improve the effectiveness of the implementation of the program include increasing socialization, education, training, and improving lactation room facilities that meet the requirements. In addition, periodic evaluations are also carried out to identify obstacles that arise and find the right solution." (IU-1 Semarang City Health Office)

"the implementation is in accordance with needs, in the health center, the extension is through cadres, so every posyandu activity, dasawisma also during meetings can also convey information obtained at the health center." (IU-3 head of bandarharjo health center)

"The implementation of the exclusive breastfeeding program is not yet in accordance with needs. Efforts made include improving coordination between midwives and bufas to ensure effective consultation, as well as strengthening training and assistance to breastfeeding mothers." (IU-4 Head of Karang Doro Health Center)

The researcher again conducted interviews with research informants regarding the obstacles and barriers in implementing the exclusive breastfeeding program, which were explained by the main informants IU-1, IU-3, IU-4 as follows:

"Obstacles and barriers in dealing with toddlers with problems include the lack of awareness of mothers regarding the importance of exclusive breastfeeding, the difficulty of changing the mindset of mothers who have given formula milk to their babies" (IU-1 Semarang City Health Office)

"There are obstacles, for example, parents who are indifferent, there is an assumption that breastfeeding is disturbing, spoils appearance. The

reason is that her breast milk no longer comes out" (IU-3 Head of Bandarharjo Health Center)

"The obstacles are usually those of working mothers, some complain because they can't pump at their workplace, actually some are facilitated by their companies so they can" (IU-4 Head of Karangdoro Health Center)

This is supported by the statement made by triangulation informants IT-8, IT-9 regarding the obstacles to implementing the exclusive breastfeeding program as follows:

"Once my breast milk was engorged, then a lump appeared under my armpit. I also had cases where I left my baby during monthly shopping, or buying something, getting a shot, then I used a pacifier." (IT-8 Breastfeeding Mother)

"It didn't come out at first, because my first child wasn't breastfed, it came out 4 months later and then breastfed again." (IT-9 Breastfeeding Mother)

The researcher again conducted interviews with research informants regarding how to solve obstacles and barriers to implementing the exclusive breastfeeding program as explained by the main informants IU-2, IU-3, IU-5, namely as follows:

"Providing education and training to mothers who feel burdened or lazy to provide exclusive breastfeeding, especially to working mothers. In addition, it is necessary to cooperate with companies or workplaces to create a conducive environment for exclusive breastfeeding, such as providing a comfortable breastfeeding room. Efforts are also needed to increase awareness and support from the surrounding environment, including family and community." (IU-2 Semarang City Health Office)

"From us, we only always remind, facili-

tate and provide technical assistance." (IU-3 Head of Bandarharjo Health Center)

"Improving coordination between midwives and women's health workers to ensure effective consultation, and strengthening training and assistance to breastfeeding mothers. In addition, increasing the number of midwives and lactation counselors is also needed to support the Exclusive Breastfeeding program." (IU-5 Head of Rowosari Health Center)

This is supported by statements made by triangulation informants IT-4, IT-6 regarding how to solve obstacles to the implementation of the exclusive breastfeeding program, namely as follows:

"We educate about pumping, then we educate how to store it so that it lasts longer, then so that the breast milk reaches the child. If for example there is a low weight less than 6 months, the child is sick, go to MTBS, if during immunization from immunity. It can also be found when the weight is measured at the red line, then the doctor can refer. Later we evaluate whether the placement is not right or the frequency is not enough." (IT-4 Gunungpati Lactation Counselor)

"If the health center provides a solution, for example if there are obstacles in exclusive breastfeeding, then go directly to the health center for treatment." (IT-6 Breastfeeding Mother)

Researchers conducted interviews related to monitoring and evaluation in the exclusive breastfeeding program policy in the work area explained by the main informants IU-2, IU-3, IU-4 as follows:

"Of course, monitoring and evaluation are carried out in the exclusive breastfeeding program policy in the workplace. Each program is evaluated to identify strengths and weaknesses, with

ongoing efforts to reduce obstacles and improve implementation" (IU-2 Semarang City Health Office)

"Every month we report to the office about the coverage, achievements of exclusive breastfeeding, yes, there are reports every month, health center performance assessments" (IU-3 Head of Bandarharjo Health Center)

"Yes, every month we conduct program evaluations in mini health center workshops, up to the DKK too" (IU-4 Head of Karang Doro Health Center)

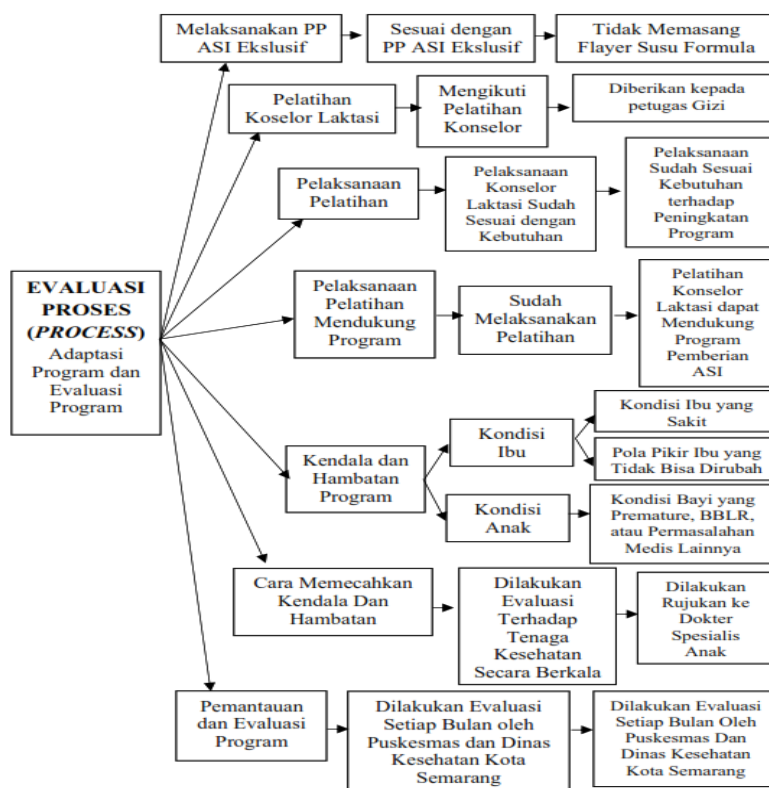
This is supported by statements made by triangulation informants IT-1, IT-2, IT-3 regarding monitoring and evaluation in the policy of exclusive breastfeeding program in the workplace, namely as follows:

"If there are meetings, such as classes for pregnant women, classes for mothers of toddlers, there are catin classes, like that. The class for pregnant women can be more than 8 times a month, but in different places. There are some in the same place but with different participants. As for the catin class, it is not done at the health center but in collaboration with the KUA, ma'am. There are home visits, there are. At the posandu there is information about exclusive breastfeeding." (IT-1 Bandarharjo Lactation Counselor)

"Yes, it is done like a home visit." (IT-2 Karang Doro Lactation Counselor)

"For the distribution of training to midwives, it seems like there is none, midwives can probably educate themselves. For cadres, we usually inform them, because cadres usually refer them, for example if there is a child who is less than 6 months old but their nutrition is not increasing, they are usually referred to cadres. We usually tell them like this, ma'am, like this like this" (IT-3 Rowosari Lactation Counselor)

The results of the interview above regarding monitoring and evaluation in the policy of the exclusive breastfeeding program at the workplace are in accordance with the main informant.



**Figure 8.** Process Evaluation of Program Adaptation and Policy Evaluation of Exclusive Breastfeeding Program in Semarang City

Based on Figure 8. In general, the process evaluation in the form of program adaptation and program evaluation is seen from several main indicators. The first indicator in implementing the government program related to the exclusive breastfeeding program is in accordance with government regulations. Health workers do not promote infant formula milk and/or other baby products either directly by putting up posters advertising formula milk products and/or displaying samples of formula milk products. Health workers do not provide mothers in labor with certain formula milk products, and do not accept sponsorship in any form that can hinder the exclusive breastfeeding program.

The second indicator is related to lactation counselor training that has been provided by the health office to health centers in each work area. Health centers appoint nutrition officers in their work areas to take part in

lactation counselor training to achieve an increase in the exclusive breastfeeding program. The implementation of training can support the exclusive breastfeeding program.

The third indicator is related to obstacles and barriers to the exclusive breastfeeding program, namely the condition of the mother and the condition of the baby. The condition of the mother is related to the mother who is sick such as HIV or other diseases and the mother's mindset that is difficult to change. The condition of the baby as an obstacle and barrier to the exclusive breastfeeding program, namely premature babies, babies born with low birth weight or other problems. The fourth indicator related to how to solve obstacles and barriers to the exclusive breastfeeding program in the condition of the mother and baby is by conducting regular evaluations of health workers. The health center will make a referral if the obstacles and barriers after being evaluated

have not improved to a specialist doctor. Indicators related to monitoring and evaluation of the exclusive breastfeeding program are carried out every month by the health center and the Semarang city health office.

#### **Program Adaptation and Program Evaluation**

Exclusive breastfeeding is an important practice that supports optimal health for infants and mothers. Previous studies have consistently shown that exclusive breastfeeding in the first six months of a baby's life can reduce the risk of respiratory tract infections, diarrhea, and improve the baby's immune system. The success of this practice is often hampered by various factors, including lack of support and adequate information to mothers about the benefits and correct breastfeeding techniques. Studies have also shown that intensive and timely lactation counseling can significantly increase the success rate of exclusive breastfeeding.

Cesarean section is thought to be associated with the initiation and duration of breastfeeding. When compared with normal delivery, caesarean section can delay the initiation of breastfeeding and shorten the duration of exclusive breastfeeding. In addition, planned caesarean section is considered the most important factor influencing breastfeeding. In addition, early initiation of breastfeeding is highly recommended to support mothers who undergo cesarean section (Li et al., 2021)

Research conducted by (Gila-Díaz et al., 2020) also proves that psychological aspects play a role in breastfeeding patterns, in addition to sociocultural factors, work, and family life. Various efforts are needed to increase the rate of exclusive breastfeeding in Europe, including support and evaluation of maternal psychological concerns. Barriers from breastfeeding mothers such as complaints of pain when breastfeeding for the first time, sore nipples caused by the baby's rough tongue and breasts that are too swollen and will cause breastfeeding mothers to be traumatized and stop breastfeeding their children. This is in accordance with research conducted by (Robinson et al., 2019) which states that training on breastfeeding in general is often lacking, making health care providers unable to support breastfeeding mothers, and most likely contributing to early cessation of breastfeeding.

Many mothers do not know how to breastfeed and need professional support to overcome breastfeeding difficulties that may cause them to switch to formula feeding.

Technical issues such as difficulty in latching on to the breast or problems with milk production are also often major barriers. Improving education and support provided to mothers, as well as increasing access to adequate health services and support from lactation counselors, we can increase the success rate of exclusive breastfeeding and optimize the health of infants and mothers in Indonesia. Research results (Haque et al., 2023) show that increasing exclusive breastfeeding practices can help prevent stunting in children. Therefore, it is critical to implement interventions and programs that encourage optimal feeding practices, nutritional supplementation, and behavior change communication, especially in rural and underserved communities. Collaborative efforts between government and health services to the community are also needed to improve children's nutritional status.

Data, results, and evaluations from health services influence decisions to adapt a program. Health department heads and program staff, as well as relevant agencies, are involved in decisions to adapt the program, with goals to include improving effectiveness or outcomes, program reach and satisfaction, funding, and partner engagement (McCreight et al., 2022).

Once staff decide to adapt a program, data and evidence guide the changes. Program staff and evaluators are involved in the adaptation process. Program managers consult with partners to gather ideas on how best to adapt the program based on partners' experiences implementing the program and community input. Finally, program managers also receive input on content and context adjustments from coalition meetings and regular technical assistance calls (McCreight et al., 2022).

#### **Evaluation of the Results (Output) of the Exclusive Breastfeeding Program Policy in Semarang City**

##### **Coverage of Exclusive Breastfeeding in Semarang City (Public Health Impact)**

The coverage of exclusive breastfeeding in Semarang City has a significant impact on



overall public health. With a high coverage rate, the practice of exclusive breastfeeding provides extraordinary health benefits for babies and mothers. Exclusive breastfeeding for the first six months of a baby's life has been shown to improve the baby's immune system, reduce the risk of respiratory tract infections and diarrhea, and support optimal growth and development. In addition, this practice also has a long-term impact on maternal health by reducing the risk of other diseases.

The researcher re-interviewed research informants regarding the coverage of exclusive breastfeeding in the work area after the socialization of exclusive breastfeeding was carried out, which was explained by the main informants IU-1, IU-3, IU-4 as follows:

"After the socialization of exclusive breastfeeding, the coverage of exclusive breastfeeding in our work area has increased. However, there are still challenges in achieving the optimal coverage target" (IU-1 Semarang City Health Office)

"The coverage of exclusive breastfeeding has indeed increased, but it needs to be improved" (IU-3 Head of Bandarharjo Health Center)

"Yes, the coverage was 75% for the previous year" (IU-4 Head of Karangdaro Health Center)

This is supported by statements made by triangulation informants IT-6, IT-7, IT-8 regarding the implementation of the exclusive breastfeeding program policy which are explained as follows:

"My response to the exclusive breastfeeding program is very positive. This program is supported by a lot of scientific evidence that shows its benefits for the health of babies and mothers. Exclusive breastfeeding provides optimal nutrition, protects babies from infection, and supports optimal brain and physical development. In addition, this practice also strengthens the emotional bond between mother and baby, creating an intimate and positive

relationship from an early age" (IT-6 Breastfeeding Mother)

"I don't know. Only midwives and cadres tell them but don't know if there are any regulations" (IT-7 Breastfeeding Mother)

"I don't know about the regulations on formula milk, but it has been implemented but it is not said" (IT-8 Breastfeeding Mother)

The researcher re-interviewed the research informants regarding who is responsible for calculating or handling the coverage of exclusive breastfeeding, this is explained as follows:

"Responsible for calculating the coverage, especially nutrition officers at health centers and nutritionists at the Health Office" (IU-1 Health Office of Semarang City)

"Of course the holder of the exclusive breastfeeding program" (IU-3 Head of Bandarharjo Health Center)

"If the programmer calculates it, the counselor is responsible" (IU-4 Head of Karangdaro Health Center)

This is supported by statements made by triangulation informants IT-3, IT-4 regarding who is responsible for calculating or handling the coverage of exclusive breastfeeding

"The two of us from nutrition calculate it" (IT-3 Counselor Lactation Rowosari)

"Of course we as nutrition officers have that responsibility" (IT-3 Lactation Counselor Gunungpati)

The researcher re-interviewed the research informants regarding the impact of exclusive breastfeeding on infants, this was explained by the main informants IU-1, IU-3, IU-4 as follows:

"Exclusive breastfeeding is very important for infants as immunity for

infants and their mothers also accelerates their recovery." (IU-3 Head of Bandarharjo Health Center)

"Exclusive breastfeeding can reduce the risk of respiratory tract infections and diarrhea." (IU-5 Head of Rowosari Health Center)

"The importance of breastfeeding can also support optimal growth and development." (IU-6 Head of Gunungpati Health Center)

The results of the interview above regarding the impact of public health on the exclusive breastfeeding program are in accordance with the main informants.

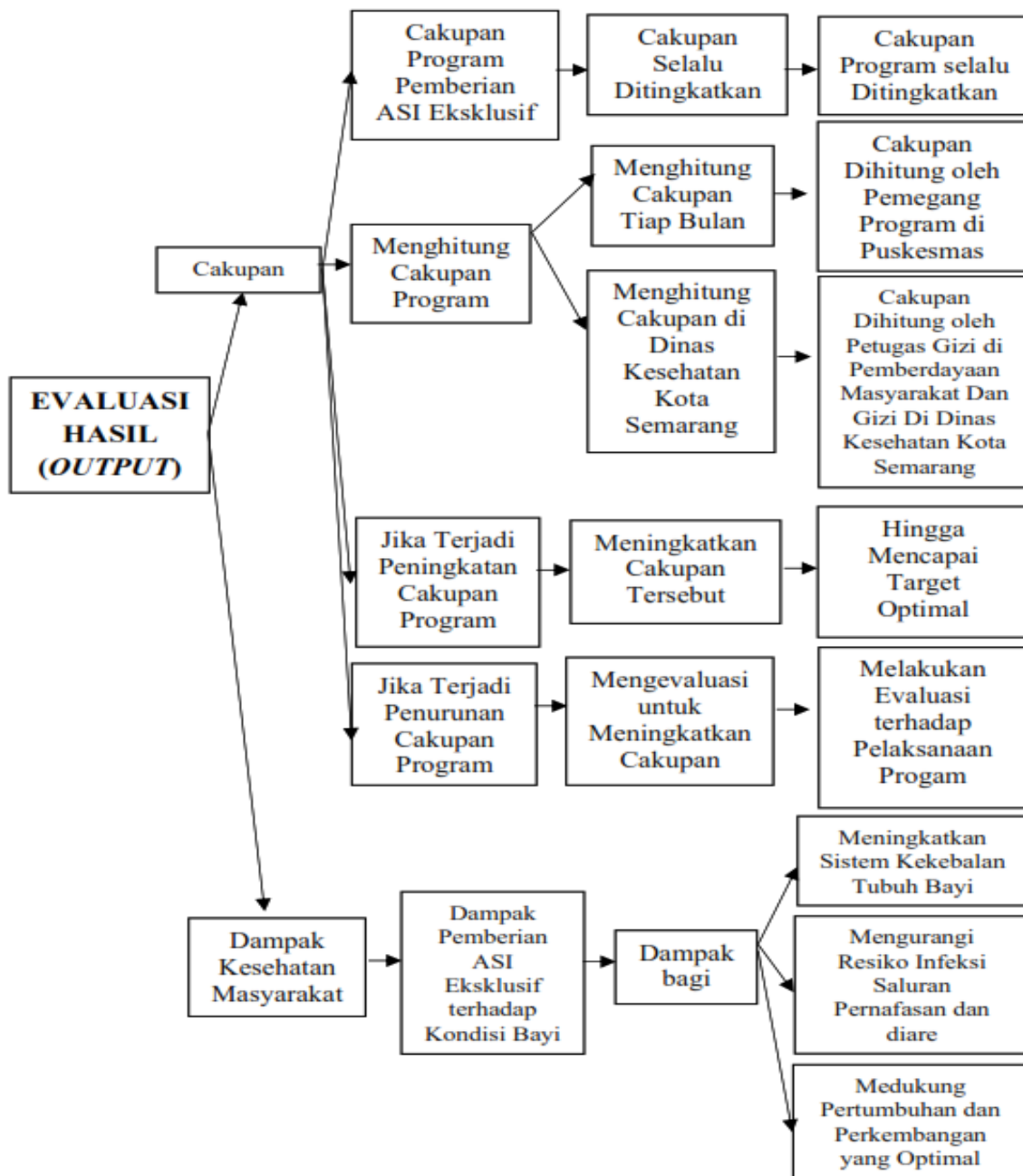


Figure 9. Evaluation of Results of the Exclusive Breastfeeding Program Policy in Semarang City

Based on Figure 9. in general, the evaluation of results (output) consists of two indicators, namely the coverage of the exclusive breastfeeding program and the impact on public health. The first indicator is that the coverage of the exclusive breastfeeding program is always increased by health workers. The coverage of the exclusive breastfeeding program is calculated by the program holders at the health center and community empowerment and nutrition at the Semarang City Health Office. The coverage of the exclusive breastfeeding program if it increases will continue to be increased until it is optimal, and if there is a decrease in the coverage of the exclusive breastfeeding program, an evaluation of the implementation of the program will be carried out.

The second indicator of the public health impact of the exclusive breastfeeding program. The public health impact of the exclusive breastfeeding program is prioritized for infants. The exclusive breastfeeding program can improve the baby's immune system, reduce the risk of respiratory tract infections and diarrhea and support optimal growth and development.

#### **Coverage of Exclusive Breastfeeding in Semarang City (Public Health Impact)**

The coverage of exclusive breastfeeding in Semarang City is an important indicator of public health. The latest data shows that the level of exclusive breastfeeding in this area still needs to be improved. Efforts from the government and health organizations to increase awareness and understanding of the importance of the exclusive breastfeeding program. Challenges such as lack of social support, family support and appropriate information for new mothers. The impact of the low coverage of exclusive breastfeeding can be felt in the increased risk of infection and nutritional disorders in infants, and affects the overall health quality of future generations.

The success of exclusive breastfeeding occurs in mothers who have a good attitude towards breastfeeding, feel few obstacles, and receive support from the health service system (Nanthakomon et al., 2023). Therefore, there needs to be strong collaboration between the government, health workers, and the community in supporting the practice of exclusive

breastfeeding in order to improve the health and quality of life of children in Semarang City.

Based on research conducted by (Dejager et al., 2013) which explains that other psychosocial factors such as breastfeeding experience, maternal body image, how often the mother is exposed to other breastfeeding mothers, and family beliefs about infant feeding can also be factors related to exclusive breastfeeding. Other factors such as maternal and infant health conditions, social and cultural pressures, and limited resources also affect the success of exclusive breastfeeding. Through a holistic approach that includes increased education for mothers from early pregnancy, support from lactation counselors, and improvements in public health service infrastructure, we can increase the success rate of exclusive breastfeeding in Indonesia.

This is in accordance with the results of previous research conducted by (Boccolini et al., 2015) which explains that breastfeeding mothers who live in the same area or city (including districts, neighborhoods, or census units) have social and economic factors that affect the duration of exclusive breastfeeding. These factors can include standards and attitudes towards breastfeeding, the availability and accessibility of primary health services in their environment, and the level of implementation and support for policies on the promotion, protection, and support of breastfeeding. Variables such as socioeconomic indicators and presence in certain areas have been used to evaluate factors related to exclusive breastfeeding.

#### **CONCLUSION**

Evaluation of the implementation of the exclusive breastfeeding program policy in the city of Semarang was carried out through an Input evaluation model from the Semarang City Health Office, Head of the Health Center, Lactation Counselors and Breastfeeding Mothers. Input evaluation consisting of communication, resources, disposition, bureaucratic structure, and strategic planning. Based on the results of the research that has been carried out, the Input evaluation from various research informants stated that the planned breastfeeding program

had been delivered well even though there were several obstacles. Meanwhile, if the policy that has been set does not reach the target, a comprehensive evaluation will be carried out.

Evaluation of the implementation of the exclusive breastfeeding program policy in the city of Semarang was carried out through a Process evaluation model from the Semarang City Health Office, Head of the Health Center, Lactation Counselors and Breastfeeding Mothers. Process evaluation consisting of adaptation and program evaluation. Program evaluation is carried out every month by the health center, recorded and reported in a mini workshop meeting. In the process of providing exclusive breastfeeding, there are obstacles experienced by breastfeeding mothers, such as complaints of pain when breastfeeding for the first time, sore nipples caused by the baby's rough tongue and breasts of breastfeeding mothers that are too swollen and will cause breastfeeding mothers to be traumatized and stop breastfeeding their children so that this is when the role of lactation counselors is needed.

Evaluation of the implementation of the exclusive breastfeeding program policy in the city of Semarang was carried out through the Output evaluation model by assessing the coverage of exclusive breastfeeding rates in the city of Semarang, namely an increase in the coverage of exclusive breastfeeding in 2021 (71.91%), 2022 (74.33%) and 2023 (81.55%). Exclusive breastfeeding given during the first six months of a baby's life has been shown to improve the baby's immune system, reduce the risk of respiratory tract infections and diarrhea, and support optimal growth and development. The coverage of exclusive breastfeeding has increased and continues to be improved.

#### ACKNOWLEDGEMENT

The researcher would also like to express his gratitude to all parties who have helped during the study completion process, including:

1. The Directorate of Universitas Negeri Semarang who provided the opportunity and guidance during education, research, and thesis writing.

2. The Coordinator of the Study Program and the Secretary of the Master's Program in Public Health, Faculty of Medicine, Unnes, who provided the opportunity and guidance in thesis writing.
3. Mr. and Mrs. lecturers of the Master's Program in Public Health at UNNES, who have provided much guidance and knowledge to the researcher throughout the education.
4. Policy makers from the Semarang City Health Office who provided the opportunity and permission to conduct the research.
5. Family (Father, Mother, Siblings, Children, and Husband) who always supported and prayed at every step during the education.
6. Colleagues from the cohort of 2022/2023 who provided assistance and support during the thesis preparation process.

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