

Original Article

The Implementation of Exclusive Breastfeeding Policies: A Literature Review

Yuditha Nindya Kartika Rizqi¹, Arif Kurniawan², Lu'lu Nafisah³, Eri Wahyuningsih⁴

1 – 4 Public Health Department, Faculty of Health Sciences, Universitas Jenderal Soedirman

Corresponding author: Yuditha Nindya Kartika Rizqi, Public Health Department, Faculty of Health Sciences, Universitas Jenderal Soedirman, Purwokerto, Central Java, Indonesia, yuditha.nindya.k@unsoed.ac.id

ABSTRACT

Background: Providing optimal nutrition in the first 6 months of life is important because it can support the child's nutritional status before complementary feeding begins. Formulating health policies related to exclusive breastfeeding is one of the government's strategy to gain support from various parties. policies were prepared with the aim of ensuring that the community was able to provide exclusive breastfeeding until the child was two years old and accompanied by additional food according to nutritional needs. This research aims to describe the implementation of exclusive breastfeeding policies in worldwide.

Methods: A systematic literature review was conducted of the published literature review the years 2019 – 2024. Published literature included journals, papers and issue briefs. Content analysis were conducted to explore more about the policy implementation. 7 articles were selected to be reviewed in this study.

Results: Mother's knowledge, working mother, husband's support and family support play an important role in the success of exclusive breastfeeding. The factors that influence the provision of exclusive breastfeeding to working mothers include lack of socialization, lack of supporting facilities, and the implementation of special policies regarding exclusive breastfeeding in the workplace.

Conclusions: Increasing administrative capacity, cross-sector support, adequate communication and coordination as well as increasing government commitment in implementing policies are the keys to successful implementation of exclusive breastfeeding policies.

Keywords: Breastfeeding, Implementation, Policy

INTRODUCTION

Exclusive breastfeeding from birth to 6 months of age is an effort made to reduce infant mortality. The SDGs target by

2030 seeks for all countries to increase the coverage of exclusive breastfeeding for 6-month-old babies by 70%¹. Breastfeeding are the normative standards for infant feeding and nutrition. American Academy of Pediatrics recommends exclusive breastfeeding for its advantages towards short and long-term as well as neurodevelopmental, a public health imperative². Exclusive breastfeeding for babies can reduce the risk of acute infectious diseases, which have the potential to cause stunting³ and underweight toddlers⁴. Providing optimal nutrition in the first 6 months of life is important because it can support the child's nutritional status before complementary feeding begins⁵.

The structure and backdrop for the operation of the public health and health care systems are provided by health policy. There is growing agreement about the need for more leadership in health policy and a workforce of health professionals ready to take on these responsibilities⁶. While policy implementation is one of the stages of public policy, in between formation policies and consequences policies for the community it influences. It is considered a particularly important study for public administration and public policy⁷. In the case of breastfeeding, the government has made various efforts to increase the coverage of exclusive breastfeeding for babies. Formulating health policies related to exclusive breastfeeding is one of the government's strategy to gain support from various parties⁸.

In 2004, Decree of the Indonesian Minister of Health Number 450/Menkes/SL/IV/2004 was drafted regarding breastfeeding. This policy was then implemented through various derivative policies. For example, Government Regulation number 33 of 2012 concerning exclusive breastfeeding which requires the government, workplace administrators and public facility administrators to support breastfeeding mothers so they can provide exclusive breast milk to babies. Public facility organizers' support for breastfeeding is also regulated in Minister of Health Regulation Number 15 of 2013 concerning procedures for providing breastfeeding and/or pumping facilities⁹. These policies were prepared with the aim of

ensuring that the community was able to provide exclusive breastfeeding until the child was two years old and accompanied by additional food according to nutritional needs¹⁰

Various studies have been conducted to look at the benefits of policies, factors that influence policy implementation and evaluate the implementation of exclusive breastfeeding policies. This research aims to describe the implementation of exclusive breastfeeding policies in worldwide.

METHODS

A systematic literature review was conducted of the published literature review the years 2019 – 2024. Published literature included journals, papers and issue briefs. The literature search was conducted using a multipronged approach, contains several steps. First, using a combination of keyword breastfeeding policy implementation among health workers; health policy implementation; breastfeeding AND policy OR implementation; and controlled vocabulary terms in the following search engines or databases: Google Scholar, PubMed and BMJ. A total 4500 articles were identified during first step. The articles were selected for the inclusion criteria if they had exclusive breastfeeding policy as significant focus, were written either in Bahasa Indonesia or English and were published between 2019 – 2024. Second step was reviewing the title and abstracts, application criteria and deduplication of results where 375 articles were included. Article identification then performed which resulting 54 articles were included. Next, 38 articles were continued for the full text

review, while 16 articles excluded for its limited access. During full text review, 31 articles were excluded based on lack relevance to the implementation of breastfeeding policies. Content analysis were conducted to explore more about the policy implementation

RESULTS

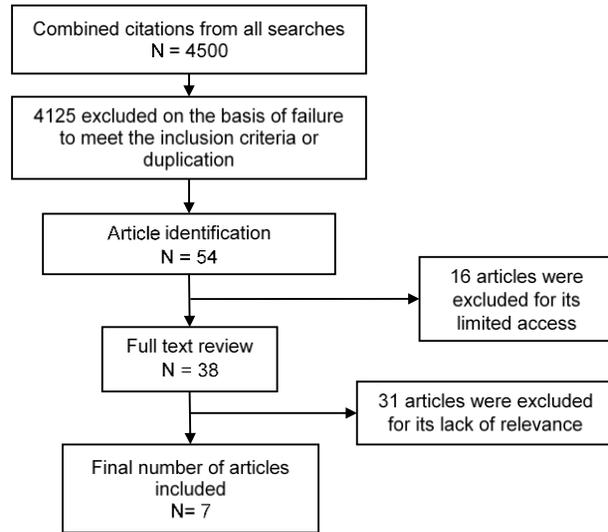


Figure 1 Search and Selection Article Process

After synthesizing and performing content analyses of the research literature, 7 articles were reviewed to explore the implementation of breastfeeding policies.

Table 1 Article Review

Author, Year and Title	Purpose	Method	Output
Ismiati <i>et al</i> (2019) Participation in Pregnant Mother Class and Implementation of Exclusive Breastfeeding in Betungan Community Health Center, Bengkulu	Obtain in-depth information about the implementation of prenatal class on exclusive breastfeeding at community health center	Qualitative research design using Rapid Assessment Procedures, which is a qualitative approach or study	Numerous factors contribute to the pregnant mother class's lack of involvement in promoting exclusive breastfeeding. The success of exclusive breastfeeding among larger informants can be attributed to the practices of maternity providers and the post-maternal settings that benefit both the mother and the child. It is anticipated that the maternal and child health program will be able to periodically assess the prenatal class.

Author, Year and Title	Purpose	Method	Output
<p>Cameron S, <i>et al</i> (2023)</p> <p>Exclusive Breastfeeding: Impact of Breastfeeding-Friendly Support in The Workplace</p>	<p>Explore the impact of breastfeeding-friendly support on the intention of working mothers to continue breastfeeding, we conducted a survey at a female labor-intensive electronics manufacturer in Taiwan</p>	<p>A structured questionnaire survey</p>	<p>The use of breast pumping breaks, a lesser workload, a dedicated lactation room, encouragement from coworkers and supervisors to utilize breast pumping breaks, and a higher education level were all significant predictors of continuing breastfeeding for more than six months after returning to work. According to the current study, companies should set up designated breastfeeding rooms and keep a tidy and comfortable environment in order to promote and raise the rate of sustained breastfeeding.</p>
<p>Hua L, <i>et al</i> (2020)</p> <p>A survey on the implementation of breastfeeding in the state of mother infant separation</p>	<p>Investigate the current situation of the implementation of breastfeeding in the state of mother infant separation in 75 hospitals in China, based on the evidence-based guidelines for breastfeeding of hospitalized newborns (hereinafter referred to as the guidelines)</p>	<p>A quantitative study using questionnaires to compare the implementation of breastfeeding after separation of mother and infant</p>	<p>The majority of the evidence-based recommendations for nursing hospitalized newborns in China are based on pertinent international standards. The considerable variations in the economies and policies of China's many regions present certain challenges for the recommendations' implementation. In order to enable the adoption of reference standards by hospitals at all levels, China should establish a national standard that is in conformity with national conditions in order to improve the success rate of breastfeeding separation between mother and newborn.</p>

Author, Year and Title	Purpose	Method	Output
<p>Balusamy, P (2021)</p> <p>Effectiveness of Structured Teaching Program in Terms of Knowledge regarding Exclusive Breast Feeding among Antenatal Mothers in Selected Hospitals, Bareilly, UP: A Pre-Experimental Study</p>	<p>Evaluate the effectiveness of structured teaching program in terms of knowledge regarding exclusive breast feeding among antenatal mothers.</p>	<p>A pre-experimental one group pre-test post-test study among antenatal mothers, attending gynecology/obstetrics outpatient department (OPD) in Rohilkhand Medical College and Hospital, Bareilly (U.P.).</p>	<p>The study's findings demonstrated the effectiveness of a structured teaching program on antenatal mothers' knowledge of exclusive breastfeeding, with the mean post-test knowledge score (13.72 ± 2.351) being higher than the mean pre-test knowledge score (8.43 ± 3.077) with a mean difference of 5.29. During the prenatal stage, moms need to be made aware of and educated about exclusive breastfeeding. An organised education programme aids in improving expectant moms' understanding of exclusive breastfeeding.</p>
<p>Bailey, <i>et al</i> (2021)</p> <p>Breastfeeding rates among Black participants in a remote hypertension monitoring/community-based doula partnership study</p>	<p>Adapt the preexisting remote monitoring based postpartum hypertension program to include community-based doula support with lactation counseling to increase breastfeeding rates in a Black urban community in Wisconsin.</p>	<p>A prospective feasibility study at a single academic center from 1/2021-12/2022</p>	<p>After the 6-week postpartum intervention, 63% of patients were exclusively nursing, and 79% of patients were still breastfeeding in some capacity. At six weeks postpartum, every person who started nursing was still doing so. Moreover, two patients switched from formula to donor milk throughout the six-week postpartum period, but no patients were using donor milk at the time of discharge. In fact, among a patient population with historically low breastfeeding rates, community doula support can boost exclusive breastfeeding rates after hospital release in addition to supporting breastfeeding initiatives established in the hospital.</p>

Author, Year and Title	Purpose	Method	Output
<p>Sihombing and Mendrofa (2022)</p> <p>Factors Related to Exclusive Breastfeeding among Working Mothers in Kemenahan Tani District, Medan Tuntungan District</p>	<p>Analyzing factors which is related to providing exclusive breastfeeding to working mothers in Selamat Tani Village Medan Tuntungan District</p>	<p>A sequential explanatory design method. Quantitative samples were taken using multistage sampling on ninety-two breastfeeding working mothers who have children aged 0-2 years in Victor Tani Village. qualitative research with In-depth Interview to the nutrition program manager of the health office, head of relations industrial manpower and transmigration office, head of women's empowerment and child protection, holder of the nutrition program at the Medan Tuntungan Health Center, workplace leaders, and Focus Group Discussion (FGD) respondents, namely working mothers who breastfeed</p>	<p>The findings of the qualitative study clarify that there are still numerous barriers to the adoption of the exclusive breastfeeding policy in the workplace, including a lack of socialization, a lack of funding, staff, and specific facilities. The absence of a special regulation on exclusive breastfeeding in the workplace led to the conclusion that the exclusive breastfeeding policy for working moms in Victory Tani Village, Medan Tuntungan Sub-district, had not been applied correctly.</p>
<p>Suci, <i>et al</i> (2023)</p> <p>Policy Implementation of Stunting Prevention in Solok Selatan Regency</p>	<p>Analyze the implementation of stunting prevention policies in Solok Selatan Regency.</p>	<p>A descriptive qualitative approach with primary and secondary data. This research was carried out in Solok Selatan Regency, to be precise, in all Regional Apparatus Organizations (RAOs) involved in preventing malnutrition.</p>	<p>Every RAO implements stunting prevention policies in accordance with their jurisdiction. Nevertheless, the goals of this program have not been realized to the fullest extent. The lack of system development by the regional administration, inadequate communication and cooperation amongst RAOs, and educational and economic considerations are the causes of this.</p>

The results of the literature review analysis show various factors that cause exclusive breastfeeding to be not optimal. The implementation of the exclusive breastfeeding policy in the workplace has been implemented but still faces various obstacles and has not achieved the expected policy objectives.

DISCUSSION

The results of the analysis of the suitability of topics, objectives, methods and outcomes in the articles studied show that the entire article explains how exclusive breastfeeding can

be implemented and the implementation of the exclusive breastfeeding policy experiences various obstacles so that the policy objectives have not been achieved optimally. Mother's knowledge, working mother, husband's support and family support play an important role in the success of exclusive breastfeeding¹¹. The factors that influence the provision of exclusive breastfeeding to working mothers include lack of socialization, lack of supporting facilities, and the implementation of special policies regarding exclusive breastfeeding in the workplace^{12,13}.

The existence of a special policy relating to exclusive breastfeeding is one strategy that can increase the coverage of exclusive breastfeeding. WHO recommends having a written infant feeding policy that is regularly communicated to staff and parents to support newly mothers giving exclusive breastfeeding during first 6-months of baby's life¹⁴. Strong and obvious national leadership as evidenced by funds, legislation, and policies has proven to be key to successful implementation of health policies. At the federal level, the importance of the laws pertaining to the code, the support and culture of the administration and leadership, and the provision of sufficient resources for the adoption and application of the breastfeeding policy¹⁵.

Policy implementation at the implementing level is carried out based on their jurisdiction. Even so, communication between policy implementers still needs to be improved. Lack of system development, inadequate communication and coordination between implementers as well as low educational and economic levels cause policy implementation at the lowest level of government to be suboptimal. It is necessary to improve the integrated policy implementation system between components so that communication and coordination of policy implementation can be carried out according to objectives¹⁶. The bureaucratic structure regulates how policies are implemented, mechanisms or standard implementation procedures and the division of work within the implementing organization¹⁷. In relation to exclusive breastfeeding, the policy implementers involved include the government, employers, health facilities and the community.

Pregnant mother classes are one of the policies that play a role in increasing the success of exclusive breastfeeding. Participation in pregnant mother classes has a positive and significant impact on the success of exclusive breastfeeding. Therefore, it is important for pregnant women to attend pregnant mother classes that are available at health centers or other health facilities¹⁸⁻²⁰. However, many things prevent pregnant mothers' classes from effectively promoting exclusive breastfeeding. Furthermore, successful breastfeeding happens more often when mothers have access to supportive maternity providers and helpful after-birth environments²¹. Prenatal education programs demonstrably

enhance pregnant women's knowledge about breastfeeding, potentially optimizing initiation and continuation rates through targeted support by perinatal healthcare providers^{11,22-24}. Prenatal interventions can enhance mothers' confidence in breastfeeding and proactively address common breastfeeding challenges encountered during the postnatal period^{25,26}. Studies indicate that educational interventions combining knowledge acquisition with practical skills training improve mothers' ability to maintain exclusive breastfeeding²⁷.

Mothers' breastfeeding practices are significantly shaped by cultural beliefs, traditions, and socioeconomic factors. To improve these practices, healthcare professionals must design infant feeding education and intervention programs that are culturally sensitive and acknowledge socioeconomic realities. Integrating knowledge of local and cultural values into healthcare education is crucial for providing culturally congruent care to mothers²⁸. Understanding the local context, including shared values, is crucial for designing effective interventions to address stunting²⁹. However, Limited access to educational resources for both mothers and healthcare providers, or economic factors that prevent families from accessing proper nutrition for their children, can hinder stunting prevention program success¹⁶.

Despite strong central government support, implementing stunting reduction policies effectively across all levels proves challenging. Lower administrative levels often struggle with limited staff capacity, weak coordination, and a lack of local commitment, ultimately placing the burden back on the healthcare sector. Additionally, poor data quality and a superficial understanding of programs hinder progress. To overcome these hurdles, experts recommend strengthening leadership, funding, communication, and coordination across all levels. Improved data collection and holding relevant agencies accountable are also crucial. Furthermore, successful interventions involve a multi-sectoral approach that includes healthcare, education, and community involvement. Prioritizing family planning services, premarital education, and early prenatal care for women is particularly important³⁰⁻³². Examples from East Lombok Regency showcase the effectiveness of collaborative efforts between government, NGOs, universities, and international organizations. By mapping high-risk areas, strengthening regulations, fostering community participation, and implementing collaborative education programs, significant reductions in stunting and wasting rates were achieved. Moving forward, recommendations include further strengthening community engagement, improving governance structures, and promoting comprehensive nutrition education across various sectors. Through these combined efforts, we can accelerate progress towards a future with reduced stunting rates³³.

CONCLUSION

Increasing administrative capacity, cross-sector support, adequate communication and coordination as well as increasing government commitment in implementing policies are the keys to successful implementation of exclusive breastfeeding policies. This research focuses on describing the implementation of exclusive breastfeeding policies and how to deal with obstacles to exclusive breastfeeding. Further research is needed to determine the effective implementation of exclusive breastfeeding policies in a broader setting.

ACKNOWLEDGEMENTS

This study is supported by Universitas Jenderal Soedirman as the source of funding for this study.

REFERENCES

1. Unicef Indonesia. SDG DAN ANAK-ANAK. 2016.
2. Meek JY, Noble L. Policy Statement : Breastfeeding and the Use of Human Milk. 2022;150(1):1–15.
3. Muliawan A, Fauziah DA, Nurdianyah A, Sukmawati ASD, Sholihin MR. Handling Stunting as a Management Community Service. *Rec J Loyal Community Dev.* 2024;1(1):27–32.
4. Masyudi M, Mulyana M, Rafsanjani TM. Dampak pola asuh dan usia penyapihan terhadap status gizi balita indeks BB/U. *AcTion Aceh Nutr J.* 2019 Dec;4(2):111.
5. Efendi S, Sriyannah N, Cahyani AS, Hikma S, K K. Pentingnya Pemberian Asi Eksklusif Untuk Mencegah Stunting Pada Anak. *Idea Pengabd Masy.* 2021;1(02):107–11.
6. Heiman HJ, Smith LL, Mckool M, Mitchell DN, Bayer CR. *Health Policy Training : A Review of the Literature.* 2015;(August):1–12.
7. As A, Mahsyar A, Malik I. Implementasi Kebijakan Kesehatan Masyarakat Dalam Upaya Menurunkan Angka Kematian Ibu Dan Bayi (Studi Kasus Di Kabupaten Bulukumba Dan Takalar). *JPPM J Public Policy Manag.* 2020;1:2715–952.
8. Helda H. Kebijakan Peningkatan Pemberian ASI Eksklusif. *Kesmas.* 2009;3(5).
9. Gusmelia I, Lipoeto NI, Hardisman H. Implementasi Kebijakan Penyediaan Ruang Menyusui di Kota Padang. *J Kesehat Andalas.* 2019;8(1):151.
10. Direktorat Statistik Kesejahteraan Rakyat Badan Pusat Statistik. *Profil Kesehatan Ibu dan Anak 2022.* Direktorat Statistik Kesejahteraan Rakyat Badan Pusat Statistik, editor. Badan Pusat Statistik. Jakarta, Indonesia: Badan Pusat Statistik; 2023. 405 p.
11. Balusamy P. Effectiveness of Structured Teaching Programme in Terms of Knowledge regarding Exclusive Breast Feeding among Antenatal Mothers in Selected Hospitals, Bareilly, UP: A Pre-Experimental Study. *Turkish Online J Qual Inq.* 2021;12(6).
12. Sihombing F, Mendrofa EV. Faktor Yang Berhubungan Dengan Pemberian Asi Eksklusif Pada Ibu Bekerja Di Kelurahan Kemenangan Tani Kecamatan Medan Tuntungan. *J Heal Educ.* 2022;3(1).
13. Maharlouei NMD, Pourhaghighi AM student, Raeisi Shahraki HP, Zohoori DMD, Lankarani KBMD. Factors Affecting Exclusive Breastfeeding, Using Adaptive LASSO Regression. *Int J community based Nurs midwifery.* 2018 Jul;6(3):260–71.
14. World Health Organization. *Ten Steps to Successful Breastfeeding.* Nutrition and Food Safety. 2020.
15. Esbati A, Taylor J, Henderson A, Barnes M, Kearney L. Perspectives about the baby friendly hospital/health initiative in Australia: an online survey. *Int Breastfeed J.* 2020 Dec;15(1):23.
16. Suci EW, Yusran R, Adnan MF, Alhadi Z. Policy Implementation of Stunting Prevention in Solok Selatan Regency. *Sci Environ J Postgrad.* 2023;5(2):127–32.
17. Laary Y. Implementasi Kebijakan Keamanan dan Ketertiban di Desa Baru Kecamatan Ibu Selatan Kabupaten Halmahera Barat. *J Adm Publik.* 2022;VIII(120):60–8.
18. Nafisah L, Sistirani C, Masfiah S. Faktor-Faktor Yang Berhubungan Dengan Partisipasi Kader Dalam Kelas Ibu Hamil Di Kecamatan Sokaraja Kabupaten Banyumas. *Kesmas Indones Vol 8 No 2 J Kesmas Indones [Internet].* 2016 Jul 30; Available from: <https://jos.unsoed.ac.id/index.php/kesmasindo/article/view/142>
19. Maulida I, Umriaty U, Dina IS, Zulfiana E. Pengaruh Keikutsertaan Kelas Ibu Hamil Terhadap Peningkatan Ketrampilan Ibu Nifas Dalam Pemberian Asi Eksklusif Di Kecamatan Margadana Kota Tegal Tahun 2017. *J Kebidanan.* 2018;7(1):47.
20. Faizah JN, Fitriahadi E. The Correlation between Working Mothers and Exclusive Breastfeeding. *J Heal Stud.* 2019;3(2):62–8.
21. Ismiati I, Lubis Y, Susmini S. Participation in Pregnant Mother Class and Implementation of Exclusive Breastfeeding in Betungan Community Health Center, Bengkulu. *J Matern Child Heal.* 2019 Jan 1;04:30–9.
22. Truva T, Valasoulis G, Pouliakis A, Gkorezi-Ntavela I,

- Pappa D, Bargiota A, et al. The Effect of a Structured Individualized Educational Intervention on Breastfeeding Rates in Greek Women. *Int J Environ Res Public Health*. 2021 Oct;18(21).
23. Berwick M, Louis-Jacques AF. Prenatal Counseling and Preparation for Breastfeeding. *Obstet Gynecol Clin North Am*. 2023 Sep;50(3):549–65.
 24. Schwarz EB, Hoyt-Austin A, Fix M, Kair LR, Iwuagwu C, Chen MJ. Prenatal Counseling on the Maternal Health Benefits of Lactation: A Randomized Trial. *Breastfeed Med Off J Acad Breastfeed Med*. 2024 Jan;19(1):52–8.
 25. Shafaei FS, Mirghafourvand M, Havizari S. The effect of prenatal counseling on breastfeeding self-efficacy and frequency of breastfeeding problems in mothers with previous unsuccessful breastfeeding: a randomized controlled clinical trial. *BMC Womens Health*. 2020 May;20(1):94.
 26. Huang P, Yao J, Liu X, Luo B. Individualized intervention to improve rates of exclusive breastfeeding: A randomised controlled trial. *Medicine (Baltimore)*. 2019 Nov;98(47):e17822.
 27. Huda MH, Chipojola R, Lin YM, Lee GT, Shyu M-L, Kuo S-Y. The Influence of Breastfeeding Educational Interventions on Breast Engorgement and Exclusive Breastfeeding: A Systematic Review and Meta-Analysis. *J Hum Lact Off J Int Lact Consult Assoc*. 2022 Feb;38(1):156–70.
 28. Lundberg PC, Ngoc Thu TT. Breast-feeding attitudes and practices among Vietnamese mothers in Ho Chi Minh City. *Midwifery [Internet]*. 2012;28(2):252–7. Available from: <https://www.sciencedirect.com/science/article/pii/S0266613811000313>
 29. Moreno JM, Chapman AJ, Ebido CC, Sougou NM, Diallo AH, Tening RN, et al. Local contextual factors of child stunting found via shared values of stakeholder groups: an exploratory case study in Kaffrine, Senegal. *Public Health Nutr [Internet]*. 2023/06/08. 2023;26(11):2418–32. Available from: <https://www.cambridge.org/core/product/6E2BA48C7A5E34E58051AB563D64D723>
 30. Herawati DMD, Sunjaya DK. Implementation Outcomes of National Convergence Action Policy to Accelerate Stunting Prevention and Reduction at the Local Level in Indonesia: A Qualitative Study. *Int J Environ Res Public Health*. 2022 Oct;19(20).
 31. Syafrawati S, Lipoeto NI, Masrul M, Novianti N, Gusnedi G, Susilowati A, et al. Factors driving and inhibiting stunting reduction acceleration programs at district level: A qualitative study in West Sumatra. *PLoS One*. 2023;18(3):e0283739.
 32. Hanifah FD, Syahrizal. Implementation of Stunting Prevention Program in Indonesia: Literature Review. *Media Publ Promosi Kesehat Indones [Internet]*. 2024 May 1;7(5 SE-Review Article):1183–91. Available from: <https://jurnal.unismuhpalu.ac.id/index.php/MPPKI/article/view/5205>
 33. Taofik J, Samudra A, Satispi E. Implementation Of Stunting Reduction Regulations And Policies In East Lombok Regency, Indonesia. *J Law Sustain Dev*. 2024 Feb 19;12:e3233.