

# In\_Organizational\_Levels\_To\_Su pport\_Exclusive\_Breastfeeding.p df

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# QUALITATIVE APPROACHES IN ORGANIZATIONAL LEVELS TO SUPPORT EXCLUSIVE BREASTFEEDING

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**ABSTRACT:** Organizational collaboration in increasing exclusive breastfeeding is expected to be able to improve the provision of the best nutrition early in a baby's life. This research design used a case study using taxonomic analysis to explore the extent of organizational support in increasing exclusive breastfeeding. Determination of the research sample using purposive sampling, where a total of 9 people, 4 people from the village government and 5 from the puskesmas, participated; These 5 people have experience on the issue of exclusive breastfeeding in the village and 4 people are policy makers in the village. Based on the results of in-depth interviews and focus group discussions, health workers provide rich statements calm organizational collaboration in increasing exclusive breastfeeding. Two main themes were identified, 1) barriers to exclusive breastfeeding and 2) drivers of exclusive breastfeeding policies. During the interview process and focus group discussions with health service center staff, they stated that the barriers to exclusive breastfeeding were community lifestyles and the direct role of village government. The village government also added that assistance to mothers was still minimal from health workers. During the interview process and focus group discussion several informants revealed that a cooperation agreement needs to be made so that the roles and responsibilities of the village government and the health service center are clear. This aims so that the village government can play an active role directly in increasing exclusive breastfeeding in the region. The establishment of a cooperation agreement between the village government and the health service center can increase each other's responsibilities and roles in increasing exclusive breastfeeding.

**KEYWORDS:** Organizational collaboration, exclusive breastfeeding, Qualitative Approaches

## I. INTRODUCTION

More than 10 million children under five years die due to ineffective breastfeeding. The World Health Organization (WHO) and the United Nations Children's (UNICEF) recommend that mothers breastfeed their babies one hour after birth, and breastfeed exclusively for six months and continue to breastfeed for two or more years [1]. Breast milk is the ideal food, providing all nutrients, including vitamins and minerals that babies need so there is no need for fluids or other foods. The world health assembly has set a goal to increase exclusive breastfeeding to at least 50% by 2025 [2] In line with the timeline of sustainable development which has explicit goals and targets for important aspects of breastfeeding. The involvement of all levels of the organization globally by building partnerships between non-governmental organizations, academic institutions and donors is expected to accelerate progress and the goal of success in giving exclusive breastfeeding and continued breastfeeding for two years [3]–[5].

Many studies that report duration or maintain longer breastfeeding require support not only in the internal scope of the mother, but the external scope also affects the mother in maintaining breastfeeding for infants. Promotion of formula milk, working mothers, baby's condition, lack of support, lack of assistance, limited information and

education are the main reasons to replace breast milk with other fluids or foods prematurely. Many data confirm that various ways have been done to increase exclusive breastfeeding, but this has not been fully able to increase the awareness of mothers and families of the importance of exclusive breastfeeding [6]–[9].

Support from all parties is not only health workers, but the direct involvement of local governments is expected to be able to provide motivation and support to mothers and families in increasing exclusive breastfeeding. Some obstacles that exist so far are not in line between the policy makers and the implementers of the policies . While we know collaboration between the government as a policy maker and health workers as the executor of the policy is able to strengthen provide reinforcement in the success of exclusive breastfeeding in the community. The number of industries and the increasing circulation of formula milk especially children under six months are a concern for the future of children who have been given formula milk early. Therefore this study aims to explore the extent of the role of organizations in supporting exclusive breastfeeding [10], [11].

**II. METHOD**

This research design uses case studies to explore the extent of organizational support in increasing exclusive breastfeeding. The case study developed by Creswell is a type of descriptive approach to investigating and understanding an event or problem that has occurred by gathering various kinds of information which are then processed to obtain a solution so that the problems expressed can be resolved. The case study research method examines a particular case or phenomenon that exists in society that carried out in depth to study the background circumstances, and interactions that occur. Case studies are carried out on a system that can be in the form of a program, activity, event, or group of individuals that exist in certain circumstances or conditions [12], [13].

Broadly speaking, case studies are required to make careful planning to determine the place, participants, and start data collection. This plan is emergent or changes and develops according to changes in findings in the field. The design of the case study is cyclical because the purposive sampling, data collection and data analysis are carried out simultaneously and are interactive steps rather than fragmented. The group studied is a socio-cultural unit that is scientific and interacts individually or in groups.

The selection of case study methodology is important as a descriptive approach in examining the extent of the role of organizations in exclusive breastfeeding where empirical research is rarely used. Yin developed a framework for analyzing data in arranging stages in case study research through a fact and reality approach. This research was approved by the ethical committee of the Faculty of Public Health, Hasanuddin University (Number: 24219052099),.

**Participant**

Village Government and Community Health Center in Bontobangun Village, Rilau Ale District, Bulukumba Regency, South Sulawesi Province, Indonesia. Before starting the interview, prospective participants were confirmed face-to-face and given written statements, informed consent was obtained directly by the principal investigator. A comprehensive demographic profile is presented in table 2 below. In total, 8 people, 4 from the village government and 5 from the puskesmas, participated; These 5 people have experience on the issue of exclusive breastfeeding in the village and 4 people are policy makers in the village.

Demografic Variables	Participan numbers
Gender	
Female	5
Male	4
Age Responden	
22 to 30	3
31 to 40	1
41 to 50	5

**Data Collection**

This study adopted the attitude of a case study to examine the extent of information provided by participants to the interview during the interview process and focus group discussion (FGD). Where both these processes provide guidance and uncover specific cases and look for solutions to the problem [14]–[16]. Constructing the descriptive characteristics of a case construction must be complex. The opening question was "have you ever carried out comprehensive socialization and built cooperation with the village government in disseminating

information regarding exclusive breastfeeding to the community?". The head of the puskesmas gave an answer and then explained that information related to exclusive breastfeeding has often been given to mothers when attending pregnant mothers classes, but building cooperation or directly involving the village government in disseminating information related to exclusive breastfeeding went well. The interviewer can offer a variety of strategies and problem assessments to enrich the emerging descriptive, at which time the health workers and the village government are able to describe their experience and understanding of exclusive breastfeeding. The wealth of description is that health workers are able to explain the events or events that are faced in providing understanding to the community of the importance of exclusive breastfeeding which outlines the obstacles faced and requires joint problem solving. The case study research process in general cannot be studied in depth if it only uses "what" and "how" questions so that researchers' creativity is needed to work comprehensively and holistically.

To improve the strategy in gathering information the interviewer can make field notes, recorded events, and the results of thoughts before the interview and FGD to informants related to exclusive breastfeeding. The study journal review facilitates to reduce excess thinking before and after the interview results are collected. In this qualitative study the method used in determining the sample is purposive sampling. Giorgi revealed that sample size was not a priority compared to descriptive wealth, a sufficient and varied number of participants was very important to identify the results of interviews conducted by the interviewer. To anticipate a larger sample size, researchers determine the sample using a purposive sampling method. The selection and recruitment is done to ensure that any differences of opinion can explain each question related to exclusive breastfeeding can be answered based on the facts and experience of participants.

### III. DATA ANALYSIS

Data analysis in this study uses taxonomic analysis in the case study approach. In qualitative research this taxonomy is a continuation of domain analysis [17]. Data collection is carried out continuously through observation, in-depth interviews and documentation so that the data collected becomes a lot. If the data collected is considered to be insufficient, the researchers here can re-submit data with more specific data criteria. The steps taken in this taxonomic analysis are seven stages namely; (1) Choosing a taxonomic domain; (2) Analyzing similarities based on systematic relationships that are considered equal; (3) Analyzing terms considered as additional languages; (4) Identifying the larger domain that is considered comprehensive and important to support the domain being analyzed; (5) Arranging tentative taxonomic construction; (6) compile observational steps focused on analysis; and (7) making a complete taxonomic design.

### IV. RESULTS

Through the results of in-depth interviews, the Head of the Community Health Center and several health workers in the field of nutrition and KIA gave statements related to their experience in providing information about exclusive breastfeeding to mothers and families for years. Two themes were identified (1) Barriers to exclusive breastfeeding, and (2) Drivers of exclusive breastfeeding policies. During the interview and focus group discussion (FGD) process to the village government and puskesmas staff, they stated that so far the process of exclusive breastfeeding was acknowledged not running optimally and had not received more attention from the government, as can be seen in the following taxonomic chart:

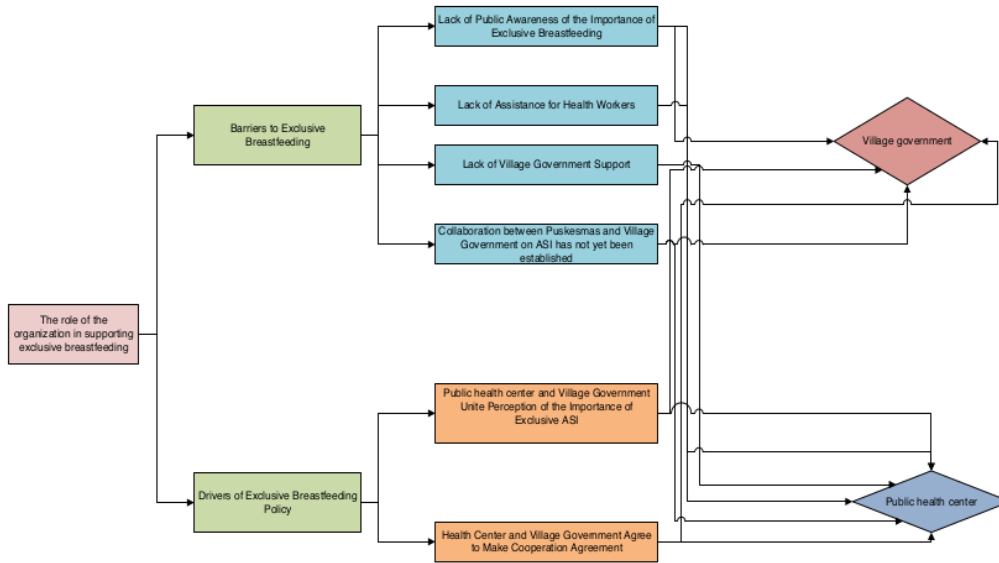


Chart 1. The Role of Organizations in Supporting Exclusive Breastfeeding

15

Barriers To Exclusive Breastfeeding

Barriers related to exclusive breastfeeding expressed by the informant one of which is the lack of awareness from the public about the importance of exclusive breastfeeding: the following excerpt statement with the informant:

"The village community is not much different from the urban community whose thinking is modern, they mostly prefer to give formula milk instead of giving milk to their children ..."

(Midwife. RH, 27 Years)

"... the community here, especially grandmothers, sometimes influences mothers to give formula milk to their grandchildren, especially if their grandchildren are already crying ..."

(Midwife. EV, 22 Years)

The statement of the informant above was justified by the informant from the Head of the Puskesmas who revealed the following: Chart 1. The Role of Organizations in Supporting Exclusive Breastfeeding

"... we recognize that the lifestyle of the people in the village 2010 has matched the lifestyle of the urban community, formula milk has even become a trend of rural communities ..."

(Head of health center MW, 39 Years)

The lack of assistance for health workers is also seen as a barrier to information on exclusive breastfeeding to the community. The following informant quote:

"... many people still lack information about exclusive breastfeeding because midwives rarely can assist if they have problems related to breastfeeding ..."

(SY, 44 years old)

"... the minimal role of health workers directly to mothers who make solutions to their problems if babies cannot breastfeed formula milk ..."

(MA, 44 years old)

This was confirmed by the following informants:

"... We realize that there is still very little in terms of assistance to mothers, there are several obstacles to us because our workload is not just one midwife so that we cannot effectively provide assistance ..."

(Midwife coordinator. YL, 46 Years)

Even so, there are many ways that can be done to provide information to mothers and their families, such as during pregnant mother classes and posyandu activities. The following excerpt from an interview with the informant:

*"... even though we don't provide assistance to mothers, sometimes we convey information related to breastfeeding during pregnant mother classes or posyandu activities in the village ..."*

(Nutrition coordinator, NNI, 43 Years)

Apart from the effective assistance process, this obstacle to exclusive breastfeeding is also caused by the lack of support from the village government. The lack of support from the village government is because the village government feels that health issues are the full responsibility of the Puskesmas. The following is an interview excerpt from the informant:

*"... so far we have only resolved health problems in the village, so far the village government has not played an active role in the community's health problems ..."*

(Midwife. SR 30 Years)

A slightly different matter was expressed by the following informant:

*"... actually the village government is also involved in solving health problems, but it does not directly provide understanding to the community, the government submits for full service to the puskesmas ..."*

(Midwife coordinator. YL, 46 Years)

The same is confirmed by the following informants:

*"... We have been giving up all health problems to the puskesmas because the one who knows better is the puskesmas"*

(Village secretary, MA, 44 Years)

Some of these obstacles in the FGD (focus group discussion) process revealed that not yet developed good cooperation between the puskesmas and the village government became the delegation of responsibility for health issues, especially exclusive breastfeeding, focusing only on health workers. The following excerpt statement from the informant:

*"... we realize that the intense communication to the village government is the cause of the lack of cooperation in solving health problems in the village, especially in providing exclusive breastfeeding ..."*

(Head of health center MW, 39 Years)

Similar information was also expressed by the following informants:

*"... the village government has never thought that the issue of exclusive breastfeeding is a concern, so far we think the problem of breastfeeding in the community can be resolved because it is just a matter of habit ..."*

(Head of village. AM, 50 years)

*"... we realize that the weak collaboration with the puskesmas in resolving the issue of exclusive breastfeeding can be fatal in the future."*

(US, 47 years)

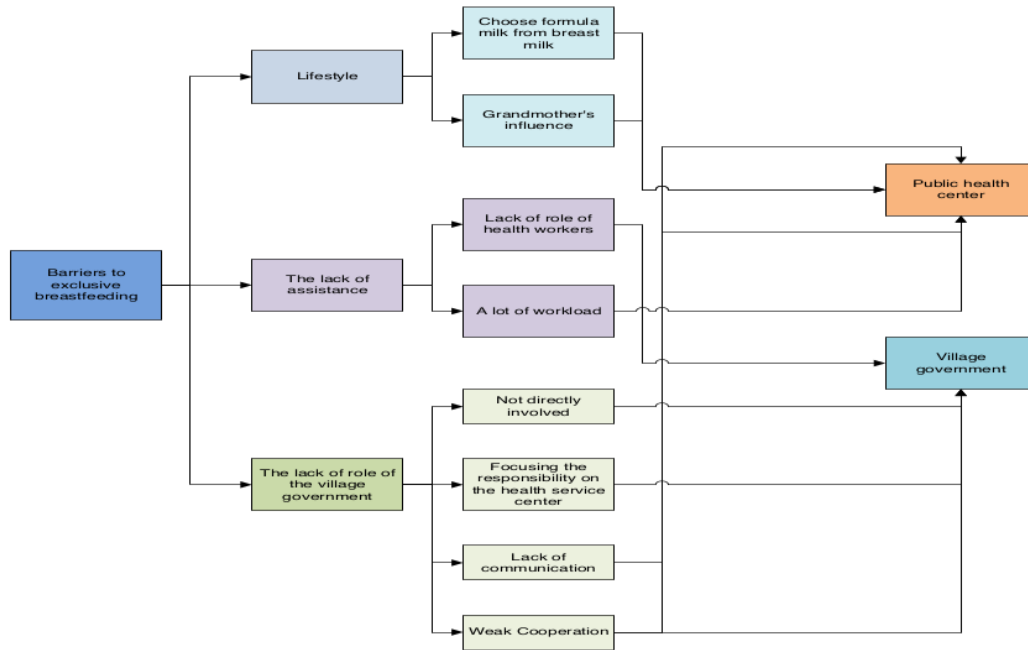


Chart 2. Barriers to Exclusive Breastfeeding

**Drivers Of Exclusive Breastfeeding Policy**

Efforts to increase exclusive breastfeeding from mothers to infants are considered important, although most of these issues have not been fully addressed by the village government in particular. Public health center as the frontline in improving health services to mothers and children realize that breastfeeding early in the baby's life for up to six months can provide the best nutrition for babies. However, this is not fully understood by the community and village government, so formula feeding is the main choice if there are obstacles in exclusive breastfeeding. Departing from these problems in the FGD (focus group discussion) process, the informant revealed the following:

"... ASI is important for children, so it is necessary to solve common problems in providing understanding to the community ..."

(Midwife. SR, 30 Years)

"... cooperation needs to be established between the puskesmas and the village in resolving the issue of exclusive breastfeeding in the village of Bontobangun ..."

(Midwife coordinator. YL, 46 Years)

"... as long as we know that breast milk is important, but without realizing it turns out breast milk has not been fully given to babies ..."

(SY, 44 years old)

This was also confirmed by the following informant:

"... addressing issues related to exclusive breastfeeding, there needs to be a division of roles and responsibilities between the puskesmas and the village government ..."

(US, 47 years old)

Starting from the problem of the community's lack of understanding about the benefits of exclusive breastfeeding and the absence of a direct role from the village government, the following informant emphasized:

"... because together we consider ASI important then there needs to be an agreement between the village government and the health center regarding the division of tasks, roles and responsibilities in the success of exclusive breastfeeding without formula milk anymore ..."

(Head of village. AM, 50 years)

With the establishment of the same perception of the importance of exclusive breastfeeding, the FGD (focus group discussion) results in a joint agreement to make an agreement in the success of exclusive breastfeeding. The following are the results of the interview with the informant:

"... if in the future we agree to increase exclusive breastfeeding, it is necessary to build intense cooperation not only to focus on pregnant women but until breastfeeding for at least 6 months ..."

(Midwife coordinator. YL, 46 Years)

"... if you want to make exclusive breastfeeding successful, you need to make a cooperation agreement so that legal cooperation can be developed between the village government and the public health center."

(US, 47 years)

The statement above was confirmed by the following informant:

"... we will support this increase in exclusive breastfeeding by collaborating with Puskesmas. In order to clarify the duties and responsibilities of each, there needs to be a division of tasks legally and clearly so that later they do not throw up responsibilities .."

(Head of village. AM, 50 years old)

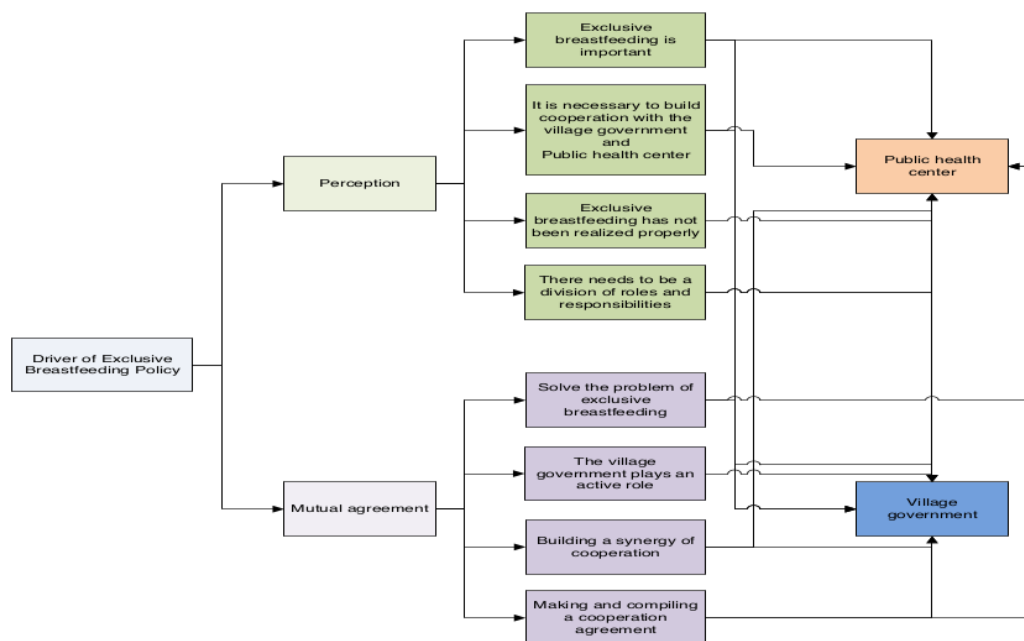


Chart 3. Drivers of Exclusive Breastfeeding Policy

From the above statement, it is exactly September 18, 2019 that the cooperation agreement related to exclusive breastfeeding in Bontobangun Village, Rilau Ale District, Bulukumba Regency is officially valid and implemented jointly between the government of Bontobangun Village and the Bontobangun Community Health Center. The process of preparing the memorandum of cooperation agreement can be seen in the following matrix:

**Matrix 1. Drafting Process of the Bontobangun Village Government and Community Health Center Cooperation agreement**

No.	Subject	Description
1.	Purpose of Agreement	<ul style="list-style-type: none"> <li>a. Guarantee the implementation of Village Regulations related to Exclusive ASI.</li> <li>b. Clarify the duties and responsibilities of the Village Government and Public health center</li> <li>c. Ensuring synergy between the Public health center and the village government</li> </ul>
2.	Benefits of the Agreement	<ul style="list-style-type: none"> <li>a. Increased education related to exclusive breastfeeding.</li> <li>b. Increasing the effectiveness and efficiency of counsel to mothers, fathers, families and organizational groups that do not understand the benefits of breastfeeding and the negative impact of infant formula feeding.</li> <li>c. Restricting the use of formula milk to babies in the village without medical indication.</li> <li>d. The establishment of a network of cooperation and synergy between the Village Government and the Bontobangun Community Health Center in form guidance, supervision and evaluation</li> </ul>
3.	Agreement Form	Cooperation agreement (MOU) in writing
4.	Dissemination Deal	<ul style="list-style-type: none"> <li>a. Socialization to the community and traders who sell formula milk and are in the Bontobangun Village area.</li> <li>b. Internal meetings conducted by their respective institutions namely the village government with its members and puskesmas with puskesmas health workers.</li> </ul>

**V. DISCUSSION**

Early breastfeeding is a form of fulfilling a baby's right by providing the best nutrition at the beginning of his life [18], [19]. However, the current condition of many people, especially mothers, husbands and families who do not understand this, making it easier to choose formula milk and stop breastfeeding early [20]–[22]. This research explores the extent of the role of organizations in this case the village government and health centers related to exclusive breastfeeding. Some of the obstacles expressed by informants emphasize the lack of awareness of the public about the importance of exclusive breastfeeding, lack of assistance of health personnel, lack of government support of the village, and yet the establishment of cooperation between public and relevant village government breast milk.

Departing from <sup>6</sup> Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning exclusive breastfeeding article 5 (a) states that the government's responsibility is to implement national policies in the context of exclusive breastfeeding; (b) carry out advocacy and outreach programs on exclusive breastfeeding; (g) develop cooperation with other parties in accordance with statutory provisions and (h) provide access to information and education for the administration of exclusive breastfeeding. From this explanation clearly illustrated the responsibilities of the local government especially the village government [23].

Departing from these regulations, each region should have implemented a strategy that is able to change the negative perspective of the community on the issue <sup>7</sup> of exclusive breastfeeding. Reviewing this reality local governments need to understand the problem of the low level of exclusive breastfeeding in the region. Building a synergy of cooperation by bringing together thoughts and perceptions between local government and health services on the importance of exclusive breastfeeding will help to succeed the success of exclusive breastfeeding programs in a region.

Several literature studies conducted in several regions in Indonesia revealed that most of the regions have enforced policies on exclusive breastfeeding, but this has not been able to increase exclusive breastfeeding properly so that collaboration in advocating for cross-interests between government and service providers is very important. The governance model in this study by involving the village government indirectly in collaboration with the puskesmas is considered capable of increasing the self efficacy of breastfeeding exclusively based on the roles and interests of the actors [24], [25].

Research in Kenya proves that the potential of public health workers in promoting exclusive breastfeeding will not provide effective results without the role of policy makers in this case stakeholders. The World Health Organization (WHO) revealed that solving a health problem in each region requires cooperation and participation from all parties, not only health care providers but the role of policy makers in a region is also very important [26]–[28].

Terry M.B and Joanne S (2017) revealed that collaboration between service providers and policy makers is able to improve service standards that are far more leverage. Research in America revealed that to deal with various barriers related to exclusive breastfeeding in an area requires collaborative collaboration between government and health care providers, both in the form of information and education[29].

To encourage the success of exclusive breastfeeding, synergy is needed, so that the success of the WHO and UNICEF programs by refusing to market formula milk for less than 6 months and early termination of exclusive breastfeeding can be realized properly. Shifting the mindset and lifestyle of rural communities to urban patterns and styles requires more intense attention. The many obstacles in exclusive breastfeeding encourage the village government and health service providers to agree to unite perceptions and make cooperation agreements in the success of exclusive breastfeeding in the village. From the results of the FGD (focus group discussion) it can be concluded that the village government and the puskesmas consider ASI important for the growth and development of infants so that division of tasks and responsibilities are needed to synergize the cooperation that is built in the success of exclusive breastfeeding in the village.

## VI. CONCLUSION

The findings in this study offer the need for a synergy of cooperation between the village government and the health service provider (Puskesmas) in enhancing exclusive breastfeeding in the village. When viewed in terms of the function of the puskesmas, which has a more prominent role in providing exclusive breastfeeding services, this cannot work well without the support and encouragement of the local government, especially the village government. The establishment of a cooperation agreement can increase the responsibility and role of the village government directly to the community to increase exclusive breastfeeding.

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