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Implementation of Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2013 in Improving the Performance of Female Employees at South Sulawesi Provincial Government Offices

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Abstract

Policies on the importance of lactation space in the workplace already exist, but the implementation of this policy still face many obstacles and even many workplaces do not understand the importance of these facilities. The purpose of this study was to analyze the implementation of the lactation room policy in accordance with PERMENKES No.15 of 2013 concerning lactation room facilities to increase the performance of female employees in the scope of work of the South Sulawesi Provincial Government. This type of qualitative research with 50 initial informants and 2 additional informants. The results of the research are the implementation of the PERMENKES No.15 2013 policy regarding lactation room facilities in South Sulawesi Provincial Government Agencies has not been implemented in accordance with existing regulations, and there are even some agencies that do not have these facilities at all. Funding support is still focused on infrastructure, lactation room facilities have not become a major priority but it is different in Maros Regency where policy makers are very concerned about gender, as evidenced by the number of lactation room facilities equipped with Polyclinics and Child Care Centers. And there is a commitment from the Regent of Maros who wants to make Maros Regency a child-friendly regency. These facilities greatly affect the performance of employees, this is felt not only in the employees themselves, but also by the leadership as policy makers.

Keywords: Lactation, Multiple Roles, Government Employees

Introduction

The importance of fulfilling nutrition as a foundation for health development is often underestimated. Not optimal nutrition can lead to poor health status. This effect can be seen from the intergenerational malnutrition cycle which shows that nutritional problems during pregnancy, infants and children can determine the quality of health in the

future. Either directly or indirectly, nutrition contributes one third of the 9.5 million under-five deaths, on the other hand, toddlers who survive death have a greater risk of suffering from illness and developmental disorders which in turn affect productivity and quality of life in the future.

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Breast milk is the first and main food for babies and is the right of every baby in the world, from various scientific points of view it can be proven that breast milk is the best and most ideal baby food, because in it contains all the nutrients needed in the right amount and balance (Thistle, 2013). Breast milk contains a number of growth factors that have various effects on the gastrointestinal tract, blood vessels, nervous system and endocrine system (Ballard and Morrow, 2013). Evidence shows that children who get breast milk tend to be higher and have a concentration of IGF 1 (insulin like growth factor 1.) which is higher than that of children who are breastfed. The high omega 3 content in breast milk can accelerate the maturation of the infant's immune system through the first and second years of maturation. In the short term, the practice of breastfeeding is useful in protecting against infectious diseases where breast milk has immune factors in it, especially the sigA antibody. Some evidence also shows that breastfeeding can affect the development of the immune system in the baby's own body. This is the reason some immune-related diseases such as inflammatory bowel diseases, cancer in children and type 1 diabetes have a lower prevalence in children who are breastfed. Breast milk also protects against the risk of developing asthma. Long-chain polyunsaturated fatty acid content (LCPUFA) is also a factor that contributes to cognitive development in children (Schack Nielsen and Michaelsen, 2007).

Exclusive breastfeeding is the provision of breast milk or milk only for the first 6 months of a baby's life. In accordance with its exclusive name, breast milk is given to babies without any other food companion. Babies really only get nutritional intake from breast milk for a period of 6 months, after that until they reach the age of 2 years the baby can get additional food other than breast milk. Although exclusive breastfeeding has been promoted by the government, there are still many mothers who do not do it and many mothers continue to provide formula milk because of various false myths.

The benefits of implementing exclusive breastfeeding include:

1. Nutritional benefits: Breastmilk has advantages such as complete nutritional content, easy to digest and absorbed in the body, contains lipase to digest fat, increases calcium absorption, contains immune substances (immunity) and contains antibodies that can fight all bacteria and viruses.
2. Psychological Benefits: Breastfeeding to babies has a positive psychological impact, such as bringing the relationship of mother and baby closer together, the baby feeling safe and protected and developing a basic sense of trust between mother and baby.
3. Benefits for the Family: By giving exclusive breastfeeding, a mother can delay the return of fertility. Exclusive breastfeeding can affect pregnancy because it can inhibit ovulation. The benefits of exclusive breastfeeding for mothers are preventing the occurrence of uterine and breast cancer, preventing the occurrence of HPV (Human Papilloma Virus) which can cause cervical cancer and accelerating the involution of the uterus or the return of the uterus to normal size after childbirth. The hormone oxytocin can help the uterus contract, so it can reduce uterine bleeding after childbirth. These uterine contractions can form the uterus to its original shape as before pregnancy.
4. Health Benefits: Infants who receive exclusive breastfeeding have a lower risk of suffering from respiratory diseases or (ARI), pneumonia, otitis media, gastrointestinal infections, leukemia and acute myloid leukemia (AAP, 2012). besides exclusive breastfeeding can also reduce the risk of developing asthma, atopic dermatitis, eczema, inflammatory bowel disease. Breastmilk is immunoprotective, so breastmilk must still be given at the time of complementary feeding so that babies up to 2 years of age, while the benefits of breastfeeding for families are more economical because there is no need to spend money to buy formula milk.

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The existence of protective factors and nutrients in breast milk ensures a good nutritional status of the baby and decreases morbidity and mortality. Several epidemiological studies state that breast milk protects babies and children from infectious diseases, so UNICEF and WHO recommend breastfeeding for babies 0-6 months (Infodatin, 2014). The problem of breastfeeding is one of the health issues in the world, the low consumption of breast milk for babies. One of the causes is environmental factors that are not yet conducive to supporting mothers

to continue to be able to provide exclusive breastfeeding, especially in today's modern era, many women of productive age are working, so support from the workplace is essential for successful breastfeeding. The head of an agency or institution must provide encouragement and support for working mothers to continue breastfeeding after returning to work. A breastfeeding policy is needed so that it can become a basis for institutions / agencies and companies to support lactation activities for their employees. The Ministry of Health of the Republic of Indonesia targets exclusive breastfeeding coverage of 80%. The government has an obligation to guarantee the rights of babies to receive exclusive breast milk, so that several policies related to exclusive breastfeeding have emerged, which are stated in Law No. 36 of 2009 Article 128 states that every baby is entitled to exclusive breastfeeding from birth for 6 months unless there is an indication of medical issues. During exclusive breastfeeding, mothers must receive support from the family, government and society by providing special time and facilities. The provision of public facilities as referred to in paragraph (2) is held at workplaces and public facilities (Law No. 36/2009). In addition to Law No. 36 of 2009, there is also Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning Exclusive Breastfeeding Prawiti Sugeng Wijaya, Soesanto / Public Health Perspective Journal 2 (2) 2017 175 183 177 and Regulation of the Minister of Health of the Republic of Indonesia No 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and / or Expressing Breastmilk at the workplace.

Seeing the number of health regulations made to support exclusive breastfeeding, there are still many mothers who provide exclusive breastfeeding for their children. The failure of exclusive breastfeeding according to Buckley and Charles (2006) is due to several factors including: Inadequate supply of breast milk, mother's vulnerability and lack of self-confidence, breastfeeding behavior, lack of commitment and desire to breastfeed, mother's choice, use of pacifiers that are more comfortable and practical, influence from fathers or other family members, avoiding embarrassment to breastfeed in public places, the ease of pumping and storing breastmilk, lack of support and information and the unavailability of lactation rooms in the workplace. About two or three decades ago, this public space was not only dominated by men, but the effect of this domination gave birth to a gender stereotype that men are in the public sphere while women are in the domestic sphere (household). When women take part in the public sphere, there is a kind of undesirable wave that must be hit by women, namely the stereotype itself whose burden is heavier than just fair competition with men. Not all women do this and not all women have the guts to resist. When women are already associated with domestic affairs, the choice to develop themselves in the public sector is further out of reach or increasingly difficult to do. Especially when women get married and are blessed with children, the responsibility for caring for them will be more burdened on women, resulting in an unbalanced workload.

However, this modern era has brought about rapid social changes, both in the fields of science and technology, the availability of the labor market as well as demands for adjustment of rights and obligations for every citizen of the world community, including the Indonesian state. In line with this, Indonesia as a developing country has also experienced an increase in the participation rate of its workforce. The increasing level of labor force participation does not only affect the male workforce, but also women. Especially with the progress of modernization and globalization where it also changes the role demands of women. This change in demands has finally made gender equality even more visible. . Women began to enter the public sphere for various reasons, either as a desire from within themselves or for an obligation that made them leave the domestic space which was ultimately called women's advancement. There are several things that underlie the development of women's progress as mentioned by Abdullah (2001: 104), namely shifts in women themselves and shifts in values, norms related to changes in institutional roles. . The division of roles sexually between men and women is the oldest and strongest social institution and has been constructed for a long time. This division of roles places women around the household, with the main task of giving birth and raising their children, serving their husbands and children so that the household is peaceful. But now, since the emergence of the transformation period for women, especially in receiving higher education, women are finally required to learn and have an independent attitude to develop themselves as human beings according to their talents. Education is the right strategy because education is the most strategic field in fighting for gender equality. Makassar, as one of the cities in South Sulawesi Province, has also started to adopt gender equality for men and women through education levels. As a working woman, her level of participation in the public is not easy. Apart from being based on various reasons behind his work, he is also influenced by a decision-making process and considerations to enter the world of work. Daulay (2015: 280) argues

that women must get permission and approval from their husbands to leave their domestic affairs to the public. Women also have to reconsider the care of their children if they are mothers as well as women working outside the home. This is what then raises the phenomenon of a dilemma for women to continue working for various underlying reasons or is it just at home that they play their role as housewives accompanied by daily tasks to take care of domestic work or even ultimately have to play both roles as dual roles.

Since the 21st century, the number of working women has continued to increase. This is one factor in the increasing number of women who do not breastfeed and delay the birth of their children. In this condition, a mother needs support from the work environment, so that breastfeeding mothers can balance the demands of work with their desire to continue breastfeeding. In this condition, a mother needs support from the work environment, so that breastfeeding mothers can balance the demands of work with their desire to continue breastfeeding.

Low coverage of exclusive breastfeeding in Indonesia is caused by various factors, including working women, socio-cultural factors, lack of knowledge about the importance of breastfeeding, and health personnel who have not fully supported the increase in breastfeeding, lack of community support, to the incessant promotion of formula milk and the large number of institutions that employ women have not provided them and there is no policy to provide lactation space in the workplace.

The existence of PERMENKES Article 83 of Law Number 13 of 2003 concerning Manpower which reads: "Workers or female workers whose children are still breastfeeding should be given appropriate opportunities to breastfeed their children if it must be done during working time."

Not only in the Manpower Law, regulations regarding exclusive breastfeeding are also regulated in Law Number 36 of 2009 concerning Health which reads:

Article 128: 1. Every baby has the right to receive exclusive breast milk from birth for 6 months, except for medical indications. 2. During breastfeeding, the family, government, local government and the community must fully support the mother of the baby by providing special time and facilities. 3. The special facilities as referred to in paragraph 2 are provided at workplaces and public facilities.

Article 128: 1. Every baby has the right to receive exclusive breast milk from birth for 6 months, except for medical indications. 2. During breastfeeding, the family, government, local government and the community must fully support the mother of the baby by providing special time and facilities. 3. The provision of special facilities as referred to in paragraph 2 is held at workplaces and public facilities. From these regulations have an impact on government and private institutions.

Research Method

This research has been carried out for 3 months by taking the main location, namely Maros Regency and Makassar City. The type of data needed in this study is data describing the activities of user employees and their surrounding people and their impact on improving the performance of female employees whose routine activities are double working (double burden). The informants in this study are female employees who work.

This research used a qualitative approach with a case study design, the research focus was on the South Sulawesi Governor's Office and several agencies within the South Sulawesi Provincial Government and the Maros Regency Government Office as a comparison. The initial research was carried out in Maros Regency at the Regent's office and at the Service Office which has a lactation room with the informant, one of the Head of the Office and several employees who felt the benefits of the lactation room facility which is equipped with a Polyclinic and Child Care Center. Subsequent research at the office of the Governor of South Sulawesi and several agencies, with the informant one of the leaders and several female employees who have multiple roles who have toddlers. The data collection method was obtained through in-depth interviews, observation and documentation. Research data analysis was carried out when data collection took place and after data collection, consisting of (1) data reduction, namely after the data from in-depth interviews, observation and documentation are collected, the researcher sorts out the main points and focuses the data (2) data presentation, namely the research data is presented in the form of a narrative (sentence) (3) data verification by drawing conclusions by Researchers are presented in the form of descriptions based on research data. Redefining hypotheses and excluding deviant findings in facilitating the

analysis process of 'grounded' data and information. The purpose of making an operational definition is to provide boundaries for researchers to make it easier to analyze data in order to answer research problems. In this study, there are 2 variables, namely program evaluation which will refer to the theory evaluated according to Dunn, while for the variable of lactation room procurement, it will refer to the Regulation of Permenkes 15 of 2013. The indicators are as follows:

Operational Definitions

Table 1. The six variables and indicators of this study

#	Variable	Indicator
1	Effectiveness	The availability of lactation rooms and child care centers that are used by employees who play a dual role
2.	Efficiency	The availability of lactation rooms and child care centers that are used by employees who play a dual role
3	Adequacy	Minimum size room 3x4M2, nursing room has adequate air ventilation, doors that can be opened and closed and lighting that is not dazzling. Minimum infrastructure, namely chairs, tables, sinks, hand soap and tissue. The existence of additional equipment to support the lactation room, namely a refrigerator, gel cooling box, and sterilizer, all inventory in the lactation room can function.
4.	Equality	The lactation room is located in a place that is easily accessible to employees. There are instructions that indicate the presence of a lactation room so that it is easy to find
5	Responsiveness	There is an effort by the manager to respond to employee complaints
6	Appropriateness	Employees feel comfortable and safe when using the lactation room

Problem Formulation

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Based on the background of the problem above, problems can be identified as follows:

1. To what extent has the Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2013 been applied in several agencies under the auspices of the South Sulawesi Provincial Government and the Maros Regency Government and how much impact has it had on improving the performance of employees who play a dual role
2. How big is the influence of the times and technology in changing the mindset of the mother role double in terms of breastfeeding

Based on several things contained in the identification of problems, this research will only highlight the availability of lactation space in the South Sulawesi government office and the Maros Regency Government Office and its impact on improving performance for employees and how the influence of technological developments changes the mindset of mothers who play a dual role in breastfeeding. exclusive.

Data analysis technique

The data analysis technique used is in the form of textual analysis from the results of questionnaires filled out by employees, interviews and results of direct field observations at several offices under the auspices of the South Sulawesi Provincial Government and at the Maros Regent's Office as a comparison.

Results

This study took place in South Sulawesi Region 0o12' - 8' South Latitude and 116o48' - 122o36' East Longitude which is bounded by North West Sulawesi, East of Bone Bay and Southeast Sulawesi, West of Makassar Strait, South of Flores Sea.

The total area of South Sulawesi is 46,717.48 km² with a total population of 2012 8,214,779 people with a population density of 175.84 people / km² spread over 247 agencies / cities, namely 21 districts and 3 municipalities, 304 sub-districts, and 2,953 villages / wards, which has 4 regional tribes, namely the Bugis, Makassar, Mandar and Toraja tribes.

The number of South Sulawesi Provincial Government Civil Servants based on data up to October 2020 was 24,153 people

Table 2. Number of Employees by Gender

No	Gender	Total
1	Male	11.211
2	Female	12.942
Total		24.153

* State Civil Service Agency (2020)

Seeing the table, the number of female employees is more than the number of male employees, which are spread over 39 work units.

The large number of female employees who work at the South Sulawesi Provincial Government office shows that the high desire of women to take part in the public sphere with the status of playing a dual role. However, in carrying out their duties, we see that there are no boundaries or differences between male employees and female employees who all have the same duties and responsibilities according to their main duties and functions in each unit or work unit. Although female employees have other duties as housewives, they have another main task that is no less important and is busy with work in the office. After returning from the office, housework awaits taking care of the house, husband and children which are often draining and mindful, where in general women from the Bugis and Makassar ethnic groups are the main duties of a mother or woman who is already married to take care of the household.

Discussion

From the results of observations and interviews conducted at the Secretariat office of the Governor of South Sulawesi and several agencies within the scope of the South Sulawesi Provincial Government, that the implementation of the Lactation Room Policy in accordance with Permenkes No.15 of 2013 has not been fully implemented. In the Office of Women and Child Protection, South Sulawesi Province has a lactation room and children's play area but is currently still under renovation, while other work units or several other Regional Work Units (SKPD) that are within the scope of the South Sulawesi Provincial Government do not prepare or providing a special room for breastfeeding or expressing breastmilk, although there are some employees who no longer have toddlers, there are still many families. From the results of our interviews with employees who have children, after leave for childbirth, breastfeeding is no longer exclusive but additional formula milk is due to the return of parents to work, so that alternative formula feeding is considered appropriate and practical so that their activities in the office are not disturbed. There are also employees who express breastmilk with a digital breast pump, but they do this usually at work desks, kitchens or rooms that are considered safe for expressing breast milk and storing it in the refrigerator in each unit and some even use online motorcycle taxis, there are also those who pump their milk before leaving for the office.

The implementation of lactation room policies is not in accordance with legislation (Health Law No. 36 of 2009 and Manpower Law No. 13 of 2003) and government regulations (PP No. 33 of 2012 and Permenkes No. 15 of 2013). There is an absence of binding regulations and the lack of socialization among workers about the importance of this Permenkes. The conditions above are not in accordance with the opinion of Tachjan (2008) which states that policies with a "top down" approach start from government decisions, which are then lowered down to the lower level so as to make it easier for implementors to implement these policies. Permenkes No. 15 of 2013 article 3 states that the form of workplace support for the exclusive breastfeeding program is the existence of internal regulations. Meanwhile, at the Dinas or work unit level, not all of them have or know the Permenkes No.15 of 2013 regarding the lactation room facilities. This is due to the lack of socialization on the PerMenkes. This situation causes the implementor to have difficulty implementing the policy, some SKPDs do not have a solid basis for providing these facilities because they are not supported by a special budget for lactation room facilities, there are even some employees who do not know about the lactation room, but survey results through interviews and filling questionnaire, they strongly support the existence of these facilities, and they revealed that these facilities could support their performance improvement.

However, in the Maros Regency Government, in the Maros Regency Government Office, there is a Regent Regulation No.63 / 2015 KIBLA concerning the health of mothers, newborns, infants and toddlers. Implementation of Government Policies does not always go according to expectations, so it is necessary to conduct an implementation study as a study of policies that lead to the implementation process. The large number of women who choose to work in the Maros district government office has opened the eyes of policy makers by providing the much-needed facilities, namely polyclinics, lactation rooms and child care centers.

According to the information section of the polyclinic manager who was also given a mandate in addition to being a medical officer who initially served at the Turikale Community Health Center which is now seconded to the Polyclinic of the Maros Regency Government, he is also responsible for the lactation room facility which is located in the same room as the polyclinic but there is a separate or separate room for breastfeeding / expressing breastmilk which is also a bed where the mother often puts the baby to sleep after breastfeeding. According to him, there are employees who leave their children aged 3 months to 4 years at their facilities.

The existence of a lactation room at the service office can provide a sense of comfort to customers who often come to include their children, while the long queues at the service line can lead to frustrated and hungry children. This is what makes the Head of the Maros Regency government responsive in seeing this phenomenon by providing a standard lactation room with only chairs for breastfeeding and a playground as well as an honest canteen to create a sense of security and comfort for customers.

The observations made were that there was 1 complete large lactation room, which was equipped with a polyclinic and child care center that had exceeded the specifications for the lactation room. his son is not an employee of the Maros district government but is the child of parents who work around the Maros Regent's office.

At the Office of the Regent of Maros Regency, the Lactation Room is located on the Ground floor which is attached to the Polyclinic, which is approximately 5x10 m in size which is divided into 2 parts, namely the lactation room which is equipped with chairs, beds, toilets, pending closets and pumps and medical personnel who Seconded from the Turikale sub-district puskesmas who are also a polyclinic officer who is one of the supporting factors for the success of breastfeeding mothers because employees can ask questions or share about the health of both the mother and the baby.

Not only are the polyclinics and lactation rooms provided by the Maros district government but also provide childcare centers, which were initially managed by the PKK activator team. Furthermore, it is managed directly by the PPPA Office and as the number of children entrusted is increased, its function is no longer just a place to keep children but is currently changing its function to PAUD. With this transition, the control and budgeting that was previously under the auspices of the PPPA office will automatically shift to the Education Office with teaching staff as well as carers for children, which number approximately 60 people with under five.

Through direct interviews with employees and the results of questionnaires that researchers distributed, almost all employees, both leaders and employees, felt very helped by these facilities. With the dual roles they experience, they sometimes create a psychological burden when there is a conflict between choosing to take care of children (domestic duties) and completing office work (public workers). However, with complete facilities like this, they can be close to their children and can monitor their children's activities at any time. Except during children's breaks, it is not allowed to disturb the child's rest, and after office hours the child's condition is neat and clean. these facilities have a huge impact on their performance.

Many mothers make the breastfeeding process an obstacle to giving exclusive breastfeeding to their children, even though the breastfeeding process should be a natural and natural thing that must be fulfilled if there are no significant obstacles that become obstacles. If a mother already has a good and mature plan, the breastfeeding process can be done in the middle of a busy working mother.

To make a mature plan, it does take a long time, but technological developments make it easier for mothers to access references on how to care for babies, breastfeeding and even arrange strategies so that their children can meet their breast milk needs even though the mother has to work.

When the mother has returned to work, the mother can express breastmilk first at home, then she can store the spare milk in the freezer, while if possible, the mother can also express breastmilk at work. Things that must be considered if the mother is forced to express breastmilk in the office is the existence of adequate storage space for breastfeeding and adequate lactation space.

Conclusion

When the mother has returned to work, the mother can express breastmilk first at home, then she can store the spare milk in the freezer, while if possible, the mother can also express breastmilk at work. Things that must be considered if the mother is forced to express breastmilk in the office is the existence of adequate storage space for breastfeeding and adequate lactation space. The implementation of the lactation room policy implemented by the South Sulawesi Provincial Government has not been implemented properly.

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