

## Implementation of regulation policy of Sleman Regency number 38 of 2015 concerning of giving exclusive breastfeeding of working mother

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### ABSTRAK

**Latar Belakang :** ASI Eksklusif adalah memberikan hanya ASI saja tanpa memberikan makanan dan minuman lain kepada bayi sejak lahir sampai berumur 6 bulan. Peraturan Pemerintah Nomor 33 Tahun 2012 menegaskan bahwa setiap ibu yang melahirkan harus memberikan ASI Eksklusif kepada bayi yang dilahirkannya. Peraturan lain yang mendukung ASI adalah Peraturan Bersama Menteri Negara Pemberdayaan Perempuan, Menteri Tenaga Kerja dan Transmigrasi, dan Menteri Kesehatan tentang peningkatan pemberian ASI selama waktu kerja di tempat kerja. Pemerintah Kabupaten Sleman telah membuat peraturan tentang pemberian ASI Eksklusif

yakni yang tercantum dalam Peraturan Bupati Kabupaten Sleman Nomor 38 Tahun 2015.

**Tujuan :** Tujuan penelitian ini adalah untuk mengetahui implementasi kebijakan Peraturan Bupati Sleman nomor 38 tahun 2015 tentang ASI Eksklusif pada ibu bekerja di Kabupaten Sleman.

**Metode :** Penelitian ini menggunakan metode kualitatif dan jenis penelitian studi kasus. Teknik pengumpulan data menggunakan observasi dan wawancara mendalam. Analisis data menggunakan content analysis.

**Hasil :** Sosialisasi kebijakan telah melibatkan lintas program dan lintas sektor. Dinas Kesehatan, Dinas Tenaga Kerja dan Puskesmas telah mengadakan program pendukung kebijakan pemberian ASI Eksklusif. Dukungan dari perusahaan terhadap kebijakan ini diantaranya dalam bentuk pemberian waktu cuti melahirkan yang sesuai, penyediaan ruang laktasi, dan pemberian waktu untuk memerah ASI di perusahaan.

**Kesimpulan :** Implementasi kebijakan Peraturan Bupati Sleman Nomor 38 Tahun 2015 tentang Pemberian ASI Eksklusif saat ini mampu menaikkan cakupan ASI Eksklusif di Kabupaten Sleman. Akan tetapi, implementasi Peraturan Bupati tersebut belum sepenuhnya baik karena masih terdapat beberapa ketentuan yang belum terealisasi sehingga menjadi hambatan untuk memajukan program ASI Eksklusif.

**KATA KUNCI :** ASI eksklusif; ibu bekerja; Kebijakan Peraturan Bupati Sleman

### ABSTRACT

**Background:** Exclusive breastfeeding is giving only breast milk without giving other foods and beverages for infants from birth until the age of 6 months. Government Regulation, No. 33 of 2012 affirms that every mother giving birth must give exclusive breastfeeding to the baby born. Another rule that supports breastfeeding is the Joint Regulation of the State Minister for Women's Empowerment, Minister of Manpower and Transmigration and the Ministry of Health of the increase in breastfeeding during working hours at the workplace. The Government of Sleman Regency has made regulations on exclusive breastfeeding, which are listed in Sleman Regency Regulations Number 38 of 2015.

**Objectives:** The objectives of this study was to determine the policy implementation of Sleman Regency Regulation number 38 of 2015 concerning Exclusive Breastfeeding for working mothers in Sleman Regency.

**Methods:** This study uses qualitative methods and types of case study research. Data collection techniques are using observation and in-depth interviews. Data analysis uses content analysis and presentation based on collected data.

**Results:** Policy of Socialization has involved cross-program and across sectors. Departments of Health,

*Labor and Health Center have held a policy support program exclusive breastfeeding. The company's support for this policy includes the provision of appropriate maternity leave time, provision of lactation space, and giving time to milk breastfeeding in the company.*

**Conclusions:** *The policy implementation of Sleman Regency Regulation Number 38 of 2015 concerning the Provision of Exclusive Breastfeeding is currently able to increase the coverage of Exclusive ASI in Sleman Regency. However, implementation of the decree has not been entirely good because there are still some provisions that unrealized thus as an obstacle to advancing the program of exclusive breastfeeding.*

**KEYWORDS:** *exclusive breastfeeding; working mothers; Policy Regulations of Sleman District*

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## INTRODUCTION

One of the goals of health development is to reduce infant mortality (1). A high infant mortality rate (IMR) can be avoided by breastfeeding (2). Exclusive breastfeeding is giving only breast milk without giving food and other drinks to the baby from birth until the age of 6 months, except drugs and vitamins. After exclusive breastfeeding, it is still given to infants until the baby is 2 years old (3). Based on the Minimum Service Standards (SPM) set by the Minister of Health through the Decree of the Minister of Health RI no.1457 / MENKES / SK / X / 2003 regarding Minimum Service Standards in the Health Sector in the District / City, the target of infants receiving exclusive breastfeeding is as much as 80% in the year 2010 (3). While the coverage of exclusive breastfeeding in Sleman in 2016 was 71.31% and in 2017 it was 72.15%, this figure has not reached the National target of 80% (4).

In urban areas where relatively more mothers choose to work, mothers cannot breastfeed their babies properly and regularly. This can be caused by the situation where the workplace does not support the practice of breastfeeding, for example, the unavailability of milking and storing milk, not yet available or there is no place for babysitting so that working mothers can breastfeed their babies at certain times (2).

The government has made several regulations regarding exclusive breastfeeding, including Sleman Regency as stated in the District Regulations of Sleman Regency No. 38 of 2015, but the scope of exclusive breastfeeding in Sleman Regency until 2017 has still not reached the national target of 80%. In addition, the proportion of people who work compared to the total productive age population (15-64 years) in

Sleman Regency is relatively higher compared to other districts in the Special Region of Yogyakarta (DIY), which is 75%. Therefore, the researcher is interested in conducting research on the implementation of the Sleman Regent Regulations Number 38 of 2015 concerning the exclusive breastfeeding of working mothers in Sleman Regency.

Therefore, this study aims to determine the implementation of the Sleman Regency Regulations number 38 of 2015 concerning exclusive breastfeeding for working mothers in Sleman Regency.

## MATERIALS AND METHODS

This study used qualitative methods and case study research. This research was carried out in the work area of the Sleman Health Office, the Sleman Labor Department, the Sleman Primary Health Center (Puskesmas) and the company in the Sleman Regency. The study was conducted from March 2019 to May 2019. In this study, the research assistants included 8 working mothers, 7 company managers, 3 Puskesmas staff, and 1 Manpower Office staff. The main research assistant in this study is the Family Health and Nutrition Staff at the Sleman District Health Office totaling 1 person.

Data collection includes observation activities, in-depth interviews, and documentation. Tools used to collect data at research sites include personal documents, speeches, and actions of respondents documented with stationery, tape recorders, cameras or photos (5). Analysis of the data used is content analysis or qualitative analysis and in its presentation based on data collected and concluded. Qualitative data is processed according to the variables in the study with the induction method then a descriptive description is presented.

## RESULTS

### Subjects characteristics

There are 8 working mothers who have different positions. They are 6 exclusively breastfed their babies (0-6 months) (75%) and 2 did not exclusively breastfeed their babies (using formula milk) (25%). The age of working mothers ranges from 27 years to 41 years. The length of work of each mother varies, ranging from 8 years to 15 years. Company managers who meet the criteria amounted to 7 people consisting of 3 HRD staff, 2 K3 field staff, (Occupational Health Safety), and 2 clinical staff/health workers. The length of the work of each company manager varies, ranging from 5 years to 26 years.

There is 3 Puskesmas staff consisting of the Head of the Puskesmas, Nutrition Staff and UKK (Occupational Health Efforts) Staff. The Head of Industrial Relations and Workers' Welfare Division of the Sleman Regency Manpower Office is 1 person. Family Health and Nutrition Staff of Sleman Regency Health Office numbered 1 person.

### Policy Socialization

Sleman Regency already has a Regent Regulation Number 38 the Year 2015 and previously a Circular Letter from the Sleman Regent Number 10 / SE / X / 2013 was issued. Perbup ASI was formed because of the low coverage of exclusive breastfeeding and there are still many health workers who collaborate with formula milk products. This is stated in the following interview:

*"That is Perbup Number 38 of 2015 concerning IMD and Exclusive ASI and Circular Letter from the Regent of Sleman Number 10 / SE / X / 2013 on November 18, 2013, concerning the support of Exclusive ASI. The reason is that exclusive breastfeeding coverage is still low and there are still many health service facilities that work together with formula milk"* (Health Office)

The Health Office has conducted socialization in 2016 by inviting cross-sectoral districts, health service facilities, and large companies in Sleman Regency. The coverage of exclusive breastfeeding

in Sleman Regency has increased in 2018. This is stated in the following interview :

*"The 2016 socialization invites cross-sectoral districts, several health colleges, companies, hospitals, and puskesmas. The response was quite good. After the socialization, the public knows better and the scope of exclusive breastfeeding always increases from year to year. In 2016 there were 71%, in 2017 72% and the latest in 2018 were 82% "* (Health Office)

### Program Supporting Regulations for the Regents of Sleman

Supporting Programs implemented by the Department of Health are the formation of breastfeeding counselors, PMBA counselors, and the formation of a Mother Support Group (KP-Ibu). Direct visits to companies related to breastfeeding counseling will only be planned this year. This is stated in the following interview :

*"So for the program, there are ASI counselors, PMBA counselors, KP-Ibu too. The breastfeeding counselor was just before Perbup came out, we already had 60 breastfeeding counselors spread across 25 Puskesmas and 2 state hospitals, in Sleman District Hospital and Prambanan District Hospital. If for the PMBA Counselor from 2014 will be trained from the provinces, so we will develop the facilitators to all Puskesmas. As for the KP-Ibu, actually the old program, in 2010, already existed, it's just that the implementation is more posyandu, so the form is in the form of a meeting of pregnant women. If the program to the company in the form of submission of material about breastfeeding has never been yes, but we want to convey, the plan is only this year"* (Health Office)

Supporting programs by the Puskesmas are the establishment of KP-Ibu, breastfeeding counselors, PMBA counselors, anti-milk formula movement, guidance for posyandu, and integrated ANC (Antenatal Care) services. This is stated in the following interview excerpt:

*"Our program has KP-Ibu, breastfeeding counselor, PMBA counselor as well. Then the Health Office and Puskesmas have also begun*

*to carry out anti-breastfeeding movements. We also conduct nutritional counseling on integrated patient and ANC for pregnant women. For the KP-Ibu, socialization has actually been carried out, but the breastfeeding care group in the community has not been seen, but we have done socialization in 2017. If the breastfeeding counselor was trained in 2013, if the 2015 PMBA "(Puskesmas Officer)*

The Support Program by the Manpower Office is to monitor several companies each year regarding the availability of supporting facilities for exclusive breastfeeding for working mothers such as the lactation corner and child corner. This is stated in the following interview excerpt:

*"If the program from the Manpower Office when we visit the company, we have monitoring about lactation support, but we cannot force it because it is not a normative thing, there must be sanctions, so we cannot force it, for example, there must be a child corner, we must there is a lactation corner too. There are companies that have their own land, some are renting too, so the place is not enough "(Department of Manpower)*

### **Working Mothers Who Give Exclusive Breastfeeding**

Barriers experienced by mothers when breastfeeding is having experienced pain in the nipple but can be overcome after accustomed to breastfeeding. This is stated in the following interview excerpt:

*"I gave my mother full milk for 6 months. Barriers don't exist, in this second child, it works. If the first child was nipple, I was scratched "(Working mother who gives exclusive breastfeeding)*

### **The Use of Formula Milk by Working Mothers**

The reason mothers use formula milk is because breast milk has not come out anymore. This is stated in the following interview excerpt:

*"My child is not full of breast milk for 6 months, mixed with formula milk too, since the age of 4 months. Because when I was 4 months old my milk did not come out again, so my child*

*stopped breastfeeding and I gave formula milk "(Working Mother who does not give exclusive breast milk)*

### **Use and Promotion of Formula Milk by Health Workers**

Health workers are not allowed to cooperate with formula milk products because this provision has been listed in the Exclusive breastfeeding regulation and there has been a "no formula milk movement" in Sleman Regency. This is stated in the following interview excerpt:

*"Health workers in Sleman are not allowed to cooperate with formula milk products. It was clearly written in the breastfeeding regulation. Because it can be a barrier for exclusive breastfeeding. Indeed there are still one or two like that, but we continue to monitor the evaluation, but since the issuance of the breastfeeding regulation, the numbers have decreased, we do not deny that all are sterile, yes, there are still. But now it's greatly reduced "(Health Office)*

### **Administrative Sanctions in Sleman Regent Regulation Number 38 Year 2015**

There have never been strict sanctions on health workers who work with formula milk products and companies that have not provided lactation facilities for working mothers. This is stated in the following interview excerpt:

*"Actually, the sanctions are already clear in breastfeeding regulation, that if there is a verbal warning, written warning, then there is a fine, but for now, we have not arrived there yet. But if you take care of SIP, SIK permits, if the health facilities have a statement to support exclusive breastfeeding "(Health Office)*

### **Evaluation from the Department of Health on the Implementation of the Regents of Sleman's Regulations Number 38 Year 2015**

The Health Department has conducted monitoring and evaluation related to programs supporting exclusive breastfeeding. The evaluation took the form of a direct visit to a health care facility. The Health Department has never formally evaluated the company, only through information

obtained from the collaboration with the Department of Labor. This is stated in the following interview excerpt:

*“For the money, we invite the form of meetings, such as giving a report, in addition, we money visit directly to the Puskesmas. Every 3 months routinely, if you visit the Puskesmas, if the meeting is not specifically just discussing ASI, but also about PMBA. If there is no formal evaluation to the company yet, but when we have coordinated activities, the Manpower Office informs which companies have implemented the Perbup ASI and is related to the provision of lactation space” (Health Office)*

### **Company Support**

The three companies do not yet have a written policy regarding exclusive breastfeeding for working mothers, only verbal regulations that are informed to all parties in the company that there is already a lactation space that can be used for working mothers. This is stated in the following interview excerpt:

*“If there is no written policy, just verbally. So far, only verbal regulations or hereditary, so from information that has previously existed that there is a lactation room, working mothers are allowed pumping” (The Company)*

The company has never provided any information related to exclusive breastfeeding to working mothers. Whereas the time for maternity leave for mothers working at the company is 3 months. According to the rules are 1.5 months before the estimated day of birth and 1.5 months after estimated day of birth. But it can also adjust the conditions of working mothers. This is stated in the following interview excerpt:

*“Never before has there been socialization about breastfeeding. Most we learn from our own book publications, yes we learn by ourselves. Counseling about breastfeeding also does not yet exist, yes we learn it ourselves” (Working mother who gives exclusive breastfeeding)*

*“I took 3 months off work at the company. The rule is that maternity leave is 1.5 months before, and 1.5 after giving birth, so it is not 3 months straight, but one and a half and one half. If it is not permissible, yes, because it will be reprimanded by the supervisor, but if it is allowed, after giving birth, it will be given 2 months, but it will still be 1.5 months before giving birth” (The Company)*

Lactation space is available for working mothers in all three companies. There is no time limit given for pumping breast milk. In addition, if there are working mothers whose homes are close, they are allowed to go home at recess to breastfeed directly. The funding budget for the creation of lactation space is entirely from the company. This is stated in the following interview excerpt:

*“There’s a lactation room here. Complete facilities, yes, there are chairs, tables, air conditioning, cupboards, sinks, and refrigerator. The budget for the lactation room is from the company. So we facilitate it, whether it’s money, then all the facilities from the company too. We submit the budget to the directors, yes, here. If there is a special time for breastmilk pump, it is up to the mother to work to want to pump at any time” (The Company)*

### **Implementation of Regulation Policy of Sleman Regency Number 38 of 2015 concerning of Giving Exclusive Breastfeeding**

Based on the results of the research that has been done, there are several provisions of Sleman Regent Regulation No. 38 2015 which have been implemented. Some of the provisions that have been implemented include the socialization of the Exclusive Breastfeeding policy and the supporting program of the Exclusive Breastfeeding policy, this is in accordance with the contents of Article 3 namely “every health care facility provider is obliged to support the exclusive breastfeeding program by informing all pregnant women about the benefits and management of exclusive breastfeeding, encouraging the formation of breastfeeding support groups” and the contents of Article 4 namely

*every health worker, nutritionist, sanitarian and health educator is obliged to provide information, guidance, and education on exclusive breastfeeding to mothers, families and communities, especially new mothers, pregnant women, and future brides”.*

Some provisions in Sleman Regency Regulation No. 38 of 2015 concerning Exclusive Breastfeeding have been implemented well, but there are also provisions that have not been implemented properly, namely the imposition of administrative sanctions for those who violate the provisions in the breastfeeding regulation. This is not in accordance with the contents of Article 7 paragraph (1), namely *“every health worker, health service provider, producer or distributor of infant formula milk and / or complementary food products, organizers of health education units, professional organizations in the health sector who do not carry out the provisions referred to in Article 6 are subject to administrative sanctions”* and the contents of Article 7 paragraph (2), namely *“administrative sanctions as referred to in paragraph (1) in the form of verbal reprimands, written warnings, revocation of licenses in the health sector and / or recommendations for revocation of other operational licenses”.*

Besides administrative sanctions for parties who have not provided lactation space are also less than the maximum to be implemented. This is not in accordance with the contents of Article 14 paragraph (1), namely *“every health facility provider, public places, and offices/institutions owned by the central/provincial/regional / private government that do not implement the provisions, provision of lactation space as referred to in Article 13 subject to administrative sanctions”* and the contents of Article 14 paragraph (2), namely *“administrative sanctions as referred to in paragraph (1) in the form of verbal reprimands, written warnings, revocation of licenses in the health sector and/or recommendations for revocation of other operational licenses”.*

## DISCUSSION

Public policies must have clear standards and objectives so as to facilitate implementors to understand and implement these policies (6).

Factors that influence policy are communication that involves the process of delivering information or transmitting information clarity and the consistency that is conveyed. Types of communication are socialization about exclusive breastfeeding, socialization of breastfeeding rooms, circulars for formula milk in health care facilities (7).

Several policies were set by the Government to increase the scope of exclusive breastfeeding in Indonesia. Government Regulation Number 33 of 2012 instructs regional governments and the private sector to work together to support exclusive breastfeeding. Sleman Regency already has regulations that are expected to be obeyed by all communities to support exclusive breastfeeding, namely Sleman Regent Regulation No. 38 of 2015 concerning Exclusive Breastfeeding. With this regulation, it is expected that the Puskesmas and the Company will also support exclusive breastfeeding, especially for working mothers who are breastfeeding.

Policy Implementation is the implementation of public policy decisions that are carried out by distributing existing resources both financial and human resources so that they can produce policy output in accordance with previously planned targets (8). According to the implementation model theory from George C. Edwards III that policy implementation is influenced by several variables, namely bureaucratic structure, disposition, communication and resources that are interconnected with one another because if one factor does not play well it will greatly affect the achievement of the success of implementation the policy (9)

According to Edwards, the first requirement for effective policy implementation is communication which is influenced by the transmission, clarity and consistency aspects (10). Communication, namely pointing out that each policy will be implemented properly if effective communication occurs between the implementer of the program (policy) and the target groups (11).

From the results of research conducted, it was found that the seriousness of the Sleman Regency government in this case was the Sleman Regent who

has shown support as outlined in the Sleman Regent Regulation No. 38 of 2015 and the Regent's Circular Letter regarding support for exclusive breastfeeding in 2013. Then the Sleman District Health Office in implement exclusive breastfeeding policies stated in the Health Office's efforts to conduct socialization and support programs such as socialization to health workers and the company, mentoring, evaluation evaluation, forming breastfeeding counselors, PMBA counselors, forming a Mother Support Group (KP-Ibu), and anti-milk movement formula.

Thus, the implementation of the Sleman Regency Regulations No. 38 of 2015 concerning Exclusive Breastfeeding is currently able to increase the scope of Exclusive Breastfeeding in Sleman Regency. Based on data from the Sleman District Health Office, the coverage of exclusive breastfeeding in Sleman Regency in 2016 was 71.31%, in 2017 it was 72.15%, and the most recent data in 2018 was 82%. However, there are provisions that have not been realized so that it becomes an obstacle to support the exclusive breastfeeding program, namely the administration of administrative sanctions in accordance with the existing Regents Regulations, for example there are no strict sanctions if there are health workers who are still working with formula milk products and inhibit the delivery program Exclusive breastfeeding. In addition, there are also no sanctions for companies that have not created lactation space for female workers.

These results are in line with research by Fikawati and Syafiq in 2010 stating that exclusive breastfeeding in Indonesia is still low. Policy analysis shows that the policy on Exclusive breastfeeding is incomplete and not comprehensive. Policies compiled must include elements of sanctions and rewards as well as monitoring and evaluation as an effort to strengthen the implementation of policies in the community (12).

Research carried out by Anggraini Dian and Mufdlilah namely on the Implementation of Yogyakarta City Regulation No. 1 of 2014 concerning exclusive breastfeeding is currently able to increase the coverage of exclusive breastfeeding

in the city of Yogyakarta. However, these regional regulations cannot be said to be good because there are still a number of provisions that have not been realized so that they become obstacles to the progress of the exclusive breastfeeding program. Implementation that has been running but is not maximized is guidance and supervision in the work area, procurement of lactation space in public facilities and offices, breastfeeding donors, the use of infant formula and other baby products. The existence of community support such as the Support Group Program (KP) -Mom is sufficient to help run an exclusive breastfeeding program (7).

## **CONCLUSION AND RECOMMENDATION**

The implementation of the Sleman Regency Regulations No. 38 of 2015 concerning Exclusive Breastfeeding is currently able to increase the scope of Exclusive Breastfeeding in Sleman Regency. However, there are provisions that have not been realized so that it becomes an obstacle to support the Exclusive breastfeeding program, namely the administration of administrative sanctions in accordance with the existing Regent Regulations.

It is expected that the Health Office can work together with the Manpower Office, Puskesmas and the company to continue to support the policy of exclusive breastfeeding and conduct socialization primarily to working mothers and can implement administrative sanctions if there are violations of the Sleman Regent Regulations Number 38 of 2015 concerning Exclusive Breastfeeding.

## **ACKNOWLEDGEMENTS**

Acknowledgments are addressed to the Head of the Sleman Health Office and staff, the Head of the Sleman Manpower Office and staff, the Head of the Puskesmas and staff in the Sleman area, the Head of the Company in the Sleman area, and the working mothers who have agreed to be respondents in this study. Thank you also to the supervisors who have provided input and suggestions in this study.

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