

Policy brief evaluation of exclusive breastfeeding program to improve infant health

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Abstract

Background: Exclusive breastfeeding in Indonesia has yet to meet the 80% target set by WHO and the Ministry of Health. Coverage improved from 52% in 2017 to 66.1% in 2020 and reached 70.7% in 2022, but overall progress remains modest. Although national policies mandate exclusive breastfeeding, implementation is hampered by shortages of trained counselors, limited facilities, and cultural preferences for early formula feeding. Compared with neighboring countries, Indonesia is in the middle range, performing better than some but still behind regional leaders. To accelerate progress, stronger human resources, consistent workplace support, and greater community engagement are required to achieve national goals and contribute to global child health targets.

Method: This study applied a literature review approach using the Google Scholar database. The initial search identified 3,080 articles, and after screening, only five studies (2020–2024, Indonesian language, full text, involving breastfeeding mothers) met the inclusion criteria. The selection stages were described with a PRISMA diagram.

Results: Analysis showed that the most frequently reported barrier was the shortage of breastfeeding counselors, appearing in four of the five studies. Additional challenges included limited facilities, cultural habits such as early use of formula, and insufficient support from families and workplaces.

Conclusion: The study concludes that limited breastfeeding counselors and weak family and workplace support are the main barriers, requiring stronger human resources and cross-sectoral collaboration.

Keywords: Exclusive Breastfeeding; Health Policy; Implementation

INTRODUCTION

The national target for exclusive breastfeeding has not yet been achieved. The WHO and the Ministry of Health (MOH) set an exclusive breastfeeding coverage target of 80% (1). In 2020, exclusive breastfeeding coverage in Indonesia was recorded at 66.1% (Indonesian Health Profile, 2020), which showed an increase compared to the 52% reported in the 2017 Indonesian Demographic and Health Survey (IDHS) (2). Although this achievement exceeded the minimum target of 50% established under the 2019 National Medium-Term Development Plan (3), the 2017 IDHS data also showed that exclusive breastfeeding rates decreased as children aged. Recent reports show that coverage

rose modestly to 70.7% in 2022 (4), yet this figure still falls short of the 80% target, indicating that improvements over the last few years have been relatively slow.

Maternal and child health is a top priority in many countries, and is also part of the Sustainable Development Goals (SDGs) expected which are targeted for completion by 2030 (5). Agreed by international leaders including Indonesia, the SDGs are a worldwide action plan, with 17 main goals (6). Based on Law No. 17/2007 on the National Long-Term Development Plan (RPJPN) 2005-2025, the 2020-2024 medium-term development goals include various public health programs, such as reducing maternal mortality rates (MMR), infant mortality rates (IMR), and reducing the

prevalence of stunting and wasting in children under five (7). In addition, the Indonesian Minister of Health Regulation No. 25/2014 on Child Health Efforts emphasizes that every child has the right to live, grow, develop, and receive protection from violence and discrimination. Therefore, comprehensive, integrated, initiatives for sustainable child health are much needed, starting from the fetal period in the womb until the age of 18 years (8). Despite the presence of these policies, in practice challenges remain among them the limited availability of lactation rooms, the shortage of trained breastfeeding counselors, and persistent cultural practices such as early formula feeding. These conditions suggest that legal frameworks alone are insufficient without stronger enforcement mechanisms and broader community involvement (9, 10).

The Indonesian government has extended the duration of exclusive breastfeeding to 6 months, from 4 months (11), in accordance with the Minister of Health Decree No. 450/MENKES/SK/VI/2004 on Exclusive Breastfeeding (12). In addition, Government Regulation No. 33/2012 emphasizes that exclusive breastfeeding is given to infants from birth to 6 months of age without additional food or drink (13). Based on this regulation, exclusive breastfeeding means providing only breast milk to infants for the first six months of life, except for medicines, vitamins, and minerals (14). Health Law No. 36 of 2009, Article 128, also states that mothers who breastfeed should receive full support from their families, local governments and communities, including by allotting particular time and amenities in public areas and the workplace (15). Even so, Indonesia's achievement is still not optimal when compared with neighboring countries. The Global Breastfeeding Scorecard by UNICEF and WHO (2021) reported that Cambodia reached more than 65% coverage, Vietnam 45%, and the Philippines 34% (16). Although Indonesia performs better than some peers, it still trails behind countries that have managed to achieve higher coverage, indicating the need to draw lessons from regional best practices.

To overcome the challenges of exclusive breastfeeding, interventions in health programs are needed. Public health interventions aim to improve the health of individuals and communities, with a positive impact on the overall well-being of society. For these programs to be effective and efficient, interventions must focus on the most urgent priorities to be addressed first (17). In line with this, evidence from The Lancet Breastfeeding Series highlights that stronger breastfeeding practices could prevent around 823,000 child deaths and 20,000 maternal deaths every year worldwide (18). This reinforces the urgency of enhancing exclusive breastfeeding in Indonesia, both to achieve national health targets and to contribute to global child survival and nutrition goals.

METHOD

This article uses a literature review design, which is a method of searching for literature through relevant databases. The search strategy was conducted using national articles obtained through the Google Scholar search database. Inclusion criteria in the literature selection included publications within a maximum time span of five years (2020-2024), available in accessible full text, Indonesian language, and the samples involved were breastfeeding mothers. This review focused on evaluating exclusive breastfeeding programs to improve infant health. The results of the analysis of articles that met the criteria are presented in the following PRISMA flow chart. In total, the initial search through Google Scholar identified 3,080 articles. After applying the inclusion and exclusion criteria, 1,500 articles remained for abstract and title screening. From these, 250 were reviewed in more detail, and 30 full-text articles were assessed for eligibility. Ultimately, only 5 articles met all criteria and were included in the final review. Articles were excluded mainly due to being outside the publication period (2020–2024), unavailability in full text, irrelevance to the exclusive breastfeeding topic, or because the study population did not involve breastfeeding mothers.

The analysis of the selected literature was conducted using a thematic approach, where key findings were grouped into recurring themes such as policy implementation barriers, cultural influences, and the availability of health facilities. This method allowed the authors to synthesize qualitative evidence narratively, highlighting patterns and challenges reported across different studies. It is important to note that the review process has methodological limitations. The literature search relied solely on Google Scholar and did not include international databases such as PubMed or Scopus, which may have limited the comprehensiveness of the evidence base. Despite these constraints, the findings provide valuable insights into the implementation of exclusive breastfeeding programs in Indonesia within the specified timeframe.

RESULTS

Once articles that met the authors' inclusion criteria were collected and screened, the next step was to review the articles. The analysis of this review identified 5 national studies which are summarized in Table 1.

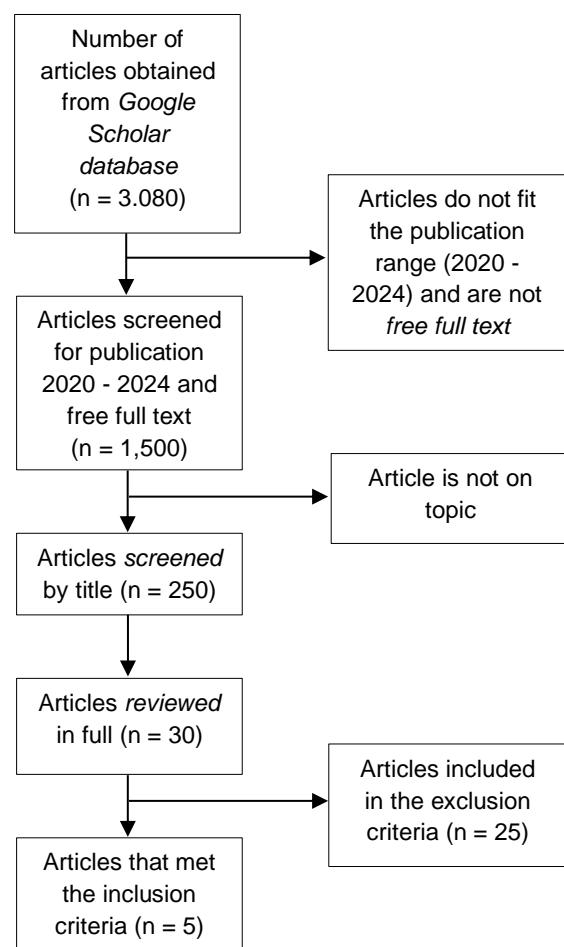


Figure 1. PRISMA Flow Diagram

Table 1. Literature Analysis Results

Researcher and Year of Publication	Title	Research Design	Results
Dzul Fahmi Afriyanto, Ella Nurlaela Hadi, Meiriza Andarwati, Risma Wardiani, Queen Nazhofah, Andi Muhammad Yusuf, Dewi Afni (2022)	Implementation Analysis of Exclusive Breastfeeding Policy in the Working Area of X Community Health Centers, East Jakarta	Qualitative (Rapid Assessment Procedure (RAP))	The results revealed that the communication aspect, especially in terms of socialization and receipt of information, is still not running optimally. Meanwhile, the elements of resources, bureaucratic structure, and disposition have been well implemented and integrated with all sectors, both internal and external.

Researcher and Year of Publication	Title	Research Design	Results
Rahma Mochtar Kusumasasta (2023)	Policy Implementation Analysis of Exclusive Breastfeeding and Lactation Room Provision for Working Mothers in Kudus District (Case Study: PT Djarum)	Qualitative (Case study)	It was found that the implementation of Kudus Regency Regulation No. 16/2016, especially concerning the availability of Lactation Rooms and opportunities for mothers to express breast milk, is influenced by various factors. Some of the influencing factors include the standards and objectives of the policy itself, the availability of resources, the characteristics of the organization implementing the policy, inter-organizational communication, the attitudes of the implementers, and the surrounding social, economic, and political conditions.
Fitriani Pramita Gurning, Chika Ismauzi Alfazira, Putri Hairuna, Anggaraini Hasibuan (2021)	Analysis of the Implementation of the Exclusive Breastfeeding Program at Sering Community Health Centers, Medan Tembung Sub-district	Descriptive (Qualitative)	Findings indicated that the implementation of the exclusive breastfeeding program at the community health centers still presents some difficulties. Community Health Centers still faces a number of challenges in its implementation. The main obstacles include the lack of education for breastfeeding mothers, low public awareness, lack of family support, and limited health workers in providing assistance. In addition, the effectiveness of communication in this program is still not optimal, so the goals and objectives of exclusive breastfeeding have not been fully achieved.
Rukmini, Eka Fatmawati, Yuli Trisnanto, Yunita Fitriani (2020)	Program Intervention Strategies and Utilization of Local Potential in Efforts to Increase Exclusive Breastfeeding Coverage in Balangan Regency	Qualitative (Health Ethnography)	The research showed that the adoption of exclusive breastfeeding in Mauya and Marajai Villages, Balangan Regency, was relatively low. Various determinants influence this, including the health conditions of mothers and infants, the availability of medical personnel and health facilities, and social, economic and cultural factors. In addition, geographical conditions and limited access to information media also contribute to the low level of exclusive breastfeeding practices in both villages.

Researcher and Year of Publication	Title	Research Design	Results
Mutiara Rizka Pradini, Dwi Yulia Maritasari, Tubagus Erwin Nurdiansyah (2024)	Evaluation of the "Ngasi Kuy" Innovation Program to Increase Exclusive Breastfeeding Coverage	Qualitative (Case Study)	The results revealed that the low achievement rate of exclusive breastfeeding was due to the limited number of breastfeeding counselors, facilities and infrastructure that did not meet the standards, low public awareness, and minimal participation of mothers in counseling activities.

The analysis of the five included studies shows that exclusive breastfeeding coverage varied across regions, but overall remained below the national target of 80 percent. In East Jakarta, coverage fluctuated around 60% to 65%, while in Balangan Regency some villages reported less than 50%. The study in Kudus highlighted that workplace policies were only partially effective in supporting mothers, whereas innovative community-based initiatives such as "Ngasi Kuy" increased awareness and participation, although their reach was still limited.

When comparing across themes, several recurring barriers emerged. Limitations in human resources, particularly the shortage of trained breastfeeding counselors and health workers, were reported in four studies. Inadequate facilities, especially lactation rooms in workplaces and community health centers, were mentioned in at least three studies. Cultural practices, including the early introduction of formula and complementary feeding before six months, appeared in four studies and were often reinforced by family traditions. A lack of support at both household and workplace levels was also documented in three studies, indicating that insufficient involvement of family members and employers can hinder exclusive breastfeeding practices.

Taken together, these findings demonstrate that barriers to exclusive breastfeeding in Indonesia are multifactorial yet interconnected. Cultural and family-related factors emerged as the most dominant challenges, reported in nearly all studies, followed by the shortage of human resources and inadequate facilities. Although innovative interventions showed potential to

strengthen program outcomes, addressing systemic issues and shifting social norms remain essential for achieving national breastfeeding targets.

DISCUSSION

The analysis of the five reviewed studies demonstrates that although exclusive breastfeeding programs have been supported by a solid regulatory framework, their implementation continues to encounter persistent barriers. Across different regions, the most consistent problems were the shortage of trained counselors and health workers (9, 14, 19), inadequate lactation facilities (10), and strong cultural practices such as the early introduction of formula and complementary foods (14, 20). Limited family and workplace support was also frequently reported, indicating that social and environmental factors are just as critical as regulatory ones.

When compared with international findings, similar challenges are evident. Studies in Southeast Asia and global reports show that supportive environments including family involvement and workplace policies are decisive for breastfeeding success (16, 18). For example, countries such as Cambodia, which have achieved higher coverage, combine policy enforcement with strong community based support. In contrast, Indonesia illustrates a common pattern in low and middle income countries: regulations are in place but enforcement is weak, leading to a gap between policy and practice.

The dominant factor emerging from both national and international evidence is that legal mandates alone are insufficient without simultaneous investment in human resources and community mobilization.

Strengthening the capacity of health workers and breastfeeding counselors should therefore be prioritized. Practical steps could include structured training for counselors through the posyandu network, supported by standardized modules and ongoing supervision. In workplaces, incentive schemes for companies that provide compliant lactation rooms and flexible time for breastfeeding may increase employer participation, complementing existing regulations (21).

Cultural and family-related barriers also demand tailored solutions. Evidence indicates that involving husbands and grandparents in counseling sessions significantly improves exclusive breastfeeding rates (22). Community-based interventions such as the “Ngasi Kuy” program (19) provide useful models, particularly when combined with digital education strategies, though they require expansion beyond limited pilot areas.

Overall, the findings suggest that the root of the problem lies not in the absence of policy but in weak implementation mechanisms, limited resources, and insufficient cultural adaptation. Addressing these gaps requires a multi-level approach that couples regulation with enforcement, invests in human resources, and mobilizes family and community support. Such strategies are consistent with global evidence showing that comprehensive, context-specific interventions can accelerate progress toward achieving national and international breastfeeding targets (23).

CONCLUSIONS

The review indicates that the main barriers to exclusive breastfeeding implementation in Indonesia are the limited availability of trained breastfeeding counselors and the lack of consistent family and workplace support. These obstacles are reinforced by inadequate facilities and cultural practices that encourage early formula feeding, showing that the gap lies not in the absence of regulations but in weak implementation and social adaptation.

RECOMMENDATIONS

To strengthen the program, several practical measures are required. Expanding the number and capacity of breastfeeding counselors—particularly through the posyandu network—should be prioritized. Workplaces need stronger enforcement of existing regulations, including sanctions for companies that fail to provide adequate lactation rooms, balanced with incentives for those that comply. Family involvement can be improved through targeted education programs that engage husbands and grandparents. Cross-sectoral collaboration between government, health workers, private institutions, and communities remains essential to achieve the national target for exclusive breastfeeding.

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