

Collaborative Governance in Policy Advocacy of Exclusive Breastfeeding Practice in Semarang City

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Abstract: Reducing infant and under-five mortality by 2030 is one of the goals of sustainable development. One way to achieve the aforementioned goal is to intensify the practice of exclusive breastfeeding. In Indonesia, it was recorded that in 2017 the exclusive breastfeeding had only reached 61.33%, while in Semarang, the city had reached only 67.33%. The factor that influences the lack of awareness in exclusive breastfeeding is low self-efficacy among mothers. Using descriptive qualitative methods through in-depth interviews and documentation studies, this study aims to form a collaborative governance model in exclusive breastfeeding policy practices in Semarang City. Collaborative Governance in advocating exclusive breastfeeding policy is particularly crucial because not only the government is incapable to overcome these difficulties themselves, but also the complexity of working mothers continues to increase. Collaboration involves academicians, NGOs/Civil Society, Government, and Media. The Collaborative Governance model is built on the types of stakeholders in penta-helix chart. This model is presumed to be able to enhance self-efficacy in exclusive breastfeeding based on the actors role and interests.

1 INTRODUCTION

Indonesia is one of the developing countries that is struggling to reduce infant and under-five-year-old mortality through the implementation of the SDGs by ending preventable mortality rates in infants and toddlers in 2030. Many policies at the national and regional levels have been implemented to overcome these problems. A number of regulations at the national level that encourage exclusive breastfeeding in Indonesia are set out in Government Regulation (PP) No. 33 of 2012 concerning Provision of Exclusive Breast Milk and Regulation of the State Minister for Women's Empowerment and Child Protection No. 03 of 2010 which regulates the Application of 10 Steps to Successful Breastfeeding (LMKM). As a follow up to policy at the national level, the Governor of Central Java issued Governor Regulation No. 17 of 2016 concerning the Implementation of Maternal and Child Health in Central Java Province. Whereas the Semarang City Government, related to the implementation of exclusive breastfeeding, issued the Mayor of Semarang Regulation No. 7 of 2013 concerning Increasing Exclusive Breastfeeding.

The stipulation of international, national and regional regulations related to exclusive breastfeeding did not have a significant impact on the decline in the coverage of exclusive breastfeeding in Indonesia. For example in Central Java, 54.4% (Profile of Central Java Health, 2017)

which is lower than East Java Province, which is 76.01%. This coverage is also lower than the national average, which is 61.33%. Semarang City is the capital of Central Java, although it has an exclusive ASI coverage of 67.33% (Semarang City Health Profile, 2017), which is higher than the specified target of 65%. It turned out that there were still 8 Community Health Centers (Puskesmas) (19.4%) that had coverage below the target. This condition showed that a large effort must be made by the regional government in conducting advocacy to encourage exclusive breastfeeding in Central Java. Advocacy is defined as planned collective action involving all stakeholders.

The low coverage of exclusive breastfeeding is generally caused; (1) marketing of formula milk is still intense especially for babies 0-6 months who do not have medical problems, (2) there are still many companies that do not provide opportunities for female workers with infants aged 0-6 months to provide exclusive breastfeeding in the absence of lactation space, (3) there are still many health workers at the service level who do not care and take sides in fulfilling the right of babies to get exclusive breastfeeding, which is still encouraging the use of formula milk for infants 0-6 months, (4) very limited all-thing-about-breastfeeding counselors, (5) the implementation of education, outreach, advocacy, and campaigns related to exclusive breastfeeding has not been maximized, and (6) there are still several hospitals that have not implemented the 10 Steps to Successful Breastfeeding (Central Java Health Profile, 2017).

The problems above are external factors. Lawrence Green's theory of Health Behavior, explains that the success of one's health behavior is also influenced by internal factors. The influence of internal factors which is considered to be predisposing factors is essential in shaping someone's behavior. In line with Lawrence Green's Theory, Zhihong Zhang, et al (2017) using Theory of Planned Behavior revealed that maternal knowledge about breastfeeding and social norms believed by mothers were internal factors that could influence the duration of breastfeeding while SJ Charlick, et al (2018) in their study found that the behavior of mothers in exclusive breastfeeding was a personal decision based on the belief in the norm about the importance of breastfeeding

This paper will present a collaborative governance model in advocating exclusive breastfeeding policies based on the results of research on factors that inhibit exclusive breastfeeding in Semarang City.

2 THEORETICAL

2.1 Lawrence Green Behavior Theory

In relation to health behavior, according to Lawrence Green (1980) there are ways to analyze and evaluate through three factors, namely:

- a. Predisposing Factors
Driving factors are factors that facilitate or provide motivation for someone to do health behavior. Predisposing factors include: knowledge, attitude, and self-efficacy.
- b. Enabling Factors
Enabling factors are a supporting factor or enabling the realization of behavior. This factor consists of facilities and infrastructure that allow forming someone's health behavior. In providing exclusive breastfeeding, the enabling factor is for example: the availability of a demonstration room and easy access to health facilities.
- c. Reinforcing Factors
Reinforcing factors are the behaviors of health workers, community leaders or neighbors who are a reference group of community behavior.

In this research, researchers only used predisposing factors to analyze the behavior of mothers in exclusive breastfeeding.

2.2 Collaborative Governance

The term collaborative governance is a way of managing government that directly involves stakeholders outside the government or the state, oriented to consensus and deliberation in a collective decision-making process, which aims at making or implementing public policies and public programs (Ansell and Gash, 2008).

Collaboration is an activity that is fundamentally located in the management of social networks. Social network, namely the relationship of the communication

nodes of stakeholders. Based on this understanding, it can be concluded that collaboration theory is an analysis of the governance process with a viewpoint on social networks. The collaborative governance model requires all stakeholders to be involved in dialogue, where stakeholders represent themselves in expressing their interests (Booher and Innes, 2002). Collaboration is a form of joint activity by two or more institutions working together aimed at increasing public value rather than working independently.

In collaboration, the involvement of stakeholders is in accordance with the roles of each party. Stakeholders are all parties in the community, whether personal, community groups or communities that have a relationship and interest in issues or problems within the organization or environment. Stakeholders can be interpreted as either the stakeholders or interested parties. There are several collaborative governance models that involve stakeholders, namely: a. Triple Helix, consisting of three stakeholders: the government, business and academics; b. Quadra Helix, consisting of government, business, academics and civil society; c. Penta Helix, consisting of government, business, academics, civil society and mass media.

Seigler conveyed the eight main principles in implementing collaborative governance, namely: (1). community members must be involved in the production of public goods; (2) the community must be able to mobilize resources and assets to overcome community problems; (3) Giving professionals to share expertise to empower citizens; (4). policies must present public deliberations; (5). Policies must contain sustainable collaborative partnerships; (6). Policies must be strategic; (7). Policies must change institutions for community empowerment and solving public problems; and (8) policies must contain accountability (Seigler, 2011)

In this study collaborative governance is defined as a collective process in which each stakeholder has authority in decision making and has equal opportunity to reflect on his aspirations in the process, meaning that collaborative governance in advocacy of exclusive breastfeeding is a process of collective collaboration of various stakeholders aimed at increasing the coverage of exclusive breastfeeding.

3 METHOD

This research was conducted at the Genuk Community Health Center which has low exclusive breastfeeding coverage in Semarang City. The research approach uses descriptive qualitative methods. This descriptive study aims at obtaining a detailed description of the state of the object and subject of observation. Data retrieval is done by purposive sampling. Purposive sampling is a technique of sampling data sources with certain considerations, in this case the mother is giving and not giving exclusive breastfeeding to find out the inhibiting factors. Thus, it will

be easier for researchers to explore the object/social situation under study.

The data collection technique in this study was carried out through semi-structured interviews with participants to find problems more openly so that mothers were easier to express their opinions. Miles and Huberman in Sugiyono (2016: 337) revealed that the activities in qualitative data analysis are carried out interactively and take place continuously until complete, so that the data is completed. Therefore this study was carried out through three stages: (a) data reduction to select the main and important things, so that the data can provide a clear picture; (b) presentation of data so that data is organized and organized into relationship patterns so that they are more easily understood; and (c) verification of data, namely drawing conclusions and verifying the results of research.

4 RESULT AND DISCUSSION

4.1 Knowledge of Exclusive Breastfeeding

Mother's knowledge of exclusive breastfeeding influences the mother's decision to give breast milk. The results showed that most mothers were able to provide an understanding of the time span and benefits of breastfeeding. The time span of breastfeeding is Early Breastfeeding Initiation (IMD) within 1 hour after birth, Exclusive breastfeeding for 6 months, and continued breastfeeding (with replacement food) for 2 years or more (WHO, 2014). The benefits of breastfeeding include: building a strong immune system, good brain development, and closer emotional bonds to the mother (Yohmi et al., 2016). Although there are some mothers who were not fully right in giving an understanding of exclusive breastfeeding and its benefits, they generally understood the importance and the benefit of it.

4.2 Willingness in Exclusive Breastfeeding

Knowledge that mothers have about the duration of time and the benefits of exclusive breastfeeding provides encouragement to the mother's willingness to give breast milk. The results showed that mothers who did exclusive breastfeeding had better knowledge than mothers who did not. Mothers who did not do it proved not to understand both good breastfeeding techniques and the right time for additional feeding. Mother's knowledge is influenced by her involvement in activities and counseling organized by Community Health Centers and accesses to media.

4.3 Self-efficacy in Giving Exclusive Breastfeeding

Mothers doing exclusive breastfeeding have high self-efficacy. Their knowledge of the benefits of breastfeeding is balanced with physical conditions that support shaping the mother's belief in her ability to breastfeed. These beliefs can produce high milk productivity and provide satisfaction for the mother. High breast milk productivity can be donated to babies in need. The confidence of mothers is increasingly influenced by the role of doctors and health center officers who always promote exclusive breastfeeding among mothers from the time of pregnancy to toddlers.

On the other hand, mothers who did not do exclusive breastfeeding were doubtful about their own abilities. This condition is due to the experience of failing to do exclusive breastfeeding to the first child, low breast milk productivity (only 1-3 months after the baby is born), psychological pressure, and advocacy by health workers.

Based on Lawrence Green's Health Behavior Theory, this study concluded that self-efficacy is the most dominant factor in influencing mothers doing exclusive breastfeeding. Bandura's theory (1997) states that maternal self-efficacy in doing exclusive breastfeeding is influenced by performance success in this case experience failure in breastfeeding their previous children, other people's experiences, persuasion from health worker advocacy, and physiological response such as low milk productivity caused by psychological pressure.

4.4 Collaborative Government in Advocacy for Exclusive Breastfeeding

4.4.1 Government

The government element in encouraging exclusive breastfeeding included of Semarang City Health Office and Genuk Community Health Center, Semarang City. The role of the government in increasing exclusive breastfeeding is as a developer of regulations and aligning various programs/activities to promote exclusive breastfeeding. Whereas Community Health Centers (*Puskemas*), through health workers as parties who interact directly with the community, have a role to conduct socialization and advocacy to reach all pregnant and lactating mothers to provide information and monitoring on a regular basis in the Community Health Center working area.

4.4.2 Non-Government Organization (NGO)

The role of NGOs in increasing exclusive breastfeeding is carried out by Breastfeeding-Support-Groups (*KP-ASJ*). The Breastfeeding-Support-Groups are very effective in reaching pregnant and lactating mothers to provide psychological support to build self-efficacy. The support

aims at reducing stress and due to other stresses that have an impact on the productivity of breast milk.

4.4.3 Private Organizations

The high participation of women in the workforce makes companies and industries obliged to give the right to breastfeed for women. This can be fulfilled by making lactation rooms for female workers who are breastfeeding. This study did not find a lactation room in the place of workers. Private organizations in promoting breastfeeding can become lenders and developers of public facilities for breastfeeding women.

4.4.4 Academics

Elements included in academics are people who have competence in the health sector. The role of academics in increasing exclusive breastfeeding is to monitor and evaluate the implementation of exclusive breastfeeding policies to provide suggestions to the government. In this study no involvement of academics was found in encouraging pregnant women to do exclusive breastfeeding.

4.4.5 Media

Community highly access to high media makes the role of the media very effective in building understanding among the public about the benefits and importance of exclusive breastfeeding. Media in this case are newspapers, radio, local TV, and online media. The media also plays a role in the publication of the results of monitoring government policies so that the implementation of exclusive breastfeeding policies becomes more efficient and effective. In this study the media was found to be less than optimal in advocating for pregnant and lactating women in exclusive breastfeeding.

Based on the results of the study it can be concluded that collaborative governance in advocacy for exclusive breastfeeding in Semarang City, only 3 stakeholders involved intensively, namely: government, NGOs in this case Breastfeeding-Support Groups and Media. Private academics and organizations showed less of their roles.

Table 1: Collaborative Governance Model Advocacy for Exclusive Breastfeeding

Stakeholders	Roles
Government	a. Regulatory developers and program aligners / activities related to exclusive breastfeeding b. Advocating for pregnant and lactating mothers
NGO (KP-ASI)	a. Providing advocacy in the form of psychological support for

	pregnant and lactating mothers through communication forums
Company	a. Development and funding support b. Provision of female labor lactation rooms
Akademisi	a. Monitoring and Evaluation b. Policy Research
Media	a. Building a public understanding of the importance of exclusive breastfeeding b. Publication of the results of monitoring the implementation of exclusive breastfeeding policies

4 CONCLUSION

The failure to achieve exclusive breastfeeding coverage in several health centers in Semarang City was caused by several internal or predisposing factors, namely: knowledge of exclusive breastfeeding, the willingness of mothers to give exclusive breastfeeding, and the mother's belief in her ability to do exclusive breastfeeding. Based on these studies, Self-efficacy is the dominant factor for not fulfilling the target of exclusive breastfeeding coverage in Semarang City. This is in line with Bandura's theory which stated that maternal self-efficacy in doing exclusive breastfeeding was influenced by performance success, other people's experiences, verbal persuasion, and physiological responses.

Advocacy to increase the coverage of exclusive breastfeeding in Semarang City has been carried out at the Community Health Center level but has not been optimal. Therefore collaboration between related institutions is needed, namely the government, NGOs, private organizations, academics, and the media through collaborative governance in accordance with their respective roles. In detail the collaboration models of 5 stakeholders we recommend in the table.

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- Mayor of Semarang Regulation No. 07 of 2013 concerning Increasing Exclusive Breastfeeding.