

## Kajian implementasi dan kebijakan air susu ibu eksklusif dan inisiasi menyusui dini di Indonesia = Study on policy and implementation of exclusive and early initiation of breastfeeding in Indonesia

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### Abstrak

Di Indonesia, pencapaian target Air Susu Ibu (ASI) eksklusif 80% terlihat terlalu tinggi karena tren ASI eksklusif justru menurun. Tujuan dari artikel ini adalah mengkaji implementasi dan kebijakan ASI eksklusif dan Inisiasi Menyusui Dini (IMD) di Indonesia secara deskriptif berdasarkan studi-studi yang ada. Kebijakan, yaitu Keputusan Menteri Kesehatan (Kepmenkes) No. 237/1997, PP No. 69/1999, Kepmenkes No. 450/2004, dianalisis menggunakan pendekatan konten, konteks, proses dan aktor serta kerangka kerja koalisi advokasi. Hasil kajian implementasi menunjukkan masih rendahnya pemberian ASI eksklusif di Indonesia dan masih kurang optimalnya fasilitasi IMD. Kebijakan ASI eksklusif belum lengkap dan komprehensif, IMD belum masuk secara eksplisit dalam kebijakan. Analisis kerangka kerja koalisi advokasi mengonfirmasi lemahnya aspek sistem eksternal dan subsistem kebijakan dalam penyusunan kebijakan ASI eksklusif. Disarankan agar kebijakan ASI eksklusif yang ada segera diperbarui supaya relevan dari segi konten, konteks, proses dan aktor, harus memasukkan unsur IMD secara eksplisit, dan harus disusun mencakup unsur sanksi dan reward serta monitoring dan evaluasi sebagai upaya penguatan implementasi kebijakan di masyarakat.

*In Indonesia, the Ministry of Health has set an Exclusive Breast Feeding [EBF] target of 80%, which is considered as unrealistic, especially where the current trend of EBF is showing a decline. The aim of this paper is to review the implementation and the policy of EBF and Early Initiation of breastfeeding (EI) in Indonesia based on existing studies. The policy, as stated in Kepmenkes No. 237/1997, PP No. 69/1999, and Kepmenkes No. 450/2004, was analysed using content, context, process and actor models, and triangulated by an advocacy coalition framework. Review on implementation shows that EBF practice in Indonesia is still very low and midwives have not been facilitating EI optimally. Policies on EBF are not complete and not comprehensive. EI has not been included explicitly and several aspects of policy content should have been updated. The advocacy coalition framework analysis confirms the findings of earlier analysis by emphasizing weaknesses in the external system as well as policy sub-system in the development of EBF policy. It is suggested to update and renew the existing EBF policy as to be more relevant in terms of content, context, process, and actor. An EBF policy should always include an Early Initiation component. The new policy should also include sanction, reward, and monitoring and evaluation to strengthen the implementation of the policy in community.*