Legal Protection for Health Workers Towards the Implementation of Government Regulation No. 33 of 2012 concerning Exclusive Breastfeeding on Infants with Post Sectio Caesarea Mothers

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Abstract

Introduction: Articles 6 and 7 of Government Regulation No. 33 of 2012 on Exclusive Breastfeeding stated that every mother who gives birth must give exclusive breast milk to the newborn, unless there is a medical indication, the mother is not present or the mother is separated from the baby. The purpose of this study was to determine the legal protection for health workers towards the implementation of government regulation concerning exclusive breastfeeding on infants with Post Sectio Caesarea mothers.

Methods: This research method is empirical juridical research (field research). The author uses a statutory approach in accordance with the studied legal materials, analyzed qualitatively. The sample in this study is all 2 ObsGyn, 2 pediatrician, 9 midwives, 1 breast milk counselor, 60 post SC mothers and 60 newborns at RSUD Tarutung, RSUD Porsea, and RSUD Doloksanggul when researchers conducted research.

Results: Exclusive Breastfeeding is a government program and has been outlined in Government Regulation No. 33 of 2014 on Exclusive Breastfeeding. The government is actually aggressively promoting exclusive breastfeeding through seminars, workshops and advertisements in print, electronic and social media. But this does not make exclusive breastfeeding successful as expected. The number of obstacles both external factors and internal factors of the mother. Especially on the mother of the Post Sectio Caesarea.

Conclusion: Implementation of Government Regulation No.33 of 2012 on Exclusive Breastfeeding of Post Sectio Caesarea Mothers in hospitals has still not been realized.
INTRODUCTION

Health development is carried out to fulfill the rights of the community, one of which is to obtain health services thoroughly and evenly. Health is a human right which is obtained to improve the level of health of community, groups and individuals including mother and child. Maternal health is a priority so mothers can give birth to a healthy and intelligent generation. This is stated in Article 126 paragraph 1 and 2 of Law No. 36 of 2009 on Health mentions that “Maternal health efforts are aimed at maintaining maternal health. The health efforts in question include promotive, preventive, curative and rehabilitative” [1].

Children’s health assurance is the responsibility of all parties, namely parents, families, communities, governments, and local governments mentioned in Article 131 paragraph 3 No. 36 of 2009 on Health [1]. Getting the highest degree of health is the basic right of mother and child. The right of a mother is stipulated in Article 49 Paragraph 2 of Law No. 39 of 1999 on Human Rights states that "Women are entitled to special protection in the implementation of their work or profession towards matters that may threaten their safety and/or health with respect to women's reproductive functions" [2]. Likewise, the right of the child is stipulated in Article 62 states that "Every child is entitled to proper health and social security services, in accordance with his or her physical and mental spiritual needs." Physical needs are not only needed by the child but the mother also needs it to meet the needs of the foetus conceived if the mother is pregnant. One of the physical needs of the mother that must be met is the fulfilment of quality and balanced nutrition before pregnancy, during pregnancy, childbirth and postpartum. In the course of pregnancy that initially takes place normally can lead to abnormal if not supported with good physical and psychological needs. It is not uncommon for labour to end with a Sectio Caesarea (SC). SC is the last alternative in terminating a pregnancy to save both mother and child.

At the beginning of the Health Social Security Organizing Agency hereinafter referred to as BPJS, many health workers especially midwives who refer patients to the hospital on the grounds that BPJS claims are too cheap while the risk in helping childbirth is very high. Not only from the health workers who encourage the increasing labour with SC but from the patient or the mother herself. Mother has the desire to try, because she believes it has been covered by BPJS so that it does not become a heavy burden anymore [3].

The World Health Organization referred to as WHO has set an average standard in a country of 5-15% per 1.000 birth worldwide [4]. However, according to WHO there is an increase in childbirth with SC in all countries that from 2007 to 2008, there were 110,000 per birth across Asia [5]. The causative factors of childbirth with SC are maternal age, parity and the incidence of anaemia [6].

Exclusive breast milk varies in different countries. Centre for Disease Control and Prevention (CDC) survey results that in the United States in 2014 infants who were exclusively breastfed up to the age of three months is 40.7% and only 18.8% until the age of six months. Data obtained from the Indonesian Health Demographic Survey
further called SDKI in 2017 mentioned that there was an increase in Exclusive Breastfeeding from 2012 which was 42% to 52% in 2017. However, with further study, it turns out that exclusive breastfeeding decreases with the age of children from 67% at the age of 0-1 month to 55% at the age of 2-3 months and 38% at the age of 4-5 months [7].

The results of the initial survey conducted by researchers on November 1, 2019 in the obstetrics inpatient room of RSUD Tarutung there were 11 post SC mothers. The causes of SC are four (4) previous SC history, three (3) due to old parturition, one (1) because of large babies, one (1) due to bleeding, one (1) due to hypertension, and one (1) at their own request and all infants receive formula. Post SC mother just start trying to breastfeed on the second day. Out of 11 post SC, 10 mothers who gave formula having the reason that breast milk was still too little so the baby was fussy and crying and the mother was still in pain if sitting for a long time. One (1) mother because of a flat nipple.

In Articles 6 and 7 of Government Regulation No. 33 of 2012 on Exclusive Breastfeeding stated that every mother who gives birth must give exclusive breast milk to the newborn, unless there is a medical indication, the mother is not present or the mother is separated from the baby [8].

Breast milk that is not smooth out or too little will make the baby fussy and not met his needs. Breast milk that is not able to meet the needs of the baby will certainly affect the growth and development of the baby. The time of breastfeeding expenditure in post SC mothers is slower than that of normal post-partum mothers. Delayed breastfeeding in post SC mothers is caused by various factors including breastfeeding position, pain after SC, mobilization, mother-child care and rolling massage intervention [9].

Mothers who use pain reduction during labor such as epidural or SC are at higher risk of delayed breastfeeding. Previous research has suggested that the effects of anesthetic drugs during labor increase lactogenesis time by 13 hours. The delay in the lactation process in post SC mothers is also caused by the levels of the hormone oxytocin inhibited due to the anesthetic drug used, the hormone oxytocin itself is a hormone that stimulates the production of breast milk. Delays in the breastfeeding process in post SC mothers can occur during the first 4-5 days after delivery [10].

Delays in the breastfeeding process will have an effect on the baby’s weight loss. In the first week of life, a newborn’s weight loss is natural. Based on Prof. Valerie Flaherman and the team research from the University of California of San Francisco, there is a difference between babies born spontaneously from vagina and babies born through cesarean section. Babies born from vagina will lose weight to the lowest point at the age of 54-60 hours, while new cesarean babies will reach the lowest point at the age of 60-72 hours, both require special attention if there is a decrease in >10% of the weight birth, or a decrease in >7% accompanied by clinical symptoms that indicate the baby is not fit [11].

After going through this transition phase, it is expected that the weight of babies who are exclusively breastfed will continue to
grow and return to reach birth weight at the age of 10-14 days. By keeping the exclusive breastfeeding to babies with >10% weight loss, of course the risk experienced by the baby is death [12]. This can present legal risks to health workers who provide health care in hospitals both pediatricians and midwives. As stated in Article 43 paragraph 1 of Law No. 44 of 2009 concerning Hospital mentions that "Hospitals are obliged to apply patient safety standards" [13].

Another supporting law is article 2 of Law No. 29 of 2004 concerning Medical Practice explaining that "The medical practice is carried out based on Pancasila and comply with scientific values, benefits, justice, humanity, balance, as well as the protection and safety of patients". Then highlighted in the Explanation Article 2 letter f describes that: "The protection and patient safety is that the implementation of medical practice not only provides health services, but must be able to provide improved level of health while maintaining the protection and patient safety" [14].

In line with Article 2, Letter of Law No. 4 of 2019 on Midwifery mentions that "The Implementation of Midwifery based on client safety" then emphasized in the Explanation of Article 2 letter g explaining "What is meant by the principle of "Client safety" is that Midwives in conducting Midwifery Care must prioritize the client safety" [15]. That is, although pediatricians and midwives have an obligation to implement the regulations but must still prioritize the patient/client safety. The purpose of this study was to determine the legal protection for health workers towards the implementation of government regulation concerning exclusive breastfeeding on infants with Post Sectio Caesarea mothers.

**METHODS**

This research method is empirical juridical research (field research) [16]. The specific research in this study is descriptive analytical, which is research that describes certain legal problems in society that carry out to clarify positive laws becomes various categories of law. Primary data sources are obtained from the field. Secondary data is obtained from literature research in the form of books in public libraries [17]. The author uses a statutory approach in accordance with the studied legal materials, analyzed qualitatively. The sample in this study is all 2 ObsGyn doctors, 2 pediatrician, 9 midwives, 1 breast milk counselor, 60 post SC mothers and 60 newborns at RSUD Tarutung, RSUD Porsea, and RSUD Doloksanggul when researchers conducted research (accidental sampling). Data analysis in this study is carried out qualitatively, i.e. the data obtained then compiled systematically and analyzed qualitatively to get clarity of the problems discussed by explaining and interpreting logically and systematically the data obtained from the results of the study. This study protocol approved by the Ethical Board of Politeknik Kesehatan Kemenkes Medan (No. DM.10.01/00/01.01/35/IV/2020).

**RESULTS**

Exclusive Breastfeeding is a government program and has been outlined in Government Regulation No. 33 of 2014 on Exclusive Breastfeeding. The government is
actually aggressively promoting exclusive breastfeeding through seminars, workshops and advertisements in print, electronic and social media. But this does not make exclusive breastfeeding successful as expected. The number of obstacles both external factors and internal factors of the mother. Especially on the mother of the Post Sectio Caesarea.

**Characteristics of Respondents**

Table 1 shows that of the 60 respondents judging from the characteristics based on the largest proportion of age is in the age group of 29-33 years which is 38.33%, while the smallest proportion is in the age group of 39 - 44 years, which is 6.66%. Based on education that the largest proportion of education levels is the completion of high school / high school equivalent of 63.33% while the smallest proportion of junior high school graduation is 6.66%. While based on work shows that the largest proportion are working mothers at 58.33% while the smallest proportion of non-working at 41.67%.

**Baby's Gender**

Table 2 showed that out of 60 respondents, the largest proportion born were female babies at 53.33% while the smallest proportion of babies born were male at 41.67%.

**Based on Anaesthetics When SC**

Table 3 shows that all respondents use a lumbar type of anaesthetic by 100%.

**Based on Early Breastfeeding Initiation**

Table 4 shows that all respondents did not perform an early breastfeeding initiation by 100%.

**Based on the causative Factors of Sectio Caesarea**

Table 5 shows that out of 60 respondents, the largest proportion of SC causative factors is Post SC at 31.67% while the smallest proportion of fetal distress and large fetuses is 1.67%.
Table 1
Characteristic respondent that consisted of healthcare professional

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 - 23</td>
<td>7</td>
<td>11.67</td>
</tr>
<tr>
<td>24 – 28</td>
<td>16</td>
<td>26.67</td>
</tr>
<tr>
<td>29 – 33</td>
<td>23</td>
<td>38.33</td>
</tr>
<tr>
<td>34 – 38</td>
<td>10</td>
<td>16.67</td>
</tr>
<tr>
<td>39 - 44</td>
<td>4</td>
<td>6.66</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior high school</td>
<td>5</td>
<td>8.33</td>
</tr>
<tr>
<td>Senior high school/at level</td>
<td>38</td>
<td>63.33</td>
</tr>
<tr>
<td>University</td>
<td>17</td>
<td>28.34</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not working</td>
<td>25</td>
<td>41.67</td>
</tr>
<tr>
<td>Working</td>
<td>35</td>
<td>58.33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2
Characteristic respondent that consisted of Baby’s Gender

<table>
<thead>
<tr>
<th>Baby’s Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>28</td>
<td>46.67</td>
</tr>
<tr>
<td>Girl</td>
<td>32</td>
<td>53.33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3
Characteristic respondent that consisted of Anaesthetic Type Towards Post Sectio Caesarea Mothers

<table>
<thead>
<tr>
<th>Anaesthesia type</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lumbal</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4
Characteristic respondent that consisted of early breastfeeding initiation giving by Post sectio Caesarea Mothers

<table>
<thead>
<tr>
<th>Early breastfeeding initiation giving</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 5
Characteristic respondent that consisted of SC Causative Factors of Post Sectio Caesarea mothers

<table>
<thead>
<tr>
<th>SC caused factor</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post SC</td>
<td>19</td>
<td>31.67</td>
</tr>
<tr>
<td>Own request</td>
<td>14</td>
<td>23.33</td>
</tr>
<tr>
<td>Malposition</td>
<td>6</td>
<td>10.00</td>
</tr>
<tr>
<td>Postdate</td>
<td>5</td>
<td>8.33</td>
</tr>
<tr>
<td>PE/Eclampsia</td>
<td>5</td>
<td>8.33</td>
</tr>
<tr>
<td>CPD</td>
<td>4</td>
<td>6.67</td>
</tr>
<tr>
<td>Hyperemesis</td>
<td>3</td>
<td>5.00</td>
</tr>
<tr>
<td>Placenta Previa</td>
<td>2</td>
<td>3.33</td>
</tr>
<tr>
<td>Fetal Distress</td>
<td>1</td>
<td>1.67</td>
</tr>
<tr>
<td>Large fetus</td>
<td>1</td>
<td>1.67</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

DISCUSSION

Implementation of Government
Regulation No.33 of 2012 concerning Exclusive Breastfeeding of infants with post sectio Caesarea mothers at Hospital of Lake Toba Region

From the results of research conducted at RSUD Tarutung, RSUD Porsea and RSUD Doloksanggul that the largest proportion factors causing Sectio Caesarea mothers are post SC history of 31.67% and self-demand by 23.33%. The results of the interview with the Director of RSUD Porsea and RSUD Doloksanggul conveyed an appeal to obgyn doctors, paediatricians, midwives and nurses in charge of obstetric and neonate to support the government’s program on exclusive breastfeeding to babies both normal and sectio Caesarea, as long as mother and baby have no medical indication. The results of interviews with the Director of Tarutung Hospital always appeal, especially Tarutung Hospital already has 1 (one) doctor who has participated in training on breast milk counsellors. At RSUD Tarutung, RSUD Porsea and RSUD Doloksanggul there have never been any cases of babies born SC dehydrated and died from dehydration.

The results of an interview with a paediatrician at RSUD Tarutung that there are 2 paediatricians but each doctor has a different day schedule. The results of the interview also, paediatricians do not do early breastfeeding initiation because the doctor must examine other patients who are in the inpatient room, in the child’s polyclinic and NICU. So, they do not participate in the operating room unless the baby is born in an emergency.

Almost the same results as the interviews with Paediatricians at RSUD Doloksanggul do not do early breastfeeding initiation because of the limited personnel where the doctor must examine paediatric patients in the paediatric inpatient and polyclinic rooms. The results of the interview with the Paediatrician at RSUD Porsea, early breastfeeding initiation was not carried out...
because the mother did not want to do that as
she was still afraid and horrified by the
operating room so that she felt
uncomfortable, the other causes is when the
baby is born, the baby is immediately
wrapped and taken to the child’s room for
body weight, length, head circumference and
chest circumference measurements. Another
cause is due to the Covid-19 pandemic
condition, paediatricians no longer go to the
operating room so they only wait in the room
near the operating room that is bounded with
glass to limit the crowd.

Basically, paediatricians at RSUD
Tarutung, RSUD Porsea and RSUD Porsea
support the government program of exclusive
breastfeeding but because of limited energy
so they cannot focus let alone participate in
guiding and accompanying the mother when
giving breast milk. The results of interviews
from the three doctors, in general, mothers
refused to give breast milk with a reason that
they are still weak, still feeling pain in the
scars of surgery and could not sit. Even though
it is like that, they still appeal for the breast
milk to be given. The results of subsequent
interviews that the three doctors never
offered formula to the baby’s family, never
maintained breastfeeding to the baby because
the family had provided formula with the
reason that the mother had not been able to
provide breast milk and breast milk had not
come out. So, there is no incident of a baby
experiencing dehydration or even death due
to maintaining breastfeeding.

The results of interviews with obgyn
doctors at RSUD Tarutung, RSUD Porsea and
RSUD Doloksanggul explained that mothers
who SC all use local / spinal anaesthetics.

Spinal anaesthetics which is given when SC
according to the doctor does not interfere
with the implementation of early
breastfeeding initiation in the operation room
but returns again to the willingness or
consent of the mother to do so.

The results of interviews with
Midwives at RSUD Tarutung, RSUD Porsea
and RSUD Doloksanggul that generally
counselling about early breastfeeding
initiation and Exclusive breastfeeding are not
given both before SC because most SC is
referrals from midwives and health centres
that cannot handle so they do not have time to
convey the information. It is also not given
After SC because of busyness with other
patients. All midwives at RSUD Tarutung,
RSUD Porsea and RSUD Doloksanggul never
offer formula to post sectio Caesarea mothers
with a reason that breast milk is the best food
for new-borns. The results of interviews with
midwives at RSUD Tarutung, RSUD Porsea
and RSUD Doloksanggul they teach mothers
how to breastfeed but not accompany. Many
mothers who refuse to give breast milk but
there are also mothers who still want to give
breast milk even though the mother still feels
pain in the scars of surgery the breast milk
given is actually enough but the mother
always complains that the milk that comes out
only a little so they choose to give formula. All
midwives at RSUD Tarutung, RSUD Porsea
and RSUD Doloksanggul said that no baby was
dehydrated or even died from maintaining
breastfeeding because the family had
provided formula.

The results of interviews with post
sectio Caesarea mothers at RSUD Tarutung,
RSUD Porsea and RSUD Doloksanggul, all
sectia mothers using spinal or local anaesthetics. The mother also replied that there was no information and education about exclusive breastfeeding before sectio and after sectio. Even with mothers who plan labor with sectio and mothers who come to the hospital for sectio because previously it was a history of post sectio. In fact, from data collected by post sectio Caesarea maternal researchers, the largest number is SC history of 36.67% and the second self-demand of 23.33%. As a result of the interview, the mother said there was no early breastfeeding initiation, all babies were given formula provided by the mother and family. Mothers are not taught and guided but are encouraged to breastfeed. Mothers also replied that the mother felt her breast milk was not enough so the baby was fussy and finally the baby was fed formula.

The results of an interview with the Breast Milk Counsellor at RSUD Tarutung, that there is mothers of post sectio Caesarea who informed about exclusive breast milk if they come not in an emergency. Breast milk counsellor does not participate during sectio Caesarea because in addition as breast milk counsellor, she works as a general practitioner and serves in Emergency Department, in addition she serves in accordance with the schedule that has been set. Breast milk counsellors never offer formula to the mother or her family, guide and accompany the mother in breastfeeding if requested by the family, never a dehydrated baby has died from maintaining exclusive breastfeeding. Basically, Breast Milk Counsellor supports early breastfeeding initiation and Exclusive Breast Milk, but many mothers having the reason that they are still in pain due to surgical scars however still to advise in giving exclusive breast milk.

All the interview results, in general from the three hospitals, i.e. RSUD Tarutung, RSUD Porsea and RSUD Doloksanggul have not fully implemented early breastfeeding initiation and provided information and education about exclusive breastfeeding. Exclusive breastfeeding of infants is an obligation for all mothers, considering that all organizers and facilities of health in this case the hospital must support the success of the mother. Of all the interview results, exclusive breastfeeding program by training all health workers related to infant health, especially obgyn doctors, paediatricians, midwives, breast milk counsellors, starting from pregnancy, at the time of pregnancy examination until the mother childbirth, through counselling continuously in the hospital with TV media in the waiting room of the service, showing pictures, making posters in the pregnancy examination room, in the hospital room of post sectio Caesarea mother and in the neonates room.

Furthermore, the hospital supports the mother not to give a pacifier, on the first day of labor it is necessary to explain that the mother generally has not excreted breast milk, physiologically after the discharge of the placenta then there is a decrease in progesterone that decreases to the value of 0, and will increase the hormone oxytocin and prolactin on days 2 and 3 and breast milk will increase in number according to the needs of the baby. Based on the results of research through interviews and observations, the results of questionnaires, obtained, all
hospitals studied from all respondents did not do early breastfeeding initiation, the reason that there was no breast milk out, and also the mother factor was still in pain, and this was supported by information through interviews with obgyn doctors and paediatricians, midwives at the hospital. According to Government Regulation No. 33 of 2012, It was stated that one in 10 to success in supporting exclusive breast milk included helping mothers breastfeed early within the first 60 minutes of labor but in fact out of 60 respondents did not do an early breastfeeding initiation [8].

Legal protection for health workers towards the implementation of Government Regulation No. 33 of 2012 on Exclusive Breastfeeding of infants with post sectio caesarea mothers at Lake Toba Regional Hospital

Legal protection is one of the efforts aimed at providing a sense of security to a person to carry out their obligations. The protection of the law aims to create order so that a balance is reached between rights and obligations. Such legal protection can be in the form of preventive legal protection or repressive legal protection. Preventive legal protection is preventive legal protection [18]. Preventive legal protection of health workers in carrying out their obligations to government regulations on exclusive breastfeeding.

The purpose of preventive legal protection for midwives in the implementation of the PP on Exclusive Breastfeeding is to improve the quality of service to post section caesarea mothers in hospitals. This is regulated in Article 29 letter g of Law No. 44 of 2009 on Hospitals that explained that hospitals have an obligation to make, implement, and maintain health service quality standards as a reference in serving post section caesarean mothers [13].

In the above regulations it can be explained that the government and local government conduct coaching and supervision to all hospitals both privately owned and government-owned. One of the purposes of such coaching and supervision is to improve the quality of service including service in accompanying, guiding and motivating post sectio Caesarea mothers to provide exclusive breast milk.

Exclusive breastfeeding is the obligation of the mother as stipulated in Article 6 of Government Regulation No. 33 of 2012 on Exclusive Breastfeeding which makes it clear that every mother who gives birth must give exclusive breast milk to the baby born. In Article 7 it is explained that exclusive breastfeeding is done if there is no medical indication, the mother is not dead and the mother is separated due to natural disasters such as earthquakes, floods and landslides [8].

The results of the researcher's interview to health workers at Tarutung Hospital, Porsea Hospital and Doloksanggul Hospital, all babies born with sectio Caesarea did not do early breastfeeding initiation. Various reasons why health workers do not do early breastfeeding initiation. The cause of the early breastfeeding initiation is not done, namely: Because the mother who sectio Caesarea is a referral from midwives and health centres that cannot be handled, breast milk has not
come out, Mother does not want, Mother is still weak, no family is required to do early breastfeeding initiation, and limitations of health workers in the operating room.

The results of interviews to post sectio Caesarea mothers at Tarutung Hospital, Porsea Hospital and Doloksanggul Hospital have no information from health workers about early breastfeeding initiation, no mother has received counselling and education about Exclusive Breast Milk and breast care. The mother of post sectio Caesarea said that there was a suggestion from health workers to give breast milk but not yet fully guided and accompanied so that all babies were given formula.

Looking at the above situation, if the mother and family are provided with counselling and education about exclusive breast milk they should refuse formula feeding despite the advice of close family such as husbands, brothers and even in-laws because God has created and provided the best food for the baby. This is in accordance with Article 12 of Government Regulation No. 33 of 2012 onExclusive Breastfeeding where in the article it is explained that every mother who gives birth to a baby must refuse to give infant formula and/or other products such as porridge rice, bananas and even water [8]. Further to verse 2 it is explained that if the mother who gave birth to the baby dies so that she cannot give breast milk then the family can refuse it.

In view of the perspective of human rights, getting breast milk is a baby’s right. Many regulations have been made by the government to support exclusive breastfeeding as one of the rights of children. The regulation contained in the Explanation of Article 9 of Law No. 39 of 1999 on Human Rights explained that everyone is entitled to life, maintaining life, and improving the standard of life is no exception for new-born babies [2]. Also stipulated in Article 8 of Law No. 23 of 2002 on Child Protection, it is clear that "every child is entitled to health and social security services in accordance with physical, mental, spiritual, and social needs. The health services referred to here are one of them is exclusive breastfeeding in the hospital" [19]. The Health Act also supports the same as described in Article 128 paragraph 1 of Law No. 36 of 2009 “Every baby is entitled to exclusive breast milk from birth for 6 (six) months, except on medical indications” [1]. Even the government specifically makes regulations on exclusive breastfeeding, namely Government Regulation No. 33 of 2012 [8]. The birth of this regulation shows that the government is serious and focused on exclusive breastfeeding.

According to UNICEF report, nearly 90% of under-five deaths occur in developing countries and more than 40% of those deaths are due to diarrhea and acute respiratory infections that can be prevented by exclusive breastfeeding [20].

The most benefits of exclusive breastfeeding, of course, cannot be separated from the support of various parties including health workers in this case obgyn doctors, paediatricians, midwives and nurses in hospitals in accordance with Article 13 of Government Regulation No. 33 of 2012 on Exclusive Breastfeeding [8].
Prior to the establishment of Government Regulation No. 33 of 2012 on Exclusive Breastfeeding, there was a Joint Regulation of the Minister of State for Women Empowerment, Minister of Manpower and Transmigration and Minister of Health Number 48/Men.PP/XXII/2008, Number PER.27/MEN/XII/2008, Number 1177/Menkes/PB/XII/2008 about Increasing Breastfeeding During Work Time at Workplace. In this regulation is addressed to mothers who work outside the home and to the mother’s workplace to give the opportunity to the mother to give exclusive breast milk and the baby gets exclusive breastfeeding rights [8]. In addition, the mother’s workplace must provide a room as a place to provide breast milk.

The room as a place to breastfeed at work is called lactation corner. The existence of lactation corners in public places and offices is very important to increase the percentage of exclusive breastfeeding. According to UNICEF records, exclusive breast milk coverage in Indonesia continues to fall, from 86 percent in 1986 to 39.5 percent in 2002. That’s further away from the national target of 80 percent. This decrease in percentage may also be driven by the increasing number of breastfeeding mothers who also have to work, while the opportunity to breastfeed and milk is not much [21].

Research conducted by Wulandari in 2016 also researched only 28% of working mothers who managed to provide exclusive breast milk. This is a sad reality considering that the right of babies to exclusive breast milk is sorely lacking for babies now who will be the next generation of this nation who will hold the power to run the wheels of government. If the baby from now on is not equipped with good nutrition one of them is breast milk exclusively that can provide immunity and increase the IQ of children, then of course we can know the next generation cannot be a leader who cannot be a leader who cannot also make this country a prosperous country [22]. In fact, in Tarutung Hospital, Porsea Hospital and Doloksanggul Hospital exclusive breastfeeding has not been implemented with mandated government regulation No. 33 of 2012 on Exclusive Breastfeeding. This is in accordance with the results of research in the form of observations and interviews conducted to hospital leaders, obgyn doctors, paediatricians, midwives, nurses and breast milk counsellors who work in obstetric and child inpatient rooms.

The results of research at Tarutung Hospital, Porsea Hospital and Doloksanggul Hospital have not been hospitals that do early breastfeeding initiation, joining treatment is done but the fulfilment of Exclusive Breast Milk has not been achieved and lack of information and education of exclusive breastfeeding. For that, the hospital must fix itself because the rules that have been made should be carried out. By implementing Government Regulation No. 33 of 2012 on Exclusive Breastfeeding, especially the implementation of early breastfeeding initiation, mothers join their babies to facilitate exclusive breastfeeding and provide information and education about exclusive breast milk is a form of legal protection to health workers in hospitals.

If you have fulfilled the three things above, then health workers get legal
protection. Legal protection for health workers is regulated by several regulations, namely:

1. Article 29 letter S of Law No.44 of 2009 on Hospitals which explains that hospitals protect and provide legal assistance to all hospital officers in carrying out duties including obgyn doctors, paediatricians, midwives and breast milk co-cleaners.

2. Article 57 letter a Law No. 36 of 2014 on Health Personnel explains that health workers are entitled to legal protection as long as they carry out their duties in accordance with professional standards, professional service standards, and standards of operational procedures applicable in hospitals.

3. Article 50 letter of Law No.29 of 2004 on The Practice of Medicine explains that doctors or dentists in carrying out medical practices have the right to obtain legal protection as long as they carry out their duties in accordance with professional standards and standards of operational procedures.

4. Article 60 letter a Law No. 4 of 2019 on Midwifery explains that midwives in carrying out midwifery practices are entitled to legal protection as long as they carry out their duties in accordance with competence, authority, and comply with the code of ethics, professional standards, professional service standards, and standards of operational procedures.

The above protection can be in the form of preventive legal protection or repressive legal protection. In preventing violations of Government Regulation No. 33 of 2012 on Exclusive Breastfeeding, so that hospitals and health workers in this case obgyn doctors, paediatricians, midwives and also breast milk counsellors to carry out the mandate in Article 9, Article 10 and 13.

Providing a breast milk counsellor is a repressive form. The principle of the protection of repressive law rests on the recognition and protection of (human rights). In addition, the principle of Indonesia is a state of law. Article 28D of the 1945 Constitution states that "Everyone is entitled to fair legal recognition, guarantee, protection, and certainty and equal treatment before the law."

CONCLUSION

Implementation of Government Regulation No.33 of 2012 on Exclusive Breastfeeding of Post Sectio Caesarea Mothers in hospitals has still not been realized. From the results of interviews and observations of 60 post sectio Caesarea mothers who were sampled for this study as a whole, they had not been informed about the implementation of early breastfeeding initiation, joining the mother and baby without medical indication but not yet carried out exclusive breastfeeding and information and education about exclusive breastfeeding before and after sectio Caesarea.

From the results of interviews and observations of all respondents of health workers both obgyn doctors, paediatricians, midwives and breast milk counsellors have not fully provided information and education about exclusive breastfeeding. Not all hospitals have breast milk counsellors, although there are but have not fully carried
out counselling and there is no continuous schedule considering breast milk counsellors as an additional task is not the main task. Increased human resources (HR) health for Exclusive breast milk is needed so that all babies born with sectio Caesarea get early breastfeeding initiation as the beginning of the success of breastfeeding.

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