
Community Participation In The Exclusive Breastfeeding Program In Temanggung

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Abstract

Exclusive breastfeeding not only increases immunity, reduces infant and toddler mortality rates due to diarrhea and respiratory tract infections. There is a relationship between exclusive breastfeeding and high levels of child intelligence, increased income when aged 30 years, and prevents cancer later in life. The impact of breastfeeding reduces postpartum bleeding, prevents breast cancer and ovarian cancer. This study aims to determine community participation in the exclusive breastfeeding program in the Parakan Health Center work area. Data were obtained by conducting in-depth interviews, observation and documentation. Community participation in supporting exclusive breastfeeding has not been maximized, there has been no development of new strategies related to the exclusive breastfeeding program, the community has not been involved in program planning, there has been no special allocation of funds for exclusive breastfeeding program activities. The cause of breastfeeding failure is highest in working mothers and families, especially grandmothers. Community participation needs to be increased through cooperation with community leaders, religious leaders, youth organizations in the socialization of exclusive breastfeeding. There needs to be a policy for allocating village funds for the socialization of exclusive breastfeeding, the knowledge of cadres regarding exclusive breastfeeding is increased, so that cadres can provide counseling and not just remind. There needs to be cooperation with companies or factories regarding the policy of providing rooms for expressing and breastfeeding babies.

Keywords: *Community Participation. Exclusive Breastfeeding Program*

INTRODUCTION

Health is an important indicator in realizing the nation's progress. There are still many health problems that must be addressed by the Indonesian nation. The maternal mortality rate has decreased, but is still far from the 2015 Millennium Development Goals (MGDs) target. As many as 1 in 25 children in Indonesia die before they are 5 years old. The infant and toddler mortality rate in Indonesia in the last 5 years has indeed decreased significantly, however, there are still regional disparities in achieving the target, which reflects differences in health services and is still high when compared to other ASEAN countries. In addition, the decline in infant and toddler mortality rates in Indonesia is not yet in accordance with the 2015 MDGs (Millennium Development Goals) target, which targets IMR (Infant Mortality Rate) of 23 per 1000 live births, currently at 32 per 1000 live births. While for IMR (Toddler Mortality Rate) of 40 per 1000 live births, the target set is 32 per 1000 live births. The causes of IMR and IMR deaths are pneumonia, diarrhea and malnutrition which results in toddlers being thin and short.

Diarrhea and pneumonia are diseases that kill babies and toddlers in the world. The increasing percentage of deaths in children under 5 years of age up to 44% requires serious treatment so that children can be saved and grow up healthy (Lancet, 2015). The problem of diarrhea and pneumonia is also a disease that kills children in Indonesia. According to Utami Roesli, if all babies in the world immediately after birth are given the opportunity to breastfeed by themselves by allowing skin-to-skin contact between the mother and the baby for at least one hour, one million babies can be saved. In addition, breast milk can increase the baby's immune system, to avoid vomiting and diarrhea, respiratory tract diseases, childhood cancer (malignant lymphoma.

(malignant lymphoma. Hodgkin, leukemia, neuroblastoma), sepsis and meningitis. Colostrum contains 10-17 times more immune substances than mature milk, so it can protect babies from diarrhea, respiratory disorders, coughs, colds, allergies and ear infections. Research by Jones

Lancet and K. Edmond (2003) found that babies who were breastfed could reduce infant mortality by 13%, vitamin A was only 2% and Zinc was 5%.

According to the Unicef report (2014), only 42% of babies in Indonesia receive exclusive breastfeeding up to 6 months and 37% of children under five years old experience malnutrition characterized by stunting. Law No. 36 of 2009 states that babies under 6 months old have the right to receive breast milk from their mothers unless there is a medical indication. The low coverage of exclusive breastfeeding in Indonesia illustrates that only a few Indonesian children receive adequate nutrition from breast milk. In fact, breast milk is a very important nutrient for the child's growth and development process and its long-term effects. The high rate of stunting or short children in Indonesia currently indicates chronic malnutrition in children from an early age. According to Cesar G. Victora (2015), babies who receive exclusive breastfeeding have a relationship with higher levels of intelligence, better learning years and increased income when they are 30 years old.

Breastfeeding has a positive impact on both mother and baby. Alison Stuebe (2009) stated that babies who are not exclusively breastfed have a high risk of experiencing infection, obesity, type I and 2 diabetes, leukemia and sudden death syndrome. Mothers who do not breastfeed have a high risk of experiencing early menopause, breast cancer, ovarian cancer, type 2 diabetes, myocardial infarction and metabolic syndrome. According to Fani Pechlivani (2012), breastfeeding is one of the factors that reduces the incidence of breast cancer, in the results of her study the longer the breastfeeding period, the lower the risk of women experiencing breast cancer.

The cause of maternal death in Indonesia in 2013, the highest was bleeding (30.3%), followed by hypertension (27.1%), others (40.8%) and the rest were infections, prolonged labor and abortion. Others are indirect causes of maternal death, indirect causes of death are cancer, heart, kidney, etc. Breast cancer ranks 2nd after lung cancer. Breast cancer is the leading cause of death in women with a percentage of 43.3%. Breastfeeding for up to 1.5 or 2 years is the easiest way to reduce or prevent the incidence of breast cancer. Early initiation of breastfeeding stimulates the hormone oxytocin which has the effect of increasing uterine contractions, thereby helping to expel the placenta and reducing bleeding in the mother, where bleeding is the leading cause of maternal death today.

Infant mortality in Central Java in 2014 decreased compared to 2013, there were 5666 cases of infant deaths in 2014 or around 10.08 per 1000 births, for toddler mortality at 11.54 per 1000 births, decreased compared to 2013 at 11.80 per 1000 births. Infant mortality in Temanggung Regency in 2014 was ranked 4th out of 36 cities and regencies in Central Java or 14.70 per 1000 births, while toddler mortality in 2014 in Temanggung Regency was ranked 7th out of 36 cities and regencies in Central Java or 15.76 per 1000 births. Meanwhile, in 2014 maternal mortality in Temanggung Regency experienced a sharp increase compared to 2013 or 127.16 per 100,000 births, in 2013 it was 62.34 per 100,000 births. According to the Temanggung Regency Public Health Indicator in 2015, babies who had been breastfed in Temanggung Regency were 96.91%, this condition is unclear whether the babies were exclusively breastfed or not. Meanwhile, the coverage of exclusive breastfeeding for babies aged 0-6 months in Parakan District was 78.5%. Maternal mortality in Temanggung Regency in 2014 experienced a very drastic increase compared to previous years, in 2014 it was 127.16 per 100,000 births and in 2013 it was 62.34 per 100,000 births. The causes of maternal mortality in Temanggung Regency were preeclampsia at 33%, bleeding at 11% and others at 58%. Exclusive breastfeeding that is continued until the baby is 2 years old has a very big influence not only for the baby but also for the health and safety of the mother.

Exclusive breastfeeding and continued breastfeeding until the child is 2 years old is the right step in reducing infant, toddler and maternal mortality rates in Temanggung Regency. In addition, breastfeeding for a long time can reduce maternal mortality due to postpartum hemorrhage, breast cancer and ovarian cancer. Community participation in supporting the exclusive breastfeeding movement that is continued until the child is 2 years old is very much needed.

RESEARCH METHODS

This study uses a qualitative approach with a descriptive method. Where the disclosure of data or facts is done in a non-statistical way and describes the actual situation according to field conditions. (Ibrahim, 2015). The data collection method used by researchers is observation, document and in-depth interview techniques. The observation technique used by researchers aims to see the social life of the Parakan community, the relationships built by all parties. Researchers also conducted area mapping in the Parakan Health Center work area which aims to obtain a clear picture of community activities, social life and community efforts or participation in supporting the exclusive breastfeeding program in the Parakan Health Center work area. Researchers also used in-depth interview techniques using interview guidelines as an instrument for collecting data related to participation in providing exclusive breastfeeding.

The research location in the working area of the Parakan Health Center, Parakan District, Temanggung Regency includes Catur Anom Village, Parakan Kauman Village, Parakan Wetan Village, with the consideration that the Parakan Health Center has implemented an exclusive breastfeeding program in Temanggung Regency. The reason for choosing three research locations was to see community participation in the exclusive breastfeeding program in the outskirts (villages) and in the city of Parakan District. All communities in the working area of the Parakan Health Center can be a source of data, but due to the limitations of researchers in meeting, discussing and conducting in-depth interviews. For this reason, the author determines several parties who are directly involved in policy making, program implementers and targets of the exclusive breastfeeding program. The data sources or informants that the researcher determined consisted of the Head of the Parakan Health Center, nutrition officers, Head of the Village, cadres, breastfeeding mothers and families.

The analysis used by the researcher using qualitative data analysis, with a content analysis procedure consisting of collecting data, data reduction, data display (data presentation) presented in narrative form and finally drawing conclusions after conducting in-depth interviews with informants (Bungin, 2015). Triangulation is a technique to validate the accuracy of data obtained through sources, investigators, methods and theories (Moelong, 2007). In order to maintain data validity, the author conducted separate interviews with informants, conducted field observations and reviewed documents related to the Exclusive Breastfeeding program (Ibrahim, 2015)

RESULTS AND DISCUSSION

The informants consisted of the head of the health center, one nutrition officer, one midwife, three village heads, three health cadres, three breastfeeding mothers, and three families consisting of husbands. The characteristics of the informants are as follows :

1. The Head of the Health Center is a general practitioner who is responsible for all health center programs, including exclusive breastfeeding.
2. The Head of the Village, all three have a bachelor's degree and have had sufficient experience in their fields.
3. The Nutrition Officer has a diploma III background and has had sufficient experience in their fields.
4. Health Cadres: two cadres have a high school background and one cadre has a junior high school background. Experience as a cadre has been more than five years.
5. Breastfeeding mothers, mothers' ages are around 20-32 years, have an educational background consisting of two people with a bachelor's degree, one person with a high school background, two people with a junior high school background and one person with an

elementary school background. Most of the mothers do not work, only one mother works as an elementary school teacher. Four mothers have one child and two mothers have two children.

6. Family or husband, has an educational background of two people with a bachelor's degree, one person with a diploma III education, one person with a high school education, two people with a junior high school education. The educational background of one person is a civil servant (nurse), three people work as private employees and two people work as laborers

Planning

Program planning is an ongoing process. Program planning is a written statement about activities that will be developed together between all community members, facilitators, coaches, youth, field officers and stakeholders. By involving the community in formulating exclusive breastfeeding program planning, the success of the exclusive breastfeeding program is increasing (Totok, 2015). This planning will discuss community involvement in program planning, strategies, program implementers, targets, methods, and time of activity implementation.

Program Planning

According to Ambar (2004) the bottom-up approach is a very ideal approach in development, this approach involves the community in program planning and is directly involved in development. This approach is more ideal than the top-down approach, because the programs have been packaged in such a way and the community just accepts them as they are, so the program will not run optimally. Empowerment is an implication of a community-based development strategy (people centered development) for that program planning needs to involve many parties in the planned activities.

There needs to be a reform agent so that this program can run smoothly (Ambar, 2004). Villages, religious leaders and government extension organizations such as mass organizations, NGOs, youth organizations, women's organizations, PKK, LMD and so on. The organizations above are very close to the community. This organization can be an agent of reform, besides that it is very proficient in social mapping in the community that will be empowered.

The results of the study show that there are no reform agents, there has been no involvement of mass organizations, NGOs, youth organizations, religious leaders in the planning of the program or the implementation of the exclusive breastfeeding program. Only PKK is seen in exclusive breastfeeding, but its implementation has not been optimal because it is more than just reminding mothers to breastfeed their babies. While the sub-district as the driving force of PKK has an important role in helping to make the exclusive breastfeeding program a success, not all sub-districts as driving forces of PKK have plans related to the breastfeeding program. In addition, in planning the exclusive breastfeeding program, the head of the Parakan Health Center only follows the program that has been running from the Temanggung Health Office District and government regulations that have been running regarding exclusive breastfeeding. There is no preparation of an exclusive breastfeeding program plan together with the community. This is evident from the results of an interview with an informant regarding the plan to implement the exclusive breastfeeding program:

"For program design, we follow from the Temanggung Health Office and government regulations on exclusive breastfeeding. We have not involved youth organizations, NGOs or religious leaders in exclusive breastfeeding activities," (KP)

"We often meet with cadres, sub-district heads, Dandim, and village heads, but we do not compile an exclusive breastfeeding program, when we meet, we talk about a lot, ma'am, one of which is the importance of exclusive breastfeeding" (PG)

"Why aren't there any activities in the village related to breastfeeding, the village is only the PKK driver, like support for Posyandu, ma'am, if we report directly to the Health Center, besides

that, the village head is busy, he is not originally from Parakan, outside of Parakan, so he doesn't live in Parakan, so we have more contact with the health center sub-district" (KDR-3)

Strategy

Strategy in supporting the exclusive breastfeeding program in the Parakan Health Center work area is through program efforts such as providing a room for expressing breast milk. provide counseling materials and provide counseling to pregnant and breastfeeding mothers. This can be seen from the results of interviews with informants related to the strategy of the exclusive breastfeeding program that was created.

"The program that is already running is the socialization of breast milk, we also provide a lactation clinic so that mothers can breastfeed at the health center. We are also launching a "Child-Friendly Health Center" as part of the support for exclusive breastfeeding. We plan to create a playroom for children there..." (KP)

"We invite cadres of integrated health posts, sub-district PLKBs and health centers to discuss many things, one of which is exclusive breastfeeding, there is also training related to breast care so that breast milk will flow smoothly later. In 2016, starting in January, we have a program to love mothers and children, one of the exclusive breastfeeding programs." (L-3)

The implementer of the Community Empowerment Program should be directed at the formation of better community cognitive skills, with good cognitive skills the community can seek solutions to the problems they face. The socialization of exclusive breastfeeding in the form of counseling in the Parakan Health Center work area is more often carried out by health workers, namely midwives or health workers, while cadres play a greater role in recording only and remind mothers to breastfeed their babies. The following are the results of interviews with informants related to who will conduct exclusive breastfeeding socialization:

"Yes, nutrition officers can also be midwives and cadres (PG), "Usually counseling is done by midwives, cadres only record it". (L1) "For counseling, it is often done by midwives, nutrition officers rarely come, except when there are reports of toddlers who need to be consulted regarding PMT, if we are cadres, we just remind mothers to still have babies when weighing them" (KDR-2) "Not always midwives, it could be nurses" (KDR-3)

Program Targets

The community actually has the power to build. Schumacher has the view that "the hook is much more precise than the fish". There are three pillars that must be met in the process of community empowerment, namely government, private sector and community who should establish harmonious partnerships (Ambar 2004). The following is an interview with informants related to the targets of the exclusive breastfeeding program in the Parakan Health Center work area "The target of the program is pregnant and breastfeeding mothers" (KP), "Married and pregnant mothers are invited to kelurahan explained exclusive breastfeeding by Mrs. Darwati, yes, simple training was given such as breast care and exclusive breastfeeding. Activities in the field include RT and RW meetings, we collaborate with the Health Center which invited the head of the family to motivate exclusive breastfeeding, the village head will definitely come."(KDR-3)

The target of the exclusive breastfeeding program must be right on target. Family support in the exclusive breastfeeding program is very important. One of the factors that causes failure in providing exclusive breastfeeding is the family, especially the grandmother or grandmother, who assumes that if the baby is fussy, it is considered hungry and needs additional food. This can be seen from the results of an interview with one of the informants regarding family support for providing exclusive breastfeeding: "Breast milk is better than formula milk, when my child was 5 months old, my grandmother (my mother-in-law) gave me additional food (serelac) because my child was often fussy, even though my weight did not decrease, the reason was that the grandmother was not a supervisor.

Methods

To make the exclusive breastfeeding program a success, there are many ways, including through an electronic media breastfeeding campaign, distribution of breastfeeding IEC materials by distributing (leaflets, brochures, books, making booklets) cooperation with companies or to make the breastfeeding program a success for working mothers. The following are the results of interviews with informants related to the methods or ways or efforts made to socialize the exclusive breastfeeding program: "We invite PKK activists, cadre representatives, sub-district heads, villages, Dandim, PLKB from villages, PWRI. We provide information related to exclusive breastfeeding materials, counseling is also carried out for pregnant and breastfeeding mothers at the integrated health post, leaflets about exclusive breastfeeding are also available and we provide them".

Evaluation

Evaluation of the exclusive breastfeeding program is an activity of monitoring or observing the activities of the exclusive breastfeeding program that has been running. Evaluation is actually a continuous process and is inherent in program planning, the evaluation carried out includes evaluation of the process and its results. The results of monitoring or observing the exclusive breastfeeding program in the Parakan Health Center work area generally went well, this can be seen from the results of the exclusive breastfeeding coverage in Parakan sub-district which reached 80.3%. Interpretation of the coverage of exclusive breastfeeding in Indonesia varies depending on the definition and data collection method used. Use of the 24-hour recall method always higher than the actual data in the population. This can lead to the assumption that the coverage of exclusive breastfeeding has exceeded the target set at the national level and can weaken the efforts of the exclusive breastfeeding program promoted by the government (Yekti, 2011). In addition, babies who receive exclusive breastfeeding up to 6 months will have a different level of health compared to babies who have been breastfed. The following are the results of interviews with informants regarding the coverage of exclusive breastfeeding in the Parakan Health Center work area: "The coverage of exclusive breastfeeding in Parakan sub-district is around 80.3%, the coverage of each sub-district is indeed different, some are good but some are not yet optimal (PG).

Many factors cause the exclusive breastfeeding program not to run as expected. The community is very supportive of the success of the exclusive breastfeeding program. Factors or obstacles to the exclusive breastfeeding program in the Parakan Health Center work area are caused by working mothers and lack of family support, especially grandmothers or grandparents, in providing exclusive breastfeeding. The following are the results of interviews with informants regarding the exclusive breastfeeding program: "The obstacle to breast milk failure is often in mothers who work or live with their grandmother or grandmother, if the baby is fussy and hungry" (PG). "Working mothers are less responsive when we remind them to have their babies, which is very different from mothers who do not work (KDR-1). The follow-up plan for the exclusive breastfeeding program in the Parakan Health Center work area is to increase socialization and increase cooperation with many parties, both at the sub-district and district levels. The following are the results of interviews with informants regarding the follow-up plan for the exclusive breastfeeding program in the future. "Yes, we will definitely increase the socialization of exclusive breastfeeding, and cooperation with many of our parties too" (PG).

CONCLUSION

The results of the study showed that in terms of planning, the health center still refers to the exclusive breastfeeding program strategy set by the central government and there has been no development of new strategies, there are meetings but they do not focus on exclusive breastfeeding material. In the implementation of activities, not many people are involved in the socialization of the breastfeeding program. Socialization of the implementation of the program is often carried out by midwives or health workers, while the role of cadres is to remind mothers more about breastfeeding

and recording, not all pregnant and breastfeeding mothers have received media, especially leaflets. There has been no special allocation of funds for exclusive breastfeeding program activities. In the evaluation of activities, the highest cause of failure of breastfeeding was in working mothers and families, especially grandmothers.

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