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ANALYSIS OF TRADITION COMMUNITY TO EXCLUSIVE BREAST FEEDING ON POSTPARTUM MOTHER IN PUBLIC HEALTH CENTER SURABAYA Rekawati Susilaningrum, Sri Utami, Susilorini Midwifery Department Health Polytechnic Surabaya Email: srekawati@yahoo.com ABSTRACT Background The coverage of exclusive breastfeeding in Surabaya is still below the national target or less of 80%. The problems include the high feeding practices prelacteal / formula and working mothers. The purpose of this research is to analyze the factors that influence exclusive breastfeeding on postpartum mother in Public Health Center Surabaya. Method The design used crosssectional (observation). The sample is post partum mothers who gave birth at the public health center working area of Surabaya. The numbers of samples were 175 puerperal women, taking by purposive sampling technique. The independent variable: knowledge, age, tradition, infrastructure, legislation and attitudes of community leaders. The instrument used a questionnaire. Bivariate analyzes with X2 (p < 0.05), multivariate analysis with logistic regression test Results Based on bivariate analysis, meaningful variable to exclusive breastfeeding is the tradition with p value = 0.002. Variables that were eligible for Logistic Regression (p < 0.25 for bivariate test) were tradition, infrastructure and legislation. After logistic regression test derived variables that most influence on exclusive breastfeeding is the tradition with significant value: 0.01. Tradition has a significant effect on exclusive breastfeeding. The study recommends the importance of communication, education and information in order to increase exclusive breastfeeding outcomes. Keywords: Tradition, community, exclusive breastfeeding INTRODUCTON In the Health Law No. 36 Year 2009 Article 128 is explained that every baby is entitled to exclusive breastfeeding from birth for six (6) months, unless medically indicated. As a form of government commitment, Indonesia issued Government Regulation of the Republic of Indonesia Number 33 Year 2012 concerning the Granting of Mother's Milk Exclusive include a ban on formula feeding in health facilities except on certain indications. Breakthroughs government to promote exclusive breastfeeding has not been fully implemented by health professionals and the public in general. The reason breast milk has not come out, the baby is weak, sick mother and various other reasons. The results of the analysis of nationally from Riskesdas 2013 and Routine Reports of Directorate General of Nutrition-Maternal and Child Health, Ministry of Health show that the scope of exclusive

breastfeeding is not currently able to achieve the target of Indonesian government's at 80%. Problems or obstacles are the coverage of exclusive breastfeeding in the high prelacteal feeding practices, working mother and infant formula feeding (Riskesdas, 2013). Based on the Surabaya City Health Profile 2014, the percentage of babies that given exclusive breastfeeding approximately 64.33%. In 2013 there is 62.67% and in 2012 there is 60.52%. The percentage of infants receiving exclusive breastfeeding is still below target, although there is a slight increase. Results of research conducted by Diana Nur Afifah showed that the 12 subjects of the study, eleven other subjects failed to exclusive breastfeeding. Predisposing factors, the failure of exclusive breastfeeding is the lack of knowledge about the subject of exclusive breastfeeding and the ideology that non-exclusive. Eenabling factors were the lack of counseling or quidance about exclusive breastfeeding and rooming facilities in BPS / RB / RS that is not running properly. Reinforcing factors were the lack of counseling or guidance from midwives about breastfeeding, the recommendation TBAs to provide honey and milk formula as prelacteal, and the strong influence of the mother (grandmother) in the care of the baby on a non-exclusive breastfeeding. Overall this failure factors are structural and cultural situation so demands a comprehensive prevention strategy (Diana Nur A, 2007). Referring in behavior concepts by Lawrence Green, there are three main factors that influence the behavior that is (1) a predisposing factor (2) enabling factors and (3) reinforcing factors. All three of these factors need to be analyzed further what is most influential on exclusive breastfeeding. One effort to increase exclusive breastfeeding is the extension of communication or the factors that contribute to breastfeeding, obstacles that may occur and alternative completion. RESEARCH METHOD In this study, the design used cross sectional (observational). Research sites: Public Health Center of Surabaya that gives normal delivery cares. There are about 21 public health centers of all public health centers totaling 64. For ease of discussion, public health centers providing normal delivery care referred to inpatient health centers. Samples were partly post partum mothers were treated at public health centers in working area Surabaya. The samples in this study were 175 respondents. Multi-stage random sampling technique is used to determine the public health center to be used as a research location. 21 of public health center inpatient have been choiced 11 public health center, is done by proportional random sampling. Furthermore, to determine the respondents is determined by purposive sampling. Variable Examined: Dependent variables: breastfeeding. Independent variable: Knowledge, age, tradition / beliefs, infrastructure, attitudes of community leaders and legislation. Data Collection Techniques: Explain to the respondent on filling the questionnaire research. If agreed to be the respondent, the mother signed an informed concent were prepared. Provide questionnaire / questionnaire on the respondents to dig up all the variables. Data analysis: The bivariate analysis were used to determine the relationship between each independent variable and the dependent variable. The bivariate analysis is performed by Chi Square test (p. <0.05). Furthermore, to determine the dominant factor of independent variables associated with the dependent variable is the incidence of low birth weight, then the data were analyzed using logistic regression test with a significance of p <0.05. Time Research: March to September 2016. RESULT The number of respondents were 175 postpartum mothers held birth in health centers. Public health center were used as many as 11 health centers located in the region of Surabaya Health Office. 1. Analysis of Variable of Predisposing Factors (Knowledge, Age and Tradition) to Exclusive Breastfeeding Table 1 Cross Tabulation of Knowledge, Age and Tradition to Exclusive Breastfeeding in the Public Health Center, Working Area of Health Department Surabaya City, 2016 No Predisposing Factors Frequency

Category Not Breastmilk Breastmilk only Total 1 Knowledge Less 7 32 Enough 6 42 Good 18 70 X2 test obtained by p value = 0,509 39 48 88 2 Age < 20 year old or > 30 11 53 64 year old 20-30 year old 20 91 111 X2 test obtained by p value = 0.89 3 Tradition Not Support 11 16 Support 20 128 Fisher's Exact Test test obtained by p value = 0,002 27 148 Based on table 1 it can be seen that the predisposing factors that have significant value of p < 0.25 is tradition community. 2. Analysis of Variable of Enabling Factors (Infrastructure) to Exclusive Breastfeeding Table 2 Cross Tabulation of Infrastructure to Exclusive Breastfeeding Predisposing Factors Category in the Public Health Center, Working Area of Health Department Surabaya City, 2016 Frequency Not Breastmilk Breastmilk only Total Infrastucture Not Support Support X2 test obtained by p value = 0.210 11 20 53 64 91 111 Based on table 2 can be explained that the infrastructure variable has a value of p < 0.25. 3. Analysis of Variables of Reinforcing Factors (Legislation and Attitudes of Community Leader) on Exclusive Breastfeeding Table 3 Cross Tabulation of Legislation and Attitudes of Community Leader to Exclusive Breastfeeding in the Public Health Center, Working Area of Health Department Surabaya City, 2016 No Reinforcing Factors Frequenci Total Dimency Category Breastmilk Not Breastmilk 1. Legislation Not Know 8 Knowing 23 55 89 X2 test obtained by p value = 0.210 63 112 2. Attitude of Community Leader Negative 2 23 25 Positive Fishers Exact Test obtained by p value = 0,258 29 121 150 Based on table 3 can be explained that the variables that have a value of p < 0.25 is legislation Statistic test Logistic regression is used to variables that has a significance value (p) < 0.25 for bivariate test (X2 or Fisher's exact test). The variables in question were tradition, infrastructure and regulation. Logistic regression showed that variable that most influence on exclusive breastfeeding is the tradition with siginifikansi value: 0.01. DISCUSSION According to the table 1, for a variable tradition can be explained that most mothers support to giving breastfeeding, but there is a small portion mother does not support. There were mothers who think that if giving breastfeeding, her breasts will be loosened, colostrum should not be given to her baby, during breastfeeding should not eat meat / eggs, if giving breastfeeding should not two breasts, and assumed that infants less than 6 months need formula milk. The assumptions were still growing despite the community health worker have been provided information about the importance of exclusive breastfeeding. Interpretation of a message will be formed from the mindset of a person through his habits / culture, so the same cultural background / tradition / beliefs among health worker as a communicator with the mother / society as a communicant then communication is more effective (Rochmawati, 2009). The values adopted by a group of highly influence the way of observing the message. Human behavior is influenced by the environment / situation. Expectations affect the receipt of the message so that it can receive messages as expected (Rochmawati, et. al., 2009). Their traditions / culture that supports exclusive breastfeeding is a factor that facilitates health professionals (midwives) to provide communications, information and education to mothers and communities. Peoples who are able to maintain and improve the health were gained by learning from the health information provided by health personnel (Notoatmodjo, 2012). Mom will more easily give exclusive breastfeeding her baby if the surrounding community have always supported and reminded, of course, after the information is continuously performed by a midwife. Developing tradition that affect the improvement of exclusive breastfeeding. According to the theory of Lawrence Green in Notoatmodio, (2007) states that a person's behavior or public health is determined by the knowledge, attitudes, beliefs, traditions and so forth of the person or people concerned. The <u>role of health workers is</u> important <u>to protect, promote, and support</u> breastfeeding efforts must be viewed in terms of a broad involvement in

social aspects. As an individual who has an important role in infant nutrition and health care, health care workers have a unique position to influence the organization and functions of maternal health services, both before, during and after pregnancy and childbirth. Knowledge, attitudes and behavior of health workers in providing health care services in this regard on breastfeeding is crucial in the success of breastfeeding. In the practice of breastfeeding by postpartum mothers, health workers can provide a positive influence in a way to demonstrate that attitude to the mother and her family, so that they see that pregnancy, childbirth and breast-feeding as an enjoyable experience gained in a friendly and supportive environment (Perinasia, 1994). Research conducted Afifah (2007) showed that the results of in-depth interviews of several informants indicate that the lack of knowledge resulted in the practice of breastfeeding is true but based on the erroneous belief. Trust or confidence is effects on attitudes toward certain behavior, subjective norms and behavioral control (Robbins, 1996). Some informants have a belief that breast milk is the food and drinks because according to her parents, the right breast is the food and the left breast is a drink. This belief is practiced during breastfeeding is done alternately between the right and left breast. The practice of breastfeeding is correct but it is still based on the erroneous belief of the right and left breast. There is the informant stating that breast milk is not enough for the baby and should be given supplementary food formula milk, honey, water, and soft fruits. Additional food is believed to help meet the needs of baby food and beverages. Lack of knowledge of respondents also apparents from the results of interviews that stating that colostrum is not important and should be discarded, because it is a long time so stale and can cause diarrhea if given to infants. This belief is still regarded as something liquid colostrum is not good to give to the baby. This culture can easily weaken the relationship that should exist between mother and baby. Giving colostrum within the first hour of birth can start a bond of love between mother and baby (MOH, 2005). The lack of effect of legislation in improving the behavior of exclusive breastfeeding can cause the client or mother does not understand about the legislation. It could be due to the client merely know about the rules of exclusive breastfeeding, but do not understand about the content of the regulation. Therefore, a supportive regulatory policy should be disseminated so that clients and the public to understand. CONCLUSION AND RECOMMENDATION Conclusion: Knowledge and age less have a meaningful relationship with exclusive breastfeeding. Whereas tradition variables have a meaningful relationship. Infrastructure less has a significant relationship with exclusive breastfeeding. The attitude of community leaders and legislation lacks the meaningful relationships with exclusive breastfeeding. Recommendation: For Further Research. Further studies to development model of communication between health worker and mothers so increase in exclusive breastfeeding coverage. For Midwives. There are communication, information and education to the community about the lack of true traditions related to exclusive breastfeeding. REFERENCES Amirudin, 2008. Influence of Motivation on Counselor Performance of Exclusive Breastfeeding in West Aceh province of Nanggroe Aceh Darussalam, 2008. Thesis. Medan: the Graduate School of the University of North Sumatra. Anonim, 2001, "Ngeek ... Jel" Against Milk Formula. Accessed on August 10, 2006, from http: //kompas.com.Cox, S., 2006, Atikah, R., 2007. Characteristics of Mother that having Breastfeeding Exclusive to Infant Nutritional Status. Al Ulum, 3 (3), pp.8-14. Breastfeeding with Confidence, Guide to learn to breastfeed with confidence, PT Elex Media Komputindo, Jakarta, page. 20. Diana Nur Afifah, 2007, Failure Factors Participate in Exclusive Breastfeeding Practices (Qualitative Studies in District Tembalang, Semarang 2007) .http: //core.ac.uk/download/pdf/11702480.pd f 3 des 2015 Exclusive breastfeeding

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