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REVITALIZATION BREASTFEEDING CADRE ROLE IN THE COMMUNITY HEALTH CENTERS "NELAYAN" GRESIK

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REVITALIZATION BREASTFEEDING CADRE ROLE IN THE COMMUNITY HEALTH CENTERS "NELAYAN" GRESIK Hilmi Yumni, Endang Ninik, Intim Cahyono Nursing Department Health Polytechnic Surabaya Email:

hilmiyumni@yahoo.com ABSTRACT Background: Improved health of the infant to be part of the Sustainable Development Goals (Sustainable Development Goals) in the year 2015-2030. Government policies to reduce the infant mortality rate in Indonesia is increasing breastfeeding Exclusive. The Community Health Center in Gresik which has not managed to achieve the target [of exclusive breastfeeding](#) is [Community Health Center](#) Nelayan in Gresik. [The](#) purpose of this study is to provide lessons learned for health centers that have not yet reached the target of exclusive breastfeeding. Method The strategy was the strengthening of social capital, building commitment, digging early behavior, capacity building and practice to become a facilitator. Media use mentoring module breastfeeding, pocket book. The number of breastfeeding cadre was 20 people. Characteristics of breastfeeding cadre entirely female. Commitment built in the early interactions are mostly good. Breastfeeding cadre good ability aspects of knowledge, skills and attitudes mostly good and an increase in measured through pre-test and post-test. Increased confidence and integrity that grows and awoke in the process of practice to become a facilitator. Results The Health cadre is the reinforcing factor in improving behavior, the results of this activity illustrates that the revitalization of the role of breastfeeding in the community cadres can help health workers to run the program performance improvement efforts exclusively breastfeeding. The involvement of breastfeeding cadres also intended to build a sense of compassion in the community and it is a social capital that is quite effective in improving the quality of maternal and child health. Key Words : Revitalization, breastfeeding cadre, Maternal and Child Health INTRODUCTION Improved infant health becomes part of the Sustainable Development Goals (Sustainable Development Goals) prevailing in 2015-2030 (Hoelman, MB., et al., 2015). Indonesia is a country in Southeast Asia that have failed in achieving the target of reducing the infant mortality rate (IMR) (Saputra, 2013). East Java Province still be five (5) major contributor to the IMR in Indonesia (East Java Health Office, 2014). Government policies to reduce IMR

in Indonesia is increasing breastfeeding Exclusive, the which is regulated [in Government Regulation Number 33 of 2012](#) on [the Granting of breast feeding exclusively](#). The results of the study reveal that [exclusive breastfeeding can](#) reduce [infant mortality by](#) about 13% (Roesli 2008; Santi, 2014). Gresik regency is a regency in East Java was ranked 23 out of 38 districts/cities in East Java, which contributes to the enhancement of IMR (East Java Health Office, 2014). The high IMR is associated with unsuccessful in achieving exclusive breastfeeding. The Community Health Centers in Gresik which has not managed to achieve the target of exclusive breastfeeding is Community Health Centers "Nelayan" Gresik. The results of the analysis and identification of the Self Awareness Survey 2015 breastfeeding exclusive achievement obtained 39.4%. Set target of 80%. Various attempts have been made to improve the coverage of exclusive breastfeeding, such as Health Education through Posyandu, Formation Group Complementary breastfeeding, but those efforts have yielded disappointing results to the maximum. Based on the premise that the paradigm of Health which is a program of Healthy Indonesia in 2015-2019 one of which is a community empowerment program (Ministry of Health, RI., 2014), the efforts already made by community health centers "Nelayan" Gresik in order to achieve the target of exclusive breastfeeding through Group Mentoring breastfeeding is very right, but there is still a need for a cadre of breastfeeding to carry out assistance activities ranging from pre-natal period, until the postpartum (Director of Nutrition & KIA., 2014). The purpose of this study is to outline strategy of revitalizing the role of breastfeeding cadres so as to provide lessons learned by other health centers that have the same problem with the community health centers "Nelayan" Gresik.

RESEARCH METHOD The community health centers "Nelayan" Gresik consists of 4 Village is Tlogo Pojok, Lumpur, Karang Turi and Sukodono. Based on the analysis and identification of the Self Awareness Survey 2015 that the data obtained from the four villages that results achievement low exclusive breastfeeding is Tlogo Pojok, thus revitalizing the role of breastfeeding cadres hosted in the village. The time required in the process of revitalization is four days. An initial strategy is the strengthening of social capital in Tlogo Pojok Village, this activity through interviews with Coordinating midwife and Chairman of Health Cadre. It was found that there are seven posts have had cadres do not focus on maternal and child health. Th number of breastfeeding cadres who were targeted 20 people. The informant were chosen based on purposive, in accordance with the criteria of community health centers "Nelayan" Gresik. The second strategy is to build social capital commitment that has an important role as a mediator in society that facilitate communication between the beneficiaries with health care at the health center. The third strategy is capacity building in the form of training of cadres breastfeeding, use of multi media namely LCD Projector, mentoring module breastfeeding, manuals/pocketbook. Adult learning methods through interactive methods. Output from breastfeeding cadre training activities are capable of being a facilitator for the community in this case is the mother and family prepare infant feeding especially breastfeeding. Measurement capability initially conducted through a pre-test and engineering questions verbal. Post test given at the end of the training program and evaluation of technical skills as a facilitator through peer group teaching. The fourth strategy is the practice in the real order, breastfeeding cadres divided into four groups where each group consists of five breastfeeding cadres acts as a facilitator, 3 pregnant women, nursing mothers 3 people with babies and consultants. Each group practice become a facilitator to guide the module and pocketbooks breastfeeding under the guidance of a consultant. The final strategy by means of self- reflection respective roles, ranging from breastfeeding cadre as a facilitator, target pregnant women and nursing mothers as facilitated.

RESULT The results of the process of revitalizing the role of breastfeeding cadres in the community health centers "Nelayan" Gresik described below.

Characteristics breastfeeding cadres Characteristic data showed that all female, most did not work in the formal institutions, aged 30-45 years, a distance of residence breastfeeding cadres around 5 km from the Community Health Centers "Nelayan" Gresik, high school education and have experience running childbearing role.

Strengthening Social Capital The results showed that the strengthening of social capital have formed support groups in each village breastfeeding facilitated by a health center in this field of nutrition as it relates to the feeding of infants and toddlers. Results of interviews with midwives Coordinator and Chairman of Health Cadre indicating the need for reinforcement and support from various agencies who can help cadres to understand and carry out the role in a sustainable society with regard to exclusive breastfeeding. The Content to the needs of society and based on the Tlogopojok perceived obstacles in the implementation of exclusive breastfeeding. Required content include the management of the breastfeeding in the mother works, interference in the process of lactation as well as handling, culture in the community that may affect exclusive breastfeeding and complementary feeding in infants.

Build commitment Commitment to grow in the process of self-regulation of cadre breastfeeding showed that most had a good commitment. The commitment is measured through answers to questions related to self-efficacy in performing the task, overcoming difficulties and how to optimize a supporting factor. Most have self efficacy medium category, which can be enhanced through the support of community health centers and other sectors with various activities such as capacity building.

Behavior Start & End: Pre-test and post test Initial behavior was measured through a pre-test, the means of measurement instruments questions and the results show the value of the average pre-test 65. The initial behavior is also explored through verbal questions relating to the experience and understanding of exclusive breastfeeding during the cadre. The results show that the level of understanding in the medium category. The results of the post-test average value of 75, there was an increase of 10% from the pre-test.

Process Capacity Building Capacity building is done through training of cadres breastfeeding. This process is achieved through three stages. The first stage of introduction in which the outline delivered training purposes. This phase is intended to create an atmosphere conducive learning and foster confidence between the facilitator and participants. The results show that there are no gaps that inhibit the interaction between facilitators and participants. The second stage is a learning process. This stage begins with a pre-test that the results described above. Entry behavior conducted to explore the extent to which understanding of the /oncept on breastfeeding. Interactive learning methods undertaken to teaching the topics include the importance of breastfeeding, common situations that may affect breastfeeding in public, practices recommended in breast-feeding, an understanding of breastfeeding and techniques become a good facilitator. The third stage is the evaluation of aspects of knowledge, skills and attitudes. Knowledge is measured by an instrument in question post-test whose results have been described above. Each topic is measured understanding verbally at the end of the session and the results are mostly good understanding. Evaluation of satisfaction conducted by the questions verbally and results showed that the majority of cadres convey these activities worthwhile, supported also by administering modules, guidebook / pocket book as a tool to carry out the role in society in following up this activity. Evaluate the skills, attitudes or affection can be measured through a process of peer group teaching. Peer Group Teaching Part of this session to what extent the skills and attitudes to become a facilitator who practiced among his peers. The results show that most of the volunteers have the internalization process both

in terms of skills and attitudes, this is a positive force that can be trained, developed in the next process is the practice in the real order. Practice Become Facilitator Follow-up of cadre training activities breastfeeding is practicing to become a facilitator by breastfeeding cadres with target was pregnant women and breastfeeding mothers with child. This activity passed in 3 stages, which is identical to the process of capacity building, are the introduction stage, the stage of the learning process and evaluation phase. The results showed that most of the stages have been passed well even in the process remains was facilitated by a consultant. Self-reflection is part of the process of practice to become a facilitator, intended to reveal aspects of affection when it became facilitators, barriers and obstacles. The results showed that most of the early introductions have the feeling of lack of confidence, but after proceeding believe is increasing and ultimately the integrity of the self has been awakened.

DISCUSSION Revitalization breastfeeding cadres in this study is a process, strategy or way to vitalizing existence, activities at breastfeeding Assistance Group. The process of empowerment can complete its operation (Krisnanto, W., 2015; Saputra, W., 2013; Maftuchan, et al., 2013). Capacity building is one of the activities in the process of empowerment breastfeeding cadres to provide autonomy, authority, confidence, self-efficacy that encourages creative cadres carry out the health, it is recommended to not belonging to role in society (Ministry of Health, RI., 2014). other programs so that its role optimally. Role as a cadre of social work who do not have binding force. Cadre is expected to do his job voluntarily without demanding material **REFERENCES** rewards. Based on the results of activities in Director General Nutrition & Maternal and the building stage of commitment is a positive Child Health, 2014. The training force for developing the role of cadres even modules counseling: Feeding infants though the legality of the role of cadres have and children. Jakarta: Directorate no juridical force (Maftuchan, A. et al., 2013). General of Nutrition and Maternal and The involvement of breastfeeding cadre Child Health. active role in efforts to achieve an increase in Hoelman, M.B., Parhusung, P.B.T., Eko, S., exclusive breastfeeding is a strategy that can Bahagijo, S., Santono, H., 2015. Guide be applied not only able to be contextual SDGs for local government (City & according to the socio-cultural conditions of Regency) and regional stakeholders, the community, but is also intended to build a Infid (International NGO Forum on compassionate attitude collectively at the Indonesian Development). community level. Build a compassionate Ministry of Health, 2014. The situation and attitude at the community level is a social analysis of exclusive breastfeeding. capital that is quite effective in improving the Jakarta: Central Data And Information. quality of maternal and child health Krisnanto, W., 2015. The role of women in (Krisnanto, W., 2015). local communities to improve the quality of health and family welfare in **CONCLUSIONS AND** Surabaya (Study of women's **RECOMMENDATIONS** involvement in urban public institutions This activity generates some lessons in the city of Surabaya), Jakarta: Center learned that can be taken into consideration for for Women and Gender (PKWG) the basic care institutions in improving Seminar Series, University of Indonesia. outcomes in particular exclusive breastfeeding Maftuchan, A., Manu, D., Yumni, H., and improve the health of mothers and children Kholifah, N., Panguriseng, R., 2013. in general. Reflections on the achievement of MDGs 4 and 5 in the area ahead of the **CONCLUSIONS** 2015: A case study policy to reduce Revitalizing the role of breastfeeding maternal and newborn children in cadres may increase the commitment, building Pasuruan, Takalar and Kupang. Editor a sense of community, foster collective Victoria Fanggidae. Jakarta: Prakarsa. compassionate, increase self-efficacy, self- Santi, MY., 2014. Implementation of policies integrity, which in turn generate real behavior. Exclusive breastfeeding counseling by The active role breastfeeding cadres to midwife

counselor, National Public redirect the workload of health workers related Health Journal, Vol 8 No. 8. to maternal and child health, in accordance Saputra, W., 2013. Maternal Mortality Rate with the competence of cadres. This role is to (MMR) surged, Indonesia backwards 15 help facilitate communication between target years, Prakarsa Policy Review. groups in society with attendant. RECOMMENDATIONS This activity is recommended to be followed by cadres under the coordination of Community Health Centers "Nelayan" Gresik, especially field work on Maternal and Child Health Program and Nutrition Program. Module and Handbook/breastfeeding pocket book as a follow-up activity. Breastfeeding cadres formation is part of a cadre incorporated in maternal and child 69 70 71 72