



A qualitative study: The promotion of exclusive breastfeeding (EBF) by integrated service post (ISP) cadres in suburban city[☆]



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Abstract

Objective: This study aims to explore EBF promotion activities that have been carried out by ISP cadres during this time in the work area of the CHC in Rumbai Pesisir Pekanbaru Riau.

Method: The design of this study is a qualitative method with a phenomenological approach. Respondents in this study were ISP cadres with the determination of respondents using a purposive sampling approach, in order to obtain 11 respondents who appropriate the inclusion criteria as follows: cadres who are active in promoting exclusive EBF, cooperatives, aged ≤ 55 years, become a cadre for at least 2 years. Data collection methods in this study are through focus group discussion (FGD). Data processing from the FGD were analyzed according to the Colaizzi method.

Results: The results of the data analysis found five themes, namely: (1) Types of EBF promotion activities carried out by cadres, (2) cadre behavior in EBF promotions, (3) cadres' ability to promote EBF, (4) constraints in carrying out EBF promotions, (5) the need for cadres to improve the ability of EBF promotions.

Conclusion: Needs for EBF promotion training and cadre guidebooks, guidance and supervision by community health centers (CHC) in the implementation of this EBF promotion.

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Introduction

ISP is one form of community-sourced health efforts that is managed from, by, for, and with the community, to empower the community and provide convenience to the community in obtaining basic health services.¹ In its implementation, ISP activities are carried out by ISP cadres. ISP cadres are members of the local community who are selected from and by the community, willing and able to work together in various voluntary community activities.²

The results of preliminary interviews with several ISP cadres in the working area of the Rumbai Pesisir CHC regarding EBF showed that many mothers had provided food or drinks other than breast milk before the baby was six months old. Even though counseling activities on EBF have been carried out at the ISP. In addition, some ISP cadres felt that the EBF promotion activities that had been carried out were not maximal.

Method

This study uses a qualitative method with a phenomenological approach, descriptive, which is in accordance with the objectives of determining participants, using a purposive sampling approach, with inclusion criteria: active ISP cadres, ISP cadres who have served at least two years, ISP cadres aged ≤ 55 years. So based on the established inclusion criteria, 11 participants were obtained from the ISP cadre. The method of data collection is through focus group discussion (FGD). Data in the form of FGDs were analyzed according to the Colaizzi method.³

Results

The results of qualitative data analysis in the FGD found five main themes, namely:

1. Types of exclusive breastfeeding promotion activities carried out by ISP cadres

This type of activity is in the form of providing information about the meaning and benefits of EBF, inviting, reminding and also recommending giving EBF and helping as much as possible if the mother has a problem breastfeeding. As explained by the ISP cadre below:

“Until now ... only explained about EBF ... like counseling, ma’am. We also always suggest and remind mothers to give EBF” (FGD: P2).

2. Cadre behavior in EBF

Cadres are more focused on promoting exclusive breastfeeding at ISP so that they do not involve the family, if there are a lot of activities at the ISP, the promotion of EBF is not done so that it has not been done routinely, it has not become a priority activity compared to other activities at the EBF. As stated by the ISP cadre below:

“We only provide counseling in ISP, ma’am, ... but if there are pregnant and lactating mothers who come to visit, so ... can not be routinely done” (FGD: P6).

3. The ability of cadres to carry out EBF promotions

The ability of cadres is still lacking, both knowledge and skills. As a result, the cadres find it difficult to convince mothers and overcome breastfeeding problems found at the ISP. As explained by the ISP cadre below:

“I feel that my knowledge about EBF promotion is still very lacking ... even I am still confused, what should we do for this EBF promotion ... apart from explaining about EBF” (FGD: P1).

4. Constraints in carrying out exclusive breastfeeding promotions

(1) Families do not support

Families (grandmothers and husbands) are still not convinced that breast milk is enough for babies up to 6 months of age, so recommend giving formula milk and other additional foods. As stated by several participants below:

“Sometimes her mother wants to give EBF, but the grandmother and her husband told her to give formula milk ... the reason is mother’s breast milk is lacking” (FGD: P8).

(2) There are health workers who have not supported.

Some health workers at health facilities such as maternity clinics and hospitals, provide formula milk to newborns. There are several reasons, because the baby is cared for in a separate baby’s room with the mother and the mother’s milk has not come out. As explained by several participants below:

“My neighbor gave birth in the midwife’s clinic, the baby was given formula milk by the midwife because the mother’s milk had not come out” (FGD: P3).

5. Needs for cadres to improve the ability of EBF promotions

(1) Training and guidebooks

Cadres have never received EBF promotion training specifically and also do not have a guidebook in giving promotions to the community. As explained by several participants below:

“We want to get this EBF promotion special training... so we can to be better. We also don’t have a guidebook yet” (FGD: P10).

(2) Coaching, supervision and evaluation

So far there has been no guidance, supervision and evaluation of activities by the CHC employee. As explained above, the ISP cadres are described below:

“CHC staff should provide guidance and supervision to us in this EBF promotion, ma’am” (D: P1).

Discussion

The themes produced will be discussed one by one below:

1. Types of EBF promotion activities carried out by ISP cadres

The counseling activities carried out by these cadres are in accordance with one of the main activities in the ISP, namely providing counseling conducted at table 4 at the ISP.² However, this EBF promotion activity is still not in accordance with the goals and strategies of health promotion. The goals of health promotion are: program objectives, educational goals, behavioral goals, and goals of behavioral interventions in health promotion.⁴ While the strategies of health promotion are: (1) Advocacy, (2) social support, (3) community empowerment.⁵

2. Cadre behavior in EBF promotions

It can be said that in promoting EBF, cadres only wait at the ISP. Even though face-to-face counseling, whether at the mother's house, at the clinic, or at the ISP which is direct support, is an instrument that can strengthen positive breastfeeding habits.⁶ Cadre behavior shows that their performance in EBF promotion is still low. Several factors can influence the performance and behavior of cadres such as perceptions of cadres who consider that increasing status, self-esteem and meaningful responsibilities in society are seen as appreciation for voluntary service. In addition, incentives also affect one's motivation and performance.⁷ Socio-cultural factors (including gender norms and values and disease-related stigma), safety and security and the level of education and knowledge of the target group are factors that can also influence the performance and behavior of cadres.⁸

3. The ability of cadres to carry out EBF promotions

Cadres have not been able to carry out EBF promotion activities in accordance with the principles of health promotion. This is due to the lack of EBF promotion knowledge and skills. Low knowledge can be a cause of cadres' inability to change behavior in the community for EBF.⁹ Several factors can influence ability, namely: Beliefs and values, skills, experience, personality characteristics, motivation, emotional problems, intellectual abilities, organizational culture.¹⁰

4. Constraints in carrying out EBF promotions

(1) Families do not support

Negative influences from the family can influence mothers to give EBF, such as the assumption of families that breast milk is not enough for newborns, there are some restrictions that should not be eaten by nursing mothers and the habit of providing food or drinks other than breast milk before a 6-month-old baby mother's decision to EBF. Support from the husband and grandmother of the baby has a close relationship with the

duration and success of EBF.¹¹ In addition, communication support and positive experiences of grandmothers in breastfeeding affect mothers to breastfeed their babies.¹² Adequate family support for mothers is associated with an increase in the practice of EBF by 2.85 times (relative to those with poor family support).¹³

(2) There are health workers who have not supported.

Babies born in several maternity clinics and hospitals, by midwives are given formula milk on the grounds that the mother's milk has not come out and is not enough for the baby. One of the triggers for this was given a package of free formula milk by formula milk producers to hospitals, offering various gifts to health workers, sponsoring religious activities, funding seminars for health professionals, and conducting public health activities to promote their products.^{14,15} Formula milk given by midwives when returning home will encourage mothers to stop EBF.¹⁶ Mothers are also more likely to stop EBF if health care providers recommend using formula supplementation, what else is the condition of mothers who are still weak after delivery.^{17,18}

5. Needs for cadres to improve the ability of EBF promotions

ISP cadre training is an activity carried out to improve the competence of ISP cadres in terms of ability, knowledge, technical skills and dedication of cadres.¹⁹ Competence in knowledge and skills tends to be easier to develop with education and training.²⁰ So to improve the competence of ISP cadres, training is needed to improve their knowledge and skills. Continuous training can improve certain task skills and performance.^{21,22} Training on health workers creates awareness among staff to improve patient-health care relations in agencies for changes in organizations.²³ Better performance after training is associated with supervision.^{24,25}

The function of coaching is so that employees perform tasks in accordance with what is desired to achieve organizational goals and increase team spirit in cooperation. Effective coaching will improve the ability and willingness of staff to create harmony between management goals and staff goals.²⁶

Conclusion

The need for EBF promotion training and guidebooks for cadres, as well as the need for guidance and supervision by public health centers so that the implementation of EBF promotion is maximized.

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