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Analysis of Determinant Factors of Low Exclusive Breastfeeding Practice in Urban Slum Community Of Surabaya: Case Study

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Abstract: ***Introduction:*** WHO's recommendation for infant's feeding is exclusive breastfeeding for first six months and followed by semi-solid food. The purpose of the study is to analyze determinant factors related to low exclusive breastfeeding's practice in urban slum community of Surabaya. ***Intervention:*** This is qualitative study with case study in one of urban slum area of Surabaya. Data were collected by indepth interveiw with mothers and also with Posyandu cadres and community leader for validation. Ishikawa diagram tool was used to identify and categorize determinant factors. Urgency, Seriousness, Growth (USG) method was used to prioritize factors. ***Result:*** There are 10 determinant factors categorized into 5 categories: two 'man' factors, three 'method' factors, three 'material' factors, one 'money' factor and one 'environment' factor. Factor that's considered priority to be resolved is from enviroment factor that is local beliefs of breastfeeding and pumping. ***Discussion and Conclusion:*** Education of mothers is an initial step to overcome low exclusive breastfeeding's practice in this area. There is also a need to strenghtening support group of exclusive breastfeeding so mothers could have positive knowledge, attititude and behavior toward exclusive breastfeeding.

1 INTRODUCTION

The provision of food to infants and children recommended ¹ experts and the World Health Organization is **exclusive breastfeeding for 6 months and continued until the age of 2 years**. After 6 months, breast milk must ² combined with additional food. Breastfeeding in **the first six months** is crucial to achieving **optimal growth and development**. Breastmilk also contains adequate nutrition and antibodies to prevent babies from contagious diseases such as diarrhea and pneumonia, and plays a very important role in the future growth and development of children (World Health Organization, 2017). There is a close relationship between the child's history of exclusive breastfeeding with the incidence of stunting (Ni'mah and Nadhiroh, 2015).

Unfortunately, not all babies get their rights to have exclusive breastfeeding for a variety of reasons and conditions. Globally, it can be said that only 2 out of 5 babies are exclusively breastfed (UNICEF, 2018). In Indonesia, data in 2016 showed that only 29.5% of babies who received exclusive breastmilk until the age of 6 months and more babies who received breastmilk in less than 6 months were 54% (Kementeria³ Kesehatan RI, 2017). From the same data, it was found that the percentage of babies who **received breast milk** for up to 6 months in East Java Province was 31.3%. One of the cities in East Java is the city of Surabaya. According to data from the Surabaya Health Office in 2016, there were 65.1% of babies who received exclusive breastfeeding, a 0.11% enhancement from the previous year (DKK, 2016). This shows that there is an increase in health

awareness and behavior regarding the importance of exclusive breastfeeding even though there is no detailed data on this matter.

Surabaya is a densely populated city. One of the causes of population growth in a city is urbanization. This has an impact on increasing the need for housing or settlements. Unplanned settlements in most of the major cities in Indonesia, including Surabaya, are often referred to as *kampung* (Nursyahbani and Pigawati, 2015). *Kampung* that appear informally without infrastructure development such as regular buildings and facilities and infrastructure that meet the requirements, plus a high population density are settlements that are not habitable and can be classified into slums (Undang-Undang RI, 2011).

In terms of health, many health problems arise from slums, such as infectious diseases, malnutrition and various diseases due to low hygiene and hygiene-based living behavior. Research in the slums in Lucknow, India shows that the problem of malnutrition because poor feeding practices, poor vaccination makes children living in areas prone to diseases such as acute respiratory infections, diarrhea, worms, vitamin deficiency (Aggarwal and Srivastava, 2017).

From the preliminary study to one of the slums in the city of Surabaya, we found from 45 children under five in this area, 6 children were suffered from severely underweight and 2 children suffered from underweight. Another thing that was discovered was that the majority of mothers did not exclusively breastfeed their children. This research was conducted to find the root cause of the low level of exclusive breastfeeding practice in the community so the intervention will has significant effect on the practice of exclusive breastfeeding and nutrition of children under five.

2 INTERVENTION

The approach used in this study is a qualitative approach with methods of in-depth interviews and focus group discussions (FGD) in one of the slums in Surabaya. This kampung was settled under the fly over. In-depth interviews were conducted with 2 mothers and 1 caregiver who had babies under 1 year.

FGD was conducted with 10 mothers who had toddlers. Validation is done by comparing data obtained with data from Posyandu cadres. Information about the community was obtained from one of community leader. The data obtained will be categorized using the Ishikawa fishbone diagram and then based on the USG method, the research team will determine the priority issues to be resolved and become the subject of discussion and suggestion.

3 RESULT

3.1 Characteristic of Area

This kampung was located under the Dupak fly over. This area is not recognized legally but according to the community leader, there has been an unwritten agreement between the Surabaya city government and the residents regarding the existence of the place that the land in this kampung can be used without being charged for an unspecified time. Once the government needs this land, the residents must be ready to leave this area. This makes the kampung still exists until now.

Most of the houses were made from woods and built close one to another. There was a pile of garbage all over the place because the work of most of the population is scavengers. Another characteristic of this area is poor of public facility for example clean water, where people have to buy water from near villages, poor road connectivity and also narrow walking space.



Figure 1. Kampung settled under the fly over



Figure 2: Garbage near the house

3.2 Characteristic of Community

According to the community leader, there are approximately 250 households in this area. The majority of residents in this village are comers and do not have identity cards. Most of them are low income. The occupation of the majority of the population is scavengers but there are also those who work in factories or have small businesses such as stalls. This community does not have a government structure like the village head even though they have people who are considered leaders or elders in this area.

3.3 Characteristic of Participants

Characteristic of in-depth interview participants can be seen in Table 1. For FGD, all 10 mothers are at 20-30 years of age and didn't asked for further information. Key informant which is Posyandu cadre is a woman in 24 years old with 3 children and a full time housewife.

Table 1: Characteristic of Indepth Interview Participants

Variabel	II01	II02	II03
Age (yrs)	25	31	24
Status	Mother	Caregiver	Mother
Occupation	Housewife	Housewife	Informal teacher
Marital status	Married	Married	Married
Number of children	2	1	1
Baby's age (month)	0,5	2	2.5

3.4 Exclusive Breastfeeding Practice

Of the two mothers and one caregiver interviewed admitted that they did not practice exclusive breastfeeding. Two of mothers giving breast milk at birth and formula milk later. Most reasons was have to leave children to work.

"My newborn baby is still routinely breastfeeding, but if I work, I replace it with S ** milk. My bigger child is 3 years old, just drink sugar water because the money will not be enough for buying milk for both of them. " (II01)

One of the mother did not breastfeed her baby since birth because having Hepatitis and doctor did not allowed her to breastfeed her baby.

"She didn't breastfeed because she had hepatitis, so the doctor prohibited her from breastfeeding. The baby is now given formula milk, already from birth. But now his mother has recovered, so she try again to breastfeed but the baby doesn't want to, because it might be unusual. So finally formula milk continues ... "(II02)

When asked about breast milk extraction, whether to use hand express or breastpump, two form three participants never done it before because they were afraid that the breasts would explode if they pumped.

"No, I didn't dare. Some say that if you pump, your breasts can explode ... " (II01)

One of three participant, do the breastmilk extraction when she has to work and store milk in the refrigerator belonging to the Posyandu cadre but it does not last long.

"Sometimes it is pumped and stored in cadre's refrigerator, but it is difficult for a long time..." (II03)

From FGD with mothers who had toddlers, all of the mothers were not breastfeeding their baby exclusively for first 6 months. There is one mother who says that she does not give breastmilk because the breast will be deflated if it continues to breastfeed.

"Breast can be deflated if it keeps going, so I just used formula milk ..."

In addition, from the FGD it is found that the pump is not an option that is commonly used by mothers in this area.

"It is unusual. Where will you store it? We don't have a refrigerator. It's possible to keep it in the cadre's place, but the house isn't close too..."

"All I know is the pump could cause breast cancer..."

3.5 Determinant Factors

From the interview results, there are several things that become the determinant factors of the low level of exclusive breastfeeding practice in this area. Using the Ishikawa diagram, the results are categorized into five categories. The Ishikawa fishbone diagram was shown in Figure 3.

1. Man factor

Man factors are classified into mothers of babies and also caregivers who care for babies when mother goes to work. From the interviews, it was found that the level of knowledge and attitudes towards exclusive breastfeeding of mothers and caregiver was good because mothers knew how long it should be given breast milk and the benefits obtained from breastmilk.

From the interview, it was found that when the mother left for work, the baby would be entrusted to be guarded by their sister, called *budhe*, the term for aunt.

"If I work, her *budhe* usually take care of the baby..." (II03)

A mother who give her baby to the caregiver, is mostly for work reasons. Mothers can leave home in the morning before the baby wakes up and then returns at noon. During the time it takes caregivers to care for babies. Caregiver's job is to keep the baby caring and also to give milk. Milk used is formula milk. This is because giving formula milk is considered practical. As obtained from observations that giving formula milk only uses drinking water (not heated), placed in a milk bottle and shaken. Then formula milk is ready to be drunk by the baby.

From interviews, it was also found that both mothers and caregivers did not have problems using

formula milk. When asked about pumping or expressing breast milk, two of the three participants refused to express milk.

2. Method Factor

Express breastmilk is a solution for mothers who work to maintain the level of exclusive breastfeeding to babies. From the interview, it was found that mothers did not want to express breastmilk. The cause of this is because of the low knowledge of mothers about express breastmilk. Most of them answered never and did not know how to do it.

Other thing in term of expressing breastmilk is that there are negative perceptions about it. This is related to local belief which become a personal perception that breast damage will occur when pumping or expressing breastmilk.

"Just like a balloon it can explode if it is pumped continuously ..." (II01)

On the other hand, the practical way of using formula milk also contributes to the low level of exclusive breastfeeding practices.

"It's easy..... Just pour the water and stir ..." (II02)

From FGD also found all mothers under five knew how to breastfeed correctly, but no mother had ever done breastpump or hand express breastmilk and did not know how to do it.

3. Economic Factor

Other determinant factors that play a role is economic problems. Families with low income make mothers have to work in supporting the family economy. This makes most mothers who are still in their productive age have to back to work after giving birth and leaving the baby. The work of the participants are informal teacher, work in factory, buskers and scavengers.

4. Material Factor

Another determinant factor contributing to the low practice of exclusive breastfeeding is infant formula at an affordable price by society. Most mothers in this area use milk with the same brand.

From the interviews, there were mothers who had good knowledge about exclusive breastfeeding and

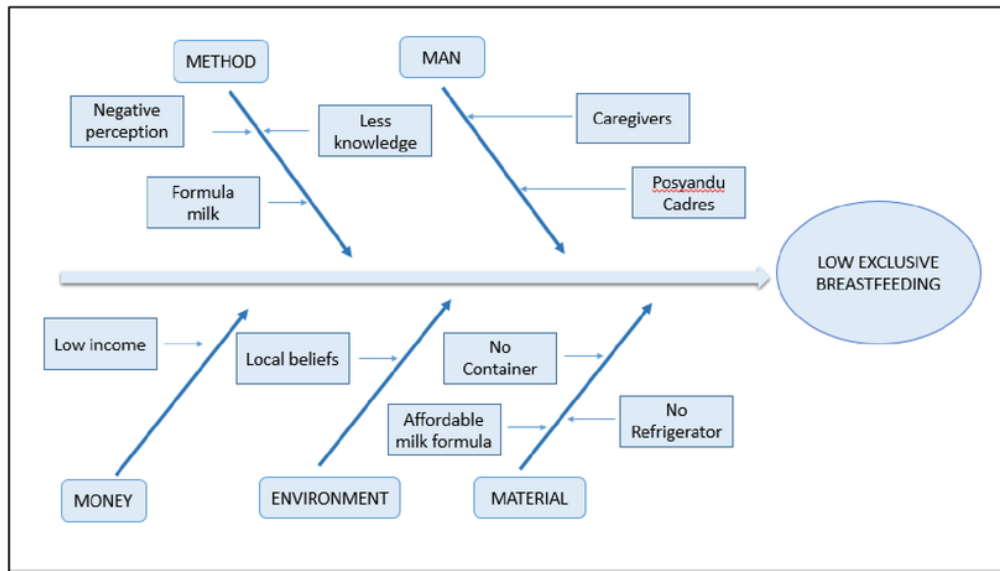


Figure 3: Ishikawa Fishbone Diagram

also pumped while working, but the biggest obstacle for the mother was not having a refrigerator. This resulted in the mother having to entrust her milk to neighbors who have a refrigerator and this condition did not last long.

"Sometimes it is pumped and stored, but it is difficult for a long time..." (I103)

5. Environmental factor

Local belief among mothers regarding breastfeeding and pumps is an obstacle to exclusive breastfeeding. They are afraid that if they breastfeed, the breasts will be flat and when pumped continuously, the breasts will explode like balloons and become cancerous. This is supported by the statement of the Posyandu Cadre who said ,

"Indeed, mothers here are afraid of breastfeeding because of that ... It's been like that ..."

This makes mothers prefer to give formula milk to their children rather than breastfeeding or pumping.

3.6 Efforts to Increase Exclusive Breastfeeding Awareness

From interviews with Posyandu cadres who have been cadre for 10 years in this community, mothers get counseling from health worker who came every month at Posyandu activities. The number of people attending counseling can be up to 160 people.

" If counseling is usually from the health center. We only provide a place ... the theme can be different ... usually the counselor asked us our need for the topic ... Most of topic had been given, except HIV / AIDS and the pregnant program ".

From this information can be obtained information that counseling about breastfeeding has been given to mothers although a detailed description of counseling is not obtained. This was justified by the mothers of the FGD participants, although some of them said they did not get about milking breast milk at their counseling.

"We get counseling from health workers ... but I'm not sure about breastmilk expression before..."

From the interview it was also found that the task of Posyandu cadres was to record under-five body weight and report to Puskesmas so that if found a baby categorized as malnutrition, could be handled by health workers.

"The cadre has been there for 10 years ... We are 5 people. Our job is to record the weight of a toddler, we continue to report it to the Puskesmas. Actually this kampung does not belong to the working area of the Puskesmas but they still want to help all this time. It's just that it doesn't help funds ... Like when a heavy baby is under the yellow line, I tell the Puskesmas. There, mother and child were provided with milk and extra food. So there shouldn't be more babies who weigh less. Because it is the government's programme..."

3.7 Prioritize the Problem with USG Method

After conducting interviews and compiling the fishbone, the researchers then made a table of USG (Urgency, Seriousness, Growth) and a score with a range of score for each criterion is 1-8.

Table 2: USG Method

Element	U	S	G	UXSXG	U+S+G
Mother	4	5	4	80	13
Caregiver	4	5	4	80	13
Less knowledge of breastmilk expression	5	5	5	125	15
Negative perception of breastmilk expression	5	5	5	125	15
Easy preparation formula milk	4	3	3	36	10
No refrigerator	4	4	4	64	12
Affordable formula milk	4	5	6	120	15
Low income	4	5	4	80	13
Local belief	6	6	5	180	17

From the process of prioritizing, the researchers agreed that the root cause of low exclusive breastfeeding in this community is local belief about pumping or expressing breastmilk that had affected personal perception of working mothers among community. If local belief could be clarified, hopefully the knowledge and perception about pumping and breast milk expression will be positive.

4 DISCUSSION AND CONCLUSION

4.1 Exclusive Breastfeeding and Working Mother

Exclusive breastfeeding for the mother who was in an urban slum is an ideal for the baby, the mother and family. Ideal for babies because breastmilk is very beneficial for babies, especially for babies who live in slums who are susceptible to contracting the disease. Breastmilk will provide a protective effect on babies. Ideal for mothers because it also provides benefits to delay the next pregnancy for at least 6 months of exclusive breastfeeding. Ideal for family income, because breastfeeding will certainly save expenses to buy formula milk.

This justification was not obtained from this study. The majority factor is because the mother must work to contribute to the economic needs of the family. This in line with research made among working mothers in Dhaka slum that showed the mother's occupation had broad impact in breastfeeding regularly and giving food for the children (Kabir, Rose and Maitrot, 2017). In Indonesia, this is in line with the research in the work area of Kawangkoan Community Health Center which shows that there is a significant negative correlation between maternal status working with exclusive breastfeeding practices (Timportok, 2018).

Breastfeeding for working mothers should not be a problem if the mother knows about breastfeeding rights guaranteed by the state and also knows how to pump/express, store and use it. According to Government Regulation No. 33 of 2012 Article 30-35 states that management of workplaces and public facilities must support the implementation of an exclusive breastfeeding through the existence of

facilities and internal regulations (Peraturan Pemerintah, 2012). For mothers who work in the formal sector can take advantage of this rule to earn the right to breastfeed and/or express breastmilk.

This can be realized if the mother knows how to express and store breast milk for later giving to her baby. This can be done by pumping with tool either manually or electrically, and hand express.

4.2 Extraction breastmilk: hand express or breast pump

Unfortunately not all mothers know about this. The results of research in India regarding expressed breast milk is as much as 60% of women have a negative perception. Some reasons for this are the lack of knowledge about this choice, and some are afraid to try it because they think it is too risky to store ASI (Rai, 2017). The study was conducted in the Puskesmas Air Dingin, Tanjung Aur Village showed that there was a relationship between maternal knowledge and the practice of dairy breastfeeding (Putri *et al.*, 2018).

4.3 Socioculture and Health Behavior

In this study found things that affect the negative perceptions of mothers, in addition to lack of knowledge is a local belief that eventually becomes the internal value of mothers who are in this community. The outstanding belief that pumping / flushing can cause breasts to rupture and cancer, is a condition that may be missed by health workers. From the results, it was also found that the level of knowledge of mothers in this capacity was good enough. This is likely due to routine counseling held at the Posyandu with the help of health workers from the nearest Puskesmas.

According to Kreuter & Haughton (2006) in Shumaker *et al* (2011), culture which is things that are learned, shared, passed on between generations and reflected in the values, beliefs / beliefs, norms and behaviors of the community, can be related to good behavior directly and indirect. One model that can explain the case in this village is folk theory (Shumaker, 2011). Folk theory states that people behavior are enforced by informal social controls like gossip and ridicule (Mahajan, 2011). Folkways were

approved by society and become repetitive action and could be internalized in personal action. Personal experiences can modify these folk models and thus influence that individual's behavior (Shumaker *et al*, 2011).

From the interviews obtained from Posyandu cadre that there has been an effort to increase knowledge about exclusive breastfeeding through counseling conducted every month. Each counseling attended by approximately 160 mothers. Topics about ASI have been presented by cadres and health workers. This shows that the knowledge of exclusive breastfeeding obtained by mothers in the village is sufficient, but knowledge of milk has never been obtained.

From this study it was concluded that the knowledge and skills of mothers towards exclusive breastfeeding in this community were positive but there were negative perceptions about dairy ASI because it was influenced by the low level of knowledge and also local beliefs about dairy asi which became obstacles to dairy asi in this community. Education is needed about dairy smilk and simulations of how to do it to help mothers have a positive perception of dairy Asias. Intensive assistance, not just mass counseling, is also expected to help mothers to keep working while giving their babies exclusive breastfeeding. Formation of ASI cadres or stabilization of posyandu cadre functions related to this matter can be considered to be one solution in the future.

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