

ABSTRAK

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Analisis Implementasi Konseling ASI oleh Bidan Konselor ASI di Puskesmas Wilayah Kabupaten Bantul Tahun 2013

xv + 196 halaman + 6 tabel + 3 gambar + 24 lampiran

Kabupaten Bantul merupakan kabupaten yang memiliki jumlah tenaga bidan konselor ASI terbanyak di Propinsi Daerah Istimewa Yogyakarta tetapi cakupan ASI eksklusifnya menempati urutan terendah ketiga pada tahun 2011. Tujuan penelitian untuk menganalisis implementasi konseling ASI oleh bidan konselor ASI di puskesmas wilayah Kabupaten Bantul.

Penelitian ini dilakukan dengan metode kualitatif. Pengambilan data dilakukan dengan wawancara mendalam dan observasi. Informan utama adalah empat orang bidan konselor ASI dari dua puskesmas dengan cakupan ASI tertinggi dan dua puskesmas dengan cakupan ASI terendah. Informan triangulasi adalah bidan koordinator dan kepala Puskesmas terpilih, Kasie Gizi Dinas Kesehatan Kabupaten Bantul dan ibu yang melakukan pemeriksaan kehamilan, nifas dan imunisasi bayi ke puskesmas tersebut. Analisis data menggunakan analisis isi.

Hasil penelitian menunjukkan bahwa kegiatan konseling ASI di puskesmas belum berjalan optimal : tidak melakukan parafrase, kurang berempati dan menggunakan kata-kata yang berkesan menghakimi. Puskesmas dengan cakupan ASI eksklusif tertinggi mempunyai kelas ASI untuk penyuluhan berkelompok dan bidan konselor ASI juga melakukan konseling individu. Upaya sosialisasi tentang keberadaan bidan konselor ASI belum maksimal di seluruh puskesmas. Tenaga bidan konselor ASI di setiap puskesmas sangat kurang. Alat tambahan untuk relaktasi serta media KIE ASI berupa lembar balik belum tersedia di semua puskesmas, sedangkan jumlah liflet sangat terbatas. Puskesmas dengan cakupan tertinggi mempunyai alat bantu multimedia untuk penyuluhan kelompok. Bidan konselor ASI mempunyai komitmen tinggi untuk melakukan konseling ASI, tetapi hanya di puskesmas dengan cakupan tinggi ada dukungan kuat dari kepala Puskesmas. Seluruh puskesmas belum mempunyai SOP konseling ASI serta belum ada pelaporan tertulis kegiatan konseling ASI.

Disarankan bagi Dinas Kesehatan untuk meningkatkan sosialisasi, jumlah tenaga konselor ASI dan media penyuluhan, menyusun tupoksi khusus bidan konselor ASI serta meningkatkan supervisi. Bagi Puskesmas untuk membentuk kelas ASI dan menyusun SOP.

Kata Kunci : Implementasi, Konseling ASI, Bidan Konselor ASI, Puskesmas
Pustaka : 76 (1992-2013)

ABSTRACT

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Implementation Analysis of Breastfeeding Counselling by Midwife Counsellor of Breastfeeding at Health Center in District of Bantul in 2013

xv + 196 pages + 6 tables + 3 figures + 24 enclosures

District of Bantul had the largest number of midwife counsellor of breastfeeding in Province of Central Java but coverage of exclusive breastfeeding was the third lowest rank in 2011. This research aimed to analyze the implementation of breastfeeding counselling by midwife counsellor of breastfeeding at health center in District of Bantul.

This was qualitative research. Data were collected using indepth interview and observation. Main informants were four midwives who were breastfeeding counsellor from two health centers with the highest and the lowest coverage of exclusive breastfeeding. Informants for triangulation purpose were midwife coordinators and head of the selected health centers, head of nutrition section at Bantul District Health Office, and mothers who visited health centers to perform a pregnancy test, postpartum, and baby immunization. Furthermore, data were analyzed using a method of content analysis.

The result of this research revealed that activities of breastfeeding counselling at health centers had not been optimally done; midwives did not paraphrase, did not have empathy, and used judging words. In the health center with highest coverage of exclusive breastfeeding, a breastfeeding class with multimedia equipment was available to disseminate information in a group and midwife counsellor of breastfeeding also performed individual counselling. Socialization of availability of midwife counsellor had not been done optimally at all health centers. Number of midwife counsellor was not sufficient at each health center. Additional tools for relactation and media of Communication, Information, and Education of breastfeeding in a form of a flipchart were not available at all health centers, while availability of leaflets was limited. Midwife counsellor had high commitment to provide breastfeeding counselling. Strong support from head of health center was merely available at the health center with highest coverage of exclusive breastfeeding. All health centers did not have a Standard Operating Procedure (SOP) of breastfeeding counselling and a written report of breastfeeding counselling activities.

As a suggestion, District Health Office needs to increase socialization, number of breastfeeding counsellor, and supervision. Health Centers need to form a class and arrange SOP.

Key Words : Implementation, Breastfeeding Counselling, Midwife Counsellor of Breastfeeding, Health Center

Bibliography : 76 (1992-2013)