

ABSTRAK

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**Analisis Implementasi Kebijakan Pojok Laktasi di RSUD dr. Doris Sylvanus Palangka Raya
xvii + 133 halaman + 5 tabel + 6 gambar + 27 lampiran**

Cakupan pemberian ASI eksklusif untuk Kalimantan Tengah berfluktuasi dari 29,2% di tahun 2010 menjadi 17,1% di tahun 2011 kemudian naik menjadi 22,8% di tahun 2012. Untuk Kota Palangka Raya menurun dari 30,2% di tahun 2010, menjadi 19,5% di tahun 2011 dan menjadi 19,1% di tahun 2012. RSUD dr. Doris Sylvanus berkomitmen sebagai RSSIB dan mendukung program ASI eksklusif, diantaranya dengan menyediakan pojok laktasi di 3 ruangan. Tujuan penelitian ini adalah menganalisis bagaimana implementasi kebijakan pojok laktasi di RSUD dr. Doris Sylvanus Palangka Raya.

Metode penelitian adalah kualitatif, dengan informan utama 3 orang Karu penanggung jawab pojok laktasi dan informan triangulasi petugas ruangan, pasien ibu menyusui, konselor ASI, Kabid Yanmed RSUD dr. Doris Sylvanus, Kasi Yankes Dinkesprov Kalimantan Tengah. Analisis data menggunakan metode analisis isi.

Hasil penelitian ini: implementasi kebijakan pojok laktasi di RSUD dr. Doris Sylvanus sudah sesuai peraturan yang ada, yaitu bagian dari program RSSIB, RS PONEK dan syarat akreditasi RS. Namun RSUD dr. Doris Sylvanus belum memiliki kebijakan khusus mengenai pojok laktasi. Pemanfaatannya lebih ditujukan untuk pasien, meskipun tidak ada larangan kepada pegawai untuk menyusui dan/atau memerah ASI di lingkungan RS. Pelayanan konseling yang diberikan di pojok laktasi diantaranya ASI eksklusif, perawatan bayi, dan KB. Komunikasi tentang pojok laktasi belum jelas karena tidak ada sosialisasi. SDM maupun fasilitas sudah sesuai standar, hanya penempatan beberapa konselor ASI masih belum tepat. Tidak ada informasi tentang tata cara penerapan kebijakan pojok laktasi, tetapi tingkat kepatuhan petugas sudah baik. Kewenangan Karu, petugas ruangan dan konselor ASI dalam implementasi kebijakan pojok laktasi adalah sama. Semua petugas mendukung implementasi kebijakan pojok laktasi, meskipun tidak ada SK dan insentif. Struktur birokrasi masih belum efektif karena belum ada juknis dan SOP khusus pojok laktasi, serta adanya fragmentasi dengan banyaknya tim.

Disarankan untuk RS diantaranya menyusun kebijakan khusus tentang pojok laktasi, melakukan sosialisasi, membuat SOP dan alur mekanisme pertanggungjawaban yang jelas. Dinkesprov juga diharapkan melakukan advokasi dan koordinasi untuk penyusunan Perda ASI.

Kata kunci : pojok laktasi, implementasi kebijakan, ASI eksklusif.

Pustaka : 60 (1994-2013)

ABSTRACT

Lola Meyasa

Implementation Analysis of the Lactation Corner Policy at dr. Doris Sylvanus Public Hospital in Palangka Raya

xvii + 133 pages + 5 tables + 6 figures + 27 enclosures

Coverage of providing exclusive breastfeeding in Central Kalimantan fluctuated from 28.2% in 2010 to 17.1% in 2011 and increased in 2012 to be 22.8%. In Palangka Raya City, it dramatically decreased during the same period, namely 30.2%, 19.5%, and 19.1% respectively. dr. Doris Sylvanus Public Hospital has a commitment to be a Maternal and Infant Care Hospital (MICH) and supports the program of exclusive breastfeeding by providing the lactation corner in 3 rooms. This research aimed to analyze the implementation of the lactation corner policy at dr. Doris Sylvanus Public Hospital in Palangka Raya.

This was qualitative research. Main informants were 3 Heads of Rooms. Informants for triangulation purpose were breastfeeding mothers, breastfeeding counsellor, Head of Medical Service Department at the hospital, and Section Head of Health Services at Central Kalimantan Province Health Office. Data were analyzed using content analysis.

The result of this research showed that the policy has been implemented as a part of the MICH program, PONEK Hospital, and the requirements of hospital accreditation. Nonetheless, the public hospital has not had a specific policy of the lactation corner. The use of the rooms was just for patients even though hospital employees could also use these rooms to express or to provide breastmilk. Counselling services provided were exclusive breastfeeding, baby care, and family planning. However, communication about the lactation corner was not good because there was no socialization. Human resources and facilities were in accordance with a standard but some counsellors had not been placed appropriately. In addition, there was no information about a procedure of the lactation corner policy. The obedience level of the officers was good. Head of Room, a room officer, and a breastfeeding counsellor in implementing the policy had the same authorities. All employees supported the policy even though there was no decree and incentive. Structure of bureaucracy was not effective because there was no a technical guide and Standard Operating Procedure (SOP) of the lactation corner. Additionally, there was any fragmentation due to many teams.

As a suggestion, the hospital management needs to arrange the specific policy of the lactation corner, to socialize, and to arrange SOP and the accountability mechanism clearly. The Province Health Office needs to advocate and coordinate to arrange local regulations of breastfeeding.

Key Words : the lactation corner, policy implementation, exclusive breastfeeding

Bibliography : 60 (1994-2013)