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ABSTRAK

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Analisis Program Pemberian Air Susu Ibu (ASI) Eksklusif di Puskesmas Wilayah Kabupaten Purbalingga

xv + 99 halaman + 6 tabel + 3 gambar + 13 lampiran

Penyebab kematian anak di Indonesia salah satunya disebabkan masalah gizi yang erat kaitannya dengan pemberian ASI Eksklusif. Pada tahun 2014 kasus gizi buruk di Kabupaten Purbalingga terdapat 80 kasus. Keberhasilan program ASI Eksklusif tidak terlepas dari peran dari sistem manajemen program. Data cakupan ASI Eksklusif di Kabupaten Purbalingga pada tahun 2014 sebesar 63,40%. Masih dibawah target yang diharapkan yaitu sebesar 80%. Tujuan penelitian untuk menganalisis aspek input, proses, output dari program pemberian ASI Eksklusif di Puskesmas wilayah Kabupaten Purbalingga. Jenis penelitian kualitatif yang disajikan secara deskriptif eksploratif melalui wawancara mendalam terhadap 4 informan utama; petugas gizi dan 8 informan triangulasi; 4 Kepala Puskesmas dan 4 bidan koordinator. Pengolahan dan analisis data menggunakan metode *content analysis*.

Hasil penelitian menunjukkan bahwa aspek input pada Puskesmas cakupan ASI Eksklusif rendah; SDM kurang dan terbatas, tidak pernah mengikuti pelatihan, tidak ada dana khusus, sarana prasarana belum memadai, tidak ada SOP, dan Perda sepenuhnya belum diketahui oleh pelaksana program. Aspek proses pada Puskesmas cakupan ASI Eksklusif tinggi; perencanaan ditentukan melalui alur kerja, supervisi, pengarahan dan sosialisasi rutin dilaksanakan, dan masih terdapat kendala-kendala didalam pelaksanaan program baik pada Puskesmas cakupan tinggi maupun rendah. Aspek output menunjukkan tidak ada KP-ASI pada Puskesmas cakupan rendah, berbeda dengan Puskesmas cakupan tinggi bahwa telah ada KP-ASI yang dibentuk.

Disarankan untuk advokasi berulang kepada pemerintah daerah agar formulasi Peraturan Daerah segera disahkan dan dapat segera diterapkan. Mengadakan dan menyediakan ruang laktasi. Memprioritaskan program pemberian ASI dan alokasi dana khusus. Menyusun perencanaan dan pelatihan untuk memenuhi kebutuhan SDM kesehatan dan menambah jumlah konselor sebagai tenaga terlatih ASI di instansi pemerintah dan swasta.

Kata kunci : Sistem Kesehatan, ASI Eksklusif, Program

Kepustakaan : 52 (1968 – 2015)

ABSTRACT

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Analysis of Exclusive Breastfeeding Program at Health Centres in District of Purbalingga

xv + 99 pages + 6 tables + 3 figures + 13 appendices

One of the causes of mortality among children in Indonesia was nutritional problems in which it was related to exclusive breastfeeding. In 2014, number of malnutrition cases in Purbalingga District were 80 cases. The success of exclusive breastfeeding program could not be separated with a role of management system of the program. Coverage of exclusive breastfeeding in Purbalingga District in 2014 was 63.40% (below the target of 80%). The aim of this study was to analyse aspects of input, process, and output of the exclusive breastfeeding program at health centres in Purbalingga District. This was a qualitative study presented using descriptive and explorative methods. Data were collected by conducting indepth interview to four main informants working as nutritionist and to 8 informants for triangulation purpose, namely 4 heads of health centres and 4 coordinator midwives. Data were analysed using content analysis.

The results of this research showed that input aspects at health centres with low coverage of exclusive breastfeeding were as follows; number of human resource was insufficient; there was no training followed; there was no specific budget allocated; facilities were insufficient; there was no SOP; and not all implementers of the program knew an available regional regulation. Process aspects at health centres with high coverage of exclusive breastfeeding were as follows; a planning was determined by work steps; supervision, guidance, and socialisation were routinely conducted; there were some obstacles in the implementation of the program in both kinds of health centres. Output aspects demonstrated that there was no KP-ASI at health centres with low coverage of exclusive breastfeeding, otherwise KP-ASI was available at health centres with high coverage of exclusive breastfeeding.

Advocacy needs to do to the local government in order to approve a draft of the regional regulation and to implement it. A lactation room needs to be provided. The program of exclusive breastfeeding and allocation of specific budget needs to be prioritised. There needs to arrange planning and training to fulfil human resource of health and to add number of counsellor as a trained worker for exclusive breastfeeding at public and private institutions.

Keywords : Health System, Exclusive Breastfeeding, Program
Bibliography: 52 (1968-2015)