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Exclusive Breastfeeding on Poor Family in Osing Tribe (Positive Deviance); Qualitative Study at Kemiren Village, Subdistrict of Glagah, Regency of Banyuwangi, East Java, Indonesia

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Abstract

The child caring constitutes the deeds conducted by family (mother, father, grandmother or other person) in giving food especially breastfeed. Breastfeed is the best food for baby and has the highest nutrition value compared to human made baby food or milk from animals like cow's milk. Exclusive breastfeeding is given to a newborn as a major food until 6 months of age. Many factors that determine the success of exclusive breastfeeding, on poor family; social factor is one of the important factors. Osing tribe which is a native of Banyuwangi Regency lives in Kemiren village where the village still maintains its cultural traditions. In 2013, it is known that exclusive breastfeeding in the Kemiren Village is the lowest among the other villages in the district Glagah. This is the reason why the writer is interested in studying further about the case of how among aforesaid poor families are still able to give Exclusive Breastfeed. This research applied the qualitative approach. Informants were selected purposively. Informants in this research were mothers having 6-12 month children and give exclusive breast fee on poor family.

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The result of this research showed that the factors that influence positive deviance is the role of husband, in this case husband give emotional support to his wife through caring of his wife and children health, and a husband concern to his wife for exclusive breastfeeding; appreciation support was given by the entire informant by giving consent if the wife do exclusive breastfeeding; average of key informants provided instrumental support financially or gave some money to the wife to support exclusive breastfeeding.

Key words: Exclusive Breastfeeding; Positive Deviance; Osing Tribe.

1. Introduction

Based on the 2013 Riskesdas data, the proportion of households that provides exclusive breastfeeding for their infants was only 38% [1]. Of 459,021 infants examined in East Java Province in 2012, only 294,125 received exclusive breastfeeding [2]. In Banyuwangi, infants 0-6 months who received exclusive breastfeeding in 2012 were 60.4%. This attainment was still below the target of 70% [3]. Based on weighing recapitulation in February of 2013, it was known that exclusive breastfeeding in Kemiren Village was the lowest among the other villages in Glagah Sub-District. Of the 12 infants aged 0-6 months, there were 5 from good-income families and 7 babies from poor families. Of 7 infants 0-6 months in poor families, there was only one who was breastfed exclusively. Lack of exclusive breastfeeding and very strong cultural factors in the Osing community, especially in Kemiren Village, possibly give a major impact on the practice of exclusive breastfeeding to infants that this will eventually contribute to the growth and development of the infants [3].

Many factors can influence the success of exclusive breastfeeding in poor families, one of which is social support. Social support is the support received from the interpersonal relationships that refers to pleasure, tranquility, and helpful assistance, in the form of 'verbal informs' received by a person from another person or another group that takes effect on behavior for the acceptors. The role of the family, especially the mother, becomes a factor that may encourage or inhibit the success of exclusive breastfeeding. In addition, husbands as 'breastfeeding father' must provide concrete support. The husbands' role, especially in the feeding process, is not only providing a soft touch on the mothers, but also giving support for the mothers in terms of breastfeeding. Husbands' support (emotional support, esteem support, instrumental support and informative support) is needed for exclusive breastfeeding to be achieved [4].

The objective of this study was to analyze the exclusive breastfeeding in poor families in Osing tribe (Positive Deviance). The deep understanding of exclusive breastfeeding in Osing tribe can provide information and serve as a material consideration in decision making and determination of programs, particularly for Banyuwangi District Health Office to increase the scope of exclusive breastfeeding.

2. Methods

This study used a qualitative method with a case study approach. This research was conducted in Kemiren Village of Glagah Sub-District of Banyuwangi District. The study was conducted from August to October 2014. The key informants in this study were the husbands of the wives who had \geq 6-12 month old infant in poor families who either provided exclusive breastfeeding or not. The informant determination in this study used

purposive technique, which is a data source retrieval technique by some particular consideration. In addition to key informants, the author also interviewed additional informants consisting of wives, midwives, and prominent local figures. Test validation in this study was conducted with source and method whereas analyzing data used a method of thematic content analysis (content analysis based on the theme).

3. Results

3.1 Overview on Exclusive Breastfeeding in Osing Community

Exclusive breastfeeding in Kemiren Village was categorized low. Based on interviews with one of the local figures, the decision to give exclusive breastfeeding in Osing, especially in Kemiren Village, was still influenced by the closest family, especially the mother (grandmother). The habits of parents to provide food other than breast milk such as bananas and honey could affect the success of exclusive breastfeeding. Geographically, the houses among families and relatives in Kemiren Village were close and still in the same area or even in the same house. This could of course raise a family intervention in exclusive breastfeeding.

3.2 Key Informants' Characteristics

The whole key informants in this study were men. The characteristics of the key informants (husband) and additional informants (wife) can be seen in Table 1.

Table 1: The characteristics of key informants' (husbands) and additional informants (wives)

Informant	Age (y)	Education	Employment	Infant's age (month)	Status of Exclusive Breastfeeding
Informant 1	27	Junior high	Fabric employee Farmer	7	-
Informant 2	41	Junior high	Security	9	-
Informant 3	31	Senior high	Laborer	11	-
Informant 4	34	Junior high		9	Exclusive breastfeeding

3.3 Social Support Related to Exclusive Breastfeeding

Informative support

The results of this study on informative support consisted of the presence or absence of information which included the provision of advice, guidance, suggestions or feedback. This study found that the majority of key informants did not give informative support to the wife to give exclusive breastfeeding:

“What is the meaning of exclusive breastfeeding?” (Informant 1, 22 August 2014).

One key informant stated that he did not get the information directly from health workers, so Informant 1 did not know about exclusive breastfeeding and admitted to buy formula milk to his baby since birth, as said as follows:

“No....” (Informant 1, 22 August 2014)

The above statement was reinforced by an additional informant’s statement, a midwife that revealed her husband did not get the information directly from health workers associated with exclusive breastfeeding program:

“... If specifically for the husbands, there is no such program so far” (additional Informant, 1 September 2014)

Emotional Support

Emotional support was not provided by all informants. Form of emotional support given by husbands to wives in exclusive breastfeeding could be done by performing an interpersonal communication. Here are excerpts of interviews with a key informant:

“Never having a chat. I do not know. All day I am in the fields, never talk” (Informant 2, 28 August 2014)

The in-depth interview excerpt explains that the main informant never did communications related to planning to provide exclusive breastfeeding because he had less knowledge about exclusive breastfeeding and he spent his entire day at the fields working.

Appraisal Support

Appraisal support given by the husband to the wife in exclusive breastfeeding was in form of husband’s consent when the wife chose to breastfeed exclusively. The results showed that all husbands gave appraisal support by giving consent when the wife wished to do exclusive breastfeeding, as expressed by one of the following key informants:

“Yes, supporting” (Informant 4, 5 September 2014)

The husband’s appraisal support to the wife could also be demonstrated with the husband’s worried feeling when suddenly the wife suffered physical changes during exclusive breastfeeding. Based on in-depth interviews with one key informant, it was noted that the average husbands did not feel worried when suddenly the wife suffered physical changes during exclusive breastfeeding:

“No, I am used to it” (Informant 4, 5 September 2014).

Instrumental support

Instrumental support is defined as the provision of things that can provide immediate relief such as money, gift items, food and service. Based on in-depth interviews with a key informant, some husbands never provided instrumental support to support their wives to breastfeed exclusively:

“No, not breastfeeding, just buy milk formula, the bottle” (Informant 2, 22 August 2014)

The quote shows that Informant 2 did not provide specific costs to support exclusive breastfeeding by the wife to their baby with a reason that their baby was not breastfed.

4. Discussion

Knowledge is the simplest behavior in cognitive behavioral sequence. Most key informants did not know about exclusive breastfeeding both understanding and benefit, causing the husbands never to give information to their wives about exclusive breastfeeding and ultimately the wives did not give exclusive breastfeeding to their infants. Information and relevant experience from any person on exclusive breastfeeding may affect the person's behavior in terms of exclusive breastfeeding that had been proved by [5] in her study. In that study, she said that the mother who had a good knowledge had a 5.47 greater chance of providing exclusive breastfeeding. Education about breastfeeding is very important to do before or during pregnancy and continued after childbirth. According to [6], the perception of health workers is very important because it can influence the decisions made by the mother.

Form of emotional support given by the husbands to the wives in exclusive breastfeeding can be done through interpersonal communication between husband and wife. The whole key informants in this study said that the husbands never did communication related to planning to provide exclusive breastfeeding because they had less knowledge about exclusive breastfeeding and they spent their entire day at the fields working. In addition, psychological support from close family, especially women like mother, mother-in-law, sister women, or other female friends who have experienced and been successful in breastfeeding is indispensable [7].

Appraisal support is an award form given by one person to another in accordance with the conditions. Appraisal support may be awards for the achievement of family conditions based on real circumstances. This appraisal can be either positive or negative appreciation effecting very significant for a person [8]. In this study, appraisal support given by the husbands to the wives regarding exclusive breastfeeding could be in the form of husbands' consent when the wives chose to breastfeed exclusively. The husbands' appraisal support to the wives could also be demonstrated with the husbands' worried feeling when suddenly the wives suffered physical changes during exclusive breastfeeding. On average, the husbands did not feel worried when suddenly the wives suffered physical changes during exclusive breastfeeding.

The average men never gave instrumental support to their wives to breastfeed exclusively. Instrumental support is needed, especially in dealing with the problem to be more easily [9].

5. Conclusion

Most key informants did not give informative support to the wives to give exclusive breastfeeding because their knowledge was still low and the main informants never received counseling from health workers directly related to exclusive breastfeeding. The whole key informants did not provide emotional support to the wives related to planning to provide exclusive breastfeeding through communication. Emotional support given by all informants was in the form of a sense of concern for the health of the wives and infants by giving the time to take them to health services.

All key informants gave appraisal support by giving approval when the wives breastfed exclusively. On average, key informants provided instrumental support financially or provided costs to the wives to support exclusive breastfeeding although most wives did not give exclusive breastfeeding.

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