

MODIFICATION OF THE HEADMAN ROLE ON INCREASING KNOWLEDGE AND ATTITUDES ABOUT BREASTFEEDING AND COMPLEMENTARY FOOD IN A REMOTE ISLAND

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ABSTRACT

One of the health program's priorities is to reduce the incidence of stunting. Interventions currently being carried out focus on the first 1000 days of life. However, they have not been successful due to difficult access, educational, socio-economic and cultural factors, such as on the remote island of Enggano. Therefore, cultural-based intervention is needed with local communities as the perpetrators because it is the social capital of development. This study aims to determine the influence of the role of the traditional Paabuki leader and cadres on knowledge and attitudes about breastfeeding and complementary food in children under two years old on Enggano Island, North Bengkulu Regency, in 2021. This research uses a quasi-experimental research design without a control group. The intervention was in the form of modifying the role of traditional Paabuki leaders and cadres in training. Samples were 40 women with children under two years old selected by purposive sampling. The research results on the role of Paabuki and cadres affected knowledge and attitudes about breastfeeding and complementary food with a p-value = 0.00. However, they did not affect breastfeeding behavior and complementary food with a p-value = 1. Parity is the most influential factor in knowledge and attitudes about breastfeeding and complementary feeding (p-value = 0.01). The role of Paabuki and cadres can be modified as channel media in providing information and advocacy about breastfeeding and weaning food. Service providers must carry out program innovations based on local culture so that the community more easily accepts them.

Keywords: headman, cadres, breast feeding, weaning food

INTRODUCTION

Stunting in Indonesia is one of the current focuses of the government. Based on the Nutrition Status Data Collection in 2019, stunting in Indonesia is still high at 27.67, while in Bengkulu Province, the prevalence of stunting is 26.86%. In North Bengkulu Regency, it is 27.62%, with one of the stunting loci in a remote island village. The border in the middle of the Indian Ocean is Meok Village, Enggano Island (Kementerian Kesehatan RI, 2021). Stunting events affect children's cognitive abilities because stunting affects the brain and neurological development (Daracantika et al., 2021). Mothers' knowledge, education, attitudes, and behavior in providing complementary foods (MP) for breastfeeding, infectious diseases, history of exclusive breastfeeding, and birth weight affect the incidence of stunting. Stunting is influenced by the family's understanding of nutrition, income

level, culture, habits, low accessibility, and lack of awareness in overcoming malnutrition (Abdullah & Sari, 2018).

A preliminary survey in the area of the Enggano Public Health Center found that the coverage of exclusive breastfeeding on Enggano Island was only 45%. The failure of exclusive breastfeeding occurred in the first three days of life, beginning with prenatal feeding in formula milk, bitter coffee, dates, and honey. Interventions that have been carried out to increase the knowledge, attitudes, and behavior of mothers under five in exclusive breastfeeding on Enggano Island are in the form of health education by health providers at integrated health center activities. However, they have not shown promising results. This is due to obstacles such as geographical location, the limited number of health workers, low education, and less socio-economic so innovation efforts are needed

to increase community participation in health education through culture-based interventions ((Novira, 2020). The success of health development must depart from the region's specific problems and potentials, including the local socio-culture. Community potential rooted in the local culture is the community's social capital in overcoming health problems. Culture-based interventions have been shown to increase positive outcomes because they can increase knowledge, attitudes, and behavior for controlling hypertension in the Punguan Batak Toba in Bengkulu City. Modifying *merunggu's* culture can increase knowledge, attitudes, and behavior in childbirth assistance by health workers in maternity mothers of the Serawai Tribe, Seluma Regency (Simbolon et al., 2017) (Yorita, 2017).

The people of Enggano Island have local wisdom, which is used as a reference by community members in the form of traditional institutions led by a traditional leader called *Paabuki*. The task of *Paabuki* is to coordinate all tribal and door chiefs and is obliged to convey information and community aspirations. Even though the government has established customary village institutions that differ in membership from existing community customary institutions, customary institutions still exist and are still valid as a form of skills, resources, and decision-making mechanisms for local communities, including health. The great potential of local genius in Enggano District can be used to intervene in health problems. *Paabuki's* role was modified as an effective means in the adoption process of stunting prevention behavior in children under two years of age through increasing knowledge, attitudes, and behavior about breastfeeding and complementary feeding in children under two years old (Novira, 2020). This study aims to examine the role of *paabuki* and cadres in training on the knowledge, attitudes, and behavior of breastfeeding and complementary feeding in children under two at risk of stunting on Enggano Island, North Bengkulu Regency.

METHODS

The research design used was quasi-experimental without a control group. The

treatment group was mothers with children under two who were given the promotion of breastfeeding and complementary feeding with the role of *paabuki* as advocates and cadres as training partners. *Paabuki* is the highest leader of the Enggano community's traditional institution, consisting of the Kaarubi tribe, Kaaruba tribe, Kaitora tribe, Kamaay tribe, Kahua tribe, and Kauno tribe. The independent variable is the role of *Paabuki*, while the dependent variable is knowledge, attitudes, and behavior about breastfeeding and complementary feeding

Promotions about breastfeeding and complementary food were carried out twice in structured classes. Cadres delivered educational material, while *Pabuuki* was an advocate who reinforced the mother of two. The research team compiled educational media in the form of modules and leaflets based on the needs analysis results (Raditya Atmaka et al., 2022). The material was adapted from the MCH Handbook published by the Ministry of Health of the Republic of Indonesia 2023 and the Guidelines for a Balanced Menu Based on Local Food for North Bengkulu Regency in collaboration with SAMEO REFCON in 2021. Before training, under-five mothers, cadres, and *paabuki* were taught about breastfeeding and complementary food by the research team. Before and after the intervention, pre-tests and post-tests were carried out on under-aged mothers regarding knowledge, attitudes, and behavior regarding breastfeeding and complementary feeding using a questionnaire. Post-test measurements were carried out one month after the intervention. This research has received an ethically proper letter from the research health ethics commission of the Bengkulu Ministry of Health Poltekkes with the number KEPK.M/197/11/2021.

The research location is Meok Village and Apoho Village, Enggano District, North Bengkulu Regency. In July-December 2021, a sample of 40 mothers and children under the age of five who were selected by purposive sampling with inclusion criteria, willing to follow the study to completion, able to read and write, Enggano tribe. Exclusion criteria for mothers with children under two with a history of congenital abnormalities or chronic diseases.

RESULTS AND DISCUSSIONS

Table 1 shows the high number of mothers with two-year-old babies in the at-risk age group with primary and secondary education and low socio-economic levels. It shows the need for health promotion methods in accordance with the characteristics of the target group.

Table 2 shows an increase in the average score of knowledge before and after being given training on breastfeeding and complementary feeding through modification with a value of $p =$

Table 1. Frequency Distribution of Characteristics in Mothers of Two-year-old Infants at Risk of Stunting on Enggano Island, North Bengkulu Regency in 2021

Variable	n=40	100%
Mother's Age		
< 20 and > 35 years	19	47.5
≤ 20-35 years	21	52.5
Education		
Primary	16	40
Secondary	23	57.5
Higher	1	2.5
Parity		
Primipara	15	37.5
Multipara	25	62.5
Grandemultipara	0	0
Socio-economic		
Low	23	57.5
Middle and High	17	42.5

Table 2. The Effect of *Paabuki* and Cadre Roles in Training on Knowledge, Attitudes, and Behavior of Breastfeeding and Complementary Food for Breastfeeding in Two-Year-Old Babies on Enggano Island, North Bengkulu Regency

Variable	n	Mean	Range	SD	MeanDiff	p*
Knowledge						
Before	40	07.0	5-9	0.1	9.2	0.00
After		16.3	12-19	1.8		
Attitude						
Before	40	15.2	12-19	2.1	21.4	0.00
After		36.6	32-41	2.3		
Behavior						
Before	40	12.7	7-16	1.9	0	1
After		12.7	7-16	1.9		

*Wilcoxon Test

Table 3. Relationship of Age, Parity, Education, and Socio-Economic Education with Knowledge, Attitudes, and Behaviors of Breastfeeding and Complementary Feeding in Two-Year-Old Babies on Enggano Island, North Bengkulu Regency in 2021.

Knowledge and Attitude*			
Variable	n	Correlation coefficient	P
Age		-0.3	0.03
Education		-0.3	0.04
Economic Status	40	0.1	0.35
Parity		0.39	0.01
Attitude Variable			
Age		0.3	0.03
Education		0.2	0.19
Economic Status	40	0.0	0.78
Parity		-0.1	0.23

*Spearman Rank Test

0.00. It means that the role of *Paabuki* and cadres in training affects knowledge about breastfeeding and complementary feeding for two-year-old babies at risk of stunting on Enggano Island, North Bengkulu Regency.

Then, table 2 shows a difference in the mean attitude scores before and after being given training on breastfeeding and complementary feeding with $p = 0.00$. It means *Paabuki* and training cadres influence attitudes about breastfeeding and complementary feeding, but it has no effect on behavior ($p=1$).

Based on table 3 shows that there is a significant relationship between age ($p=0.034$), education ($p=0.04$), and parity ($p=0.01$) in the knowledge of breastfeeding and complementary feeding. There is a significant table between education on knowledge of breastfeeding and complementary feeding in infants two years at risk of stunting with $p = 0.049$. However, there is no significant relationship between economic status and knowledge of breastfeeding and complementary feeding ($p = 0.35$). There was a significant relationship between parity, breastfeeding knowledge, and complementary feeding ($p=0.01$).

Table 3 statistical test results using Spearman Rank analysis show a significant relationship between age on breastfeeding attitudes and

complementary feeding in two-year-old infants at risk of stunting with p -value = 0.039. Statistical tests also showed a significant relationship between education on breastfeeding attitudes and complementary feeding for two-year-old infants at risk of stunting with $p=0.192$. The statistical test in table 3 also shows no significant relationship between economic status with breastfeeding attitudes and complementary feeding in children at risk of stunting with $p = 0.785$. There is no significant relationship between parity with breastfeeding attitudes and complementary feeding in children at risk of stunting. with p -value = 0.239.

This study found that there was an influence of the role of paabuki and cadres in training on knowledge about breastfeeding and complementary feeding for two-year-old infants at risk of stunting on Enggano Island, North Bengkulu Regency. This finding supports the research of (Yorita, 2017) that modification of local culture can increase knowledge about exclusive breastfeeding. In this study, the presence of paabuki in training with health cadres is a medium of information channel in health promotion (Simbolon et al., 2017). Paabuki, as a respected figure, provides advocacy to increase mothers' interest in receiving new knowledge about breastfeeding and complementary feeding. Health promoters must identify and describe the culture or subculture within a given population to create culturally appropriate programs and materials. Therefore, the relationship between culture and health behavior needs to be understood before planning and developing health (Simbolon et al., 2017).

This study also found that there was an influence of the role of paabuki and cadres in training on attitudes about breastfeeding and complementary feeding in two-year-old babies at risk of stunting on Enggano Island, North Bengkulu Regency. The cultural innovation in this study is in accordance with previous findings that cultural intervention positively influences the local Sundanese people of West Java Province. Local culture-based health interventions can be used as a reference to change knowledge, attitudes, and healthy behavior (Hartingsih et al., 2016).

Cultural appropriateness for specific behaviors must be identified so that cultural information

can be efficiently applied in population-based health education practices. Cultural modifications with health content can influence decisions and behaviors related to group members' health (Kreuter & McClure, 2004). Through the role of the paabuki figure in the Enggano tribe, cultural values, beliefs, and group behavior is recognized, strengthened, and built to provide context and meaning to information and messages about health problems and behaviors about breastfeeding and complementary feeding (Novira, 2020). A multidimensional approach is needed to increase breastfeeding success. Community mobilization, peer counseling, support from health workers, and baby-friendly hospitals are vital interventions that must be carried out simultaneously (Sinha et al., 2015)

The results of this study support previous findings that involving certain group leaders as peer educators can increase positive attitudes about breastfeeding practices. Interventions in support from the highest leadership of an institution in the community or government have increased exclusive breastfeeding in rural areas compared to routine health services through changes in mothers' positive attitudes toward breastfeeding (Abdulahi M, Fretheim A, Argaw A, 2021).

Providing health information by emphasizing the conceptualization of specific cultures in the target group becomes culturally meaningful and leads to desired behavioral changes. Socio-cultural-based programs and materials in this study reflect an of cultural practices and ways of working, thereby raising public awareness to have a positive attitude and behave in accordance with their knowledge (Bhandari, N.; Bahl, R.; Mazumdar, S.; Martines, J.; Black, R.E.; Bhan, 2003).

This study found no effect of the role of Paabuki and cadres in training on the behavior of breastfeeding and complementary feeding. Changes in behavior include knowledge, personal intentions to act, and the availability of crucial social support during the prenatal period (Alamri, & Watson, 2021).

The sample in this study were mothers with children under the age of five, so when the intervention was carried out, the mother had given MP ASI before the baby was six months old. Failure of exclusive breastfeeding on Enggano

Island commonly happens on the first to the third day of birth. Cultural practices in giving prelactal food to the Enggano community, such as bitter coffee, aim to prevent seizures in babies. Giving honey is believed to be the best food for babies because it comes from plant extracts, a common practice. Formula feeding because breast milk has not come out, and the baby is crying.

Then, these findings support the results of previous studies that pre-lactal feeding is a cause of the failure of exclusive breastfeeding. Pre-lactal feeding occurs in the first three days of life, with the pre-lactal food given being water, butter, cow's milk, and sugar water. The decision on pre-lactal feeding was made by themselves, but the role of grandparents and traditional birth attendants contributed to this decision ((Sorrie, 2020).)(Sorrie et al., 2020).

These results support previous findings that the failure of exclusive breastfeeding occurs in infants in the first days of birth. Prelactal feeding is a factor that significantly influences the failure of exclusive breastfeeding (Asim et al., 2020). The practice of prelactal feeding still occurs in various countries, including Indonesia, because prelactal feeding is believed to be a norm, belief, culture, or family influence. Prelactal feeding is not based on health or nutritional issues (Hikmahrachim et al., 2020). Poor knowledge and misconceptions about breastfeeding are also nine times more likely to give prelactal food (Chea & Asefa, 2018). In addition, in the Enggano island community, the practice of giving early complementary food for breastfeeding in the form of team rice porridge or mashed bananas has been given when the baby is 3-4 months old. Therefore, further intervention is needed regarding the preparation of knowledge about pregnancy, childbirth, postpartum and newborn care in a particular class for pregnant women starting no later than the third trimester of pregnancy and increased mothers' knowledge about childbirth and baby care (Syeda et al., 2021).

Efforts to increase the success of exclusive breastfeeding in the form of transition to parenthood, partner communication, birth, breastfeeding practices, and newborn care should be given in prenatal education classes (Koushede et al., 2017). It was not done on Enggano island because it is a remote island with problems

and a low number of health workers resistance (Novira, 2020, Yorita et al, 2023). Mothers should be adequately informed about breastfeeding by a breastfeeding counselor. Seven breastfeeding contacts should be applied during pregnancy until after delivery (Awaliyah et al., 2019). In addition, the target of breastfeeding counseling must involve the family, especially grandparents and traditional birth attendants ((Sorrie et al., 2020)

CONCLUSION

Paabuki and cadres' role affects knowledge and attitudes about breastfeeding and complementary feeding in children under two who are at risk of stunting on Enggano Island, North Bengkulu Regency. Modifying local culture in the form of the role of *paabuki* can be used as a reference for policymakers in designing health interventions in areas with the same culture. Healthcare providers must increase the role of cadres in providing education about exclusive breastfeeding and complementary feeding in the class of pregnant women to prevent prelactal feeding.

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