

Related Factors with Midwife's Performance in Implementation of Early Breastfeeding Initiation (EBI) in Prapat Janji Public Health Center, Buntu Pane Subdistrict, Asahan District in 2014

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Abstract:

The purpose of this research is understanding the factors that related to midwife's performance in doing early initiation breastfeeding in Prapat Panji Public Health Center Buntu Pane Subdistrict, Asahan District in 2014. Qualitative research by using cross sectional approach. Total population in this research is 189 midwives in Prapat Panji Health Center and 14 respondents by Random sampling. The data is collected by questioners, analysed by qualitatif Chi Square statistics. This research shows that midwife's who applied early initiation breastfeeding are (48.2%). Independent variabels in early latch on is age (pvalue=0,001), education (pvalue=0,001), knowledge (pvalue=0,005), attitude (pvalue=0,005), training (pvalue=0,005), experience (pvalue=0,001), work (pvalue=0,001). Dominant variable is exercise at OR 43, 817. It means that midwife's who followed training have probability 43 times in doing early initiation breastfeeding after controlled by education and period of working when multivariat test did. Strong suggestion to midwife is if there is a birth in one day ≥ 1 in short time period (≤ 2 hours) so it is a must to have assistant in helping a birth. To a head health department Asahan District strong recommended to give training early initiation breastfeeding to all midwife's specially in Asahan District.

Key words: Midwife's performance, early initiation breastfeeding

INTRODUCTION

In some countries, the rate of early initiation of breastfeeding (EBI) is very low, 17% in Eastern Europe and Central Asia countries, and 33% in Asia-Pacific. The highest levels (about 50%) are in Latin America, the Caribbean, the East and North Africa. However, for many countries no data is available in South Asia 24% -26% of babies born in Bangladesh, India and Pakistan are breastfed within the first hour of birth, while the corresponding rate for Sri Lanka is 75%. The impact of exclusive breastfeeding is seen from the infant mortality rate (IMR) of 40-50 per 1000 live births for Bangladesh, India and Pakistan, while in Sri Lanka this is the lowest 11 per 1000 live births (WHO, 2006).

The process of initiation of early breastfeeding (EBI) is done immediately after the baby is born healthy and crying, after cutting the cord and wiped with a warm cloth (while maintaining vernix). The baby is left naked and placed on the breast of the mother who is also naked with a prone position facing the mother. The baby is deliberately left to look for his own mother's nipple. The search process takes varies, about 30-40 minutes. In this case any action or procedure that makes the baby stress or pain is delayed first, such as weighing, measuring and bathing the baby is performed after initiation of early breastfeeding is completed and can be performed on babies who were born with normal or caesarean section. Based on the WHO (2000) study, in six developing countries the risk of infant mortality between 9 and 12 months increased by 40% if the baby was not breastfed. For infants aged under 2 months, this mortality increased to 48% about 40% of infant mortality occurred the first month of infant life. Early breastfeeding initiation (EBI) may reduce 22% of infant deaths by 28 days, meaning early initiation of breastfeeding (EBI) reduces under-five mortality by 8.8% (Roesli, 2008).

From the profile data of Asahan District Government is known not to have quality data that can explain about the performance of midwife in mother and child health service especially implementation of early breastfeeding initiation but in quantity can be seen from exclusive coverage coverage number in 2011 in Asahan District that is 15, 92% with target coverage of 78%, in 2012 achievement of 16.68% with coverage targeting 78% and in 2013 reached 16.89% with 80% coverage target (Asahan District Health Office Profile, 2013).

One of the keys to the success of the EBI program depends on the quality of midwives' performance that is influenced by age, education, knowledge, attitude, performance training, experience. From 2009 until now in Prapat Janji Health Center there has been no report on the scope of EBI implementation, so the performance of all midwives in Prapat Janji Health Center area has not been evaluated. The purpose of this research is understanding the factors that related to midwife's performance in doing early initiation breastfeeding in Prapat Panji Health Center, Buntu Pane Subdistrict, Asahan District in 2014.

RESEARCH METHOD

The type of research is quantitative survey research using cross sectional approach to find out the description of the relationship between independent variables and the dependent variable of midwife performance in EBI implementation through data collection of independent variables and dependent variables simultaneously in the same time. Sampling method is using random sampling technique using slow vin formula that is determination of respondent done by drawing lottery by researcher so that all midwife who is in working area of Prapat Janji Health Center following lottery from 189 respondents to 141 according to research sample.

RESULTS

Table 1. Distribution of Respondents Based on Implementation of Early Breastfeeding Initiation (EBI) in Buntu Pane Sub-district, Asahan District, 2014

Implementation of EBI	Total	Percentage (%)
Not Implementating	73	51.8
Implementating	68	48.2
Total	141	100.0

The result of research that has been done in Buntu Pane Sub-district of Asahan District is the respondents who implement Initiation of Early Breastfeeding (EBI) as much as 48,2%. The result of this research is bigger than the Hajrah research which implement EBI as good as 47,8%, EBI is a benchmark for exclusive mother excellence, if EBI is well implemented then it is possible that exclusive breast milk will be achieved while target National Exclusive breast milk by 80% so that the results of research conducted in the work area of Prapat Janji Public Health Center 2012 is still half of the target achievement.

Respondents who did not implement the EBI from the observation of 7 respondents. Respondents are highly educated 4 respondents and low educated 3 respondents. Respondents who had attended training as much as 1 respondent and 6 respondents never attended the training. The low-knowledge respondents about EBI, being negative about EBI. Reasons why the respondent did not do EBI because the reason of many patients and do not have assistant at the clinic of maternity and most of primipara partus patient so that many family visit so complicate EBI process. Another reason also if the respondents do EBI can spend time also do not want to do EBI because of low knowledge about EBI.

Table 2. Age Relation with Implementation of Early Breastfeeding Initiation (EBI) in District Buntu Pane Asahan District 2014

Variable Independent	Implementation of Early Breastfeeding Initiation (EBI)						P value	OR (95% CI)
	Not Implementating		Implementation		Total			
Age	n	%	n	%	n	%		
Young	64	78.0	18	22.0	82	100	0.001	19.753 (8.181-47.696)
Old	9	15.3	50	84.7	59	100		
Total	73	51.8	68	48.2	141	100		

The result of age relationship with the implementation of Early Breastfeeding Initiation (EBI) obtained the result that the elderly respondents have 84.7% chance to carry out BI, while the young have 22.0% chance. And the value of p value = 0.001 means there is a relationship between age with implementing EBI. In obtaining the value of OR 19,753, mean age 19,7 times old respondents have the opportunity to implement Initiation of Early Breastfeeding (EBI) compared to the number of respondents old age. These findings are in line with Mardiah (2011), which states that midwives who perform well to implement BI in the city of Pekanbaru 54.7% of them are aged.

Table 3. Educational Relationship with Implementation of Early Breastfeeding Initiation (EBI) in Buntu Pane Sub-district, Asahan District, 2014

Variable Independent	Implementation of Early Breastfeeding Initiation (EBI)						P value	OR (95% CI)
	Not Implementating		Implementating		total			
Level Education	n	%	n	%	n	%		
Low	62	80.5	15	19.5	77	100	0.001	19.915 (8.427-47.067)
High	11	17.2	53	82.8	64	100		
Total	73	51.8	68	48.2	141	100		

The result of the research of educational relationship with the implementation of Early Breastfeeding Initiation (EBI) obtained the result that highly educated respondents have the opportunity to implement BI 82.8% and low educated respondents have the opportunity to implement BI 19.5%. Result of statistical test of relationship between education with

implementation of Initiation of Early Breastfeeding (EBI) statistically got value p value = 0,000 meaning there is significant relation between education with implementation of Initiation of Early Breastfeeding (EBI). OR 19.915% which means that respondents who have high education have the possibility of implementing Initiation of Early Breastfeeding (EBI) 19,9 times compared to respondents who have low education.

Table 4. Attitude Relationship with Implementation of Early Breastfeeding Initiation (EBI) in Buntu Pane Sub-District Asahan District 2014

Variable Independent	Implementation of Early Breastfeeding Initiation (EBI)				P value	OR (95% CI)	
	Not Implementing		Implementing				
Attitude	n	%	N	%	n	%	
Negative	56	86.2	9	13.8	65	100	0.005 (8.896-52.421)
Positive	17	22.4	59	77.6	76	100	
Total	73	51.8	68	48.2	141	100	

Based on the result of research the correlation between attitude with the implementation of Initiation of Early Breastfeeding (EBI) with positive respondents have the opportunity to conduct EBI as much as 77,6% and respondent who have negative have chance to do BI 13,8%. Test result relation between attitude with the implementation of Early Breastfeeding Initiation (EBI) statistically obtained p value = 0,000 means there is a meaningful relationship between attitude with the implementation of Initiation of Early Breastfeeding (EBI). The value of OR 21,595 which means positive respondents have the possibility of Initiation of Early Breastfeeding (EBI) 21.5 times compared to respondents who behave negatively.

Table 5. Relationship of Training with Implementation of Early Breastfeeding Initiation (EBI) in Buntu Pane Subdistrict, Asahan District 2014

Variable Independent	Implementation of Early Breastfeeding Initiation (EBI)						P value	OR (95% CI)
	Not Implementating		Implementating		Total			
	n	%	n	%	N	%		
Training								
Never	64	81.0	15	19.0	79	100	0.005 (10.185-61.986)	
Ever	9	14.5	53	85.5	62	100		
Total	73	51.8	68	48.2	141	100		

The result of research of the relationship between the training with the implementation of Early Breastfeeding Initiation (EBI) with the results of respondents who had attended the training have a chance to do EBI as much as 85.5% and never follow have the opportunity to conduct EBI as much as 19.0%. The result of statistical test of the relationship between the training with the implementation of Early Breastfeeding Initiation (EBI) is statistically obtained p value = 0,000 means there is a meaningful relationship between training with the implementation of Initiation of Early Breastfeeding (EBI). The value of OR 25,126, which means that respondents who have been training have the possibility of implementing Initiation of Early Breastfeeding (EBI) 25 times compared to respondents who never training.

Training efforts for midwives who have not received training can be provided in a planned and monitored manner so that midwives are able to apply to the community, especially how to be willing and aware of how important the implementation of EBI at the time after childbirth, because health workers, especially midwives in the work area Buntu Pane Sub-District can be a supporting factor but it can also be an obstacle to the success of EBI activities because midwives in the work area of Buntu Pane Subdistrict live in their work area so that the government program that the midwife desires in the work area of Buntu Pane Subdistrict is the spearhead of

success, if the performance of the midwife is good then the program will be reached well vice versa.

Table 6. Relationship of Experience with Implementation of Early Breastfeeding Initiation (EBI) in Buntu Pane Subdistrict Asahan District 2014

Variable Independent	Implementation of Early Breastfeeding Initiation (EBI)						P value	OR (95% CI)
	Not Implementating		Implementating		Total			
	n	%	n	%	n	%		
Experience								
Low	57	86.4	9	13.6	66	100	0.001 (9.551-57.104)	
High	16	21.3	59	78.7	75	100		
Total	73	51.8	68	48.2	141	100		

Based on the result of the research, the experience relationship with the implementation of Early Breastfeeding Initiation (EBI) obtained the result that many experience respondents have the opportunity to implement EBI as much as 78.7% and respondents with little experience experience to implement EBI as much as 13.6%.

The result of statistical test of the relationship between experience with Implementation of Early Breastfeeding Initiation (EBI) statistically obtained p value = 0.000 means there is a significant relationship between experience with the implementation of Initiation of Early Breastfeeding (EBI). OR 23.354 which means that many experience respondents have the possibility of implementing Initiation of Early Breastfeeding (EBI) 23.3 times compared to respondents who experience a little.

CONCLUSSION

Implementation of EBI in the working area of Prapat Janji public health center Buntu Pane district of Asahan district in 2014 from 141 respondents shows that the respondents who implement BI is 48.2%. Assuming all infants receiving EBI will succeed exclusively breastfeeding, while the exclusive Asi

target in 2015 is 80%, so for achievement it is still half of the national target.

Age \geq 35 years associated with the implementation of EBI pvalue = 0.001 with OR = 19.7 means Older midwives have 19.7 times chances compared to young age. The old midwife has a proportion of 41.8% and the performance opportunities of the old midwife carry out EBI 84.7%. So the contribution of the performance of midwives to implement EBI is 35% (41.8% x84,7%) contribution is not too big (<50%).

Education \geq midwifery vocation relating to the implementation of EBI pvalue = 0.005 with OR = 19,915 means that highly educated midwives have a 19.7 times chance of lower education. Highly educated midwives have a proportion of 45.4% and high performance educated midwife opportunities that implement EBI 82.8%. Thus, the contribution of higher education midwives to implement EBI is 37% (45.4% x82,8%) contribution is not too big (<50%). A good level of knowledge about EBI pvalue = 0.005 with OR = 17.070 means midwives whose knowledge level of EBI is 17 times better than midwives with less knowledge of EBI. Midwives with a good level of knowledge about EBI have a 52.5% proportion and a well-informed midwife performance opportunity that carries out EBI 77%. So the contribution of good knowledge midwife performance to implement EBI is 40% (52,5% x77%) contribution not too big (<50%).

A positive attitude about EBI is related to the implementation of EBI pvalue = 0.001 with OR = 21,595 means a midwife with positive attitude about EBI has 21 times chance of negative attitude. Positive midwives have a proportion of 53.9% and a positive attitude of midwife performance opportunities that implement EBI 77.6%. So that the contribution of midwife's positive attitude to implement EBI is 41% contribution is not too big (<50%).

Midwives who have attended the EBI Training related to the implementation of EBI p value = 0.001 with OR = 25.126 means that midwives who have attended training have 25 times chance of never participating in training on EBI. Midwives who had attended EBI training had a proportion of 44.0% and performance opportunities for midwives who had attended training to implement EBI 82.8%. Therefore, the contribution of midwives who have attended BI training to implement EBI is 37.6% (44.0% x82.8%) contribution is not too big (<50%). Midwives who work ≥ 11 years associated with the implementation of EBI p value = 0.001 and OR = 12.821 means midwives who work ≥ 11 years have a chance 12.8 times compared to work ≤ 11 years. Midwives who work ≥ 11 years have a proportion of 44.7% and performance opportunities midwives work ≥ 11 years that implement EBI 79.4%. So the performance contribution of midwives to work ≥ 11 years to implement EBI is 35% (44.7% x79,4%) contribution is not too big (<50%).

Midwives with experience of ≥ 27 people helping with labor related to the implementation of EBI p value = 0.005 with OR = 23,354 means midwives with experience ≥ 27 people assisting deliveries have a chance of 23 times compared to experience ≤ 27 people helping with labor. Experienced midwives ≥ 27 assisted deliveries had a proportion of 53.2% and an experienced midwife's performance opportunity ≥ 27 people assisted in labor delivering EBI 78.7%. So the contribution of midwife performance to implement EBI with experience of ≥ 27 people to help delivery is 41,8% (53,7% x78,7%) contribution not too big (<50%).

The dominant factor is the training after the multivariate test with the variable of education and length of work with the value of OR = 43.817 means that midwives who have attended EBI training have the opportunity to initiate early breastfeeding (EBI) 43 times compared to midwives who

never get training after controlled with variable age, education, knowledge, attitude, experience using bivariate selection test.

REFERENCES

1. Arikunto. 2006. *Prosedur Penelitian*. Printed XIII. Jakarta: Rineka Cipta Company
2. BPS. 2012. *AKI dan AKB di Indonesia*. Accessed on 10 January 2014 at [www.bascommetro.com/2009/05/aki - dan-akb- tahun-2007-html](http://www.bascommetro.com/2009/05/aki-dan-akb-tahun-2007-html).
3. Department of Healthy of Republic Indonesia. 2002 *Asuhan kesehatan anak dalam konteks keluarga*. Jakarta.
4. _____.2004. *Modul Analisis Data Menggunakan SPSS, Pusat Data Menggunakan SPSS, Pusat Data dan Informasi*. Jakarta.
5. _____. 2006. *Manajemen Laktasi, buku panduan bagi Bidan dan petugas Kesehatan di Puskesmas* Dirjen Binkesmas Departemen Kesehatan Republik Indonesia. Jakarta.
6. Dinas Kesehatan Asahan. 2013. *Profil Dinas Kesehatan Asahan*. Kisaran
7. Hastono. 2001. *Statistik Kesehatan*. Jakarta: Grafindo Persada Company
8. Hariandja, Hardiwati, Y. 2002. *Manajemen Sumber Daya Manusia*. First Printed. Grasindo Company. Jakarta.
9. Ilyas. 2002. *Kinerja Teori Penilaian dan Penelitian*. Pusat Kajian Ekonomi Kesehatan. Jakarta. FKM. Universitas Indonesia
10. Ministry of Healthy of Republic Indonesia. 2010. *Pekan ASI*. Accessed on 10 february 2014 at <http://gizi.depkes.go.id/wpcontent/uploads/2014/02/pekan>

11. Mardiah. 2011. *Faktor-Faktor yang berhubungan dengan Kinerja Bidan dalam Mendukung Program Inisiasi Menyusui Dini (BI) Di Kota Pekanbaru Tahun 2011*. Tesis Universitas Andalas – Padang.
12. Notoatmodjo. 2002. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta
13. _____.2003. *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta : Rineka Cipta
14. _____.2007. *Prinsip – Prinsip Dasar Ilmu Kesehatan Masyarakat*. Jakarta : Rineka
15. Mangkunegara, Prabu.2006. *Manajemen Sumber Daya Manusia*. Remaja Rosdakarya. Bandung.
16. Purwanto. 2006. *Psikologi Pendidikan*. Bandung : PT Remaja Rosdakarya. Cipta.
17. Robbins S. 1996. *Perilaku Organisasi, Konsep, Kontroversi dan Aplikasi*. Prenhallindo. Jakarta.
18. Siagian. 2008. *Manajemen Sumber Daya Manusia*. Printed 15. Jakarta: Bumi Aksara.
19. Setiawan,W. 2007. *Beberapa Faktor yang Berhubungan dengan Kinerja Bidan Desa dalam Pertolongan Persalinan di Kabupaten Tasikmalaya*. Tesis. Undip.
20. Soetjiningsih.1997. *Asi Petunjuk Untuk Tenaga Kesehatan*. Penerbit EGC. Jakarta.
21. Sugianto. 2007. *Beban Kerja, Konsep dan Pengukuran*. *Buletin Psikologi*. Fakultas Psikologi UGM. Jogjakarta.
22. Sugiono.2007. *Statistik Penelitian*. Bandung. Alpa Beta Company.
23. Roesli. 2007. *Mengenal ASI Eksklusif*. Jakarta: Pustaka Pembanguna Swadaya Nusantara
24. _____. 2008. *Inisiasi Menyusui Dini*. Jakarta: Pustaka Bunda.
25. Rosita,S. 2008. *Untuk Kecerdasan Bayi*. Yogyakarta:Ayyana.

26. Ruky. 2001. *Sistem Manajemen Kinerja, Panduan Praktis untuk Merancang dan Meraih Kinerja Prima*. Penerbit PT Gramedia Pustaka Utama, Jakarta
27. Timple, Dale. (1992), *Kemampuan Karyawan Dalam Bekerja*, Jurnal Ekonomi Manajemen. Vol.3 No 3. Page 21
28. WHO. 2006. *Baby Friendly Hospital Initiative, revised, updated and expanded for integrated care*, Section 1, Background and Implementation, Preliminary Version, January 2006.