

Factors Affecting Implementation of Early Initiation of Breastfeeding

Farida Hamzah¹, Chatarina Umbul Wahyuni², Hari Basuki Notobroto³

¹Doctoral Program, Faculty of Public Health, Airlangga University, Indonesia.

²Department of Epidemiology, Faculty of Public Health, Airlangga University, Indonesia

³Department of Biostatistics & Population, Faculty of Public Health, Airlangga University, Indonesia

E-mail: Hj.idhasyarif@gmail.com

Abstract

This study aimed to analyze the relationship between knowledge, attitudes, and the role of the midwife with the implementation of Early Initiation of Breastfeeding (the EIB), using cross sectional design. The subjects of this study were 64 midwives in the work area of Community Health Centers Sidrap, South Sulawesi Province, Indonesia. The results showed that the majority of midwives has a good level of knowledge (84.4%), are supportive of the implementation of the the EIB (67.2%), as a good motivator (81.3%), as a good facilitator (96.9%) and as a good educator (60.9%) in the implementation of the the EIB. Hypothesis test results showed that the value of $p = 0.0338$, so it is concluded that there is a strong correlation between the attitude of midwives with their roles as motivators, facilitators and educators in the implementation of the EIB.

Keywords: Attitude, Early Initiation of Breastfeeding (EIB), Knowledge, Midwives, Role

I. INTRODUCTION

Early breastfeeding plays an important role in building public health, child health, child nutrition, child survival, maternal health and help reduce infant mortality (Lawrence Ruth, 2011). This is supported by the results of research conducted by Edmond et al (2004) that if the baby is given the opportunity to suckle until the first hour after birth, then 22% of lives could be saved. A similar explanation was delivered by UNICEF that the the EIB can reduce neonatal mortality rate of about 20%. The success of the implementation of the the EIB does not only depend on the way the baby's birth, but also depends on the support of midwives or health-related professionals, including the support of her "husband and family". The management of the implementation of the the EIB vary, depending on the relevant health professionals and the ability of the baby to the nipple.

The fact that there is that still found midwives who do not carry out the action early initiation of breastfeeding at the time of midwives attending births obedient in implementing standard operating procedure, but still there is a midwife who does not know the standard operating procedure (SOP) manual form, so that the implementation is not in accordance with the stages contained in SOP EIB, whether working in health centers and in hospital and their local regulations on the implementation of the EIB had never socialized. Based on interviews some midwives stated that the reason was not done EIB for mothers and babies experience birth complications, maternal exhaustion and implementation of the EIB requires a longer time so that the success rate of EIB also rarely successful.

II. METHODS

This research conducted at the village health post (Poskesdes) in Community Health Center (Puskesmas) Sidrap, South Sulawesi Province, Indonesia. The purpose of this study was to analyze the correlation between knowledge, attitude, and the role of midwives with the implementation of the the EIB; using cross sectional design. The population of this research is all midwives on duty at the village health post (Poskesdes) in the working area of Puskesmas Sidrap, South Sulawesi Province, Indonesia. The sample size was 64 midwives were selected by purposive sampling.

Data about knowledge, attitudes, and the role of midwives were collected through questionnaires; whereas data about implementation of the the EIB collected through observation during labor. Data about knowledge, attitudes, and the role of midwives were collected through questionnaires; whereas data about implementation of the the EIB collected through observation during labor. Once all the data is collected, then do the next stage of data analysis using logistic regression test.

III. RESULTS

Table 1 shows that the midwives were aged less than 30 years have a greater percentage than the midwives who were over 30 years old. This shows that more number of midwives who are young and productive. Table 2 shows that the education level of midwives. The highest percentage of education level of midwives was Diploma-3. Table 3 shows that the most of village midwives have the good of knowledge and enough support of attitude about implementation of early initiation of breastfeeding.

Table 1. Distribution of Age of Village Midwives

Age	Frequency	Percentage
<30 years	40	62,5
30-<40 years	13	20,3
≥40 years	11	17,2
Total	64	100,0

Table 2. Distribution of Education Level of Village Midwives

Education	Frequency	Percentage
D3	42	65,6
D4	19	29,7
S1	3	4,7
Total	64	100,0

Table 3. Distribution of Level of Knowledge and Attitude of Village Midwives

Variable	Category	Frequency	Percentage
Knowledge	Less (scores: 0-4)	0	0,0
	Enough (scores: 5-8)	10	15,6
	Good (scores: 9-12)	54	84,4
Attitude	Less support (scores: 4-9)	1	1,6
	Enough support (scores: 10 -15)	43	67,2
	Support (scores: 16-20)	20	31,3

Table 4. Distribution of The Role of Village Midwife In Implementation of EIB

The Role of Midwives	Category	Frequency	Percentage
Motivator	Low (scores: 4-9)	0	0,0
	Enough (scores: 10-15)	12	18,8
	High (scores: 16-20)	52	81,3
Facilitator	Low (scores: 5-11)	0	0,0
	Enough (scores: 12-18)	2	3,1
	High (scores: 19-25)	62	96,9
Educator	Low (scores: 6-13)	0	0,0
	Enough (scores: 14-22)	25	39,1
	High (scores: 23-30)	39	60,9

Table 5. The Mean, SD, Minimum, and Maximum of Attitude and Role of Village Midwives

Indicator	\bar{x}	SD	Minimum	Maximum
Attitude Midwife	14,38	2,43	9,00	20,00
Role motivator	16,66	2,02	12,00	20,00
Role facilitator	23,05	2,16	17,00	25,00
Role educator	23,70	3,02	17,00	30,00

Table 6. The Mean, SD, Minimum, and Maximum of Implementation of EIB

Indicator	\bar{x}	SD	Minimum	Maximum	p
Implementation of EIB	42,50	34,55	0,00	100,00	0.0338

IV. DISCUSSION

The age range of the midwives was 24 to 48 years. 18-40 years of age is early adulthood. This phase requires great responsibility, also face greater difficulties. In the age range of 31-40 years, the midwives will be more responsible, more disciplined, and more moral in their performance (Agunbiade & Ogunleye, 2012). Saifuddin (2008) reported that people with younger and better educated, will have a more liberal attitude, and this will make them easier to accept the EIB program. Indrayani (2013) reported that there was a relationship between the age

midwives with the implementation of the the EIB program. Although there is no meaningful relationship, but there is a tendency that the midwives who are over 40 years old have a 1.4 times greater tendency to implement the EIB than those aged 20-30 years. Similarly, midwives aged 31-40 years had a 1.37 times greater tendency to implement the EIB than those aged 20-30 years. If the the age of midwives increases, it will also increase the their experience. The old women in general will be more responsible, more accurately, and more mature in thinking, rather than those who are younger. When one of the midwives have had a long tenure, but she never attended training on the EIB, so he is less motivated to implement the the EIB, because her performance will not be as midwives who have been trained on the EIB (Dewi, 2016).

The results showed that in general, midwives have attitudes that support the implementation of the the EIB program. Attitude is the willingness to carry out or not carry out a certain behavior object (Notoatmodjo, 2010). In this case, the attitude is a readiness or willingness to act, and not the implementation of an object of behavior. Thus, the attitude is not an action or activity, but a predisposition of behavior. The attitude of the midwives can be influenced by their personal experience, the experience of other people who are important for them, institutions, culture, and education.

In this study, the role of midwives were divided into three groups, namely: motivator, facilitator and educator. As a motivator, the role of the midwife is to give guidance to the mothers so that they are aware and motivated to carry out the the EIB, also explained that breast-feeding would be advantageous for both mother and baby. As a facilitator, the role of the midwife is to create a harmonious climate and facilitating the mothers in the implementation of the the EIB. As an educator, the role of the midwife is to provide education and counseling about the the EIB, so that mothers can maintain and improve their health. Midwives are healthcare professionals who contributed immensely to the success of the program in support of the EIB. This is supported by the Indonesian Midwives Association [Indonesian: Ikatan Bidan Indonesia (IBI)], with the stipulation of standardization in the implementation of the EIB and exclusive breastfeeding.

Member of IBI are encouraged to not promote formula milk for infants less than 6 months, between the rise of the image of the promotion of infant formula. The EIB program is expected to contribute greatly to reduce infant mortality due to infectious diseases, reduce the rate of infant malnutrition, and produce healthy and smart generation (Prasetyono, 2009). As a motivator, midwives played a role in motivating the pregnant women and their families to discuss the advantages of breastfeeding, lactation management appropriately, and the the EIB. As a facilitator, midwives must be able to provide technical guidance and empower pregnant women with their families and communities, and to support the implementation of the the EIB. As an educator, a role midwives provide education and counseling to individuals, families, communities about the benefits and importance of the the EIB (Roesli, 2009).

V. CONCLUSION

Based on the results of this study concluded that implementation of the EIB program is determined by the attitude of midwives and their role as a motivator, facilitator and educator.

Reference

1. Saifuddin, A.B., 2008. Ilmu Kebidanan. Jakarta: YBPSP
2. Agunbiade, O. M., Ogunleye, O. V., 201). Constraints to Exclusive Breastfeeding Practice Among Breastfeeding Mothers in Southwest Nigeria: Implications for Scaling Up. *International Breastfeeding Journal*, 7(5)
3. Dewi, 2016, Faktor-faktor yang Mempengaruhi Pelaksanaan Inisiasi Menyusui Dini Oleh Bidan di 5 Puskesmas Wilayah Kerja Dinas Kesehatan Kabupaten Tangerang, FIIK, FKM Universitas Esa Unggul.
4. Edmond KM, Zandoh C, Quigley MA, Etego SA, Agyei SO, & Kirkwood
5. Indrayani, 2013, Faktor-faktor yang Berhubungan Dengan Praktik Pelaksanaan Inisiasi Menyusui Dini Oleh Bidan di Kota Palangkaraya Provinsi Kalimantan Tengah, FKM Universitas Indonesia.
6. Lawrence Ruth A & Lawrence Robert. 2011. *Breastfeeding*. Elsevier United States America.
7. Notoatmodjo, S., 2010. Promosi Kesehatan Teori dan Aplikasi. Jakarta: Rineka Cipta.
8. Roesli, U. 2009. *Panduan Praktis Menyusui*. Jakarta ; Pustaka Bunda
9. UNICEF, Breast Crawl ; *Initiation of Breastfeeding by Breast Crawl*, Breast Crawl.org, 2007.