

THE ACHIEVEMENT OF EXCLUSIVE BREASTFEEDING: THE PERFORMANCE, MOTIVATION, CHARACTERISTICS OF MIDWIVES.

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ABSTRACT

One of the causes of the low coverage of exclusive Breastfeeding in Banjar Regency is the overall performance of village midwives in great Breastfeeding. The reason for this look was to research the effect of traits (Age, years of service, location of house, knowledge, and attitudes) and motivation (internal: desires, achievement, and Motivation; outside Motivation: operating situations, supervision, revenue, appreciation for milk producers and authorities awards) performance of midwives. Villages in great Breastfeeding. This study is an Explanatory Survey. The whole populace of forty-eight village midwives was taken as a sample. Information evaluation was performed using the univariate test, Chi-square, and logistic regression.

The results showed that the need, income, and supervision drastically affected the overall performance of the village midwife in one-of-a-kind breastfeeding, even as age, period of life, expertise, mindset, fulfillment, operating conditions, awards for milk producers, and government awards had no impact on the performance of village midwives in the subculture. one of a kind breastfeeding.

Head of Community Health Centers and Coordinator Midwife to enhance tracking and supervision of village midwives at least once each 3 (3) months concerning Motivation, support, praise, and appreciation for village midwives who've succeeded in increasing distinct breastfeeding insurance such as medals, prizes, letters of gratitude, and so forth

Keywords: Performance, Motivation, Breast

Introduction

Many things cause the high IMR, one of which is the baby's nutritional status. According to the results of research by Khairunniyah (2004), exclusive Breastfeeding affects the quality of infant health. Babies who do not receive exclusive Breastfeeding cause their baby's health quality is poor due to improper complementary feeding (MP-ASI). MP-ASI that is not clean can interfere with the digestive system, resulting in growth disorders and increasing the IMR.

Breast milk is the only food for babies until the age of 6 because it has the most complete and ideal nutritional composition for the growth and development of babies that can meet the dietary needs of babies for the first six months. The advantages of breast milk which play a role

in the growth of babies, are seen in the protein, fat, electrolytes, enzymes, and hormones in breast milk. Besides that, breast milk is always clean, fresh, in color, smell, taste, and composition that other milk cannot imitate. Breast milk is not only a source of nutrients for babies but also a strong anti-bacterial agent because of several factors that work in synergy to form an immunological system.

The study's results by Rulina (2002) stated that cases of malnutrition among children under five in various provinces in Indonesia were still high, and infants experienced 11.7% of malnutrition under six months. This does not need to happen if breast milk is given properly and cor-

rectly because, according to research, breastfeeding alone can meet nutritional needs for six months.

Immediate initiation of Breastfeeding and exclusive Breastfeeding from birth to 6 months of age are two important practices for survival (Edmond et al., 2006) and good baby growth (Sumarno et al., 2004). Several studies have shown that breastfeeding initiation immediately after delivery is associated with successful exclusive Breastfeeding for up to 6 months (Leon-Cava et al., 2002).

According to child nutritionist Felicity Savage King from The United Nations Children's Fund (UNICEF), exclusive Breastfeeding will have an impact on the endocrine system, namely the release of the hormones prolactin and oxytocin, which will affect the attitudes and parenting patterns of mothers towards emotional and brain development of children.

Children not breastfed tend to be more at risk for depression and other emotional problems and have a 5 times greater risk of morbidity and mortality due to diarrhea and pneumonia than exclusively breastfed infants (WHO, 2003). WHO studies in developing countries show that breastfed infants receive more than two times more protection against mortality than infants who are not breastfed in the first year.

According to Roesli (2000), exclusive Breastfeeding means only giving breast milk to babies, and babies do not get additional fluids such as formula milk, oranges, honey, tea water, water, also without the addition of solid foods such as bananas, papaya, milk powder, biscuits, rice porridge, and time.

The government issued a new policy through the Minister of Health of the Republic of Indonesia No. 450/Menkes/SK/IV/2004 regarding exclusive Breastfeeding until the baby is Six months is recommended to be continued until the child is two years of age with appropriate supplementary feeding. Extending exclusive Breastfeeding until the baby is six months old provides various benefits for babies, including:

(1) reduce the risk of excess nutrition, (2) improve health in childhood, (3) increase immunity, (4) reduce the risk of allergies, skin patches, diarrhea, and respiratory infections, and (5) not make the baby's weight down.

In Indonesia, the practice of breastfeeding initiation immediately after delivery and exclusive Breastfeeding is still low. Based on the 2009 IDHS, mothers who gave complete breastfeeding coverage in Indonesia only reached 50.7%.

The proportion of practice initiation of Breastfeeding within 30 minutes after delivery is 8.3% (Depkes RI, 2005), within 1 hour is 4-36% (BPS and ORC Macro, 2003), and within one day is 27% (BPS and ORC Macro, 2003). Data from a study in Jakarta showed that the proportion of exclusive breastfeeding practices until the age of 4-6 months was 8.5% (DKI Jakarta Provincial Health Office, 2005); up to 6 months of age is 7.8% (BPS and ORC Macro, 2003).

primarily based on the low insurance of unique Breastfeeding in opposition to the above background, it's miles necessary to research how the characteristics (age, years of provider, expertise, attitudes, and house) and motivation (inner motivation: wishes, obligation, and fulfillment affect on; outside reason: running conditions, supervision), salaries, milk manufacturer awards and authorities awards) on the overall performance of village midwives in achieving great Breastfeeding within the working place.

Methods

This research is explanatory survey research. This method is used to explain the effect of characteristics and Motivation on the performance of village midwives in achieving Exclusive Breastfeeding.

Result

Univariate

Table 1. Population distribution by age group and gender

Age (Years)	Total Population					
	Male		Female		Total	
	Kertak Hanyar	Martapura	Kertak hanyar	Martapura	Kertak Hanyar	Martapura
< 1	0	0	0	0	0	0
1 - 4	1640	623	1529	518	3169	1141
5 - 9	1597	533	1464	556	3061	1089
10 - 14	1620	673	1498	548	3118	1221
15 - 19	1498	542	1447	394	2945	936
20 - 24	1222	496	1266	410	2488	906
25 - 29	1317	459	1339	370	2656	829
30 - 34	1289	437	1318	351	2607	788
35 - 39	1101	428	1152	363	2253	791
40 - 44	903	422	899	404	1802	826
45 - 49	735	328	769	306	1504	634
50 - 54	586	322	536	283	1122	605
55 - 59	791	216	474	300	1265	516
60 - 64	357	263	387	220	744	483
65 - 69	218	190	307	129	525	319
70 - 74	137	193	230	244	367	437

Table 2. Number of health workers

Health Worker	Ratio/ 100,000	Pem- urus	Total		
			Ratio	Martapura	Ratio
Doctor	40	3	12,01	3	4,7
Dentist	11	2	3,3	2	1,3
Public Health	40	1	12,0	1	4,7
Sanitary	40	1	12,0	1	4,7
Pharmacist	10	2	3,0	1	1,1
Midwife	100	39	30	23	11,8
Nursing	117	15	35	4	13,9
Nutritionist	22	1	6	1	2,6
Total		64		36	

Table 3. Distribution of respondents by age

Age	Total	Percentage(%)
20 – 40 Years	40	83,3
41 – 54 Years	8	16,7
Total	48	100

Table 4. Distribution of respondents based on years of service

Working Time	Total	Percentage (%)
≤ 10 Years	19	39,6
> 10 Years	29	60,4
Total	48	100

Table 5. Distribution of Respondents by Place of Residence

Residence	Total	Percentage (%)
In The Village	37	77,1
Outside The Village	11	22,9
Total	48	100

Table 6. Distribution of Respondents by Knowledge Category

Knowledge	Total	Percentage (%)
Good	40	83,3
Not Good	8	16,7
Total	48	100

Bivariate

Table 7. Effect of Age on Midwife Performance

Age	Midwife performance				Total		P
	Good		Not Good		Total	%	
	Total	%	Total	%			
20 – 40 Years	18	45,0	22	55,0	40	100	1,000
41 – 54 Years	3	37,5	5	62,5	8	100	
Total	21	43,8	27	56,2	48	100	

Table 8. The Effect of Working Period on the Performance of Village Midwives in Achieving Exclusive Breastfeeding

Year Of Service	Midwife Performance				Total		P
	Good		Not Good		Total	%	
	Total	%	Total	%			
≤ 10 Years	10	52,6	9	47,4	19	100	0,480
> 10 Years	11	37,9	18	62,1	29	100	
Total	21	43,8	27	56,3	48	100	

Table 9. The Effect of Residence on the Performance of Village Midwives in Achieving Exclusive Breastfeeding

Residence	Midwife performance				Total		P
	Good		Not Good		Total	%	
	Total	%	Total	%			
Village	14	37,8	23	62,2	37	100	0,174
Out Of Village	7	63,6	4	36,4	11	100	
Jumlah	21	43,8	27	56,3	48	100	

Table 10. The Effect of Knowledge on the Performance of Village Midwives on Achieving Exclusive Breastfeeding

Knowledge	Midwife performance				Total		P
	Good		Not Good		Total	%	
	Total	%	Total	%			
Good	17	42,5	23	57,5	40	100	0,715
Not Good	4	50	4	50	8	100	
Total	21	43,8	27	56,3	48	100	

Table 11. The Influence of Attitudes on the Performance of Village Midwives in Achieving Exclusive Breastfeeding

Attitude	Midwife performance				Total		P
	Good		Not Good		Total	%	
	Total	%	Total	%			
Positive	21	44,7	26	55,3	47	100	1,000
Negative	0	0	1	100	1	100	
Total	21	43,8	27	56,3	48	100	

Table 12. The Influence of Needs on the Performance of Village Midwives in Achieving Exclusive Breastfeed

Needs	Midwife performance				Total		P
	Good		Not Good		Total	%	
	Total	%	Total	%			
Tall	18	78,3	5	21,7	23	100	0,000
Low	3	12,0	22	88,0	25	100	
Total	21	43,8	27	56,3	48	100	

Table 13. The Effect of Achievement on the Performance of Village Midwives in Achieving Exclusive Breastfeeding

Performance	Midwife Performance				Percentage		P
	Good		Not Good		%		
	Total	%	Total	%	Total	%	
Tall	20	87,0	3	13,0	23	100	0,000
Low	1	4,0	24	96,0	25	100	
Total	21	43,8	27	56,3	48	100	

Table 14. The Effect of Responsibility on the Performance of Village Midwives in Achieving Exclusive Breastfeeding

Responsibility	Midwife Performance				Total		P
	Good		Not Good		%		
	Total	%	Total	%	Total	%	
Tall	19	82,6	4	17,4	23	100	0,000
Low	2	8,0	23	92,0	25	100	
Total	21	43,8	27	56,3	48	100	

Discussions

Overall performance of Village Midwives in achieving specific Breastfeeding

Midwives must provide counseling and recommendation and care approximately one of a kind breastfeeding had to women through pregnancy, childbirth and postpartum. primarily based at the observations of researchers inside the village, most of them did no longer tell their moms, they handiest did Ante Natal Care (ANC),

Midwives usually without delay finished a physical exam, such as taking blood stress measurements, weighing weight, palpation, and giving drugs related to the development of being pregnant and lawsuits. such as dizziness, weak point, they are feeling like vomiting and aches. After doing village midwife being pregnant tests constantly provide counseling but the ones relating to the advantages of distinct Breastfeeding have never been conveyed in complete (Negara, 2017).

This is according with Yati Sunarto et al's (1991) studies on increasing the coverage of unique breastfeeding mothers in Purworejo district. The outcomes of this look at found that delivery attendants, particularly village midwives, did no longer offer full information about the blessings of Breastfeeding and the management of breast milk and different foods

for infants, even though the proportion who gave start to beginning attendants became pretty excessive, however only 45.5 percent of them had received recommendation. about the blessings of different Breastfeeding, even for maternal breast care, the proportion who acquired advice turned into handiest 17.5%.

The research above is likewise supported by way of studies by using Sumami (2008), on Descriptive analysis of Midwife services in exceptional Breastfeeding in the Juwana clinic, Pati Regency which suggests that midwife offerings in exclusive Breastfeeding have now not been carried out well, due to the fact they are not following the usual of extraordinary breastfeeding services. This is indicated via the fact that maximum of the midwives did now not tell the benefits of one-of-a-kind breastfeeding and did now not provoke early Breastfeeding.

Efforts that need to be made so that you can enhance the performance of village midwives in accomplishing unique Breastfeeding are the need for education for midwives regarding commands for improving the overall performance of village midwives in completing amazing Breastfeeding because now not all midwives have attended schooling, education on breastfeeding counseling, the existence of operational requirements for unique Breastfeeding, there are rules.

The effect of age at the overall performance of Village Midwives in reaching distinct Breastfeeding

The results of multivariate analysis after statistical assessments with logistic regression confirmed that age had no impact on the overall performance of village midwives in achieving great Breastfeeding. The effects of this take a look at are according with research via Rostianna (2009), which shows that there may be no big impact among the age of the village midwife and the overall performance in providing midwifery services in principal Tapanuli Regency.

That is distinct from Hurlock's (2002) idea that the older a person is, the greater a person is skilled and depends on midwifery offerings.

The age of 18-forty years consists of early maturity, particularly the period of looking for, steadiness and the reproductive duration wherein a profession starts and is a reproductive period, while the age of forty one-60 years is covered in middle adulthood, a duration of taking part in the outcomes of fulfillment.

The impact of operating period at the overall performance of Village Midwives in achieving specific Breastfeeding

The consequences of the multivariate analysis after statistical testing with logistic regression confirmed that the carrier duration did not affect the overall performance of village midwives in attaining exceptional Breastfeeding.

This is one of a kind from research by Zulfansyah (2008), which shows that village midwives who work > 10 years have accurate overall performance. In contrast, village midwives who paintings 10 years have terrible overall performance as properly. which means that the longer the midwife works, the higher the overall performance of the village midwife could be.

consistent with the Indonesian Ministry of fitness (1996), the length of time a village midwife has labored can be identified with the amount of revel she already has. With The greater enjoy received, the midwife's knowledge may also boom and the midwife could be more gifted and skilled in completing her paintings.

The longer the working duration of the village midwife, the extra exceptional breastfeeding coverage should be, however in reality this isn't always the case. this is due to the fact village midwives offer counseling about exclusive Breastfeeding only to moms who come to the practice, even though village midwives have labored and know the village network for a long term however do now not socialize to the network which include households, cadres, community leaders, cross-sectoral and others.

The effect of house on the overall performance of Village Midwives in reaching distinct Breastfeeding.

The effects of the multivariate evaluation after statistical exams with logistic regression confirmed that the location of residence had no impact at the performance of the village midwife in accomplishing specific Breastfeeding.

Extraordinary from the studies of Winarni (2007), which examined village midwives in North Aceh Regency, discovered that the performance of village midwives protected within the fulfillment of exclusive Breastfeeding was not suitable because 62.4% did not live in a pre-determined place (polindes).

Because the call implies, village midwives are required to stay in their respective villages and are tasked with serving the network of their functional area. Village midwives who remain in villages ought to be able to grow different breastfeeding insurance extra than those who no longer stay in villages. In reality, this isn't always the case because village midwives who live in villages focus more on childbirth, while exclusive breastfeeding offerings are not performed well.

The impact of expertise on the performance of Village Midwives in accomplishing exclusive Breastfeeding.

The consequences of multivariate evaluation after statistical assessments with logistic regression confirmed that information did not affect the overall performance of village midwives in achieving unique Breastfeeding. that is special from the opinion of Syarifah (2000), which states that there's a huge impact of the understanding of medical examiners which include village midwives on the carrier and maintenance of one of a kind breastfeeding in the operating place of the Gandus clinic.

research by way of Exsi Setyowati et al (2008) also said that there was a good sized high-quality impact on the extent of expertise of health workers such as village midwives on the capacity to offer fitness schooling approximately exclusive Breastfeeding to prenatal mothers at Puskesmas II Kartasura

The outcomes of this have a look at imply that maximum of the village midwives already recognize about exceptional Breastfeeding but do

now not recognise the target of one of a kind breastfeeding insurance in 2010 and remark of the scenario is carried out thru data series.

they were received from the infant cohort sign in only. this is because the village midwife simplest knows approximately exceptional Breastfeeding but does now not recognize the efforts to achieve different breastfeeding coverage. Efforts that need to be made in increasing the know-how of village midwives are the need for schooling on overall performance in accomplishing distinctive Breastfeeding.

The have an impact on attitudes on the overall performance of Village Midwives in achieving exclusive Breastfeeding.

The effects of the multivariate analysis after statistical exams with logistic regression showed that attitudes did not affect the performance of village midwives in reaching one of a kind breastfeeding.

This is not under studies performed through Kasminah (2008), which showed that the mindset of the midwife had an enormous effect on method feeding for newborns, resulting in a low percentage of great Breastfeeding.

The consequences confirmed that most village midwives had a fantastic mindset towards specific breastfeeding services. The village midwife's nice perspective must be capable of boosting the insurance of great Breastfeeding, but this is not the case. The village midwife does have a wonderful mindset, however in facing the difficulties of specific breastfeeding services, the village midwife does not have a strong motivation to keep exceptional breastfeeding services.

A wonderful attitude towards different breastfeeding services to moms is very important. Midwives will have a high-quality effect by demonstrating this tremendous attitude to mothers and their families, so that they view pregnancy, childbirth and Breastfeeding as a nice revel in, so that different Breastfeeding can be a hit. Village midwives with a bad attitude need to be monitored and supervised frequently directly to the place of business and given direct warnings and punishments by superiors.

The effect of Motivation on the overall performance of Village Midwives in accomplishing unique Breastfeeding

The effects of the multivariate analysis after statistical testing with logistic regression showed that the want had an impact at the performance of village midwives in attaining special Breastfeeding.

The outcomes of the logistic regression test with an OR value of 28.72, which means that village midwives who're inspired to enhance the performance of village midwives in accomplishing great Breastfeeding of their paintings region due to the fact it's miles a necessity of their pictures as village midwives have a 28.72 extra danger to increase the achievement of specific Breastfeeding compared to midwives who aren't inspired because they do no longer country as a want. that is according with research performed through Endang (2008), which determined that there has been a huge have an impact on on intrinsic Motivation, particularly, wishes, the wishes and expectations of the village midwife on the overall performance and neighborhood location monitoring (PWS) of Maternal and child health in Kendal Regency.

according to Handoko (2001), internal Motivation is Motivation that functions with out outside stimulation, from inside the person there may be an urge to do so, so if the man or woman is stimulated from within, he will try difficult. internal Motivation has a essential that means as an initiative to force one's conduct properly, that is because Motivation is an internal, mental and intellectual circumstance of human beings inclusive of dreams, hopes, needs, drives and choices that encourage people to behave at work to acquire pride or lessen imbalances.

Village midwives ought to achieve unique Breastfeeding because they sense they need it, no longer due to external encouragement. The want can have a powerful impact on the conduct of midwives in attaining the goal of one of a kind breastfeeding coverage and also as an effective tool and Motivation for performance. Village midwives who do not sense the want to attain exceptional Breastfeeding have to receive attention from their superiors (leaders),

to locate solutions so that there is an increase in the Motivation for the desires of village midwives. Superiors who offer Motivation, reward, and guide for village midwives who have succeeded in increasing one-of-a-kind breastfeeding insurance in a mini-workshop assembly can increase the inspiration for the desires of different village midwives to improve their overall performance in attaining the other breastfeeding insurance target.

The effect of responsibility on the overall performance of Village Midwives in accomplishing specific Breastfeeding

The outcomes of the multivariate evaluation after statistical tests with logistic regression showed that responsibility affected the overall performance of village midwives in reaching different Breastfeeding. This is following research performed with the aid of Amiruddin (2009), which found a sizable impact among duty for the overall performance of exceptional breastfeeding counselors including village midwives in West Aceh District, Nangroe Aceh Darussalam.

In this case, the village midwife's duty strengthens her Motivation to perform her duties as well as possible. Besides, handling responsibilities according to the village midwife's capacity will grow her independence in carrying out her duties. The readiness of the village midwife to be responsible in each process, mainly for the errors she made will growth the potential of village midwives in overcoming troubles that arise in growing exclusive breastfeeding insurance.

This responsibility will be a project on whether every village midwife can acquire the effects assigned to her so that the goal of one-of-a-kind breastfeeding coverage can be achieved. The results showed that most village midwives had low Motivation to take obligation. Village midwives with common obligations should receive supervision and reprimand if they fail to boom the coverage of specific Breastfeeding.

The Effect of Working Conditions on the Performance of Village Midwives in Achieving Exclusive Breastfeeding

The results of the multivariate analysis after statistical tests with logistic regression showed that working conditions affected the performance of village midwives in achieving exclusive Breastfeeding.

This follows the research of Wawan Setiawan (2007), which found that there was a significant effect of working conditions, availability of resources, work equipment on the performance of village midwives in carrying out their duties as village midwives in Tasikmalaya Regency.

The results of this study support the opinion expressed by Gibson (1997), which states that the availability of facilities and infrastructure affects individual performance. Some aspects of the availability of facilities that according to respondents are not there are, among others, not having a special room for promotion of exclusive Breastfeeding, not having promotional facilities such as leaflets, booklets and posters about exclusive Breastfeeding, not having electronic devices that support promotional activities, namely no TV, tape and no inpatient room and lactation corner to monitor the health of postpartum mothers and babies.

Complete facilities and good promotion facilities must support village midwives in increasing the achievement of exclusive breastfeeding coverage, so it is recommended to the Health Service and Local Government to complete these facilities.

Conclusions

Motivation, namely the want, supervision and earnings affect the overall performance of village midwives in accomplishing distinctive Breastfeeding. this may be interpreted that to enhance the performance of village midwives in achieving exclusive Breastfeeding requires: (1) encouragement from inside the midwife to channel her choice to do paintings, (2) all reimbursement which includes rewards and incentives obtained all through paintings, (3) all monitoring and supervision acquired by using midwives in improving their performance. traits (Age, years of service, location of residence, expertise and attitude) and Motivation

(achievement, responsibility, working conditions, milk manufacturer awards and authorities awards) did not affect village midwives' performance in reaching exclusive Breastfeeding.

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