



The Attitude Of The Midwife Towards The Implementation Of Early Initiation Of Breastfeeding With Exclusive Breastfeeding At Kuala Health Center, Kuala Subdistrict, Langkat Regency In 2021

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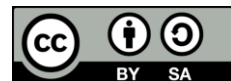
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ABSTRACT

Midwives as health workers who assist in childbirth are a very important factor in the practice of Early Breastfeeding Initiation and most midwives do not implement it. This will affect the implementation of the Exclusive Breastfeeding program. The purpose of this study was to determine the relationship between midwives' attitudes regarding the implementation of early initiation of breastfeeding with low coverage of exclusive breastfeeding. The method used was an analytical survey (Explanatory Research) with a cross sectional approach. The population is all midwives who work in the Kuala District Health Center, Kuala District, Langkat Regency as many as 31 people. The sample, namely the entire population, became a total sampling with Chi-Square analysis. Based on the results of the analysis of the Relationship of Midwives' Attitudes regarding Implementation of Early Breastfeeding Initiation with Low Exclusive Breastfeeding Coverage, it was found that the negative attitude of midwives with the target not being achieved was 19 respondents (61.3%) and positive attitude as many as 12 respondents (38.7%). Based on a population of 31 respondents, the results of statistical tests obtained p value = 0.006 < 0.05, so it can be concluded that there is a significant relationship between Midwives' Attitudes About Early Initiation of Breastfeeding Implementation and Low Exclusive Breastfeeding Coverage. The research is that there is a relationship between midwives' attitudes about the implementation of Early Initiation of Breastfeeding with the low coverage of exclusive breastfeeding. Midwives are expected to be able to increase a positive attitude about the implementation of Early Initiation of Breastfeeding as an effort to increase exclusive breastfeeding.

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1. INTRODUCTION

Breast milk is very important to babies, and it is a very good source of food for babies because the content of breast milk corresponds to what the baby requires. Several studies have been conducted to investigate the advantages of exclusive breastfeeding. In this case, implementing Early Breastfeeding Initiation will undoubtedly promote exclusive breastfeeding. Breast milk is very useful in providing the best nutrition for babies, so the benefits of breastfeeding are very beneficial.

Maternal and child health is increasingly being promoted in terms of managing Early Initiation of Breastfeeding, Exclusive Breastfeeding, and Lactation Management. These three programs are inextricably linked. Lactation management that is optimal and maximal, as well as Early Initiation of Breastfeeding, strongly supports the achievement of exclusive breastfeeding. The National Development Program and National Strategy aim for an 80 percent coverage of exclusive breastfeeding. Program to help reduce poverty, hunger, and infant mortality in accordance with the Millennium Development Goals (MDGs). As a result, it is critical to provide lactation management and Early Breastfeeding Initiation information to antenatal, intranatal, and postnatal mothers, as well as health workers, in order for them to carry out their responsibilities as professional promoters of breast milk use. Anik (2012) and Siregar (2021) defines formalized formalized formalized formalized formalized formalized formalized formal.

The Neonatal Mortality Rate was 19 per 1000 live births, decreased from 20 per 1000 live births in 2007. Neonatal mortality contributed to infant mortality by 56%, so neonatal mortality should be greatly suppressed. Achieving the target of reducing the Infant Mortality Rate (IMR) by the Millennium Development Goals (MDGs) 2015, which is 23 per live birth, thus increasing access and quality of neonatal services must also be improved (Andita, 2016).

According to the World Health Organization (WHO), 1-1.5 million babies worldwide die each year from a variety of causes, one of which is a lack of exclusive breastfeeding. According to the 2015 Ministry of Health Data and Information Center (Pusdatin), the new exclusive breastfeeding coverage was 54.3 percent of the target of 80 percent. Based on data from the Rikdas Institute of Basic Health Research in 2013. In Indonesia, only 42% of women exclusively breastfeed.

This figure falls short of the World Health Organization's target of at least 50% exclusive breastfeeding coverage for babies. Breast milk is the best food for babies from birth to 6 months of age. Exclusive breastfeeding means that the baby receives only breast milk and no other food or fluids. Give breast milk to the baby at least eight times per day, in the morning, afternoon, evening, and night. Breastfeeding is a very valuable gift that a mother can give to her baby (Kemenkes RI, 2013). Breastfeeding is the only gift available to economically disadvantaged people. Breastfeeding can be a life-saving gift in times of illness. It is hoped that if prospective mothers adhere to all of the above recommendations, they will obtain optimal quality and quantity of breast milk, as well as healthy mothers and strong and intelligent babies (Anik, 2012).

In the first days after birth, if the baby is given breastfeeding according to his wishes and no other fluids are given, it will gradually produce 10-100 ml of breast milk per day. Breast milk production will be optimal after days 10-14. Healthy babies will consume 700-800 ml of breast milk per day (Anik, 2012).

Based on the 2014 Indonesian Demographic and Health survey, the percentage who received exclusive breastfeeding (for babies aged under 6 months) was 41%, exclusive

breastfeeding for 4-5 months was 27% and those who continued breastfeeding until the child was 2 years old were 55% (SDKI, 2015). At the peak of World Breastfeeding Week in Jakarta, the First Lady mentioned a report from the Minister of Health that public awareness of breastfeeding their babies showed an increasing graph. During 2004-2008 the coverage of exclusive breastfeeding for 6 months increased from 58.9% to 62.2%. However, after that, the graph did not increase and even tended to decrease (Anik, 2012).

The percentage of exclusive breastfeeding in the Health Profile of North Sumatra in 2014 was 37.6%, although the coverage in 2014 had increased, it was still far below the achievement so that it was able to achieve the national target of 80% (Ayutifanie et al., 2015). The coverage of infants who received exclusive breastfeeding in Langkat Regency in 2014-2016 were as follows: 2014: 41.90%, 2015: 42.3% and 2016: 46.8%.

A study by Ramli (2020) showed the number of mothers who had good knowledge and exclusively breastfed was only three mothers (14.3%). Most mothers (73.7%) who did not work exclusively breastfed their babies (90.5%). Among 15 working mothers (26.3%), only one mother (6.7%) exclusively breastfed. Study by Untari (2017) and Tambunan (2020) showed the education will motivate a person to want to know, seek experience, and organize expertise so that the information received will become knowledge. Higher education makes a mother more able to think rationally about the benefits of exclusive breastfeeding. Higher education is easier to be exposed to information than those with low education.

In order to reduce child morbidity and mortality, UNICEF and WHO recommend that children should only be breastfed with breast milk for at least 6 months. There are several legal regulations related to exclusive breastfeeding, one of which is Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning the provision of exclusive breastfeeding, article 6 reads "Every mother who gives birth must give exclusive breastfeeding to her baby" (Anik, 2012).

Exclusive breastfeeding can reduce the risk of acute respiratory infections and diarrhoea, but it can also help the baby's cognitive, motor and psychological development. From a mother's point of view, exclusive breastfeeding has many advantages, including; reduce the possibility of postpartum bleeding and reducing the risk of breast and uterine cancer. The mother will recover faster after giving birth and return to her original weight more quickly (Adiguna, 2016).

Various factors cause the problem of short toddlers; previous research mentions the main factors that cause short toddlers, namely the intake of breast milk (breast milk) and complementary information that is not optimal, repeated infections, and micronutrient deficiencies (Dwitama, 2018 ; Heryanah, 2015). Intake of breast milk and complementary foods is one of the factors that can be improved, especially in the first two years of birth (Géa-Horta, 2016). Children with non-exclusive breastfeeding patterns have a higher chance of being short compared to exclusive breastfeeding (Kuchenbecker, 2015). The amount of breast milk given and the nutritional intake of breastfeeding mothers affect exclusive breastfeeding (Rahayu, 2015). The nutritional information of breastfeeding mothers is related to the composition of breast milk .

The process of breastfeeding immediately after birth, in which the baby is left to search for his or her own mother's nipple, known as Early Breastfeeding Initiation, will be very beneficial in maintaining exclusive breastfeeding. However, the reality in Indonesia is that Early Initiation of Breastfeeding implementation remains extremely low. Based on data and information from the 2016 Indonesian Health Profile, the percentage of newborns receiving Early Initiation of Breastfeeding and infants receiving exclusive breastfeeding by province. In 2016, 30.3 percent of new babies were born in North Sumatra. 6.1 percent of newborns received BMI > 1 hour and 12.4 percent of infants received exclusive

breastfeeding for up to 6 months, 46.8 percent of infants received exclusive breastfeeding for 0-5 months (Mellyna, 2013).

According to the findings research, the success or failure of Early Breastfeeding Initiation in health care facilities is highly dependent on health workers who directly assist in childbirth, such as doctors and midwives (Setyawati, 2012). There is a link between the practice of Early Breastfeeding Initiation and exclusive breastfeeding, according to (Ayutifanie et al., 2015). Early Breastfeeding Initiation has a significant impact on breastfeeding practice, and it can be concluded that mothers who use Early Breastfeeding Initiation are more likely to use exclusive breastfeeding than mothers who do not use Early Breastfeeding Initiation (Dinkes Riau, 2015).

Based on the initial survey conducted by researchers to 22 midwives at the Kuala Health Center, Kuala Sub-district, Langkat Regency, it was discovered that 7 (31.8 percent) midwives carried out Early Initiation of Breastfeeding and 15 (68.2 percent) midwives said they did not carry out Early Initiation of Breastfeeding and it was discovered that the author is interested in conducting research on "The Relationship of Midwives' Attitudes to the Implementation of Early Breastfeeding Initiation with Low Exclusive Breastfeeding Coverage at Kuala Health Center Kuala District, Langkat Regency in 2021" based on the description above.

2. RESEARCH METHODE

The research design used was an analytical survey (Explanatory Research) with a cross sectional approach, research was carried out with one observation at the same time on the object, namely to determine the relationship between midwives' attitudes about the implementation of Early Breastfeeding Initiation with Low Exclusive Breastfeeding Coverage at Kuala Subdistrict Kuala Health Center, Langkat Regency in 2021. The population in this study were all midwives who worked in the area of Puskesmas Kuala Jalan Gajah Mada No. 70, Kuala Subdistrict, Langkat Regency as many as 31 midwives.

Sampling in this study was carried out by probability sampling, namely Total Population where the entire population became the sample of the researcher. The samples studied were 31 midwives in the Kuala Health Center, Kuala District, Langkat Regency.

3. RESULT AND ANALYSIS

Table 1. Frequency Distribution of Biodata Characteristics by Age of Respondents

No	Age	Total	
		n	%
1	20-24	2	6.5
2	25-29	12	38.7
3	30-34	7	22.6
4	35-39	10	32.3
No.	Qualification	n	%
1.	Diploma-I	14	45.2
2.	Diploma-III	17	54.8
No.	Employment status	n	%
1.	Contract Employees	17	54.8
2.	Civil Servants	14	45.2
Total		31	100

Based on the table above, it can be seen that the age of respondents at the age of 20-24 years were 2 respondents (6.5%), at the age of 25-29 years as many as 12 respondents (38.7%). At the age of 30-34 years as many as 7 respondents (22.6%). And at the age of 35-39 years as many as 10 respondents (32.3%). Education of respondents is D III as many as 17 respondents (54.8%). And education D I as many as 14 respondents (45.2%). From the employment status of PTT respondents as many as 17 respondents (54.8%). And the civil servant status of the respondents was 14 respondents (45.2%).

Table 2. Frequency Distribution of Midwives' Attitudes in Kuala Health Center

No	Midwife's Attitude	Total	
		n	%
1.	Negative	20	64.5
2.	Positive	11	35.5
Total		31	100

Based on table 2 of 31 respondents the attitude of midwives at the Kuala Health Center, 20 respondents (64.5%) had a negative attitude and 11 respondents (35.5%).

Table 3. Frequency Distribution of Exclusive Breastfeeding Coverage in Kuala Health Center

No	Exclusive Breastfeeding Coverage	Total	
		f	%
1	No Exclusive Breastfeeding	19	61.3
2	Exclusive breastfeeding	12	38.7
Total		31	100

Based on table 3 of 31 respondents, the target of achieving exclusive breastfeeding coverage at the Kuala Health Center is 19 respondents (61.3%) and those who give exclusive breastfeeding are 12 people (38.7%).

Table 4. The Relationship of Midwives' Attitudes About Implementation of Early Breastfeeding Initiation with Exclusive Breastfeeding Coverage at Kuala Health Center

Midwife's attitude	Exclusive Breastfeeding Coverage						<i>Asymp. sig</i>
	No Exclusive Breastfeeding		Exclusive breastfeeding		Total		
	f	%	f	%	f	%	
Negative	16	51.6	4	12.9	20	64.5	0.006
Positive	3	9.7	8	25.8	11	35.5	
Total	19	61.3	12	38.7	31	100	

Based on table 6. it can be seen that the cross tabulation between the attitude of the midwife and the coverage of exclusive breastfeeding at the Kuala Subdistrict Kuala Health Center, Langkat Regency, has obtained data that from 31 respondents who have a negative attitude as many as 20 people (64.5%) with the category of not giving exclusive breastfeeding

as many as 16 respondents (51.6%) and those who gave exclusive breastfeeding were 4 respondents (12.9%). Of the 31 respondents who had a positive attitude, 11 respondents (35.5%) did not give exclusive breastfeeding, as many as 3 respondents (9.7%), and 8 respondents did not give exclusive breastfeeding (25.8%).

Based on the statistical test obtained a probability value of $0.006 < 0.05$ using the Chi-Square test with a 95% confidence level with $\alpha = 0.05$, and the results of sig-p (0.006), then based on the research conducted there is a relationship between midwives' attitudes about the implementation of early initiation of breastfeeding with The Low Coverage of Exclusive Breastfeeding at the Kuala Health Center, Kuala District, Langkat Regency in 2021.

4. Discuss

Breastfeeding is the main intake and must be given to all newborn babies. Exclusive breastfeeding hereinafter referred to as exclusive breastfeeding, is breast milk given to babies from birth up to the age of 6 months, without adding any other food or drink (Maonga, 2016). Breastfeeding from an early age has a positive impact on both mother and baby. Breast milk has an important role in supporting growth, health, and survival because breast milk is rich in nutrients and antibodies for infants (Marfuah, 2017). Breast milk contains white blood cells, proteins, and immune substances that are suitable for babies (Sartika, 2015). Mothers' breastfeeding behaviour can reduce morbidity and mortality because the breastfeeding process will stimulate uterine contractions, thereby reducing bleeding after childbirth (postpartum) (Patrick, 2016; Sabri, 2019). According to Kusumayanti (2017), solely breastfed infants receive no other liquids or solids, not even water, with the exception of oral rehydration or drops/syrup of vitamins, minerals, or medications.

According to Yusrina (2016), formula-fed infants had a fivefold increased chance of experiencing poor growth compared to breastfed newborns. According to Fitriahadi (2018), breast milk is a nutritious intake that is appropriate for a child's growth and development. Babies that do not receive adequate breast milk have a deficient nutritional intake, which can result in malnutrition (Diaz, 2017).

Based on the results of research by Erli Zainal and friends in 2015 with the title "The Relationship between Mother's Knowledge, Early Breastfeeding Initiation and the Role of Midwives with the Implementation of Exclusive Breastfeeding and the factors that influence the role of Midwives in Early Breastfeeding Initiation and Exclusive Breastfeeding", with a mixed method. The subjects of the study were 52 mothers who had babies aged 7-10 months in the working area of the Lebaran Public Health Center. The results showed that there was a significant correlation of knowledge ($p < 0.05$), BMI ($P < 0.05$), and the role of midwives ($p < 0.05$) with the implementation of exclusive breastfeeding. The conclusion of the study is that knowledge, attitudes of breastfeeding mothers, BMI and the role of midwives are positively correlated with the implementation of exclusive breastfeeding. This proves that there is a relationship between midwives' attitudes regarding the implementation of early breastfeeding with low coverage of exclusive breastfeeding at the Kuala Health Center, Kuala Subdistrict, Langkat Regency in 2021.

Mothers who stay at home also show a high rate of exclusive breastfeeding, namely 54.8%. However, exclusive breastfeeding can still be carried out for both working and non-working mothers (Bahriyah, 2017). Although not all mothers breastfeed their babies exclusively, the study says that there is still a tendency for mothers to be unable to leave their work outside the home so that mothers do not have enough time to breastfeed their babies. For female workers, the maternity leave granted by the workplace agency is not

commensurate with the period of breastfeeding their children. The leave period given is faster and requires mothers to return to work immediately. So, mothers are forced to give formula milk as a substitute for exclusive breastfeeding (Nasution, 2016; Putri, 2016).

The information received must also be kept constant to avoid confusion due to different information. The method of conveying information also plays an important role; delivery by male facilitators is better because fathers can freely discuss their fears and thoughts without feeling embarrassed (Adiguna, 2016).

According Hanifah (2017) said midwives can educate and motivate mothers to breastfeed exclusively during pregnancy and after delivery through a variety of programs, including workshops for pregnant women, early postpartum breastfeeding initiation, and breastfeeding support groups. Midwives can also collaborate with cadres to give breastfeeding women with information.

The low coverage of exclusive breastfeeding in Indonesia is due to several things, such as the psychological factors of mothers, working mothers, and cultural factors to promote formula milk. Exclusive breastfeeding can increase the risk of children experiencing stunting because they are more susceptible to infection and diarrhoea. Every baby has the right to get exclusive breastfeeding from birth until the age of six months. However, the implementation of exclusive breastfeeding does not run smoothly as expected. Several factors can affect the practice of exclusive breastfeeding (Fadliyyah, 2019). Lack of public awareness about the significance of exclusive breastfeeding, babies who have been given supplementary food before the age of six months, and breastfeeding moms who are malnourished, resulting in decreased milk production (Sampe, 2020).

The period of maternity and breastfeeding leave set by the government is only three months, while the recommendation for exclusive breastfeeding is six months. Working mothers have limited opportunities to provide exclusive breastfeeding (Eugenie et al., 2015). Generally, working mothers tend to give breast milk substitutes when they start working actively. Mothers who have the right knowledge about breastfeeding and a supportive work environment, working mothers will still be able to breastfeed exclusively. Meanwhile, mothers who do not work have more time to breastfeed their children (Eugenie, 2015).

This study showed the employment status of contract employees respondents as many as 17 respondents (54.8%). And the civil servant status of the respondents was 14 respondents (45.2%). Study In low economic conditions, mothers with secondary to high education tend to earn a living to support their family's financial needs. However, suppose you are in the position of increasing family income. In that case, it causes the purchasing power of mothers to grow so that mothers prefer to give formula milk as a substitute for breast milk to make it more practical and improve the social status of the family in the eyes of the community (Hastuti, 2015). Due to the economic crisis, which forces mothers to work to meet their daily needs, this can result in mothers not having the opportunity to breastfeed their children exclusively (Maulida, 2015). The results of the Bahriyah (2017) study showed that there was a significant relationship between mother's work on exclusive breastfeeding for infants (P Value <0.05) ($P=0.018$) and mothers who did not work had a 0.396 times greater chance of giving exclusive breastfeeding than those who did not give exclusive breastfeeding. Exclusive breastfeeding ($OR=0.396$, 95% $CI=0.182-0.864$).

Exclusive breastfeeding coverage that is given to babies properly without any additions in the form of mineral water, porridge and foods other than breast milk is a success in the health of mothers and children until the age of 6 months. This is because by informing the mother of the benefits of breastfeeding for children, it can reduce diarrhea rates and the mother herself can be closer and better in the health process of her delivery recovery.

According to researchers, the existence of exclusive breastfeeding coverage makes mothers and children closer together with stronger affection and contact. Children who are exclusively breastfed have a good and active immune system and good health and digestion in children. And it is known that the nutritional and vitamin contents are very complete and not in the powdered milk section.

5. Conclusion

Based on the results of research conducted on the relationship between midwives' attitudes regarding the implementation of early breastfeeding with low coverage of exclusive breastfeeding at the Kuala Health Center, Kuala Subdistrict, Langkat Regency in 2021, it can be concluded:

1. Based on table 2, it can be seen that 31 respondents had a positive attitude at the Kuala Health Center, 20 respondents (64.5%) had a negative attitude and 11 (35.5%).
2. Based on table 3 of 31 respondents, the target of achieving exclusive breastfeeding coverage at the Kuala Health Center, 19 respondents (61.3%) did not give exclusive breastfeeding and 12 people (38.7%) gave exclusive breastfeeding.
3. Obtained a statistical test using the Chi-square test with a 95% confidence level with $\alpha = 0.05$ obtained a probability value of $0.006 < 0.05$ and shows a significant relationship. So H_0 is rejected and H_a is accepted. It means that there is a relationship between the Midwife's Attitude regarding the Implementation of Early Munyusu and the Low Coverage of Exclusive Breastfeeding at the Kuala Health Center, Kuala Sub-district, Langkat Regency in 2021

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