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CORELATION OF TRAINING WITH IMPLEMENTATION OF EARLY OF INITIATION OF BREASTFEEDING (IMD) IN INDEPENDENT PRACTICE MIDWIFES (BPM) OF BENGKULU

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ABSTRACT

This study aimed to investigate: the relationship between training attended by midwives and the implementation of IMD in the Independent Practice Midwives of Bengkulu City. This type of research is an analytical survey research with a cross sectional approach. The research subjects were 49 independent practicing midwives at BPM who were drawn using proportional techniques. The data were collected using a questionnaire and analyzed using the Chi square test. The results showed that there was a significant relationship between training (p = 0.005) and the implementation of IMD. In conclusion, there is a significant relationship between training and the implementation of IMD. Early Initiation of Breastfeeding (IMD) will be carried out well if the midwife is committed to carrying out her role starting from the time the mother is in the antenatal period.

Keywords: Training, IMD, Midwives

INTRODUCTION

In developing countries Approximately two thirds of mortality occurs in the neonatal period, especially during childbirth and the first week after delivery is a critical period for both mother and baby. One of the efforts to reduce IMD is by early initiation of breastfeeding (IMD) and exclusive breastfeeding from birth to six months of age are two breastfeeding practices that are important for the survival and optimal growth of the baby. Midwives are health workers at the forefront of maternal and child health services. The role of midwives is very necessary in implementing IMD and exclusive breastfeeding.

Early initiation of breastfeeding is known as the breast crawl method, which is the baby's own ability to crawl to find and suck the mother's nipple within the first hour after birth (Ratna, 2008). These two activities are useful for stimulating the production of the hormone oxytocin. The release of this hormone will cause smooth muscle contraction in the areola of the mother's breast, resulting in a let down reflex or milk flowing into the baby's mouth (Ratna, 2011).

Based on the results of research, IMD can affect the duration of breastfeeding, provide a positive mentality for the mother, namely a strong bond with the baby and a comfortable feeling for breastfeeding, bounding attachment, contributing 8 times more success in the implementation of exclusive breastfeeding (Roesli, 2008).

Data from the Bengkulu City Health Office, IMR in 2013 experienced an increase, namely 11.15 per 1000 live births, while in 2012 it was 8.5 per 1000 live births, with details of 49 neonatal deaths, 18 infants over 28 days and 18 under five. person. While the coverage of exclusive breastfeeding in Bengkulu City for the period January-September 2016 was 51% of the 8,013 babies, and in 2017 the coverage of exclusive breastfeeding was 78.7%, the coverage of exclusive breastfeeding in Bengkulu City was still below the National target because the target of exclusive breastfeeding coverage nationwide, namely 80% (Health Profile of Bengkulu City, 2018).

The low coverage of the practice of exclusive breastfeeding is influenced by several factors, including the lack of knowledge of mothers, socio-cultural factors, not all babies have IMD, lack of information on exclusive breastfeeding and lactation counseling from health personnel and promotion of formula milk. Other factors that influence the practice of exclusive breastfeeding from the research results include the level of knowledge and age of the mother, mother's motivation to breastfeed, breastfeeding techniques, breastfeeding problems in mothers, joining care facilities, skills of health workers, the role of fathers and the role of health workers (Ratna, 2011).

RESEARCH DESIGN AND METHODOLOGY

The research design used was an analytic survey method with a cross sectional approach where the independent variable of the dependent variable training (IMD implementation by midwives) was collected at the same time (Notoatmodjo, 2010). The population in this study were 122 BPM who were part of the Puskesmas network in the city of Bengkulu. The sample required in this study is at least 46 people. After knowing the sample size, the BPM sample was taken from each Puskesmas in Bengkulu city using proportional random sampling technique. After the proportional technique was carried out, the selection of subjects for each Puskesmas was done randomly with a simple random sampling technique. Bivariate analysis using the Chi square test.

FINDINGS AND DISCUSSION

The frequency distribution of respondents based on the IMD implementation is presented in table 1 below:

Table 1 Frequency Distribution According to IMD Implementation in BPM Bengkulu City

No	IMD implementation	total	Persentase (%)
1	Well	11	22,4
2	Less	38	77,6
	total	49	100

Based on table 1 above, it can be seen that respondents who implemented IMD well were 11 people (22.4%) smaller than respondents who implemented IMD poorly, namely there were 38 people (77.6%). In this study, the APN / IMD training was grouped into two, namely never and never.

Table 2 Frequency Distribution According to the Training Attended by .Midwives at BPM Bengkulu City

No	Training APN/IMD	total	Persentase (%)
1	Ever	21	42,9
2	Never	28	57,1
	Total	49	100

Based on the table above, it can be seen that 21 people (42.9%) who have attended APN / IMD training are smaller than those who have never attended training, namely 28 people (57.1%).

Table 3 Distribution of respondents based on training factors with the implementation of IMD in Bengkulu City

No	Training	Implementation IMD				Total		OR 95% CI	p Value
		Well		Less					
		n	%	N	%	n	%		
1	Ever	9	42,9	12	57,1	21	100	9,750 1,821-52,206	0,005
2	Never	2	7,1	26	92,9	28	100		
	total	11	22,4	38	77,6	49	100		

Based on the table above, it can be seen that the results of the analysis of the relationship between training and the implementation of IMD show that of the 21 respondents who have attended APN / IMD training there are 9 people (42.9%) who are good at implementing IMD is greater than those who are not good at implementing

IMD, namely amounted to 12 (57.1%), of the 28 respondents who never attended training there were 2 people (7.1%) who were good at implementing IMD, smaller than 26 people who were not good at implementing IMD (92.9%)).

The results of statistical tests obtained p value = α 0.05, it can be concluded that statistically at 5% negligence there is a significant relationship between training and the implementation of IMD at BPM Bengkulu City in 2015. And from the analysis also obtained OR value: 9.750 This means that respondents who have attended training have 10 times the chance of implementing IMD well compared to respondents who have never attended APN / IMD training.<The results of statistical tests obtained p value = 0.005.

The results of the analysis of the relationship between training factors and the implementation of IMD show that respondents who have attended APN or IMD training are less than respondents who have never attended training, it turns out that respondents who have attended training are more likely to implement IMD well compared to those who have never attended training.

The results of this study are in line with Setiarini's (2012) study that there is a relationship between training and performance of midwives. This study is also in line with Mardiah's (2011) study which states that training is the most dominant variable affecting the performance of midwives in supporting the IMD program in Pekan Baru.

According to Munandar in Aprilia (2009) training is a short-term process that uses a systematic and organized procedure to learn knowledge and skills for specific purposes. In normal delivery care training (APN) it is integrated with the management of IMD implementation so that midwives who participate in the training can increase knowledge about the importance of IMD.

According to Notoatmodjo (2007), several important things are the training system and training methods, training participants, training materials and learning aids. There are still not many midwives who have not been trained because access to APN or IMD training has not been carried out routinely

CONCLUSION

There is a relationship between the APN training that midwives have done partially with the implementation of IMD at the Bengkulu City Independent Practice Midwife (BPM) . This the hypothesis is accepted.

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