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HEALTH WORKERS MOTIVATION IN THE IMPLEMENTATION EARLY INITIATION OF BREASTFEEDING

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ABSTRACT

Early initiation of breastfeeding is the right of every baby. The obligation for health workers who provide assistance during labor is giving early initiate breastfeeding. However, not all babies are given an IMD and not all health workers do this. The causes are the lack of motivation of health workers in implementing early initiation of breastfeeding. The purpose of this study was to determine the motivation of health workers in implementation early initiation of breastfeeding at RSUD Dr. H. Soewondo Kendal. The research design used is quantitative with descriptive methods. The sample in this study amounted to 28 respondents with a total sampling technique. Instruments in the form of a questionnaire. Data analysis uses univariate. The results showed that the motivation of health workers in implementing Early Breastfeeding Initiation was in the "medium" category as much as 57.1%. Intrinsic motivation of health workers in the implementation of early breastfeeding initiation is mostly done, namely happy when the IMD is successful. Extrinsic motivation of health workers in the implementation of early breastfeeding initiation is mostly done by conducting IMD because there is a policy from the government. This research is expected to be used as input for health workers, especially midwives, in increasing motivation to provide early breastfeeding initiation.

Keyword: early initiation of breastfeeding; health worker; motivation

INTRODUCTION

Early Initiation of Breastfeeding (IMD) is a process of placing a newborn on the mother's chest and allowing the baby to breastfeed immediately within the first hour after birth, along with contact between the baby's skin and the mother's skin (Danarti, 2014). The practice of Early Initiation of Breastfeeding is very important and useful for reducing infant mortality, creating skin contact between mother and baby that stimulates a decrease in stress hormones so that it makes the baby calmer, has a stable breath and heart rate, reduces bleeding after childbirth, increases immunity, provides warmth and improves the success of exclusive breastfeeding (Roesli, 2012).

The infant mortality rate (IMR) in Indonesia based on the results of the demographic and health survey (SDKiI) is still high, namely 24 deaths per 1000 live births in 2017. IMR which is still high in Indonesia is caused by various things, one of which is the low number of babies who are breastfed in Indonesia. The first hour after birth. According to the Basic Health Research (Riskesdas) in 2013, 34.5 percent of babies were breastfed within the first hour of birth. while 35.2 percent of mothers who started breastfeeding their children after 1-6 hours of birth.

International policy emphasizes the implementation of Early Initiation of Breastfeeding (IMD) within 1 hour of birth and emphasizes exclusive breastfeeding for the first 6 months of life. The Policy for Early Initiation of Breastfeeding has been socialized in Indonesia since August 2007. This is also commensurate with Government Regulation No. 33 of 2012 instructing local governments and the private sector to work together to support Exclusive Breastfeeding and Early Initiation of Breastfeeding (IMD).

Based on the results of Basic Health Research (Riskesdas), the early breastfeeding initiation rate (IMD) in Indonesia in 2018 was 58.2 percent. This figure increased from 2017, which was 57.8 percent. Although increasing, this figure is still far from the target of 90 percent. The percentage of early breastfeeding initiation rates in Central Java in 2017 was 77.05 percent, which is in 14th position out of 33 provinces in Indonesia. This figure is still far from the first position, namely Aceh Province at 97.31 percent. (Directorate General of Public Health, 2018). This shows that the IMD program in Indonesia has not been implemented optimally, especially in Central Java.

The successful implementation of IMD does not only require the role of mothers, but also the role and support of health workers. Without support from health personnel, the IMD process will not be able to be carried out after delivery. Based on research conducted by Novianti and Rizkianti in 2016, the conclusion was that it was found that there were still some new mothers who were not supported by health personnel to practice IMD. This is due to the absence of a common understanding of IMD among health workers and an appropriate IMD implementation procedure has not been implemented. The lack of motivation for birth attendants causes a lack of attention from health workers to the benefits of IMD practice so that mothers who give birth are not encouraged to be able to do IMD.

Based on a preliminary study conducted by researchers at RSUD Dr. H. Soewondo Kendal obtained data that from 10 normal deliveries to mothers only 2 mothers were given early initiation of breastfeeding (IMD) immediately after the baby was born. Based on the above phenomenon, the researcher was interested in researching "Motivation of Health Workers in Implementing Early Initiation of Breastfeeding in Dr. H. Soewondo Kendal ".

METHOD

Quantitative research with descriptive methods. The sample in this study amounted to 28 respondents with a total sampling technique. The measuring tool is in the form of a statement questionnaire for health workers. Data analysis using descriptive statistics.

RESULTS AND DISCUSSION

Table 1.
The Age of Respondents Working in Mawar Room (n=28)

Variable	Mean	Min	Max	St. Deviation
Age	35,11	28	55	8,552

Based on the results of data analysis, it was found that the respondent's data were 35.11 years old with the youngest 28 years old and the oldest 55 years old.

Table 2.
The Length of work of respondents who worked in Mawar Room (n=28)

Variable	Mean	Min	Max	St. Deviation
Lenght of work	11,54	5	37	10,203

Based on the results of data analysis, it was found that most of the respondents' length of work was 11.54 years on average with a minimum length of work of 5 years and the longest 37 years.

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Table 3.
Frequency Distribution Education Background the respondent (n=28)

Education Backgroud	f	%
D3 Midwifery	20	71,4
D4 Midwifery	4	14,3
D3 Nursing	2	7,1
NERS	2	7,1

Based on the results of the data analysis, it was found that the majority of education achieved by the respondents was D3 Midwives as many as 20 people (71.4%) and a minority D3 Nurses and Nurses, respectively as many as 2 people (7.1%).

Table 4.
Frequency Distribution of Respondents Based on the Motivation of Health Workers in Implementing IMD (n=28)

Motivation level	Frekuensi	Percentage (%)
Medium	16	57,1
High	12	42,9

Based on the results of data analysis, research data on the motivation of health workers in the medium motivation category were 16 (57.1%) and in the high motivation category were 12 (42.9%).

Table 5.
Frequency distribution based on the distribution of motivation questionnaires for health workers in implementing IMD (n=28)

No	Question	Strongly Agree		Agree		Disagree		Totally disagree	
		f	%	f	%	f	%	f	%
1	I am happy if the IMD is successfully carried out	15	53,6	13	46,4	0	0	0	0
2	I feel happy when doing IMD in earnest	15	53,6	13	46,4	0	0	0	0
3	I did IMD because it is my responsibility as a health worker	13	46,4	15	53,6	0	0	0	0
4	I always compliment my work after doing a good IMD	8	28,6	15	53,6	4	14,3	1	3,64
5	I feel happy taking the time to explain IMD to mothers and families	9	32,1	19	67,9	0	0	0	0
6	I easily give up when I face difficulties in doing IMD	7	25,1	6	21,4	11	39,3	4	14,3
7	I love getting compliments because I did IMD			7	25,1	17	60,7	4	14,3
8	I did IMD because there was a policy from the government	3	10,7	8	28,6	13	46,4	4	14,3
9	I did IMD because there was a policy from the workplace	2	7,1	9	32,1	13	46,4	4	14,3
10	I want to do IMD if it affects my income	1	3,6	6	21,4	17	60,7	4	14,3
11	I want to do an IMD to get a reward	0	0	0	0	24	85,7	4	14,3
12	I want to do an IMD because I don't want my performance assessment to be blank	0	0	1	3,6	23	82,1	4	14,3
13	I want to do IMD because I don't want my performance appraisal to be bad	0	0	5	17,9	19	67,9	4	14,3
14	I did IMD because I have a target	0	0	10	35,7	14	50,0	4	14,3

Based on the data analysis, it was found that the motivation data that was mostly carried out by health workers in the implementation of IMD was happy if the IMD was successfully carried out as many as 15 (53.6%) were in question number 1.While the least motivation carried out by health workers was willing to do IMD for getting the reward is done as many as 24 (85.7) contained in question number 11.

Respondent Age

The results showed that the average health worker working in the rose room was 35 years old. Age 35 years is included in the category of early adulthood. This theory is in line with the Indonesian Ministry of Health (2009) which states that the grouping of early adults starts from the ages of 26-35 years. In general, the early adult group is a group of workers whose age is relatively still very productive. With a relatively productive age, it is hoped that they will be able to continue to provide the best service (Ardiansyah, 2017). In the 30s, individual satisfaction usually increases, so that achievement and responsibility increase (Siska, 2012).

This research is in line with research conducted by Adriansyah (2017) which shows that most of the health workers working in health facilities are aged 26-35 years (50.77%). This is in accordance with the research conducted by Putri, et al (2015) that health workers who are included in early adulthood have the ability to catch and think patterns that are increasingly developing so that they can increase motivation in implementing IMD. The theory says that physiologically the growth and development of a person can be described with increasing age. With increasing age, it is expected that motor skills can grow in accordance with the growth and development that is identified with high idealism, excellent energy and enthusiasm for learning something new (Kozier, Erb, Berman & Synder, 2011).

Length of Work

The results showed that the health workers working in the rose room had an average work experience of 11 years. The assumption of researchers is that a person's length of work can influence habits, habits can change a person's attitude for the better or even for the worse. Damanik (2012) states that the longer a person is in the field of work, the more skilled the person is at work. According to Notoadmodjo (2012), the longer the work period of health workers will make the workforce more familiar with the conditions of the working environment.

Based on research conducted by Ardiansyah (2017), the length of work for health workers in a work unit is that almost all health workers have been working for more than 10 years (40.00%). This is in line with the research conducted by Putri et al (2015) which showed that the longer a person works, the more cases they handle so that their knowledge and experience increases. Ranupendjaja & Saud also states that the longer a person works in an organization, the more experienced the person is, so that their work skills are getting better.

Based on research conducted by Setianingsih (2019), almost all health workers in a hospital have worked more than 10 years (41.1%). The results of research conducted by Setianingsih (2019) show that there is a relationship between the length of work and the implementation of the procedure, which is shown from a p-value of 0.028 (<= 0.05). This is in accordance with Julius' opinion, who said that the more or longer a person's work period in a certain job, the more experience he gets, so that the level of proficiency for the job that is his job will be higher because it is supported by adequate work experience and ability to produce results / work which is high for the workforce itself.

Education Background

The results showed that the majority of health workers who worked in the rose room were Diploma or D3 as many as 20 (71.4%). According to Niswah & Aisyaroh (2012), education is an effort to develop personality and abilities inside and outside school and lasts a lifetime. The assumption of researchers is that the higher the education of health workers, the more knowledge possessed by health workers. Nursalam (2008) states that the higher a person's education, the more knowledge they have and will not hinder a person's development of new values. Based on Malik's research (2014), there is a relationship between the education level of health workers and the quality of service in hospitals. This is in line with research conducted by Sarma & Citra (2016) which states the importance of the level of education that health workers have for clinical practice in providing health services.

Motivation of Health Workers

The results showed that the motivation of health workers in implementing early initiation of breastfeeding most of the respondents had moderate motivation with a percentage of 57.1%. Motivation is influenced by a stimulus which is the engine of motivation for the individual to influence the behavior of the individual concerned. The stimulus includes performance, rewards, involvement, responsibility, challenges, development and opportunities (Moedjiono, 2002). Low motivation for early initiation of breastfeeding will result in a weak urge to do the best work possible.

The motivation of health workers in implementing early breastfeeding initiation is divided into intrinsic motivation and extrinsic motivation. This is in line with research conducted by Vreedy (2012) which resulted that student learning motivation arises from within (intrinsically) and from outside (extrinsic) of students. Vreedy also mentioned indicators that play a role in intrinsic motivation, including indicators of self-desire, satisfaction, good habits and awareness, while indicators that build the emergence of extrinsic motivation are indicators of praise, enthusiasm, rewards, and punishment. According to research conducted by Intan (2015) factors that influence motivation at work include work performance, responsibility, individual potential development, salary perceptions, working conditions, and policies and administration.

The motivation that most health workers do in implementing early initiation of breastfeeding is that health workers feel happy when IMD is successfully carried out by 15 percent (53.6%). This is in line with research conducted by Imram (2015) that health workers with suitable working conditions showed a high motivation rate of 45 health workers with a percentage (88.20%). Working conditions that are in accordance with the needs and expectations of health workers make health workers comfortable in carrying out activities in accordance with workplace rules and policies. Research conducted by Ida (2015) shows that policy and administration with work motivation have a relationship as shown by p value = 0.045 ($p < 0.05$).

One of the motivations for health workers in implementing early breastfeeding initiation is feeling happy taking the time to provide explanations about IMD to mothers and their families as many as 19 (67.9%). This is in line with research conducted by Novianti (2016) using the interview method which states that there are efforts made by health workers to help inform about the implementation of IMD and its benefits, as well as accompanying mothers to help identify baby behavior during the IMD process. This is in line with Roesli (2008) which states

that health workers or volunteers who help mothers with a background of successful breastfeeding by themselves can certainly be an added value in carrying out their duties.

Another motivation that was at least carried out by health workers was willing to do IMD if it had an effect on increasing income as much as 17 (60.7%) with information not agreeing. Researchers assume that giving early initiation of breastfeeding is something that must be done because of the existing rules and policies. The results of this study are not in line with research conducted by Imram (2015) which shows that health workers with the fulfillment of the rewards show a high motivation rate of health workers as many as 48 health workers with a percentage (94.20%). Kamal (2015) also states that the salary variable has a positive effect on work motivation as indicated by the results of the t test on the salary variable which has a t value of 12.176 while the t table value is 2.306.

The results of the least research on the motivation of health workers in implementing early breastfeeding initiation are willing to do IMD to get rewards as much as 24 (85.7) out of 28 (100%). This is due to international policies that emphasize the implementation of IMD within 1 hour of birth and emphasize exclusive breastfeeding for the first 6 months of life (Roesli, 2008). Thus, health workers must automatically carry out this IMD implementation program with or without compensation. However, the results of the study were different from research conducted by Elsye (2015) that the awarding of health workers showed a high motivation rate of 47 health workers with a percentage (92.20%). Based on research conducted by Elsye (2015) the opportunity to develop for health workers shows a high motivation rate of 44 health workers with a presentation (86.20%).

Motivation of health workers in implementing early breastfeeding initiation which states that it is easy to give up when faced with difficulties in doing IMD as many as 11 (39.3%) out of 28 (100%). Roesli (2012) states that health workers are given training related to helping, supporting breastfeeding mothers, including helping with correct IMD, provided that they consider the condition of the baby and the mother giving birth. Based on research conducted by Elsye (2015) the growth variable (self-actualization) for health workers shows a high motivation rate of 45 health workers with a presentation (88.20%).

CONCLUSION

The characteristics of health workers who carry out IMD in Mawar Room are based on the results of research that the average age is 35.11 years, the length of work of health workers who work in Mawar Room on average has 11.54 years of work experience, the last education of health workers who work in the Mawar Room are 20 Midwives Diploma (71.4%). Motivation of health workers in implementing Early Breastfeeding Initiation in the "medium" category was 16 respondents (57.1%). Intrinsic motivation of health workers in implementing early initiation of breastfeeding was mostly done, namely being happy if the STI was successfully carried out by 15 respondents with a percentage of 53.5%. The most extrinsic motivation for health workers in implementing early initiation of breastfeeding is by doing IMD because there is a policy from the government as many as 3 respondents with a percentage of 10.7%.

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