

Universitas Diponegoro
Program Pascasarjana
Program Magister Ilmu Kesehatan Masyarakat
Konsentrasi Administrasi dan Kebijakan Kesehatan
Minat Manajemen Kesehatan Ibu dan Anak
2012

ABSTRAK

Endang Wahyuningsih

Analisis Pelaksanaan Program Inisiasi Menyusu Dini (IMD) oleh Bidan Puskesmas Rawat Inap di Kabupaten Sukoharjo Tahun 2011

xiii, 209 halaman + 7 tabel + 10 gambar + 14 lampiran

Inisiasi Menyusu Dini (IMD) sangat penting untuk mengurangi angka kematian pada ibu maupun bayi pada setiap pertolongan persalinan yang ditolong oleh tenaga kesehatan yaitu bidan. IMD dapat mencegah 22% kematian bayi dibawah usia 28 bulan jika menyusu pertama, saat bayi berusia diatas dua jam dan dibawah 24 jam pertama maka dapat mencegah 16% kematian bayi di bawah 28 hari. Dan Inisiasi Menyusu Dini telah menjadi program nasional pada tahun 1989. Pelaksanaan program IMD oleh bidan yang belum optimal, yang di dukung oleh pengetahuan, motivasi, SOP, pemberdayaan keluarga/masyarakat, kerja sama lintas sektoral dan kebijakan. Tujuan penelitian ini adalah untuk mendiskripsikan pelaksanaan program Inisiasi Menyusu Dini oleh bidan puskesmas rawat inap di Kabupaten Sukoharjo.

Penelitian ini menggunakan rancangan penelitian observasional dengan pendekatan kualitatif. Pengumpulan data dilakukan dengan wawancara mendalam dan juga observasi. Sedangkan informan terdiri dari dua yaitu informan utama dan triangulasi. Wawancara dan observasi dilakukan terhadap 3 bidan sebagai informan utama dengan kriteria melaksanakan IMD pada pertolongan persalinan, bidan yang bekerja di Puskesmas rawat inap. Sedangkan 3 orang kepala puskesmas, 1 orang Kepala Seksi Kesga, 1 orang ketua Ikatan Bidan Kabupaten Sukoharjo dan 10 orang ibu melahirkan di 3 puskesmas rawat inap sebagai Informan triangulasi dilakukan dengan wawancara.

Hasil Penelitian menunjukkan, pelaksanaan program IMD belum maksimal dengan alasan bahwa membutuhkan waktu yang lama, jika terjadi perdarahan tidak dilaksanakan, keluarnya plasenta yang sulit, kurang sabar untuk melakukan karena ingin cepat selesai, masyarakat yang belum siap untuk dilakukan karena merasa kotor (jijik) kena darah, lahir di Rumah Sakit Swasta. Pengetahuan Bidan pelaksana berdasarkan hasil penelitian menunjukkan bahwa pemahaman terhadap pelaksanaan program IMD kurang. Motivasi bidan Puskesmas dalam melaksanakan

IMD masih sangat kurang. berdasarkan hasil penelitian pedoman SOP tentang IMD sudah ada namun belum dilaksanakan dengan tepat. Bidan sebagai pelaksana program masih kurang dalam melakukan pemberdayaan keluarga/masyarakat dalam rangka mengenalkan atau mempromosikan program IMD. Sudah dilakukan kerjasama lintas sektoral dengan Yayasan Kakak dari DKK kepada semua puskesmas di Kabupaten Sukoharjo. Belum ada aturan tertulis tentang kebijakan atau peraturan program IMD

Disarankan adanya dukungan dan komitmen dari kepala puskesmas, DKK, Dewan dan Bupati untuk membuat suatu kebijakan sebagai payung hukum dalam rangka mendorong pelaksanaan program, menyediakan dana untuk penyuluhan dan promosi kepada masyarakat, melaksanakan fungsi dari sistem manajemen terhadap pelaksanaan program. Bagi Puskesmas mengembangkan media promosi dan sasaran pendukung program, mengembangkan pemberdayaan masyarakat/keluarga serta pemberian konseling kepada sasaran IMD, membuat leaflet tentang IMD untuk konseling.

Kata kunci : Pelaksanaan Program dan IMD

Kepustakaan : 51, 1996 – 2009.

Diponegoro University
Postgraduate Program
Master's Program in Public Health
Majoring in Health Policy Administration
Sub Majoring in Maternal and Child Health Management
2012

ABSTRACT

Endang Wahyuningsih

Analysis on the Implementation of Early Breastfeeding Initiation by Midwives at Primary Healthcare Centers with Inpatient Care in Sukoharjo District 2011
xiii, 209 pages + 7 tables + 10 figures + 14 enclosures

Early breastfeeding initiation (IMD) was very important to reduce maternal and infant mortality rates in every delivery processes assisted by midwives. Early breastfeeding initiation could prevent 22% infant mortality for babies under 28 days. When the first breastfeeding was given to newborn between the first 2 hours and 24 hours of life, it could prevent 16% of infant mortality for babies under 28 days. Early breastfeeding initiation had been a national program since 1989. The implementation of IMD program by midwives was not optimal. Implementation of this program was supported by knowledge, motivation, standard operating procedure (SOP), family or community empowerment, cross sector collaboration, and policy. The objective of this study was to describe the implementation of early breastfeeding initiation program by midwives in the inpatient primary healthcare centers in Sukoharjo district.

This was an observational study with qualitative approach. Data were collected by conducting in-depth interviews and observations. Study informants consisted of main informants and triangulation informants. Interview and observation were done to 3 midwives as the main informants with criteria: implementing IMD during assisting deliveries, and working in the inpatient primary healthcare center. Triangulation informants were 3 primary health care center heads, 1 head of family health section, 1 head of Sukoharjo district midwives association, and 10 maternities in 3 inpatient primary healthcare centers. Information from triangulation informants were collected by performing interviews.

Results of this study showed that the implementation of IMD program was not done maximally. The reasons for this were longer time was needed for doing IMD; if there was a bleeding then IMD was not performed; difficulty in the delivery of placenta; midwives were not patient to implement IMD because they wanted to do it quickly; people in the community was not ready to receive and do IMD due to uncomfortable feeling when they watched blood attaching on their skin; giving birth in the private hospital. Executing midwives understanding on the implementation of IMD program was insufficient. Motivation of primary healthcare midwives in

implementing IMD was still insufficient. Guideline of standard operating procedure was provided, however it was not applied correctly. Midwives as the program executor were not adequate in conducting family or community empowerment in order to introduce or to promote IMD program. Cross sector collaboration with "Yayasan Kakak" had been performed by district health office and all primary health care centers in Sukoharjo district. No written rules regarding IMD program policies or regulations.

It was suggested to have supports and commitments from the head of primary healthcare centers, district health office, district assembly and head of the district (Bupati) to make policy as a legal umbrella in order to motivate program implementation; to provide funding for education and promotion to the community; to implement a function of management system toward program implementation. Primary healthcare centers are suggested to develop promotion media and program support targets; to develop family or community empowerment, and to give counseling to IMD target; to create leaflets about IMD for counseling purpose.

Key words : Program implementation and IMD

Bibliography : 51, 1996-2009