

## **ABSTRAK**

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**Faktor Determinan Kinerja Bidan dalam Asuhan Perawatan Metode Kanguru pada Ibu Bayi Berat Lahir Rendah di Kabupaten Banyumas**  
**xv + 99 halaman + 33 tabel + 6 gambar + 18 lampiran**

Bayi Berat Lahir Rendah merupakan salah satu penyebab tingginya AKB di Indonesia. Salah satu upaya untuk menyelamatkan bayi BBLR dari kematian adalah Perawatan Metode Kanguru (PMK). Pelaksanaan PMK di Kabupaten Banyumas belum optimal. Tujuan penelitian ini adalah menganalisis faktor-faktor yang berhubungan dengan kinerja bidan dalam memberikan asuhan kepada ibu bayi BBLR tentang PMK.

Penelitian ini menggunakan metode kuantitatif dan kualitatif dengan responden 80 bidan yang dipilih secara *clustered random sampling*. Informan utama penelitian kualitatif adalah 3 bidan yang tidak melakukan PMK, kasi kesehatan keluarga, programer anak kabupaten, kepala puskesmas dan bidan koordinator. Pengumpulan data kuantitatif dilakukan dengan menggunakan wawancara terstruktur dan kualitatif dengan wawancara mendalam. Analisis data kuantitatif dengan menggunakan korelasi *rank spearman* dan regresi logistik untuk kualitatif dengan menggunakan *content analysis*.

Hasil penelitian menunjukkan bahwa kinerja bidan dalam asuhan PMK masih kurang pada 41,2%, pengetahuan kurang 36,2%, persepsi kurang 45,0%, motivasi kurang 50,0%, sikap kurang 45,0%, supervisi kurang 47,5% dan kepemimpinan kurang 46,3%. Terdapat hubungan positif antara pengetahuan dengan kinerja bidan dalam asuhan PMK ( $r=0,37$ ;  $p=0,001$ ). Bidan dengan pengetahuan baik mempunyai kinerja asuhan PMK 5 kali lebih baik daripada bidan dengan pengetahuan kurang ( $\text{Exp (B)}=5,021$ ). Persepsi, motivasi, sikap, supervisi dan kepemimpinan tidak memiliki hubungan dengan kinerja bidan dalam asuhan PMK.

Kendala bidan dalam melakukan PMK adalah baju kanguru terbatas, keluarga bayi menolak dan kurangnya motivasi bidan. Penyebab bidan tidak melakukan PMK adalah kurangnya pengetahuan, motivasi, komitmen dan penolakan dari ibu/keluarga bayi. Direkomendasikan kepada Dinas Kesehatan untuk meningkatkan pengetahuan dan kinerja bidan serta *reward dan punishment* terkait kinerja bidan.

Kata kunci : Bayi Berat Lahir Rendah, Perawatan Metode Kanguru,  
Kinerja bidan.  
Kepustakaan : 69 (1964 – 2017)

**ABSTRACT**

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**Determinant Factors of Midwife's Work Performance in the Kangaroo Care Method on Mothers of Low Birth Weight Babies in Banyumas Regency**

**xv + 99 + 33 tables + 6 figures + 18 appendices**

Low birth weight babies (LBWB) are one of the main causes of Infant Mortality Rate in Indonesia. One of the efforts to save them from death is the use of the Kangaroo Care Method (KCM). The KCM in Banyumas Regency had not been optimally implemented. This study was to analyze factors related to midwife's work performance in providing care to mothers of LBWB using the KCM.

This study used quantitative and qualitative methods. Number of respondents were 80 midwives selected using a technique of clustered random sampling. For a qualitative study, main informants consisted of three midwives who did not perform the KCM, head of family health section, a programmer of child at a regency level, head of health center, and coordinator midwife. Quantitative data were collected using a structured questionnaire. On the other hand, qualitative data were collected by conducting indepth interview. Furthermore, quantitative data were analyzed using Spearman's Rank correlation test and logistic regression test whereas qualitative data were analyzed using content analysis.

The results of this research showed that the respondents had low work performance (41.2%), low knowledge (36.2%), bad perception (45.0%), low motivation (50.0%), negative attitude (45.0%), lack of supervision (47.5%), and lack of leadership (46.3%). The factor of knowledge significantly positively related to the midwife's work performance ( $r=0.37$ ;  $p=0.001$ ). Midwives who had good knowledge was 5 times as likely to have good work performance than those who had low knowledge ( $Exp (B)=5.021$ ). In contrast, the factors of perception, motivation, attitude, supervision, and leadership did not relate to the midwife's work performance.

Midwives had some barriers in implementing the KCM namely number of Kangaroo clothes were limited, baby's family rejected, and midwife's motivation was low. The causes of midwife to not implementing the KCM were low knowledge, low motivation, low commitment, and rejection from mother/family of a baby. Health Office needs to improve knowledge and midwife's work performance and to provide a reward and a punishment related to midwife's work performance.

**Keywords:** Low Birth Weight Babies, Kangaroo Care Method, Midwife's Work Performance

**Bibliography:** 69 (1964-2017)