# The Relationship Between the Healthy Indonesia Program With a Family Approach and Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency

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## ABSTRACT

The Healthy Indonesia Program is one program that aims to improve the quality of life of Indonesian people, improve the health status and nutritional status of the community through health efforts and community empowerment supported by financial protection and equitable distribution of health services. The general objective of this research is to analyze the policy relationship between the Healthy Indonesia Program and the Family Approach to Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency.This type of research is an analytic survey with a cross sectional study design. The study was conducted in Karang Baru Subdistrict, Aceh Tamiang Regency by using Simple Random Random Sampling technique, namely 66 mothers who had children under five. Chi Square test and logistic regression were used to analyze the data. Based on the results of the study note that the Infant Mortality Rate (IMR) is related to families participating in Family Planning (p = 0.020), mothers giving birth in health facilities (p = 0.024), infants receive complete basic immunizations (p = 0.006), utilization (breast milk) exclusive (p = 0.038), monitoring of toddler growth (p = 0,000). Based on the results of the study, it can be concluded that the factors related to Infant Mortality Rate (IMR) are families who participate in Family Planning, mothers deliver at health facilities, infants get complete basic immunizations, exclusive use (ASI), monitoring the growth of infants. So that the suggestions in this research are expected to be able to be material and input in the policy making of the Healthy Indonesia program with the Family Approach that health is a community right.

**Keywords: Healthy Indonesia Program Policies, IMR**

## INTRODUCTION

The Healthy Indonesia Program is one of the initiatives aimed at improving the quality of life of the Indonesian population, enhancing public health status and nutritional well-being through health interventions and community empowerment, supported by financial protection and equitable access to healthcare services (Fau, Nasution, & Hadi, 2019). The health development policy for the period 2015–2019 was focused on strengthening quality primary health care, particularly by improving health insurance coverage, enhancing access and quality of primary and referral health services, supported by a stronger health system and increased health financing (Indonesia, 2016). According to data from the Ministry of Health of the Republic of Indonesia (2018), the Neonatal Mortality Rate (NMR) remained unchanged at 19 per 1,000 live births. Meanwhile, the Post-Neonatal Mortality Rate (PNMR) declined from 15 per 1,000 to 13 per 1,000 live births, and the under-five mortality rate also decreased from 44 per 1,000 to 40 per 1,000 live births. The leading causes of death in the perinatal group were Intrauterine Fetal Death (IUFD), accounting for 29.5%, and

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Efforts to achieve the health development priorities for the 2015–2019 period under the Healthy Indonesia Program were carried out by mobilizing all available resources, including those from the central, provincial, and district/city governments, as well as the community. This implies that maternal conditions before and during pregnancy play a crucial role in determining the health of the baby (Fau et al., 2019). One of the key challenges ahead is to prepare prospective mothers to be fully ready for pregnancy and childbirth, and to ensure a healthy environment that can protect infants from infections. The family approach is one of the strategies used by community health centers (Puskesmas) to expand target coverage and improve access to health services within their operational areas by reaching out directly to families. Puskesmas not only provide healthcare services within the facility but also conduct outreach activities by visiting families in their respective service areas (Kalangie, 1994).

The family approach is one of the strategies used by community health centers (Puskesmas) to expand target coverage and improve access to health services within their operational areas by directly reaching out to families. Puskesmas not only provide healthcare services within their facilities but also carry out outreach activities by visiting families in the community. The family approach referred to in this general guideline is an expansion of home visits conducted by Puskesmas and an extension of Community Health Care Efforts (*Perkesmas*), which includes various activities and Puskesmas management components. Based on these indicators, the Healthy Family Index (*Indeks Keluarga Sehat*, IKS) is calculated for each household. According to data from the Indonesian Ministry of Health in 2018, family visits at the national level had increased. Out of 65,588,400 families in Indonesia, 17,651,605 families had received home visits. In implementing the family approach, three key elements must be established or developed, such as flyers on Pregnancy and Childbirth for families with pregnant mothers, flyers on Toddler Growth for families with toddlers, flyers on Hypertension for those with hypertensive individuals, and other relevant materials (Kesehatan, 2015).

Based on a preliminary survey conducted by the researcher in Karang Baru Subdistrict, Aceh Tamiang Regency in 2019, by reviewing secondary data from the Aceh Tamiang District Health Office as of April 2019—which covered approximately 40% of the total population of Aceh Tamiang Regency—it was found that the achievements of the Healthy Indonesia Program with a Family Approach (PIS-PK) were as follows: The achievements of the Healthy Indonesia Program with a Family Approach (PIS-PK) in Karang Baru Subdistrict, based on secondary data from the Aceh Tamiang District Health Office as of April 2019, include the following indicators: (1) the use of clean water facilities reached 96.2%; (2) infants receiving complete basic immunizations reached 92.9%; (3) families with access to or using household latrines reached 96.9%; (4) deliveries assisted in healthcare facilities reached 95.5%; (5) growth monitoring for toddlers reached 81.3%; (6) exclusive breastfeeding for infants reached 66.4%; (7) families registered under the National Health Insurance (JKN) reached

89.3%; (8) families participating in the family planning program reached 59.1%; (9) households without smokers reached 37.6%; (10) pulmonary tuberculosis patients treated according to standards reached 30.2%; (11) hypertension patients receiving regular treatment reached 23.2%; and (12) patients with severe mental disorders who were treated and not neglected reached 16.7% (Tamiang, 2019). The purpose of this study is to analyze the relationship between the Healthy Indonesia Program with a Family Approach and the Infant Mortality Rate in Karang Baru Subdistrict, Aceh Tamiang Regency.

## METHOD

This study employed an analytical survey design with a cross-sectional approach. The research was conducted in Karang Baru Subdistrict, Aceh Tamiang Regency, from September to October 2019. The population in this study consisted of all heads of households registered in Karang Baru Subdistrict, totaling 3,298 heads of households. The sample size was determined using a simple random sampling technique, resulting in 66 heads of households being selected as respondents. The data collection method used in this study was observation. The instruments used by the researcher for data collection included a structured questionnaire and in-depth interviews. Data analysis was carried out using univariate and bivariate analyses (chi-square), while the appropriate multivariate analysis method for this data was logistic regression testing.

## RESULT

**Table 1. Distribution of Respondent Characteristics in Karang Baru Subdistrict, Aceh Tamiang Regency**

| Age Group (Years) | n | % |
|---|---|---|
| 26-35 | 39 | 59,09 |
| 36-45 | 27 | 40,91 |
| **Education** | | |
| SD | 6 | 9,09 |
| SMP | 12 | 18,18 |
| SMA | 28 | 42,43 |
| D3 | 8 | 12,12 |
| D4 | 7 | 10,61 |
| S1 | 5 | 7,57 |
| **Occupation** | | |
| Farmer | 11 | 16,67 |
| Entrepreneur | 16 | 24,24 |
| Housewife | 21 | 31,82 |
| Civil Servant (PNS) | 18 | 27,27 |
| **Total** | **66** | **100** |

Based on Table 1, it is known that out of 66 respondents, the majority were aged 26–35 years, totaling 39 respondents (59.09%). In terms of education, most respondents had completed senior high school (SMA), with 28 respondents (42.43%). Regarding occupation, the majority were housewives, accounting for 21 respondents (31.82%).

To examine the relationship between the Family Approach among families participating in the Family Planning (KB)

program and the Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency, in 2019, please refer to the table below :

**Table 2. Relationship Between the Family Approach in Family Planning (KB) Participation and Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency**

| Family Planning | Infant Mortality Rate | | | | | | OR | 95% CI | P v*alue* |
|---|---|---|---|---|---|---|---|---|---|
| | Increased Risk | | Decreased Risk | | Total | | | | |
| | n | % | n | % | n | % | 0,810 | 0,304 – 32,154 | 0,010 |
| No | 14 | 40,00 | 21 | 60,00 | 35 | 100 | | | |
| Yes | 14 | 45,16 | 17 | 54,84 | 31 | 100 | | | |
| Total | 28 | 42,42 | 38 | 57,58 | 66 | 100 | | | |

Based on Table 2, it is known that out of the 66 respondents studied, the majority did not participate in the Family Planning (KB) program, totaling 35 respondents (53.03%). Among these 35 respondents, 14 individuals (40.00%) who did not participate in the Family Planning program experienced an increased risk of infant mortality, while 21 individuals (60.00%) who also did not participate experienced a decreased risk of infant mortality. The statistical analysis showed that the odds ratio (OR) value was 0.810 with a 95% confidence interval (CI) of 0.304–2.154. This indicates that respondents who did not participate in the Family Planning program were 0.810 times more likely to experience an increased risk of infant mortality compared to those who did participate. The significance value obtained was $p = 0.010$, which is less than 0.05 ($p < 0.05$). Therefore, it can be concluded that there is a significant relationship between the family approach in the context of family participation in the Family Planning program and the Infant Mortality Rate (IMR).

**Table 3. Relationship Between the Family Approach and Mothers Delivering in Health Facilities on Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency**

| Delivery in Health Facilities | Infant Mortality Rate | | | | | | OR | 95% CI | P v*alue* |
|---|---|---|---|---|---|---|---|---|---|
| | Increased Risk | | Decreased Risk | | Total | | | | |
| | n | % | n | % | n | % | 0,727 | 0,273-1,941 | 0,024 |
| No | 14 | 38,89 | 22 | 61,11 | 36 | 100 | | | |
| Yes | 14 | 46,67 | 16 | 53,33 | 30 | 100 | | | |
| Total | 28 | 42,42 | 38 | 57,58 | 66 | 100 | | | |

Based on Table 3, it is known that out of the 66 respondents studied, the majority did not deliver in health facilities, totaling 36 respondents (54.54%). Among these 36 respondents, 14 individuals (38.89%) who did not deliver in health facilities experienced an increased risk of infant mortality, while 22 individuals (61.11%) experienced a decreased risk of infant mortality.

The statistical analysis showed that the odds ratio (OR) was 0.727 with a 95% confidence interval (CI) of 0.273–1.941. This indicates that respondents who did not

deliver in health service facilities were 0.727 times more likely to experience an increased risk of infant mortality compared to those who delivered in health facilities. The significance value obtained was $p$ = 0.024, which is less than 0.05 ($p < 0.05$). Therefore, it can be concluded that there is a significant relationship between the family approach in terms of mothers delivering in health facilities and the Infant Mortality Rate (IMR).

**Table 4. Logistic Regression Analysis**

| Variable | B | P *vlue* | Exp (B)OR | 95%CI for Exp(B) |
|---|---|---|---|---|
| Family Planning (KB) | 0,120 | 0,017 | 1,128 | 0,247 – 4,047 |
| Delivery in Health Facilities | 0,203 | 0,035 | 1,226 | 0,247 – 4,052 |

Based on Table 4, the logistic regression analysis indicates that among the variables tested, only one variable showed a dominant and statistically significant influence on the Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency, in 2019, namely the **Family Planning (KB)** variable. This variable had a significance value of 0.017 ($p < 0.05$), with an odds ratio (OR) of 0.128 and a 95% confidence interval (CI) of 0.247–4.047. This means that respondents who did not participate in family planning had 0.128 times the likelihood of preventing an increase in infant mortality compared to those who did participate in the program. The regression coefficient (B) for this variable was 2.334 and was positive, indicating that the more respondents who did not participate in family planning, the higher the infant mortality rate in Karang Baru Subdistrict, Aceh Tamiang Regency.

## DISCUSSION

Based on the research findings, it was revealed that in Karang Baru Subdistrict, Aceh Tamiang Regency, many community members had either never used Family Planning (KB) services or had discontinued their use. This issue arises primarily due to a lack of awareness regarding the objectives and benefits of the Family Planning program. In fact, the Family Planning (KB) program holds a highly strategic, comprehensive, and fundamental role in the realization of a healthy and prosperous Indonesian population (KEMENKES & Indonesia, 2013). Family development is an effort to create quality families living in a healthy environment. Each family member plays a distinct and important role in maintaining health within the household. This includes prevention, care, and maintenance, as well as fostering a reciprocal relationship between the family and healthcare facilities. One of the ways to support this health dynamic is through participation in the Family Planning program (Yustisia, 2015).

The implementation of Family Planning activities is outlined in three main components: enhancing knowledge, attitudes, and behaviors of families; and encouraging community efforts in addressing reproductive health issues and ensuring the survival of mothers, infants, and children. These activities are designed to improve the awareness, attitudes, and practices of both families and the wider community in addressing reproductive health challenges and promoting maternal, infant, and child survival through the development and reinforcement of the

Family Planning program (Indonesia, 2016).

This aligns with the Healthy Indonesia Program, which is part of the 5th agenda of *Nawa Cita*: Improving the Quality of Life of the Indonesian People. The program is supported by other sectoral initiatives, including the Smart Indonesia Program, the Working Indonesia Program, and the Prosperous Indonesia Program. The Healthy Indonesia Program subsequently became the core initiative of national health development, with its goals outlined in the Strategic Plan of the Ministry of Health for the period 2015–2019, as stipulated in the Decree of the Minister of Health of the Republic of Indonesia No. HK.02.02/Menkes/52/2015 (Indonesia, 2016).

Based on the researcher's assumption, the implementation of the Family Planning (KB) program services must be further intensified—for example, by regularly conducting educational outreach on Family Planning, collecting household data, and providing structured education on KB. With the presence of a clear policy on Family Planning, maternal and infant mortality rates can be significantly reduced. This is closely related to the Millennium Development Goals (MDGs), particularly Goal 5b, which aims to reduce the Maternal Mortality Rate (MMR) through improved quality and expanded coverage of family planning services.

The regulation that childbirth must take place in health service facilities is part of the government's policy to protect maternal health and reduce maternal mortality. However, exceptions are allowed under certain conditions for deliveries to occur outside health facilities. According to Ministry of Health Regulation No. 97 of 2014, Article 14 paragraph (1), which states that deliveries must be conducted in health service facilities (*Fasyankes*), this does not imply a prohibition against giving birth outside such facilities (Kusumawati, 2016). Based on the research findings, it was observed that in Karang Baru Subdistrict, Aceh Tamiang Regency, a considerable portion of the community did not undergo regular monthly antenatal checkups with midwives at *posyandu* or the nearest *puskesmas*. In fact, regular antenatal visits are essential for monitoring fetal development, measuring blood pressure, and receiving necessary medications and vitamins. These checkups enable health professionals to detect any complications and, if necessary, refer the mother to a more equipped healthcare facility to prevent conditions such as abortion. In contrast, seeking antenatal care from traditional birth attendants or non-medical providers poses significant risks to both maternal and infant health. In addition, it is common at the beginning of pregnancy for women to visit traditional birth attendants (*dukun*) as soon as they experience a delayed menstrual cycle, both to confirm the pregnancy and to receive traditional massage (*urut*). Based on the researcher's observations, an interesting finding in Karang Baru Subdistrict, Aceh Tamiang Regency, is that during labor, the first person contacted is often the *dukun*. The rationale given is that the *dukun* is considered the initial helper; only if complications arise during labor does the *dukun* contact a midwife. Moreover, the decision to call the *dukun* is usually a joint agreement between the husband, wife, and their family members.

From the findings above, it is evident that antenatal care with midwives has become a routine practice for the community in Karang Baru Subdistrict, Aceh Tamiang Regency. However, some women still choose to visit traditional birth attendants (*dukun*) for pregnancy checkups. This preference is influenced by factors such as proximity, lower costs, and the perceived benefits offered by the *dukun*. In contrast, during childbirth, most women still prefer to call the *dukun* first, and only contact the midwife if complications arise. This is primarily due to the *dukun* living closer to the community and offering more affordable services. Additionally, many women have had multiple childbirth

experiences with *dukun* and reported satisfactory outcomes. This pattern is consistent with the findings of Eryando's study in Tangerang in 2006, which revealed that one of the reasons mothers used the services of *paraji* or *dukun* for antenatal care and delivery was the *dukun*'s ability to perform traditional massage (*urut*), a skill not typically possessed by midwives (Eryando, 2007).

Another cultural practice revealed by the community in Karang Baru Subdistrict, Aceh Tamiang Regency, is the belief that a newborn baby should not leave the house until a favorable day is determined, which is typically when the baby reaches the age of three months or older. Field observations showed that many infants and toddlers had not received immunizations before the age of three months. This condition highlights the need for follow-up action from the government, particularly in areas such as Sandang Pangan, where local customs and traditions remain deeply rooted. Although addressing this issue is challenging due to its cultural and belief-based nature, it is essential to find appropriate solutions. This cannot be the sole responsibility of midwives and *puskesmas* heads; rather, the District Health Office should take an active role in addressing and resolving this matter in collaboration with local leaders and stakeholders Observations revealed that the *posyandu* (integrated health post) located in each village is the most frequently visited healthcare facility by pregnant women for antenatal checkups. This is supported by factors such as proximity and affordability, as antenatal care services are provided free of charge. Additionally, the majority of the community perceives health service facilities as being close to their homes and easily accessible. However, some individuals, such as migrant families from Sandang Pangan Village, reported never utilizing these facilities. Their reasons included financial constraints and the belief that they rarely fall ill; when illness does occur, they prefer to seek treatment using prayer water provided by a *dukun* or prepared by the husband himself. Nonetheless, during childbirth, many respondents stated that midwives were often not available at the time of delivery, prompting them to turn to *dukun*. The cost of delivery services provided by *dukun* was perceived as more affordable and accessible by these families.

Regarding the practice of utilizing delivery services in Karang Baru Subdistrict, Aceh Tamiang Regency, most pregnant women do consult traditional birth attendants (*dukun*) and also regularly attend *posyandu* services. However, when it comes time to give birth, the first person contacted is typically the *dukun*, as they reside permanently in the village and are therefore the most accessible. Additionally, many community members prefer *dukun* due to uncertainty surrounding costs, even though they already possess a *Kartu Indonesia Sehat* (Healthy Indonesia Card).This hesitation stems from the fact that, despite holding *Jamkesmas* (public health insurance) cards, some residents still report having to pay additional fees for general medical checkups at the *puskesmas* in Karang Baru Subdistrict. This creates a lack of trust in the free nature of formal health services and reinforces the community's reliance on more affordable and culturally familiar traditional birth attendants.

According to the researcher's assumption, midwives should reside permanently in the village to foster continuous communication and build close relationships with the community they serve. Intensive education on clean and safe childbirth should be provided and can be integrated into regular community activities such as village *arisan* (social gatherings) and monthly *posyandu* meetings. Midwives should also improve antenatal services by actively visiting pregnant women who do

not routinely attend antenatal checkups. Additionally, *dukun* (traditional birth attendants) should receive training and guidance on safe practices for examining pregnant women. Midwives should be willing to provide delivery services by visiting mothers in their homes and allowing husbands and family members to accompany the mother during childbirth. This approach aligns with the objectives of the Healthy Indonesia Program with a Family Approach (PIS-PK), in which home (family) visits are conducted regularly and systematically, utilizing data and information from the Family Health Profile (*family folder*). Therefore, the implementation of Community Health Care Efforts (*Perkesmas*) must be integrated into family-based approaches. In reaching out to families, *puskesmas* should not rely solely on existing community-based health efforts (*UKBM*), as previously practiced, but must also conduct direct visits to families. It is important to emphasize that the family approach through home visits is not intended to replace or eliminate *UKBM*, but rather to strengthen these community-based initiatives, which are still considered less effective in some areas.

This is in line with the study conducted by Purwanto et al. (2013) titled *"Implementation of the Conditional Cash Transfer Program (PKH) Policy in Breaking the Cycle of Poverty (A Study in Mojosari Subdistrict, Mojokerto Regency),"* which showed that overall, the implementation of PKH in Mojosari Subdistrict had been running quite well. This was evident from the smooth execution of each stage in the program's implementation process. Based on the condition of PKH beneficiaries, the assistance was used to support the social conditions and education of children from underprivileged households (*RTSM*), as well as to help cover healthcare and nutrition costs for pregnant women, postpartum mothers, and children under six years old from RTSM families. Moreover, PKH participants became more aware of the importance of accessing education and health services (Purwanto, Sumartono, & Makmur, 2013).

Midwives must engage more intensively with the community so that residents become accustomed to their presence and the services they provide. In delivering maternal care, midwives can collaborate with traditional birth attendants (*dukun*)—for example, by allowing the use of prayer water or not prohibiting mothers from consuming prayer water offered by the *dukun*. This approach can provide emotional comfort and reassurance to the mother during childbirth. Efforts to increase knowledge should not be limited to mothers but should also include husbands and other family members, particularly regarding factors that influence the health of pregnant women and their unborn children. Midwives should allocate more time to visit pregnant women who work on plantations or in remote areas. Therefore, local government support is essential to provide additional incentives that enable midwives to extend their outreach efforts. The findings of this study indicate that all five variables examined are related to the Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency. This carries important implications for the future, emphasizing the need for all stakeholders—particularly the community and healthcare providers in Karang Baru—to fully support and implement the policies of the Healthy Indonesia Program with a Family Approach (PIS-PK) as effectively as possible.

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## CONCLUSION AND RECOMMENDATION

This study concludes that there is a significant relationship between the family approach—specifically in families participating in family planning and mothers delivering in health facilities—and the Infant Mortality Rate (IMR) in Karang Baru Subdistrict, Aceh Tamiang Regency. It is expected that through the consistent application of the family approach and

strong commitment to implementing the Ministry of Health's policy, the Healthy Indonesia Program with a Family Approach can be effectively realized to improve maternal and child health outcomes.

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