

Relationship Between Accessibility to Health Services with Exclusive Breastfeeding

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ABSTRACT

Globally, the prevalence of exclusive breastfeeding is still less than 40%. Exclusive breastfeeding is the appropriate recommendation to build quality human resources. The infant mortality rate has not decreased according to the SDGs target. Neonatal death rate is 32/1000 live births. Difficulties in accessing health services can also be seen in Maternal and Child Health (MCH) program, where the MMR and IMR in several areas are still quite high. This study aims to determine the relationship between accessibility to health services related to exclusive breastfeeding. This study is a quantitative study with a cross-sectional analytic design. Primary data collection in the province of DKI Jakarta. Data collected and analyzed using SPSS 25 as univariate and bivariate analysis. The results showed that there was a relationship between the accessibility to health services with exclusive breastfeeding ($p=0.040$). Accessibility to health services is positively related to exclusive breastfeeding for infants. Ease of access to health services is the fulfillment of all items of access to health services that should be easily accessible to mothers. The item availability of health workers around the house ($p=0.042$) and health workers who examine mothers during childbirth ($p=0.0001$) had the greatest influence on access to health services so that it had a positive effect on exclusive breastfeeding. Ease of access to health services motivates and helps a mother to provide exclusive breastfeeding to her baby. We hope that access to health services and facilities can improve performance in providing easy access and the best services for mothers.

I. Introduction

Globally, exclusive breastfeeding is still less than 40% (1). Exclusive breastfeeding (EBF) is recommended by many organizations including the World Health Organization (WHO), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP) and the Indonesian Pediatrician Association (IDAI). Exclusive breastfeeding is giving only breast milk to babies from birth to 6 months old without additional food or substitutes for other foods and drinks except medicines, vitamins and minerals. (2). Exclusive breastfeeding can reduce child morbidity and mortality (3). Exclusive breastfeeding is the right recommendation to build quality human resources. Breast milk is the only food that has perfect nutritional content to ensure the growth and development of babies at the age of 0 to 6 months after birth (1) (4).

The infant mortality rate has not decreased according to the SDGs target, namely the neonatal mortality rate of 12 per 1000 live births and the under-five mortality rate of 25 per 1000 live births (5). Currently, the neonatal mortality rate is 15 per 1000 live births, the infant mortality rate is 24 per 1000 live births, and the under-five mortality rate is 32 per 1000 live births (6). The coverage of exclusive breastfeeding in Indonesia according to Indonesia Demographic and Health Survey (IDHS) 2017, is as much as 52% or half of children under 6 months old get exclusive breastfeeding. This already shows an increase from the 2012 and 2007 IDHS results (42% and 32%) (6). DKI Jakarta as the province with the most populous population shows a higher percentage than the national figure of 62.7%. Considering that health facilities and health services for the community are quite complete. Even though the



coverage of exclusive breastfeeding is higher, in reality this figure is still below the national target of 80% (7).

Exclusive breastfeeding is basically influenced by many factors. Factors related to exclusive breastfeeding include low social and economic status, negative attitudes towards breastfeeding, the mother's habit of smoking, low education, cesarean section delivery, environmental support, family support, support from health workers, access to health services (8). Besides that, the mother's age is ≥ 20 years, has more than a child, understands religious knowledge about breastfeeding, has knowledge of breastfeeding, and is not exposed to formula milk, access to health workers is also a characteristic of mothers who give exclusive breastfeeding (9).

Health services are one of the components in the national health system that have direct contact with the community. Health service facilities are places to carry out the promotion, preventive, curative and rehabilitative health service efforts carried out by the government, local government and/or the community (10). Access to health services is a form of health services with various types of services that can be reached by the community (11). Access to health services can be seen from geographical, economic, and social access. Access to health services is often seen only from the perspective of the service provider, while access from the community as a user is given less attention. Research on access to health services associated with exclusive breastfeeding is still very rare. Improving the quality of health services requires a comprehensive perspective (12).

Difficulties in accessing health services can also be seen in the Maternal and Child Health (MCH) program, where the MMR and IMR in several areas are still quite high (11). Many studies state that one of the factors causing high MMR and IMR is the difficulty of access to health services (11) (13). Based on this background, researchers are interested in conducting research on the relationship between ease of access to health services and exclusive breastfeeding. This study aims to determine whether easy access to health services is associated with exclusive breastfeeding.

II. Method

This study is a quantitative study with a cross-sectional analytic design. The research was conducted in DKI Jakarta Province (South Jakarta, West Jakarta, East Jakarta, North Jakarta, Central Jakarta, and Seribu Island) in 2009. The research population is all mothers who have children aged 6-24 months in DKI Jakarta Province. The sampling technique used is purposive sampling. The sample size was calculated using the Lameshow's formula (1997) and referred to previous research by Ida (14), so that the total sample is 344 people. Respondents were mothers with children aged >6 months to 24 months in 6 cities/regencies in DKI Jakarta Province.

The research instrument for questioning both variables uses the 2017 IDHS instrument and modifications (1). Dependent variable was exclusive breastfeeding which are divided into "yes" and "no". Independent variables in this study were access to health services which are divided into difficult and easy. In the 2017 IDHS instrument used by researchers, access to health services includes 7 question items, namely the presence of health workers at health facilities, there are health workers around the house, there are health workers to check postpartum, there are health workers who examine mothers during childbirth, the baby was examined by a health worker in the last 2 months, medical assistance was given to a health worker, and first aid was given to a health worker. Each research item is divided into two answers, namely "Yes" with a score of 1 and "No" with a score of 2. The sum of the seven question items is the variable of access to health services, which is said to be difficult if the score is <5 , and it is said to be easy if score 5-7.

Primary data was collected through an observational survey in March-June 2019. Data collected and analyzed using SPSS 25 as univariate and bivariate analysis. Data analysis was carried out using univariate and bivariate tests using SPSS 25. Correlation analysis was performed using *contingency coefficient correlation* with $p \text{ value} \leq 0,05$. The research has received recommendations from the DPMPTSP Provincial Government of DKI Jakarta (No.329/AF.1/31/-1.862.9/2019) and passed ethics from the FKM UI research ethics commission (No.191/UN2.F10/PPM.00.02/ 2019).

III. Results and Discussion

The results showed that 172 mothers were exclusively breastfeeding (50%) and 172 mothers were not exclusively breastfeeding (50%). The results of the research on the relationship between access to health services and exclusive breastfeeding are shown in the table below:

Table 3.1. Distribution of Respondents based on Cross Tabulation of Health Service Access Items with Exclusive Breastfeeding

Health Service Access Variable Items		Exclusive breastfeeding	Not Exclusive Breastfeeding	Σ	p value (sig.)
There are health workers in health facilities	Y	164 (51,1%)	157 (48,9%)	321	0,081
	N	8 (34,8%)	15 (65,2%)	23	
There are health workers around the mother's house	Y	151 (50,8%)	146 (49,2%)	297	0,042*
	N	21 (44,7%)	26 (55,3%)	47	
There are health workers to check after delivery	Y	167 (51,2%)	159 (48,8%)	326	0,104
	N	5 (27,8%)	13 (72,2%)	18	
There are health workers who examine mothers during childbirth	Y	166 (96,5%)	6 (3,5%)	172	0,0001*
	N	6 (3,5%)	166 (96,5%)	172	
The baby was examined by a health worker in the last two months	Y	163 (48,7%)	172 (51,3%)	335	0,162
	N	9 (100%)	0 (0%)	9	
Treatment assistance is carried out to health workers	Y	167 (49,3%)	172 (50,7%)	339	0,121
	N	5 (100%)	0 (0%)	5	
First aid to health workers	Y	167 (49,3%)	172 (50,7%)	339	0,121
	N	5 (100%)	0 (0%)	5	

Ket.: Y = Yes; N = No; * = relate or correlate (p value $\leq 0,05$)

Table 3.1 shows that there is a relationship between the availability of health workers around the house and exclusive breastfeeding ($p=0.042 \leq 0.05$). Most of the mothers who exclusively breastfed, namely 151 people, had health workers around the house (50.8%). Mothers who have access or availability of health workers around the house have a positive relationship in giving exclusive breastfeeding. Table 3.1 also shows that there is a relationship between health workers who examine mothers during childbirth and exclusive breastfeeding ($p=0.0001 \leq 0.05$). Almost all mothers, namely 166 people who gave exclusive breastfeeding, were handled by health workers during delivery (96.5%). Mothers who have access to health workers who examine mothers during childbirth have a positive relationship with exclusive breastfeeding.

Most of the 164 mothers who succeeded in giving exclusive breastfeeding received health workers at health facilities (51.1%). A total of 167 mothers who exclusively breastfed had health workers to examine their mothers after childbirth or the postpartum period (51.2%). In contrast to the other three items of access to health services, namely babies examined by health workers in the last 2 months, care assistance by health workers and first aid to health workers, where the results of cross-tabulations showed that the majority were mothers who were not exclusively breastfed. This is indicated by the number of respondents to the three items, each of which was 172 people. Although in fact this

frequency does not differ much from the number of mothers who breastfeed.

In the instrument, access to health services includes 7 question items, namely the presence of health workers in health facilities, there are health workers around the house, there are health workers to check after delivery (childbirth), there are health workers who examine mothers during childbirth, babies are examined by health workers In the last 2 months, treatment assistance was given to health workers, and first aid was given to health workers. The sum of these seven question items is the variable access to health services), which is said to be difficult if the score is <5, and is said to be easy if the score is 5-7. The bivariate test of the two variables is shown in the table below:

Table 3.2. Bivariate Analysis of Access to Health Services with Exclusive Breastfeeding

Access to Health Services	Exclusive breastfeeding	Not Exclusive Breastfeeding	p value (sig.)
Easy	165 (95,9%)	162 (94,2%)	
Difficult	7 (4,1%)	10 (5,8%)	
Total	172 (100%)	172 (100%)	0,040*

Ket.: * = relate or correlate (p value $\leq 0,05$)

Table 3.2 shows that there is a relationship between ease of access to health services and exclusive breastfeeding ($p=0.040 \leq 0.05$). Ease of access to health services is positively related to exclusive breastfeeding for infants from birth to 6 months of age. Ease of access to health services is the fulfillment of all items of access to health services that should be easily accessible to mothers. The item availability of health workers around the house and health workers who examine mothers during childbirth has the greatest influence on access to health services so that it has a positive effect on exclusive breastfeeding by mothers to their babies.

Exclusive breastfeeding is the best source of nutrition for newborns. This is to reduce the incidence and severity of infectious diseases, thereby reducing infant morbidity and mortality (15). Breast milk is the best food and increases the baby's immunity to avoid disease. Breastfeeding is an ideal feeding activity for the growth and development of babies. Exclusive breastfeeding for 6 months is the optimal way to feed babies (16). The results showed that the researchers obtained a 1:1 sample for the group of mothers who succeeded in exclusive breastfeeding and mothers who were not exclusive. Referring to data on the coverage of exclusive breastfeeding in DKI Jakarta in 2021, it is 67.22% (17).

There is a relationship between the availability of health workers around the house and the presence of health workers who examine mothers during childbirth with exclusive breastfeeding. Mothers who have access or availability of health workers around the house have a positive relationship in giving exclusive breastfeeding. Mothers who have access to health workers who examine mothers during childbirth have a positive relationship with exclusive breastfeeding. The environment around the mother's house participates in influencing the knowledge and information obtained by the mother. With easy access, having health workers available in the home environment or one sub-district will help mothers easily get information, especially information on breastfeeding and breastfeeding. KIE and the support provided by health workers motivate mothers to always provide exclusive breastfeeding until they graduate 6 months. This closeness of access is also related to delivery assistance provided by local health workers so that integrated mothers from early pregnancy, delivery, to post-delivery receive communication, information, and comprehensive nutrition education.

This is in line with the research by Syamiyah & Helda which found that the opportunity for groups of mothers who received good health support to provide exclusive breastfeeding was 1.547 (95% CI 1.023-2.339) times greater than the group of mothers who received less support from health workers (18). If the mother gets 4 or more than 5 treatments by health workers such as breastfeeding counseling during ANC, early initiation of breastfeeding, being cared for with the baby, the baby is not given any food and drink other than breast milk during the treatment period, and the mother is receiving counseling, it is likely to give exclusive breastfeeding greater than mothers who only get 0 to 3 times treatment by health workers (18).

A literature study on the results of Fitriani's research also found that the support of health workers is one of the factors associated with exclusive breastfeeding for breastfeeding mothers. Mothers

who get adequate support from health workers are associated with increasing mother's confidence and satisfaction and can add to mother's insight and knowledge about exclusive breastfeeding (19). The type of health worker support implemented is in the form of information support by providing explanations on IEC during treatment, IEC breastfeeding and exclusive breastfeeding; emotional support to increase mothers' self-confidence to breastfeed, one of which is not giving formula milk to newborns and ensuring the availability of breastfeeding room facilities (1) (19).

Other studies have found an association with the support of health facilities and personnel for exclusive breastfeeding. Mothers who are supported by health facilities and personnel are 3.974 times more likely to behave in exclusive breastfeeding for 6 months compared to mothers who are not supported by facilities and health workers (14). Mothers who received support from health workers had a 5.627 chance of exclusive breastfeeding compared to mothers who received less support from health workers (20). There is a significant relationship between ANC quality and exclusive breastfeeding (13) (21). Mothers can get quality ANC services during pregnancy including counseling on health and nutrition for pregnant women, family planning (KB), and exclusive breastfeeding. Mother's knowledge and understanding of the benefits of breastfeeding can motivate mothers to give exclusive breastfeeding. In addition, if during pregnancy the mother receives standard ANC, then the obstacles that will be faced in breastfeeding can be anticipated as early as possible (21).

Ease of access to health services motivates and helps a mother to provide exclusive breastfeeding to her baby. The limitation of this study is not seeing other confounding factors that might also affect exclusive breastfeeding. For that further research is expected to strengthen the research results.

IV. Conclusion

Ease of access to health services is positively related to exclusive breastfeeding. Mothers who are successful in giving exclusive breastfeeding have easy access to health services which contain seven access items, namely having health workers at health facilities, having health workers around the house, having health workers for postnatal checks, and having health workers who examine mothers during childbirth. , the baby was examined by a health worker in the last two months, treatment assistance was given to a health worker, and first aid was given to a health worker. The availability of health workers around the house and health workers who examine mothers during childbirth have the greatest influence on access to health services so that they have a positive effect on exclusive breastfeeding for up to 6 months by mothers to their babies.

We hoped that access to health services and facilities can improve performance in providing easy access and the best services for mothers. The ease of access that should be provided by health facilities meets at least seven items of access to health services. Health workers are also expected to always provide support for mothers in preparing for the breastfeeding process. Health workers are expected to provide motivational support, appreciation, trust, and self-confidence for mothers during postpartum care so that mothers can provide exclusive breastfeeding. Ease of access to services is one of the factors needed so that the coverage of exclusive breastfeeding can increase and reach the national target.

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