

DOI:

10.22301/IJHMCR.2528-3189.387

Article can be accessed online on:
<http://www.ijhmcr.com>

REVIEW ARTICLE

**INTERNATIONAL JOURNAL
OF HEALTH MEDICINE AND
CURRENT RESEARCH**

**IMPROVED RELATIONSHIP OF SKILLS AND KNOWLEDGE AND
EQUITABLE DISTRIBUTION FOR HEALTH CARE WORKERS CAN REDUCE
MATERNAL AND INFANT MOTALITY RATE IN INDONESIA ESPECIALLY**

Suhartono Hermanus¹

¹Dept. Obsgyn. Faculty of Medicine, Univercity of Cendrawasih /
RSUD Jayapura Indonesia.

ARTICLE INFO

Article History:

Received 10th April, 2017
Received in revised form
15th May, 2017
Accepted 20th June, 2017
Published online 30th June, 2017

***Correspondence to Author:**

Suhartono Hermanus
Dept. Obsgyn. Faculty of Medicine,
Univercity of Cendrawasih /
RSUD Jayapura Indonesia.

E-mail:

hermanusuhartono@yahoo.co.id

INTRODUCTION

Over the past 15 years, the maternal mortality rate in Indonesia has not shown a significant decline, which should have been 225 / 100,000 live births in 2000. The challenge we face is to reduce Maternal Mortality Rate to 102 / 100,000 live births and Mortality Rate Infants (IMR) to 15/1000 live births by 2015 as achieved in the Millennium Development Goals (MDGs).

Although many parties are skeptical about the role of Community Health Centers, not only in the handling of obstetric and neonatal emergency cases but also basic or normal delivery but still need to be empowered primary care services at primary level is the provision of PONEK puskesmas.

Basic Emergency Services is a must for primary reference services. The reason is that, in the difficult terrain of access to a limited referral center, geography and transportation, the PONEK PHC is the only facility most likely to be reached. In addition, although it is close to the referral hospital, but if the emergency cases are unrecognized and stabilized and referred to in optimal and timely circumstances then the chances of saving mothers and babies will be better than cases that are not managed properly. In certain circumstances, even complications will be avoided and blood transfusions, not necessary.

The 24-hour PONEK organization strategy in each referral hospital is obliged to foster Puskesmas in their work areas, through training of health officer performance improvement to be able to handle and refer optimally and timely the various obstetric and neonatal emergency cases at the basic service level.

Copyright © 2017, Suhartono Hermanus. This is an open access article distributed under the creative commons attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Suhartono Hermanus¹, 2017 "Improved Relationship Of Skills And Knowledge And Equitable Distribution For Health Care Workers Can Reduce Maternal And Infant Motality Rate In Indonesia Especially", International Journal of Health Medicine and Current Research, 2, (02), 387-390.

Problems Factor

A. Territory

The territory of the Indonesian archipelago is largely (approximately 2/3) consisting of marine waters. The total area of Indonesia with a 12 mile line is 5 million km², consisting of 1.9 million km² of land. This means the entire sea of Indonesia 3.1 million km² or about 62% of the entire territory of Indonesia

The Indonesian territory consists of 13,677 islands. The island has a name and is inhabited by about 1000 islands. Long beach 81000 km, is the country that has the longest coastline in the world. From all over Indonesia, it is estimated that 97% is occupied by 13 large islands (Irian Jaya, Kalimantan, Sumatra, Sulawesi, Java, Madura, Halmahera, Seram, Sumbawa, Flores, Bali and Lombok). The area of 13000 other islands is only about 54000km², and the average width of each island is 4km². With the vastness of marine waters in the area of Indonesia, coupled with the location is flanked by two oceans causing Indonesia to have a maritime climate or sea climate. There are some good things that can be from the sea climate that occurred in this region of Indonesia, among others:

1. The air humidity is quite high, often more than 80%. As a result of the archipelagic nature of the tropics, that is why the Indonesian climate is often referred to as the wet tropical climate. High humidity is a potential for rain that brings blessings to our nation.
2. The influence of sea wind in addition to bringing humidity to the mainland, also cool the hot and dry land during the dry season.
3. In the evening the air did not feel cold because of the warm sea influences.

The Indonesian archipelago consists of lowlands, highlands and mountains with towering peaks. It causes climate variations, in terms of temperature, rainfall and humidity. Generally the higher a place is measured from the surface of the ocean, the rain and the greater the moisture, the lower the temperature.

So that in the region of Indonesia there are various types of climate from humid tropical climate in low land, to the eternal snow climate at the peak of Jaya Wijaya Irian mountains, from tropical rainy climates to the wind, to dry climate (tropical Savana) in the rain shadow area. Selan the occurrence of west monsoon that brought rain and east wind that cause drought, especially in Java. The existence of a vast land area also caused the west wind and sea breeze.

B. Education

Education is one of the most important capital to live the life of society, because with the education, we can understand various information. Currently, the quality of education in Indonesia is quite alarming. Based on data from UNESCO, Indonesia ranked 109th in the number of Human Development Index (HDI) which is calculated based on several aspects, including the quality of education. According to a survey conducted by the Political and Economic Risk Consultant (PERC), the quality of education in Indonesia ranks 12th out of 12 countries in Asia surveyed. Meanwhile, according to data from The World Economic Forum in Sweden, education competitiveness in Indonesia is low, which ranks 37 out of 57 countries surveyed.

Education in Indonesia is not only about quality issues, but also about equity. There are still many remote areas in Indonesia that have not received proper education. The problem of education services throughout Indonesia is often hampered by several factors, making it difficult to realize educational services in disadvantaged areas, especially in eastern Indonesia. In addition to inadequate and inadequate facilities and infrastructure, the quality of teachers and other faculty are also considered incompetent.

As a result many children drop out of school. Based on data from the Institute of Non-Formal and Informal Early Childhood Education (PAUDNI), there are approximately 800 thousand children drop out in eastern Indonesia. In addition, the eastern part of Indonesia also still has a high rate of illiteracy. Even three provinces with the highest percentage of illiterate population are from provinces in East Indonesia, namely Papua (36.31 percent), West Nusa Tenggara (16.48 percent) and West Sulawesi (10.33 percent). Other provinces in Eastern Indonesia also have illiteracy percentages above 5 percent, namely East Nusa Tenggara (10.13 percent), Gorontalo (5.05 percent), Southeast Sulawesi (6.76 percent) and West Papua (7.35 percent) %).

In the region of Papua, the development of education is regarded the most alarming. The average level of education for Papuans is still low. Data from the Central Bureau of Statistics (BPS) indicates if more than 50% of school-aged children (3-19 years old) are not educated at school. The lack of facilities is still a major factor. In Papua, there are still many schools that are sobering up by using rotted tents and chairs. The quality of teachers available is also not competent. In addition to facilities and human resources issues, another major cause is the lack of stimulation provided in early

childhood. In Papua, children grow more and grow naturally without good education. The lack of a teaching system from an early age, such as early childhood or kindergarten, would make education in Papua too late and unstructured. In addition, local customs and culture also indirectly impedes the education system in Papua.

While in the region of Maluku, the problem of education is also almost the same. In remote areas of Maluku, there are still many schools with dismal conditions. Poor infrastructure factors and poor teaching staff are still the main obstacles.

In the province of West Nusa Tenggara (NTB), the problem of education is quite complex. People in NTB still do not understand the importance of education for early childhood. This encourages many children who drop out of school. Many students are also reluctant to continue their education to a higher level. As a result many residents of NTB are illiterate. As many as 417.991 people of NTB suffer illiteracy or about 16.48 percent of the total population.

While in East Nusa Tenggara (NTT), the quality of education is also low. The existing human resource issues are a major factor. Recorded nearly 50 percent of the total 80 thousand teachers in NTT only have a high school diploma. This certainly affects the quality of education in NTT. Many schools in rural areas lack teachers and other teachers.

Looking at the facts that exist, of course can be said that the quality of education in Eastern Indonesia is still lagging behind, when compared with other regions in Indonesia such as Java, Sumatra or Kalimantan. It takes the handling of the government and all parties to be able to overcome the problem of lagging education in eastern part of Indonesia.

C. Health

The results of research conducted by the research institute "The Indonesian Institute" noted, there are three major things that are still a problem in the health sector in Indonesia.

The first is the uneven and inadequate infrastructure problem. Because of about 9,599 health centers and 2,184 hospitals in Indonesia, most are still centered in big cities. "There are still many people in the regions who are unable to access health services because of the lack of health facilities provided," said Lola Amelia, Research Director of "The Indonesian Institute" at the talk show Beritasatu.com Festival , In Jakarta, Saturday (23/8).

The second issue also concerns the problem of uneven distribution, especially health workers. "Some areas are still short of health workers, especially for

specialist doctors, but there are already 'village midwives' programs, but they are not settled," he said. The latest data from the Ministry of Health of Indonesia noted that 52.8 percent of specialists are in Jakarta, while in NTT and other eastern Indonesian provinces only about 1-3 percent.

The last issue to note "The Indonesian Institute" is a matter of funding. Because for 2014, the government only allocates 2.4 percent of state budget funds for the health sector. Whereas the Health Act No. 36/2009 mandated health funds of 5 percent of the state budget.

Indonesia's current health problems and solutions, starting with so many problems in the health sector such as:

1. The health status of the poor remains low.
2. Double burden of disease. Where the pattern of diseases suffered by the population ie infectious diseases and infectious disaatyg walking the increase of non-infectious diseases, then Indonesia faces double burden on a time together (double burden)
3. Quality, equity & affordability of health services remain low.
4. Limited health manpower & unequal distribution.
5. Behavior of people who are less supportive of clean & healthy lifestyle.
6. Low health care performance.
7. Low environmental health condition. The still low state of environmental health also affects the health status of citizens. Environmental health ie cross-section activities have not been managed in one piece of regional health system.
8. Lack of regulatory support, human resource permit, standardization, product research assessment, traditional medicine supervision, cosmetics, therapeutic / medicinal product, ori medication Indonesia, & system info.

Solution

Efforts to Overcome Health Problems Health problems need us to deal with various efforts or steps so that we can do activities well because health is expensive its price, why?

Therefore it takes steps in protecting our health, it takes efforts in tackling health.

To know it all let's see the study and narrative as follows:

1. Free Health Service Provision The government provides free services for the poor in the form of Askeskin (Health Insurance for the Poor) and Health Card that can be used to obtain health services in a cheap way.

2. Adding Health Facilities Health facilities should be able to save and reach people in the area-lag area. Adding these health facilities includes sick residences, puskesmas, puskesmas auxiliaries, polindes (village maternity huts), posyandu. Adding this facility is intended to provide health services for people, such as immunization, family planning, healing, and so on

3. Do counseling about the main meaning of cleanliness and healthy lifestyle. This kind of education can also involve other agencies outside the health institutions, such as schools, community organizations, people's figures.

4. Immunization process Based on the principle of preventing the well-being of healing, immunization programs have the goal of protecting every child from common illness. It can be done via PIN (National Immunization Week).

5). Procurement of Generic Drugs The government must develop the procurement of cheap drugs that can be reached by the bottom people. The provision of cheap medicines can be generic drugs.

6). Added the number of medical personnel In order for healthcare services to cover all the arrangements of people and covering all Indonesian locations it is necessary to add the number of medical personnel, such as doctors, midwives, nurses.

7. Addition of Nutrition This kind of thing can be done

by providing foods that are nutritious addition especially for children can be maximized through posyandu empowerment and PKK activities.

CONCLUSION

1. Improved maintenance, protection, & improvement of health & nutrition status especially for the poor & vulnerable groups;

2. Increasing efforts to prevent and cure diseases either contagious or non-communicable;

3. improving the quality, affordability, & equity of health services in basic & referral health services especially for poor families, vulnerable groups & residents in remote areas, borders, disaster-prone & conflict;

4. Improving the quality and quantity of health personnel, especially for health services in remote, backward, and border areas;

5. quality assurance, safety & efficacy of drug products, cosmetics, complement products, & food products in circulation, also prevent people from abuse of hard drugs, narcotics, psychotropic substances, addictive substances, & other hazardous materials; &

6. increase health promotion & empowerment of the population in the behavior of clean & healthy life.