

## POLICY STRATEGY IN TERMS OF INCREASING REPRODUCTIVE HEALTH SERVICES IN BARITO KUALA DISTRICT

Sri Setyati<sup>1</sup>, Nana Noviana<sup>1</sup>

Research and Development Agency of South Kalimantan Province,  
Jl. Aneka Tambang Banjarbaru, South Kalimantan, Indonesia<sup>1</sup>  
e-mail: srisetyati@yahoo.com

### Abstract

Barito Kuala District is one of the underdeveloped districts in Indonesia where many problems one of which is health. High rates of maternal and infant mortality is strongly influenced by the mother's health, especially their reproductive health age. The aim of this study was to examine the policy strategy of local government in improving reproductive health services.

The method used is descriptive analytic depth interviews between policy makers and implementers. As well as reviewing the data in the relevant agencies.

The results showed that the strategy of the local government in improving reproductive health services is the fulfillment of one of them with additional health and equalization village midwife. The main medical personnel met is midwife where one midwife for each village. As for other areas of government policy that supports these efforts is to require village midwife in collaboration with the nearby village midwife in making aid delivery.

The strategy of collaboration between midwives and midwives nearby villages as well as by traditional birth attendants (TBA) is done to address the case of emergency reproductive health services one of which aid delivery, as well as efforts to improve the behavior of the public culture that went to the medical personnel such as midwives. In addition, to assist midwives in areas that are geographically difficult to affordable. The conclusion that the efforts to improve reproductive health care effort is with the addition of midwife and pattern of good collaboration between midwives and TBAs

**Keywords:** Reproductive Health, Barito Kuala, midwife

### A. Introduction

Development of the health sector to be one factor that gets more attention from the government. The main purpose of the construction of the health sector is to improve community health status. With the increasing level of public health as an investment for the development of human resources socially and economically productive <sup>(1)</sup>. Maternal health is the thing to watch because every hour a woman dies in childbirth or due to causes related to pregnancy <sup>(2)</sup>. Therefore, to improve maternal health in Indonesia, the Millennium Development Goals (MDG). Maternal mortality ratio, which is estimated at about 228 per 100,000 live births, remains high at above 200 over the past decade, although it has made

efforts to improve maternal health services. This contrasts with the poorer countries around Indonesia that showed a greater increase in the fifth MDG <sup>(2)</sup>.

The maternal mortality rate (MMR) and Infant Mortality Rate (IMR) in Indonesia is still quite high compared to other ASEAN countries. Indonesian Demographic Survey (IDHS) in 2012 to provide data that MMR was 359 per 100,000 live births and IMR is 32 per 1,000 live births. More than three-quarters of all infant deaths occur within the first year of life of children and the majority of infant deaths occur in neonates period. Based on global agreements (Millennium Development Goals / MDGs 2000), is expected to decline in 2015 MMR to 102 per 100,000 live births and IMR to 23 per 1,000 live births.

Various efforts Maternal and Child Health (MCH) has been done to address the enormous differences between AKI and AKA between developed countries and in developing countries, such as Indonesia. Efforts are made to save the mother early in pregnancy to puerperium in order to make pregnancy and childbirth can be passed to the baby is born safely and in good health<sup>(3)</sup>.

Based on the above in order to reduce maternal and infant mortality, the note is reproductive health. Reproductive health received special attention globally since the appointment of such material in the International Conference on Education and Development (International Conference on Population and Development, ICPD), in Cairo, Egypt, in 1994.<sup>(5)</sup> Around 180 countries participated in the Conference. The important thing is the agreement in the conference paradigm change in the management of population and development issues of population control approach and decreased fertility / family disaster into a focused approach to reproductive health. This paradigm shift puts man into the subject, different from before that puts human beings as objects. ICPD in 1994 is in charge of the IV World Conference on Women in 1995 in Beijing, China, ICPD + 5 at Haque, in 1999, and Beijing + 5, in New York, in 2000. At the international level has been agreed upon definition Reproductive health is a state of complete physical, mental and social as a whole, not merely free of disease or infirmity in all matters relating to the reproductive system and its functions and processes. Therefore every individual has the right to set the amount of the family, when to have children, and to obtain a complete explanation of the ways of contraception, so as to choose the right way and preferred. In addition, the right to reproductive health services, such as antenatal care, labor, childbirth and care of newborns, adolescent health and others, need to be secured<sup>(6)</sup>.

Issues of reproductive health have some coverage, which become concentrated in this paper are in terms of reproductive health services of mothers (married woman). Because the mother's reproductive health status can better reduce the maternal mortality rate. In Barito Kuala having the

MDG's 2015 is a decrease in maternal mortality by the year 2015 a maximum of 102 deaths per live births (KH). In 2012, the amount of KH in the district. Barito Kuala is 5,412 KH, with 7 maternal deaths per 100,000 KH then AKI was 129.34 per 100,000 KH and is still above the target of the MDG's. So also when compared with the case of maternal mortality is 123 deaths in the province, the district Barito Kuala still quite high. Based on this study aims to examine the strategy for local government policy in improving reproductive health services.

## B. Method

The method used is descriptive analytic depth interviews among stakeholders, policy implementers, midwife, traditional birth attendants and community. As well as reviewing the data in the relevant agencies. The study was conducted in 2014 in Barito Kuala District. Barito Kuala chosen as a place to study because it is a district that is left behind and IPKM lower than other districts.

## C. Result and discussion

### Conditions Reproductive Health Services in Barito Kuala

Barito Kuala are thousands of cities Marabahan located at the west of the province of South Kalimantan with astronomical location is at 2 ° 29'50 " - 3 ° 30'18" south latitude and 114 ° 20'50 " - 114 ° 50'18" east longitude , Barito Kuala total area is 2996.96 km<sup>2</sup>, or 7.99 percent of the province of South Kalimantan. Barito Kuala covering 17 districts with the largest area of the District Kuripan area of 343.5 km<sup>2</sup> (11.46%) and the District Mandastana 339.0 km<sup>2</sup> (11.31%). While most small territory area is the District Wanaraya with a breadth of 37.50 km<sup>2</sup> (1.25%).

Administrative area Barito Kuala District with its capital Marabahan consists of 17 districts, 6 villages and 195 villages were divided into two regions, the northern region covering Sub Kuripan, Tabukan, Marabahan, Bakumpai, Cerbon, Rantau Badauh, Barambai, Belawang, Mandastana, Jejangkit and Wanaraya , South region of the District Alalak, Anjir Market, Anjir Muara, Tamban, Mekarsari and Tabunganen.

Barito Kuala district population in 2013 amounted to 289 995 people, made up of male and female life 145 320 144 675 inhabitants. Based on the book Barito Kuala in the figures of 2013, the growth rate penduduk based on data from the Central Bureau of Statistics in Barito Kuala in 2012 increased by 2.65% increase over the previous year. The tendency of increase in the population growth rate will impact the various problems arising from rapid population growth such as the provision of facilities relating to the needs of the population and employment.

AKI Barito Kuala still high at 129.34 /100.000 live births in 2012 and IMR is 13.67 / 1000 live births in 2012. The high MMR and IMR can be influenced by geography, access to health services and quality of health services provided by the human resources.

The real conditions of health workers as a whole in Barito Kuala many as 498 people. Under ideal conditions according to the Minister of Health Regulation No. 75 Year 2014 excess health workers as many as 181 people. Details of real conditions and the gap consists of: General Practitioners as many as 31 people (excess of 2 people), Dentist many as 15 people (a shortage of 4 people), Nurse as many as 163 people (excess of 38 people), Midwives many as 278 people (excess of 172), Workers Public Health as many as 3 (shortage of 17 people), Electric Environmental Health as many as 20 people (excess of 1 person), Expert Technology Medical Laboratory as many as 18 people (shortage 1), Nutritionist many as 26 people (shortage of as many as 3 people), Pharmaceutical Expert as many as 22 people (excess of 3 people). Based on these data, there is an excess of midwives somewhat of minimum service standards. But if it is based on a ratio of 1: 1,052, which means a midwife serving 1,052 residents, this is still less than ideal.

#### **Impact existence of Midwives In the village Against Reproductive Health Services**

Based on the 1994 Cairo declaration states that the world's attention to women's reproductive health covering all aspects. It is clear that all women are entitled to reproductive health services in any case and is everywhere.

The village midwife gives enormous impact in providing reproductive health services. Because midwives are women who provide health care and it is very close to the female population. This can be one of the reproductive health services, especially in women giving birth in Barito Kuala District. In the Districts with difficult geographical reach of health workers to contribute to the incidence of maternal mortality. With limited access to emergency treatment on the lead maternity so late that contribute to maternal mortality.

#### **Local Government Policy Against Improving Reproductive Health Services**

Strategy by the local governments in improving reproductive health services is the fulfillment of one of them with additional health and equalization village midwife. The main medical personnel met is midwife where one midwife for each village. Policy compliance village midwife is already running, that there is a village midwife. Even the South Kalimantan provincial government also help meet the midwife. But who needs to get more attention from the local government is the problem of equitable distribution of midwives and midwife existence itself. Due to the characteristics of the district Batola that there are many remote areas, based on observations there are midwives who are not settled in the region, so it will be an obstacle in the treatment of maternal could at any time.

Attention to the quality of the resource midwife, this is important because in its work in providing reproductive health services and maternal requires skill and experience. To overcome these other areas of government policy that supports these efforts is to require midwife in the village in collaboration with the nearby village midwife in making aid delivery. The strategy of collaboration between midwives and midwives nearby villages as well as by traditional birth attendants (TBA) is done to address the case of emergency reproductive health services one of which aid delivery, as well as efforts to improve the behavior of the public culture that went to the medical personnel such as midwives. In addition, to assist midwives in

areas that are geographically difficult to affordable. Patterns of collaboration between midwives and herbalists in the District is not only at the time of delivery but also in the treatment of post-partum. To improve service quality reproduction kesehatan also necessary shaman training. Anggorodadi <sup>(7)</sup> Education provided in shaman training program is actually manifested as recognition for organizing (enforcement) health care services to institutions TBAs. Moreover, the education provided, TBAs are considered able to replace the presence of a new health facilities that are considered to improve the health of the population. Partnership is one solution to reduce maternal and infant mortality problem which primarily will benefit remote areas where access to health services is very limited.

#### D. Conclusion

Strategy by the local governments in improving reproductive health services is the fulfillment of one of them with additional health and equalization midwife in the village, other areas of government policy that supports these efforts is to require village midwife in collaboration with the nearby village midwife in making aid delivery. The strategy of collaboration between midwives and midwives nearby villages as well as by traditional birth attendants (TBA) is done to address the case of emergency reproductive health services one of which aid delivery, as well as efforts to improve the behavior of the public culture that went to the medical personnel such as midwives. In addition, to assist midwives in areas that are geographically difficult to affordable.

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