

IMPROVING MOTHER AND CHILDREN HEALTH DEGREE THROUGH MOTHER AND CHILDREN'S HEALTH REVOLUTION IN THE BORDER AREA INDONESIA AND TIMOR LESTE

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Abstract. *Health is a human right as an Indonesian citizen and the government is responsible for administering health for the community in accordance with the mandate of the Constitution 1945. Limitations on health facilities and human health resources cause high maternal mortality rates (MMR) and infant mortality rates (IMR) in the East Nusa Tenggara Province in general and Timor Tengah Utara Regency as a district that is directly adjacent to the country of Timor Leste. The high maternal and infant mortality rate in North Central Timor shows that the health status of mothers and children in the border region still does not meet the national health standards to provide health services for mothers and children, the government of East Nusa Tenggara Province launched the Maternal and Child Health Revolution (KIA) through Governor Regulation Number 42 2009 concerning the Revolution of Maternal and Child Health and was followed up by the North Timor Tengah District Government with Region Regulations Number 4 2012 concerning Maternal and Newborn Health (KIBBLA), each birth must be carried out in a health facility that is adequate or minimal in a health center. Even though the Maternal and Child Health Revolution has been carried out since 2009 followed by Regional Regulations since 2012 but Until now, maternal and child health problems in North Central Timor remain a problem for the government. The causes of maternal and infant mortality are related to maternal health conditions since the process of pregnancy, childbirth, postpartum, social economic, geographical, behavioral and cultural conditions. covered in 4T (too old, too young, too much, too often) and 3L (late in making decisions, late in carrying / referring and late in getting services). Cross-sectoral collaboration is needed so that the district government can solve maternal and child health problems.*

Keywords: *health, revolution, borders*

1. INTRODUCTION

Timor Tengah Utara Regency is one of the 22 districts in East Nusa Tenggara Province. Timor Tengah Utara Regency is on the island of Timor and is directly adjacent to the State of Timor Leste. There are 26 health centers that provide maternal and child health services in the district and from the 26 puskesmas there are 9 puskesmas directly adjacent to East Timor, namely Napan, Wini, Eban, Oeolo, Tasinifu, Tublopo, Nimasi, Inbate and Manamas. Health coverage of K-1 pregnant women in North Central Timor is 85% in 2017. Coverage K-4 pregnant women 67% in 2017. In general, K-4 coverage in this district has not reached the national target of 93%. The number of deliveries assisted by health workers in 2017 is 5,006 or 75%. This is because 25% of deliveries in the Regency TTU is still assisted by trained TBAs and families. While postpartum services in 2017 amounted to 74.8%. This is a lack of awareness from the community, especially from mothers who have baby.

In order to reduce maternal and infant mortality in an effort to improve maternal and child health, the East Nusa Tenggara Health Office in 2009 launched the Revolution of KIA (Revolution KIA) Health Program where all pregnant women have to give birth at adequate health facilities and are ready 24 hours which must be supported by 6 important elements in maternal and child health services, namely: 1) people who help must be adequate; 2) health equipment must be in accordance with

standards; 3) drugs and materials needed; 4) buildings in accordance with standards and functions; 5) good service system; 6) adequate budget (Health Office NTT, 2009).

The Revolution of KIA policy through the East Nusa Tenggara Governor Regulation Number 42 of 2009 was followed up by the North Central Timor District Government through Regional Regulation Number 4 of 2012 concerning Maternal and Newborn Health (KIBBLA). The program was realized through cross-program and cross-sector cooperation namely collaboration with the East Nusa Tenggara Health Office, North Central Timor Health Office, Non-Governmental Organizations, other professional institutions that care about the health of mothers and children and the community. Efforts to reduce maternal and infant mortality in North Central Timor are realized through the provision of 24-hour delivery services in each puskesmas, each village has village health clinics and village midwives who are ready to help deliver births to villagers. In addition there are integrated service posts (posyandu), integrated development posts (posbindu), village health posts (poskesdes) and alert villages that are ready to assist health services mother and child as an effort to empower the community in the field of health an.

2. RESEARCH METHODS

This research uses in-depth interviews with purposive sample techniques (Lapau Buchari, 2012). The respondents of this research are pregnant woman, maternity and postpartum patients from the Puskesmas Napan, Puskesmas Wini and Kefamenanu Regional General Hospital. Interviews were also conducted with midwives, nurses, doctors, specialist doctors and other health workers including posyandu cadres as health care workers in the border area as well as the Head of North Central Timor District Health Office and Head of Public Health as health policy makers.

The number of informants was 40 people consisting of leadership elements district, sub-district and village health organizations. Leaders who become informants are Head of North Central Timor Health Service, Head of Public Health of North Central Timor District Medical Office, Director of Kefamenanu Regional General Hospital, Head of Napan Health Center and Wini Health Center, Head of Home Peninatology Room General Pain of Blood Kefamenanu, Head of the Obygn Room at the Kefamenanu Regional General Hospital, Head of the Radiology Room at Kefamenanu Regional General Hospital, Penang, responsible for the Kefamenanu Regional General Hospital laboratory, Pharmacist Assistant at the Regional General Hospital and Napan and Wini Puskesmas Drug Management, North Bikomi and North Insana Subdistricts Wini Health Center for Maternal and Child Health Coordinator and Napan Community Health Center Maternal and Child Health Coordinator.

Doctors who became the informants are pediatricians, obstetric and gynecologists, general practitioners and dentists. In addition, the doctor informants also consist of midwives and senior nurses who know about maternal and child health services in Timor Tengah Utara District, informants were also taken from pregnant women, maternal, postpartum mothers and family planning acceptors. While to find out about community empowerment in maternal and child health services in Community-based Health Enterprises (UKBM) informants were taken from integrated service post cadres (Posyandu). The supporting data was carried out through field observations and document studies on research sites related to maternal and child health services in Napan Health Center, Wini Community Health Center as a health center located directly adjacent to East Timor, Kefamenanu Regional General Hospital and Timor District Health Office North Central.

3. RESULTS AND DISCUSSION

The Maternal and Child Health Revolution (KIA) is an effort to accelerate the reduction of maternal and newborn mortality with various programs through childbirth in adequate health facilities (Governor Regulation No. 42 of 2009 concerning the Maternal and Child Health Revolution). KIA Revolution in Central Timor North has been followed up at the village level by requiring all pregnant women to have their pregnancies checked at the polindes or puskesmas, all mothers must be helped by competent midwives in adequate health facilities and all toddlers must get an examination at the puskesmas if they are not sanctioned.

Data on the profile of Timor Tengah Utara health in 2017 shows that coverage of pregnant women, postpartum, postpartum visits has not reached the national target because there are still pregnant women who have not yet examined their pregnancies at the puskesmas and there are still mothers who

have not been assisted by midwives. The coverage of K-1 pregnant women in North Central Timor is 85% in the year and K-4 coverage of pregnant women is 67% in 2017. In general, K-4 coverage in this district has not reached the national target of 93%. Number of births assisted by health workers in 2017 it is 5,006 or 75%. This is because 25% of births in TTU Regency are still assisted by trained TBAs and families. While postpartum services in 2017 are 74.8%. This is a lack of awareness from the community especially from mothers who have given birth babies, causing fluctuations in infant and under-five mortality in the last 5 years.

Maternal mortality is the death of a woman during pregnancy or within 42 days after the end of pregnancy, regardless of the duration and location of the pregnancy, of all causes related to or aggravated by pregnancy and management, but not because of an accident or incident (Retnaningsih; 2013). While infant mortality is death that occurs between the time after the baby is born until the baby is not exactly 1 month old (28 days). Broadly speaking, from the side of the cause, infant mortality consists of 2 types, namely endogenous (neonatal) and exogenous (1 month to close to 12 months).

There are 3 types of delays that must be prevented so as to reduce cases of maternal deaths, namely: 1) delay in the level family in recognizing danger signs and making decisions to get help; 2) delays in reaching health service facilities; 3) delays in health facilities to get needed help (Saifudin; 2009). The low level of education of mothers in North Central Timor Regency and the decision-making flow that must involve the family because the local culture is a factor causing the high mortality of pregnant women, maternal and postpartum mothers. Delays in making these decisions have an impact on reaching health facilities due to the distance to Puskesmas and hospitals are far enough with limited transportation facilities and the impact of this is that it is too late to get the help needed. This is because of the limited health facilities and medical personnel in handling pregnant, maternity and postpartum patients. Not all puskesmas have general practitioners in 26 health centers in North Central Timor. There are 18 Puskesmas that have general doctors while 8 other health centers do not have general doctors. Doctors who are placed in health centers and district general hospitals are contract doctors from the government.

The center placed in Timor Tengah Utara with a contract period of 1 year and can extend the contract period according to regional needs. There are no specialist doctors in each puskesmas. The number of specialist doctors in North Central Timor is 7 people, 2 pediatricians, 2 obstetrician / obstetrician, 2 surgeons and 1 internal medicine specialist. The seven specialists provide health services at regional public hospitals so that people from the health center who will receive health services from these specialists must receive and bring a referral letter from local health center. Doctor specialists' ratio and residents are 2.8: 100,000 meaning that every 100,000 residents are served by 2-3 specialist doctors while the ratio of general practitioners and residents is 12.8: 100,000 meaning that every 100,000 residents are served by 12-13 general practitioners and the ratio of dentists and residents is 6: 100,000 meaning that every 100,000 residents are served by 6 dentists.

The data on medical personnel shows that doctors and specialists serving in North Central Timor have not been balanced with the population so that maternal and child health services in the district are not yet optimal. With limited general practitioners and specialists as well as limited facilities and medical equipment, pregnant women often and high-risk maternity mothers should be referred to the Atambua regional general hospital or Kupang regional general hospital to obtain services, especially for women who give birth by caesarean section or surgery.

Even so, the limitations of doctors are not a barrier to health services for mothers and children because in each puskesmas there are midwives and nurses who are ready to serve where the midwives and nurses have participated in qualified exercises so that they are more skilled in serving patients. Puskesmas in Timor Tengah Utara open 24-hour services. In addition, special delivery must prioritize the handling of patients rather than administration. 24-hour services at the puskesmas are specifically for labor and emergencies. Each puskesmas has a Maternal and Child Health Revolution ambulance so that patients must be referred to the hospital did not experience problems.

In order to accelerate maternal and infant mortality, the government issued East Nusa Tenggara Governor Regulation No. 42 of 2009 concerning the Mother and Child Health Revolution. The Revolution of Maternal and Child Health is a serious effort to accelerate the reduction of maternal and newborn deaths with extraordinary ways. With the revolution of maternal and child health, it is expected that all mothers give birth in health facilities such as polindes, puskesmas and hospitals with the goal of survivors, both mothers and their babies. There are three focuses on the maternal and child health

revolution, namely: 1) organization of alert systems; 2) professionalism of health human resources; 3) adequate facilities and infrastructure.

Organizing a standby system already exists in Timor Tengah Utara where there are 498 Integrated Service Posts (posyandu), 88 villages on standby and 58 Integrated Development Posts (posbindu) but not yet empowered by the community to access maternal and child health services. Posyandu is only used by the community in accessing health services once a month and that is not maximal because there is more to weighing toddlers only. Posyandu as a place for health care carried out from, by and for the community has not functioned for the community itself.

The objectives of the posyandu are: 1) reducing infant mortality, maternal mortality rates (pregnant women, childbirth and declining birth rates); 2) cultivating quality families; 3) developing family planning and health activities; 4) as a vehicle for reproductive family welfare (Endang Sutisma Sulaiman; 2012). While the main activities of the posyandu are: 1) maternal and child health; 2) family planning; 3) immunization; 4) nutrition; 5) prevention of diarrhea. Still low levels of education and public awareness of the importance of the posyandu have caused fluctuating maternal and neonatal mortality rates in Timor Tengah Utara in the last 5 years (2013-2017).

Likewise alert villages that have been formed in villages in Timor North Central is still not empowered by the community as a community-based health effort, especially the absence of public awareness in promoting savings for mothers who are actually very beneficial for mothers during childbirth. Many mothers have no costs when giving birth so not all mothers give birth assisted by midwives at the polindes or puskesmas because of constrained costs, especially maternity from disadvantaged families who do not have a Healthy Indonesia Card (KIS). The number of deliveries assisted by health workers in 2017 is 5,006 or 75%. This is because 25% of births in TTU Regency are still assisted by trained shamans and families. In addition, integrated development posts have not functioned optimally so that they have not been able to change the behavior of healthy and clean living from the community.

Regarding the professionalism of health human resources in North Central Timor, the quantity of midwives and nurses is comparable to the population that must be served, but the placement is not evenly distributed in all puskesmas in the district. There is a buildup of puskesmas close to urban areas than in remote areas which is difficult to reach by public transportation due to the geographical conditions of the border area. The highest average formal education for midwives is Diploma Three (D3) midwifery. Even though there are many senior midwives who are experienced and truly professional in maternal and child health services, this can be overcome. Nurses on average have undergraduate education but must be equipped with technical matters to increase skills in health services so that they are increasingly professional in medical services for pregnant, childbirth, postpartum, infants and toddlers.

Likewise, doctors and specialists working in North Central Timor have carried out their duties professionally but the number is still limited. In the 26 puskesmas in the border region there are 18 health centers that have doctors but there are 8 health centers that do not have doctors. These doctors are Non-Permanent Doctors (DTT) placed by the central government in the area. Specialist doctors are very limited in number, 2 obstetricians, 2 pediatricians, 2 surgeons and 1 specialist in internal medicine and these specialists are assigned to the hospital the general area located in Kefamenanu as the district capital so that people from villages and sub-districts who will receive health services must bring recommendations from the local health center. Even so, maternal and child health services can be resolved to date.

Health facilities and infrastructure such as regional public hospitals are type C, which in quality and quantity are inadequate where in the case of high-risk mothers having to undergo surgery, they sometimes have to be referred to the Atambua general hospital or the Kupang public housing because of limited space surgery, medical devices and obstetricians / obstetricians. While for pregnant women with cases of abortion, they must wait for a 1-2 day curettage schedule due to the same conditions. Likewise the puskesmas, auxiliary health centers and polindes are sufficiently adequate but still have limited medical equipment. Average puskesmas on the Timor Tengah Utara-Timor Leste border are PONE (Basic Emergency Neonatal Obstetric Services) and non-PONE services.

They provide normal delivery services. If patients in the category of complications and at high risk should be referred to the Kefamenanu public hospital. or Atambua general hospital. One good thing is that the existence of the Maternal Health Revolution Children of all health centers are ready to provide

24-hour services for maternal and infant health in North Central Timor so as to accelerate the reduction of maternal, infant and toddler mortality. There are border health clinics, namely Inbate Health Center that does not have public hospitals make it difficult to refer pregnant and maternity patients from public health centers to public hospitals especially in the rainy season so that health workers must cooperate with flood-hit communities in referring pregnant and maternity patients in high-risk categories and need medical services in health facilities that more adequate.

The inhibiting factors for maternal and child health services through the maternal and child health revolution in North Central Timor as a national border area include: 1) health facilities and infrastructure; 2) quantity and quality of medical personnel; 3) geographical conditions and other infrastructure such as transportation, road, communication, lighting / electricity facilities and other infrastructure as supporting facilities. While supporting factors for the maternal and child health revolution are: 1) all puskesmas and hospitals are ready to serve 24 hours for pregnant women , maternity, childbirth, infants and toddlers; 2) midwives and nurses are professional in providing services; 3) there are mobile health centers and ambulances that are ready to pick up and refer patients from home in reaching the nearest health facility for basic help.

The causes of maternal and infant deaths in the border region of North Timor Tengah-Timor Leste are related to maternal health conditions since the process of pregnancy, childbirth, postpartum, social economic, geographical, behavioral and cultural conditions of the people covered in 4T (too old, too young, too much, too often) and 3T (late decision making, late carrying / referring and late getting service).

CONCLUSION

1) The mother and child health revolution is able to accelerate the reduction of maternal and child mortality in North Central Timor so as to improve the health of mothers and children in the district. Organizing a community alert system in efforts to improve health is carried out through activities at the polindes, posyandu, alert villages, posbindu and poskesdes. But the community has not been able to empower the alert system organization to access maternal and child health services so that maternal and child mortality rates still fluctuate in the last 5 years (2013-2017). Associated with the professionalism of health human resources such as doctors, specialists, midwives and nurses in maternal and child health services are quite optimal because midwives and nurses have skilled skills through technical training so that village midwives, midwives in health centers and midwives in hospitals are professional in providing health services for pregnant, childbirth, postpartum mothers. , babies and toddlers who are ready for me serve 24 hours at all health facilities. While relating to health facilities and infrastructure in the district is quite adequate in terms of quantity and quality even though in the case of certain services such as births often must be referred to Atambua general hospital or Kupang general hospital due to limited space surgery, medical devices and specialist doctors. The average puskesmas in Timor Tengah Utara is Poned and non-Poned health centers that can provide normal delivery services so that pregnant and childbirth categories of complications and high risk should be referred to the Kefamenanu regional general hospital.

2) Inhibiting factors for maternal and child health services through a maternal and child health revolution in North Central Timor, namely: 1) inadequate health facilities and infrastructure; 2) quantity and quality of medical personnel; 3) geographical conditions and other infrastructure such as inadequate means of transportation, roads, communications, lighting / electricity and other infrastructure as supporting facilities. While supporting factors for the maternal and child health revolution are: 1) all puskesmas and hospitals are ready to serve 24 hours for pregnant, maternity, childbirth, infants and toddlers; 2) midwives and nurses are professional in providing services; 3) there are mobile health centers and ambulances that are ready to pick up and refer patients from home in reaching the nearest health facility for basic help.

3) The causes of maternal and neonatal deaths in the North Central Timor-Timor border region are related to maternal health conditions since the process of pregnancy, childbirth, postpartum, social economic, geographical, behavioral and cultural conditions of the people covered in 4T (too old, too young, too much, too often) and 3T (late in making decisions, late in carrying / referring and late in getting services).

RECOMMENDATION

- 1) Improving the quality and quantity of health infrastructure according to community needs. Increased Kefamenanu public hospitals from type C to type B and increase in non-PONED health centers to PONED (Basic Essential Neonatal Obstetric Services) and PONEK health centers (Comprehensive Neonatal Obstetric Services))
- 2) Improving the quality and quantity of health workers such as doctors, specialist doctors, midwives, nurses and other health workers. In each puskesmas there needs to be a general practitioner and a permanent doctor placed by the government is not a non-permanent doctor. Need equal distribution of midwives and nurses in all puskesmas so that there is no buildup in certain places.
- 3) Polindes, Posyandu, alert villages, Posbindu and Poskesdes as community-based health efforts must be empowered by the community optimally in accessing maternal and child health services because health is not only the responsibility of the government but is the responsibility of all components in the community such as non-governmental organizations the community, the private sector and the community itself therefore requires cross-program and cross-sectoral cooperation.
- 4) Reducing inhibiting factors and increasing the supporting factors for maternal and child health services through the Maternal and Child Health Revolution.
- 5) Increasing the intensity of health workshops, counseling and health promotion that can slowly change the mindset, behavior and culture of the people covered in 4T (too old, too young, too much, too often) and 3T (late decision making, late carrying / referring to and getting late service) so that it can accelerate the reduction in maternal, infant and toddler mortality.

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