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Research paper

The Role of Government in Empowering Society Health in the Field of Maternal and Children Health in West Java

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Abstract

This study conducts a profoundly systematic analysis of the role of government in establishing the society in the health sector, especially mother and child field in West Java, Indonesia. This descriptive-qualitative study presents a discussion of how the elements of public health implementers interact with societies in West Java Province, so their knowledge and experience increases their autonomy. This study employs the theory of health services and promotion. It finds that (a) services and networks of cooperation in public health institutions, within the provincial government of Java is quite uniform and well implemented; (B) the government plays an essential role in empowering people in the health sector. Nevertheless, there is a deficiency of health workers. That is, they are who directly maintain the health of mother and children as well as health promotion staff. Hence, this study highly recommends the incentives for volunteers of health task force coming from ordinary people.

Keywords: *Public Health; Maternal-Child Health; Public Policy Implementation*

1. Introduction

Implementation of the decentralization policy as stipulated in Law Number 23 of 2014 provides hope for improving services for the community, ensuring the formation of highly accountable local governments and, most importantly, maintaining the unity of the Unitary State of the Republic of Indonesia (NKRI). The main purpose of the implementation of decentralization policy is to provide opportunities to Local Government in all regions of Indonesia to manage the development of the region proactively in accordance with the needs and aspirations of local communities. The hope is that the delegation of authority, the authority to manage the APBD and the obligation to increase the PAD and the improvement of public services more responsive, better and more efficient to the people in the Region.

Decentralization is a tool to achieve one goal state, especially in order to provide public services that are more democratic. Decentralization can be realized with the transfer of authority to the level of government below it to make the spending, the authority to collect taxes (taxing power), and the formation of the Regional Head elected by the people and the assistance in the form of transfer from the Central Government (1).

Establishment of autonomous regions is accompanied by the granting of authority to set (policymaking) and the authority to take care (policy implementation). In the devolution of authority regulate that given by the center gave birth to the institution / Regional House of Representatives (DPRD). This institution is the essence and autonomy of the region, because through and by these institutions local regulations are made.

Delegation, often called delegation or institutional pluralism, delegates authority to certain tasks to organizations outside the regular bureaucratic structure controlled indirectly by the Central Government. The provisions of legislation usually govern this delegation of authority. The party receiving the authority has discretion in carrying out the delegation, although the last authority remains with the sovereign-authority. This form of delegation is often referred to as functional decentralization, i.e. delegating functions or government affairs, especially service affairs to organizations outside the bureaucratic structure, such as school district, sanitary district and others. While privatization, is the transfer of authority and government to non-government organizations both profit-oriented and non-profit. The principle of devolution usually refers to political decentralization, while deconcentrating refers to administrative decentralization, while delegation and privatization as sub-contracting tasks.

From the various opinions of decentralization and regional autonomy presented by experts, it can be concluded that the nature of decentralization is the devolution of political authority (decentralization) and the delivery of government administrative decentralization to the autonomous regions to organize and manage their own household affairs based on aspirations community. Delegation of government authority and submission of government affairs to manage and manage their own household affairs based on the aspirations of the people that happened in the formation of Pengandaran regency in West Java Province. Theoretically, the implementation of decentralization policy and regional autonomy is directed to optimize the governance in achieving the goals of the regional government namely the welfare of society.

The latter is about who receives the service and who provides the service. Those who accept, of course, are people in general, who are sick or require health care. Those giving are officials who are part of the health-related government, i.e., managers of health facilities such as hospitals, health centers, and health offices. Among the formal government and the people giving the service, some volunteers help the government service to the society. Their role is very helpful in bringing themselves to be autonomous in the field of health, as well as bring others to autonomy as well. There is a necessity of health promotion programs here.

Health promotion is one of the health efforts undertaken to improve public health status. The health level mentioned above is not

limited only to the understanding of individual health but also health in the broadest sense of health. The definition of health promotion put forward by WHO is a multidimensional characterization of health that incorporates many strategies, including changes in individuals and societies, and the function of legislation. The WHO definition assumes a person has no single control over health. However, it is possible for people to take responsibility for their health in the context of shared health responsibilities. At a philosophical level, health is an instrumental value of resources for what the health is. Health is a distributed differential resource in society (Gorin, 2004). In the global policy model, health is not only useful in itself but also as a resource for living together. Therefore, the multi-sectoral public requires intersectoral cooperation for equitable distribution of health resources.

Health promotion can be observed through identification of behaviors such as health responsibility, physical activity, spiritual development, nutrition, interpersonal relationship satisfaction, and stress management (2). Health promotion is any combination of health education and economic-related interventions. The definition of health promotion in Public Health has two meanings: 1) health promotion is part of the health level, and in this context is the improvement of health. 2) health promotion is defined as efforts to market, disseminate, introduce, or message health or health efforts so that people receive or buy (in the sense of receiving health behavior) or know the health messages that eventually people want to behave healthy (3).

According to WHO in (2), health promotion involves promoting healthier lifestyles, creating health-promoting environments, strengthening community action, reorienting health services and building sound public policies. Their effectiveness characterizes the health of individuals and families in the societies and situations in which they need to live. Nurses understand and think about improving health.

2. Research Method

This research employs qualitative research. The main data source in qualitative research is the words and the rest of the action is additional data such as documents and others (4). Thus, Secondary data sources i.e. theories and various information consists of various books and documents. This type of secondary data is useful to understand the characteristics, patterns and characteristics of research objects and useful for preparing the concept of research. Primary data sources are various actual information and functional information related to the object of research sourced from a number of informants who become informants' research. This type of primary data is useful to reveal and analyze the phenomenon used as the object of research, namely maternal and child health services in West Java Province.

The selection and determination of resource persons as research informants is done with the consideration that the resource person does have role, knowledge, experience and or direct involvement with the implementation of maternal and child health services in West Java Province. With such considerations, the elements of the research informants consist of (1) elements of officials / health apparatus; (2) elements of legislative members assigned to the commission in charge of health; and (3) stakeholder elements who become observers, engage and or have relevant competencies to disclose and respond to the process of formulation and or the implementation of health services. With these considerations, the determination of the resource persons to be a research informant using snowball technique; and / or whenever possible using a purposive sampling technique (the number and elements of the informant have been determined before). With these techniques, the determination of the number and elements of research informants tailored to the needs of presentation and discussion of research results to obtain optimal results.

3. Results and Discussion

3.1. Health Condition in West Java

Health has first and foremost significance for creatures, especially human beings. Thus it can be said that without human health has no power, both in terms of physical, mental, spiritual and social. Health judging from the Big Indonesian Dictionary, "healthy" is both the whole body and its parts (free from illness). While "health" is a good state of the whole body and its parts (healthy). According to the World Health Organization (WHO) health is as a physical, mental, and social well-being and not just the absence of disease and weakness.

Although the providers of health services are also conducted by private parties, but to make effective basic health services that include pregnant women's visits, obstetric complications, delivery help, childbirth, neonates, child immunizations, toddlers, complementary foods, malnutrition, KB, poor community services, local governments need to expand the provision of health services infrastructure. To that end, the Regional Government established Regional General Hospital (RSUD) and Community Health Centers (*Puskesmas*) and motivated the community to organize Integrated Service Posts (*Posyandu*) in the neighborhood of RT and RW. *Posyandu* function implemented by PKK Movement Team or other women's groups is one form of community participation in health efforts.

Nationally, between 2008 and 2011, the number of Puskesmas (including Puskesmas with Care) continued to increase from 8,548 units in 2008 to 9,321 units in 2011. In that year period, the ratio of Puskesmas to 100,000 population was in the range of 2.06-15,99 per 100,000 population; this means that in that year period every 100,000 people on average served by 2-15 units. There are 5 five provinces with the ratio of Puskesmas per 100.000 population under 3.0, i.e., Banten Province, West Java, East Java, Central Java, and Bali. This figure indicates that one Puskesmas in 5 mentioned provinces on average serves more than 30.000 population (5)

West Java Province has the number of Puskesmas per 100,000 people, which is the second lowest (2.34) both nationally and among provinces in Java-Bali Island. When compared to the areas located in Java and Bali, West Java ranks the fifth (5).

The number of *Puskesmas* in 2011 amounted to 3,019 units increased to 3,152 units in 2012. *Puskesmas* that implemented Basic Obstetric and Neonatal Emergency Services (BEONC) until 2012 reached 2,570 units consisting of 1,960 units of treatment Puskesmas (76,41%) and non-treatment Puskesmas 605 units (23.59%) according to Ministry of Health RI in year 2015.

As well as to improve the scope of health services to the society, various efforts are there to exploit the potential and resources that exist in the community, which is then as Community Based Health Efforts (UKBM). The UKMB forms as Posyandu (Integrated Service Post), Polindes (Village Polyclinic), Toga (Family Drugs), POD (Village Drug Post), and so on. Nationally, Posyandu Ratio to Village is 3.47, or there is 3-4 Posyandu average in every village. West Java Province Ratio of Posyandu to Village is 7.83. The ratio of Desa Siaga in Indonesia to a village is 0.32. Compared to the provinces in Java-Bali Island, the most significant proportion of Desa Siaga to a village is in DKI Jakarta (4.4), and the lowest is in Banten Province (0.33)(5).

In 2011, the number of hospitals throughout Indonesia was 1,721 units, consisting of 35.74% Hospitals managed by Kemenkes/Government, 7.78% owned by TNI/Polri, 4.47% owned by other Departments / BUMNs and 52.01% owned by Private as explained by Ministry of Health RI in year 2015.

In 2000-2011, the hospital bed ratio per 100,000 population relatively reached 54-55 per 100,000 people and, the rate of beds in hospitals to the community of West Java is 1: 1.430 meaning one bed is for 1430 residents. This figure is much lower than in other provinces in Java and Bali. When compared nationally, West Java

Province ranks the sixth. Compared with the Provinces in Java-Bali, West Java Province posits the last two and below national standard as explained by Ministry of Health RI in year 2015.
The ratio of health workers to 100,000 inhabitants nationally is 195.88, and when compared to the provinces in Java-Bali, West Java Province is ranked the fourth from below that is 114.40 (5).
In this context, availability affects its utilization because a service can only be used where available. Availability is usually calculated by geographic area and is indicated by the ratio of the number of resources to the user population. While the geography access factor is to facilitate or inhibit the utilization of health services, related to mileage, travel time and travel costs. The relationship between geographic access and volume of service usage depends on the type of service and type of resources available. Increased access caused by reduced distance, travel time or travel costs resulted in improved services associated with minor complaints, or the use of preventive services will be higher than curative services, as well as the use of public services when compared with specialist services.
The heavier a disease or complaint and the more sophisticated or more specialized the service resources, the less important or less the strong relationship between geographic access and volume of service utilization. Then Social Access factors include two dimensions that are acceptable and affordable. Acceptable leads to psychological, social, and cultural factors while affordable leads to economic factors. Consumers take into account the attitudes and characteristics that exist in providers such as ethnicity, gender, age, race and religious relationships. Furthermore, the characteristic of the structure and process of care concerning the way in which service to the health worker itself influences the use of health services. In this case relates to adjust the wage-feeding system. Thus, alternative forms such as the practice of a single physician, the practice of a joint physician; a specialist physician's group or the other makes a different pattern of utilization of health services. The payment structure affects the use of health services. Doctors tend to establish services that can benefit to maximize their income.
However, not all of those efforts are enough, as there will always be a lack of some regional health workers. Especially if in remote, areas, in the mountains, forest areas or coastal areas. For that, the country still needs to increase health workers. It is why the training of the community is essential so they can handle their illness. The Government of West Java has made intensive contacts through traditional media such as club gatherings, or other social media such as Facebook, WhatsApp, Blackberry, or others.

3.2. Society Empowerment for Health

The West Java government's response to society empowerment essentially provides an opportunity for local society to develop the potential of their region. Therefore, all forms of decision-making have been submitted to the operational level of the local organization by the culture of each community in social empowerment. The role of the above existing system is how the government facilitates the society in activities or programs empowerment. For example, in the face of the community's wish to supply clean water, the role of the West Java government is already optimal which is by facilitating society members' meetings, society organizing, and facilitating meetings with local governments, and others who can assist the realization of clean water provision.
The West Java Government also has motivated the society to cooperate and collaborate in carrying out activities or programs for the common. For example, when the community wishes to establish health service facilities in its territory, the health service provider in West Java has motivated all society members in its working area to participate and contribute to the program or effort.
Therefore, the role of health workers in social empowerment in West Java is 1) facilitating the society through society empowerment activities and programs such as society meetings and organizing. 2) motivating the community to work together in carrying out the empowerment activities so that the community will contribute to the program. 3) transferring knowledge, skills, and technology to society by conducting vocational training.
Meanwhile, the indicators of social empowerment are in: (1) the input, which includes human resources, funds, materials, and equipment that support society empowerment activities. (2) the process, which consists of the number of guidance conducted, the frequency of training carried out, the number of society leaders involved, and the meetings held. (3) the output, which includes the number and types of health efforts that are society-based, the number of people who have increased knowledge of their behavior on health, the number of family members who have businesses increased family income, and expanded public facilities in the society. (4) the outcomes, whether society empowerment has contributed to reducing morbidity, mortality, and birth rate and improving health nutritional status.
The targets of health empowerment in West Java are those that can influence others, such as (1) influential individuals. (2) the head of the family. (3) society groups: the younger generation, women's groups, the labor force. (4) Community organizations: professional organizations, NGOs, etc. (5) The general public: villages, towns and individual settlements.

3.3. Type of Community Empowerment

3.3.1. Integrated Healthcare Service (Posyandu)

Posyandu is the most popular type of UKBM (Society-Based Health Effort). The Posyandu movement has increased nationwide since 1982. It is now popular in villages and RW environments throughout Indonesia. Posyandu includes five priority programs: family planning, Mom Kid Clinic, immunization, and diarrhea prevention. They are proven to have a significant impact to decrease infant mortality. As one of the medium which allows direct contact with lower-level society, health service centers in West Java has been re-activated as in the New Order period because it is proven to detect the problem of nutrition and health in various regions. The issue of malnutrition of children under five, starvation, and other health problems related to maternal and child health will not there if the health service centers are reprogrammed thoroughly as explained in West Java Health Profile in Year 2015.
Posyandu programs are better known as a five-table system that includes: (1) Table 1: registration. (2) Table 2: weighing. (3) Table 3: health card filling (KMS). (4) Table 4: health counseling, oral administration, vitamin A and iron tablets. (5) Table 5: health services that include immunization, health and treatment checks and family planning services.
One of the causes of the declining number of health service centers (posyandu) is there is the significant number of posyandu in various areas that had been inactive.

3.3.2. Village Maternity House (Polindes)

The village maternity house (Polindes) is one of society participation in providing delivery places for maternal and child health services and other child health. The activities of the village maternity house include checking (pregnant women, postpartum mothers, breastfeeding mothers, infants, and toddlers), providing immunization, public health education, especially maternal and child health, as well as training and guidance to cadres and society.
This Polindes is intended to cover the four gaps in KIA (Mom and Child Health), such as geographic disparities, information gaps, economic disparities, and socio-cultural inequalities. The presence of midwives in each village in West Java has been able to overcome the geographical gap, while contacts at any time with residents have also been able to reduce the information gap. Polindes are operated through cooperation between the midwife and the traditional delivery helper, so as not to cause socio-cultural disparities, while the tariffs for mother, child and childbirth examination

have also been determined by the local government to reduce the economic disparity.

3.3.3. Village Medicine Post (POD) or Village Medicine Store (WOD)

Village medicine post (POD) is a manifestation of society participation in simple treatment, especially disease that often occurs in local society (people with disease / endemic disease).
In practice, the POD can work alone or become one of the UKBM activities. The description of the POD situation is similar to that of posyandu where the form of service provides free medicines and particular medicines for various health programs tailored to local circumstances. Some POD developments include (1) Pure POD, not related to other UKBM. (2) POD integrated with health funds. (3) POD which is a form of improvement of posyandu. (4) POD associated with the village groups; (5) Medicine Post in Islamic Boarding School developed in several Islamic boarding schools.

3.3.4. Health Fund

The Government has raised funds in 18 regency and nine towns in West Java as per West Java Health Profile in year 2015. In the implementation, it also develops some healthy fund patterns, among others, as follows: 1) health fund of school health effort (UKS). 2) health fund of villagers health development (PKMD). 3) health fund of boarding school. 4) health fund of Cooperation of village units (KUD). 5) health fund developed by non-governmental organizations (NGOs). And 6) health fund of other organizations/groups (such as pedicab drivers, urban transport drivers, and others).
Health funds ought to be a form of health care insurance for society members which has not been covered by national health insurance such as BPJS and other private health insurance. Health funds potentially move society empowerment, which in turn can preserve local UKBM activities. Therefore, health funds should be developed throughout the territory, groups so that all residents are covered by health funds or other forms of JKN.

3.3.5. Non-Governmental Organization

In our homeland, there are 2,950 non-governmental organizations (NGOs), but only 105 NGO organizations are registered until now which 15 of whom are in West Java (www.kemendagri.go.id., 2011). Regarding health, these NGOs can be classified into NGOs whose activities are entirely in health issues and specialized NGOs, including health professional organizations and international self-help organizations.
In this case, the policy taken is as follows: (1) increasing public participation, including the private sector at all levels. (2) fostering health-oriented leadership in every social organization. (3) provide the ability, strength and more significant opportunity for social organizations to take part in health development on their own. And 4) increasing NGO awareness of health service equity efforts. It is still a hard task to involve all NGOs in the health sector.

3.3.6. Traditional Health Efforts

Family medicinal plant (TOGA) is a plot of land in a yard or field that is used to plant medicine. Associated with society participation, TOGA is a form of their involvement in the area of health improvement and simple treatment by utilizing traditional medicine. The primary function of TOGA is to produce plants that can be used, among others, to improve health and treat symptoms (complaints) from some minor illnesses. Also, the TOGA also benefits to improve people's nutrition, conservation efforts and beautify parks and landscapes.

3.3.7. Nutrition Post (Scaling Post)

One of the consequences of the economic crisis now is the decline in people's purchasing ability including food needs. It causes a decrease in nutritional adequacy of society which in turn can reduce nutritional status. These post targets infants aged 6-11 months especially those from needy families, children aged 12-23 months especially those from low-income families, children aged 24-59 months especially those from low-income families, and all pregnant women and postpartum especially those who suffer malnutrition.
For activities in this post that if the child still suffers from protein-energy deficiency (KEP) after being given PMT, then extra food continues to be delivered until child recovered and immediately checked to the medical center (referred).

3.3.8. Village Family Planning Post (RW)

Since pre-reformation period the family planning effort has grown nationwide to the provincial level. Since then, to ensure the success of the program in the form of increasing the number of new acceptors and active acceptors, the village has developed Village Family Planning Post (PKBD) which is usually run by family planning cadres or family planning officers at sub-district level.

3.3.9. Islamic Boarding School Healthcare Post

The scope of activities by Islamic Boarding School Healthcare Post (poskestren) is not much different from the Village Medical Post, but this post is specifically intended for students and the community around the Islamic boarding schools both in the urban and rural environment.
Health funds ought to be a form of health care insurance for society members which has not been covered by national health insurance such as BPJS and other private health insurance. Healthy funds potentially move society empowerment, which in turn can preserve local UKBM activities. Therefore, health funds should be developed throughout the territory, groups so that all residents are covered by health funds or other forms of JKN.

3.3.10. Saka Bhakti Husada (Sbh)

SBH is a forum to develop interest, knowledge, and skills about health for the young generation, especially Scout Movement members of who dedicate themselves to the society in the surrounding environment.
The targets are pupils, among others: Scout enforcers, 14-15-year-old riders with special requirements have an interest in health and adult members, namely Pamong Saka, Saka Instructor and Saka Leader.

3.3.11. Work Health Efforts Post (Pos UKK)

The UKK Post serves for worker health maintenance organized by worker community who have the same types of business activities in improving work productivity. Activities include providing essential health services, as well as establishing partnerships.

3.3.12. Water User Group (Pokmair)

Pokmair is a group of people who care about environmental health, especially in the use of clean water and waste management and household waste through community empowerment approach by involving all citizens.
For activities in this post that if a child still suffers from protein-energy deficiency (KEP) after being given PMT, then extra food continues to be delivered until child recovered and immediately checked to the medical center (referred).

3.3.13. Karang Taruna Husada

Karang Taruna Husada is youth activity center at RW (neighborhood) which has a prominent role to coach teenagers and youth channeling their aspirations and creations. In society, youth have many characters in social activities that can encourage the dynamics of community in the development of environment and culture, including in health development. In the implementation of *posyandu* activities, environmental hygiene movement, the mutual help of diminishing mosquito breeding and others. The potential of this cockroach coral is enormous, so to establish the society in the field of maternal and child health can be started from this organization

4. Conclusion

Based on the results and the discussion above here are the conclusions: 1) in the context of achieving health independence, society participation is an essential element to ignore. Public involvement in the health sector is the primary target of health promotion. Society is one of the global strategies of health promotion empowerment. Therefore, (1) society empowerment is crucial in order the community, as the primary target, has the willingness and ability to maintain and improve health. (2) The role of government in the community empowerment of maternal and child health services in media run by West Java Health Office is quite massive. (3) Implementation of the role of government accompanies with a decentralist method, and many use local power. It can strengthen the society to be independent in the field of maternal and child health. (4) West Java Provincial Health Office has appreciated the participation of the community but has not covered all the potential people to bring independence of public health, and (5) communication between society and government has been done well, supported by various media, including social media and traditional media.

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