

ACTION PLAN FOR REDUCING THE MATERNAL MORTALITY RATE IN BENGKULU PROVINCE

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Abstract

This study aims to determine inequity in access to reproductive health as measured by the Maternal Mortality Rate in Bengkulu Province in the plan and achievement of the Regional Action Plan in the health sector between 2016 and 2021. The achievement percentage for Reducing Maternal Mortality Rates in 2020 is 114%, and the realization reached 93%, which means that this achievement target has yet to be achieved. The values of gender equity in Reducing Maternal Mortality are not given enough attention at the individual, relationship, and community levels. This research focuses on implementing the Regional Action Plan to reduce the Maternal Mortality Rate in Bengkulu Province. This study uses a descriptive qualitative method to provide an overview of the research problem. The research aspect uses theory from Riant Nugroho, namely Policy Implementation, which consists of Socialization, Planning, Implementation, and Evaluation. The analysis technique used in this study uses the concept of Miles and Huberman, which consists of Data Reduction, Data Modeling, and Conclusion Drawing. The findings in this study from the four aspects used are that the implementation process has not been carried out properly because the structuring sector and work processes often change, there is no involvement of the mother's role in the policy-making process, and aspirations are even seen as passive objects.

Keywords: Decrease in MMR, Bengkulu Province, Gender Gap, Reproductive Health

A. Introduction

The Sustainable Development Goals (SDGs) are the result of a world agreement consisting of poverty, no hunger, healthy and prosperous lives, quality education, gender equality, clean water, and proper sanitation, clean and affordable energy, decent jobs, and economic growth, industry innovation and infrastructure, reducing inequalities, sustainable cities and settlements, responsible consumption and production, climate management, marine ecosystems, terrestrial ecosystems, peace, justice and resilient institutions, and partnerships to achieve goals (Kementerian PPN, 2020).

Preparation of Regional Action Plan (RAP) documents at the regional level after the Presidential Regulation is valid for 12 months. (Kementerian PPN, 2020). Based on these regulations, the local government must make a RAP and implement the SDGs until 2030 in part to support sustainable development (Damar, 2021). Presidential Regulation Number 59 of 2017 explains that the goal of making RAP by the Governor and the Regent/Mayor, involving Community Organizations, Philanthropy, Business Actors, Academics, and other related parties, is to accelerate the achievement of SDGs at the regional level. The presence of the RAP has commitment and clarity in planning and budgeting for program activities to achieve the goals of the SDGs (Kementerian PPN, 2020).

The SDGs in the health sector aim to ensure a healthy quality of life and longevity for all people. Indonesia still has a high mortality rate, meaning that the level of public health is still low and impacts potential economic and social setbacks at the household, community, and national levels. The health sector has aspects of service, treatment, and human resources. It can be seen from the Human Development Index (HDI) to measure that the health sector's development is successful (Sari and Arifin, 2020).

HDI is the main indicator to measure the success of human quality development. HDI is a strategic reference as a measure of government performance. The three basic indicators of HDI are longevity, knowledge about healthy life style, and a decent standard of living. The health sector is measured by one indicator, life expectancy; this indicator is used to achieve the SDGs in the health sector (Sari and Arifin, 2020).

Health development in 2016 has a budget of 5% of the State Budget and support from local governments, the private sector, and the community, as well as from tax rates or excise. Improving the effectiveness of health development funding is urgently needed to strengthen the role of central and regional authorities in coordinating the implementation of health development from the center and regions, as well as managing the targeted Special Allocation Fund (SAF) (Beyer *et al*, 2006).

Government Regulation of the Republic of Indonesia Number 2 of 2018 concerning Minimum Service Standards (MMS) is a provision regarding the type and quality of basic services related to government affairs that every citizen must have. Basic services are public services to fulfill citizens' basic needs that local governments must provide at both the provincial and local government levels in the fields of education, health, public works, spatial planning, public housing, safe settlements, public order, and community protection. The main indicators for measuring public health are the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). IMR is the number of deaths occurring in infants under one year of age. MMR is an indicator to see women's health status (Bappeda, 2018).

The research entitled "Gender inequality as a barrier to women's access to skilled maternity care in rural Nigeria: a qualitative study" states that women's access to quality care is related to gender inequality at several levels, such as the individual level, relationship level, and community level. Gender inequality hurts maternal health and access to maternal health services in various ways starting from the demand, which includes: gender, division of labor, lack of access and resources (financial, information, transportation, and supplies), gender norms, access rights, and a lack of decision-making power that limits women from accessing maternal health services, and on the supply side patterns of gender

discrimination occur in maternal health services (Singh *et al.* 2012).



Figure 1 Maternal Mortality Rate in Bengkulu Province

Source: Health Profile 2020

Based on the results of the evaluation of the Strategic Plan of the Ministry of Health and the National Medium-Term Development Plan for 2016 to 2019, the Bengkulu Province Planning and Development Agency (2020:7) stated that the Bengkulu Province health office succeeded in reducing MMR from 117/100,000 live births in 2016 to 100/100,000 births living 2019 (35/34,939 deaths), 2020 (32/34,240 deaths).



Figure 2 Trends in the number of maternal deaths in Bengkulu Province

Source: Health Profile 2020

Bengkulu Province is under the national and provincial targets for reducing MMR. In 2020 32 mothers died, with details of 8 pregnant women (25%), nine people giving birth (28.12%), and 15 people giving birth (46.9%).

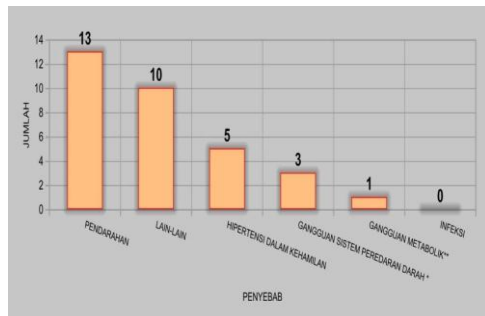


Figure 3 Causes of Maternal Death in 2020 in Bengkulu Province

Source: 2020 Annual Report of the Health and Nutrition Section

Figure 3 shows the biggest cause of maternal death, namely bleeding as many as thirteen people; other details from hypertension in pregnancy include five people, three people with circulatory system disorders, one person with metabolic disorders, and ten mothers who died due to other causes. Looking at the number of maternal deaths by Regency/City in 2020, out of ten Regencies/Cities in Bengkulu Province, Mukomuko Regency where there are no cases of maternal deaths can be seen from the following figure.



Figure 4 Number of Maternal Mortality in Regencies and Cities 2020

Source: Bengkulu Provincial Health Office, 2020

Figure 4 explains that the total MMR of Bengkulu province in 2020 is thirty-two people, with the distribution in North Bengkulu

district being the area that has the highest MMR, namely nine mothers, while Mukomuko district is a district who had no cases of maternal death during childbirth. The implementation of the pregnancy and giving birth process is regulated by Regulation of the Minister of Health Number 97 of 2014 concerning health services before pregnancy, pregnancy, childbirth and the postpartum period, and sexual health services. Actions at the regional level, in this case in Bengkulu Province, produced the RAP document for SDGs Bengkulu Province 2016 – 2021 at point three of the SDGs, there is a target to achieve a healthy and prosperous life that is in line with the Bengkulu Province Regional Education Development Plan for 2016 – 2021 with priority on maternal and child health and control of communicable diseases.

Table 1 RAD SDGs Objective 3 Bengkulu Province

Kode Indikator	Target/Indikator	Sumber Data	Satuan	Baseline (2016)	Target Pencapaian				
					2017	2018	2019	2020	2021
Tujuan SDG 3: Menjamin Kehidupan yang Sehat dan Meningkatkan Kesejahteraan Seluruh Penduduk Semua Usia									
Target Global: Pada tahun 2030, mengurangi rasio angka kematian ibu hingga kurang dari 70 per 100.000 kelahiran hidup.									
3.1.1	Angka Kematian Ibu (AKI) 100.000 kelahiran hidup	PPACD	%	117,15	116	115	114	113	112
3.1.2	Persentase persalinan di fasilitas pelayanan kesehatan	Diras. Kesehatan Provinsi Bengkulu	%	71,05	79	82	85	86	86
3.1.2.a	Persentase persalinan di fasilitas pelayanan kesehatan	Diras. Kesehatan Provinsi Bengkulu	%	71,05	79	82	85	86	86

Source: RAP SDGs Bengkulu Province 2016-2021

Based on the table, the third objective plan of the Bengkulu Province RAP from 2016 to 2021 as regulated through Bengkulu Governor Decree number 36 of 2017 is not achieved as targeted indicator, namely the desire to reduce the MMR ratio of 70/10,000 live births. The following is a presentation of

field implementation data compiled from the results of the evaluation and monitoring of the SDGs in Bengkulu Province in 2020.

Table 3 Results of Money RAD SDGs Goal 3 SDGs 2020

Kode Indikator	Target/Indikator	Sumber Data	Satuan	Target Pencapaian 2020	Capaian SDGs 2020	Status
Visi SDGs 3: Menjamin Kelahiran yang Sehat dan Meningkatkan Kesehatan Selama Periode Semua Usia						
Target Global: Pada tahun 2030, mengurangi rasio kematian ibu hingga kurang dari 70 per 100.000 kelahiran hidup.						
3.1.1	Angka Kematian Ibu (AKI) 100.000 kelahiran hidup	RPD/D	%	114	93	Akan Terpenuhi
3.1.2	Persentase persalinan di fasilitas pelayanan kesehatan	Data Kesehatan Provinsi Bengkulu	%	85	87,70	Terpenuhi
3.1.2(a)	Persentase persalinan di fasilitas pelayanan kesehatan	Data Kesehatan Provinsi Bengkulu	%	85	87,70	Terpenuhi

Source: Bengkulu 2020 SDGs Money Results

From the monitoring and evaluation results of the 2020 RAP SDGs, there are three indicators in the program regarding reducing maternal mortality in the table above, namely, reducing maternal mortality during childbirth in the goals of the three SDGs. The results of the target indicator for the percentage of deliveries in healthcare facilities in 2020 were 85%. The realization was 87.70%, meaning this target was achieved and exceeded the target. At the same time, in indicator 3.1.1 in the table, the MMR set a target of 114%, achieved by 93%, which means this target has not been achieved because there is still a difference of 11% of the target that must be met.

Based on the explanation above, the problems described earlier in the implementation and evaluation of the RAP SDGs document in Bengkulu Province have been made through Governor Decree number 59 of 2017 how there is a discrepancy between the plan and its implementation and on the other hand there is a connection with gender inequality, ideology,

regulations and values that affect reproductive health. This gender inequality is related to plans and achievements in the health sector. The question in this research is why the Bengkulu Province RAP target in the MMR reduction program for 2016 - 2021 has not been achieved according to the target.

B. RESEARCH METHODS

The research method used is qualitative descriptive research with a gender equity perspective. This study considers the constructed realities of participants and places them in the wider society in which these experiences and meanings are shaped. This research uses a gender analysis framework, a type of thematic analysis in analyzing findings (Yaya *et al.*, 2019). The theoretical guidelines use concepts from policy implementation from Riant Nugroho (2015), which consist of 4 aspects: policy socialization, planning, implementation, and evaluation. The informants in this study were determined using the Purpose Sampling technique. The informants in this study consisted of 3 (three) people from the Bengkulu Provincial Health Office, 2 (two) people from the Bengkulu Province Bappeda, midwives as implementing subjects and health service assistants for giving birth mothers (1 person), 2 (two) mothers who were pregnant, 2 (two) mothers who have given birth. The data collection techniques use interviews, observation, and documentation, while the data analysis techniques used according to Miles and Huberman (Reichenbach *et al.* 2019) are data reduction, data presentation, and

conclusion.

C. RESULTS AND DISCUSSION

Policy Outreach

According to Nugroho (2015), socialization is the dissemination of the content or substance of policies that have been made as an understanding of related parties or target groups. In the socialization process, the implementing party must understand the contents of the policy required to understand the mechanism of implementation and policy objectives so that the objectives of the policy. So as it can simplify the next implementation stage.

Based on the regulation of the Governor of Bengkulu number 36 of 2018 concerning the SDGs RAP for 2016-2021, article 2 paragraph 1 states that the RAP SDGs of Bengkulu Province for 2016-2021 is intended to provide direction as well as become a guideline for all development actors in realizing the achievement of targets and indicators SDGs in Bengkulu Province (PerGub, 2015).

Based on the socialization of the RAP policy in the health sector in reducing MMR in Bengkulu Province in 2016 - 2021, the RAP SDGs launching activity was carried out on August 23, 2018, by the Governor of Bengkulu and attended by Regional Apparatus Organizations and Regional Planning and Development Agencies of districts/cities throughout Bengkulu Province to disseminate information regarding the RAP SDGs.

The researcher saw that the implementer of the Bengkulu

Provincial Health Office as the Coordinator of the MMR reduction program in Bengkulu Province carried out outreach and innovation in disseminating information related to the MMR program in Bengkulu through Top Down to all district/city health offices and forwarded it to hospitals and all health centers in each district/cities, through banners, billboards, and electronic media such as Instagram, Facebook, and online news, have done well.

Public policy dissemination is an effort to disseminate the content and substance of a policy that has been made to bring out knowledge and understanding from various parties involved, including the target group, so that they are willing and able to carry out their role in the success of the objectives as stated in the policy (Herdiana, 2018). The results of the research show that the socialization of the policies conveyed with the concept from Riant Nugroho in this study, has been carried out as expected because the provincial government down to the village level has made efforts to promote health in the MMR reduction program in Bengkulu starting from the provincial health office to the district/city health services to every hospital, sub-health center, policies, and village midwife.

Planning

In this aspect, the indicators used are data collection on reducing MMR activities and funding. The results of the study found two indicators as follows:

MMR target data collection

Based on the Regional

Organizational Strategic Plan (OSP) of the Bengkulu Provincial Health Office for 2016 - 2021 regarding health facilities, the targets in the MMR reduction program in Bengkulu Province, are health centers, hospitals, production and distribution facilities for pharmaceuticals and medical devices, Community-Based Health Effort facilities, and institutions health worker education. The study results showed that the target data collection for activities to reduce maternal mortality was carried out by the stakeholders involved, starting from the bottom (the health center and the hospital) then to the district/city health office and the Bengkulu Province health office.

Program Funding

According to the OSP of the Bengkulu Provincial Health Office for the period 2016-2021, funding for the plan is obtained from the Bengkulu Province regional income and expenditure budget, which includes special allocation funds, general allocation funds, and Deconcentration funds from the health ministry. The plan aims to achieve a healthy and prosperous life by focusing on two key policies:

1. Enhancing the standards of maternal and child healthcare.
2. Strengthening efforts to prevent and control infectious diseases.

The research results related to funding activities to reduce maternal mortality in Bengkulu through evaluating achievement indicators and realizing the state budget for the Bengkulu Province family health

program in 2021 have realized 99.52% of the family health development program from a budget of Rp. 74,754,480,000, and 99% for maternal and child health management from a budget of Rp. 97,500,000.

Based on the findings of researchers at the Bengkulu Provincial Health Office for activities to deal with reducing maternal mortality in Bengkulu Province, regarding the budget for implementing activities that have been well planned and according to needs. However, in 2020 and 2021, there were changes to the budget regarding the program to reduce maternal mortality to focus on dealing with Covid-19, so a shift in budget changes has hampered the program implementation process in the Bengkulu Province health office.

Implementation

This stage of implementation is the most important in public policy because public policy will only be nonsense if it is not implemented. In the implementation aspect, the indicators used are the implementation of activities to reduce MMR and the recording and reporting.

Implementation of Reduction of MMR

The program to reduce maternal mortality is one of the main priorities in the Bengkulu RAP and Regional Medium Term Development Plan for 2016 - 2021, with innovative activities carried out by the Bengkulu Provincial Health Office, which starts in the life cycle starting from the health of adolescents, pregnant women, giving birth, postpartum

mothers, and giving birth programs by health workers.

The results showed that the program to reduce maternal mortality in Bengkulu province before the Covid-19 pandemic was well implemented, starting with adolescent health by distributing area-added pills, services, and examinations for pregnant women and delivery programs by the help from health workers. However, when the Covid-19 pandemic occurred from 2020 to 2021, the implementation of the program was hampered, such as the socialization and distribution of blood supplement pills for teenagers at schools could not be carried out because schools were closed, while examinations for pregnant women and postpartum mothers to health workers experienced a decrease due to people's fear of leaving the house during the Covid 19 pandemic.

Then, the constraints from carrying out activities that occurred in Bengkulu Province from family, cultural, and environmental factors were that it was difficult for mothers to get the access they wanted to fulfill a mother's needs in childbirth and health. Inequality in access in the village from an economic perspective and the role of husbands in accompanying a mother during pregnancy who are still strict about the cultural rules of the family that must be followed are part of the obstacles in obtaining quality health.

Recording and Reporting

Recording and reporting of program implementers are contained in Bengkulu governor regulation number 36 concerning RAP SDGs

for 2016 – 2021. The results of the study show that recording and reporting in the program to reduce maternal mortality in Bengkulu province is carried out in a bottom-up manner, where recording and reporting of maternal mortality Starting from the puskesmas and hospitals in each district/city, they collect data and report it to the district/city health office. The data, then, processed and reported to the provincial health office.

Evaluation

Nugroho (2015) explained that evaluation in the policy implementation process is a policy assessment that includes substance, implementation, and impact. The indicators used in the evaluation are by looking at the achievement of the targets of the Bengkulu Province MMR reduction program for 2016 – 2021.

The results of the study show that the program to reduce maternal mortality has been implemented following the procedures for implementing the Bengkulu Provincial Health Office for district/city offices through health facilities such as hospitals, pharmaceutical and medical device production and distribution facilities, Community-Based Health Unit Health Effort facilities, and health education institutions. However, several obstacles were found at the time of implementation, as disclosed (Yaya *et al.* 2019) related to quality care for women related to gender inequality at several levels, such as the individual level, relationship level, and community level, which the government of Bengkulu

Province has not properly viewed because it focuses on the implementation system in terms of existing mechanisms but does not see the role and side of a mother in the object that must be considered. Constraints in obtaining referral recommendations from hospitals, health cost constraints due to not having health insurance, the large number of doctors in Bengkulu City, and the shortage of doctors in the districts cause inequality of health workers between districts and cities in Bengkulu Province.

D. CONCLUSIONS AND RECOMMENDATION

Conclusions

Based on the results of this study, it can be concluded as follows:

1. Policy Outreach: at this stage, the socialization of the maternal mortality rate reduction program has been going well from the bottom up of the Bengkulu Provincial Health Office; this is based on socialization activities carried out by the Bengkulu Province Health Office, which disseminates information to district offices/city and district/city offices provide information to health centers, policies, hospitals, and educational institutions. In addition this, socialization is also carried out through print media such as newspapers, billboards, and electronic media such as websites, Instagram, Facebook, and the like.
2. Planning: The planning stage has been carried out well because the source of funding for activities already exists, starting from the

regional income and expenditure budget and the Deconcentration Fund from the Ministry of Health of the Republic of Indonesia, as well as data collection regarding the information on the number of pregnant women, giving birth and postpartum women. Recorded by reporting once per quarter.

3. Implementation: The implementation stage has not been carried out properly because implementing actors at the district/city health office level have transferred positions which has caused understanding regarding the implementation of program activities to be hampered because they have to re-understand the activities that must be carried out and also do not understand how to implement the program. The mothers' role has not been massively involved in policy-making, and aspirations in policy or program-making have not been seen, so the role of a mother is only a passive object.
4. Evaluation: At the evaluation stage, the researcher looked at the achievement of targets for implementing activities to reduce maternal mortality that had not been achieved according to the target due to mutations in regional apparatus organizations, constraints on referral recommendations from hospitals, health cost constraints due to not having health insurance, the number health workers are not evenly distributed in the district, culture in the family and environment, and mother's access at the individual level,

relationship level, and community level are still hampered.

Recomendation

Based on the conclusions, the authors provide the following suggestions:

1. Strengthening the capacity of the district/city health office related to understanding policies due to frequent mutations in structural positions is necessary for executors who understand how to implement these policies so that the targets of the plans that have been set can be achieved.
2. Clarity and mechanisms must be conveyed from the provincial health office to district/city offices and health facilities (hospitals, health centers, Community-Based Activity Units, and educational institutions) so that there are no different understandings, especially in socializing the program.
3. Special attention to mothers in areas with difficult access to health and health facilities to reduce MMR.
4. The distribution of the number of trained health workers and easily accessible health facilities in every district/city and education to the public regarding the importance of health and health insurance, especially for mothers in rural areas.

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