

Decreasing and Determining Child Mortality in Indonesia

IskandarAziz¹, Lutfi Agus Salim²

¹Undergraduate Student in Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia,

²Associate Profesor in Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia

Abstract

Child mortality is very important to be considered by policymakers, especially for developing countries, like Indonesia. Child mortality rates reflect the level of health development of a country and the quality of life of its people. The Government of Indonesia through the 2015-2019 National Medium-Term Development Plan (RPJMN) has set a target of achieving a reduction in infant mortality of 24 per 1000 births in 2019. Achievement targets that have been made, are intended to follow the major goals of the Sustainable development goals (SDGs) in health and welfare. The government has issued a policy to reduce child mortality through programs such as Healthy Indonesia with a family approach through Permenkes no.39 of 2016. Based on data obtained by the Indonesian Central Statistics Agency (BPS), it was found that neonatal mortality, infant mortality, and infant mortality from 1991 to 2017 there was a decline which meant that there was progress in efforts to reduce child mortality. The success of the Government of Indonesia in reducing child mortality can not be separated from the use of expert theory well. the theories used as references are those of Mosley and Chen, and Filmer who states that children's survival is influenced by social, economic, and biomedical factors.

Keyword: *Decreasing, Determining, Child Mortality*

Introduction

Child mortality rates in Indonesia are still of concern, with the highest rate of infant mortality in 1991 of 97 deaths per 1000 live births, this rate is higher than the average ASEAN under-five mortality rate in the same year⁽¹⁾. Child mortality rates not only reflect the magnitude of health problems that have a direct impact on child mortality, such as diarrhea, infections, respiratory tract, or prenatal conditions, but also reflect the level of maternal health, environmental health conditions, and the level of general socioeconomic development of the community⁽²⁾. Every child has the right to survival, growth, and development and is entitled to protection from violence and discrimination⁽³⁾. Children have the right to care and protection, both during the womb and after birth⁽⁴⁾. In 1990 the Indonesian government approved the Convention on the Rights of the Child which was also approved by the United Nations in 1989⁽⁵⁾. Indonesia itself raised the theory put forward by Mosley and Chen, as well as Filmer which was then used as an evaluation of sectoral development⁽⁶⁾. In the 2015-2019 RPJMN, the Indonesian government wants

development that can improve the welfare of children that have been carried out in the previous year such as improving education, improving malnutrition, and health development, and gender equality in Indonesia⁽⁷⁾. The Government of Indonesia has now made a program called the Community Movement (GERMAS) which aims to improve the environment and change behavior towards a healthy direction, by increasing awareness, willingness and the ability of people to behave healthily to improve their quality of life⁽⁸⁾. The BKKBN has formulated KKBPK's policies and program strategies aimed at improving maternal and child health, reducing maternal mortality, and infant mortality, and improving community nutrition is the main focus of BKKBN⁽⁹⁾.

Methods

The method used in this study is a qualitative descriptive of child mortality in Indonesia. The secondary data obtained will be further discussed with theories related to the chosen topic.

Result

Cases of Complications and Contraceptive Failure in East Java in 2019

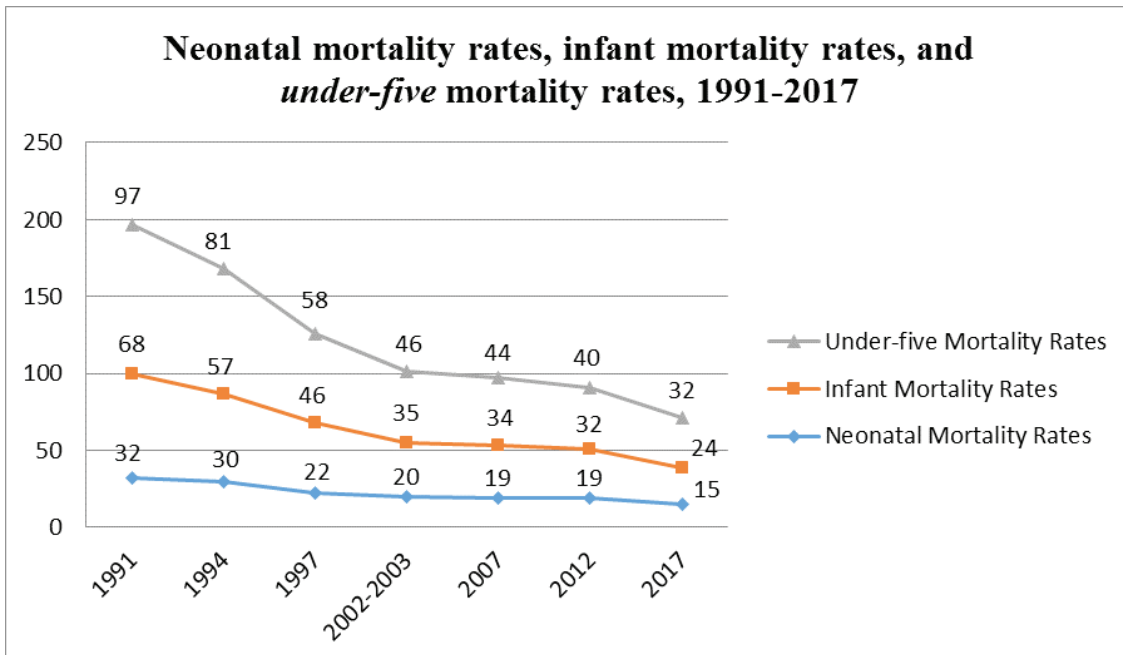
Table 1. Under-five Mortality Rate in ASEAN Countries, 1990 - 2015

Country	Years					
	1990	1995	2000	2005	2010	2015
Brunei Darussalam	10	10	10	10	7	10
Cambodia	181	135	124	83	54	35
Indonesia	97	81	55	45	42	26
Laos	170	150	131	98	76	86
Malaysia	17	13	8	9	8	8
Myanmar	130	82	76	71	35	52
Phillipinnes	80	67	49	34	36	31
Singapore	8	5	4	3	3	3
Thailand	13	12	12	11	10	9
Vietnam	58	52	45	27	24	22

Source: Indonesian Children’s Profile Book 2018

During the period 1990-2015. Singapore has the lowest child mortality rate. Data in 2015 showed that under-five deaths in Singapore were only 3 deaths per 1,000 live births. The country that has the highest child mortality rate in Southeast Asia is Laos. In 2015 the under-five mortality rate in Laos was 86 deaths per 1000 live births.

Figure 1. Neonatal mortality rates, infant mortality rates, and under-five mortality rates, 1991-2017



Source: Indonesian Demographic and Health Survey 2018, Central bureau of Statistic

Discussion

Based on data obtained by the World Health Organization (WHO) the main causes of death among children in 2017 are complications of preterm birth, acute respiratory infections, intrapartum-related complications, congenital anomalies, and diarrhea. Neonatal deaths accounted for around half of under-five deaths in the world in 2017. Ending preventable child deaths can be done by giving early and exclusive breastfeeding, increasing access to skilled health workers for prenatal care, birth, and post-birth, increasing access for nutrition, promoting family awareness of danger signs, increasing access to clean water, sanitation, hygiene, and also providing immunization.

In terms of the causes of child mortality, it can be seen from an endogenous and exogenous perspective. Endogenous causes are causes that are carried from birth and are inherited from parents at the time of conception or from the mother during pregnancy. Exogenous causes are causes related to external environmental factors. The more the baby's age increases, the endogenous causes will decrease and exogenous causes increase. Endogenous causes play a role in infants under one month of age (neonatal). While exogenous causes are responsible for most infant deaths over the age of 1 month and child deaths. The quality of the environment, including hygiene, sanitation and socioeconomic conditions, is crucial for the level of child mortality. It also explains that the state of environmental health greatly influences the child mortality rate ⁽¹⁰⁾.

Poverty is still a major problem in Indonesia, which then has an impact on the welfare of children's lives. In addition to poverty, nutritional problems are still found in Indonesia, toddlers with stunting, and malnutrition ⁽¹¹⁾. Usually the problems of poverty and stunting and malnutrition are encountered simultaneously, babies who are malnourished and stunted can come from families with economic abilities that are less capable so that the nutritional needs of children cannot be fulfilled. Lack of nutritional intake of children will inhibit growth and development. Poverty is also synonymous with inadequate housing, lack of sanitation and densely populated settlements will facilitate infectious diseases spread quickly, infectious diseases such as diarrhea and typhus are one of the factors that can increase the

mortality rate of children themselves.

In March 2019 there were approximately four million people in East Java who were classified as poor. Based on data obtained by the Central Statistics Agency, the poor population in the province of East Java is more common in rural populations with around two million residents, and food is the commodity that contributes the most to the poverty line compared to other commodities. This shows that poverty is one of the factors that makes fulfilling nutritious food difficult to achieve. Difficult fulfillment of nutritious food will impact on children's growth. Lack of nutritious food intake in pregnant women will impact on pregnancy outcomes, a lack of chronic energy can cause low birth weight in children which will then affect the child's growth and development.

Childbirth assistance is also a factor that can affect childmortality. If childbirth is assisted by health workers, it can be ensured that the delivery process is carried out according to safety procedures and with good equipment so that the possibility of infection due to unsterile equipment and complications due to erroneous labor procedures. Based on data obtained by the Central Statistics Agency of East Java, in 2017 and 2018 there were still some laboratories that were not accompanied by health workers in some areas. Delivery by other than professional health such as unprofessional midwives must be avoided. Because unprofessional midwives are not trained to deliver and handle complications during delivery. Usually, maternal and child deaths occur during complications during childbirth and the unprofessional midwives cannot handle it so that mothers who experience complications are late to be referred to the hospital so that eventually death of both mother and child in the womb. Delivery must be carried out by trained health workers such as professional midwives because they have been trained to handle the delivery process and have knowledge related to the delivery process so that if complications occur that can not be handled correctly and referrals can be made directly so that mothers who experience complications during labor are not late to be carried to the hospital and can be saved from the risk of maternal death and child death can be avoided.

In developing countries, there are about 50,000 adolescent girls aged 15-19 years who die each year

during pregnancy or labor. About one million babies born to adolescent girls also die before they reach one year of age. Babies of mothers who give birth under the age of 18 are more at risk of dying before reaching the age of one year. Mothers who are pregnant at the age of risk will carry the risk of death of children born, women who are pregnant at too young or too old have the risk of miscarriage due to weak physical condition. Certainly, the risk to the mother will also carry the risk to the child being born. Therefore, pregnancy at risk of age should be avoided because it will increase the risk of child death.

The Indonesian government has made several programs that can reduce child mortality, for example, family planning programs, the creation of a National Health Insurance (JKN), the provision of pregnancy examinations, the provision of sexual education for married couples, requiring childbirth to be carried out by health workers trained. The program was made by the Indonesian government to accelerate the reduction in maternal and child mortality in Indonesia. Based on data obtained by the Central Statistics Agency in 2018, the delivery process has been handled by many trained health workers such as doctors and midwives.

Reducing child mortality is not only done by the government through its policies but also requires the role of the community who must be aware of the importance of children's survival. Policies made by the government will not run well if people do not obey them. Policies are made so that various sectors can comply with the hope that the child mortality rate can be accelerated. Health workers act as educators and also implement health efforts, while the community plays a role in implementing various efforts to improve health status based on expert recommendations. Synergies from various sectors will facilitate the government in reducing child mortality.

If the family already has good health awareness then it is not difficult for the community to pursue maternal and child health, the community will remind each other to seek maternal health and especially children's health, government programs are no longer considered coercive but can be considered as a standard if at The community already believes that recommendations from experts and government programs are something good. Efforts to promote health-related to child death prevention efforts need to be intensified in giving to the community, health

workers must be able to embrace community leaders in health promotion efforts undertaken so that people can more easily receive information provided by health workers. If health workers are not able to embrace community leaders in this health promotion effort, then the provision of health information will also be difficult to convey, because the community has their respective cultures and norms that have been trusted and applied in the community.

Determinants Of Child Deaths According To Mosley And Chen

According to Mosley and Chen's theory, all social and economic determinants must go through intermediate variables to be able to influence children's survival. The intermediate variables are categorized into 5 categories by Mosley and Chen namely maternal factors, environmental pollution, malnutrition, injury, control of individual diseases⁽¹²⁾.

Mother factor

Maternal factors include age, parity, and birth spacing. Each of these factors has an influence on pregnancy outcomes and infant survival. For example, the age of the mother who is too young to make the condition of pregnant women become dangerous, reproductive organs that have not fully grown to the maximum will make the process of childbirth into a process that is full of risk, can even cause death.

Environmental pollution

Environmental pollution is related to disease transmission to children and mothers. Four categories that describe the spread of disease in the community which includes air, food, or water that transmits digestive diseases such as diarrhea and typhus, then the skin that spreads infectious diseases of the skin, and the last category is insects that transmit diseases through parasites or viruses. carried by insects.

Malnutrition

Malnutrition can affect the survival of children and mothers. Because the adequacy of maternal nutrition during pregnancy will affect the outcome of pregnancy, and during breastfeeding affects the amount and quality of mother's milk.

Injury

The injury category includes injuries that attack physically that can cause disability or even cause death. Although often regarded as something unintentional, there are times when these injuries are intentionally inflicted, for example, an attempted murder aimed at an infant can cause physical injury to the baby. In the wound category, the wound variable can be measured by looking at wounds related to disability.

Control of Individual Diseases

One component in controlling individual diseases is preventive actions taken by healthy people to prevent disease. This includes traditional behaviors such as adhering to traditional beliefs and modern practices such as immunization or prevention of pregnancy by taking antenatal care. Individual disease control factors influence the level of disease through prevention and cure rates through treatment.

Determinants of child deaths According to Filmer

Filmer's theory explains socioeconomic factors as causes of child death. Child mortality and child nutrition are influenced by the demand and supply sides. The demand side referred to by Filmer is the behavior of household and individual characteristics such as sanitation, preventive measures in the family, income, education, and parental knowledge. The better sanitation, disease prevention measures, family income, education and parental knowledge, the lower the child mortality and the better the child's nutrition. The supply side according to Filmer is that government policies both at the micro and macro levels as well as the implementation of its policies, the capabilities of local governments, and infrastructure as well as access and quality of health services are very important and affect the health of children themselves. Difficult access and poor quality health services will increase mortality. Government policies must be able to guarantee in terms of supply regarding services and health insurance, especially for people classified as poor, so that the quality of life of children can be increased and child mortality can be reduced⁽¹³⁾.

Conclusion

Based on the data obtained it can be seen that the

child mortality rate from 1991 - 2017 has decreased

· The main causes of child death are preventable causes such as complications of pregnancy in the mother and diarrhea in the child.

· Based on Mosley and Chen's theory, 5 factors that could affect child survival were maternal factors, environmental pollution, malnutrition, injury, control of individual diseases.

· According to Filmer's theory, there are two factors that influence children's survival, these two factors are supply factors which are government policies that will impact on the quality of health services and demand factors which are characteristics of households in seeking personal health, education, parental knowledge, and sanitation of the home environment.

Recommendation

Suggestions that can be given are as follows:

a. Need to be given knowledge related to reproductive organs, and knowledge related to nutrition, as well as good parenting to brides and women of childbearing age.

b. The need for strengthening by the government related to efforts that have been made previously to strive for children's health such as family planning, giving additional food to pregnant women, and also giving supplementary food for nursing mothers.

c. Preventive health programs need to be promoted and accelerated. This will require the promotion of a range of services from adolescence and pre-pregnancy and continuing through pregnancy, childbirth, and childhood.

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