

Maternal and child health services in Kuranji Padang City towards SDG's[☆]



Mitayani^{a,*}, Zulmardi^b

^a *Stikes Mercubaktijaya Padang, Indonesia*

^b *Health Faculty of the University of Muhammadiyah West Sumatra, Indonesia*

Received 4 October 2018; accepted 14 November 2018
Available online 4 February 2019

KEYWORDS

Services;
Health;
Mother and child;
Kuranji;
Padang

Abstract Health is the first pillar in achieving SDG's goals in Indonesia, including health services for mothers, children, and adolescents, and the elderly. For this reasons research was carried out using survey, interview, and questionnaire methods, the data were analyzed qualitative descriptive of 843 women of productive age, consisting of fertile couples (PUS) 552 people, married 355 people, 29 pregnant women, 95 breastfeeding mothers, babies (age 0–1 years) 65 babies, toddlers (ages 1–5 years) 302 people, 479 teenagers, 405 elderly people, and health services. This research conducted in Kelurahan Korong Gadang Kecamatan Kuranji, Kota Padang held on January to March 2016. The results showed that the pregnancy distance of <2 years was 38%, pregnant women and disease sufferers were 6.9%, pregnant women had 93.1% prenatal care, pregnant women had TT immunization 51.7%, the menu of pregnant women was less protein 44, 8%, and PUS does not have family planning (KB) 40.6%. Meanwhile babies suffered from 48.8% fever and exclusive breastfeeding mothers only 29.2%. Other services are PUS not participating in family planning by 40.6%, children not to Posyandu 49.7%, and the habit of buying unofficial medicine 36.7%. The conclusion of the study shows that several indicators of maternal and infant health do not meet national averages, such as PUS not participating in the National KB number of 17.63%.

© 2019 Elsevier España, S.L.U. All rights reserved.

Background

The Declaration of Millennium Development Goals or MGD's contains eight objectives and eighteen targets in response to global development issues, all of which must be achieved in 2015, followed by SDGs (Sustainable Development Goals). Goals and targets in the health sector include gender health,

[☆] Peer-review of abstracts of the articles is under the responsibility of the Scientific Committee of Riau International Nursing Conference 2018. Full-text and the content of it is under responsibility of authors of the article.

* Corresponding author.

E-mail address: mitayani_dd@yahoo.co.id (Mitayani).

<https://doi.org/10.1016/j.enfcli.2018.11.027>

1130-8621/© 2019 Elsevier España, S.L.U. All rights reserved.

empowering women, reducing maternal and child mortality. To achieve the SDG targets for health and welfare workers and clean water and sanitation, and enter the third pillar. For nurses, in particular they must increase the role of personalism, especially in the field of environmental health and community health care. Communities are social groups that live in a place, interact with each other, know each other and have the same interests and interests.^{7,9} Community is a group of people who live in the same location under the same government, the same area or location where they live, social groups that have the same interest.⁴ In order to realize optimal public health, public health care is needed, where community care itself is the field of nursing which is a combination of public health and supported by community participation that prioritizes promotive and preventive services on an ongoing basis without neglecting curative and rehabilitative services as a whole, through nursing process to improve the function of human life optimally so that it is independent in health efforts.² Increasing the role of the community aims to increase community support in various health efforts and encourage independence in solving problems.⁸

Communities as subjects and objects are expected to be able to recognize the community, take decisions in maintaining their health. The end of the main health service goals are expected to be able to independently protect and improve the health status of the community.^{1,3} In Kuranji Subdistrict, one of the sub-districts in the City of Padang was obtained preliminary data on environmental and community health that lacked health standards and requirements. Such as environmental conditions in the Korong Gadang Village RW 01, 03 and 04 Kuranji Subdistrict, where it is seen that the community throws garbage in its place or burns it. The community does not use the landfill any more, this can be seen from the habit of throwing garbage out of place and in the area household waste is seen stacked in front of the house, does not burn trash, and often throws garbage into sewers/streams or rivers. This can be seen from the state of the gutter which is filled with waste not just flowing water. As a result, the flow of the sewage becomes clogged and this also causes a bad odor.^{5,6} For this reason a field survey study related to community health in Kuranji Sub-district, Padang City was conducted. The aim of the research is to understand the level of environmental health and community health.

Methodology

The study was conducted in Korong Gadang Village, Kuranji District, Padang City in 2016. The research method was in the form of a field survey and used questionnaires to obtain data on environmental health and community health at the research site.

Results and discussion

The research location is in Kuranji Subdistrict, Korong Gadang Subdistrict, with borders, east of Kuranji Village. Korong Gadang Village, Kuranji Subdistrict consists of three RWs, namely RW 01, 03 and 04. From the observations, RW 01, 03 and 04 people have varied age groups consisting of age groups of infants, toddlers, school children, teenagers,

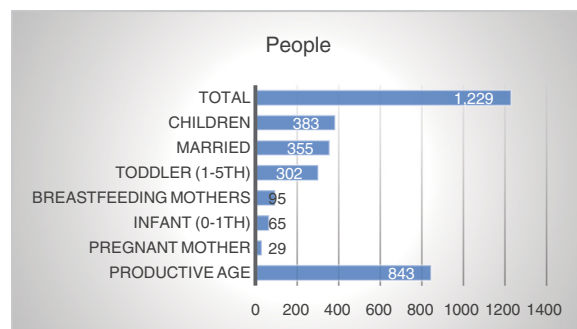


Figure 1 People distribution based on the maternal and child health in Korong Gadang Village, Kuranji Subdistrict, Padang City.

adults, couples of childbearing age and elderly. In the morning at each RT young adult women are more visible than in other age groups, while the school age group is more visible in the afternoon. While the elderly group has more activities in mosques such as wirid. From the survey results, this school age group is more visible than other age groups, the composition of the population is more women than men, the nuclear family is more dominant and more fertile. Residents of RW 01 are not only inhabited by indigenous people. The number of family heads in RW 01, 03 and 04 Out of Korong Gadang is ± 807 Family Heads. The number of houses in this study was 1356 men (48%) and 1494 women (52%) with a total population of 2850 people, with 807 households or heads of households. Age distribution consists of 47.2% under the age of 21 and 52.8% over the age of 22 with education attainment of 92.4% having the highest education of senior high school, only 7.6% having diploma and undergraduate education as in and Of all 807 houses consisting of 82% permanent housing, 18% semi-permanent with 98% of the house floor consisting of ceramics, cement, and planks, there are still 2% of floored houses.

Maternal, infant and toddler health

There are three Posyandu, and one independent practice midwife in RW 03, the community does not use the posyandu that is usually held every month. In the RW 01 area, the elderly posyandu has been formed, while in RW 03 it has just been formed and the RW 04 posyandu has been formed for a long time but is not active. the number of elderly who visit posyandu is a little because the elderly have a busy life and generally the community in the village.

Maternal health services

Distribution of maternal and child health service and maternal data base on health services can be seen in Figs. 1–3.

Conclusions

There are several maternal, infant and toddler health problems in Korong Gadang Village, Kuranji Subdistrict, Padang City, namely:

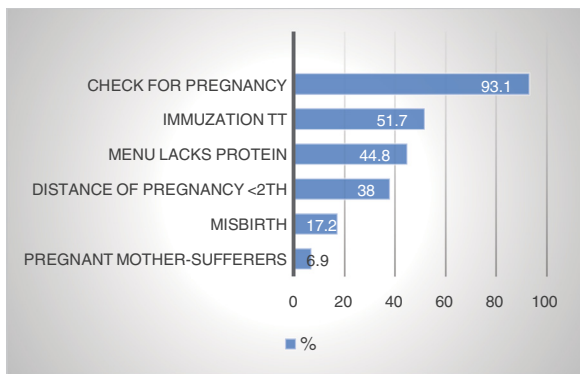


Figure 2 Maternal data based on the health services in Korong Gadang Village, Kuranji Subdistrict, Padang City.

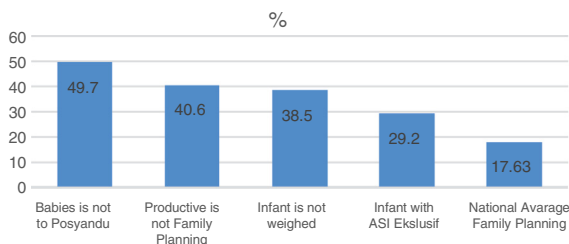


Figure 3 Several existing condition on health services in Korong Gadang Village, Kuranji Subdistrict, Padang City.

1. The lack of elderly numbers to the elderly posyandu with a percentage of 94.2%;

2. There are still babies who are not weighed by reason of long distance as much as 66.7%;
3. Habit of the community before treatment is to buy over-the-counter drugs with a percentage of 36.7%.

References

1. Central Bureau of Statistics. Study of cross-sector indicators – study of sustainable development goals (SDGs) indicators. Jakarta: BPS RI; 2014.
2. BPS, BKKBN, Ministry of Health, and USAID. Indonesian demographic and health survey. Jakarta: BPS RI; 2012.
3. Ministry of Health Indonesia. Indonesia health profile 2017. Jakarta: Ministry of Health Republic of Indonesia; 2018.
4. Kusumawati Y, Astuti D, Ambarwati. Relationship between education and knowledge of family heads on environmental health with clean and healthy life behavior (PHBS). J Public Health. 2008;1.
5. Rizema Putra, Sitiatava. Babies and toddlers neonatal care for nursing and midwifery. Jogjakarta: D-Medika; 2012.
6. Saragih, Damaria. Guide to nursing for babies and children. Yogyakarta: Citra Aji Pratama; 2010.
7. SDSN. Sustainable Development Solutions Network (SDSN): indicator and monitoring of framework for sustainable development goals, launching a data revolution for the SDG's. New York: SDSN; 2014.
8. UNEP and UNDP. Indicators and data mapping to case of Indonesia 2015 measure sustainable development goals (SDGs) targets. Report.; 2015.
9. United Nation. Sustainable development goals (SDG's). Sustainable development goals; 2017.