

## The Improvement of Infant and Child Mortality Through Good Public Health Service in Lamandau Regency

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### Abstract

*Introduction: The Minimum Service Standards for Health mandate essential health services for all citizens, delivered through Puskesmas (Community et al.). Established in 1968, these centres aim to equalize health services across the country. Despite progress, challenges such as unequal access, insufficient healthcare workers, and limited facilities persist. Child health services, crucial for reducing mortality rates, have shown improvement, but disparities remain. Lamandau Regency, a new autonomous region in Central Kalimantan, illustrates the ongoing challenges in health development. Theoretical Review: The concept of public service in Indonesia is shaped by administrative, political, and legal dimensions, as articulated by Rosenbloom and Kravchuk (2005). This includes managerial decentralization, political representativeness, responsiveness, and legal accountability. Essential health services, integral to public services in Indonesia, are primarily delivered through Puskesmas, mandated by Minister of Health Regulation No. 75 of 2014 to prioritize promotive and preventive efforts at the primary level. Method: This study employs qualitative research to explore the social phenomenon of the health service system, utilizing an explanatory research approach to uncover causal networks. Result and Discussion: The Infant Mortality Rate (IMR) in Lamandau Regency decreased from 2015 to 2019, reflecting improvements in newborn health services. Puskesmas, like Bukit Jaya and Bayat, prioritize community partnership in service delivery, fostering responsibility and community involvement. This approach enhances service quality through two-way communication and community-driven initiatives like the Posyandu program. Staff adequacy at Bayat Puskesmas underscores the importance of local government support in health service. Conclusion: The decreasing Infant Mortality Rate (IMR) in Lamandau Regency suggests improved newborn health services.*

**Keywords:** Public Service, Health Service, Infant.

## INTRODUCTION

Public service is an ongoing issue that colours people's daily lives in Indonesia and other parts of the world. The negative image of public bureaucracy and the low quality of public services are reflected in the numerous responses and complaints in various media. This can also be referred to as bureaucratic pathology, where Umar (in Yuningsih, 2019) mentions that this pathology indicates behaviours that deviate from the prevailing values and norms. The public complains about service quality, corruption, extortion or unauthorized fees, slow performance of officials, uncertainty, and lengthy process times, among other issues. As Rohayatin et al. (2017) stated, several significant problems in the quality of public services in Indonesia include low human resources, inefficient bureaucratic organizations, and poor bureaucratic procedures.

The Minimum Service Standards for Health is a reference for district/city governments in providing health services to which every citizen is entitled at a minimum. Article 2, paragraph 2, explains that the essential health services that must be provided by local governments include: a) every pregnant woman receiving antenatal care according to standards; b) every woman in labor receiving delivery services according to standards; c) every newborn receiving health services according to standards; d) every toddler receiving health services according to standards; e) every child of primary education age receiving health screening according to standards; f) every Indonesian citizen aged 15 to 59 receiving health screening according to standards; g) every Indonesian citizen aged 60 years and above receiving health screening according to standards; h) every hypertension patient receiving health services according to standards; i) every Diabetes Mellitus patient receiving health services

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according to standards; j) every person with mental disorders (ODGJ) receiving health services according to standards; k) every person with TB receiving TB services according to standards; and l) every person at risk of HIV infection (pregnant women, TB patients, STI patients, transgenders, drug users, and prison inmates) receiving HIV testing according to standards.

To meet the essential health services the government provides to all citizens in every region of Indonesia, there are health facilities known as Puskesmas (Community et al.). Since Puskesmas were introduced into the Indonesian Health System in 1968, their main goal has been to accelerate the equalization of health services, which at that time was a significant problem in improving the health of the Indonesian population. Puskesmas are the frontline of health services in Indonesia and are crucial in determining the health indicators of the population.

As a developing country, Indonesia faces various challenges in building a robust and reliable health system. Although the national health system in Indonesia has managed to improve the health status of the Indonesian population year after year, efforts are still needed to accelerate the achievement of health indicators to catch up with other countries. One of the issues in Indonesia includes the lack of healthcare workers, unequal access to health services, inadequate health financing coverage, and insufficient facilities. In addition to the issues of equity and disparities in health services between regions and income groups, geographical constraints also limit access to health services in many areas of Indonesia. Access to primary health services still needs to be improved, especially in underdeveloped border and island regions (DTPK).

Child health services involve efforts to maintain children's health from when they are still in the womb, at birth, after birth, and up to 18 years of age. These child health efforts aim to reduce child mortality rates. Indicators of child mortality include the Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), and Under-Five Mortality Rate (U5MR). The child mortality rate has shown a decline over the years. The 2017 Indonesian Demographic and Health Survey (IDHS) showed an NMR of 15 per 1,000 live births, an IMR of 24 per 1,000 live births, and a U5MR of 32 per 1,000 live births. This indicates a decline compared to 2012, where the NMR was 19 per 1,000 live births, the IMR was 32 per 1,000 live births, and the U5MR was 40 per 1,000 live births.

Lamandau Regency is one of the new regencies, which, along with eight other regencies, became a new autonomous region in the Central Kalimantan Province in 2002. Lamandau Regency is a former Bulik Kawedanan area consisting of Bulik District, Lamandau District, and Delang District. As a new autonomous region, Lamandau Regency faces various challenges and dynamics in health development.

## **THEORETICAL REVIEW**

### **Concept and Philosophy of Public Service**

Rosenbloom and Kravchuk (2005) define public administration from managerial, political, and legal perspectives. The public administration system is decentralized in the managerial dimension with new management tools such as cost-effectiveness and customer responsiveness. This approach applies knowledge and experiences from management and other disciplines to improve the efficiency and effectiveness of public service performance in modern bureaucracies. In the political dimension, public administration must embody three key aspects: representativeness, responsiveness, and accountability, prioritizing public interest as the foundation for various programs. From a legal standpoint, Rosenbloom and Kravchuk (2005) emphasize the need to achieve constitutional integrity, procedural processes, fulfilment of substantive rights, and equal protection by underscoring the importance of the judiciary's role in implementing and enforcing laws based on citizens' constitutional rights.

The Indonesian administrative system underwent significant changes post-independence. In 1954, the government invited a delegation from the United States to research personnel administration, led by Edward H. Litchfield and assisted by Alan C. Rankin. After conducting research across Indonesia, they formulated recommendations titled "Training Administration in Indonesia," which included the establishment of an educational institution for administration to train government employees and administrators. This led to a collaboration with a team from Indiana University (USA) in 1956 and the establishment of the National

Administration Institute (LAN) in Jakarta in 1957, headed by Prof. Dr. Prajudi Atmosudirdjo. The institute expanded administrative studies across various fields, and many experts were sent to the United States to deepen their public and business administration knowledge.

Practitioners and scholars often use the concept of public service, which has varying meanings. Generally, public service can be defined as various service activities provided by public service providers to meet the needs of service recipients. Public employees typically hold public service authority because one of the government's missions is to provide services to the public to achieve public welfare. Thus, public services should be provided by government institutions with a non-profit orientation, focusing on service delivery. Historically, public services provided by the government were meant to meet the needs for goods and services exclusively supplied by the government.

There are many criteria to determine whether a service (goods, services, and administration) qualifies as a public service. Criteria often used include the nature of goods and services (Stiglitz, 2000; Ostrom et al., 1994). Goods and services categorized as public goods or those with high externalities are typically not managed by corporations or handed over to the market because they cannot control who consumes them. However, these goods and services are crucial for the lives of citizens and the broader community, such as primary education, preventive and essential health services, national defence, air pollution control, and public road construction. All these services are essential and should be provided by the state, making them part of public services.

### **Basic Health Services as Part of Public Services in Indonesia**

In general, health services encompass all individual or collective efforts within an organization to maintain and improve health, prevent and cure diseases, and restore health for individuals, families, groups, or communities (Azwar, 2000). One fundamental need of the public service society is the health services provided by the government. Health services are essential efforts by the government to improve the health status of individuals and the community.

Minister of Health Regulation No. 75 of 2014 states that health service facilities providing public and individual health efforts at the primary level, prioritizing promotive and preventive efforts, are community health centres or Puskesmas. As per regulations, puskesmas are technical implementation units of district/city health offices. Each Puskesmas is led by a Head of Puskesmas, who is responsible for all activities within the Puskesmas. The organization of Puskesmas is structured by district/city health offices based on category, health efforts, and workload. Bappenas (2018) also explains that essential health services in Indonesia have evolved dynamically over time. Initially, the "18 main programs" implemented by Puskesmas included essential services. One of these leading programs is Maternal and Child Health (KIA).

### **METHOD**

Qualitative research is used to understand or interpret phenomena occurring within society. Gabrielian et al. (2008), citing Denzin and Lincoln (2005), further explain that qualitative research is defined as a "situated activity that locates the observer in the world," where researchers attempt to make sense of or interpret phenomena in terms of the meanings people bring to them in natural settings.

The health service system is a social phenomenon within a social group. Based on this premise, this study employs a qualitative research approach. The type of research used is explanatory research. Gabrielian et al. (2008) explain that explanatory research aims to explain the forces causing the phenomenon in question and to identify plausible causal networks shaping the phenomenon.

The data sources for this study can be described as follows:

**Primary Data:** Primary data is collected directly by the researcher from the source. This data is obtained through informants related to the research object. In this study, the researcher used a purposive sampling technique to determine the research informants.

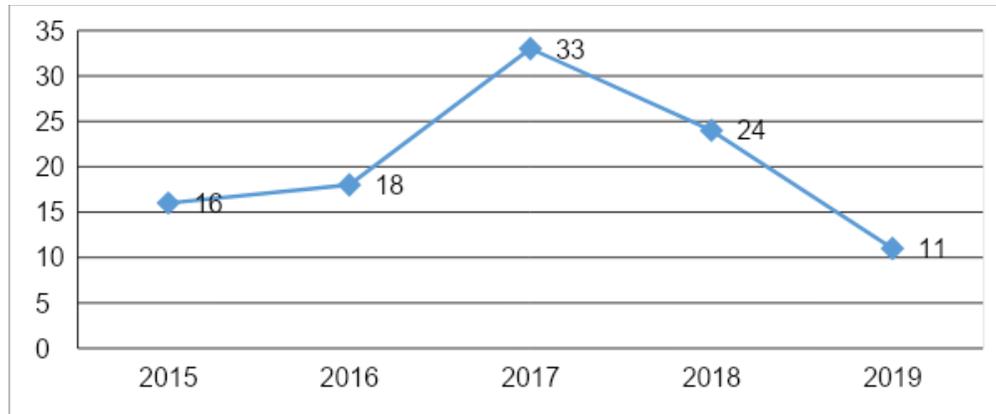
**Secondary Data:** Secondary data has been previously explored and reported by others outside the researcher. This means that this data is not directly related to the respondents. As a data source, it complements the primary

data and aligns it with the research focus. In this study, secondary data includes data from the Ministry of Health Regulation No. 4 of 2019 concerning Technical Standards for Fulfilling the Quality of Basic Services in the Minimum Service Standards for the Health Sector and the achievement of the Minimum Service Standards (SPM) in each Puskesmas in Lamandau Regency.

## RESULTS AND DISCUSSION

### Newborn Health Services

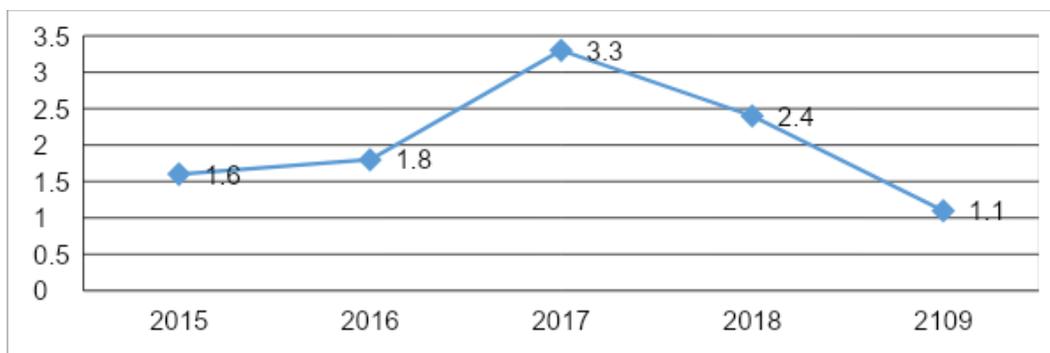
The Infant Mortality Rate (IMR) indicator can determine the infant survival rate. The development of the IMR indicator in Lamandau Regency from 2015 to 2019 is illustrated in the following figure:



**Figure 1.** Infant Mortality Rate in Lamandau Regency from 2015 to 2019

Source: Lamandau Regency Health Office, 2020

The data indicates that the Infant Mortality Rate (IMR) in Lamandau Regency experienced a fluctuating trend but generally decreased from 2015 to 2019. In 2015, the infant mortality rate was 16, which declined to 11 in 2019. Using the formula per 1,000 live births, the table below shows the mortality rate of 1.6 deaths in 2015 and 1.1 in 2019.



**Figure 5.5** Infant Mortality Rate per 1000 live births in Lamandau Regency from 2015 to 2019

Source: Lamandau Regency Health Office, 2020

Based on interviews with the head of Bukit Jaya Puskesmas, it was found that the essential health services provided need to differentiate between patients because, for Bukit Jaya Puskesmas, all patients are considered partners. Bukit Jaya Puskesmas adopts an entrepreneurial principle in response to the community, which fosters a sense of responsibility to serve the public entirely. By applying the principle that the community is a partner, community involvement in providing essential health services becomes more tangible and can be incorporated into Puskesmas policies. This includes community involvement in the Posyandu program, reinforcing the belief that the Puskesmas and all forms of health services therein are communal assets. Two-way communication is

one of the strategies employed by Bukit Jaya Puskesmas to enhance the public services available. Similarly, in Merambang, the evaluation of health workers is necessary, and social dissemination is conducted across sectors.

The same approach is observed in other Puskesmas, such as Bayat Puskesmas, which has staffed itself adequately to provide excellent essential health services. This aligns with the research by Timothy et al. (2018), which found that successful management strongly correlates with the number of staff in the health department of local governments in India. Additionally, with the community's support, the essential health services at Bayat Puskesmas place a higher value on citizenship than entrepreneurship. The collaboration between the Puskesmas and the community aims to involve the community in planning the health services at the Puskesmas, ensuring that the services align with the community's needs.

### **Child Health Services**

One of the fundamental missions of a government is to provide public services to achieve the well-being of its citizens. Government institutions should deliver public services, focusing not on profit but on service delivery. Health services are a form of public service provided by the government, wherein health goods and services aim to fulfil the country's goals and mission. Puskesmas (community health centres) serve as primary health service providers that can directly foster dialogue about various values within the community. This environment is what Bukit Jaya Puskesmas strives to create. With community participation, the Puskesmas can achieve its goal of providing quality services, as evidenced by interviews with Bukit Jaya patients. For instance, Mrs. Nr stated:

"The service is very satisfying." (Interview conducted on June 25, 2022).

"I participate in the Posyandu activities every month and bring my child to the Posyandu every month." (Interview conducted on June 25, 2022).

This sentiment is echoed by Mr. MS, the head of Bukit Jaya Puskesmas, who said:

"We involve the community in Posyandu services, encouraging them to participate in Posyandu for toddlers and the elderly. We recognize that the Health Office or Puskesmas do not solely own Posyandu but belongs to all of us and requires collaboration between the Puskesmas and the surrounding community." (Interview conducted on July 9, 2022).

This statement is supported by Mr. N, a community member receiving services at Bulik Puskesmas:

"The service is excellent, and the wait time is short. Access to information is easy and understandable, and there are no treatment costs because I use BPJS." (Interview conducted on July 14, 2022, in the Puskesmas waiting room).

Based on these statements, health services are provided with the perspective of treating patients as partners. This perspective is intended to enhance the responsiveness of healthcare workers in delivering services to all citizens. The implementation and planning of health services also actively involve the local community, ensuring that the services provided by the Puskesmas meet the community's needs. Additionally, the collaboration between the Puskesmas and the community across sectors reflects a sense of citizenship in every service provided by the Puskesmas.

However, it is essential to note that the technological support at Puskesmas in Lamandau Regency still needs to be improved. For instance, Bukit Jaya Puskesmas operates manually, including managing KIA (Maternal and Child Health) books. According to Riyanto (2021), one of the triggers for achieving revitalized health services is the presence of supporting technology. Thus, technology must be addressed to build revitalized health services at the Puskesmas level, especially in this era where nearly all sectors are intertwined with technology, which has become a necessity for humans.

Additionally, the Health Office uses the adequacy of midwives and nurses to address the shortage of doctors. Interview findings indicate that the doctor-to-patient ratio in Lamandau Regency is 1:2,800, which still needs to be improved. For example, Bulik Puskesmas faces challenges in providing excellent services due to a shortage of doctors. However, with an adequate number of midwives and nurses, the delivery of health services in

Puskesmas across Lamandau Regency can still proceed relatively well. This aligns with the concept of revitalization (Dekpes, 2006), which aims to restore the function of Puskesmas as implementers of preventive and promotive efforts and improve the quality of curative and rehabilitative health services by distributing medical personnel evenly across all Puskesmas.

In contrast, Merambang Puskesmas faces a different challenge: the need for medical equipment. Despite this, the services provided by Merambang Puskesmas continue to operate effectively and engage community participation in health service delivery. The realization of democratic services at the Puskesmas is also supported by good accessibility for the community. This can serve as a reference for the Health Office or the government, indicating that a strategic location can be a crucial indicator of successful strategic planning. Although Merambang Puskesmas faces challenges in meeting equipment needs, this does not necessarily indicate that the services provided do not meet public needs, as there is positive feedback from the community receiving services.

Nevertheless, the Health Office acknowledges certain limitations in striving for excellent health services at every Puskesmas in Lamandau, particularly in developing human resource competencies at each Puskesmas. The Lamandau Regency Health Office recognizes this limitation as an institutional constraint. Despite this limitation, the Lamandau City Government, through the Lamandau Regency Health Office, continues to optimize strategies and maintain a democratic approach to providing public health services. The following strategy involves engaging stakeholders, including cross-sector institutions and the community. Input from the community can help the local government, particularly relevant departments, to address the community's needs.

Furthermore, the process involves accommodating and considering the community's needs for public services through bureaucratic stages. Consequently, socialization and training on existing health programs are regularly conducted. The Health Office's actions are also accompanied by performance evaluations of the Puskesmas, enabling direct assessment of the condition and strategies employed by the Puskesmas to create a democratic space in service delivery. As a result, the services implemented at Kawa Puskesmas, for example, align with expectations and foster democratic services, including community involvement in elderly and child Posyandu services.

## CONCLUSION

Based on the presentation of data and analysis of the Basic Health Service Achievements in Lamandau Regency, the following findings were observed:

**New born Health Services:** The mortality rate of newborns has decreased. This reduction is attributed to community involvement in health services at Puskesmas, where two-way communication helps shape service policies that meet the community's expectations.

**Child Health Services:** Child health services meet the established standards, with regular activities such as Posyandu for children being well-implemented. Improvements in facilities, technological support, and healthcare personnel are necessary to enhance the quality of health services.

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