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Implementation of Healthy Village in The KP-KAS Program in Preventing Maternal and Child Mortality Rate in Sidotopo Semampir Surabaya

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ABSTRACT

This article aims to evaluate the implementation of healthy villages in the KP-KAS program, especially on indicators of efforts to prevent maternal and child mortality. This study uses a qualitative method with an interpretive approach to study the object of research in more detail. In-depth interviews were conducted with several key informants. The results of this study show that there are several programs carried out in healthy villages to reduce maternal and child mortality, namely eradication malnutrition, vaccination, delivery assisted by health workers, and reproduction health through contraception.

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1. Introduction

According to the Surabaya Regional Regulation No. 6 of 2011 mandates "the community is obliged and responsible for child protection through activities of the role of the community in implementing child protection", this makes the elements in the closest ecosystem to realize the ideal family form in particular. In this case, the family is the most important component of education as part of the Tri Education Center, namely the family realm, the college nature and the youth movement. One of the programs of the City Government of Surabaya in implementing child protection is KP-KAS (Kampung Pendidikan-Kampung Arek Suroboyo).

One of the goals to be achieved by the World Health Organization (WHO) which was formulated at the 1978 Atlanta meeting was to achieve all health in 2000, which is better known as Health for all by year 2000. Efforts to achieve this goal are various programs based on Primary Health Care has been implemented to improve health status. Several indicators used by WHO to measure the success rate of these programs include infant mortality rate (IMR), under-five mortality rate, maternal mortality rate (MMR) and life expectancy rate. One of the indicators of the Millennium Development Goals (MDGs) is to reduce child mortality with the target of reducing the mortality rate for children under five years of age (under five) by two thirds during from 1990 to 2015 means reducing from 97 per 1000 to live births to 32 per 1000 live births. Followed by the health indicators in the 2015 SDGs which are the third goals, namely health insurance and health promotion for all ages[1].

Indonesia has repeatedly been categorized as a country that is slow in achieving the MDGs. The source of inaction is shown in the high maternal mortality rate (MMR) and under-five mortality rate (IMR), the unresolved rate of HIV / AIDS transmission, the low fulfillment of clean water and poor sanitation, the absence of recognition of community initiatives, the Indonesian government has never encouraged a sense of ownership. together with the MDGs to the people, there is a very strong impression that the achievement of the MDGs is identical to the implementation of government programs[2].

KP-KAS invites all villages to care for their children through the implementation of foster villages, safe villages, literacy villages, and healthy villages. The implementation of healthy villages is the focus of this study because of the 11 indicators, four of them focus on efforts to prevent maternal and child mortality. The four indicators are eradication of malnutrition, full coverage vaccination, delivery assisted by medical personnel, and reproduction health. Several previous studies stated that the prevalence of malnutrition is still low in several countries, including Indonesia [3]–[6]. In addition, pregnancy planning is also needed to minimize complications during and after delivery [7], [8].

2. Method

This research is a qualitative research with an interpretive approach as a method to answer problem formulations by interpreting and answering problems on the object of research [9]. The data collection techniques used were in-depth interviews, observation, and documentation to key informants, namely the village head, the head of RT.08, the person in charge of the Health Village program, village midwives, and Integrated Services Post (posyandu) cadres. This research was conducted in Sidotopo Village, Semampir District, Surabaya City. The data collection process was carried out in October 2020.

3. Result and Discussion

Health is a state of well-being which includes physical, mental, and social aspects that are not only free from illness or disability. Health Village program provide and support the creation of a healthy atmosphere physically, mentally and socially. RT.08 / RW.05 as a pilot for a healthy village. RT 08 has become a healthy village, because of the efforts to achieve a clean and green village made by all residents. With the KP-KAS program, it motivates us to maintain cleanliness towards the healthy village of Kampung Pendidikan-Kampung Arek Suroboyo (KP-KAS). The main purpose of this KP-KAS program is so that the community in the village environment has the awareness to have a clean and healthy lifestyle, especially in the era of the new order in order to break the chain of the spread of COVID-19.

The implementation of indicators that focus on preventing maternal and child mortality in RT.08 RW.05 Sidotopo village is as follows:

A. Eradication Mal Nutrition

The prevalence rate of malnutrition is still high in several countries, including Indonesia. Previous research stated that the prevalence of malnutrition during the current pandemic is still high [3], [6]. Malnutrition is very vulnerable to threatening toddlers and children [5]. In overcoming this, RT.8 took prevention through approaches by posyandu cadres to mothers in RT 8. Some of what has been done as an effort to achieve a healthy village is by providing counseling and education about malnutrition and how to prevent it. In addition, assistance to mothers with toddlers on how to prepare nutritious meals at home is also very important. By providing nutritional food at home, it will make the nutrition provided adequate and prevent malnutrition.

Monitoring of growth and development of infants and toddlers is also carried out in accordance with the Card Towards Healthy (KMS) chart. This is done as a measure to monitor and evaluate children's growth and development on nutritional intake. The last program carried out is to provide additional food to children under five at posyandu. This additional food serves to provide additional nutrition to toddlers in order to get more complete nutrition.

B. Full Vaccination Coverage

Full vaccination coverage is the spearhead in preventing infant and under-five mortality. Several things that affect the incidence of malnutrition and vaccination coverage are socioeconomic conditions, maternal knowledge, and geographical conditions [10], [11]. This is the focus of healthy villages through indicators of eradication of malnutrition and full vaccination coverage. Before the pandemic, immunization was carried out at the posyandu and primary healthcare services according to the immunization schedule for each toddler. Due to the pandemic, posyandu activities have not been carried out in this village in order to maintain distance. However, immunization is still carried out in private practice midwives and health centers by complying with health protocols. The complete basic immunization program is carried out by collecting comprehensive data on infants and toddlers to ensure that they receive complete basic immunization.

C. Delivery Assisted by Health Worker

In order to reduce the mortality rate for mothers and children, childbirth is very important. The village health program also focuses on preventing maternal mortality through community participation in providing assistance by medical personnel, and reproduction health. Deliveries assisted by health personnel can reduce complications that can endanger maternal mortality. Mothers are also expected to understand reproductive health related to contraceptive use to prevent unwanted pregnancies [7], [8], [12], [13]. Through the program of delivery assisted by medical personnel, and reproduction health, it is hoped that a healthy family will be created. This is

also done by mothers in RT.8 through several programs including: Planning for delivery to a midwife or obstetrician. This planning is carried out the first time you visit health workers through the MCH (Maternal and Child Health) monitoring book. This book also serves to monitor the health of the mother and the fetus and prevent the risk of complications during delivery. This is also proof that the people in Sidotopo village have left to give birth by non-medical personnel (dukun).

D. Reproduction Health

Reproductive health is an important point to introduce to families. This is done as an effort to prevent the emergence of diseases related to reproduction / sexuality. In addition, it is hoped that mothers will also pay attention to the reproductive health of their children so that the children are more open and do not lead to negative things. Counseling mothers at posyandu to plan for further pregnancies to prevent pregnancy complications is also a focus. This is intended to minimize labor complications resulting from unwanted or unplanned pregnancy

4. Conclusion

The healthy village, which was initiated as one of the KP-KAS programs by the Surabaya city government, has made people aware of how to live healthy lives and strive to prevent maternal and child deaths. Through the indicators of a healthy village, the community is not only an object but also a subject who is also responsible for preventing maternal and child deaths. Several programs that have been carried out to prevent maternal and child mortality through the village health program in Sidotopo village are eradication malnutrition, vaccination, delivery assisted by health workers, and reproduction health through contraception.

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