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Strategy to Accelerate Sustainable Development in the Health Field in Bengkulu Province

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ABSTRACT

This research aims to determine a strategy to accelerate the reduction of maternal mortality, infant mortality, and stunting and to describe the acceleration of sustainable health development in Bengkulu Province. This research was designed as descriptive research with a correlational investigation and intervention study; namely, the research wanted to find significant variables related to the problem with minimum intervention. The sample in this study used a clustering technique (Cluster Random Sampling), using primary and secondary data. Primary data in this research uses a questionnaire. Meanwhile, the collected data will be tested using validity and reliability tests on research instruments. Meanwhile, to achieve the objectives of this research, data analysis will be carried out using the SWOT test. The research results found that strategies to accelerate the reduction of maternal mortality can be carried out by providing training or education to health cadres, adding skilled health workers, providing supporting facilities related to accelerated access to health services, providing education about the benefits of nutritious and balanced food to improve health. Meanwhile, the strategy to accelerate the reduction in child mortality is to assist in processing drinking water suitable for consumption, provide fast access to services with a community pick-up program, and create a health service program with early detection of diseases in pregnant women. Meanwhile, strategies to accelerate the reduction in stunting rates include providing assistance to treat stunting, providing education about nutritious and balanced food, and health service programs with early disease detection in expectant mothers. There are still many shortcomings; it is recommended that further researchers add research indicators to the variables studied and use the AHP and FGD analysis methods.

Introduction

There are concerns about obstacles to achieving the SDGs in Indonesia, where the deadline is ten years (Rassanjani, 2018). However, optimistically, we must adjust the strategy to achieve the SDGs (Fisher & Fukuda-Parr, 2019). Therefore, an acceleration strategy must be implemented to achieve the 2030 SDGs target (Mukarram, 2020). Reformulation of the development concept places health as a series of management processes to implement a sustainable development agenda, including inputs, processes, outputs, outcomes, and development impacts (Tunji-Olayeni et al., 2021).

Based on the descriptions and background above, the issue of sustainable development in this study carries the pillar of social development that focuses on the gpostpartumoal of a healthy and prosperous life (Bermejo, 2014). To achieve a healthy and prosperous life, problem indicators will be measured using maternal mortality, infant mortality, and stunting rates that are still high (Rozikin, 2012); (Fahrurrozi et al., 2023).

The high mortality of infants and children in Bengkulu province, among others, is still caused by several diseases, including malaria, diarrhea, tetanus, pneumonia, neurological disorders, and gastrointestinal disorders. In children under five, the causes of death include malaria, diarrhea, measles, pneumonia, and diphtheria. Directly, the occurrence of death rates caused by some of these diseases is caused by low birth weight, aspects, and congenital abnormalities, while indirectly, there are complications in the mother. This is closely related to the community's economic income level, which, on average, is still low, which will indirectly affect nutritional intake in mothers and prospective babies (Sandra Fikawati, 2017).

Furthermore, maternal death is a death that occurs in the mother due to events during pregnancy and childbirth and the puerperium (Handayani & Mubarokah, 2019). Maternal mortality and infant mortality are always indicators of the success of health development; they also describe mothers' nutritional and health status, environmental health conditions, and the level of health services, especially for pregnant women, childbirth, and postpartum. From 2020 to 2021, there was an increase in maternal mortality from 32 people to 50 people. Meanwhile, from 2021 to 2022, the maternal mortality rate has decreased. In 2022, the maternal mortality rate in Bengkulu Province is 30 people, consisting of 12 pregnant deaths, six maternity deaths, and 12 postpartum maternal deaths (Syarifah, 2018).

Nationally, the 1bu mortality rate is dominated by postpartum hemorrhage, hypertension, eclampsia, and infection. In addition, the indirect cause of death is still the presence of three late and three cases, too. Three dates are late in getting service facilities, late in getting fast help, and late in recognizing danger signs in handling childbirth. Three were too young to give birth (< 21 years), too old to give birth (> 35 years), too often to give birth, and the third was too close to a birth distance.

The problem of maternal and child mortality is also closely related to stunting, a target of concern in the 2030 SDGs program (Alvionita, 2023); (Programme, 2017). Handling fulfilling nutritional and caloric needs that are good for pregnant women will also impact the baby's health. The baby's health is also related to the baby's growth at

birth. Growth disorders due to malnutrition and calories will result in stunting the growth and development of children called stunting (Anwar, Khomsan, Mauludyani, & Ekawidyani, 2014); (Rokx, C., Subandoro, A ., Gallaghe, P. Rokx, C., Subandoro, A ., Gallaghe, 2018).

Meanwhile, another health problem is that the stunting rate in Bengkulu Province in the last five years, from 2018 to 2022, has decreased, although it has not been significantly seen. Globally, in Bengkulu province, the highest stunting rates in 2022 are in North Bengkulu Regency, Seluma Regency, Mukomuko Regency, Kepahiang Regency, Kaur Regency, Central Bengkulu Regency, Rejang Leong Regency, South Bengkulu Regency, Lebong Regency and Bengkulu City.

Assessing the achievement of sustainable development goals is important to catch up and accelerate the achievement of sustainable development targets (Smaniotto et al., 2020); (Saputra, Fanggidae, & Mafthuchan, 2013); (Alisjahbana & Murniningtyas, 2018). Accelerating sustainable development can only be done if you know what sectors are the flagship of a region (Saifuddin Azwar, 2007); (S. 2 Azwar, 2010). Of course, the sector uses renewable natural resources and technological modernization to be environmentally friendly (Todaro, 1999). Bengkulu Province is one of the regions in Indonesia with economic conditions that are not as good as its neighboring provinces (South Sumatra, West Sumatra, Lampung), becoming a tough challenge for Bengkulu Province in pursuing the achievement of targets SDGs (national development goals) (RATE, n.d.). Therefore, the problems raised in this study are formulated as follows:

1. What is the strategy to accelerate the reduction of maternal mortality in Bengkulu Province?
2. What is the strategy to accelerate the reduction of infant mortality in Bengkulu Province?
3. What is the strategy to accelerate the reduction of stunting rates in Bengkulu Province?
4. How to achieve the acceleration of health sector development goals in Bengkulu Province?

Research Objectives

Based on the formulation of the research problem above, the objectives to be achieved in this study are:

1. To determine the strategy to accelerate the reduction of maternal mortality in Bengkulu Province.
2. To determine the strategy to accelerate the reduction of infant mortality in Bengkulu Province.
3. To determine the strategy to accelerate the reduction of stunting rates in Bengkulu Province.
4. Describe the acceleration of achieving health sector development goals in Bengkulu Province.

Research Methods

Research Design, Data Collection Methods and Research Variables

This research is designed as a descriptive study with the type of investigation and intervention of correlational studies (Mangkuatmodjo, 2015); (Hajar, 1999). The sampling technique used in this study is the cluster method (Cluster Random Sampling). From the entire sample to be selected, only representatives from each population, with sample criteria are resource persons directly related to regional development programs, including the level sub-coordinator of the planning section or head of the planning subdivision, coordinator of the planning section, secretary and head of the Provincial Regional Apparatus Organization and District/City. The samples to be taken amounted to 128 people (Annisa Alifa Ramadhani, Toto Gunarto, & Arivina, 2018).

The data types used are primary and secondary data with maternal and infant mortality rates and stunting variables. The sampling technique used in research is the cluster random sampling technique, which randomizes the group and is not done on objects personally or individually. Primary data were obtained using a closed questionnaire. Secondary data in this study were taken from various sources such as BPS, BAPPEDA, and related agencies (BPS, 2020); (Ghozali, 2006).

Research Instrument Test

Instrument testing This research was conducted by conducting validity and reliability tests. Based on the validity test, the research data is declared valid where the r value is calculated > r table is cheerful. In contrast, the reliability test of the research results is categorized as high reliability with a value (α) still in the range of 0.60 <rii = 0.80.

Analysis Methods

The research method used is descriptive statistical analysis using SWOT analysis tools.

Results and Discussion

Maternal Mortality Variables

Table 1
IFAS Analysis of Maternal Mortality Rate Variables

No	Strength	Weight	Rating	Criterion	Score
1	Trained/experienced health workers	0,17	4,56	ST	0,78
2	Number of health workers	0,15	3,99	T	0,73
3	Preliminary data for early detection of high-risk pregnant women in determining work plans and handling	0,17	4,60	ST	0,80
4	Village or kelurahan level health cadres	0,17	4,39	ST	0,73
	SUM	**1,00**			**2,31**
	Weaknesses				
1	Attitude of health workers	0,18	4,71	ST	0,84
2	Professionalism of health workers	0,16	4,32	ST	0,70
	SUM	**1,00**			**1,54**

Table 2
EFAS Analysis of Maternal Mortality Rate Variables

No	Chance	Weight	Rating	Criterion	Score
1	Government policy or government regulation	0,20	3,87	T	0,76
2	Number of posyandu in the region	0,21	4,20	ST	0,89
3	Number of health cadres in villages and sub-districts	0,18	3,56	T	0,64
	SUM				**2,29**
	Ancaman				
1	Use of contemporary information technology (information through websites, bloggers, YouTube, and Social Media)	0,21	4,09	T	0,85
2	People's income level	0,21	4,08	T	0,84
	SUM	**1,00**			**1,69**

Table 3
Comparative Results of IFAS Analysis and EFAS Variable Maternal Mortality Rate

No	Item	Score	Difference	Value
1	Strength	2,31	0,77	+
2	Weaknesses	1,54		
3	Chance	2,29	0,60	+
4	Ancaman	1,69		

Variable Infant Mortality Rate

Table 4
IFAS Analysis of Infant Mortality Rate Variables

No	Strength	Weight	Rating	Criterion	Score
1	Drinking water sources and latrines	0,17	4,45	ST	0,77
2	Nutritious food	0,18	4,70	ST	0,85
3	Early detection of the disease in infants	0,18	4,53	ST	0,80
	SUM	**1,00**			**2,42**
	Weaknesses				
1	Number of children born	0.15	3.95	T	0.60
2	Childbirth age	0.16	4.19	T	0.68
3	Education level of pregnant women	0.15	3.98	T	0.62
	SUM	**1,00**			**1.90**

Table 5
EFAS Analysis of Infant Mortality Rate Variables

No	Chance	Weight	Rating	Criterion	Score
1	Infrastructure such as posyandu possesses newborn health services	0,15	3,63	T	0,55
2	Mileage of health services	0,18	4,22	ST	0,74
3	Government policies such as health assistance	0,17	4,10	T	0,72
	SUM	**1,00**			**2,01**
	Ancaman				
1	The quality of health care services can affect the health of babies	0,17	4,05	T	0,68
2	People's income level	0,16	3,82	T	0,61
3	The number of health cadres and supporting facilities affects the health of babies	0,17	4,11	T	0,71
	SUM	**1,00**			**2,00**

Table 6
Comparative Results of IFAS Analysis and EFAS Variable Infant Mortality Rate

No	Item	Score	Difference	Value
1	Strength	2,42	0,52	+
2	Weaknesses	1,90		
3	Chance	2,01	0,01	+
4	Ancaman	2,00		

Variable Stuting

Table 7
IFAS Analysis of Stunting Variables

No	Strength	Weight	Rating	Criterion	Score
1	Exclusive breastfeeding	0,17	4,61	ST	080
2	Mother's knowledge of parenting	0,17	4,47	ST	0,75
3	Preliminary data for early detection of stunting risk	0,17	4,41	ST	0,73
	SUM	**1,00**			**2.28**
	Weaknesses				
1	Underage marriage	0,16	4,34	ST	0,71
2	Health education of the bride and groom	0,16	4,36	ST	0,71
3	Knowledge of nutrition and eating behavior	0,17	4,51	ST	0,76
	SUM	**1,00**			**2,18**

Table 8
EFAS Analysis of Stunting Variables

No	Chance	Weight	Rating	Criterion	Score

1	Government support for stunting handling	0,10	3,80	T	0,40
2	Government assistance for handling stunting toddlers, such as assistance in improving nutrition, providing milk, vitamins	0,11	4,11	T	0,47
3	People's income level	0,11	4,15	T	0,47
4	Use of contemporary information technology (information through websites, bloggers, YouTube, and Social Media)				
5	Socialisation on handling stunting in pregnant and lactating women	0,11	4,16	T	0,48
	SUM	**1,00**			**1,82**
	Ancaman				
1	The number of community-sourced health services, such as posyandu, possesses	0,11	4,11	T	0,47
2	People's income level	0,11	4,15	T	0,47
3	Government policy on stunting handling	0,11	3,92		0,42
4	Number of posyandu	0,11	3,94	T	0,43
	SUM	**1,00**			**1,40**

Table 9
Comparison Results of IFAS Analysis and EFAS Stunting Variables

No	Item	Score	Difference	Value
1	Strength	2,28	0.1	+
2	Weaknesses	2,18		
3	Chance	1,82	0,42	+
4	Ancaman	1,40		

Maternal Mortality Variables

Based on the value of comparing IFAS and EFAS analysis of maternal mortality variables, a diagram can be made to determine strategies to overcome maternal mortality, as shown below.

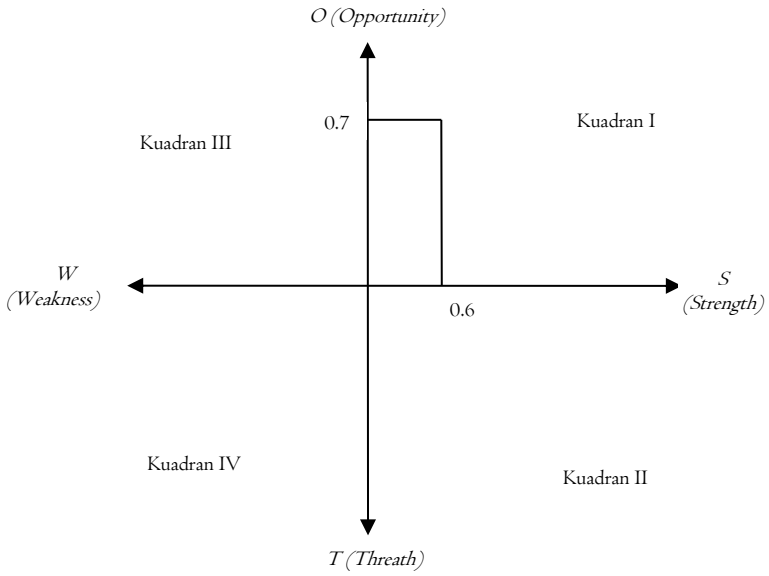

Table 10
SWOT Matrix Analysis of Maternal Mortality Rate Variables

	Strength (Power)	***Weakness***
Internal	1. Trained/experienced health workers 2. Number of health workers 3. Early data for early detection of high-risk pregnant women 4. Village and sub-district health cadres	1. Attitude of health workers 2. Professionalism of health workers
External		
Opportunities (Peluang) 1. Government policy or government regulation 2. Number of posyandu in the region 3. Number of health cadres in villages and sub-districts	**SO** (Using power to take chances) 1. Provide training or higher education to all health cadres. 2. Increase health workers who are skilled in meeting the needs of the number of health workers 3. Provide supporting facilities such as Internet entering the village in order to fulfill data	**WO** (overcoming weaknesses by seizing opportunities) 1. Providing education to every health care about the principles of good and correct health services 2. Provide incentives to non-civil servant health cadres through central and local government policies
Threats (Ancaman) 1. The use of information technology is relevant 2. People's income level	**ST** (Using force to overcome threats) 1. Provide training to health cadres on the use of information technology 2. Providing education to the community, especially pregnant women, about health through health cadres 3. Provide continuous information about healthy and balanced food	**WT** (Minimize weaknesses and avoid threats) 1. Providing education to health workers about the use of technology in the health sector 2. Increase awareness of every health care system by creating training programs for the community.

Based on the SWOT matrix above, it can be concluded that strategies to reduce maternal mortality can be used using the SO strategy, which is to use strength to take existing opportunities. Strategies that can be carried out include:

1. Provide training or higher education to all health cadres.

Training or education for health cadres will positively impact overcoming maternal mortality rates. This is necessary, among others, to provide opportunities for every health worker with tiered education and training through scholarships or other education costs.

Health education is an educational concept in the health sector that aims to change behavior in the desired direction. According to Kuntjoronigrat (1985), the higher a person's education, the easier it is to receive information to possess more knowledge. Conversely, lack of education will affect a person's insight into newly introduced values, including the importance of screening and

early detection of high-risk pregnancy so that there are no risk factors both for the mother and the fetus.

2. Adding skilled health workers to meet the needs of the number of health workers.

Skilled and experienced health workers can be done by conducting selective admission selection. Acceptance of health workers with the condition that they have special skills that are needed and needed in the region.

Skilled childbirth assistance is key to achieving the Sustainable Development Goals (SDGs) aimed at reducing maternal mortality (Briawan, Khomsan, & Anggiruling, 2023); (Aparecida da Silva, Andrade dos Santos, Maria Maier, & Silva da Rosa, 2020). Many maternal deaths could have been prevented if a woman had received care from skilled health workers. The utilization of skilled health services by mothers in rural areas in low- and middle-income countries is 70% compared to 90% in urban areas. Previous research has found that community-based interventions can increase rural mothers' uptake of skilled health services, but there is still a lack of evidence on which strategies are most effective (Jeanette R. N. et al., 2022) ; (Hunger, 2020).

3. Provide supporting facilities such as the village's Internet to fulfill data.

Data is one of the benchmarks in the framework of evaluation materials and planning program preparation in the following year. Data is seen as a primary need in every puskesmas office. The need for accurate and fast data can be met by providing internet facilities to each person or access to every posyandu health cadre in the village or each village.

Variable Infant Mortality Rate

Based on the value of comparing IFAS and EFAS analysis of infant mortality variables, a diagram can be made to determine strategies to overcome infant mortality.

Table 11
SWOT Matrix Analysis of Infant Mortality Variables

	Strength (Power)	*Weaknesses*
Internal	1. Source of drinking water 2. Nutritious food	1. Number of children born 2. Age of childbirth
External	3. Early detection of diseases in infants	3. Education level of pregnant women
Opportunities (Peluang)	SO (Using power to take chances)	WO (overcoming weaknesses by seizing opportunities)
1. Infrastructure such as posyandu possesses for infant health services 2. Mileage of health services 3. Government policy in the health sector	1. assist in the treatment of drinking water suitable for consumption 2. Provide education about the benefits of nutritious and balanced food to improve health for pregnant women until childbirth 3. Provide fast access to services with citizen pick-up programs 4. Create a health service program with early detection of diseases in pregnant women.	1. Provide education about the limit on the number of children born 2. Educate the public about a healthy and safe age for mothers and babies born. 3. Provide education about health to pregnant women on every occasion of visits to posyandu, puskesmas, and possesses.
Threats (Ancaman)	ST (Using force to overcome threats)	WT (Drink weakness and avoid threats)

1. Quality of service for health cadres 2. Community income level 3. Number of cadres and health support facilities	1. Make the best use of natural resources to be able to provide additional income for the community 2. Provide training on effective and efficient health services for every health care at every level	1. Provide education about the health and needs of postpartum children. 2. Create educational programs for the community together. 3. Provide priority services to the postpartum community

Based on the SWOT matrix above, it can be concluded that strategies in order to reduce infant mortality can be used using the SO strategy, namely:

Drinking water every day is essential so that the body remains healthy. The availability of clean and suitable drinking water sources for consumption is one of the critical factors in supporting health programs in general. The availability of clean drinking water sources is important in meeting health standards.

One of the functions of drinking water is to maintain body fluid levels. One of the functions of water content in the body is so that our bodies do not experience interference with digestion and absorption of food, circulation, and kidneys, which are very important in maintaining body temperature to remain normal.

Stunting Variables

Based on the value of comparing IFAS and EFAS analysis of stunting variables, a diagram can be made to determine strategies to overcome stunting. Strategies in order to reduce stunting can be used using SO strategies, namely:

1. assist in handling stunting cases

What is intended by assisting in handling stunting cases is to develop a sustainable planning program for stunting handling by involving several supporting agencies, including the Education and Culture Office, which acts as a resource person in providing education to students about stunting, the Food Security Office and the Agriculture Office which can act as resource persons in the context of utilizing nutritious and balanced food available around the community. Assistance can also be provided, such as planting seeds that residents can utilize to grow vitamin foods. Other programs include providing healthy food assistance to pregnant women until postpartum.

Government assistance programs for handling stunting have been carried out. Government programs on poverty alleviation will also have an impact on reducing stunting prevalence. However, government assistance for stunting must also be practical so that every assistance carried out by the government does not overlap.

Handling stunting is a national development priority, and it became one of the outputs in the 2015-2019 National Action Plan for Food and Nutrition. Efforts to overcome stunting have become a national priority; villages can organize village-scale stunting handling activities. With the Village Fund regulated in Government Regulation Number 60 of 2014 concerning Village Funds sourced from the State Budget, villages can utilize these funds to finance village government implementation, development, community, and community empowerment through village planning mechanisms

(Anonim., 2022); (Siti & Utia, 2017). Stunting treatment is carried out with specific and sensitive interventions. Specific interventions were carried out on the target of pregnant women and children in the First 1000 Days of Life. Meanwhile, the target of sensitive interventions is the general public, which aims at various development activities outside the health sector. Therefore, cross-sector roles are critical in handling stunting. Examples of stunting handling activities in villages are the construction/rehabilitation of Poskesdes/Polindes and Posyandu, Counseling, and provision of healthy food to improve toddler nutrition, health care for pregnant and lactating women, sanitation and clean water development, MCK Development, Training and Development of Community Health Cadres.

2. Providing education about the benefits of nutritious and balanced meals to improve health for pregnant women until childbirth.

Education or providing knowledge to every citizen visiting the puskesmas and other health service places. This strategy can be started by providing brochures about healthy and nutritious food processing and making sustainable leaflets so that residents can quickly know and understand nutritious and balanced foods and their benefits for the health of mothers and babies. This nutritious meal is expected to reduce stunting rates to the minimum limit.

Stunting is a disorder of growth and development of children due to chronic malnutrition and recurrent infections, characterized by substandard length or height. Symptoms of stunting that are easily recognized are children who look weak and less active. In addition to lack of nutritional intake, stunting can also be caused by malnutrition when the baby is in the womb. This is at risk when pregnant women live in an environment lacking clean water, poor sanitation, and difficulty accessing clean and healthy food (IIK Bahkti W., 2023).

Furthermore, it is said that no parent wants their baby to be stunted. It can be prevented by balanced nutritional intake in pregnant women and toddlers because good nutrition is the foundation for children to grow and develop optimally.

Make sure the mother meets the nutritional needs of the child. The nutritional needs of this child must be met since the child is in the womb. Pregnant women must maintain a diet and avoid smoking and consuming alcohol so that the health of the baby in the womb is well maintained.

The mother can give milk for the first six months when the child is born. In addition, the mother should provide complementary foods that contain good nutrients for the child. Also, the mother must ensure the cleanliness of the play environment and the child's residence. Remember always to teach children to maintain cleanliness by diligently washing hands (IIK Bahkti W., 2023) (Putri, n.d.).

3. Create a health service program with early detection of diseases in pregnant women.

This model health service program is by finding out about complaints that exist in pregnant women. Early detection of diseases in pregnant women until prenatal can continue to be continuous in order to obtain accurate data. This can provide input to

policymakers on the steps to be taken to reduce stunting. This step will also help determine the right way of handling pregnant women.

Acceleration of Achievement of Health Development Goals

From the SWOT analysis that has been carried out, the following will explain the comparison between government programs in reducing maternal mortality, infant mortality, and stunting rates in Bengkulu province. The comparison between government programs and the results of research is one basis for determining acceleration strategies. This is essential because the results of the SWOT analysis on all research variables are in quadrant I, which means that the province of Bengkulu has strengths and opportunities, so it can take advantage of opportunities and use existing strengths. The strategy that must be applied in this condition is aggressively supporting government policies.

Implicitly, to overcome problems in the three variables above, several steps can be done, including:

1. There must be village midwives, village nurses, and health cadres in villages and villages and strengthen the function of health cadres who can collaborate with village midwives or health workers to collect data so that a database is available in each village and kelurahan.
2. The implementation of the use of databases, among others, is to be able to plan early prevention of risks faced by the community, such as the risk of maternal death suffering from a high risk of pregnancy and infants and the risk of stunting. This health sector database will be compiled at each health service post at the lowest level, namely the puskesmas. This data will record all community data per individual as primary data for early disease risk observation at the village level. This data will help determine policies and steps at the next stage of actions and activities by the government in order to prevent the risk of maternal death, infant mortality, and stunting, as well as the prevention of other diseases. This database is in the form of Electronic Medical Record (RME) data, which will be connected online at health centers at the district/city, provincial, and national levels.
3. The convergence of community economic handling on maternal mortality, infant mortality, and stunting variables. This collaboration is intended to empower the advantages that exist in the community in overcoming health, such as the use of yard land that can provide community needs that can not only increase the community's economic income but can be used to meet the community's nutritional needs. This conference can be done by conducting comprehensive cooperation with each relevant agency.

Conclusion

In the interior of Bengkulu Province, amidst the roar of dense forests and dividing rivers, a struggle is invisible to the naked eye. This is not just a fight against wildlife but a battle against inequalities in health access, especially for mothers and children. Hope-raising strategies were found in a study involving lifesavers in the middle of a challenging

forest. Among the groves of trees, health cadres receive in-depth training, cultivating knowledge of the importance of nutrition and access to prompt medical services.

However, the challenge lies with mothers who give birth and those who are breathing air for the first time. The infant mortality rate is in the spotlight, and to deal with it, concrete measures are needed. Clean water suitable for consumption is the key, along with medical services that can reach every citizen quickly, even in remote corners. However, the challenges do not stop there. The other side of this battle is against malnutrition, which stunts children's growth and development. A holistic approach is needed, from providing direct assistance to education about healthy eating.

It is not just a local struggle but a story of how unity in the face of extraordinary challenges can bring about real change. With unwavering determination, Bengkulu Province is moving forward, making health a top priority, and every small step is part of the journey towards better welfare for every citizen.

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