Infant/maternal Mortality and Morbidity in indonesia

A Systematic Research on Infant/maternal Mortality and Morbidity in indonesia

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Introduction

The issue of poverty, and other communicable diseases in Indonesia have been major factors for infant and child mortality for a very long time. Poor health care services and inability to pay for the service has led to high rate of death in Indonesia.

This research paper seeks to describe the major issues affecting the health sector in the country, the burden of disease, contributing factors to mortality and the underlying causes of malnutrition in children under five and the nutrition problems of mothers leading to the delivery of low weight children, stunt, and waste. Culture and tradition also play key roles in the mortality of infants and maternal mortality in Indonesia. Tradition has forced lot of under-age girls to marry resulting to teen age pregnancies and about 42% of the pregnant girls die during delivery because their bodies cannot endure the pain at delivery period. Many organizations including the World Health Organization have discouraged the cruel culture of giving under-age girls to men ten time older for marriage.

This paper digs deep into the culture and tradition of Indonesia and tried to find a way to abolish the primitive culture that is destroying young girls in the country. An initiative to educate traditional leaders on the right to education for girls is under way to most villages in the rural part of Indonesia.

Abstract

Background

Infant/child mortality accounted for more than 53% of under-five child mortality in Indonesia from 1984-2022. A very clear understanding of the determinants and contributing factors leading to child or infant mortality is very key to guide public health officials, government, and non-governmental organizations to focus on the treatment and prevention of infant/child mortality and morbidity in Indonesia and the other parts of the world. The objective of this research work is determining the causes of mortality among children and babies in Java, Indonesia and find solution to the problem and prevent it.

Child/Infant Mortality & Morbidity in Indonesia

Methods

The data sources for this research paper were the World Health Organization descriptive research and analytical report on child mortality in Indonesia, peer reviewed journals and articles, World Bank national poverty line report on Indonesia in September 2019. The socio-economic status and proximate determinants were also used to gather important information for this research purpose.

Result

The introduction of the Millennium Development Goal and the Poverty Reduction Strategy have reduced the poverty rate in Java, Indonesia by 20%. Today, a huge percentage of the population are educated on preventing common diseases the pose threat to the health of their children. The program yielded a very big success after the introduction. Mothers and pregnant women have the knowledge to breastfeed their babies in the first six months.

Statistics and history of Java Indonesia.

There are about 279.5 million people living in Indonesia and 145 million living in Java. Indonesia is the fourth most populous nation on earth. It has about seventeen thousand islands, thirty provinces, four thousand nine hundred eighteen sub-districts and seventy thousand four sixty villages. The Javanese practice the shafi’ite tradition sunnism. The Java was a powerful place of the Hindu-Buddhist empires. It was also the place where the Indonesian struggle for their independence between the 1930s and the 1940s.

Determinants of neonatal mortality in Indonesia

High birth rank and short birth interval infants, complications during delivery were some of the determinants with neonatal death in the country in 2002. The Java region was among some of the places found to be highly associated with the increased of neonatal death.1  Socioeconomicproblems like unemployment of both parents contributes to the child and infant mortality rate in the country especially the Java region.1

Poverty is one of the main reasons why the mortality rate among children in Indonesia is very high. When parents and guidance cannot afford to pay for healthcare services and common nutritional food for the family. In 2018, the poverty rate in the country was 53.20% and 52.20% in 2019. Pollution is one of the cause of diseases that contributes greatly to the mortality rate of children in Indonesia. As more and more factories and un-serviced vehicles jam the streets and the environment, their chemical and contaminated smokes are inhaled day by day by residents. And the population growth has been mainly observed in developing countries. Like in the Sub-Saharan African countries, poverty has forced people from the rural area in Indonesia to migrate from the hinterland or what we called rural areas into the urban areas because there are more technologies, better paying jobs and higher education.

COVID-19 has increased maternal deaths in the region and according to report, it could get worse as the second wave continue in the country. Death rate is increasing with more than 1000 COVID-19 deaths per day. Project Hope has warned that the COVID-19 impact on neonatal, child and maternal mortality could worsen with already high death rate of about 85 person dead in some region including Banyumas.11

Malnutrition among infants and children under five years

Children malnutrition can start very early as the mother is still carrying the baby in her womb. When the mother carrying the pregnancy refuse or lack proper nutritional food, minerals or vitamins, the baby in the womb will suffer the consequence of malnutrition in his or her early life. Due to this problem during mother’s pregnancy, the child is at risk of obesity. Because the child suffers from obesity, they become vulnerable to non-communicable diseases like heart disease and diabetes. Another situation children in Indonesia are stunting which is also a sign of malnutrition. Malnutrition causes the shortness of children because they lack proper vitamin and minerals that are responsible for growth and development. Many people including few doctors believe that shortness of Indonesian children is normal, but it is the result of malnutrition. About 30% of the population suffer double burden in the country. Malnutrition can also cause babies to be born with low weight and birth defects. But one of the scariest damages of malnutrition in children is brain damage.

Early marriage of girls before age eighteen

Another thing that contributes to malnutrition in babies is the early marriage of young girls who have not reach adulthood. Indonesian tradition demands young girls to get marry even though they are underage. These underage girls get pregnant and give birth to low weight babies.6 According to Plan International, child marriage happens because of:

* inequalities between the male and female child and is often driven by harmful social and traditional norms.
* men in Indonesia believe that the younger his wife is the more obedient and fruitful she is.
* Parents of the girl will receive good money as a dowry payment from the man for the girl (poverty).
* There are no laws protecting girls in certain cultures in the country, especially in the rural areas.

Females forced who have been forced in early child marriage faced trauma, and some die while giving birth to their babies. The psychological impact on those girls lives in them for a very long period.8

Poor Access to healthcare and the poor quality of the care

The region of Java has no developed health care facilities. Most birth and deliveries take place in homes because of the poor health facilities. The delivery of babies in the village especially in Java is done by trained community or village mid-wives. As a result of this, women experience lot of complications after delivery of their babies.10

Behavioral Risk and Non-Communicable Disease

Non-communicable disease account for 65% of mortality in the country in 2010. The smoking of tobacco has a high burden on the population. In 2014, it was reported that about 20.3% of children smoke tobacco which has a very high risk of mortality in the country. The mortality rate in Indonesia is dominated by non-communicable diseases such as tuberculosis, obesity, kidney disease, heart disease, and lung infection. Heart disease accounted for 12.9%, tuberculosis accounted for 5.7%, lung disease accounted for 4.9% and high blood pressure 2.6%.7

As urban areas develop and increase in population, more and more diseases evolve causing mortality among the population especially children below five who have weaker immune systems.

1. Population size and density
2. Poor Health systems
3. physical inactivity.
4. Plastic pollution.

The above listed issues are some of the major causes of chronic diseases impacting the lives of children in the region. Pollution has been one of the determinants of mortality in Indonesia. Because of the increase in the working population, new factories are being built in cities for mass production of food, chemicals and other commodities and provide jobs for the working population but the wastes from those large factories are not properly disposed exposing the community to chronic infections and non-communicable disease. Another thing is the poor health systems of these urban areas. Most urban areas in low- and middle-income countries lack good health care systems. Most of these countries failed to understand that as their populations increase, new facilities like hospitals and clinics must be built and equipped to meet the health needs of their growing populations.2

Physical inactivity and consumption of non-nutritional food among children and young people in low-and-middle income counties like Indonesia have increased the percentage of the population suffering from obesity. Ithas been proven many times by health specialists that fit men and women are protected from cardiovascular disease, coronary heart disease hypertension and obesity.

World Vision, a Faith-Based Organization addressing the concern of child health or immunization in low-or middle-income countries.

World Vision, a faith-based and Christian organization has partnered with many world organizations including United Nations, World Bank, UNICEF, the American government, and governments of other countries to improve the health of many children in low- and middle-income countries. The World Vision has been tackling issues affecting and causing poor health condition for many children in various countries including the Sub-Saharan region of Africa, East Africa, Middle East, and many other developing nations. Three of the issues being addressed by the World Vision are poverty, health, and food shortage. According to the World Vision report on March 31, 2022, because of corona virus, civil crisis and climate change, millions of hungry children in the Java will face long-term poor health issues or even die if they don’t get food and other health care aids.A World Vision Specialist said, “Good health in early childhood, or the first one thousand days from conception to their second birthday, is the real foundation of a child’s wellbeing”. The organization has also advised that focus should not only be placed on the impact of the corona virus on humans, businesses, travel, and trade, but rather support for low-income countries that are suffering from poverty should be prioritized too.They have also beensupporting countries with health care and health care facilities and stretching out the need for food for the population starving and dying from hunger in low-and-middle-income countries. The World Vision has estimated that about eight hundred five million people on earth do not have enough food to help them live healthy.

International Partners and Organizations collaborate with Indonesia to end mortality.

From the 1960s to present, child mortality rate has declined from 220 per 1000 live births to 45 per 1000 live birth in 2007. There has also been great progress in the nutrition status which has fallen from 38% in the 1990s to 25% in 2000. Life expectancy has also increased from 43 to 70.5. Though communicable disease remains as a threat, government has collaborated with its international partners including the United Nations, World Health Organization, World Bank, World Vision, and other non-governmental organizations to improve the health sector. There are still lapses in the providing good health services to all, but most of the rural regions and remote villages lacks trained and qualified doctors. The jamkesmas, the health insurance for poor has been expanded to cover more than 30 percent of the country's population.

World Bank introduced the Health Professional Education Quality (HPEQ), and its objective is to educate and improve the knowledge in the healthcare area. The HPEQ strengthen policies and procedures for the accreditation of schools in the environment, Improving the quality of school through result-based grants building.

Malaria and its effects on pregnant women and babies

UNICEF has been closely working with the government in the region to prevent the hash effects of malaria on pregnant women and babies. The malaria disease has been causing stillbirth, low birth weight and abortion and infant mortality among pregnant women. Lot of babies and pregnant women have died because of the disease. But according by the CDC, many preventative programs have been put in place with funding from the Gates Foundation, UNICEF, USAID, and the Ministry of Health.12

Child Malnutrition

According to the United Nations Children's Education Fund, one in three children under the age of five are stunted because they are not getting vitamin or mineral food a day. The brain, organ development and immune system of a stunted child is affected greatly because he/she is not consuming the nutrients needed for proper development. About 13% of the children population in the rural area like Java lack vitamin A which is an essential vitamin that supports immune system and eye. Malnourished children are found to be more vulnerable to non-communicable diseases. World Health Organization reports that 45% of under-five death is among malnourished children in the region. To coutil the issue of stunting and other negative effects of malnutrition, UNICEF has introduced the Direct Nutrition Interventions (DNIs). This program promotes breastfeeding, food fortification, hand washing, treating malnutrition, de-worming children, and micronutrient supplementation. The promotion of vitamin A in the rural area especially in Mamede village among women was high on UNICEF plan.13

The Sustainable & Millennium Development Goal & Poverty Reduction Strategy

The team and I have come up with the Millennium Development Goal (MDP) and the Poverty Reduction Strategy (PRS). The objective of the program is to build wealth and change lives of poor Indonesians through small business loan and education. Prioritizing girls’ education and advocating against the early child marriage. The program will also carry out awareness on the prevention of infant and child mortality. Every child deserves to live and live healthy.9 The Sustainable Development Goal will also address the ill-treatment of girl’s children and end the early child marriage by 2030.

There have been few obstacles to the implementation of the program. It has been very difficult to commute to most remote villages especially with the bad road conditions, transporting of medical supplies, educational materials and food have difficult. Volunteers from villages came to help in transporting the supplies on foot. Traditions and cultural barriers were some of the hinderances encountered during the program. With support from our international partners including the UNICEF, WHO, World Bank and USAID, the program has received donations summing up to $550,000 and medication including essential vitamins like vitamin A. Fortified food and milk have been received as donation from the World Health Organization and the United Nations Children's Fund. The implementation of the program will also include training community health workers and health specialist already working in the region. The training will include but not limited to keeping surveillance and reporting new cases on a monthly basis to the county health department.

The awareness team will be trained in disseminating information and educating mothers and pregnant women on the prevention of non-communicable diseases that pose threat to the heath and the babies. Though infrastructure is not our current concern, but as more funds get available, mini clinics will be built where we can train mid-wives to safe our mothers from dying at childbirth. Many cases have been reported of how many mothers give birth and die days, weeks or months later.

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