

# Analysis of Reach Indicators of Mother and Children's Health Through PIS-PK Programs in the Working Areas of Tinewati Community Health Center, Tasikmalaya District, in 2019

1<sup>st</sup> Fenty Agustini

*Lecture of Midwife Study Program  
STIKes Respati*

Jl. Raya Singaparna KM 11 Cikunir  
Singaparna Tasikmalaya, Indonesia  
fentyagustini86@gmail.com

2<sup>nd</sup> Tupriyani Danefi

*Lecture of Midwife Study Program  
STIKes Respati*

Jl. Raya Singaparna KM 11 Cikunir  
Singaparna Tasikmalaya, Indonesia

3<sup>rd</sup> Hapi Apriasih

*Lecture of Midwife Study Program  
STIKes Respati*

Jl. Raya Singaparna KM 11 Cikunir  
Singaparna Tasikmalaya, Indonesia

**Abstract**—Tinewati community health centers is one of the health center in the Tasikmalaya which in 2019 contributed 1 maternal death, 4 neonatal deaths, 1 infant mortality, 1 toddler mortality and 5 stillbirths cases. There are still cases of death in the working area of the community health center underpinning the assessment of the Indicators of the Nutrition, Maternal and Child Health Program through the PIS PK program in the work area of the community Health center in Tasikmalaya. The purpose of this study was to determine the achievement of nutrition, maternal and child health program's indicators through the PIS-PK program in the Work Area of the Tinewati Health center in 2019. The research method used was quantitative with descriptive research methods. The targets in this study were 5510 fertility couples (PUS), 458 maternal mothers, 449 infant aged 7-23 months, 533 infant aged 12-23 month and 1984 infant aged 2-59 month. Analysis of the data used is univariate analysis. The results of the study revealed that the achievement of indicators of nutrition and MCH programs consisted of families participating in the Family Planning (KB) program of 78.69%, out of the target of 100%, mothers delivered at health facilities by 100%, babies received complete basic immunizations of 89, 9% of the target of 90%, babies receive exclusive breastfeeding by 75.72% of the target of 90%, and toddlers receive monitoring of growth and development by 79% of the target of 85%. The research concludes that the achievement of nutrition program and MCH program indicators in the Work Areas of the Community Health Center in 2019, most of them are less than the target, including families participating in family planning, complete basic immunization, exclusive breastfeeding and monitoring growth and development. Meanwhile, the target delivery in a health facility is in accordance with the target. The suggestion of this research is the collaboration of all parties is needed for the achievement of all indicators related to nutrition and MCH.

**Keywords**— *Mother, Children, PIS-PK, Tinewati*

## I. INTRODUCTION

Maternal Mortality Rates (MMR) in Indonesia in 2012-2015 has decreased, but it is still far from the 2016 Sustainable Development Goals (SDGs) target of 70 per 100,000 live births (KH), (Ministry of Health Republic of Indonesia, 2015). In order to accelerate the decline of MMR, in the national development agenda better known as Nawacita, the health development is included in the 5th Nawacita point that is "Improving the quality of life of Indonesian people". Programs to improve the quality of life of Indonesian people will be achieved through the Healthy Indonesia Program with the Family Approach (PIS-PK) in primary services, namely the community health center (Ministry of Health, Republic of Indonesia, 2016).

This PIS-PK intervention activity is the main task for health workers to improve the quality of their services. Specifically for pregnant and childbirth women, who is seeking integrated antenatal quality assurance, increasing the number of birth waiting houses (RTK), increasing deliveries in health facilities, conducting early breastfeeding and family planning initiation counseling after delivery and increasing the supply and utilization of the MCH handbook (Healthy Indonesia Handbook, 2016). The community health center is the spearhead and determinant factor of the success of this program. The priority areas/targets that have been set by the government through this program are the reduction in maternal mortality/infant mortality rates (MMR and IMR), reduction in the prevalence of short stunting, prevention of infectious diseases and prevention of non-communicable diseases. Its implementation is through promotive and preventive efforts without ignoring curative and rehabilitative efforts. Healthy Indonesia Program with a family approach (PIS-PK) integrates program implementation through an approach of 6 main components in strengthening the health system (*six building blocks*), namely strengthening the

efforts of health services, the availability of health workers, health information systems, access to the availability of essential medicines, financing and leadership or government (Triani Marwati et al, 2018).

Tinewati community health center is one of the Health Centers in the Tasikmalaya Regency which in 2019 contributed 1 maternal death, 4 neonatal deaths, 1 infant mortality, 1 infant mortality and 5 stillbirth cases (Annual Report Puskesmas Tinewati, 2019). Based on the above, researchers interested in conducting research on Achievement Indicators Analysis Nutrition Program, Women & Children's Health Program Through PIS-PK in Puskesmas Tinewati Tasikmalaya District, 2019.

## II. LITERACY

### A. PIS-PK Definition

Healthy Indonesia Program is one program agenda out of the 9 priority agenda (ideals) of the President's vision and mission. This is explained in the 5th agenda which contains, Improving the Quality of Life of Indonesian Humans. In realizing this, the Healthy Indonesia Program was held, which subsequently became the main program in Health Development. The Healthy Indonesia Program is implemented by upholding three main pillars, namely: (1) the adoption of a healthy paradigm, (2) strengthening of health services, and (3) implementation of the National Health Insurance (JKN). The implementation of a healthy paradigm is carried out with a strategy of prioritizing health in development, strengthening promotive and preventive efforts, and community empowerment. Strengthening health services is carried out with strategies to improve access to health services, optimize the referral system, and improve quality using approach *continuum of care* and health risk-based interventions (Ministry of Health, Republic of Indonesia, 2016). The Healthy Indonesia Program with the Family Approach (PIS-PK) integrates program implementation through an approach of 6 main components in strengthening the health system (*six building blocks*). These components are strengthening the efforts of health services, the availability of health workers, health information systems, access to the availability of essential medicines, financing and leadership (Kemenkes RI, 2017).

### B. Benefits of PIS-PK

The benefits of the Healthy Indonesia Program with the Family Approach (PIS-PK) are the achievement of the 2015-2019 RPJMN main targets. The main targets are as follows:

- Increased maternal and child health and nutrition status,
- Increased disease control,
- Increased access and quality of basic and referral health services especially in remote, disadvantaged and border areas,
- Increased coverage of universal health services through healthy Indonesia cards and quality of management National Social Security System (SJSN) health,
- Fulfillment of the needs of health workers, drugs and vaccines,
- Increased responsiveness of the health system (Ministry of Health Republic of Indonesia, 2016).

### C. PIS-PK Objectives

The family approach is a service approach by the community health center that integrates individual health efforts (UKP) and community health efforts (SMEs) on an ongoing basis, with targeted families, based on data and information from the Family Health Profile. The objectives of the family approach are as follows:

- Increase family access to comprehensive health services, including promotive and preventive services as well as basic curative and rehabilitative services.
- Support the achievement of Regency/City Minimum Service Standards (SPM) and Provincial SPM, through improved access and health screening.
- Support the implementation of the National Health Insurance (JKN) by increasing public awareness to become JKN participants.
- Support the achievement of the objectives of the Healthy Indonesia Program in the Ministry of Health Strategic Plan 2015 - 2019 (Permenkes RI Number 39 of 2016).

### D. PIS-PK Indicators

In the framework of implementing the Healthy Indonesia Program there are 12 main indicators for marking the health status of a family according to the Republic of Indonesia Ministry of Health in 2016, as follows:

- Families follow the Family Planning (KB) program if the family is a fertile age partner (PUS), husband or wife or both are officially registered as a KB participant/acceptor and/or use contraception.
- Mothers do deliveries in health facilities if there are postpartum mothers in the family (babies aged 0-11 months) and deliveries are done in health care facilities.
- Babies get complete basic immunization is if there are babies in the family (ages 12-23 months), the baby has received immunizations for HB0, BCG, DPT-HB1, DPT-HB2, DPT-HB3, Polio1, Polio 2, Polio3, Polio 4, Measles.
- Infants get exclusive breastfeeding is if in the family there are infants aged 7-23 months get milk for 0-6 months only given breast milk only.
- Toddlers get growth monitoring is if there are toddlers in the family (aged 2-59 months 29 days) and the last month weighed in the posyandu or other health facilities and recorded on a health card (KMS) or maternal and child health book (MCH) .
- Patients with pulmonary tuberculosis get treatment according to the standard is if in the family there are members aged  $\geq 15$  years who suffer from cough and have 2 consecutive weeks have not healed or diagnosed as a patient with pulmonary TB and the patient is treated according to doctor/health care instructions.
- Patients with hypertension do regular treatment is if there are family members in the family aged yang 15 years who are diagnosed as hypertension sufferers and get regular medical treatment according to doctor or health care instructions.
- People with mental disorders get treatment and are not neglected if there is a family member in the family who

suffers from severe mental disorders and the sufferer is not neglected or put up and recovered.

- No family member who smokes is if none of the family members frequently or sometimes smokes or other tobacco products. Included here is if a family member has never quit smoking habits or other tobacco products.
- The family has become a member of JKN if all family members have a membership card for the Social Security Organizing Agency (BPJS) Health and or other health insurance.
- The family has access to clean water facilities is if the family has access to and uses PDAM tap water or pump wells or dug wells, or protected springs for daily use.
- Families have access or use healthy latrines if the family has access and uses a means to defecate in the form of goose neck or plengsengan toilet.

**III. METHOD OF THE RESEARCH**

Method of the research used in this study is quantitative research with descriptive methods, namely research that provides an overview of a variable (Notoatmodjo S, 2018). In this study illustrates the achievements of the PIS-PK indicators related to nutrition and health programs for mothers and children including Family Planning (KB), childbirth in health facilities, complete basic immunization exclusive breastfeeding, and toddlers receive monitoring of growth and development. The targets in this study were consisted of families participating in the Family Planning (KB) program of 78.69%, out of the target of 100%, mothers delivered at health facilities by 100%, babies received complete basic immunizations of 89, 9% of the target of 90%, babies receive exclusive breastfeeding by 75.72% of the target of 90%, and toddlers receive monitoring of growth and development by 79% of the target of 85%. Data is collected by secondary data, that is data taken from the annual report of the Tin Skip Public Health Center, while the data analysis used is univariate analysis.

**IV. RESULTS AND DISCUSSION**

Based on the results of the study can be described as follows:

**A. Family Planning (KB)**

One of the PIS-PK indicators related to maternal and child health is family planning coverage (KB), the achievements of these indicators can be seen in the table below:

**TABLE I. INDICATORS OF ACHIEVEMENT FAMILY PLANNING**

No	Category	Number of EFA	Percentage (%)
1	Using Contraception	4336	78.69
2	Not Using	1174	21.31
<b>Total</b>		<b>5510</b>	<b>100</b>

Achievements of PIS-PK indicators of Family Planning (KB) that is equal to 78.69% is still less than the specified target ie 100% Family Planning (KB) is an effort to regulate the birth of children, the ideal distance and age of birth, regulate pregnancy, through promotion, protection, and assistance in accordance with reproductive rights to realize a quality family. (RI Law Number 52 Year 2009

Concerning Population Development and Family Development). The purpose of the Family Planning (KB) program according to Arum and Sujiyatini (2011) is to fulfill community orders for quality family planning and reproductive health services, reduce the level or death rate of mothers, infants, children and overcome reproductive health problems in order to build a small family. quality. Family planning programs issued by the government are not necessarily followed by all residents in Indonesia. There are many factors that can affect the participation of married couples in family planning. Factors that support the participation of fertile age couples in family planning according to Kurnia (2008), include the lack of knowledge of fertile age couples about family planning, social and cultural, access to family planning services and the quality of family planning services. In-depth explanations and quality services are needed to attract community interest in family planning.

**B. Delivery at a Health Facility**

One of the indicators of PIS-PK related to maternal and child health is delivery at a health facility, the achievement of these indicators can be seen in the table below:

**TABLE II. ACHIEVEMENT OF DELIVERY INDICATORS AT HEALTH FACILITIES**

No	Category	Number of Mothers	Percentage (%)
1	Maternity in a Health Facility	458	100
2	Maternity not in a Health Facility	0	0
<b>Total</b>		<b>458</b>	<b>100</b>

Maternity coverage in a health facility has been achieved according to the target of 100%. According to the Ministry of Health (2014) there are several places for delivery services, one of which is a health facility. These health facilities include Hospitals, Maternity Homes/Clinics/ Midwives Practices, community health center/Supporting community health center, Village Maternity Centers and Village Health Posts. Maternal and neonatal complications and death often occur around the time of delivery. Therefore intervention is emphasized on safe delivery assistance activities, namely health workers (MOH, 2001). Childbirth in health workers is considered to meet the requirements of sterility, besides that if there is a sudden high risk, immediate help can be done.

**C. Complete Basic Immunization**

One of the PIS-PK indicators related to maternal and child health is complete basic immunization, the achievement of these indicators can be seen in the table below:

**TABLE III. ACHIEVEMENTS IN BASIC IMMUNIZATION INDICATORS**

No	Category	Number of Babies (12-23 months)	Percentage (%)
1	Complete Basic Immunization	479	89.9
2	No Complete Basic Immunization	54	10.1
<b>Total</b>		<b>533</b>	<b>100</b>

Based on the results of the study it was found that the achievement of complete basic immunization was 89.9%, still far from the target of 90%. According to Hidayat (2008) Immunization is one way to provide immunity to

infants from various diseases, so that children are expected to remain healthy. Immunization aims to prevent for yourself and it can protect those around him. Immunization itself provides individual and group or community immunity. The more that is not immunized in a community the higher the risk of transmission, even those who have been immunized can become infected. In the Senewe research, Rompas, Lolong (2017) there are several factors related to participation in immunization, namely education, family support, mother's motivation, mother's attitude, level of knowledge, mother's actions and health services.

**D. Exclusive ASI**

One of the PIS-PK indicators related to maternal and child health is Exclusive ASI, the achievement of these indicators can be seen in the table below:

TABLE IV. ACHIEVEMENTS EXCLUSIVE ASI INDICATOR

No	Category	Number of Babies (7-23 months)	Percentage (%)
1	ASI Exclusive	340	75.72
2	No Exclusive ASI	109	24.28
<b>Total</b>		<b>449</b>	<b>100</b>

Based on the results of the study found that the achievement of Exclusive ASI at 75.72%, still far from the target of 90%. Exclusive breastfeeding is breastfeeding only for infants 0-6 months without the addition of other liquids such as formula milk, orange juice, honey, tea water, plain water and without the addition of solid foods such as bananas, papaya, milk porridge, biscuits, and team rice ( Haryono and Setyaningsih, 2014). Giving ASI as the best food for babies is the first step to build a healthy and smart Indonesian human in the future (Fikawati et al, 2015). According to Haryanti and Setyaningsih (2014) the factors that influence exclusive breastfeeding are divided into three namely *predisposing factors, enabling factors and reinforcing factors*. Giving exclusive breastfeeding is very important to realize the golden generation.

**E. Toddler Growth Development**

One of the PIS-PK indicators related to maternal and child health is the monitoring of growth and development of infants, the achievement of these indicators can be seen in the table below:

Table V. Achievement Indicator for Toddler Growth and Development Monitoring

No	Category	Number of Infants (7-23 months)	Percentage (%)
1	Monitoring	1988	79
2	No Monitoring	529	21
<b>Total</b>		<b>2517</b>	<b>100</b>

Assessment of child growth is done by assessing nutritional status, one way to determine nutritional status is by measuring anthropometrics that relate to measuring body dimensions of various age levels and nutrient levels (Supariasa, 2016). Frankenburg (2001) suggests 4 development parameters namely *personal social, fine adaptive motor, language, and grows motor*. Children who grow and develop optimally are good investments to reach their future. But on the contrary, if children do not grow and develop optimally in the early three years can affect their abilities in the future. Therefore, monitoring the growth and development of children is very important to be done by all parents.

**V. CONCLUSIONS AND SUGGESTIONS**

Conclusion of this study is the achievement of nutrition program and MCH program indicators in the Work Area of the Tinewati community health center in 2019, mostly less than the target including families participating in family planning, complete basic immunization, exclusive breastfeeding and monitoring growth and development. Meanwhile, the target delivery in a health facility is in accordance with the target. The suggestion of this research is the collaboration of all parties is needed for the achievement of all indicators related to nutrition and MCH.

**REFERENCES**

- [1] Arum & Sujiyatini. Panduan Lengkap Pelayanan KB Terkini. Yogyakarta : Nuha Medika ; 2011
- [2] Buku Pedoman Indonesia Sehat (2016)
- [3] Fikawati, S., dkk. 2015. Gizi Ibu dan Bayi. Jakarta: Rajawali Pers.
- [4] Haryono R, Setianingsih, S. 2014. Manfaat Asi Eksklusif Untuk Buah Hati Anda. Yogyakarta: Gosyen Publishing
- [5] Kementerian Kesehatan RI. Kesehatan dalam Kerangka Sustainable Development Goals (SDGS). Jakarta: Kementerian Kesehatan RI; 2015.
- [6] Kementerian Kesehatan RI. (2016). Program Indonesia Sehat dengan Pendekatan Keluarga.
- [7] Kementerian Kesehatan RI. [https://doi.org/http://pispk.kemkes.go.id/i\\_d/](https://doi.org/http://pispk.kemkes.go.id/i_d/)
- [8] Laporan Tahunan Puskesmas Tinewati (2019)
- [9] Kementerian Kesehatan RI. (2016). Petunjuk Teknis Penguatan Manajemen Puskesmas dengan Pendekatan Keluarga.
- [10] Kementerian Kesehatan RI. (2017). Pedoman Monitoring dan Evaluasi PIS-PK.
- [11] Menteri Kesehatan RI. (2016). Peraturan Menteri Kesehatan RI Nomor 39 Tahun 2016 tentang Pedoman Penyelenggaraan Program Indonesia Sehat dengan Pendekatan Keluarga.
- [12] Notoatmodjo,S. (2018). Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta.
- [13] Supariasa, I Dewa Nyoman, Bachyar Bakri & Ibnu Fajar. Penilaian Status Gizi. Jakarta : Penerbit EGC; 2016
- [14] Triani Marwati dkk, Promosi Kesehatan untuk Mendukung Program Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK) Indikator Hipertensi dan KB di Desa Combongan, Jurnal Pemberdayaan: Publikasi Hasil Pengabdian kepada Masyarakat Vol. 2, No. 1, April 2018, Hal. 75-82
- [15] UU RI Nomor 52 Tahun 2009 Tentang Perkembangan Kependudukan dan Pembangunan Keluarga