

Commentary

Impact, Implications, Challenges of Accelerating Maternal Mortality Rates in Indonesia

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ABSTRACT

This article discusses the impacts, implications and challenges of accelerating maternal mortality rates in Indonesia. Maternal Mortality Rate (MMR) in Indonesia is still a serious public health problem. MMR in Indonesia shows a downward trend throughout the 1991-2015 period. However, in 2012 the infant mortality rate increased again and then fell in 2018. Even though it shows a decline, the MMR in Indonesia is still relatively high and still above the MDGS target of 102 per 100,000 live births. MMR in Indonesia in 2021 compared to 2020. The impact of a high MMR is a decline in the productive and competitive workforce, a decline in social welfare and poverty, a decline in life expectancy and quality of life in society, a decline in fertility rates and population growth, which can affect the demographic structure and demographic bonus. and declining reproductive and nutritional health status of women and children. Meanwhile, the implications arising from a high MMR are implications in terms of health, social, economic and development status. The challenges faced by Indonesia in reducing MMR are the low health budget allocation, the lack of health facilities and personnel, low access to PONEK (Basic Emergency Neonatal Obstetric Services) and PONEK (Comprehensive Emergency Neonatal Obstetric Services) facilities, high disparities in socio-economic levels, and low awareness and healthy living behavior in the community. The conclusion of this short article about the maternal mortality rate in Indonesia is that the maternal mortality rate in Indonesia is still high and has not yet reached the Sustainable Development Goals (SDGs) target set by the UN, namely 70 per 100,000 live births in 2030. This article recommends Reducing MMR requires comprehensive and collaborative efforts from all parties, including central and regional governments, health institutions, civil society organizations, academics, media and society.

Keywords: Impact; implications; accelerating death rates

1. INTRODUCTION

Maternal Mortality Rate (MMR), or in the Indonesian language, Angka Kematian Ibu (AKI), in Indonesia is still a serious public health problem. According to 2015 data, MMR in Indonesia reached 305 per 100,000 live births,⁽¹⁾ far from the Sustainable Development Goals (SDGs) target of only 70 per 100,000 live births in 2030.⁽²⁾ A high MMR indicates inequality and injustice in maternal and neonatal health services, and has a negative impact on the welfare and development of infants and toddlers, both physically, psychologically and socially.⁽³⁾

Factors causing MMR can be divided into close determinants, intermediate determinants and distant determinants. Near determinants are factors that are directly related to the cause of maternal death, such as bleeding, Infection, eclampsia, and abortion.⁽⁴⁾ Intermediate determinants are factors that influence maternal health status and access to health services, such as nutrition, education, awareness, availability, affordability and quality of health services⁴. Distant determinants are factors related to social, economic, political and cultural conditions that influence intermediate determinants, such as poverty, gender inequality, policies and norms.⁽⁴⁾

To reduce MMR, comprehensive and integrated efforts are needed that involve all parties, including the government, community and development partners. These efforts must be aimed at addressing close determinants, intermediate determinants and distant determinants related to MMR. Some of the breakthroughs that can be made include transforming the health system, increasing the coverage and quality of maternal and neonatal health services, improving disease control, increasing coverage of universal health services, and increasing public education and awareness about reproductive health.^(1-3,5)

The high MMR in Indonesia is a challenge that must be addressed immediately. Maternal health is a

human right that must be respected, protected and fulfilled. Maternal health is also the key to achieving sustainable, inclusive and equitable development. By reducing MMR, we can improve the quality of life for mothers and children in Indonesia.⁽⁶⁾

2. CONDITION OF MATERNAL DEATH RATE IN INDONESIA

Maternal mortality rate (MMR) is the number of maternal deaths that occur during pregnancy, childbirth, or 42 days after delivery per 100,000 live births. According to data from the Ministry of Health, MMR in Indonesia in 2021 reached 7,389 people, an increase of 56.69% compared to 2020 which was 4,627 people. The spike in MMR in 2021 was caused by the Covid-19 pandemic which infected 2,982 mothers, or around 40% of total maternal deaths.⁽¹⁾ Apart from Covid-19, other main causes of maternal death are bleeding, hypertension in pregnancy, heart disease and infection.⁽¹⁾

MMR in Indonesia showed a downward trend throughout the 1991-2015 period, from 390 per 100,000 live births in 1991 to 228 in 2015. However, in 2012 the infant mortality rate increased again to 359 and then fell to 305 in 2018. Despite showing a decline, MMR in Indonesia is still relatively high and still above the SDGs target of 102 per 100,000 live births.⁽¹⁾

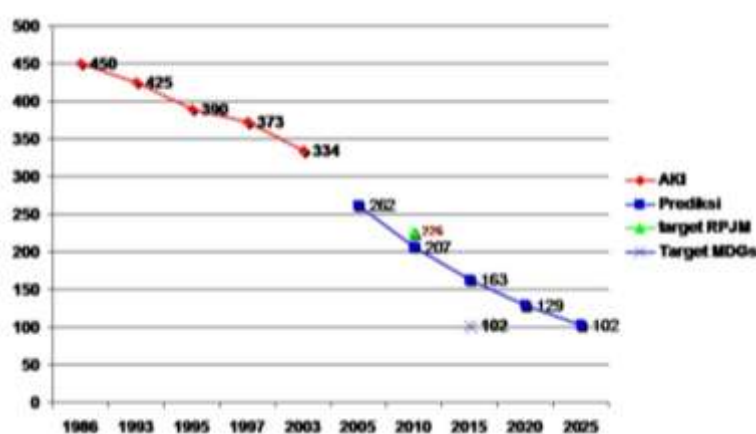


Figure 1. Projection of MMR in Indonesia until 2025.⁽⁷⁾

3. IMPACT OF MATERNAL MORTALITY RATE

High maternal and infant mortality rates have short-term and long-term impacts on families,

communities and countries. The following are some of the impacts that can occur:

The short-term impact of high MMR includes: 1). Loss of source of income for the family, especially if the mother or father dies. 2). Loss of a caring role for children, which can affect their psychosocial and cognitive

development. 3). Increased risk of death for infants and toddlers, especially if the mother dies while pregnant or giving birth. 4). Increased workload and health costs for health facilities and personnel, which can reduce the quality of service. 5). Increased risk of transmission of infectious diseases, especially if death is caused by an infection such as Covid-19. ⁽⁸⁻⁹⁾

Apart from short-term impacts, MMR can also have long-term impacts: 1). A decline in the productive and competitive workforce, which can hamper economic growth and national development. 2). Decreased social welfare and poverty, which can exacerbate inequality and injustice. 3). Decreasing life expectancy and quality of life in society, which can reduce the human development index (HDI). 4). Decreasing fertility rates and population growth, which can affect the demographic structure and demographic bonus. 5). Decreased reproductive and nutritional health status of women and children, which can affect the health of future generations. ⁽⁹⁾

4. IMPLICATIONS

The MMR problem in Indonesia has broad implications, both in terms of health, social, economic and development. The following are some of the implications that can occur:

Health implications: MMR shows that there are still many pregnant and giving birth women who do not receive quality health services, so they are at risk of complications and death. MMR also has an impact on the health of babies, which can increase the infant mortality rate (IMR) and children under five. In addition, MMR can increase the risk of transmission of infectious diseases, especially if maternal death is caused by infections such as Covid-19. ⁽¹⁾

Social implications: MMR causes loss of sources of income, caring roles, and emotional support for families, especially children left behind. MMR also lowers the status of women in society, which can worsen gender inequality and injustice. MMR can also cause trauma and stress for families and communities who experience loss. ⁽¹⁰⁾

Economic implications: MMR reduces the productive and competitive workforce, which can hamper economic growth and national development. MMR also increases the burden of health costs for families, facilities and the government, which can reduce welfare and poverty. MMR can also reduce investment

and consumption, which can reduce demand and supply of goods and services. ⁽¹¹⁾

Development implications: MMR reduces people's life expectancy and quality of life, which can reduce the human development index (HDI). MMR also reduces fertility rates and population growth, which can affect the demographic structure and demographic bonus. MMR also reduces the reproductive and nutritional health status of women and children, which can affect the health of future generations ⁴.

5. CHALLENGES FACED IN MMR REDUCTION

The decline in MMR in Indonesia still faces various challenges, including: 1). The health budget allocation of 5% of the total APBN, excluding employee salaries, has not been fulfilled, which can affect the availability and quality of maternal and child health services. ⁽¹⁾ 2). There is still a lack of health facilities and personnel, especially in remote areas, which can hinder access and utilization of maternal and child health services. ⁽¹⁾ 3). Low access to PONEK (Pelayanan Obstetri Neonatal Emergensi Dasar or Basic Emergency Neonatal Obstetric Services) and PONEK (Pelayanan Obstetri Neonatal Emergensi Komprehensif or Comprehensive Emergency Neonatal Obstetric Services) facilities, which can reduce the ability to handle complications of pregnancy and childbirth. ⁽¹⁾ 4). Low utilization of Jampersal (Jaminan Persalinan or Maternity Guarantee), which can create financial obstacles for pregnant and giving birth mothers. ⁽¹⁾ 5). The non-functioning of the Polindes (Pondok Bersalin Desa or Village Maternity Center) as it should be, which can reduce the role of village midwives in providing maternal and child health services. ⁽¹⁾ 6). Very fast turnover of officials, which can disrupt the continuity and consistency of maternal and child health programs and policies. ⁽¹⁾ 7). There are still high disparities in socio-economic levels, between regions and between urban and rural areas, which can increase the inequality in MMR and IMR. ⁽¹²⁾ 8). Community awareness and healthy living behavior is still low, especially in terms of disease prevention, pregnancy, childbirth and postpartum examinations, as well as family planning services. ⁽⁹⁻¹⁰⁾

6. CONCLUSION

The conclusion of this short article about the maternal mortality rate in Indonesia is that the maternal

mortality rate (MMR) in Indonesia is still high and has not yet reached the Sustainable Development Goals (SDGs) target set by the UN, namely 70 per 100,000 live births in 2030. The recommended suggestion to reduce MMR is that comprehensive and collaborative efforts are needed from all parties, including central and regional governments, health institutions, civil society organizations, academics, media and society.

Conflict of Interest

The authors declare no conflict of interest.

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