

CHAPTER III

CONTENT

In this discussion of chapter III researchers will expose the results of research on how the levels of maternal and child health is measured from the degree of health by local governments especially in the district of sanggau in sub-district entikong years 2014-2015. Based on research methods that have been conducted by interview method.

In the collection of data regarding the rate of maternal and child health by local governments sanggau using this interview techniques researchers involve a resources which is involved inside. So that the data obtained from the results of this data collection is already relevant indicators are examined from the levels of maternal and child health in clinics entikong.

The role of government is a series of regulations have been made by the government to the public and the role of government itself is to supervise and organize the needs of the citizens of both physical as well as spiritual or at least help to fulfill the needs of citizens in his life.

Based on frame theory in the previous chapters in this study, that there are some indicators that are examined in the levels of maternal and child health are : 1) The Role Of Arrangement, 2) The Role Of Empowerment, 3) The Role Of The

Services. Here is a related discussion of the above indicators related maternal and child health (case study at sub-district health centers entikong years 2014-2015).

3.1 The Role Of Arrangement

In the taking of a policy of a policy on the role of the government is very determining towards where the decision will be issued. A wide range of government policies and programs have been implemented in order to improve the welfare of families including concerning maternal and child health among other things. the definition about the the role arrangement is The role of arrangement is a function of setting in making laws regulations that arranging the life together. The Function of arrangemet is done either at the level of central government or local governments. The function of these rules is generally manifested by the presence of legislative institution one of its function of making legislation.

The policy rolled out asa concrete manifestation of the government's concern to improve the welfare of mothers and children in the border area of the implemented based on act no. 36 of the year 2009 on the health of mothers, infant, and children are contained in article 126 up to article 135 caw.

The brief explanation about this law, this law is addressed to the mother, children and the infant which the content is the effort from the government to keep them healthy. The maternal health efforts is aimed to keep the maternal

health and to diminish the mother's death of rate. And the government guarantee the availability of personnel, facilities, tools and medicine in implementation the maternal health services safely, quality and achievable.

And the child and infants efforts is the efforts of child and infant maintenance that should be aimed to preparing the next generation which is intelligent, quality and also to reduce the child and infant death rate. And for the child's health maintenance efforts should be done since in the womb, was born, and until 18 years old. and for the baby the government must be given the complete immunization to every infant and children.

In this article the government has the obligation to established the standard or criteria toward the infant and children and also guarantee the realization and facilitate every implementation toward those standard and criteria.

The role of the government in this issue is the government making their own rules in accordance with the authority issued by the local county government about the existence of related programs on the issue of maternal and child health. The programs of the local government counties own related policies do not yet have on maternal and child health. Because it's for advice so that local government of sanggau regency make policy related to maternal and child health issues in order to reduce maternal mortality and the child.

In this policy the local county government has the authority to determine what is the right program to improve maternal and child health. The

local government of Sanggau regency they don't have the regulation who arrange about the maternal child's health. There are only 2 regulations the first regulation is about the district regulation of sanggau regency number 5 in 2013 about the implementation of child protection and the judgement of head of health department number 31 year 2015 about the child-friendly clinic manager designation.

Sanggau district don't have the regulations about the maternal and child health but more about the implementation about the child protection and the indication organizer about the child health clinics.

3.2 The Role Of Empowerment

This empowerment role is a function performed by the government to empower the communities, so that every element of the community can participate in development and governance. On the principle this role of empowerment is to attempt to improve the ability of people in all fields. But of course this empowerment should start at the top. To empower communities government apparatus should be empowered in advance. The level of knowledge, understanding and awareness of politics, law, economics of the government apparatus need to be established in advance, so that the government can empower communities. Because this empowering efforts can't go from the aspects of the government's itself.

The role of empowerment in this case can be mean as a the effort from the government toward the maternal and infant and child health such as the availability of medicine, tools, the medical personnels and etc. because maternal health issues pre and post childbirth and child health problems is a challenge that must be faced by the maternal and child health programme (MCH). Expected through activities undertaken to expand the scope of services that ultimately can improve the health status of families. The existence of variations between regions in terms of demographics and geography, then activity in maternal and child health programmes (MCH) will be different. However, in order for the execution of the program can run smoothly the aspect of KIA'S quality improvement program service KIA in the present county or city health centers should be improved again.

Program quality improvement KIA also assessed from the magnitude of the scope of the programme in their respective work areas. Some activities in improving efforts accelerated decline in AKI and AKB has attempted, among others, through the improvement of quality of service by conducting training of midwives. There are three key messages to make the safety in pregnancy i.e. :

1. Any delivery by trained health personnel
2. Every obstetricand neonatal complications got good service
3. Every woman of fertile age have access to the prevention of unwanted pregnancy and miscarriage complications handlers

The efforts increased the degree of family health was done through the construction of family health health promotion efforts that includes mothers and infants, pre-school children and school-aged children, adolescent reproductive health, and the health of the fertile age. But the more mainstream in this program is the maternal and child health programs given the AKI and AKB is one indicator of the success of peting health program. The empowerment of government in this issues can be seen at the table below. How many medical personnel in the health clinic center.

Health statistic of entikong sub-district :

Description	2012	2013	2014
Hospital	-	-	-
Health clinics center	1	1	1
Health integrated services	24	14	28
Dentist	1	1	1
Specialist doctor	-	-	-
General doctor	2	1	1
Midwifery	10	10	10
Nurse	13	5	13

Sources: Sanggau Dalam Angka 2012-2014

There are 10 midwives who are trained and 13 nurses and 1 general doctor in the health clinics. That is not many medical personnels but these are 24 can handling their job better than another sub-district.

3.3 The Role Of The Services

The role of these services is a function related to the needs of society, regardless of social class or the magnitude of the rewards that capable given. The role of this service consists of a few things:

- a. Ensure the security of the state
- b. Maintaining orderliness
- c. Ensures the application of justice
- d. Public works and services
- e. Increase social welfare
- f. Implement economic policy
- g. Maintains a resource and environment

The meaning of the role of the services in this case are what the government or the local government do to improve the the efforts of maternal and child's health in this area. The local government created the program which is related to the maternal and child health there are 13 programs.

Maternal and child health programme (MCH) is one of the main priorities of health development in Indonesia. This program is responsible for

health services for expectant mother. Mothers give birth and neonatal infants. Based on the results of the interview at one of the coordinators of the midwife in charge on the program objective of KIA, KIA'S program is to decrease mortality and alleviate pain among mothers. Most of the causes of maternal deaths indirectly is a complication that occurs at the time of delivery and after childbirth, the cause was known by the classical trias i.e. bleeding, eklampsia and infections. While not direct causes include pregnant woman suffer from chronic energy less anemia occurs in pregnant women, this will increase the risk of the occurrence of the death of mother. The following programs or accelerated efforts in improving product decline in AKI and AKB i.e.the clinics in entikong has a program, such as:

Mother's Program:

Mother's programs indicators :

1. The scope of pregnant women visits K1

In the language of the maternal and child health programs, antenatal visit was given the numeric code-K which stands for the visit. Coverage of the visit pregnant woman K-1 was the first pregnant women during pregnancy or the first contact with the medical. Pregnancy check up should be carried out so the pregnancy occurs during menstruation be late for at least one month. And implemented continues to regularly during pregnancy at least 4 visits during

pregnancy. One visit on a trimester 1, one visit in the second trimester and twice in the third trimester.

The purpose of K1 is to facilitate women to detect complications that can be life-threatening the mother and baby and to prepare for the birth and gave the education to mother early on. Do the first antenatal visit or examination is for:

- a. Determine a diagnosis there is or there is no pregnancy
- b. Determine gestational age and labor estimates
- c. Determine the health status of mother and fetus
- d. Determine normal or abnormal pregnancy and the least or no risk factors for pregnancy
- e. Determine the plan of examination/treatment.

To get a medical examination of a pregnant woman should match the standard during the first trimester of pregnancy with at least 1 times the number of visits. Includes :

1. Identity
2. Pregnancy history
3. History of midwifery
4. Health history
5. Examination of pregnancy
6. Services of health
7. Counseling and consulting

And will get the service 7T :

1. Weigh the weight and height measurement
2. Measure the blood pressure
3. Skinning immunization status of tetanus toxoid and tetanus immunization is given (TT) when necessary
4. Measure the height of the fundus uteri
5. Granting of minimal blood added 90 tablets during pregnancy
6. Test laboratory (routine and special)
7. Appointment speech (counseling) including the planning of delivery and prevention of complications (P4K) as well as post childbirth KB

If the scope of K1 were below 70% showed low antenatal services that might also be caused by a pattern of services that have not been active enough. The coverage of low k1 will have an impact on the low risk pregnancies early detection which will then affect the height of AKB and AKI. And low K1 can also indicate that the officer's access to mother still and must be upgraded again.

Based on the results of the interview it had coverage K1 a very important role in maternal and child health program i.e.,. The monitoring indicators as used for antenatal service coverage or to

know how much a mother saw her pregnancy in the first trimester. The following data coverage K1 :

3.2.1 Table scope of K1 year 2014

No.	Kode Desa	Puskesmas	Jml Penduduk	Jml Ibu Hamil	Mempunyai Buku KIA		K1	
					absolut	%	absolut	%
1	1	Teraju	12,437	256	270	105.47	270	105.47
2	2	Meliau	48,282	1,163	981	84.35	981	84.35
3	3	Kapuas	58,043	1,198	1,196	99.83	1,196	99.83
4	4	Tj.Sekayam	19,855	409	412	100.73	412	100.73
5	5	Belangin	6,057	125	122	97.60	122	97.60
6	6	Kedukul	19,126	394	389	96.73	389	98.73
7	7	Bl.Sebut	28,115	580	568	97.93	568	97.93
8	8	Bonti	21,608	446	415	93.05	415	93.05
9	9	Pusat Damai	36,213	747	740	99.06	740	99.06
10	10	P.Tayan	16,137	333	329	98.80	329	98.80
11	11	Kp.Kawat	16,426	339	338	99.71	380	112.09
12	12	Bt.Tarang	23,109	477	532	111.53	532	111.53
13	13	Sosok	34,289	706	701	99.29	701	99.29
14	14	Kembayan	27,279	563	560	99.47	560	99.47

15	15	Beduai	11,125	275	258	93.82	258	93.82
16	16	Noyan	10,236	211	220	104.27	220	104.27
17	17	Balkar	32,461	668	665	99.55	665	99.55
18	18	Entikong	16,616	343	340	99.13	340	99.13

3.2.2 Table scope of K1 year 2015

No.	Kode Desa	Puskesmas	Jml Penduduk	Jml Ibu Hamil	Mpy Buku KIA		K1	
					Absolut	%	Absolut	%
1	1	Teraju	12,783	309	272	88.03	298	96.44
2	2	Meliau	26,842	554	424	76.53	424	76.53
3	3	Sanggau	60,024	1,448	1,322	91.30	1,322	91.30
4	4	Tj.Sekayam	20,531	496	461	92.94	488	98.39
5	5	Belangin	6,263	129	133	103.10	133	103.10
6	6	Kedukul	19,697	476	426	89.50	426	89.50
7	7	Bl.Sebut	28,991	598	606	101.34	606	101.34
8	8	Bonti	22,338	461	348	75.49	422	91.54
9	9	Pusat Damai	37,851	781	806	103.20	806	103.20
10	10	Pulau Tayan	16,759	405	383	94.57	383	94.57
11	11	Kp.Kawat	17,053	412	356	86.41	356	86.41
12	12	Btg.Tarang	23,741	574	511	89.02	511	89.02
13	13	Sosok	35,737	864	155	17.94	567	65.63
14	14	Kembayan	26,154	574	574	100.00	574	100.00

15	15	Beduai	11,422	236	211	89.41	211	89.41
16	16	Noyan	10,514	254	220	86.61	220	86.61
17	17	Bl.Karangn	33,774	816	799	97.92	779	95.47
18	18	Entikong	17,452	422	344	81.52	344	81.52
19	19	Harapan Makmur	22,859	471	360	76.43	360	76.43

Can be seen in the table above coverage of the first visit of a pregnancy on the mother in district entikong decline in 2015 in the amount of 17.61 percent in 2015 is 81,52 percent and by the year of 2014 99.13 percentage mother who visited clinics in the first trimester pregnancy. The decline in visits in the first trimester can mean a lack of caring mothers against pregnancy in the first trimester because of the lack of the mother could be due to ignorance because pregnant women are not aware of the pregnancy. Though in 2014-2015 decreased by 17.61 percent. However remain on the target or targets of the treetops on first trimester visits.

2. The scope of pregnant women visits K4

Coverage of the visit pregnant women K4 is a pregnancy examination conducted on the fourth trimester or after 36 weeks of the twice visits.

The full antenatal examination is K1,K2,K3 and K4, meaning at least once antenatal visits conducted until 28 weeks gestational age, once antenatal visits during pregnancy 28-36 of the weeks and twice on antenatal visits above 36 weeks gestational age.

The schedule of check up (the age of pregnancy from the first day of the last menstruation) :

-until 28 weeks : once every 4 weeks

- 28-36 weeks: once every 2 weeks

-diatas 36 minggu : once a week

Unless found abnormalities then checks should be more frequent and intensive. The function of check up are:

1. maintain a healthy mothers during pregnancy, labor and parturition as well as organize give abirth a health baby
2. monitoring the possibility of pregnancy risks and plan optimum treatment against high risk pregnancy
3. lower the morbidity and mortality of perinatal and maternal.

3.2.3 Table scope of K4 year 2014

No.	Kode Desa	Puskesmas	Jml Penduduk	Jml Ibu Hamil	Mpy Buku Kia		K4	
					Absolut	%	Absolut	%
1	1	Teraju	12,437	256	270	105.47	250	97.66
2	2	Meliau	48,282	1.163	981	84.35	900	77.39
3	3	Kapuas	58,043	1,198	1,196	99.83	1,146	95.66
4	4	Tj.Sekayam	19,855	409	412	100.73	402	98.29
5	5	Belangin	6,057	125	122	97.60	121	96.80
6	6	Kedukul	19,126	394	389	96.73	382	96.95
7	7	Bl.Sebut	28,115	580	568	97.93	561	96.72
8	8	Bonti	21,608	446	415	93.05	394	88.34
9	9	Pusat Damai	36,213	747	740	99.06	715	95.72
10	10	P.Tayan	16,137	333	329	98.80	267	80.18
11	11	Kp.Kawat	16,426	339	338	99.71	321	94.69
12	12	B.Tarang	23,109	477	532	111.53	488	102.31
13	13	Sosok	34,289	706	701	99.29	627	88.81
14	14	Kembayan	27,279	563	560	99.47	535	95.03
15	15	Beduai	11,125	275	258	93.82	245	89.09
16	16	Noyan	10,236	211	220	104.27	141	66.82
17	17	Balkar	32,461	668	665	99.55	630	94.31
18	18	Entikong	16,616	343	340	99.13	326	95.04

3.2.4 Table scope of K4 year 2015

No.	Kode Desa	Puskesmas	Jml Pdkk	Jml Ibu Hamil	Mpy Buku KIA		K4	
					Absolut	%	Absolute	%
1	1	Teraju	12,783	309	272	88.03	285	92.23
2	2	Meliau	26,842	554	424	76.53	327	59.03
3	3	Sanggau	60,024	1,448	1,322	91.30	1,212	83.70
4	4	Tj.Sekayam	20,531	496	461	92.94	475	95.77
5	5	Belangin	6,263	129	133	103.10	102	79.07
6	6	Kedukul	19,697	476	426	89.50	374	78.57
7	7	Bl.Sebut	28,991	598	606	101.34	604	101.00
8	8	Bonti	22,338	461	348	75.49	395	85.68
9	9	Pusat Damai	37,851	781	806	103.20	751	96.16
10	10	P.Tayan	16,759	405	383	94.57	330	81.48
11	11	Kp.Tawat	17,053	412	356	86.41	273	66.26
12	12	Bt.Tarang	23,741	574	511	89.02	484	84.32
13	13	Sosok	35,737	864	155	17.94	438	50.69
14	14	Kembayan	26,154	574	574	100.00	489	85.19
15	15	Beduai	11,422	236	211	89.41	191	80.93
16	16	Noyan	10,514	254	220	86.61	172	67.72
17	17	Bl.Karangan	33,774	816	799	97.92	676	82.84
18	18	Entikong	17,452	422	344	81.52	326	77.25
19	19	Harapan Makmur	22,859	471	360	76.43	296	62.85

Can be seen in the table above coverage visit pregnancy pregnant women on the fourth trimester of pregnancy also experienced a decrease was recorded in the year 2014 of 95.04 if compared on the year 2015 of 77.25 percent. There are lowering of 17.79 percent. The slope on the 2015 based on the results of the interview are usually because of on the fourth trimester of pregnant women or towards the birth of rarely checked the content of her pregnancy or because mothers feel no barriers or not feeling the pain ahead of the birth.

3. The scope of birth in health experts

Scope of delivery in the health workforce is labor coverage by health care personnel such as midwives, physicians, and other medical personnel. According to the results of the interviews every birth must be rescued by health workers because health workers are the ones who are already experts in helping labor, so the safety of mothers and babies is more assured. And when there are abnormalities can be known and promptly rescued or referred to the clinics or home sick. And labor that helped health workers use any equipment that is safe, clean, sterile and thus preventing the occurrence of infections and other health hazards.

3.2.5 Table of birth with medical personnel year 2014

No.	Kode Desa	Puskesmas	Persalinan Oleh Tenaga Kesehatan					
			Pn		Pn Di Fansyakes		Pn Di Non Fansyakes	
			Absolut	%	Absolut	%	Absolut	%
1	1	Teraju	223	91.02	26	11.66	197	88.34
2	2	Meliau	891	93.79	357	40.07	534	59.93
3	3	Kapuas	1076	94.14	786	73.05	290	26.95
4	4	Tj.Sekayam	380	97.19	303	79.74	77	20.26
5	5	Belangin	110	92.44	35	31.82	75	68.18
6	6	Kedukul	345	91.76	173	50.14	172	49.86
7	7	Bl.Sebut	484	87.52	51	10.54	433	89.46
8	8	Bonti	332	78.12	107	32.23	225	67.77
9	9	Pusat Damai	647	90.74	371	57.34	276	42.66
10	10	P.Tayan	259	81.45	39	15.06	220	84.94
11	11	Kp.Kawat	311	96.28	92	29.58	219	70.42
12	12	Bt.Tarang	363	79.78	59	16.25	304	83.75
13	13	Sosok	503	74.52	165	32.80	338	67.20
14	14	Kembayan	433	80.63	312	72.06	121	27.94
15	15	Beduai	218	99.54	56	25.69	162	74.31
16	16	Noyan	131	65.17			131	100.00
17	17	Balkar	580	90.63	263	45.34	317	54.66
18	18	Entikong	305	93.27	199	65.25	106	34.75

3.2.6 Table of birth with medical personnel year 2015

No	Kode Desa	Puskesmas	Persalinan Oleh Tenaga Kesehatan					
			Pn		Pn Di Fansyakes		Pn Di Non Fansyakes	
			Absolut	%	Absolut	%	Absolut	%
1	1	Teraju	272	92.20	44	16.18	228	83.82
2	2	Meliau	278	52.65	154	55.40	148	53.24
3	3	Sanggau	1096	79.31	882	80.47	214	19.53
4	4	Tj Sekayam	405	85.44	297	73.33	96	23.70
5	5	Belangin	102	82.26	53	51.96	49	48.04
6	6	Kedukul	412	90.75	210	50.97	202	49.03
7	7	Bl. Sebut	576	100.88	97	16.84	479	83.16
8	8	Bonti	332	75.45	113	34.04	219	65.36
9	9	Pusat Damai	690	92.62	491	71.16	199	28.84
10	10	Pulau Tayan	301	77.78	50	16.61	251	83.39
11	11	Kp.Kawat	297	75.57	104	35.02	193	64.98
12	12	Btg.Tarang	349	63.69	121	34.67	228	65.33
13	13	Sosok	552	66.99	317	57.43	235	42.57
14	14	Kembayan	485	74.73	336	69.28	149	30.72
15	15	Beduai	187	83.11	80	42.78	107	57.22
16	16	Noyan	151	62.14	6	3.97	145	96.03
17	17	Bl.Karangan	622	79.85	313	50.32	309	49.68
18	18	Entikong	270	67.00	224	82.96	46	17.04
19	19	Harapan Makmur	285	63.33	80	28.07	205	71.93

In the year 2014, there is 343 peoples of pregnant women and 343 of expectant mothers 305 mothers who do labor normally and as many as 38 people gave birth by way of operation. So also in the year 2015 there are as many as 422 pregnant and only 270 of pregnant women can give birth normally rest of 152 pregnant women gave birth in the operation. The handling of the labor done by medical personnel in clinics entikong. Health workers in clinics entikong has been trained. And recorded nearly the entirety of pregnant women giving birth in health facilities or in clinics and only about 34.75% in 2014 and at 17% in 2015 that perform at home in a non medical facilities.

4. The scope of handling obstetric complication

Obstetric complication is pregnancy complications or pregnancy complication with a problem where it is a disease that occurs when a woman is pregnant or being pregnant. Complications are divided into 2 groups, direct obstetric complications not directly.

a. Direct obstetric complication

1. Hemorrhaging

Antepartum hemorrhage is bleeding that occurs after 28 weeks of pregnancy. Usually more and more dangerous than pregnancy bleeding occurred before 28 weeks. If bleeding occurs in a place far

away from health care facilities or health care facilities are not capable of performing the required actions, then generally maternal deaths will occur.

2. Pre-eclampsia/ eclampsia

Eclampsia is a condition caused by the mother's pregnancy called gestational toxicity, with signs oedema (swelling) is especially visible on the limbs and face, high blood pressure, and in the urine contained egg white substance on examination of urine from laboratorum. Symptoms of pre eclampsia is:

- a. Blood pressure higher than 140/90 mm hg
 - b. The face or hands swell
 - c. High protein levels in urinary water
3. Disorder disposition (latitude disposition/disposition breech)
- a. The location is latitude : abnormalities of the fetus in the womb of layout on 8-9 months old pregnancy based its head is there in addition to right or left in the womb of the mother. Baby layout latitude cannot be born through roads and the baby need a caesarean operation help.

b. Location of the breech : this is an abnormality of the fetus in the womb of layout on an old pregnancy 8-9 month with head traits based above buttocks or feet below. Baby born breech layout more difficult because coconut is born. The cause of the layout of the breech can be derived from the mother's side due to the womb, placenta, birth or road conditions of the fetus due to the short cord, hydrocephalus, pregnancy, twins, hidramnion, prematuritas.

4. Hidramnion

The pregnancy with the amount of amniotic water over 2 litres. This situation began to appear on the trimester 3, can happen slowly or very quickly. In a normal pregnancy, the amount of amniotic water $\frac{1}{2}$ to 1 litre. Because of the very large uterus will be pressed on the sekitarnya organs that can cause complaints such as shortness of breath, abdominal pain and swelling due to enlarged on both pubic lips and limbs.

5. Arly broken fetal membrane

Amniotic rupture early i.e. discharge of liquid is water from the vagina after 22 weeks of pregnancy. Amniotic rupture manifested early if it occurs before birthing takes place.

6. Placenta previa

Placenta previa the placenta is embedded above or near the cervix, in the lower part of the uterus in the womb, placenta can cover the cervical orifice in whole or only in part. Placenta previa is usually occurs in women who have been pregnant more than 1 time or women who have abnormalities of the uterus. In late pregnancy bleeding occurred suddenly of which there could be more and more and the blood that comes out is usually colored bright red. If want to know more clearly it can be done with ultrasound examination.

7. Hiperemesis gravidarum

Hiperemesis gravidarum is excessive nausea and vomiting during pregnancy. Unlike the usual morning sickness and can cause dehydration and starvation and the cause is still unknown. The existence of psychic factors can trigger or worsen vomiting weight of sufferers will decrease and dehydration. Dehydration can cause changes in the levels of electrolytes in the blood so the blood becomes too acidic. If the vomiting continues to happen could happen to liver

damage. Sufferers are to be given medication drug anti nausea and the headache medication.

8. Placenta abrupcio

Placenta abrupcio placenta whose related is being in a normal position on the wall of the uterus prematurely or that occur when a pregnancy is not at the moment of birth. Abrupcio are often found in women who suffer from high blood pressure, heart disease, diabetes or rheumatic diseases and female cocaine users. Uterine bleeding occurs from the side of the place attached by placenta.

b. Indirect obstetric complications

1. Heart disease

Grievances felt by pregnant women include shortness of breath, heart palpitations, chest feels heavy or painful, swollen feet, fast pulse complaints usually arise in time of heavy work. The influence of heart disease against pregnancy can cause impaired fetal growth with low birth weight, prematurity, death fetus and can also happen to abort.

2. Tuberculosis

Complaints felt pregnant women among others old cough does not heal, does not like to eat, the body weak and increasingly thin, coughing blood. This disease has no effect directly against the fetus and does not provide the transmission during her pregnancy. The fetus will be contracted after being born. When tuberculosis is already heavily can decrease the body condition of pregnant women and nursing mothers even participated reduced it is advisable not to breast feed her baby to the member directly.

3. Anemia

Un-pregnant women have normal hemoglobin value 12-15 gr%. The figure also applies to pregnant women, especially women who got pregnant during the surveillance. Therefore, the examination of hemoglobin should be a routine blood examination during antenatal surveillance that is carried out every 3 months or at least 1 times in first examination or in the first quarter and again in the last quarter. The perceived complaint of pregnant women is a limp body, lethargy, fatigue, eye sparkle like fireflies, heart pounding. Influence of anemia of pregnancy against, among others, can reduce the durability of expectant mothers so easy got ill mother and inhibit the growth of fetus so that the babies born with low birth weight premature.

4. Malari

Grievances felt by pregnant women, among others, high heat, shiver with sweating out, headache, vomiting. When the cause of malaria is accompanied with high heat and anemic, it will interfere with pregnant women and her pregnancy. The dangers that may occur include abort/miscarriage, fetal in womb and premature labor.

5. Diabetes mellitus

The alleged presence of diabetes in pregnant women is when :

- a. Mother have experienced a few times with a baby's birth weight born babies over 4000 grams.
- b. Have experienced the death of a baby in the womb in the last weeks of pregnancy
- c. Glukosan is found in the urine in the examination of the lab called with glikosuria.

Against the gestational diabetes mellitus disease depending on weight of the disease, medication and treatment. Treatment of diabetes mellitus is becoming more difficult ordered, the influence of pregnancy. Pregnancy and diabetes mellitus make heavier will enlarge the possibilities of the incidence of complications such as come.

6. Incompatibility rh

Rh incompatibility is unbalance rh in the blood of pregnant women and the baby's blood, as a result of the mother's body of rh incompatibility will form antibodies against red blood cells. Antibodies can caused some of the red blood cells burst and sometimes cause hemolytic disease (a type of anemia) in infants. Blood type is determined based on the presence of molecules on the surface of red blood cells. Blood type rh consists of several molecules.

3.2.7 Tabel Birth complication 2014

No	Kode Desa	Puskesmas	Komplikasi Maternal	
			Absolute	%
1	1	Teraju	29	56.64
2	2	Meliau	155	66.64
3	3	Kapuas	123	51.34
4	4	Tj.Sekayam	56	68.46
5	5	Belangin	23	92.00
6	6	Kedukul	79	100.25
7	7	Bl.Sebut	52	44.83
8	8	Bonti	51	57.17
9	9	Pusat Damai	113	75.64
10	10	P.Tayan	44	66.07

11	11	Kp.Kawat	85	125.37
12	12	Bt,Tarang	81	64.91
13	13	Sosok	99	70.11
14	14	Kembayan	89	79.04
15	15	Beduai	30	54.55
16	16	Noyan	9	21.33
17	17	Balkar	120	89.82
18	18	Entikong	86	45.00

3.2.8 Table birth complication year 2015

No	Kode Desa	Puskesmas	Komplikasi Maternal	
			Absolut	%
1	1	Teraju	38	61.49
2	2	Meliau	66	59.57
3	3	Sanggau	142	49.03
4	4	Tj.Sekayam	82	82.66
5	5	Belangin	15	58.14
6	6	Kedukul	88	92.44
7	7	Bl.Sebut	93	77.76
8	8	Bonti	53	57.48
9	9	Pusat Damai	142	90.91
10	10	Pulau Tayan	34	41.98

11	11	Kp.Kawat	99	120.15
12	12	Btg.Tarang	82	71.43
13	13	Sosok	131	75.81
14	14	Kembayan	35	30.49
15	15	Beduai	18	38.14
16	16	Noyan	7	13.78
17	17	Balai Karangan	155	94.98
18	18	Entikong	77	44.56
19	19	Harapan Makmur	53	56.26

Seen in the table above in the year 2014, there is labor complications by as much as 86 patients who suffered complications but such complications can still be handled by trained health workers or not to see death. These arguably a bit compared with sub meliau as much as 155 pregnant women who experience complications. While in 2015 at entikong sub district decline of 177 people who suffered complications in her pregnancy.

5. The scope of parturition services

The scope of service of parturition is a period starting 6 hours up to 42 days post birth. Service to the mother how at least 3 times in 6 hours post up to three days in week 2 and week 4.

3.2.9 Table Parturition services 2014

No	Kode desa	Puskesmas	Jumlah ibu nifas	Cakupan kunjungan nifas					
				Kf1		Kf2		Kf3	
				absolut	%	absolut	%	Absolut	%
1	1	Teraju	245	245	100.00	245	100.00	240	97.96
2	2	Meliau	1111	921	82.90	891	80.20	891	80.20
3	3	Kapuas	1143	1088	95.19	1088	95.19	1073	93.88
4	4	Tj. Sekayam	391	389	99.49	380	97.19	380	97.19
5	5	Belangin	119	114	95.80	109	91.60	109	91.60
6	6	Kedukul	376	335	97.61	367	97.61	367	97.61
7	7	Bl.sebut	553	496	89.69	484	87.52	484	87.52
8	8	Bonti	425	387	91.06	387	91.06	332	78.12
9	9	Pusat damai	713	658	92.29	658	92.29	646	90.60
10	10	Pulau tayan	318	303	95.28	203	63.84	303	95.28
11	11	Kp.kawat	323	371	114.86	371	114.86	371	114.86
12	12	Bt.tarang	455	457	100.44	457	100.44	457	100.44
13	13	Sosok	675	562	83.26	562	83.26	562	83.26
14	14	Kembayan	537	446	83.05	446	83.05	446	83.05
15	15	Beduai	219	237	108.22	218	99.54	218	99.54
16	16	Noyan	201	158	78.61	158	78.61	158	78.61
17	17	Balkar	640	639	99.84	579	90.47	579	90.47
18	18	Entikong	327	325	99.39	325	99.39	325	99.39

3.2.10 Table parturition services year 2015

No	Kode desa	Puskesmas	Jmlh ibu nifas	Cakupan kunjungan nifas					
				K1		Kf2		Kf3	
				absolut	%	absolut	%	absolut	%
1	1	Teraju	295	300	101.69	292	98.98	287	97.29
2	2	Meliau	528	328	62.12	301	57.01	277	52.46
3	3	Sanggau	1,382	1108	80.17	1,094	79.16	1,090	78.87
4	4	Tj. Sekayam	474	417	87.97	400	84.39	393	82.91
5	5	Belangin	124	105	84.68	100	80.65	89	77.98
6	6	Kedukul	454	428	94.27	413	90.97	403	88.77
7	7	Bl.sebut	571	576	100.88	570	99.82	562	98.42
8	8	Bonti	440	380	86.36	373	84.77	367	83.41
9	9	Pusat damai	745	705	94.63	700	93.96	679	91.14
10	10	Pulau tayan	387	313	80.88	291	75.19	265	68.48
11	11	Kp.kawat	393	312	79.39	278	70.74	275	69.97
12	12	Btg. Tarang	548	440	80.29	440	80.29	382	69.71
13	13	Sosok	824	623	75.61	620	75.24	589	71.48
14	14	Kembayan	649	501	77.20	497	76.58	466	71.80
15	15	Beduai	225	199	88.44	199	88.44	171	76.00
16	16	Noyan	243	176	72.43	153	62.96	145	59.67
17	17	Bl. Karangan	779	674	86.52	661	84.85	630	80.87

18	18	Entikong	403	290	71.96	273	67.74	267	66.25
19	19	Harapan makmur	450	360	80.00	357	79.33	318	70.67

Can be seen in the table above the scope of service of parturition in 2014 visits recorded amounted to 99.39 percent of the total number of 325 people who do visit during parturition post-birth. And by the year 2015 was recorded from the 403 people maternal there were only 290 people who do visit parturition to clinics and on the second and third visits visits declined because mothers who undergo parturition post-birth just check at the time of the visit of the first parturition or visits after delivery and parturition is not checked on the second and third stages because the mother felt that her healthy. While this required the existence of a related extension parturition post-birth checkup.

6. Neonates visits (KN Lengkap)

Neonatal services complete coverage (KnL) was the visit of neonatal 6-24 hours after birth (Kn1), on the 3-7 day (Kn2) and 28 days (Kn3) after birth do health facility or home visits. This comprehensive neonatal visits was to provide protection on the newborn (BBL). Is the neonatal infants aged 0-28 days or newborn babies undergo the process of birth and has to adjust to the lives of

intrauterine life of ekstrauterin. Neonatal period takes place during this time children are no longer in the womb of the mother but has been mendai individuals who separate and stand alone. The presence of neonatal visits was aimed to find out as early as possible abnormalities in the baby. The greatest risk of infant mortality occurs in the first 2 hours of life so that of a baby is born in a health facility is highly recommended to remain health facility for 2 hours. Examination of the newborn was carried out the same room with his mother by a doctor, midwife or nurse. Or if the examination is done the mother or family can accompany the examining health care personnel.

To be able to implement a newborn baby baby care in accordance with the standards required of various terms i.e.:

1. Already precisely trained midwives and skilled labor to accompany and give newborn baby care immediately
2. Been trained and skilled midwife to check and assess newborn apgar score, using help baby to start breathing and did resuscitate the newborn baby, know the signs of hipotemi and can perform the appropriate action to prevent and handle hipotemi, prevention of infection in the newborn as well as get to know the signs of hypoglycemia and do the proper treatment if hypoglycemia occurs.

3. The availability of supplies and equipment for clean and safe for the newborn, such as a clean water, soap and towels clean, warm cloth/towel two cleans one to dry and the other for the baby's cloak, sterile scissors BTT to cut the umbilical cord, 2 clamps sterile/sterile threads, DTT/DTT or clamps to fasten the cord, clean gloves/DTT, the thermometer clean/DTT, ball rubber suction cup baby scales, measuring tape and a clean, eye ointment (1% tetracycline or or erythromycin 0.5%), mother, baby cards cards and book KIA.
4. The references system for the treatment of emergency newborn baby effectively.

7. The scope of active KB

The scope of the active couple age is KB lush who use contraceptives and protected by contraception. Fertile age couples (pussy) is married couples whose wife aged 15-49 years. kinds of contraceptives have 5 kinds, i.e.:

- Condoms
- Birth control pills
- syringe
- implants
- IUD

Look at the table the number of member of family planning programs belows:

3.2.11 Table family planning program year 2014

No.	Kode Desa	Puskesmas	Kb Aktif	
			Absolute	%
1	1	Teraju	869	46.57
2	2	Meliau	4,509	62.26
3	3	Kapuas	7,070	81.21
4	4	Tj. Sekayam	2345	78.74
5	5	Belangin	728	80.09
6	6	Kedukul	1,964	68.46
7	7	Bl. Sebut	1,547	36.68
8	8	Bonti	2,524	77.88
9	9	Pusat Damai	4,190	77.14
10	10	P. Tayan	1,989	82.16
11	11	Kp. Kawat	1,306	53.00
12	12	Bt. Tarang	1,785	51.50
13	13	Sosok	2,330	45.30
14	14	Kembayan	2,016	49.27
15	15	Beduai	1,126	67.47
16	16	Noyan	1,036	67.49
17	17	Balkar	2,867	58.88

18	18	Entikong	1,651	66.25
-----------	-----------	-----------------	--------------	--------------

3.2.12 Table family planning program year 2015

No.	Kode Desa	Puskesmas	Kb Aktif	
			Absolut	%
1	1	Teraju	1,398	72.93
2	2	Meliau	2,260	56.14
3	3	Sanggau	6,544	72.68
4	4	Tj. Sekayam	2,431	78.93
5	5	Belangin	657	69.97
6	6	Kedukul	2,048	69.31
7	7	Bl.Sebut	2,845	65.42
8	8	Bonti	2,940	87.74
9	9	Pusat Damai	4,615	81.28
10	10	Pulau Tayan	2,076	82.58
11	11	Kp.Kawat	1,403	54.85
12	12	Btg. Trg	3,401	95.51
13	13	Sosok	2,648	49.39
14	14	Kmbayan	2,246	53.18
15	15	Beduai	1,519	88.67
16	16	Noyan	1,070	67.85
17	17	Blai Karangan	3,128	61.74

18	18	Entikong	1,912	73.03
19	19	Harapan Makmur	2,829	82.50

The response of the community towards entikong subdistrict family planning program is quite positive. It can be seen from the high number of active residents become acceptors. In 2014 the amount recorded as much as 1.651 people or 66.25% of fertile age couples and in 2015 rising of 6.78% i.e. the amount recorded in the year 2015 as much as fertile age couples 1912 or as much as 73.03 couples infertile.

CHILD PROGRAMS

Child program indicator :

1. The scope of first neonatal visit (KN 1)

Neonatal is the basic medical services namely exclusive (ASI), prevention of infection in the form of eye care, umbilical cord, administering of vitamin K1 injection when not given at birth, delivery of immunization hepatitis B1 (if not given at birth). Neonatal visits to one (KN1) is the first neonatal visit i.e. on the first day until the seventh day (since 6 hours after birth).

3.2.13 Table of first neonatal visit (KN1)

No.	Puskesmas	Kn1	
		Absolut	Cakupan
1.	Teraju	260	95.59
2.	Meliau	388	79.51
3.	Kapuas	1,097	85.97
4.	Tanjung sekayam	362	82.84
5.	Belangin		
6.	Kedukul	415	99.05
7.	Balai sebut	572	108.54
8.	Bonti	371	91.38
9.	Pusat damai	705	102.47
10.	Tayan	324	91.01
11.	Kampong kawat	205	56.47
12.	Batang tarang	398	78.81
13.	Sosok	617	81.08
14.	Kembayan	504	84.14
15.	Beduai	199	96.14
16.	Noyan	146	65.18
17.	Balaikarangan	530	73.71
18.	Entikong	228	61.46
19.	Harapan makmur	356	85.78

On indicators of children's programming can be seen in the table above that recorded in the year 2015 of 61.46 percent of the babies were examined at the initial examination or at the first neonatal visit while in 2014 the number of recorded of 68.43 percent of babies were examined at the beginning of the first neonatal visit than the number of babies born are numbered 302 newborn.

2. The scope of complete neonatal visit (KN Lengkap)

Coverage of the visit of neonatal is contact with neonatal health workforce atleast twice to get the services and neonatal health checks both in and outside the cinics including midwives and polindes didesa, visits to the home. Services form include basic neonatal health services (act of resuscitation, prevention of hypothermia, early and exclusive breast feeding, prevention of infection in the form of eye care, cord, leather and the granting of immunization).

The neonatal visit aims to improve access to neonates against basic medical services, know as early as possible when there are abnormalities in the baby or having other problems. Basic neonatal health services using the approach konferehensif namely covering :

1. The inspection of sign of danger like the possibility of bacterial infection, jaundice, diarrhea, and low weight.

2. Umbilical cord care
3. Administering vitamin k1 when you haven't given on birth days
4. Immunization hepatitis b 0 when not yet given at birth
5. Couselling against the mother and family to provide exclusive breast milk, hipotemi and carry out preventive treatment at home with a newborn baby and newborn maintenance at home by using a book of kia
6. Handling and reference

3.2.14 Table of K4 complete

No	Puskesmas	Kn Lengkap	
		Absolute	Cakupan %
1.	Teraju	250	91.91
2.	Meliau	388	79.51
3.	Kapuas	1,011	79,23
4.	Tanjung Sekayam	357	81,69
5.	Belangin		
6.	Kedukul	359	85.68
7.	Balai Sebut	572	108.54
8.	Bonti	394	97.04
9.	Pusat Damai	705	102.47

10.	Tayan	324	91.01
11.	Kampong Kawat	165	45.45
12.	Batang Tarang	336	66.53
13.	Sosok	582	76.48
14.	Kembayan	504	84.14
15.	Beduai	171	82.61
16.	Noyan	157	70.09
17.	Balai Karangan	490	68.15
18.	Entikong	228	61.46
19.	Harapan Makmur	356	85.78

Examination complete or neonatal visits kn complete in 2015

is also still dominate 61.46 percent of the total number of babies check in totality start from the first day of birth till second neonatal visits. Neonatal examination conducted during two times since the newborn. And in 2014 of 68.43 percent of infants were examined on both neonatal visits.

3. The scope of baby health services

Baby health care coverage (Kby) is every baby should gain health service at least 4 times that is a one time at the age of 29 days-3 months, 3 times at the age 3-6 months, 3 times at the age 6-9 months, and 1 time in 9-11 months. Baby health services include the granting of basic immunization (BCG,DPT/HB1-3, 1-4 polio, measles) and

SDIDTK or stimulation of the detection of early intervention and outreach baby growing and health care baby.

3.2.15 Table of baby health services

No	Puskesmas	Cakupan Kunjungan Bayi	
		Absolut	Cakupan %
1.	Teraju	227	83.46
2.	Meliau	434	88.93
3.	Kapuas	1169	91.61
4.	Tanjung Sekayam	389	89.02
5.	Belangin		
6.	Kedukul	381	90.93
7.	Balai Sebut	707	134.16
8.	Bonti	425	104.68
9.	Pusat Damai	765	111.19
10.	Tayan	320	89.89
11.	Kampung Kawat	245	67.49
12.	Batang Tarang	471	93.27
13.	Sosok	690	90.67
14.	Kembayan	663	110.68
15.	Beduai	203	98.07
16.	Noyan	194	86.61
17.	Balai Karangan	452	62.87

18.	Entikong	356	95.96
19.	Harapan Makmur	367	88.43

In the table above can be seen an increase in the indicator program the scope of the servants baby of 95.96 percent of the total number of babies as much as 371 baby born. This shows the high level of knowledge of the mother towards the examination of an infant that is granting four times immunization visits from birth until the age of 11 months. High rates of maternal knowledge about immunization for granting wajibnya baby can plays a major role in lowering the high infant mortality or complications in newborns.

4. The scope of complication neonatal services

Neonatal complications handler scope is a means of dealing with the health services in case of emergency neonatal who would then follow up or referred to a higher level of service.

3.2.16 table of handling neaonates complications

No.	Puskesmas	Cakupan Neonatus Komplikasi Ditangani	
		Absolute	Cakupan %
1.	Teraju	4	9.80
2.	Meliau	79	107.92
3.	Kapuas	90	47.02

4.	Tanjung Sekayam	2	3.05
5.	Belangin		
6.	Kedukul	11	17.50
7.	Balai Sebut	88	111.32
8.	Bonti	12	19.70
9.	Pusat Damai	8	7.75
10.	Tayan	3	5.62
11.	Kampong Kawat	7	12.86
12.	Batang Tarang	42	55.45
13.	Sosok	41	35.92
14.	Kembayan	28	31.16
15.	Beduai	7	22.54
16.	Noyan	1	2.98
17.	Balai Karang	37	34.31
18.	Entikong	31	55.71
19.	Harapan Makmur	65	104.42

The table above shows the presence of complications in infants of 55.71 percent recorded for the neonatal, meaning only a handful of newborn babies who experience complications early. And this complications can be dealt with by the health workers or midwives at the clinic entikong. Neonatal complications, this coverage is not dangerous in the sense that it can still be handled by local medical personnel or does not require reference to be brought home sick.

5. The scope of child visits services

Scope of service visits a toddler aged 12-59 months of acquiring the service of monitoring growth every month, at least 8 times a year which is recorded in the toddler and child cohort pre school, KIA;S book/KMS or book-keeping and the reporting of others. Monitoring of growth and development of every child age 12-59 months conducted a minimum of twice per year every 6 months, high-dose vitamin A supplementation (200,000 IU) given to children aged 12-59 months 2 times per year (usually in February and august). This indicators measures the KIA program in protecting toddlers so that her health is ensured through the provision of health services.

3.2.17 table of child services

No	Puskesmas	Cakupan Pelayanan Anak Balita	
		Absolut	Cakupan %
1.	Teraju	511	48.85
2.	Meliau	2,053	93.19
3.	Kapuas	1147	23.18
4.	Tanjung Sekayam	1484	88.39
5.	Belangin		
6.	Kedukul	1256	78.11

7.	Balai Sebut	535	22.48
8.	Bonti	1484	80.96
9.	Pusat Damai	2596	83.58
10.	Tayan	1102	80.44
11.	Kampong Kawat	585	41.97
12.	Batang Tarang	557	28.68
13.	Sosok	1734	59.32
14.	Kembayan	1803	78.32
15.	Beduai	732	78.04
16.	Noyan	321	37.33
17.	Balai Karang	1,713	62.02
18.	Entikong	796	55.78
19.	Harapan Makmur	1017	54.21

Program scope of toddlers can be classified in a program that didn't work because the value of the coverage of the program only of 55.78 percent in 2015. Just about a toddler 796 examined the rest of the year is not. On the scope of toddlers or infants under five years many moms are not checked the toddler to clinics because of the many mother think that after immunization toddler don't have to be checked the health.

6. The scope of SD/MI implement of student class 1

Scope of SD/MI is the examination of child growth as measuring weight, height and the examination is done from the toe to the tip of the head. This inspection is usually done six months once by official of clinics.

3.2.18 table of elementary school students

No	Puskesmas	Cakupan Sd/Mi	
		Absolut	Cakupan %
1.	Teraju	403	76.33
2.	Meliau	285	25.47
3.	Kapuas	263	20.87
4.	Tanjung Sekayam	424	88.89
5.	Belangin		
6.	Kedukul	287	49.14
7.	Balai Sebut	47	6.29
8.	Bonti	415	70.22
9.	Pusat Damai	634	70.13
10.	Tayan	151	43.90
11.	Kampong Kawat		
12.	Batang Tarang	538	101.70
13.	Sosok	311	42.60

14.	Kembayan	691	96.78
15.	Beduai	247	81.52
16.	Noyan		
17.	Balai Karang		
18.	Entikong	376	106.21
19.	Harapan Makmur	213	45.51

On the chart the scope of the inspection to the SD/MI children achieve a very good target that is recorded of 106.21 percent people who promptly sent his health and measured height and weight. this inspection is done in schools these activities are required in order for the child's health always has maintained a small but there are many more schools that do not implement the networking toward a students due to geographical conditions are too far from the city.