
INFLUENCE OF LABOR SERVICE FACILITY ON INFANT MORTALITY RATE IN INDONESIA

Vivi Ratna Ayuningrum, Vilda Eka Febrianti, Anik Nur Khasanah, Fahmi Arif Kurnianto, Fahrudi Ahwan Ikhsan

Email : geografi.fkip@unej.ac.id

Abstract

Indonesia is a country that has high infant mortality rate among other ASEAN countries, Infant mortality rate is also the first indicator in determining child health status in Indonesia. Indonesia still has a fairly high infant and under-five mortality rate. Baby mortality problems in Indonesia have problems with transmission, especially malaria, diarrhea that causes nutritional problems that can result in child mortality. The infant mortality rate is the number of infant deaths (before the age of one year) that occurs at birth per 1000 babies. Is a method of measurement that is used specifically to determine the infant mortality rate. IMR is usually used as an indicator in the measurement of the welfare of the population. Data collection technique using sekouder data sourced from BPS 2013 and DG of Disease Prevention and Control, Ministry of Health of Indonesia 2017. Data analysis technique used is product moment correlation to know strength of relation between 2 variables. Based on the existing percentage in the data ratio of doctors in 33 provinces in Indonesia obtained the results of 16.02. there are 21 provinces that have the ratio of doctors who have met the minimum requirements. So it can be concluded that there are still many provinces that have less doctors. Provinces with the lowest IMR data were found in Yogyakarta Province with IMR rates of 12. The ratio of doctors in DI Yogyakarta had sufficient numbers so the infant mortality rate in the area was low. The availability of adequate doctors in Indonesia minimizes infant and maternal mortality. Number of doctors in Indonesia. The results showed that the knowledge of postpartum mother about the danger of newborn respondent with good knowledge level.

Keyword : child health status, nutritional problems, mortality rate

1. Introduction

Indonesia is a country that has high infant mortality rate among other ASEAN countries, Infant mortality rate is also the first indicator in determining child health status in Indonesia. Indonesia still has a fairly high infant and under-five mortality rate. Baby mortality problems in Indonesia have problems with transmission, especially malaria, diarrhea that causes nutritional problems that can result in child mortality. The infant mortality rate is the number of infant deaths (before the age of one year) that occurs at birth per 1000 babies. Is a method of measurement that is used specifically to determine the infant mortality rate. IMR is usually used as an indicator in the measurement of the welfare of the population.

Projection of infant mortality rate (IMR) by province 2017

NO	NAME PROVINCE	IMR 2017
1	ACEH	27
2	SUMTRA UTARA	31
3	SUMATRA BARAT	30
4	SUMATRA SELATAN	28
5	BENGKULU	30
5	LAMPUNG	25
6	KEP. BANGKA BELITUNG	25
7	KEP. RIAU	26
8	BANTEN	27
9	NTB	42
10	NTT	40
11	KALIMANTAN BARAT	25
12	KALIMANTAN TENGAH	25
13	KALIMANTAN SELATAN	33
14	SULAWESI TENGAH	34
15	SULAWESI SELATAN	26
16	GORONTALO	36
17	SULAWESI BARAT	49
18	MALUKU	44
19	MALUKU UTARA	35
20	PAPUA BARAT	44
21	PAPUA	45
Averange		25

According to the table above 25 provinces in Indonesia have infant mortality rate is high enough that, 33 provinces in Indonesia have an average above 25 is 22

provins as the table we have described above are papua, banten maluku dll. this indicates that the degree of public health in Indonesia is still low. the availability of hospitals in Indonesia shows the number of hospitals that have not been accredited, the accreditation of this hospital determines the hospital health services will be in accordance with the existing standards in the respective hospitals that already exist.

Tabel 1.2 Accreditation of Hospitals in Indonesia 2016

No.	Nama Provinsi	Persentase (%)
1.	Bengkulu	32.31
2.	Kepulauan Riau	32.26
3.	Kalimantan Tengah	31.91
4.	Maluku	29.63
5.	Jambi	26.92
6.	Gorontalo	26.19
7.	Kalimantan Selatan	25.71
8.	Kalimantan Barat	25.00
9.	Nusa Tenggara Barat	25.00
10.	Jawa Barat	24.20
11.	Sumatera Utara	21.74
12.	Sulawesi Tengah	19.35
13.	Aceh	18.18
14.	Riau	17.65
15.	Sumatera Barat	15.38
16.	Sulawesi Selatan	13.79

17.	Papua Barat	12.50
18.	Maluku Utara	10.53
19.	Sulawesi Utara	10.00
20.	Sulawesi Barat	8.33
21.	Papua	2.50
22.	Kalimantan Utara	0.00
Rata-rata		33.12

It can be seen that there are still many hospitals in Indonesia that have not been accredited, only 33.12% of the 2,500 hospitals that have been accredited. so we can conclude that hospitals are very adequate accreditation is Bengkulu province. but from the data contained in this table is the real data we take from data the truth so that it can be concluded that the service on hospitals hospitals in Indonesia is still not adequate with perfect because good facilitation will show the accreditation of good hospitals as well. Both of the servants and facilities in Indonesia have a lot of deficiencies on the island of Java and from the data table him on the Java region has only accreditation of about 25% and can be seen the number of penduduk and facilities that will be less impact on public health, especially on the number of infant mortality (IMR) Sari (2018), Lestari (2019), Nuriyanto (2019), Zahroh (2019). Infant mortality is one of three demographic components other than fertility and migration affecting the number, structure and composition of a population of a region. In addition to affecting the number of population structures and compositions, the mortality rate is also used as an indicator relating to health and human development.

In this study, our group has a theme of "Influence of Maternal Health Service to Infant Mortality Rate in Indonesia" we take this theme because in

Indonesia alone every year there is a dead child (infant mortality) about 25 people. Infant mortality is one of three demographic components other than fertility and migration that affects the number, structure and composition of the population of a region. In addition to affecting the number, structure and composition of the population, the number of date is also used as an indicator that relates to the degree of health and human development. Increased health status is done by reducing maternal mortality, and under-five mortality rate (Mantra, 2003)

In this theme we can take data on how well the government's services to the public are related to the health of pregnant women. In a period of pregnancy usually the mother hami will often come to the doctor to check her pregnancy so they can know whether or not healthy baby they contain. According to DEPKES RI (2007) mentioned that the period of pregnancy starts from the moment of the concept until the birth of the fetus. The duration of normal pregnancy is 280 days (40 weeks or 9 months 7 days) calculated from the first day of the last menstrual period.

In pregnancy pregnant women usually range once experienced miscarriage, this is due to poor health of the mother, lack of health services performed by the mother, and other factors. If the mother is very young or can be said young, usually the mother will lack knowledge about pregnancy. Likewise with pregnant women who are quite old age can also trigger infant mortality due to factors that are too old age and health that has tended to decline

The development of occupation both in quality and quantity is influenced by many factors, one that affects the development of the population is the level of mortality. Infant mortality is one of three demographic components other than fertility and migration affecting the number, structure and composition of a population of a region. In addition to affecting the number of population structures and compositions, the mortality rate is also used as an indicator relating to health and human development. Increased health status is done by reducing the mortality rate especially infant mortality rate, maternal mortality rate, and infant mortality rate (Mantra, 2003).

The newborn's mortality is due to the interrelated range of medical causes, social factors, and failures of systems that are profoundly influenced by culture. In many ways, the health of the newborn is closely related to the mother's health. Essentially, maternal, fetal, and neonatal deaths in developing countries are common at home, at the time of delivery, or at the beginning of the neonatal period, without help from trained health personnel, delayed access to quality care, etc.

Factors Health services in pregnant women are very influential on infant mortality. If the baby is not handled quickly, the mortality rate for the baby will increase. In Indonesia alone, many cases of stillbirths are caused by service factors, inadequate facilities, and others. Health service factor is the main factor.

1.1 Research Purposes

Analyzing the influence of maternal health services on infant mortality rate in Indonesia?

1.2 Variable Operational Definition

Variables can simply be defined characteristics of individuals, objects, events that can be measured quantitatively or qualitatively. The measurement result of a variable can be constant or fixed, it can also change (Nana Sudjana, 1996).

The research variables used in this study consist of dependent variable (bound) and independent variable (free). Indicators applied for each of these variables are:

- a. Dependend Variable
 Infant Mortality Rate
- b. Independen Variable
 Health Services

The operational definition of each variable is:

1. Infrant Mortality Rate

The infant mortality rate (IMR) is a very useful indicator not only of the health status of anesthesia as well as the overall population status, and the

economic conditions in which the population lives. Therefore, as an indicator of public health in general and the welfare of children in particular the infant mortality rate needs to be serious attention (Mantra, 2003).

2. Health Service

Health care is any effort that is held alone or jointly within an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups and atupun society. (MOH RI, 2009)

1.3 Infrant Mortality Rate

Infant mortality is death that occurs between the time after baby until the baby has not one year of age. Many factors are associated with infant mortality. Broadly speaking, in terms of causes, infant mortality there are two kinds of endogenous and exogenous. Endogenous infant deaths are infant mortality occurring in the first month after birth, and are generally caused by factors brought by the child at birth, obtained from parents during pregnancy. Exogenous infant mortality is infant mortality occurring after the age of one month until the age of one year caused by factors related to the influence of the external environment.

infant mortality is death that occurs between the time the baby is born until the baby is not exactly one year old. Many factors are associated with infant mortality. Broadly speaking, in terms of causes, infant mortality there are two kinds of endogenous and exogenous. Endogenous infant death or commonly referred to as neonatal mortality is infant mortality occurring in the first month after birth, and is generally caused by factors brought by the child at birth, obtained from the parents at the time of conception or acquired during pregnancy. Exogenous infant mortality or neonatal post mortality, is infant mortality occurring after the age of one month until the age of one year caused by factors that berkaitan with outside environmental influences (BPS, 2012).

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economic conditions in which the population lives. Therefore, as an indicator of public health in general and the welfare of children in particular, the infant mortality rate needs serious attention (Mantra, 2003).

1.3.1 The Concept of Death

According to the concept, there are three vital circumstances that are mutually exclusive, meaning that one state is not possible along with one of the other circumstances. The three vital states are:

a. Live Birth

Birth of life is, the event of the outcome of the conception of a complete mother's womb regardless of the duration of pregnancy and after the separation occurs, the conception of breath and other signs of life, such as heartbeat, umbilical cord, or muscle movements, without looking at the umbilical cord has been cut or not (Budi, 2007)

b. Death

Death is the permanent loss of all signs of life, which can occur at any time after the birth of life (Budi, 2007).

c. Fetal Death

Born to death is the disappearance of life signs from the conception before the conception is removed from the womb of his mother (Budi, 2007).

1.3.2 Factors Affecting Infant Death

Infant mortality is the death that occurs between the time the baby is born until the baby has not one year of age. Many factors are associated with infant mortality. Broadly speaking, from the cause, the infant mortality there are two kinds that are endogenous and exogenous. Infantile death or commonly referred to as neonatal mortality is the infant mortality that occurs in the first month after birth, and is generally attributed to childbearing factors derived from the parents at the time of conception or acquired during pregnancy. Exogenous or postnatal neonatal deaths are infant deaths occurring after the age of one month until the age of one year due to factors associated with external environmental influences (BPS, 2012).

1.4 Health Services

Health care service is the right of every person guaranteed in the 1945 Constitution to make efforts to improve the degree of health of individuals, as well as groups or society as a whole. Health services according to the Ministry of Health of the Republic of Indonesia Year 2009 (MOH) as stipulated in The Healthcare Act concerning health is any effort held by itself or jointly within an organization to maintain and improve health, prevent and cure diseases and restore health, individuals, families, groups or communities. Based on Article 52 paragraph (1) of the Health Law, health services generally consists of two forms of health services, namely:

a. Individual health services

This health service is mostly conducted by individuals independently (self-care), and family care or a group of community members who aim to cure diseases and restore the health of individuals and families. These individual service efforts are carried out at health care institutions called hospitals, maternity clinics, independent practices.

b. Public health service

Public health services are organized by groups and communities aimed at maintaining and promoting health that refers to promotive and preventive actions. Such community service efforts are implemented at certain community health centers such as puskesmas.

The availability of health services is a requirement that benchmarks quality health care. Health services must demonstrate their existence through physical facilities such as physical facilities, equipment and equipment used by the officers' appearance (Azwar, 1996)

1.5.1 Hospital Availability

Hospitals as an organization of health care providers have an important social function, namely providing health care to the community. Based on this function, the hospital is required to manage and provide health care to the community as a customer well. Therefore, hospitals need to apply business strategies to meet the demands of their customers' needs. Hospitals as one of the

health care services in many countries have chosen to use the concept of Customer Relationship Management (CRM) to build bridges of trust between hospitals and their patients. According to Yina (2010) many hospitals are now choosing to use CRM to build trust bridges between hospitals and their patients so that patients do not feel alien to the environment and hospital atmosphere.

1.5.2 The Availability Of Doctors

The availability of specialist doctors is absolutely necessary for curative services in hospitals because the professional services of specialists are at the core of hospital services. Without specialist service, the existence of a hospital as a health-care institution becomes meaningless (Scholten & Grinten, 2005).

The collaborative relationship between the hospital and the doctor is still looking for the ideal shape. Although hospitals and physicians have long been recognized as one form of health care, there is still an in-depth study of the format and quality of the relationship. In fact, hospitals need doctors and doctors need hospitals. The hospital needs the presence of a doctor to perform its function as a health care organization. Doctors as professionals need a container that can accommodate and facilitate medical technical work through the provision of teams, equipment, and various other support purposes.

Noting the level of interdependence between hospitals and physicians, normatively there is no fundamental problem that disturbs the relationship between the two. However, the partnership relationship between the hospital as an organization with a doctor as a professional working in it is still not formulated clearly. There are still a range of issues in these two collaborative partnership relationships. Hospitals as organizations that employ doctors are often in a difficult position to get doctors because of the small number of doctors compared to the presence of hospitals. Hospital management is still often facing obstacles to regulate working hours and the mechanism of work of doctors due to different physician education culture. This difference leads to variations in treatment patterns within a hospital, resulting in inefficiency. Hospital relationships with physicians are very influential in the service system, even to the financial aspects (Mick, 1990; Cuellar & Gertler, 2006; Trybou et al., 2014).

1.5.3 Availability of Puskesmas

Based on availability, the most widely available servants' rooms at the Puskesmas are general polyclinic, MCH, immunization and pharmacy. The space that is virtually unavailable is room policy both at health center and non-treatment Puskesmas. Room service that is less than 50% available at Puskesmas is a joint counseling room, nursing, nutrition, kesling, elderly, TB room, breastfeeding, relief and postpartum and nursing. The availability of service rooms with the most significant difference between Puskesmasperawatan compared with non-treatment is room for MTBS (treatment = 69,8%, non treatment = 17,7%) and laboratory (treatment = 83%, non-treatment = 44,2%). The proportion of service availability is higher in Puskesmasperawatan compared with non-care. From the results of this analysis, it shows that the Puskesmas service room is still limited to the service room for individual health efforts, such as general polyclinic, dental, KIA, KB, immunization and pharmacy, while other service rooms for health care communities such as counseling rooms, nursing, nutrition, Kesling and the Elderly, have not been widely available. Judging from the availability of Puskesmas service rooms, service activities in Puskesmas especially for curative efforts for the treatment of diseases, while the room for counseling in order preventive and promotive is still not widely provided. Availability of services at Puskesmassemestinya supported by the availability of the room.

2. The Methods

2.1 Data collection technique

By using sekounder data sourced from BPS 2013 and DG of Disease Prevention and Control, Ministry of Health of Indonesia 2017.

2.2 Data analysis technique

Data analysis used is product moment correlation to know strength of relation between 2 variables

$$r = \frac{n \sum x - (\sum x) \cdot (\sum y)}{\sqrt{\{n \sum x^2 - (\sum x)^2\} \{n \sum y^2 - (\sum y)^2\}}}$$

Dimana :

r : Coefficient of Validity

n : Number of subjects

y : Checked value

$\sum x^2$: The square of the total number of variables x

$\sum y^2$: The square of the total number of variables y

$\sum x$: The multiplication of the total number of variables x and y variables

To conclude the relationship between the two variables above, it is necessary to meet the following criteria, if:

- a) 0,00 – 0,199 the correlation relationship is very weak.
- b) 0,20 – 0,399 correlation is weak..
- c) 0,40 – 0,599 correlation hubungan being.
- d) 0,60 – 0,799 strong correlation relationship.
- e) 0,80 – 1,0 the correlation relationship is very strong.
- f) Jika hasilnya (-) the correlation is very strong.

3. Result and Discussion

Province	IMR 2017	RASIO DOKTER
11 Aceh	27	31,43
12 Sumatera Utara	31	20,36
13 Sumatera Barat	30	19,72
14 Riau	22	20,61
15 Jambi	23	19,69
16 Sumatera Selatan	28	14,8
17 Bengkulu	30	22,15
18 Lampung	25	10,44
19 Kep. Bangka Belitung	25	28,75
21 Kepulauan Riau	26	20,07
31 DKI Jakarta	17	38,27
32 Jawa Barat	18	10,9
33 Jawa Tengah	22	13,08
34 DI Yogyakarta	12	22,76
35 Jawa Timur	23	11,62
36 Banten	27	12,22
51 Bali	21	27,24
52 NTB	42	13,87
53 NTT	40	12,43
61 Kalimantan Barat	25	13,66
62 Kalimantan Tengah	35	19,72
63 Kalimantan Selatan	33	17,7
64 Kalimantan Timur	14	28,68
71 Sulawesi Utara	22	37,59
72 Sulawesi Tengah	34	16,29
73 Sulawesi Selatan	26	17,61
74 Sulawesi Tenggara	24	15,48
75 Gorontalo	36	23,12
76 Sulawesi Barat	49	12,63
81 Maluku	44	12,01
82 Maluku Utara	35	21,76
91 Papua Barat	44	20,82
94 Papua	45	22,95
INDONESIA	25	16,2

From the calculation we have done the results -0.321894556 The data contained in the research method, the data obtained from the formula include a weak correlation between IMR and the ratio of existing doctors.

- a) $0,00 - 0,199$ the correlation relationship is very weak.
- b) $0,20 - 0,399$ correlation is weak..
- c) $0,40 - 0,599$ correlation hubungan being.
- d) $0,60 - 0,799$ strong correlation relationship.
- e) $0,80 - 1,0$ the correlation relationship is very strong.

Data tersebut is data with a weak correlation relationship according to the calculations and according to the information already listed. Relation of correlation between IMR with doctor ratio is very influential terhadap infant mortality in Indonesia. IMR in Indonesia currently reaches number 25. The figure is a high number. In the data are still many provinces that have a doctor ratio is less than the standard that has been set. Of the 33 provinces in Indonesia, there are 19 provinces whose IMR value of infant mortality is still quite a lot. The ratio of doctors in Indonesia is inversely proportional to infant mortality or IMR.

Based on the existing percentage in the data above the ratio of doctors in 33 provinces in Indonesia obtained the results of 16.02. there are 21 provinces that have the ratio of doctors who have met the minimum requirements. So it can be concluded that there are still many provinces that have less doctors. Provinces with the lowest IMR data were found in Yogyakarta Province with IMR rates of 12. The ratio of doctors in DI Yogyakarta had sufficient numbers so the infant mortality rate in the area was low. The availability of adequate doctors in Indonesia minimizes infant and maternal mortality. Number of doctors in Indonesia

The results showed that the knowledge of postpartum mother about the danger of newborn respondent with good knowledge level

3.1 Discussion

3.1.1 Infant mortality rate

Infant mortality (IMR) is a useful indicator not only of the health status of children but also of the overall population status, and the economic conditions in which the population lives. Therefore, as an indicator of public health in general and the welfare of children in particular, the infant mortality rate needs serious attention (Mantra, 2003). The availability of doctors in Indonesia minimizes the infant mortality rate. Especially the availability of specialist doctors is absolutely necessary for curative services in hospitals because professional services of specialist doctors is at the core of hospital services. Without specialist service, the existence of a hospital as a health-care institution becomes meaningless (Scholten & Grinten, 2005).

Based on data of IDKI 2012, Maternal Mortality Rate (AKI) is currently estimated at 359 per 100,000 live births. This fact 0 indicates a very significant spike from the results of the IDHS in 2007 that amounted to 228 per 100,000 live births. This confirms that there is a problem in the current maternal and child health program. Hospital service to physician ratio is a very influential factor for infant mortality rate. In 2010 the Indonesian public health index was ranked 110th out of 172 countries in the world. The low public health condition is an indication that the hospital is still not functioning properly. The hospital is an organization that serves the public health. Quality of hospital services in Indonesia is still felt less satisfactory.

For patients, the quality of services provided by personal hospitals further accelerate recovery. Based on research results Karassavidou et al. (2009) can be seen, that the personal dimension (human factor) is considered important for the patient. This is in accordance with Chilgren's (2008) study which states that the quality of service expected by the patient includes the speed of service time, attitudes and behavior of employees (doctors and other employees), and clarity of information provided. To produce quality of service in accordance with the

expectations of patients, human resources competencies, especially human resources directly related to the process of care, is very important. In Law Number 17 Year 2007 regarding RPJPN, it is mentioned that the long term development challenges facing the health sector include reducing public health status and access to interregional health service, socio-economic level, and gender; increasing the number and deployment of inadequate health personnel; improve access to health facilities; and reduce the double burden of disease that is the pattern of illness suffered by most people is infectious disease disease, but at the same time there is an increase of non-communicable diseases and the increasing abuse of narcotics and drugs.

In relation to the above challenges and anticipate the implementation of SKN as a health management, the current strategic issues facing health development in the future are: 1) In epidemiological and demographic changes, it appears that public health status is generally low, 2) Quality, equity and affordability of health efforts is not yet optimal. Attention to the poor, vulnerable, and at high risk is still insufficient, 3) Health research and development has not fully supported health development, 4) Financing excavation is still limited and the allocation and expenditure of health financing is still inappropriate, 5) Equality and quality of human resources health has not fully support the implementation of health development. Planning, procurement, utilization and supervision and quality control of human health resources are generally limited, 6) Availability, safety, benefits, and quality of drug resources, as well as affordability, equity, and easy access by the general public are still lacking, 7) Management / administration, information, and health laws are still inadequate, 8) Community empowerment in the form of services, health advocacy and social supervision in health development has not been widely implemented, and 9) The various related strategic environments are still less supportive of health development.

The infant mortality rate is a number that shows infant mortality before 1 year of 1000 births (oecd, 2014). The data we take as this study derives from the

data we collect from journal data. The data we reviewed in the literature review and research results in Indonesia from 33 provinces in Indonesia have a very high infant mortality rate not only that Indonesia is also one of the Asian countries that have high infant and maternal mortality rate. If IMR in an area of Indonesia it is quite high then the health status in a region is low. It is estimated that the health of the State of Indonesia has a very unbalanced figure because in the results of this study we see less than 25 provinces have mortality rates that exceed the average IMR.

Various efforts should be made to reduce the amount of IMR in the State of Indonesia because the State of Indonesia is a country with the highest number of deaths Asean. The previous infant mortality rate has also been investigated by some experts so that it can be defined that annually the number of infant mortality rates will always increase.

In increasing the number of infant mortality is affected by several factors including:

1. lack of public awareness in the importance of maintaining the health of mother and baby.
2. Frequent traffic accidents occur so that when pregnant women drive will occur a contraction so that the mother and baby have serious bleeding causing miscarriage.
3. Inadequate health facilities so that mothers and infants do not get appropriate health services during pregnancy.
4. The influence of unhealthy, clean and comfortable environment in pregnant women

In calculating infant mortality there are 2 measurements of infant mortality rate besides IMR, among others:

1. Crude Death Rate (CDR)

Crude death rate or CDR is a number that shows the number of infant deaths every 1 year with the number of deaths against 1,000 people.

At the crude death rate or CDR can be calculated by the following formula:

$$\text{CDR} = \frac{D}{P} \times K$$

Information :

CDR = crude death rate

D = number of deaths in that year

P = total population at 6 months, and

K = Constants 1,000 people

At this crude death rate has high mortality rates, low and medium. Grouping on CDR means to be able to categorize both because of maternal and infant deaths there are diverse deaths ranging from less than 10, 20 and more than 20. The crude death rate usually has the highest number of more than 20 people in the grouping number more than 20 were grouped at the highest crude mortality rate.

2. Specific mortality rate (ASDR)

A special mortality rate or ASDR is a indicating number

The mortality rate is 1000 per 1 year old at a certain age. In the specific mortality rate calculated from the age of under five and old age, so at this age all ages are calculated and there is no age difference in the calculation of this mortality rate.

The calculation of the special mortality rate is as follows:

$$\text{ASDR} = \frac{D}{P} \times K$$

Information :

ASDR: mortality rate at all ages

D: number of deaths in age group I

P: number of population I at 6 months

K: kinstanta (1000 people)

At a specific crude mortality rate (ASDR) does have a number of deaths in numbers or averaged that at a certain age of population count all ranging from toddlers to the elderly.

3.1.2 Health services

Health care service is the right of every person guaranteed in the 1945 Constitution to make efforts to improve the degree of health of individuals, as well as groups or society as a whole. Health services are also a field that serves at a hospital health center, posyandu and others. Definition of health services according to the RI dept. (2009) is the target of treatment that is made to serve the Indonesian community ..health service also includes from the doctor service and field service. it can be concluded that this health service has a waiter that is aimed at the wider community to maintain their health and also maternal and infant health in this case this health pelyann affect the accreditation rate of hospital and puskesmas. From the table of accreditation of health care workers in Indonesia, Indonesia has accreditation rates that are still below the average population in Indonesia, especially on the island of Java. Can we we lhat of dta bps.com Java island is a region and the population is quite wide and high.

According to (Saputra 2010) One of the strategies to achieve the mission of Healthy Indonesia 2010 is by improving people's access to qualified health service with the main target is the availability of competent human resources in every village, health services in hospitals, puskesmas and network quality. in this case actually health services in Indonesia have constraints on the community that lack of awareness of the importance of health. If public health awareness increases, it can lead to tubtutan in hospitals in Indonesia for better service.

In the public service in priority on the satisfaction of the consumer so that in this case can be concluded that health pelayanna this is on public health in Indonesia. Quality of service is a form of consumer assessment (patient) on the level of service received with the level of service expected. Quality of health services provided point to the level of perfection of health services in meeting the needs and demands of each patient, the more perfect needs and demands of each patient, the better also the quality of health services (Azwar, 1996)

1. Hospital services

The hospital as an organization providing health care services has an important social function, namely providing health services to the community.

Based on this function, the hospital is required to be able to manage and provide health services to the community as a customer well. The hospital is a professional health institution whose services are organized by doctors, nurses, and other experts. Inside the Hospital there are many activities and activities that take place in a related (Haliman & Wulandari 2012).

The hospital is also one of the largest servants in comparison with the services of puskesmas with posyandu staff. This can be seen from the building facilities and the adequate medical facilities although there are still many hospitals that are very less accredited from the hospital. In health care, there are the same types of services provided by the hospital, but the quality of service is not necessarily the same. Patient is a customer that becomes a very important part in the development of the healthcare industry (Setyaningsih, 2013) accordance with Ifa (2019), Haryanti (2018), Pahlevy (2019), Umam (2019), Setyawan (2019), Kurnianto (2019).

2. Puskesmas services

Puskesmas is a health service unit at the sub-district level and is a Regional Technical Implementation Unit (UPTD) District Health Office / City. The service efforts are:

- a. Public health services, namely promotive and preventive efforts in the community in the working area of the Puskesmas.
- b. Basic medical services are curative and rehabilitative efforts with individual and family approaches through care efforts aimed at curing diseases for certain conditions.

This puskesmas service is a very good service because the puskesmas serve the community well and the treatment facility is also not inferior to the service at the hospital, the service at the puskesmas is also a health service but in this servant is pelayanna which is karna this service in form only at every village in every kecamatan kecamatan that exists throughout Indonesia.

At the service of this puskesmas have 2 service system that is inpatient and outpatient.

1. Hospitalization, used for patients who really need a medical condition that is physically weakened and unable to move and even no bias what else.
2. Outpatient, used for patients who are able to give medication because the patient's way according to this doctor does not have a very serious or serious illness is usually a disease that is biased for outpatients itching itching, dizziness, fever and so forth so the drug road their bias because of the disease they suffered commonly not to be treated in the inpatient room.
3. Posyandu services Posyandu is one form of Community Based Health Efforts (UKBM) managed from, by, for, and with the community, to empower communities and provide convenience to the public in obtaining basic health services. Posyandu are usually located in villages throughout Indonesia. posyandu is usually used to check maternal and child health, family planning, immunization, nutrition and prevention of diarrhea in children.

Posyandu is to serve the problem of small masalah on mother and child. posyandu very different from hospitals and puskesmas. This can be concluded differently because health service posyandu is a low service and posyandu also not crowded in crowded visit by patient or society around. Posyandu is often used to check maternal and infant health. Posyandu will be active in 1-3 months because posyandu is only a small public health service, not like a hospital which is a high hospital service.

4. Conclusion

Demographic characteristics affecting infant mortality are maternal age, and the age of first marriage, while those not affecting infant mortality are the number of child births, maternal education, and maternal activities and which have the strongest linkage is the mother's age. The infant mortality rate is very important for demographics because it can affect the numbers of live-born and still-born babies. Each year it can be concluded that infant mortality is increasing from year to year due to the encouragement of several factors.

In Indonesia the availability of Puskesmas service rooms is still limited to the service room for individual health efforts, such as general polyclinic, dental,

KIA, KB, immunization and pharmacy. While the service room for public health efforts, such as counseling room combined program, nursing, nutrition, Kesling and Elderly, not much available. The almost unavailable room is the postpartum room at both the health center and non-treatment Puskesmas. The feasibility of Puskesmas service rooms based on topography shows a decent service room of the majority in ordinary areas compared to remote or very remote areas, in non-archipelagic areas compared to archipelagic areas and in non-border areas rather than borders.

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