

Title of the project	Public Health Baseline Survey: Community Health Assessment in Murung Raya District Central Kalimantan
Conducted by	The Center for Health Research University of Indonesia
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As part of the entire study, the community baseline survey has been done in Murung Raya District in Central Kalimantan Province in 2006, which aims to gather data related to the factors of community socio-demographic, maternal health, child health, nutritional status, morbidity rate, and health services capacity. Quantitative survey was employed to determine baseline health condition of people, in addition to qualitative assessment using interview to key informants, focus group discussion, and observation to health facilities in Murung Raya District, thus the informations required was more comprehensive.

In survey, sixteen villages in Laung Tuhup Sub-District were selected as the study area. The main respondents were housewives of families chosen randomly from the population which its pyramide shows young family having sex ratio of one. Of 812 respondents, it was revealed that their education level and other socioeconomic condition were relatively low, as well as the sanitation and personal hygiene, especially in Baloi village group.

In general, the study found the knowledge and practice of health were poor. The proportion of mothers with knowledge of required minimum frequency of antenatal care during pregnancy (4 times) was less than 40%. More than 60% of mothers admitted their last deliveries were attended by traditional birth attendants, and mostly (78% to 95%) done at home. A majority (62%) of respondents in reproductive age currently used contraception, which hormonal methods were the most frequently used (injection 49% and pills 48%). The proportion of respondents who knew at least two types of vaccines were less than 50%. In all types of immunization, the coverage was less than 80%, and only about 45% of children below five years were completely immunized. At some villages, integrated health post or *posyandu* played a role as the favorite place for child immunization, and the proportion of mothers who brought their children under five years old to be weighed in *posyandu* was around 55% in the last one month. Nevertheless, child dietary diversity was considered poor although the frequency of family daily meals was quite sufficient. Husband and wife were identified as decision maker in the family, especially in the case related to child health.

Hence, this low level of knowledge and practices produced a negative impact on health. By examining all 1866 subjects as the member of selected families, it was found that of 415 children under five years old, the proportion of them with underweight or stunting was about half, besides wasting was revealed in about 10% among children aged 12 months and older. Almost 52% of the people in the areas had at least one ill symptom. Perceived illness described by any symptom complained was quite frequent (52%), with the illness mentioned were dermatitis (14%), cough (13%), muscular-skeletal (12%) and headache (8%). History of diseases in the last six months that might describe period prevalence were dermatitis (54%), pneumonia (35%), fever (34%), diarrhea (29%), worm diseases (13%) and malaria (11%). Diseases diagnosed in medical examination were gastritis (25%), dermatitis (19%), dental problem (13%), hypertension (11%) and acute respiratory infection (6%). Moreover, the common diseases in outpatient wards

reported by District Hospital in 2005 were acute respiratory infection, bronchitis, diarrhea, typhoid, hypertension, and malaria.

The assessment to health facility showed that the capacity of satellite health centers, subdistrict community health centers and district hospital were limited in terms of their availability on health personnel and other medical facilities. The accessibility to health service facilities was low due to geographic condition. Hence, it affected the utility of health services. Attention to facility and equipment for child immunization should be addressed especially in community health centers.

Recommendation covers activities proposed at the level of District Health Office, Community Health Center, and Satellite Health Center. Partnership and community participation are very important to be considered as the monitoring and evaluation of the forthcoming project might be done as well by key stakeholders. *Posyandu* might be highlighted as a strategic place in which can deliver most essential services mainly for mother and child health care, especially in increasing the proportion of health personnel delivery assistants, immunization coverage, as well as child nutrition improvement. Community development can be proposed as an activity at the grass root level, as a form of collaboration among stakeholders, including private sectors, government and non-government organizations, and community.