

DOI: 10.21767/1791-809X.1000593

Poverty and Level Society Health in East Nusa Tenggara

Frans Salesman^{1*}, Stefanus Rodrick Juraman², MyrtatiDyah Artaria³, Leonardus WD Setiawan⁴ and Rafael Paun⁵

¹Institute of Health Sciences Citra Husada Mandiri Kupang, Indonesia

²Airlangga University, Indonesia

³Institute of Economics Sciences, Karya Ruteng, Indonesia

⁴Polytechnic of Health Sciences Kupang, Indonesia

*Corresponding author: Frans Salesman, Institute of Health Sciences Citra Husada Mandiri Kupang, Indonesia, Tel: 62+81337909998; E-mail: franssalesman@gmail.com

Received date: 20 September 2018; Accepted date: 04 October 2018; Published date: 12 October 2018

Copyright: © 2018 Salesman F, et al. This is an open-access article distributed under the terms of the creative commons attribution license, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Citation: Salesman F, Juraman SR, Artaria MA, Setiawan LWD, Paun R. (2018) Poverty and Level Society Health in East Nusa Tenggara. Health Sci J Vol.12.No.5:593.

Abstract

Introduction: Poverty is seen as an economic inability to meet the basic needs of food and non-food including the fulfillment healthy living and nutrition intake in the family.

Purpose: Analyzing the state of poverty and public health status in East Nusa Tenggara 2012-2017.

Results: Poverty in East Nusa Tenggara 2012 by 20.40%, 2013 by 20.24%, 2014 by 22.61%, 2015 by 22.58%, 2016 by 22.01%, and 2017 by 21.85%. The same period, the proportion of the poor to the population at the National level, in 2012 by 11.66%, 2013 by 11.47%, 2014 by 10.59%, 2015 by 11.13%, 2016 by 10.76%, and 2017 by 10.76%. Poverty affects the low health status and nutrition status of the community, continuing to Life Expectancy Age and HDI. In 2017, the average Life Expectancy Age population of East Nusa Tenggara is 66.07 years old (compare national 71.06 years), and HDI of 63.73 (compare national 70.81) is ranked 32 out of 34 provinces in Indonesia.

Conclusion: Poverty affects low ability to meet basic needs of life, health status, nutrition intake for infant and toddler growth in the future leads to low quality of life and competitiveness in the various opportunities available.

Keywords: Poverty; Health status; Nutrition status; Stunting; Society health

handling the issue of are yet to be found, nevertheless poverty handling measures have been under taken purported by Nurmayanti [1]. Poverty is deemed as economic disability in fulfilling basic food and non-food needs which are measured from the side of expenditure. In per capita expenditure, the Central Bureau of Statistics in Indonesia has set the poverty line through the World Bank category with the lowest expenditure of USD 2 Dollars per day or IDR 25,000 (average exchange rate USD to IDR for 2012-2017 amounting to USD 1=IDR 12,500). Per capita expenditure of USD 2 per day is an accumulation of average expenditure to obtain food and non-food for a day [2]. Population whose per capita expenditure is below the Poverty Line is categorized as poor. While the Food Poverty Line is calculated from the minimum value of nutrition in daily food and drink take to get 2100 kcal per capita.

The ratio of poor people towards East Nusa Tenggara province inhabitants tends to show gradual increase in the period of 2012-2017. Statistics Indonesia of East Nusa Tenggara Province reports that the proportion of poor people in the years of 2012, 2013, 2014, 2015, 2016 and 2017 are 20.40%, 20.24%, 22.61%, 22.58%, 22.01%, 21.85% respectively. On the same period of time, the national ratio of poor people is counted as 11.66%, 11.47%, 10.59%, 11.13% and 10.76%, 10.11% respectively [2].

Ferguson, Bovaird and Muller have highlighted the fact that the life of the poor people has further implication on the individual and/or family lifetime [3]. As highlighted by Sen Gupta [4], a study from Canada shows the correlation between poverty and infancy readiness to attend formal education. When the children are given the chance to attend provided education, it was found that children from poor family shows lower ability in language apprehension, communication skills, and cooperation between children than that of children from prosperous family.

Poor people are susceptible to various infectious and degenerative diseases. As shown in the infantile health

Introduction

Poverty is a complex, multifaceted issue and seemingly to perpetuate from time to time. Formulas for significantly

research in Canada, the health degree of children from poor family is significantly lower from that of children from prosperous family [5]. In order to improve the societal health degree, Indonesian government has regulates the policy of free medical care through Kartu Indonesia Sehat (Indonesia Health Card) albeit the additional free, such as exempted medical coverage of Indonesian Bureau of Social Health Insurance (Badan Penyelenggara Jaminan Sosial Kesehatan di Indonesia), transportation fee, waiting fee, all of which are still liable to the poor people. Similar conditions are happening in the society of East Nusa Tenggara.

This study aims to explore the poverty profile with the poverty depth and severity index experienced by the people in East Nusa Tenggara between 2012-2017. The deeper and severe poverty of the community has an impact on the low purchasing power to meet basic needs, including obtaining modern health services.

The results of this study can be used as reference material by; (1) researchers who will explore in more detail about the causes of poverty in East Nusa Tenggara; (2) policy makers at the provincial, district/city government level to improve the level of community welfare including the strengthening of health service facilities and infrastructure for improving the level of community health in East Nusa Tenggara today and in the future.

Methods

Retrospective quantitative research method is used in processing and analyzing secondary data which is the poverty development in East Nusa Tenggara from 2012 until 2017 which is published by Central Bureau of Statistics of East Nusa Tenggara and combined with health profile data of 2014 until 2017 which are published by the Health Department of East Nusa TenggaraProvince [6].

Results

Central Bureau of Statistics of East Nusa Tenggara reported population in East Nusa Tenggara in 2017 of 5,120,061 people with population growth rate of 1.71% per year. Another thing besides the high still high rate of population growth followed by high poverty rate undermining people's life. Reported that in 2016 the per capita income of East Nusa Tenggara population based on the current price in 2015 averaged IDR 14.928.040, or 0.33% of the national average per capita income of IDR. 45.180.960- Low income per capita in East Nusa Tenggara followed by high proportion of poor population to population. The poor in East Nusa Tenggara numbered 1,118.620 people or 21.85% of the total population of East Nusa Tenggara. The contribution of the poor in East Nusa Tenggara to the national poverty population in 2017 amounted to 4.35% (The number of poor Indonesians is 25.704.800 people). The lives of the poor fall into the depths of the valley and the deprivation of poverty is measured by the depth and severity index of poverty.

Poverty Gap Index (P1) is an average expenditure gap measurement of each people in the poverty line. Higher index of P1 shows further expenditure average of the people in the poverty line, and Poverty Severity Index (P2) gives the description regarding the spreading of the expenditure of the people in the poverty line. Higher index of P2 shows higher expense gap between poor people. Consider the P1 and P2 shown in **Figure 1** below.

The data shown in the **Figure 1** clearly shows the P1 comparison between the population of East Nusa Tenggara and the national population in the period of 2012-2017. It is seen that Poverty Gap Index of the population of East Nusa Tenggara seemingly higher than that of Indonesia. This means that the average of the expenditure of poor people in East Nusa Tenggara is distantly further than that of poor people shown in the poverty line. Whereas the national average expenditure of poor people which shows lower rate than that of East Nusa Tenggara. In other words, the average expenditure of poor people in East Nusa Tenggara is significantly inferior to that of the national population of poor people. In **Figure 1**, it is shown that the Poverty Gap Index in East Nusa Tenggara in 2012 as 4.87 (compare with the national rate of 2.29), 2013 as 3.04 (national rate as 1.89), 2014 as 3.25 (national rate as 1.75), 2015 as 4.62 (national rate as 1.84), 2016 as 3.83 (national rate as 1.74) and 2017 as 4,15 (national rate as 1.79). Poverty Severity Index (P2) in East Nusa Tenggara in the period of 2012-2016 is described in the **Figure 2** below.

Figure 2 shows the Poverty Severity Index (P2) regarding the spreading expenditure between poor people in East Nusa Tenggara compared to that of national poor population from 2016 until 2017. Poverty Severity Index shows the comparison result of expenditure gap in the poverty line subtracted with the average expenditure of people below the poverty line and divided by the total population below the poverty line.

This result shows that the gap of the expenditure between poor people in East Nusa Tenggara is higher comparing to that of national poor population from 2012 until 2017. In 2012, P2 in East Nusa Tenggara from 2012, 2013, 2014, 2015, 2016, and 2017 are as many as 1.34 (0.84 nationally), 0.69 (0.48), 0.79 (0.44), 1.44 (0.51), 0.96 (0.44), and 1.17 (0.46) respectively which national rates are shown in parentheses.

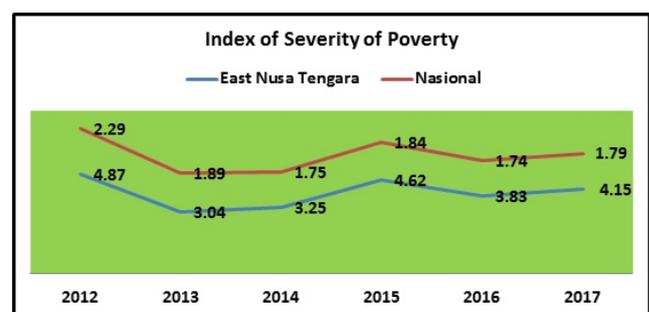


Figure 1 The development of P1 in East Nusa Tenggara Province 2012-2017.

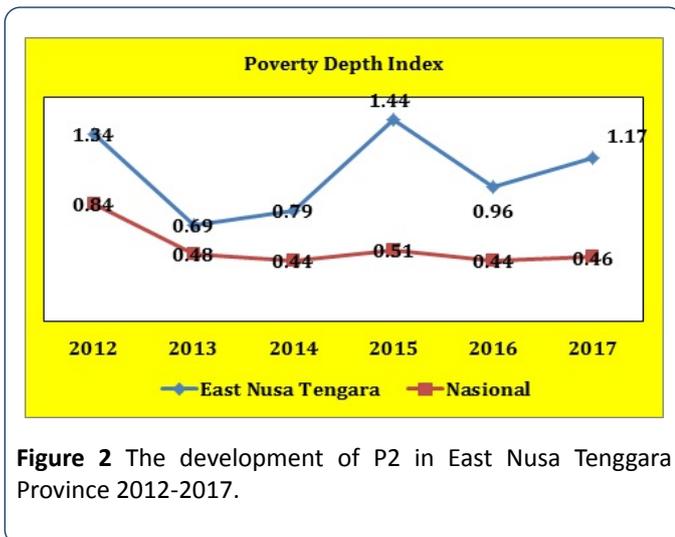


Figure 2 The development of P2 in East Nusa Tenggara Province 2012-2017.

Discussion

Poverty influences the demand of healthcare and adequate education system. The average monthly expenditure per capita is 612,500IDR with the composition of educational need of IDR 28,787(4.70%) and healthcare need of 46,918 IDR (7.66%) per capita monthly. One may compare to the need of goods and services need of 88,200 IDR (14.40%) and cultural ritual needs of 35.709 IDR (5.83%), the others 412,886 IDR (67,41)% per capita monthly [7,8].

Low proportion of expenditure per capita in healthcare implicates low health degree of the society in East Nusa Tenggara Province. This is shown in the 2015 epidemiological patron where the total of the most disease cases in society is upper respiratory infection as 55.05%, muscular tissue system 10.83%, myalgia 6.95%, skin-related disease 5.33%, arthritis rheumatoid 4.98%, infectious skin disease 4.67%, diarrhea 3.58%, other upper respiratory infection 3.46%, unknown cause of fever 2.98%, and other infectious diseases 2.18%. In birth assistance, of the 132,856 births, 87,783 (68%) are assisted by the health workers and 45,073 births (32%) are assisted by shamans [9].

In additional, poverty influences the society purchasing power in fulfilling nutritious food needs in the family. Malnutrition rate in 2015 and 2016, which are measures based on weight divided by age on children in East Nusa Tenggara ranging from 0-23 months and 0-59 months, are appalling. From babies 0-23 months, 5% are in the condition of poor nutrition, 13.90% are under nutrition, 79.90% are good nutrition and 1.20 % is exceptional nutrition. In 2016, similar status of nutrition of babies is shown as 7% which are in poor nutrition, 18.60% are under nutrition, 73.50% are good nutrition, and 0.90% is exceptional nutrition. The nutrition indicator calculated by height divided by age is shown as follows, in 2015, the height of children in 0-23 months shows that 13.30% are very short, 18.30% are short, 67.40% are normal, whereas in 2016, it is shown as 13.30%, 18.80%, and 67.90% respectively. The data of the height of babies 0-59 months shows that 18.30% are very short, 23.90% are short,

and 58.80% are normal, where in 2016 it is shown as 15%, 23.70%, and 61.30% respectively [9].

The nutrition condition shown by the height/age indicator, if continued until productive age, will harden the people to offer the workforce in the marketplace which require a minimum height. The impact of more extensive malnutrition, especially on toddlers are (1) the hindrance of height and mental growth of children; (2) susceptible to upper respiratory diseases, diarrhea which occurs often; and (3) causing death if handled without intensive care [10].

The last termination of life is death. The infancy death rate growth in 2014 is 13.50/1000 births, 2015 is 14/1000 births, and 2016 is 11/1000 births. Maternal death rate growth in 2014 is 185.60/100,000 births, 2015 is 169/100,000 births, and 2016 is 178/100,000 births [6,7]. The tendency of the current cause of death and potential future cause are the growth of non-infectious disease whilst the changing of lifestyle (inadequate nutrition diet, less physical activities, stress, alcohol addiction, smoking, etc).

The result of the low society health degree is shown by live expectancy and human development index. In 2017, average life expectancy in East Nusa Tenggara is 66.07 years (compared to national life expectancy of 71.06 years), and Human Development Index is 63.73 (compared to national HDI of 70.81) which places East Nusa Tenggara in the 32nd place of 34 provinces in Indonesia [2].

Developmental measures

Through the Budget Statement which are articulated by the Indonesian president in plenary of Indonesian House of Representatives on August 16th 2016 regarding poverty eradication measures in Indonesia, which are system development and strengthening of basic service, improvement of Bidik Misi program effectiveness, social assistance management, also further programs such as the expansion of social security members, citizenship data integration, expansion of conditioned cash assistance through Hopeful Family Program, food assistance, continuance of energy and fertilizer subsidy, social assistance outside the family system, and other social security measure to diminish the poverty rate [11].

Health development measures in 2017 are emphasized to: (1) actualize the program of Gerakan Masyarakat Sehat (Healthy Society Movement). Healthy Community Movement is a strategic program from the Ministry of Health in Indonesia to increase clean and healthy life behavior from infancy to advanced age; [12] (2) family approach as the pillar of health development; (3) health budget measures; (4) the implementation of health minimum service standard; (5) the development of healthy village houses; (6) the synergy in developing Food and Medicine Supervision by Badan Pengawasan Obat dan Makanan (The Food and Drug Supervisory Agency is an Indonesian government bureau assigned to oversee the distribution of food and medicines throughout Indonesia); (7) the synergy in planned family

service in health facilities; and (8) national health security in health service improvement [11].

Health development measures have shifted the paradigm which beforehand are curative and rehabilitative, now are headed to promoting and preventive health measures. The implementation is strengthened by three pillars of health development: healthy paradigm, strengthening of healthcare service and national health security. In the first pillar, the paradigm is implemented through: (1) family approach where activities are undertaken by the health workers, especially in level of Community Health Center and (2) Healthy Living Society Movement where the activities are not restricted to health workers, but also cross-sectors. The implementation of GERMAS is focused on three activities: (1) physical activities; (2) vegetables and fruit consumption; and (3) continuous health check. The undertaking of GERMAS must be done by all society, cross-ministry, and cross-sectors between central and regional governments, private sectors, business sectors, civil organizations, also society in general, to contribute together in creating healthier Indonesian society [11]. Hopeful Family Programme (Program Keluarga Harapan) contributes to assistance provision such as cash for poor family as the reward for their participation in pioneering in health and education sector. A rather enormous work has been undertaken to increase the guidelines, standards, and training material in handling malnutrition, facilitating breast milk, and also improving micro nutrition substance programs [10].

Acceleration of stunting prevalence lowering measures are prioritized on stunting handling interventions, which are integrated alongside with GERMAS, which are supplying clean water and sanitation, providing exclusive breast milk, and socializing regarding healthy nutrition consumption. In addition, field health workers such as planned family cadre and Community Health Center workers are provided to give socialization and education towards society relating to healthy live behavior [13-15].

Conclusion

Poverty stultify the society of East Nusa Tenggara Province until recent times which implicates to lower ability in fulfilling basic life needs in family and this implicates to low health degree and infant nutrition food consumption. Malnutrition results in low life quality and competitiveness in various provided opportunities. Societal life quality improvement measures in East Nusa Tenggara are started from the family by emphasizing in poverty eradication, health degree improvement, and nutritional recovery to attain adequate life quality to be able to compete in the current millennium.

Limitations Research

This study contains weaknesses because data and information are further processed based on the publication of Central Bureau of Statistics of East Nusa Tenggara Province, Health Profile of East Nusa Tenggara, Basic Health Research. The validity and accuracy of the research results assumed that the data collection method is really in accordance with the scientific method stages. However, the only nationally recognized data publication institution is the National Bureau of Statistics and the National Health Profile. Thus the analysis and conclusions of this study have a reliable degree of scientific belief.

References

1. Nurmayanti DA (2013) Poverty Theories. [Internet].
2. Central Bureau of Statistics of East Nusa Tenggara (2018) East Nusa Tenggara in figures 2017, pp: 230-233.
3. Ferguson HB, Bovaird S, Mueller MP (2007) The impact of poverty on educational outcomes for children. *Paediatr Child Health* 12: 701-706.
4. Gupta SRP, de Wit ML, McKeown D (2007) The impact of poverty on the current and future health status of children. *Paediatr Child Health* 12: 667-672.
5. Nurazizah S (2017) Causes and impact of poverty. 2016
6. Health office of East Nusa Tenggara (2017) Health profile of East Nusa Tenggara 2017, pp: 235-257.
7. Chandra AA (2017) Per Capita Revenue Goes Up Rp.47.90 Million/Year.
8. East Nusa Tenggara Health Office (2017) Health profile of East Nusa Tenggara Province 2017. pp: 158-161.
9. Ministry of Health Indonesia (2017) Data and Information of Indonesian Health 2016. pp: 103-107.
10. Rezy F Jokowi's programs to tap the poverty line in 2016.
11. Ministry of Health of the Republic of Indonesia (2017) Integration of All Components of the Nation Realizing Healthy Indonesia. Presented at the National Health Working Meeting 2017.
12. Ministry of Health of the Republic of Indonesia. Regulation of the Minister of Health of The Republic of Indonesia Number 39 of 2016 About Guidelines For Managing Healthy Indonesian Programs With Family Approach. 2016.
13. Indriyani A Serious government handles malnutrition, 2017.
14. Ministry of Research, Technology and Higher Education (2017) Aid Guidelines for Bidik Misi Education Costs.
15. Social Ministry of the Republic Indonesia (2017) Program Keluarga Harapan (Family Hope Program).