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Analysis of Human Development Index in West Java: Education and Health Approach

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ABSTRAK

Tujuan penelitian untuk menganalisis dan menjelaskan Indeks Pembangunan Manusia Ja2a Barat (IPM) di bidang kesehatan dan pendidikan. Jenis penelitian deskriptif kuantitatif. Subjek penelitian Provinsi Jawa Barat. Periode pengamatan 2017-2019. Hasil penelitian menunjukkan bahwa IPM pendidikan masih dalam kategori medium, sejalan dengan kinerja layanan kesehatan yang menunjukkan bahwa itu tidak efektif. Untuk IPM sektor kesehatan mendapatkan kategori yang sangat tinggi, meskipun telah mendapatkan kategori yang sangat tinggi, masih ada target yang belum tercapai, Selalu review pemicu capaian target akhir tahun perencanaan, untuk menilai keberhasilan yang telah terealisasi dan mendeteksi kendala penyebab belum tercapainya sasaran.

Kata kunci: Indeks Pembangunan Manusia, Jawa Barat, Kesehatan dan Pendidikan

ABSTRACT

Research Objectives to analyze and determine the West Java Human Development Index (HDI) in the field of health and education. Types of Quantitative Descriptive Research. Research Subject of West Java Province. Observation period 2017-2019. The results showed that the HDI of education was still in the medium category, in line with the performance of the health service performance that showed that it was not effective. For HDIs the health sector gets a very high category, although it has gotten a very high category, there are still targets that have not been achieved. So it is necessary to evaluate and follow up for improvement and, always evaluate what driver the achievements. Always do a review to evaluate the achievement at the end of the year, to assess the success that has been realized, and to detect causes the target has not been achieved.

Keywords: Human Development Index, West Java, Health and Education

INTRODUCTION

The United Nations Development Program (UNDP) defines human development as a "process to expand choices for residents" (Human Development Report, 2001), in the sense that humans are given more choices in meeting their needs both concerning the economy, social, and culture. (UNDP, 1991). Humans are the wealth of a country. The main focus in development is improving human quality.(Kuncoro, 2005). The duty of the state or the government should pay attention to the welfare of

the people. This is in line with the mandate of the opening of the 1945 constitution which states that one of the goals of the state is to prosper the people based on the Human.

But in reality there are still some who have not received facilities from countries related to education and health. Some of the causes include population, area, deficit budget, resource competencies, there are still incomplete facilities, lack of maintenance of existing facilities, less sophisticated information technology and so on.

Based on the survey results Development Index (HDI) by BPS, finding the quality of health and education of the Indonesian people has increased, while in terms of expenditure per capita that is adjusted to decline. Pandemi Covid-19 has an influence on human development in Indonesia. This can be seen from the slowdown in the growth of the 2020 Human Development Index (HDI) compared to previous years. Indonesia's HDI in 2020 was 71.94 or grew 0.03 percent (an increase of 0.02 points) compared to the previous year's achievements. The slowing down of HDI growth in 2020 was greatly influenced by the average adjusted per capita expenditure. This indicator fell from 11.30 million rupiah in 2019 to 11.01 million rupiah in 2020. (BPS Jawa Barat, n.d.)

Indonesian HDI in 2020 was recorded at 71.94, or grew 0.03 percent (an increase of 0.02 points) compared to the previous year's achievements. For West Java in 2019 HDI amounted to 72.03, 2020 amounted to 72.09. But for HDIs, each region is still not optimal for its HDI. (BPS Jawa Barat, n.d.). This is in line with the Republic of Indonesia Supreme Audit – investigation Audit Agency (BPK RI) in 2020, based on the results of the performance examination, shows related to the priority of education and health as an element/indicator of HDI, there are still not effective. For this reason, this research was conducted, aimed at seeing the effectiveness of the planned program compared to plans with the realization of HDI in West Java in 2016-2019.

Education and health development are two interrelated things. In a healthy body there is a strong soul. When a person's body is healthy, he can receive learning well, think normally and carry out they activities with pleasure. Research objectives to analyze the human development index, with field of education and health approach.

LITEATURE REVIEW

The Human Development Index (HDI) is a composite index which is also an indicator that can describe the development of human development in a measurable and representative manner. IPM was first introduced in 1990 by UNDP. According to the Central Bureau of Statistics-BPS (2017-2019, the Human Development Index (HDI) is a measure of the achievement of development based on a number of basic components of quality of life. The human development index is calculated based on data that can describe the four components, namely the life expectancy that measures success in the health sector, the literacy rate and the average length Judging from the average amount of expenditure per capita as an income approach that measures success in the field of development for a decent life. (BPS Jawa Barat, n.d.)

There are three things that are considered important in the selection made by humans, namely having a long and healthy life, to obtain knowledge and have access to the necessary resources, to get a proper standard of living. If these three critical factors are not met, there are many other choices that will not be achieved, for example political, economic, social, and opportunities to obtain a high level of productivity, enjoy respect and human rights. (UNDP, 1991).

HDI is an important indicator for measuring success in efforts to build the quality of human life (society/population). HDI can determine the ranking or level of development of an area/country. Human Development Index (HDI) explains how residents can access the results of development in obtaining income, health, education, and so on. HDI was introduced by the United Nations Development Program (UNDP) in 1990 and periodically published in the Annual Human Development Report (HDR) report.

HDI is formed by three basic dimensions: long life and healthy living; Knowledge, and standard living standards. The benefits of HDI as follows:

1. HDI is an important indicator for measuring success in an effort to build the quality of human life (society/population).
2. HDI can determine the ranking or level of development of a region/country.
3. For Indonesia, HDI is a strategic data because in addition to being a measure of government performance, HDI is also used as one of the allocating allocats for the General Allocation Fund (DAU).

The latest HDI measurement. Using indicators of the old school expectations and gross national products (GNP) per capita, with the calculation method using the geometric average method. Advantages of New Method HDI. Use indicators that are more appropriate and can distinguish well (discriminatory). By entering an average length of school and the length of school expectations, a more relevant picture can be obtained in education and changes that occur. PNB further describes people's income in an area. By using the average geometric in preparing HDI it can be interpreted that one-dimensional achievement cannot be covered by achievements in other dimensions. That is, to realize good human development, the three dimensions must get the same amount of attention because it is as important.

Research related to HDI has been widely conducted by previous researchers, including (Hakim, 2013); (Ashshiddiqi et al., 2021); (Dewi et al., 2014); (Prasetyoningrum et al., 2018) and (Yektiningsih, 2018). The difference between this research and previous research is on the type of research and focus on the field of health and education. This is in line with the phenomena described in the background of the research. Previous research analyzes the relationship between the human development index with various factors.

RESEARCH METHOD

The type of research, used is quantitative descriptive, where, the research not only explains the problem but also analyzes data related to research variables, then explain conclusions on descriptive statistical testing. The research sample is HDI West Java Province. The stages that carry out in the implementation of research are as follows:

1. Preparation Phase: Looking for research themes; Looking for journals, supporting text books; Looking for research problems; Waiting for SPK Research.
2. Implementation of research; Develop Chapter 1-3; Collecting secondary data; Data processing and data interpretation.
3. Completion of Research; Develop Chapter 4-5; Preparation of research reports.

RESULT AND DISCUSSION

In Java Province for 2017, the Work Program of the Education Office is in line with the mission of the West Java government, namely in forming a human Pancasila human being and giving birth to human cultured, quality, happy and product through improving innovative public services, then the strategy of the Java Provincial Education Office The West is directed at: Increasing the accessibility of education for high school/vocational school age children (16-18 years), special secondary education (16-18 years), as well as special services (15-21 years) which are equitable without obstacles; The quality of the quality of education through the fulfillment of 8 (eight) National Education Standards; and improve transparent and accountable education governance.

Increasing the accessibility of education for high school/vocational school age children (16-18 years), special secondary education (16-18 years), as well as special services (15-21 years) which are evenly distributed without obstacles. Improving the quality of education through the orientation of character/local wisdom -based learning. Increase transparent and accountable education governance.

For health work programs of the Health Office, the Purpose of the West Java Province Health Office in 2018-2023: "Improving the quality of public health and the range of health services is supported by a resilient regional health system" Target of the West Java Provincial Health Office in 2018-2023: (1) Improve it Access and quality of competitive health services (2) Decreased cases of stunting in West Java

through cross -sector convergence efforts. Indicator: (a). Percentage of SPM services in the Regency / City. (b). Community Satisfaction Index for UPTD (C) services. The number of high -accredited hospitals (d.) Prevalence To assess HDI, there are several criteria or categories of assessment, can be seen in the following table:

Table 1 Score of HDI

Interval Score	Category
IPM < 60	Low
60 ≤ IPM < 70	medium
70 ≤ IPM < 80	high
IPM ≥ 80.	Very high

Source: BPS West Java

Based on data that has been collected and observed, related to HDI Education and Health in West Java Province can be seen in the table below:

Table 2. HDI Category Education and Health

West Java Province	HDI Category Education and Health		
	2017	2018	2019
Education	61.63	61.75	62.57
Category	Medium	Medium	Medium
Health	80.72	81.02	81.31
Category	very high	very high	very high

Source: https://sync.disdik.jabarprov.go.id/index.php?page=makro_ipm

Based on the index obtained from the Central Statistics Agency (BPS) of West Java in 2017-2019 the education index in West Java respectively in 2017 to 2019 received a medium category. This shows that in the field of education there are still weaknesses, so there is homework for the West Java Provincial Education Office, because it only reaches the medium category, while the best HDI score is in the high category and very high that should be achieved. (*BPS Jawa Barat 2017-2019, n.d.*).

In line with the findings of BPK RI obtained from the 2019 Regional Government Financial Statement Summary that the indicator of HDI related to education, which is the focus of attention is on efforts to improve the quality of learning through strengthening the quality assurance of education and implementation of the 2013 curriculum in realizing the implementation of 12 -year compulsory education. Performance examination of efforts to improve the quality of learning through strengthening the quality assurance of education and implementation of the 2013 curriculum in realizing the implementation of 12 -year compulsory education

For HDI related to educational indicators, IHPD findings show that the West Java Provincial Government for the 2016-2019 school year is still less effective. In the Provincial Government the problem is due to valid data and information that has not been applied to the Educational Quality Assurance System (SPM), as a result it is less accountable for the validity of the report card value. SPMP goals and functions have not yet been achieved in the education unit. Quality mapping information according to the real conditions of the school has not reached stakeholders.

In the Department of Education itself, BPK found that they had not followed up on the recommendations of the results of quality assurance. The Education Office and the Education Unit have not followed up the recommendations of the results of quality assurance as a reference for improving the quality of learning. These problems result in:

1. Recommendations for the quality of education for all levels of education in the region of West Java Province issued by LPMP cannot be followed up;
2. The Education Office cannot monitor the followers that have been carried out by the education unit.

The Education Office and the Education Unit in West Java Province have not been optimal in implementing the 2013 curriculum learning, as a result it cannot be applied optimally. For the Provincial Government of West Java and the education unit has not fully utilized the results of the assessment in

the implementation of the 2013 curriculum, as a result the learning efforts that are designed and implemented have not had an impact on improving/improving the quality of learning outcomes. (BPK RI, 2019).

Another thing, has not fully revitalized the Vocational School in order to meet the competencies of graduates as needed, this results in:

1. Revitalization efforts that have been carried out by SMKs in West Java Province are not directed and cannot be measured success;
2. Vocational graduates in West Java Province have the potential to not be absorbed in the business world and the industrial world because cooperation is not built with directed; And
3. Implementation of revitalization implemented by SMKs cannot be assessed for weaknesses and success so that there are no solutions to various actual obstacles/problems that occur (BPK RI, 2019).

The West Java Provincial Government and the Education Unit have not fully strengthened character education, as a result they have not been able to measure the effectiveness of the PPK program to obtain an overview of the implementation of PPK in accordance with the objectives and impacts arising from the implementation of PPK.

Upon the problems that have been found in investigation, BPK recommends:

1. Inserting a vocational revitalization program as part of the middle budgeting.
2. Instruct the Head of the Education Office to:
 - a. Propose the Director General of Primary and Secondary Education of the Ministry of Education and Culture to: (1) Complete the General Guidelines and Technical Guidelines for Quality Mapping Instruments. (2) Completing the PMP application by providing a tiered authorization feature of the contents of the quality mapping instrument by the Head of the Education and Supervisory Unit
 - b. Involved in the discussion of the results of quality mapping (based on quality report cards) with the education unit before the educational quality assurance institution formulates improvement recommendations;
 - c. Propose the addition of the number of supervisors, principals and teachers according to the results of the mapping of the GTK field;
 - d. Budgeting the 2013 curriculum implementation strengthening program for all supervisors, heads of education units and educators
3. Instruct the Provincial TPMP to be more optimal in providing guidance, mentoring, mentoring, and supervision of the education unit in the development of SPMI.

In line with the category of HDI Education published by BPS West Java with the results of BPK RI examination related to educational performance, IHPD findings show that the West Java Provincial Government for the 2016-2019 school year is still less effective, there is still something that needs to be improved so that it runs optimally (BPK RI, 2019).

For HDI in the field of health, West Java Province has received a very high category with the smallest 80 interval, even though it has reached the high category of the West Java Provincial Government, it still gets a recommendation from BPK RI, related to health -related performance checks. There is still hope to be able to maintain this level, of course by paying attention to many things, one of which is to follow up the recommendations of the findings of the report on the results of the local government's examination on the performance of West Java Province and the Health Office related to Health HDI. (BPK RI, 2019)

The 2015 - 2019 Disease Prevention and Control Program Action Plan is as follows:

1. Percentage of Coverage of Success Treatment TB/Success Rate, by 90% by the end of 2019.
2. HIV prevalence, amounting to <0.5% at the end of 2019.
3. The number of regencies/cities reached malaria elimination of 300 districts/cities at the end of 2019.
4. Number of provinces with leprosy elimination of 34 provinces at the end of 2019.

5. Number of regencies/cities with elimination of filariasis amounted to 35 city districts at the end of 2019.
6. Percentage of decreased cases of diseases that can be prevented by certain immunization (PD3I), by 40% by the end of 2019.
7. Percentage of regencies/cities that have a preparedness policy in overcoming the potential for potential public health, amounting to 100% by the end of 2019.
8. Percentage of regencies/cities that implement a minimum of 50% No Cigarette Areas (KTR) policy, amounting to 50% by the end of 2019.
9. Number of districts/cities that have Puskesmas that carry out mental and/or drug health efforts, amounting to 280 districts/cities at the end of 2019.

The following table targets and realization of health performance indicators and its realization:

Table 3. Targets and Realization of Health Service Performance until 2015-2019

No	Targets	Indicator of Activities	Percentage Target	Realization
1.	Infants aged 0-11 months who receive complete basic immunization	Percentage of children aged 0 to 11 months who receive a complete basic immunization	93%	97,30%
2.	Regencies/cities that monitor cases of diseases have the potential to be extraordinary events (KLB) and respond to the countermeasures to the KLB signal to prevent the occurrence	KLB The percentage of response to the signal of Early Alert (Alert) Potential Diseases KLB that arises in the SKDR (Early Alert System Response)	90%	67,80%
3.	Districts/cities that are able to carry out the prevention and control of emerging infectious diseases	The number of regencies/cities that are able to carry out the prevention and control of emerging infection disease	27	24 Kab/Kota
4.		The percentage of positive malaria cases treated according to standards	95%	100%
5.		The number of regencies/cities endemic filariasis	3	3
6.		Number of districts/cities Stunting intervention that performs intestinal worms with a scope of > 75% of the target of taking medication	14	14
7.	Increased Prevention and Control of Tular Vector and Zoonotic Diseases	Percentage of the scope of the discovery of new leprosy cases without defects	91%	75,60%
8.		The percentage of TB cases that are managed according to the standard	80%	86,06%
9.		The percentage of treated HIV cases	55%	68,46%
10.	Decreased direct infectious disease	Percentage of districts/cities that carry out early detection of hepatitis B and C in the risk group kelompok beresiko	80%	96,30%

11.		The percentage of the district/city that implements a minimum of 50% of the Non -Smoking Area Policy (KTR)	70%	13%
12.		Percentage of Puskesmas with a percentage of Puskesmas that carries out integrated PTM control	50%	53,36%
13.	Decreased morbidity and death due to non - communicable diseases; Increased prevention and prevention of non - communicable diseases	Percentage of villages/ kelurahan that carry out PTM Integrated Development Post (Posbindu) activities	40%	86,76%
14.		Percentage of Puskesmas that carry out early detection of breast and cervical cancer in women aged 30-50 years	55%	79,20%
15.		Percentage of Puskesmas that carry out early detection and referral cases of cataracts	30%	100%
16.	Increased mental health and increased prevention of drug abuse	The number of districts/cities that carry out efforts to prevent and control the problem of drug abuse in the Recipient's Institution (IPWL)	23	15
17.	Increased management support and implementing other technical tasks in the disease prevention and control program	Percentage of Management Support Services and Reporting Deconcentration Satker	100%	100%

Source: Dinas Kesehatan Provinsi Jawa Barat (2019)

Increased management support and implementing other technical tasks in the disease prevention and control program

Based on the performance accountability table 3, of the 17 target targets, a table or matrix is as follows:

Table 4. Summary of Realization of Performance Targets		
Target is Realized 100%	Realization Exceeds the Target <100%	Realization Below the Target
5 indicators	7 indicators	5 indicators

Source: Data Processed (2022)

Discussion

For the performance of the Health Service, there are already achieved targets of 100% realized, some exceed the realization of the target but not 100%, there is also the achievement of realization below the set target. This needs to be a concern for the Health Office to pay more attention and strive for targets and indicators that have exceeded the target but have not reached the target of 100%, and indicators whose realization is still below the target.

If it is associated with the West Java Provincial Health HDI score with performance accountability, even though the West Java Provision Health HDI is included in the "very high" category, there is still

homework to continue to improve its performance, because there are still 12 health targets that have not yet reached the target.

Five targets/ indicators below the target such as: morbidity and death rates due to non -communicable diseases, prevention and control of non -communicable diseases, mental health and increased prevention of drug abuse (efforts to prevent and control the problem of abuse of narcotics alcoholics psychotropic substances are still not optimal, counseling at school, both by health workers and by teachers who have been given knowledge related to drugs, there are still not many rehabilitation facilities for cases of drug users, so they need to support the leadership and budget availability), regencies/cities that carry out the prevention and control of emerging infectious diseases (there is still a lack of human resources and HR competencies related to emerging infections, etc.), regencies/cities that monitor cases of diseases have the potential for extraordinary events (KLB) and respond to the countermeasures of KLB signals to prevent outbreaks, as well as the discovery of new cases of leprosy Without defects (there are still officers who have not been trained in the management of leprosy cases, there are still sufferers who are ashamed to seek treatment, and the response of the community is less friendly to sufferers, etc.)

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Seven targets whose realization exceeds the target but not 100%, such as the percentage of Puskesmas whose percentage of Puskesmas carrying out integrated PTM control, the percentage of villages/ kelurahan that carry out PTM Integrated Development Post (Posbindu) activities, the percentage of Puskesmas that carry out early breast and cervical cancer detection activities In women aged 30-50 years, the percentage of puskesmas that carry out early detection and referral cases of cataracts, the percentage of TB cases that are administered according to the standards, the percentage of treated HIV cases, the percentage of districts/cities that carry out early detection of hepatitis B and C in at risk groups.

Because this research is descriptive type, describing the phenomenon and problem solving, the results of this study are different from previous studies, which linked a lot of HDI with other variables, and the type of research causality.

CONCLUSION

Based on the results of data observations obtained from various sources such as the Central Java Central Java Statistics Bureau 2017-2019, the summary of the results of the examination of the Republic of Indonesia Supreme Audit Agency, the West Java Provincial Education Office website and the West Java Provincial Health Office (Performance Accountability of the Health Office) to explain the index Human Development of the Health and Education Category of West Java Province, concluded for HDI of education, reaching the medium category, and the HDI of the Health Office received a very high category.

There are still a number of things that need attention from the Education Office and the Health Office to strive to increase their realization in order to achieve the targets set. Among them improve the quality of learning through strengthening the quality assurance of education and implementation of the 2013 curriculum in realizing the implementation of 12 -year compulsory education. For the Health Service, it is necessary to synergize between the government, offices, cooperation between agencies, human resources (quantity and competencies, experience), facilities and health budgets in setting goals and achievement of realization can run according to planning. Always do a review to evaluate the achievements of the end of planning year targets, to assess the success that has been realized and detect the obstacles to the cause of the target has not been achieved.

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