

Analysis the Quality of Human Resources towards the Millennium Development Goals of Riau Province In 2015

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Abstract

The research was conducted in the province of Riau. The purpose of this study was to determine the quality of human resources towards the Millennium Development Goals (MDGs) of Riau Province in 2015, especially the achievement of MDGs in education and the decline in infant mortality. MDGs is a reference to the countries in the world, including Indonesia, to meet the basic rights of human needs which has a target to achieve social welfare and community development in 2015. Types of data used are secondary data from time series data between 2009-2013. Analysis of the data used is descriptive analysis is analysis that used to give an overview and to the explanatory of the events or the actual circumstances.

The results of the study showed that the achievement of MDGs in education, APM of primary school / madrasah ibtdaiyah (7-12 years) in 2013 reached 91.67% or 8.33% require to achieve the goals in 2015. APM of middle school / madrasah tsanawiyah (13-15 years) in 2013 reached 65.98% or 34.02% require to achieve the MDGs targets, and indicator of the literacy rate reached 98.42% in 2013. The goals of infant health, infant mortality of Riau Province in 2013 amounted to 6.5 per 1,000 live births. Child mortality in 2013 in Riau Province amounted to 4.8 per 1,000 live births, and indicators of children immunized against measles in 2013 reached 92.54%. Quality of human resources has not been achieved in Riau Province according to Millennium Development Goals in 2015.

Keywords: Quality of human resources, MDGs of education, MDGs of infant mortality

Introduction

Human resources that are reliable, able to compete, and has a high ability is the main supporting factor in the development of a country / region. Human resources is one of the factors of production is a very important addition to natural resources and capital to produce output. The higher the quality of human resources, the higher / increased also the efficiency and productivity (Mulyadi, 2003).

Indonesia as a country with a very large population (the largest in Southeast Asia), so that Indonesia has the potential of human resources (HR) is very large in terms of quantity, but in terms of quality is still questionable. So is the case with the Province of Riau.

As the area is rich with abundant natural resources, but is not supported by the Human Resources (HR) quality. It is characterized by the persistence of the population of Riau Province in 2013 who never went to school as much as 2.08%; Elementary School educated as much as 46%; Junior High School 19.62%; Senior Secondary School 25.42%; Academy educated / Diploma II / III 2.01%; and Diploma IV / University (S1 / S2 / S3) as much as 4.09%.

In connection with that, at this stage of the long-term development, the state officials to consistently improve the quality of human resources. The importance of education is reflected in the 1945 Constitution which states that education is a right of every citizen that aims to educate the nation.

Human capital is one of the important factors in the process of economic growth, the quality of human capital economic performance of a country / region is believed to be better (Rokhmani, 2009). Construction of the reference current for Indonesia and other countries in the world, the millennium development or better known as the Millennium Development Goals or MDGs for short. The objectives to be achieved in the MDGs include: eradicating extreme poverty and hunger; achieve universal primary education; achieving gender equality and women's empowerment; reduction in infant mortality / toddler; improve maternal health; controlling HIV/AIDS, malaria, and other infectious diseases; ensure environmental sustainability; and improve the global partnership for development.

The eighth point of the MDGs form a blueprint agreed to by countries worldwide as well as by all the world development agencies. All grains of MDGs is also a manifestation rather than human rights to education, health, shelter, and security (Kompas, 2010).

In pursuit of achieving the MDGs, the provincial government to improve the quality of human resources towards the areas of MDGs in 2015. This reflected the growing budget for the education sector from the year 2008 amounting to Rp. 654 750 000 000, - increased to Rp. 803 250 000 000, - in 2013. One of the goals of the MDGs that have shown progress and expected to be achieved by 2015 (on-track) is the education and health sectors, the indicator is the literacy rate has increased and almost reached the target of 100 percent, as well as the health sector, which is seen from the infant mortality rate in 2008 showed a decrease of 10.5 sbesar to

9.4 in 2013.

Review of Literature

Quality Human Resources

The quality of human resources is related to the quality of human resources itself, both physical and non-physical capabilities. To improve the physical quality can be pursued through programs in health and nutrition, while the non-physical to improve the quality of education and training efforts are most needed. Effort is what is meant by the human resource development (Ndraha, 2002).

Adam Smith (1729-1790) in his book entitled: "An Inquiry Into the Nature and Causes of the Wealth of Nations" (1776) is often shortened to "The Wealth of Nations", stated that the resource is man as the main production factor determine the wealth of nations, and provide policy recommendations that government intervention should not be too much to set the course of the economy. Because Smith believes and strongly supports the motto "Laissez-faire laissez passer", which requires a minimum of government intervention in the economy.

According to Mulyadi (2003), there are at least four key policy in improving the quality of Human Resources (HR), namely: (a) Improved quality of life, including quality of physical, spiritual, and quality of life such as housing and settlements and healthy environment; (B) Improving the quality of human resources productive and equitable distribution efforts; (C) Improving the quality of human resources capable to exploit, develop, and master of science and technology (Science and Technology) environmentally sound; and (d) Development of institutions that includes the institutional and legal instruments that support efforts to improve the quality of human resources.

Human capital formation is the process of obtaining and increasing the number of people who have the skills, education and experience are crucial to the economic development of a country. Hence the formation of human capital associated with investment in human and resource development as a creative and productive. There are five ways human resource development, namely: (i) facilities and health services; (Ii) Training; (Iii) Formal education; (Iv) The program of study; (V) Migration to adjust to employment (Jhinghan, 2004).

In addition, the quality of human resources can be known through the Human Development Index (HDI) or Human Development Index (HDI) than the population of a country / region, based on the value that can describe IPM fourth component, namely (a) the achievement of longevity and healthy representing human development in the field of health; (B) The literacy rate and the average duration of schooling is one of tools to measure the performance of human development in the field of education; and (c) the ability of the purchasing power of a number of basic needs as seen from the magnitude of the average expenditure per capita as the income approach (CBS, 2007).

Human Development Index (HDI) is a composite index that is published annually by the United Nations, (Human Development Report Office), since 1990 that is designed to measure "human welfare" in various countries (Rokhmani, 2009). According to Todaro (2000) one of the most famous new indicator was developed by Morris D. Morris, namely the Physical Quality of Life Index. The composite index consists of three main elements, namely; (I) the level of a person's life expectancy after the age of one year; (Ii) the level of infant mortality; and (iii) the level of literacy.

Education

Education is one of the means to improve intelligence and skills of the population or human resources (Ananta, 1993). Therefore, the quality of human resources is highly dependent on the quality of education. Given the importance of education for every human being, then in the 1945 Constitution states that education is a right of every citizen that aims to educate the nation.

According Sumarsono (2009) function and orientation of education in improving the quality of human resources has been made in a form of policy of the Department of Education in three principal national education development strategies, namely: (1) Equity chance education; (2) Increasing the relevance and quality of education; and (3) improving the quality of management education. To carry out the three basic strategies of educational development, should be seen parts of the national education system in relation to their respective orientations and priorities set out in the plan and development of the education sector.

The starting point of thinking about the orientation of national education are: (1) Educating the life of the nation; (2) Preparing Human Resources qualified, skilled, and professional experts are needed in the process of entering the era of globalization; and (3) Maintaining and developing skills mastery of the various branches of science and technology. Philip Kottler (in Roza 2007) where the research stated that formal education play a strategic role in economic development. Without a good education, stood firm "wall" barriers of economic development efforts, and vice versa.

Health and Infant Mortality

Education and health are fundamental development goals. Health is at the core of the welfare and education is a key point to reach prosperity and a decent life. Both are fundamental to establish the ability of higher human resources which is the core meaning of development, in order to create economic growth and sustainable development (Todaro, 2006).

Health development is based on Law No. 23 of 1992 on health, which defines that health is a state of body, soul and socially to enable more people to live socially and economically productive. Health development aims to raise awareness, willingness, and ability to live a healthy life for everyone in order to realize optimal degree of public health.

The baby's health status is associated with several factors that affect the health of the mother during pregnancy and childbirth, such as the low examinations during pregnancy or antenatal care, low birth process in favor by health workers, and the nutritional status of pregnant women is low. When problems in toddlers during life, among others, the low neonatal visits, or immunization coverage. All of this leads to infant health in Indonesia in general is still low (Senewe, 2006).

UNDP made a criterion of maximum and minimum values achieved for each component of the HDI, as follows:

Table 1: Maximum and Minimum Value IPM component indicators

IPM components	Maximum	Minimum Specification	Information
Life Expectancy (Years)	85	25	Standard UNDP
Literacy Rate (%)	100	0	Standard UNDP
On average Old School (Years)	15	0	UNDP uses <i>Combined gross enrolment ratio</i>
Power purchasing parity (Rupiah)	732.720 ^{a)}	300.000 (1996) 360.000(1999, dst) ^{b)}	Real per capita expenditures adjusted

Source: Central Bureau of Statistics Note:

a) Estimated maximum at the end of PJP II 2018

b) Adjustment of the old poverty line, with the new poverty.

Furthermore, UNDP is also split levels of human development status of a country into several levels, namely: (i) low (less than 50); (Ii) low intermediate (between 50-65); (Iii) medium-high (between 66-70); and (iv) high (70 and above) (CBS, 2013). The infant mortality rate is one of the important indicators to measure the success of a country's development. One reason is because the infant mortality rate is very sensitive to changes in socio-economic conditions of society. The infant mortality rate can be used as an overall population health status and economic conditions in which the population resides (Senewe, 2006: 400).

Millennium Development Goals (MDGs)

Development is an effort towards better physically as well determination of a community to strive malalui series of combination of processes of social, economic, and institutional order to achieve a better life (Todaro 2006). The process of development in all countries should at least have three core objectives, namely: (a) Increasing the availability and expansion of the distribution of various items of basic living needs of society, such as food, clothing, shelter, health and safety protection; (B) Improvement of the living standards of quality; (C) Expansion of economic choices and social for each individual and the nation as a whole.

Millennium Development Goals (MDGs) is the result of an agreement the Millennium Declaration heads of state and representatives from 189 countries of the United Nations (UN), containing eight grains goal to be achieved by 2015. The target is to achieve people's welfare and community development in 2015 (Wikipedia, 2012).

The objectives, targets, and indicators of the MDGs in Indonesia are as follows (IBRA, 2007): Eradicate Extreme Poverty and Hunger, by the way: the proportion of people whose income is less than US \$ 1 per day by half in the period 1990-2015; (2) Achieve universal primary education, by the way: Ensure that, by 2015, children everywhere, boys and girls can complete basic education, including: (a) the net enrollment rate (NER) of primary school / madrasah (7- 12 years old), (b) Net enrollment rate (NER), junior high school / madrasah tsanawiyah (13-15 years), (iii) Literacy rate of 15-24 year olds; (3) Promote Gender Equality and Women's Empowerment, by: (a) Eliminate gender disparity in primary and secondary education by 2005, and at all levels of education no later than 2015; (B) The ratio of girls to boys in primary education level, further and higher, as measured by net enrollment ratio of girls to boys (%); (C) the literacy gender parity index (%); and (d) labor participation rate (TPK) female (%); (4) Reduce Child Mortality, by the way: Reduce infant and under five mortality rate by two-thirds in the period 1990-2015; (5) Improve maternal health, by the way: Reduce maternal mortality by three per angry in the period 1990-2015; (6) Combat HIV / AIDS, Malaria, and Other Diseases, by:

(a) the spread of HIV / AIDS and begin declining number of new cases in 2015; (B) Controlling malaria and started declining number of cases of malaria and other diseases by 2015; (7) Ensure environmental sustainability, by: (a) Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources; (B) the proportion of people without access to safe drinking water sources and sustainable and basic sanitation facilities by half by 2015; (8) Develop a Global Partnership for Development, by: Developing financial and trading system that is open, rule-based, predictable and non-discriminatory.

Demographics (Population)

High quality population will be authorized construction but otherwise would be the burden of development, because it development human resources and deployment of mobility and population distribution among regions needs to be directed and well laid out, in order to have traits and characteristics that can support the development.

Population of Riau Province based on the Population Census of 2010 totaled 5,538,367 people, consisting of 2,853,168 men and 2,685,199 women, increased to 5,929,172 inhabitants in 2012, and by 2013, the population numbered 6,125 Riau .283 soul, consisting of 3,162,525 men and 2,962,758 women, with the largest population education level is never finished school and elementary school, which is about 48.88%; 19.62% junior high school and high school 25.42%, while the population of educated Riau Diploma I / II / III 2.01% and D4 / University of as much as 4.09%. In line with the number of low-educated population, the number of poor people in Riau in 2013 as much as 8.42 percent, and the poverty line of Rp. 350,129.00.

Economy

GDP Riau Province

The economy of a region is largely determined by the potential of its human resources and the ability of the region to take advantage of all the potential of existing resources. The ability of the region to develop the potential of existing resources can be seen from the large contribution of each sector to Gross Domestic Product (GDP). A high GDP growth rate is expected to increase per capita income and standard of living and welfare of the community, due to the increase in total GDP will mean per capita income of the community will also increase.

During the period 2007 to 2013. GDP Riau Province in 2000 constant prices has increased from year to year. In 2007, GDP amounted Riau Province

USD 86,213,259.47 million and rose to USD 91,085,381.82 million in 2008, and rose to USD 93,786,236.59 million in 2009 and so on until the year 2013 GDP Riau Province rose to USD 109,073,137.08 million.

Viewed contribution per sector, the Mining and quarrying sector is the most dominant sector contribution in GDP Riau province, which accounts for 47.56% of total GDP in 2013. While electricity and water supply sector is the lowest sector contribution in GDP Riau Province only 0.22% in 2012.

Table 2: GDP and per capita Regional Income, Including Oil and Gas Riau Province, Year 2007- 2013

Year	GDP Per Capita		Regional Revenue Per Capita	
	At Current Market Prices	On Constant Prices	At Current Market Prices	On Constant Prices
2007	41.957.539,15	17.225.010,04	38.357.582,29	15.747.104,18
2008	53.335.025,61	17.576.117,53	48.758.880,41	16.068.086,64
2009	55.387.362,47	17.479.958,76	50.635.126,77	15.980.178,30
2010	62.412.135,89	17.641.932,81	57.057.174,63	16.128.254,98
2011	72.030.500,22	17.880.133,28	65.850.283,30	16.390.721,94
2012	79.113.401,52	17.931.256,35	72.940.739,42	16.530.980,90
2013	86.560.289,65	18.078.616,28	79.133.416,80	16.527.471,00

Source: BPS Riau Province, 2014

In the table above it can be seen that the domestic Gross Regional Product (GDP) and per capita Regional Income at Current Market Prices of years from 2007 to 2013 showed an increase from year to year. In 2007 GDP per capita of Rp.41.957.539,15 rose to Rp.86.560.289,65 in 2013. While regional per capita income in 2007 amounted to Rp. 38,357,582.29 rose to Rp. 79,133,416.80 in 2013.

Regional GDP and income per capita at constant prices in 2000 is also likely to increase even in 2009 decreased compared to 2008. GDP per capita in 2007 amounted to Rp. 17,405,229.94 increased to Rp.18.078.616,28 in 2013. The same thing is true of the regional per capita income in the province of Riau, which amounted to Rp. 15,911,861.21 in 2007, increased to Rp.16.527.471,00 in 2013.

Education

Education is a process of culture to increase human dignity. Education lasts for life and carried out within the family, school and community. Therefore, education is a shared responsibility, between family, community, government and private.

Percentage of population aged 10 years and over in Riau province according to the highest diploma held in 2013 are as follows: (1) no school leaving 2.08%; (2) Do not Pass Elementary School 19.41%; (3) Primary School 27.39%; (4) junior (General and Vocational) 19.62%; (5) SMU (common) 20.38%; (6) SMU (vocational) 5.04%; (7) Diploma 2.01%; and (8) University / Diploma IV / S2 / S3 4.09%. To measure the quality of education in the province of Riau can also be seen from the average length of school. In 2013, was 8.63 years. This figure shows that the average population of the province of Riau never received a formal education up to grade 3 junior though not finish it (when finishing up at junior level means the average length of school should be worth 9 years). Of the 12 counties and cities in Riau Province, the provincial capital of Pekanbaru City as having the value of the average length of the school year the highest 11.34, this means that residents of the city of Pekanbaru has a formal education up to senior secondary level.

Health

Community health status can be measured by looking at the magnitude of Life Expectancy at Birth (UHH WL). In addition, life expectancy has also become one of the indicators taken into account in assessing the Human Development Index (HDI). Life expectancy is the average forecast additional person's age is expected to continue to live, so in general the life expectancy is the average number of years lived by a person since that person was born. Life expectancy at birth (Eo) Riau province in 2007 was 71.00 years, an increase of 71.85 years in 2013.

Human Development Index (HDI)

Human Development Index (HDI) / Human Development Index (HDI) is a comparative measure of life expectancy, literacy, education, and standard of living for all countries around the world. IPM is indeks combination of three indicators, namely: longevity, as a measure of life expectancy; knowledge that is measured is measured by a combination of adult literacy (weighted three-quarters) and a combined ratio of higher education from primary, secondary, and tertiary (weighted one-third) and decent living standards (decent standard of living) as measured by real GDP per capita which is expressed in purchasing power parity (PPP \$), which shows the quality of comprehensive human economic, education and health. The following achievements components Human Development Index 2007-2013 year by Regency / City in Riau Province.

Table 3: Components of the Human Development Index Riau Province in 2007-2013

Year	Life Expectancy (Years)	Literacy Rate (%)	The average length of school (Years)	Per capita income (in Thousands of Rupiah)
2007	71,00	97,80	8,40	634,11
2008	71,10	97,81	8,51	638,31
2009	71,25	98,11	8,56	642,55
2010	71,40	98,35	8,58	646,63
2011	71,55	98,42	8,63	650,83
2012	71,69	98,45	8,64	654,48
2013	71,73	98,48	8,78	657,26

Source: BPS Riau Province, 2014

In the above table it can be seen that the components of the Human Development Index (HDI) of Riau Province during the period from year 2007 to 2013 did not show any significant increases from year to year. In the years 2007 - 2013 achievements component life expectancy Riau Province 71.00 to 71.73 range. Furthermore, the education component of IPM field measured by literacy rate of year 20107 - 2013 ranged between 97.50 - 98.48, as well as the achievement of the average number of school length only ranged from 8.40 to 8.78. When the achievements of IPM components of Purchasing Power Parity (PPP) with a view pendapatan per capita population, from 2007 to 2013 ranged from 2007 to 2013 ranged Rp634.110,00 up to Rp. 657.260.00

The main target of the MDGs in the education sector is to ensure that all boys and girls everywhere to be able to complete primary education by 2015. Measuring the achievement of this target in Indonesia is also in Riau use the following indicators: (1) The net enrollment ratio (APM) primary schools / madrasah (7-12 years); (2) The net enrollment ratio (APM) junior high school / madrasah tsanawiyah (13-15 years); and (3) Figures hurus Literacy Age 15-24.

Achievement of MDGs in education in the province of Riau on indicators net enrollment ratio (APM) of primary school / madrasah (7-12 years) can be seen in the following table:

DISCUSSION

MDGs Education

The main target of the MDGs in the education sector is to ensure that all boys and girls everywhere to be able to complete primary education by 2015. Measuring the achievement of this target in Indonesia is also in Riau use the following indicators: (1) The net enrollment ratio (APM) primary schools / madrasah (7-12 years); (2) The net enrollment ratio (APM) junior high school / madrasah tsanawiyah (13-15 years); and (3) Figures huruf Literacy Age 15-24. Achievement of MDGs in education in the province of Riau on indicators net enrollment ratio (APM) of primary school / madrasah (7-12 years) can be seen in the following table:

Table 4: Achievement of MDGs for Education in the province of Riau on APM Indicators Primary School / Islamic Elementary School (7-12 Years) Year 2007-2013

Year	Achievement of MDGs Education		
	APM year -SD / MDA (7-12 years)	APM - MP / MT (13-15 years)	A M H (%)
2007	94,80	93,00	97,80
2008	95,04	93,16	97,81
2009	95,52	93,70	98,11
2010	96,67	94,17	98,35
2011	96,52	94,64	98,42
2012	96,81	94,92	98,57
2013	97,14	95,25	98,85

Source: BPS Riau Province, 2014

Net enrollment rate (APM) of primary school / madrasah Elementary (7-12 years) from 2007-2013 increased from 94.80% in 2007 to 97.14% in 2013. The same thing happened in primary school NER / madrasah in Riau Province namely from 93.00% in 2007 increased to 95.25% in 2013.

Net enrollment rate of primary school / madrasah Elementary (7-12 years) is quite good, but it has not reached the MDG target is equal to 100%. In 2013 APM Riau province only reached 97.14%, which means it requires to 2.86% in order to achieve the MDG target of 100%.

Net enrollment ratio (APM) junior high school / madrasah tsanawiyah (13-15 years) has increased and decreased. In 2007 the net enrollment ratio reached 93.70% and experienced a rise in 2008 to 95.25% in the year 2013. When APM High School (16-18 years old) Riau Province has increased from 67.13% to 69, 27% by 2013.

This shows that the achievement of the MDGs in education net enrollment rate indicator junior high school / madrasah tsanawiyah (13-15 years); High School (16-18 years old) that is equal to 100% in Riau province until 2013 can not be achieved, especially for education APM SMA / SMK / MA new mencaapai 69.27% figure, which means that there is less sebesar 30.73 % to be able to achieve the MDGs in 2015.

Correspondingly, the achievements of the MDGs in education in literacy rate indicator (AMH) Riau province is also increasing from year to year. In 2007, the literacy rate of 97.80% and in 2013 the literacy rate of Riau province reached 98.85%, which means that only 1.15% of the population are illiterate Riau or in other words to achieve the targets of the MDGs, namely 100 % literacy rate is only about 1.15%.

From the above description shows that the level of education in the province of Riau has included either. Yet these achievements have not reached the target of the Millennium Development Goals by 2015. Failure education attainment in the province of Riau corresponding MDG target by 2015 is influenced by several factors including: the number of schools and the number of teachers is insufficient and uneven across the district / city, as well as still a lack of qualified human resources educators (teachers) in accordance with the provisions outlined, especially in remote areas.

Health MDGs (child mortality)

To determine the MDG targets in the health sector can be done by looking at the level of achievement in child mortality rates, particularly the decline in infant and young child mortality rate by two-thirds until 2015.

Achievement of MDGs in the field of health (child mortality) in Riau Province on Indicators of Infant Mortality Rate (IMR) per 1,000 live births can be seen in Table 5 below:

Table 5. Achievement of MDGs in the field of health in the province of Riau on Indicators of Infant Mortality Rate (AKB).

Numbers	Year	Number of Infant Mortality Rate (AKB)	Number of live births	Infant Mortality per 1000 live births
1	2007	1.359	115.826	11,7
2	2008	1.348	128.465	10,5
3	2009	1.354	115.686	11,7
4	2010	889	112.851	7,9
5	2011	859	131.897	6,5
6	2012	836	132.563	6,3

Source: Department of Health and Profile Data Processed in 2013

In Table 5 it can be seen that the infant mortality rate (AKB) of Riau Province during the period 2007 to 2012 has fluctuated. In 2007 the number of infants who died of 1,359 people or had a mortality rate of 11.7. There was a decrease in the year 2008 where the infant mortality rate was 10.5 per 1000 live births. In 2009 the infant mortality rate increased to 11.7 but fell to 7.9 per 1,000 live births in 2010, as well as in 2012 the infant mortality rate dropped to 6.3 per 1000 live births.

Assessment indicators to decrease infant mortality by two-thirds in the period 1990 to 2015, then if we set the base year is 2007, then the achievement of the target in order to lower two-thirds of infant deaths in the province of Riau should reach number 4 per 1000 births, Therefore, in 2011 the province of Riau has not been able to achieve the MDG's success in the field of infant deaths where in 2010 the infant mortality rate was 6.5 per 1000 births.

MDG's achievements in the field of health (child mortality) in Riau Province on the indicator Infant Mortality Rate (CMR) per 1,000 live births can be seen in the table below:

Table 6. Achievement of MDGs in the health sector in the province of Riau on Indicators of Infant Mortality Rate (AKBA).

No	Year	Number of Infant Mortality (AKBA)	Number of live births	Infant Mortality Rate per 1000 births
1	2007	178	115.826	1,5
2	2008	103	128.465	0,8
3	2009	216	115.686	1,9
4	2010	636	112.851	5,6
5	2011	634	131.897	4,8
6	2012	612	124.685	4,5

Source: Department of Health and Profile Data Processed in 2013

In Table 6 it can be seen that in 2007 the infant mortality rate (CMR) in Riau province at 1.5 and decreased in 2008 to 0.8. However, in 2009 the infant mortality rate per 1,000 live births experienced an increase to 1.9 and increased in 2010 to 5.6. When in 2012 decreased to 4.5 infant deaths per 1000 live births.

Just as the infant mortality rate, with a base year of 2007, to achieve the MDG target is to lose two-thirds the mortality rate targets to be achieved, namely the 1 per 1000 births. Therefore, target field of child mortality MDGs can not be achieved by the year 2015. It is based on the achievements of the state in 2012, precisely where the child mortality rate increased to 4.5 per 1000 births.

To reduce or minimize child mortality that we can do that by paying attention to child nutrition and immunization programs correctly. One of the health indicators that assessed the success achieved in the MDGs is the nutritional status of children. Nutritional status of children is very useful to know the level of children's health. Malnutrition in children will have a direct impact on child survival, such as illness and even death. The following table on the nutritional condition of children by status in Riau Province.

Table 7. Nutritional Status Toddler Riau Province in 2012

No	Regency / City	Toddler				
		Toddler Weighed	Malnutrition	Adequate nutrition	Good Nutrition	Nutrition More
1	Kuansing	2.697	7	267	2.346	77
2	Inhu	3.696	34	257	3.346	59
3	Inhil	5.063	12	643	4.312	96
4	Pelalawan	6.534	96	316	5.913	209
5	Siak	3.572	38	455	3.034	45
6	Kampar	4.878	38	467	4.253	120
7	Rohul	4.231	31	326	3.752	122
8	Bengkalis	1.657	9	184	1.431	33
9	Rohil	3.561	16	278	3.165	102
10	Pekanbaru	3.067	27	185	2.798	57
11	Dumai	1.559	0	38	1.513	8
12	Kep. Meranti	1.332	0	209	1.103	20
RIAU		41.847	308	3.625	36.966	948

Source: Department of Health and Profile Data Processed in 2013

From Table 7 it can be seen that the nutritional status of Riau Province in 2012 is quite good, where good nutrition in infants reached 36 966 children or 88.34% in the province of Riau nutritional well and amounted to 8.66% or 3,625 children in the province of Riau are on malnutrition. Malnutrition among children under five in the province of Riau in 2012 amounted to 308 children, or 0.74% and better nutrition for children in 948 children, or 2.27%. From the review above we can see that the health in the field of child mortality in Riau province were nice enough but has not reached the expected targets of the MDGs.

Conclusions and Recommendations

- 1) Education: (a) the net enrollment ratio (APM) of primary school / madrasah (7-12 years) has not been achieved Riau Province, where it is required at least 8.33% in order to achieve the MDG's goal in 2015 (target 100%) ; (B) net enrollment ratio (APM) junior high school / madrasah tsanawiyah (13-15 years) 34.02% need to be able to meet the MDGs in the amount of 100%; and (c) indicators literacy rate in 2010 reached 98.42% 1.58% which requires that the objectives of the MDGs can be achieved in 2015 which amounted to 100%.
- 2) Field of Health: (a) To lower two thirds of the infant mortality rate of the base year 2007 to 2015 (expiration MDGs), the targets to be achieved is the number 4 infant deaths per 1000 live births in 2015. Riau Province has not yet reached this target in the year 2012 where the infant mortality rate of 6.4 per 1000 live births; (B) At the under five mortality rate indicator targets to be achieved is the 1 per 1000 live births in 2015. The province of Riau in 2012 has not reached the target where in 2012 the infant mortality rate of 4.8 per 1000 live births; (C) At the indicators of children immunized against measles is good enough where in 2007 alone could reach 95.74%, while in 2012 fell to 92.54%.

Based on the conclusions on the outcome of this study, disaran as follows:

- 1) Education, can be reached by way of: (a) Improving access to the means of teaching and learning infrastructure dn equitably in every region in the province of Riau, especially for poor people in remote areas; (B) Improve the quality of education at all levels / levels, from elementary school (SD) to High School (SMA), which is accompanied by efforts to improve the quality of teaching and learning, through education and training of educators; and (c) Improving the welfare of educators / teachers and education personnel, especially for schools in rural areas that are remote and difficult to reach.
- 2) Health Infants / Toddlers, can be reached by way of: (a) Improving hygienic behavior and healthy for the community; (B) Guidance on matters relating to health should be improved, especially with regard to program exclusive breastfeeding and nutrition for children; (C) Extension of the importance of examination of children (toddlers) and immunization injections at regular intervals, in accordance with the applicable rules (through Posyandu); and (d) To the local authorities are advised to be able to improve the quality of health care facilities, especially for the poor who are in rural areas and / or in remote areas.

References

- Central Bureau Of Statistics. 2008-2012. Riau in Figures 2008-2012.
_____. 2012. Sustainable Development Indicators 2012.
National Development Planning Agency. 2007. Report on the Achievement of Millennium Development Goals Indonesia 2007.
Public Health Office. 2013. Health Profile of Riau Province from 2007 to 2011.
Jhinghan, M.L. 2003. Economic Development and Planning. Jakarta: PT. King Grafindo Persada.
Compass. 2010. Again Soon MDGs. Jakarta.
Mantra, Ida Bagoes. 2004. General Demographics. Yogyakarta: Student Library.
Merwan, Ian King and Nilanjana Roy. As the 2008 Human Development Index Criteria for Optimal Planning.
Mulyadi, Subri. 2003. Economy in the Perspective of Human Resources Development. Jakarta: PT. King Grafindo Persada.
Ndraha, Taliziduhu. 2002. Introduction to the Theory of Human Resource Development. Jakarta: Rineka Reserved.
Rokhmani, Lisa. 2009. Analysis of Indonesian Human Development Index (Investment Education For National Competitiveness).
Roza, Prima. 2007. Education and Human Quality.
BPS Riau Province. Riau in Figures 2014.
Sagir, Soeharsono. 1989. Human Build work. Jakarta: Pustaka Sinar Harapan.

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