

Increasing Socio-Cultural Factors as Effort to Respond the Challenges of National Resilience: A Strategic Study of North Morowali Regency-Central Sulawesi, Indonesia

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Abstract

Community life consists of various aspects in which, between one factor and another, a relationship supports and complements each other. However, there is an important aspect compared to other aspects, namely the socio-cultural aspect. This study uses data analysis with a qualitative-quantitative descriptive approach through the extraction of formulations regarding conditions and developments, as well as issues of socio-cultural development in the North Morowali Regency. Data collection used Focus Group Discussions, which involved the SKPD of North Morowali Regency, which consisted of the Health Office, the Education Office, the Youth and Sports Service, the Social Service, Bapelitbangda, village officials, and local community leaders. The secondary data sources were obtained from reports from the central statistics agency for the regional government of North Morowali Regency. The stages in this study include several stages: The implementation stage of the study which consists of several locations such as the primary and secondary data collection stage, the verification and consolidation stage of input data which refers to the work program of the government of the Republic of Indonesia which contains several indicators of increasing socio-cultural development. The study results and findings have been described in detail in the discussion section of this study, where the conclusions address several factors that need to be improved. Building a sustainable socio-cultural program requires a program planning mechanism organized according to the government's work plan so that there is synergy between the work of the central government and the portion of the regional government.

Keywords: *socio-cultural, policy studies, swot analysis, national resilience.*

1. Introduction

Development in the socio-cultural field is a series of key efforts to improve the quality of life of Indonesian people and society in order to achieve the target, namely the realization of an Indonesian society that is noble, moral, ethical, cultured and civilized, as well as a nation that is competitive to achieve a more prosperous and prosperous society. which, among other things, is shown by the increasing quality of human resources, including the role of women in development. Development in the socio-cultural sector and which includes service areas in the family planning sector and the advocacy and communication, information and education (IEC) sub-sector which includes knowledge and understanding of modern contraceptive methods as well as knowledge of population issues and includes youth development, family development, institutional regulations as well as data and information which are constitutional rights regulated in the 1945 Constitution in article 28 which regulates human rights including family planning. Law No. 52 of 2009 concerning Population Development and Family Development, Law no. 10 of 1992 concerning Population Development and Prosperous Family Development, PERPRES No. 153 of 2014 concerning the Population Development Grand Design. PERPRES No. 62 of 2010. Government Regulation no. 87 of 2014 concerning Population Development and Family Development, Family Planning and Family Information Systems. Law No. 10 of 1992 concerning Population Development and Prosperous Family Development, PERMENKES No. 21 of 2013.

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The development of the socio-cultural sector which includes aspects of health and nutrition, which are constitutional rights regulated in the 1945 Constitution in article 28H and Article 34 paragraph (3) which states that the state is responsible for the provision of proper health service facilities and public service facilities and its derivatives in Law no. 23 of 1992 concerning Health, Law no. 36 of 2009 concerning Health, Government Regulation no. 28 of 2004 concerning Food Safety, Quality and Nutrition, PERPRES No. 42 of 2013 concerning the National Movement to Accelerate Nutrition Improvement, PERPRES No. 35 of 2015 concerning the Ministry of Health, PERMENKES No. 23 of 2014 concerning Efforts to Improve Nutrition, PERMENKES No. 64 of 2013 concerning Health Crisis Management, PERMENKES No. 41 of 2014 concerning Guidelines for Balanced Nutrition and PERMENKES No. 75 of 2013 concerning Recommended Nutrition Adequacy Rates for the Indonesian Nation.

Development in the socio-cultural sector which includes aspects of Education and Culture which are constitutional rights regulated in the 1945 Constitution Article 22D Paragraph (2), Article 28C Paragraph (1), Article 28E Paragraph (1), Article 31 Concerning Education and Culture. As well as various derivatives as in Government Regulation no. 17 of 2010 concerning Management and Implementation of Education and various Ministerial regulations and laws and regulations. Apart from that aspects of the library sector which are regulated in Law No.43 of 2007, Government Regulation No. 24 of 2014 concerning Implementation of Law no. 43 of 2007 concerning Libraries. The development of the socio-cultural sector which includes aspects of youth and sports, which is regulated in PERPRES no. 57 of 2015 concerning the Ministry of Youth and Sports, Kemenpora Regulation No. 30 of 2016 concerning the Strategic Plan of the Ministry of Youth and Sports 2016 – 2019, Kemenpora Regulation No. 5 of 2017 concerning Guidelines for Foreign Cooperation of the Ministry of Youth and Sports. Development in the socio-cultural sector which includes religious aspects which are constitutional rights regulated in the 1945 Constitution in Article 18A paragraph (1), Article 28E paragraph (1), Article 28I paragraph (1), Article 28J paragraph (2), Article 29 paragraph (2), Article 31 paragraph (5), Development in the socio-cultural sector which includes social welfare services which is a constitutional right regulated in the 1945 Constitution Article 33 paragraph (1-5), Article 34 paragraph (1-4) and its derivatives in the Law law No. 11 of 2009 concerning Social Welfare, Government Regulation no. 39 of 2012, Regulation of the Minister of Social No. 184 of 2010 concerning Social Welfare Institutions, Law no. 6 of 1974 concerning Basic Provisions for Social Welfare, Regulation of the Minister of Social Affairs No. 22 of 2016 concerning National Standards for Social Welfare Institutions, Government Regulation no. 43 of 2004 concerning Implementation of Efforts to Improve Social Welfare and Government Regulation no. 42 of 1981 concerning Social Welfare Services for the Poor, Minister of Social Affairs Regulation No. 1 of 2017 concerning Standardization of Social Welfare Education and Training. Government Regulation no. 39 of 2012 concerning Implementation of Social Welfare.

Socio-cultural development which includes aspects of women's empowerment and child protection contained in the 1945 Constitution article 28B paragraph (2) and its derivatives in the Regulation of the Minister of Women's Empowerment and Child Protection No. 19 of 2010, No. 19 of 2011 concerning Guidelines for Women's Empowerment, Regulation of the Minister of Women's Empowerment and Child Protection No. 6 of 2015 concerning the Women's Empowerment and Child Protection System, Presidential Regulation No. 59 of 2015 concerning the Ministry of Women's Empowerment and Child Protection, Minister of Women's Empowerment and Child Protection Regulation No. 2 of 2017 concerning Community Participation in the Development of Women's Empowerment and Child Protection, Minister of Women's Empowerment and Child Protection Regulation No. 9 of 2016 concerning Guidelines for Nomenclature of Regional Devices in the Sector of Women's Empowerment and Child Protection, PERPRES No. 18 of 2014 concerning the Protection and Empowerment of Women and Children in Social Conflict. Regulation of the Minister of Women's Empowerment and Child Protection No. 3 of 2011 concerning Child Participation Policy in Development.

Therefore, everything that includes social and cultural development is a series of efforts to improve the quality of human life to create an Indonesian society that is healthy, educated, has good morals, is moral, ethical, cultured and civilized, and is competitive to achieve a more prosperous Indonesian society. and prosperous. The achievement of these main goals is carried out through the development of the whole human being which includes humans as human beings and development resources. Because the nation's ability to be highly competitive is the key to achieving progress and prosperity of the nation as the main capital in facing the challenges of globalization and as well as the ability to take advantage of existing opportunities. Through evaluation, mapping, and analysis of conditions and developments as well as issues of socio-cultural development that have been carried out so far, thus, the aim and objective of this study is to produce a planning plan that will serve as a guide and reference in preparing work programs and socio-cultural development activities especially for North Morowali Regency which refers to aspects of the work program of the government of the republic of Indonesia. Along with this, by knowing the prospects and needs for socio-cultural development of North Morowali Regency, this study believes that it can develop strategies and policies for socio-

cultural development and formulate programs and activities needed to encourage socio-cultural development of the area. Of course, this study is expected to provide guidelines for local governments, communities and the private sector in planning and implementing more effective, efficient and targeted regional economic development activities specifically for North Moworali district, and in general for all districts/cities throughout Indonesia.

2. Method

This study uses data analysis with a qualitative-quantifiable descriptive approach, through the results of extraction formulations regarding conditions and development, as well as socio-cultural development problems of North Morowali Regency. Data collection used a Focus Group Discussion, which involved the SKPD of north Morowali Regency consisting of the Health Office, Education Office, Youth and Sports Office, Social Service, Bapelitbangda, village officials and local community leaders. The secondary data source was obtained from the report of the central statistics agency of the North Morowali District government. The stages in this study include several stages including: The stage of study implementation consists of several stages such as the primary and secondary data collection stages, the verification and consolidation stages of input data referring to the work program of the government of the Republic of Indonesia which contains several indicators of increasing socio-cultural development (See. Table 1). Next is the data analysis stage using the SWOT analysis approach, the executive summary stage, and the conclusion stage.

Table 1. Elements of Socio-Cultural Development Achievements and Measurement Indicators

Elements of Socio-Cultural Development Achievements	Size Indicator
<p>Indicator 1. Increased Population Development and Family Planning Population Development and Family Planning have an important role in order to improve the quality of human life and society to realize a balanced growing population. With a balanced population, the capacity and support of the environment will be maintained. To realize this, it is necessary to increase the commitment and support of stakeholders as well as increase knowledge and understanding of population issues (including sustainability), family planning, and comprehensive and integrated family development, improvement of services to the community, and effective implementation of laws and regulations.</p>	1. Increased access and quality of birth control services with indicators: Contraceptive dropout rate (%); Percentage of use of long-term contraceptive methods / MKJP (%); The number of <i>unmet needs</i> (%)
	2. Strengthening advocacy and IEC on the Population, Family Planning and Family Development Program (KKBPK), with indicators: PUS presentation that has knowledge and understanding of all types of modern contraceptive methods (%); Percentage of public knowledge about population issues (%)
	3. Increased understanding and awareness of adolescents regarding reproductive health and the preparation of adolescent coaching family life, with indicators: Birth rate in adolescents aged 15-19 years per 1,000 women aged 15-19 years; Median age of first mating of females / maturation of first mating age (years).
	4. Increased family resilience and well-being coaching, with indicators: Percentage of understanding and awareness of parents, adolescents and family members about family functioning
	1. Increasing institutional capacity, strengthening legal foundations and harmonizing development policies as well as population and family planning data and information, with indicators: Increasing institutional capacity for development in the field of population and family planning in the central and regional areas; The availability of a synergistic and harmonious legal and policy foundation between the development of the population sector and family planning and other fields of development; and Increasing the availability and quality of accurate and timely KKB development data and information as well as the use of such data and information for planning and evaluating development results.
<p>Indicator 2. Improving Health Development</p>	1. Improving the health status of mothers, children, family planning, reproductive health, and community nutrition, with

Elements of Socio-Cultural Development Achievements	Size Indicator
The development of public health and nutrition has an important role in improving the quality of human resources. Health development is aimed at improving the degree of health and nutritional status of the community.	the following indicators of thin prevalence of children under five (%) 2. Strengthening efforts of the healthy living community movement and decreasing infectious and non-communicable diseases, with the following indicators: The percentage of cases of diseases that can be prevented by certain immunizations (PD3I) can be lowered (%); Percentage of North Morowali District areas that meet environmental health requirements (%) 3. Increased financial protection, equity and quality of health services, availability, distribution, and quality of medicines and health resources, with indicators: Number of health human resources that are increased in competence (cumulative)
Indicator 3. Improving Education Development	
Education has a very strategic role in national development to achieve a developed, independent, and civilized nation. Education is also a necessary condition for a nation to enter an era of global competition that is full of fierce competition between nations. By seeing the importance of the role of education, the Government continues to make efforts to improve quality education services that are equitable for every citizen, among others through expanding access and equity of educational services, improving the quality and relevance of education, as well as improving the governance of education services..	1. Increasing the level of education of the population over 15 years of age, with the following indicators: The average length of schooling of the population over 15 years (years); Average literacy rate of the population over 15 years old (%) 2. Increased quality and relevance of educators, with the following indicators: Percentage of qualified teachers at least S1 / DIV (%); The percentage of lecturers with educational qualifications is at least S2 (%); Number of scientific publications in reputable international journals (documents); Providing KIP assistance for poor students, with the following indicators: Number of students receiving Education assistance through the Indonesia Printrar program (students); The ratio of AKP SMP/SMK/MA between 20% of the poorest population and 20% of the richness population

3. Result and Discussion

3.1. Socio-Cultural Strategic Issues and Follow-up Efforts

1) Strategic Issues of Population and Family Planning

The population growth rate in North Morowali district shows that population growth is still relatively high with an index of 2.59% for the years 2020-2021. In addition, the growth of the productive age population between the ages of 0-19 years is very high, with an average of 6,500 compared to the average population growth aged 20 - 54 years is in the vulnerable 5,000s. If the handling of population problems is not handled properly, it can result in more strenuous efforts to fulfill basic social services of the population.

2) Achievement of Population Development and Family Planning Indicators

The achievement of the indicators in Table 2 can be seen that the percentage of contraceptive dropout rates in a 2-year period has increased significantly with the average median (middle limit) of birth age in adolescents being at the age of 20.8 years.

3) SWOT Analysis of Population Development and Family Planning

The opportunities that can be created from the existing issues in north Morowali are demographic bonuses and the amount of population growth that is still relatively small for a very large area. However, in the midst of population and

family planning opportunities as an example, the number of adolescents aged 15-24 years who received reproductive health counseling (Kespro), HIV / AIDS related to family planning and population control is still relatively small, namely only 67 adolescents (P. 109 BPS Morut Publication in numbers 20 20) even though the number of couples of childbearing age (PUS) reached 22,026 people. Likewise, the value of active birth control participants reached 1,544 participants (IUD), 868 participants (MOW), 19 participants (MOP), 58 participants (Condoms), Implants (3,807), Injections (8,163), Pills (4,882). So that it can be clearly described in Table 3 about the opportunities and challenges of population and family planning problems in North Morowali District.

Table 2. Achievement of Population Development Indicators and Family Planning

No	Indicator Goals	2020	2021
Increased access and quality of family planning services with indicators:			
1.	• Contraceptive dropout rate (%)	9,83	15,57
	• Percentage of use of Long-term method / MJKP (%)	66,13	63,32
	• The number of unmet needs (%)	24,04	21,11
Strengthening advocacy and IEC on Population, Family Planning and Family Development (KKBPK) programs with indicators			
2	• Percentage of PUS who have knowledge and understanding of all types of modern contraceptive methods (%)	75,96	78,89
	• Percentage of public knowledge about population issues (%)	n.a	n.a
Increased understanding and awareness of adolescents regarding reproductive health and preparation of family life fostering adolescents with indicators			
3	• Age specific fertility rate (ASFR 15-19 years old) - Per 1,000 women aged 15-19 years	n.a	n.a
	• Median female first mating age / maturation of first mating age (years)	20,8	20,8
Increased development of resilience and family well-being with indicators			
4	• Percentage of understanding and awareness of parents, adolescents and/or family members about family functioning (%)	n.a	n.a

Table 3. Analysis of Opportunities and Challenges of Population and Family Planning Issues

Aspects	Chance	Challenge
Demographic Bonus	<ul style="list-style-type: none"> • Early Population Growth • The population growth of productive age is quite competitive • The rate of growth of the elderly population has decreased • Also competitive alienated tribal populations 	<ul style="list-style-type: none"> • Fulfillment of aspects of basic health needs and family planning services must be more integrated and synergize with each other between the health office and the population office and civil registry
Infrastructure	<ul style="list-style-type: none"> • Availability of land that is still very large • Infrastructure development 	<ul style="list-style-type: none"> • Financing health infrastructure development • Access that is not yet fully open • The availability of energy sources to drive infrastructure is still not optimal
HRM	<ul style="list-style-type: none"> • Increased number of HR hires 	<ul style="list-style-type: none"> • Training and competency development that needs to be continuously fostered • Regional conditions are difficult to reach by health workers and opds concerned
Technology and Information	<ul style="list-style-type: none"> • The development of information technology 	<ul style="list-style-type: none"> • Technology utilization is still low • Inadequate application of information technology stemming from difficult access and demographic conditions

Basically, Indonesia's population problem is related to three aspects, namely, quantity, quality and mobility. The population problems above will certainly have an impact on the development of a developing area. Some of the problems that can occur from the aspect of population quantity have an impact on development include, (a) imbalance between population growth and production (food, clothing, housing), (b) development centered on densely populated areas so that social inequality occurs, (c) the emergence of social inequality, (d) the number of unemployed and the emergence of criminals. Meanwhile, from the aspect of population quality, several things occur, such as, (a) education problems include, low mastery of technology and low understanding of the community taking care of development results (public facilities), (b) health problems include, physical development is hampered objects and subjects of development are low, (c) low income and income levels have an impact on, people's purchasing power is low so that the economic field is not well developed, development is only enjoyed by the middle class Over.

Table 4. Analysis of the strengths and weaknesses of population and family planning issues

Aspects	Strength	Weakness
HRM	<ul style="list-style-type: none"> Increasing number of hr hires every year Community empowerment for kb villages has been implemented 	<ul style="list-style-type: none"> Demographic and terrain difficulties for health workers to access village locations
Community	<ul style="list-style-type: none"> The number of couples of childbearing ages is relatively high 	<ul style="list-style-type: none"> Lack of public understanding of the importance of family planning programs The understanding of society that states many children have a lot of good fortune Low participation of men and PUS in birth control programs
Facilities and Infrastructure	<ul style="list-style-type: none"> The availability of adequate facilities has slowly developed 	<ul style="list-style-type: none"> Motivation and work ethic are not optimal Supervision is not optimal
Financing	<ul style="list-style-type: none"> The government ratified the family planning program 	<ul style="list-style-type: none"> The KB planning and budgeting system is not yet fully optimal

4) *Optimization for Population and Family Planning Development Based on SWOT Analysis Results*

In preparing policy directions and socio-cultural development strategies in North Morowali Regency, it is mandatory to consider the direction of national policies and strategies related to socio-cultural development, this is because in the application of laws and policies related to the development of MSMEs, there is a demand for policy synergy between the regional government and the central government, therefore it is necessary to elaborate the direction of national policies and strategies in the field of development. Socio-cultural, the national MSME development policy is directed at increasing the competitiveness of cooperatives and MSMEs so that they can grow into sustainable businesses on a larger scale to support national independence, while the policy direction will be implemented through the following strategies:

- a) Improving the quality of human resources in the field of population and family planning through an increase in the number of recruits caused by the demographic conditions of morowali district, as well as increasing HR competence
- b) Improving the quality of society about the urgency of population and family planning through improving the quality of community understanding
- c) Improving facilities and infrastructure through effective funding
- d) Improving the quality of financing to support programs to improve the quality of services and foster family planning and population issues

5) *Follow-up Efforts for Population Development and Family Planning*

Follow-up efforts in the context of population development and family planning for North Morowali district are:

- a) Strengthening access to equitable and quality family planning and reproductive health services, both in Health and Non-SJSN Health SJSN
- b) Through the provision and distribution of contraceptive devices and drugs (alokon), increasing the use of MKJP, providing medical services for the installation of contraceptives in collaboration with related parties, and providing birth control and reproductive health service facilities and their facilities and infrastructure;
- c) Strengthening advocacy to policymakers and IEC on population (including sustainability), family planning, and family development throughout the region and groups through various media and audiences as well as family planning field workers.
- d) Improving adolescent reproductive health development in the context of maturing the marriage age and preparing for family life, through adolescent reproductive health information and counseling centers and adolescent family development.
- e) Improving the role and function of the family; and
- f) Strengthening effective population institutions (including sustainability) and family planning, among others, through the development of family planning villages, compiling legal foundations and harmonizing development policies in the field of population and family planning, as well as strengthening population and family planning data and information.

3.2. Strategic Issues of Health Development

The problems and challenges faced include the equitable distribution and affordability of health services by health facilities that are not fully accessible to the community, especially related to transportation costs and distances. In addition, the referral system for individual health services in hospitals has not been able to run optimally. The availability, quality, and health supplies are still not optimal and cannot be easily reached by the community. In addition, it was identified, namely the maternal mortality rate (MMR) / neonatal mortality rate (AKN) which is still high, stunting, tuberculosis (TB), non-communicable diseases (NCDs) and complete basic immunization coverage in this case in cases in north morowali district the most diseases suffered by the community are ARI, Gastritis, Essential Hypertension, Gastroenteritis, Hyperruricemia-Goutritis, Obesity, Rheumatoite Atritis, dental caries and Acute Bronchitis.

3.2.1. Achievement of Health Development Indicators

Table 5. Achievement of Health Development Indicators

No	Indicator Goals	2020	2021
1.	Improving the health status of mothers, children, beeplanning families, reproductive health and nutrition of the community with indicators: <ul style="list-style-type: none"> • Prevelence wasting (skinny) toddlers (%) 	n.a	n.a
2	Strengthening efforts of the healthy living community movement and decreasing infectious and non-communicable diseases with indicators <ul style="list-style-type: none"> • The percentage of cases of diseases that can be prevented by certain immunizations (PD3I) can be lowered (%) • Percentage of districts/cities that meet environmental health quality requirements (%) 	58,17	99.80
3	Increased financial protection, equity and quality of health services, availability, dissemination and medicine and health resources <ul style="list-style-type: none"> • The number of health human resources that are enhanced in competence 	85	99

Based on Table 5, It can be seen that overall, there is a very significant increase between the percentage of diseases that can be prevented through immunization, the percentage of municipal requirements that have met environmental health quality standards. This significant increase was followed by an increase in the number of health workers who have competence.

3.2.2. SWOT Analysis of Health Development

Health development is a key investment in the development of Indonesia's human resources. Health development is basically an effort to increase everyone's awareness, willingness, and ability to be able to behave in a healthy manner to achieve the highest degree of public health. To realize this, it is necessary to plan health development that is systematic, directed, integrated and comprehensive, and it requires the involvement of various sectors and all components of the nation in its implementation. One of the efforts to optimize and accelerate the work and contribution

of various sectors in the implementation of health development programs needs to be held a communication forum involving stakeholders across sectors. In essence, health development that was originally curative and rehabilitative is now more directed at promotive and preventive health efforts. For this reason, efforts are needed to strengthen the three pillars of health development, namely: Healthy Paradigm, Strengthening Health Services and National Health Insurance. Especially in the first pillar of the healthy paradigm, it is implemented through two approaches, namely: 1) The Family Approach where the activities are fully carried out by the health ranks, especially at the Puskesmas level and 2) the Healthy Living Community Movement (GERMAS) where activities are not only carried out by health ranks, but also across sectors. GERMAS Healthy living activities are focused on three activities: 1) doing physical activity, 2) eating vegetables and fruits, 3) checking health regularly. The implementation of GERMAS must be carried out by all levels of society, and across sectors, both local governments, the private sector, the business world, community organizations, and the community, to jointly contribute to realizing a healthier society. So that it can be clearly described in Table 6 about the opportunities and challenges of population and family planning problems in North Morowali District.

Table 6. Analysis of Health Issue Opportunities and Challenges

Aspects	Chance	Challenge
Infrastructure	<ul style="list-style-type: none"> • Availability of land that is still very large • Infrastructure development 	<ul style="list-style-type: none"> • Financing health infrastructure development • Access that is not yet fully open • The availability of energy sources to drive infrastructure is still not optimal
HRM	<ul style="list-style-type: none"> • Increased number of HR hires 	<ul style="list-style-type: none"> • Training and competency development that needs to be continuously fostered • Regional conditions are difficult to reach by health workers and opds concerned
Technology and Information	<ul style="list-style-type: none"> • The development of information technology 	<ul style="list-style-type: none"> • Technology utilization is still low • Inadequate application of information technology stemming from difficult access and demographic conditions
Environment	<ul style="list-style-type: none"> • Pollution Levels that are still very low 	<ul style="list-style-type: none"> • The biggest pollution from mining and palm oil industry activities
Financing	<ul style="list-style-type: none"> • Health financing is largely borne by the State Budget 	<ul style="list-style-type: none"> • The use of BPJS and other health financing facilities is not optimal

The problem of equity and improving the quality of services is inseparable from increasing the reach and expansion of health services, including health development in remote areas and border areas. The implementation of health care efforts in remote areas including borders often experiences obstacles due to the difficulty of the terrain. The absence / lack of transportation facilities, communication, and dependence on the seasons makes the operational costs of health services very expensive.

Table 7. Analysis of the strengths and weaknesses of health issues

Aspect	Strength	Weakness
Service	<ul style="list-style-type: none"> • The availability of health services from both medical and treatment service providers • There is an increase in the number of patients who decide to use medical personnel instead of non-medical personnel • The level of public trust in medical personnel has increased 	<ul style="list-style-type: none"> • Some forms of service have not optimally met the service SOP • Specialist doctors are still limited • Still lack of regional hospitals

Aspect	Strength	Weakness
HRM	<ul style="list-style-type: none"> Leaders who are highly committed will bring changes in both hospitals, both changes in HR performance and hospital services. Human resources, both medical and non-medical, are friendly so that patients increase 	<ul style="list-style-type: none"> Limited medical personnel specisilis makes the service not optimal
Finance	<ul style="list-style-type: none"> Getting a source of funds from the government in the form of APBD Receive sources of services from the hospital both from general patients, cooperation and other acceptances that are allowed 	<ul style="list-style-type: none"> The allocation of the results of the acquisition of public services has not been optimally distributed Existing budgets are still centralized based on priority scales
Facilities and Infrastructure	<ul style="list-style-type: none"> Have adequate facilities and infrastructure 	<ul style="list-style-type: none"> Large but uncultivated land The number of service rooms is still minimal Maintenance of facilities and infrastructure is still not optimal

Optimization of Health Development Based on SWOT Analysis Results

- Improving the quality of health services through optimization of SOPs for hospital and puskesmas services.
- Improving the quality of servants through the recruitment of health workers in this case doctors
- Improving service quality through the addition of health facilities.
- Improving the quality of health services through effective indicative funding to support health facilities and infrastructure.

3.2.3. Health Development Follow-up Efforts

Follow-up efforts in the context of Health development for North Morowali district are:

- Accelerating the fulfillment of access to quality maternal, child, adolescent, and elderly health services;
- Improve access and quality of family planning and reproductive health services;
- Accelerate the improvement of community nutrition;
- Improving disease control and environmental health;
- Improving access to quality basic health services;
- Improving access to quality referral health services;
- Increase availability, affordability, equity, and quality
- pharmaceuticals and medical devices;
- Increase the effectiveness of drug and food control;
- Improve the availability, deployment, and quality of health human resources;
- Increase the promotional and preventive efforts of the Healthy Living Community Movement;
- Strengthening management, research and development, and health information systems;
- Strengthening the implementation of SJSN in the health sector; and
- Develop and improve the effectiveness of health financing.

3.3. Strategic Issues of Education Development

The high level of education does not reduce the high unemployment rate. Problems arise from the level of inputs, processes, to outputs. These three levels are intertwined with each other. Inputs affect sustainability in the learning process. The learning process also affects the output results. Furthermore, the output will continue to input in a higher level of education or enter the world of work, where theory begins to be put into practice. The results showed that the

school environment in Indonesia is not yet child friendly. He gave an example, it can be seen from the rampant violence in schools, both physical and not physical.

3.3.1. Achievement of Education Development Indicators

Table 8. Achievement of Education Development Indicators

No	Indicator Goals	2017	2018
1.	Increasing level of education aged over 15 years with indicators:		
	• The average length of schooling of residents over the age of 15 years	9	10
	• Average literacy rate of the population over 15 years old (%)	80	80
2	Increased quality and relevance of educators		
	• Percentage of qualified teachers at least S1/DIV (%)	100	100
	• Percentage of lecturers with minimum education qualifications of S2 (%)	n.a	n.a
	• Number of scientific publications in reputable international journals	n.a	n.a
3	Providing KIP assistance to poor students		
	• Number of students receiving Education assistance through the Indonesia Pintar Program	n.a	n.a
	• SMP/MTs APK ratio between the poorest 20% of the population and the richest 20% of the population	104,83	96,79
	• SMA/SMK/MA APK ratio between the poorest 20% of the population and the richest 20% of the population	79,70	91,49

Table 8 can be seen that the achievement of development indicators in the field of education has increased significantly starting from the average length of schooling for residents over 15 years old, the percentage of qualified teachers at least S1, the ratio of pure participation rates for junior and vocational school students which has increased, but it can also be seen that there is no data on the percentage of quality lecturers in education at least S2 and the number of scientific publications in international journals.

3.3.2. SWOT Analysis of Education Development

Table 9. Analysis of Educational Development Opportunities and Challenges

Aspects	Chance	Challenge
Infrastructure	<ul style="list-style-type: none"> • Availability of land that is still very large 	<ul style="list-style-type: none"> • Financing education infrastructure development • Access that is not yet fully open • The availability of energy sources to drive infrastructure is still not optimal • The lack of school buildings in each village
HRM	<ul style="list-style-type: none"> • Recruitment of competent teaching staff has been implemented 	<ul style="list-style-type: none"> • Training and competency development must be sustainable
Financing	<ul style="list-style-type: none"> • Regional and Private Allocation Fund 	<ul style="list-style-type: none"> • Financing is still a priority scale • Difficulty to collecting funds sourced from corporate CSR
Regulation	<ul style="list-style-type: none"> • Has been regulated in the law regarding primary, secondary and upper education 	<ul style="list-style-type: none"> • Difficulty to apply rules for society for upper secondary education
Supporting Facilities	<ul style="list-style-type: none"> • The opportunity to improve supporting and supporting facilities is very large through the involvement of the government and mining companies 	<ul style="list-style-type: none"> • Lack of optimized cooperation involving the government and mining companies

The form of education consists of three, namely: Formal, Non-Formal and Informal Education. A formal education is certainly an organization based on the legality of the law and related regulations in the context of its implementation.

This formal education consists of three levels, namely elementary, middle, and high school levels. The formation of an organization is one of the implementers of formal tiered education. Many things must be considered, support from various parties, a managerial system to regulate the sharing of things, as well as relevant policies to improve the quality of formal education that is tiered.

Table 10. Analysis of the strengths and weaknesses of education issues

Aspects	Strength	Weakness
Mindset	<ul style="list-style-type: none"> The learning process begins to grow and develop reasoning power 	<ul style="list-style-type: none"> Learning is still active one-way and conventional
Learning Model	<ul style="list-style-type: none"> Has the potential to develop an ICT-based learning process 	<ul style="list-style-type: none"> Not all teachers are able to facilitate technology-based learning Not yet equipped with ICT-based learning facilities
Infrastructure	<ul style="list-style-type: none"> The existence of school facilities starting from the elementary-high school level Potential for university development 	<ul style="list-style-type: none"> Uneven development in all villages for schools, especially at the pre-school level Not optimal child-friendly school facilities
Research	<ul style="list-style-type: none"> Potential for the development of research related to Education 	<ul style="list-style-type: none"> Not optimal community-based research for the field of Education The results of research have not been applied in north morowali district for the field of education

3.3.3. Optimization of Education Development Based on SWOT Analysis Results

Efforts to optimize the development of education can be taken through the improvement of adequate infrastructure starting from the availability of energy and the opening of good routes / access. In addition, HR support also influences efforts to optimize the Education sector in northern Morowali Regency so that to overcome this, it can be achieved through 2 ways, namely recruitment that is carried out properly and measurably and increasing competence through vocational and non-vocational training or development. To support this, the role of regulation also plays an important role so that regulatory support that has a positive impact is needed. The achievement of performance indicators in the field of education is inseparable from the support of learning model facilities and infrastructure which aims to stimulate thinking power and change the thinking patterns of students.

3.3.4. Education Development Follow-up Efforts

Follow-up efforts in the context of education development for North Morowali district are:

- 1) strengthening the implementation of 12-year compulsory education to ensure that school-age residents get more equitable quality education services, including through:
 - a) continuing the provision of educational assistance for school-age children, especially from underprivileged families through the Smart Indonesia Program;
 - b) provision of tuition fee assistance for students and students
 - c) improvement of educational infrastructure in the regions and
 - d) fulfillment of the needs of secondary education units based on efforts to fulfill SPM, taking into account the availability of equivalent types of education units in the same area.
- 2) improving the quality of learning and academics, among others through strengthening quality assurance, strengthening a credible and comprehensive education assessment system, managing education unit-based education, implementing curriculum and character education, and regional contextual learning;
- 3) improving the quality and equity of teachers and education personnel, among others through the distribution and equity of educators, education and training of educator competencies, assessment of educator performance, and certification of educators;

- 4) improving the quality of the Educational Personnel Education Institution (LPTK) as an institution responsible for teacher education (pre-service and in-service) to produce quality teachers through Teacher Professional Education (PPG);
- 5) improving the equitable distribution of quality higher education services and increasing the relevance of higher education;
- 6) increasing the competitiveness of higher education through strengthening the capacity of universities as centers for the development of science and technology and driving the application of technological innovations in various fields of development;
- 7) improving the quality of research and development results in areas of excellence;
- 8) improving access and quality of early childhood education (ECCE), as well as encouraging the implementation of holistic integrative ECCE;
- 9) improving the quality of community education, among others, through education and training in work skills and entrepreneurship, literacy education, and equality education;
- 10) improving the quality and application of citizenship education to foster a national spirit, strengthening tolerance and respect for sociocultural diversity, and increasing understanding and practice of values and responsibilities as good citizens;
- 11) improving the quality of content and learning process of religious education to cultivate a person of noble character, tolerance, and mutual respect among followers of different religions;
- 12) improving the quality of religious education services;
- 13) increase the expansion of the application of child-friendly school (CFS) principles to all educational units; and improve the effectiveness of the utilization of education budgets at the central and regional levels, and encourage increased regional commitment in the delivery of quality education services.

4. Conclusion

Building a sustainable socio-cultural program requires an organized program planning mechanism according to the Government's work plan so that synergy occurs between the work of the central government and the portion of local government. Based on the results of the analysis of determining the strategy for improving the socio-cultural aspects of the people of North Morowali district which will later be used as a basis in the strategy process of increasing the dignity and dignity of the community from all aspects, the strategy resulting from this analysis will later be derived in a planned development program and based on the study of existing socio-cultural development policies. As an effort to further improve the competitiveness of the human resource development index in North Morowali Regency, there is a need for improvement in various fields such as population and family planning, health education, youth and sports, religion, culture, gender mainstreaming and women's empowerment as well as protection of human resources..

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