

Reducing Maternal and Infant Mortality in Indonesia



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[Photo: Indonesian mother and baby.]

In the world view of people in many Indonesian villages, the placenta is seen as a connection between the baby and the powers that protect it for long-term growth and development. In Central Java, it is handled carefully and, in a simple ceremony, buried under the roof of the house. Trained health staff and many of their foreign advisers in Indonesia, on the other hand, discard the placenta as waste.

[Gustaaf Sevenhuysen](#), a professor at the [University of Manitoba](#), encountered these markedly different perspectives while studying the nutrition of pregnant and lactating women in Indonesia. For Dr Sevenhuysen, part of a team of Indonesian and Canadian researchers supported by the International Development Research Centre (IDRC), understanding such opposing world views is an essential step in improving health communication and, ultimately, the health of mothers and their babies.

Appropriate setting

Indonesia is an appropriate setting for such research because maternal mortality is higher there than the regional average in Southeast and East Asia. Dr Sevenhuysen attributes this to a variety of factors that differ between urban and rural areas. They include: poor supplies of equipment and drugs in some areas, untrained traditional midwives who face problem deliveries on their own, a failure to realize when a pregnancy or delivery is becoming high-risk, and problems transporting emergency cases to centres with adequate support. As a result of culture, tradition, habit, and lack of knowledge about alternatives, women may expose themselves and their children to risk by not eating enough while pregnant, following diet restrictions after delivery, failing to recognize symptoms of danger, or taking traditional herbal remedies.

During the last decade or so, the Indonesian government has tried to improve the health and nutritional status of mothers and babies, but maternal and infant mortality rates are still high. In this context, Dr Sevenhuysen and his partner, [Dr Mahdin A. Husaini](#), of the Nutrition Research and Development Centre in Bogor, Indonesia, began their research in 1992. (The team also included the late Dr Jopie Wangania and Dr Arena Dharmayanti, anthropologists both). Their tasks were to examine women's behaviours related to nutrition and infant feeding, determine the nutritional

status of pregnant and lactating women, prepare advice on avoiding nutritional problems, and test the effectiveness of this advice in communicating with people in villages. The ultimate goal was to help reduce the risk of low birth weight, and maternal and infant mortality.

Six communities

Based on studies conducted in six communities of Central Java and Western Java, the research team found that women's use of health-related services was influenced by cost, ability to pay, experience in previous pregnancies, sense of obligation to informal providers, and influence of family and neighbours. Moreover, they found differences in behaviours related to the use of health services compared to those related to infant feeding. In the former case, access to information and concerns about money were stronger influences, whereas in the latter case, the opinions of family and friends weighed more heavily. The fact that women's motivations are different for distinct behaviours suggested that these differences need to be reflected in the design of preventive services or health promotion activities.

Building on their results, the team designed a series of interventions informed by the motivations underlying women's behaviours. For example, although colostrum is rich in protein, highly nutritious, and full of antibodies that stimulate the immune system, some mothers regard it as 'dirty'. They would prefer to follow tradition and feed newborn infants honey or coffee. Rather than simply counter tradition, a message was shaped for health staff that allows mothers to feed their newborns some honey or coffee — but only a taste on the lips — followed by the mother's colostrum, which will better guarantee the infant's well-being. Thus, cultural needs are answered and health prospects are improved.

Referral system

In addition, the team introduced a referral system whereby women consult their traditional health providers or volunteers, known as *Kontak ibu*, who refer them to other health specialists as the situation warrants. These referrals are recorded so that everyone knows who the women have consulted in both informal and formal health services. By accepting a referral from an individual they trust, the women gain access to more health information.

"We've created a service that is as much controlled by the women in the villages as it is by the health staff," says Dr Sevenhuysen. Women now accept more health advice from the Ministry of Health, they choose the recommended behaviours more often, and they seek more information independently from a variety of sources. The results include better understanding of the causes of ill health, more appropriate responses to illness, and increased contacts with health staff following childbirth.

Evidence of success

Dr Sevenhuysen clearly recalls when he first realized that the project was succeeding. "I visited a sub-district health centre where information sessions had taken place two months earlier without my attendance. The doctor running the centre, who had not realised the extent of my involvement, started explaining how very beneficial the proposed service was for the women in the community. Having someone with knowledge of management skills, medical skills, and responsibility for outreach by staff telling me that the new service offered the missing piece in the delivery of services meant more than other milestones. The obvious ownership of the process meant that an ultimate goal had been achieved: I had worked myself out of a job."

He believes that the relatively low cost of providing this type of service, as well as its positive health impact, explain why some district political leaders are already expressing their support in public. Although project funding ended more than 18 months ago, despite the economic crisis in Indonesia, *Kontak Ibu* are still delivering services in a number of communities and pregnant women are looking for service and support.

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Related Reading

"Mapping food choice as a technique to obtain reliable descriptions of usual diet." Gustaaf P. Sevenhuysen PhD and Ursula Gross PhD. (article submitted for publication.)

"Strategies Indonesian women use to ensure the health of their children." Gustaaf P. Sevenhuysen , Allison Tuffs, Jan Trumble-Waddell, Ursula Gross and Mahdin A. Husaini (submitted for publication)