Indonesia: Facing the Challenge to Reduce Maternal Mortality

- The maternal mortality ratio in Indonesia is an estimated 390 per 100,000 live births, which is the highest in the Association of Southeast Asian Nations (ASEAN) region.
- Many of the deaths—from hemorrhage, infection, and hypertensive diseases of pregnancy—are preventable. Indonesia's women die because they, their families, and those attending their deliveries fail to recognize or act promptly and appropriately when complications of pregnancy arise.
- A commitment to reduce maternal mortality has been high on the agenda of the Government of Indonesia since 1988, when the president launched the Safe Motherhood Initiative.
- The World Bank has been a leader in promoting and supporting efforts to improve maternal health in Indonesia and today is the largest single source of external assistance for safe motherhood.
- The Indonesian program is addressing the following key elements:
  - Adopting a demand-driven approach to change the behavior of providers and women and their families and communities.
  - Focusing on village midwives to increase access to safe motherhood services. The challenge now is to ensure the sustainability of the village midwife.
  - Improving the quality of family planning and maternity care services by strengthening the performance of the overall district health system.
  - Promoting partnership and collaboration between the public and private sector to attain better services for all.

Complications of pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in Indonesia. Yet much of this loss and suffering is preventable. The most effective interventions are attendance at delivery by providers trained in midwifery skills and prompt diagnosis and treatment of complications. Investment in pregnancy and safe delivery programs can reduce maternal death and disability, contribute to the well-being of families and the community, and ultimately improve human capital development and opportunities for economic growth.

This Watching Brief summarizes key government initiatives to strengthen safe motherhood in Indonesia, and the World Bank's support for these activities.

Why such a high level of maternal deaths?

Indonesia has made impressive gains in community health and nutrition during the past 25 years. Health and family planning programs have substantially reduced infant mortality from 145 per 1,000 live births in 1967 to 46 per 1,000 live births in 1997. The family planning program contributed to a dramatic reduction of the fertility rate from 5.7 in the late 1960s to 2.8 in 1997; by 1997, according to the 1997 Demographic and Health Survey (DHS), more than 57 percent of married women used contraception. Although almost 90 percent of women receive some care during pregnancy and delivery, 77 percent still deliver at home and only
about 40 percent are attended by a trained provider. (figure 1) Maternal mortality remains unacceptably high at 390 per 100,000 live births (Indonesia Central Bureau of Statistics 1994).

Within Indonesia regional variations in maternal death and disability range from 150 per 100,000 live births in Yogyakarta to more than 1,000 in parts of Eastern Indonesia. Although the medical causes of death are hemorrhage, infection, and hypertensive diseases of pregnancy, many Indonesian women die because they, their families, and those attending their deliveries fail to recognize or act promptly and appropriately when faced with complications.

There are many reasons why Indonesia’s health care system has not responded adequately to women’s maternal and reproductive health problems generally, and to the high level of maternal mortality specifically. Both the supply of maternal health care and the demand for such services need to be improved simultaneously to have lasting impact, and quality must be enhanced as well (Behrman and Knowles 1998). The Ministry of Health has improved the supply of modern health care providers. Quality and utilization are up as well, but quality is often inadequate at both the community and referral levels. A key reason for underutilization of maternal health services is the lack of information at the individual, family, and community levels. This is due to a complex set of issues related to cultural norms, perceptions about the health sector, and price constraints.

A study in West Java indicates that facilities lacked blood supplies and essential drugs and that staff were unmotivated to provide quality care. The study concludes that most deaths resulted from medical mismanagement of cases after hospitalization.

The experience of the MotherCare Project in South Kalimantan shows that utilization can be improved through a community-oriented information, education, and communication strategy that complements improvements in the quality of care. Efforts to address demand-side factors, particularly at the family and community levels, where decisions about health care behavior are made, can influence the willingness to seek care when complications arise (MotherCare/Indonesia 1997).

**What the Safe Motherhood Program has achieved**

Indonesia’s National Family Planning Program, established in the early 1970s, has contributed to improving the health status of women. A renewed political commitment to reduce the burden of disability and death related to pregnancy and childbirth has been visible in Indonesia in recent years. In June 1988 the president announced the Safe Motherhood Initiative, and in 1991 the Ministry of Health established a national strategy to accelerate the reduction in maternal mortality. In 1994 the Indonesian delegation returned from the International Conference on Population and Development in Cairo and launched a new series of initiatives and commitments for comprehensive efforts to improve maternal health.

Early government initiatives to reduce maternal mortality included strengthening the partnership between traditional birth attendants and village midwives and establishing maternity huts. When neither of these actions achieved the desired results, the government initiated an accelerated midwife training program in 1993 to place more than 54,000
village midwives (bidan di desa) in almost every village in the country. The village midwives are hired on three-year renewable contracts to work in villages throughout Indonesia. They are often the primary source of basic health care and maternal and child health care in the village.

Although access to maternal care has improved, several challenges to the program's success remain. First, the quality of training was compromised as a result of the emphasis on quantity and the push to get trained midwives into the villages. Second, there is real concern about the commitment of many of the young village midwives, who are reluctant to stay in remote areas. Third, there is still uncertainty about the long-term viability of the program, which depends on the villages to sustain the services of the midwife. Field studies in Nusa Tenggara Timor, Maluku, South Kalimantan, Irian Jaya, and West Java have indicated the extent of this problem.

How the World Bank has supported safe motherhood

World Bank lending has been a major source of external financing to Indonesia in the health, population, and nutrition sector. The early focus of the World Bank's support was on family planning, basic health care, and nutrition services. More recently, the Bank has supported maternal health programs. The most recent Country Assessment Strategy for Indonesia includes maternal mortality as one of the human development indicators for assessing improvements in inequality and poverty reduction.

Three projects to improve maternal health

Three World Bank-financed projects in particular aim to improve maternal health as part of a strategy of poverty alleviation and economic growth. The Fifth Population Project, completed in 1997, focused on improving the quality of family planning services. It was the first Bank-financed population project to go beyond fertility reduction and address broader reproductive health interventions, including support for the training and deployment of 16,000 village midwives in 13 of Indonesia's 27 provinces.

The Third Community Health and Nutrition Project supports the decentralization of health care services and the development of provincial programs in safe motherhood, infant and child health, and nutrition. The project assists provincial and district efforts to strengthen community maternal health services by training village midwives, strengthening district referral systems for maternity care, and establishing transportation and communication systems to provide village midwives in remote areas with direct radio contact to health centers and district hospitals. In addition, the project introduced maternal and perinatal audits to evaluate maternity care and investigate maternal deaths.

The third project is the Safe Motherhood Project, which takes a partnership and family approach to improve maternal health.

The Safe Motherhood Project: a partnership and family approach

In 1997 the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health launched the World Bank-financed Safe Motherhood Project. The project builds on other Bank-financed projects in health and population to meet the basic health needs of the poor and underserved groups, especially women. The Safe Motherhood Project offers Indonesia the opportunity to:

- Address critical issues related to the supply of and demand for family planning and maternal health care services.
- Strengthen the partnership between the BKKBN and the Ministry of Health and between the public and private sectors to better meet the reproductive health care needs of women.
- Test innovative activities to develop more effective and sustainable safe motherhood programs.
- Address diversity in local needs and conditions by adopting district and province-specific interventions.

To increase the demand for services, the project takes into account the social, cultural, and economic determinants of safe motherhood and develops a client orientation to improve services. Supply-side interventions include increasing district capacity to
provide maternal health services—from the home to the district hospital—by improving the clinical and counseling skills of health providers and strengthening the referral system.

The project continues the Bank's support for family planning but uses a more client-centered approach. This component of the project aims to increase the range of information available to clients about contraceptives and increase access to a full range of high-quality contraceptive services, including counseling and management of side effects.

Key features of the project are the sustainability of the village midwife and a focus on demand-driven safe motherhood activities and the quality of services.

**Village midwife sustainability.** The government’s decision to place village midwives in underserved villages is a key element in the battle to reduce maternal mortality. However, while progress has been good, supply- and demand-related obstacles—ranging from low retention rates for midwives to weak demand for midwife services—keep the program from becoming self-sustaining. The obstetric skills of village midwives are being improved through competency-based training to ensure that normal deliveries are safe and complications are appropriately managed. Pilot interventions include targeted performance-based contracts to compensate midwives for providing a clearly defined package of services to the poor as well as a more limited set of public health services to the entire village. Other schemes include the establishment of group practice models and franchised clinics. In some areas the role of the village midwife may need to be redefined to include a wider range of health, nutrition, and family planning services. More financially viable approaches may need to be provided to retain the village midwife in some communities. The project design also includes support for emergency obstetric care to poor women (figure 2).

**Demand for maternal health care services.** Maternal and reproductive health care services will be underutilized unless there is strong demand for services. Through the project Indonesia’s successful information, education, and communication program for family planning is being expanded to encompass a broader-based reproductive health care focus. The project will provide the consumer with information to make the right choices and provide health providers with the right incentives to provide quality services. Well-informed consumers can take more responsibility for their own health by seeking care during pregnancy and delivery, continuing contraceptive use, or seeking counseling for adolescents. Communication campaigns range from disseminating information to families and communities about danger signs in pregnancies to mobilizing the community to support maternity health care, including providing transportation for emergency referrals and marketing the services of the village midwife.

**Quality of family planning and maternal health care services.** Although Indonesia has achieved substantial gains in increasing contraceptive prevalence and reducing fertility, several challenges remain, such as increasing the quality of family planning and maternal health services. Enhancing technical skills through competency-based training for midwives, improving the counseling and interpersonal skills of service providers, and increasing client choice of methods and awareness about side effects are especially important.
Measuring progress in safe motherhood

Experience has shown that few performance indicators are effective for assessing progress on safe motherhood initiatives. Some, such as the ratio of midwives to population, are too general and provide little useful information. Others are more precise, such as the maternal mortality ratio, but the necessary data are difficult and expensive to collect. The Safe Motherhood Project employs three key indicators to measure performance in maternity care:

- The percentage increase in deliveries assisted by village midwives or other trained providers.
- The percentage of complicated births attended by a village midwife or by other trained providers at the health center or district hospital compared with the expected number of complications.
- The percentage increase in knowledge about danger signs and other maternal health conditions.

Maternal and perinatal “audits” are used as a kind of verbal autopsy to determine the causes of death—both medical and non-medical. These reviews trace events from the health facility back to the community in an effort to uncover the medical, institutional, and sociocultural factors that led to the mother’s death. A good maternal and perinatal audit involves health providers and members of the community and seeks to identify avoidable factors and to educate health providers and the community about these factors.

Baseline surveys were designed to gather information on maternal health and family planning on the utilization and the quality of family planning and motherhood services and on adolescent reproductive health to assess knowledge, attitude, and practices of adolescents and their families. A midterm review and several special evaluation surveys will be used by the government and the Bank to monitor and evaluate project activities.

Lessons to guide future activities

The Government of Indonesia and the World Bank have learned much about what is needed to develop a more effective and sustainable safe motherhood program, based on experiences with family planning and maternal health care activities over the past decade. Several key lessons emerge from this recent experience in safe motherhood:

- **High-level government commitment is important to program success.** A high level of political commitment was one of the main factors behind the success of Indonesia’s family planning program, and a similar commitment to safe motherhood is essential to achieve substantial and sustained reductions in maternal mortality.

- **Programs must address both supply and demand factors.** Research and experience in Indonesia have indicated the need for simultaneously improving both supply and demand factors in health care services. The village midwife program has shown that increasing the number of village midwives will not have the desired impact if women are not motivated to use their services.

- **Delivery of safe motherhood services requires access to quality maternity care from the community to the referral level.** The effectiveness of safe motherhood services depends on the organizational and institutional capacity of the district health care system, including a community-based family planning and maternal health care system and referral system linked to a health facility that is capable of providing emergency obstetric care.
• Understanding the labor market structure as well as the motivations and incentives of health care workers is critical. The Indonesian program is piloting a number of activities aimed at improving the sustainability of village midwives and creating incentives for them to provide services to the poor.

• Partnership and collaboration between the public and private sector should be promoted. An effective reproductive program requires institutional linkages between family planning and health ministries, in coordination with ministries responsible for women's affairs, religion, and education. In addition, the private sector plays an important role and should be taken into account in the design of the program.

As Indonesia moves into the next century, there will be increasing demands to improve the overall performance of the health care system through health sector reform and the decentralization of health care services. The challenge for Indonesian policymakers and health care providers will be to ensure that the reproductive health needs of a diverse population are adequately addressed in a decentralized health care system.

References


MotherCare Matters. 1997 MotherCare/Indonesia. 6 (4): 16-23

