Reachout
Linking Communities & Health Systems

BARRIERS TO SKILLED BIRTH CARE IN 16 VILLAGES IN SOUTHWEST SUMBA AND CIANJUR DISTRICTS, INDONESIA

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BACKGROUND

Indonesia is a diverse country with a population of 237.5 million spread over 17,500 islands. Providing maternal health services to this widespread and diverse population is challenging and is an important public health issue.

The estimated average maternal mortality ratio (MMR) stands at 190 deaths per 100, 000 live births in 2013, with a lower limit of 120 and an upper limit of 300 per 100,000 live birth. Achieving the 2015 Millennium Development Goal target of MMR reduction to 102 deaths per 100,000 live births remains a challenge.

Three important health initiatives were started in the latter half of the 20th century to bring health services closer to the community with aim to reduce the high MMR:

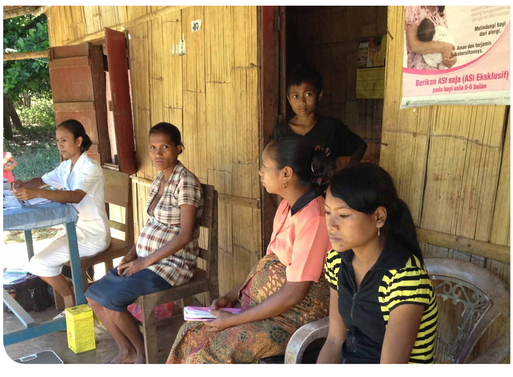
- The Community Health Centres known as Puskesmas
- The Village Midwife Programme (VMP)
- The Community-integrated Village Health Service known as Posyandu

These initiatives were to provide integrated preventive, curative and health promotion activities, particularly mother and child health services to rural communities.

These programmes had an impact on MMR, yet MMR in Indonesia is persistently higher than any other South-East Asian country. We conducted a qualitative study in two districts to find out the factors contributing to low attendance at health facility for childbirth which is thought to contribute to the high MMR.

METHODS

We conducted a total of 110 semi-structured interviews and 7 Focus Group Discussions (FGDs) amongst informants in 8 villages in Southwest Sumba, a predominantly Christian district and 8 villages in Cianjur, a predominantly Muslim district. In each district we selected two subdistricts: one with good maternal health indicators and one with poor indicators. We further selected 4 villages per sub-district: one which is close (10 km or less) to the sub-district health centre and performing well, and one performing poorly in maternal health. Likewise, we chose villages that were far (approximately 10–12km or more) from the subdistrict health centre, with one in each sub-district performing poorly and one performing well. We explored the views of close-to-community maternal health care providers and other community members on the barriers to skilled birth attendance. The informants included village midwives/nurses, Posyandu kaders (village health volunteers), Traditional Birth Attendants (TBAs), mothers and husbands, village heads and district health officials.



FINDINGS AND DISCUSSION

We found numerous common barriers to low attendance at health facility for childbirth in both Southwest Sumba and Cianjur:

- TRADITIONAL BELIEFS
- THE LACK OF RESPONSIVENESS OF HEALTH SERVICES AND STAFF TO LOCAL TRADITIONS AND PRACTICES
- DISTANCE TO HEALTH FACILITY
- COST OF TRAVEL INCLUDING INDIRECT COST SUCH AS LACK OF ACCOMMODATION AND MEALS TO ACCOMPANYING FAMILY MEMBERS

"THOUGH THE COST OF DELIVERY IN HEALTH FACILITY IS FREE, FOR MOTHERS WHO LIVE IN A REMOTE VILLAGE, EVEN IF THE MOTHER WANT TO DELIVER IN THERE, THE FAMILY USUALLY CONCERNED ABOUT THE COST FOR TRANSPORTATION, ACCOMMODATION AND FOOD FOR THEIR FAMILY." (SSI, VILLAGE HEAD, SOUTHWEST SUMBA)

"MY WIFE GAVE A BIRTH IN THE NIGHT AND THE MIDWIFE WAS NOT THERE AT NIGHT, AND THERE WAS NO TRANSPORTATION, SO SHE FINALLY GAVE BIRTH AT HOME ASSISTED BY THE 'PARAJI' (TBA)." (FGD, MEN, CIANJUR)

The limited presence of midwives in their assigned village and difficulties in contacting them at the onset of labour were also reported by community informants as what hindered the use of midwives at childbirth. Moreover, the presence of TBAs in close proximity at the time of childbirth, ease of contact and their adherence to traditional practices such as the "massage", provision of hot water baths after birth and prayer recitation were major factors influencing preference for TBA care during pregnancy, delivery and post-delivery.

"'PARAJI' (TBAS) ARE FIGURES WHO ARE CONSIDERED AS ELDERS HERE. MANY VILLAGERS TRUST THE 'PARAJI' AND WON'T GO ANYWHERE ELSE. 'PARAJI' ALSO STAY THERE CONTINUOUSLY, WHILE THE MIDWIVES DO NOT. COMMUNITY TEND TO CONSIDER THE 'PARAJI' AS A MOTHER." (SSI, VILLAGE MIDWIFE, CIANJUR)

"SHE (TBA) IS GOOD. SHE HELPS THE LABOUR IN THE PREGNANT WOMAN'S HOUSE, SO IT COULD BE IN THEIR OWN ROOM, THE ROOM'S DOOR IS CLOSED. SHE LETS THE PREGNANT WOMAN WEAR A SARONG, THEN WHEN THE WOMAN IS ABOUT TO PUSH THE BABY OUT, SHE RECEIVES THE BABY WITH HER HANDS, THEN SHE CUTS THE UMBILICAL CORD. SHE ALSO PROVIDES HOT WATER FOR BATHING AND MASSAGE AFTER DELIVERY." (SSI, MOTHER, SOUTHWEST SUMBA)

In several villages in Cianjur, there are already different levels of partnerships between village midwife and TBAs. This could be strengthened to improve referral of mothers-to-be from TBAs to village midwife and increase skilled birth care. Low health facility delivery, the presence of numerous barriers to skilled birth attendance, and the preference for TBA services are important factors that influence the high MMR in the country.

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REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia

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