

Cultural Approach for Maternal Mortality Reduction in Indonesia; Need of Unusual Business Intervention

by Indah Lestari

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Cultural Approach for Maternal Mortality Reduction in Indonesia; Need of Unusual Business Intervention

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ABSTRACT

Contents: Maternal mortality becomes a complicated issue in Indonesia even in the world. Various programs and policies have been implemented, ranging from safe motherhood, maternal movement, making pregnancy safe, to the GOLD program. Nevertheless, the decline target has not been achieved. **Issue:** Indonesia, Maternal mortality is still high, 305 per 100,000 born alive. There are various points of concern which the factor of the cause of death from year to year is relatively fixed, the distribution of each province with coverage rate exceeds the target average. Visits on medical services were also high (average performance above 79%). It means that even if health services have been provided, there are basic factors that need to be explored about the difference in distribution results in each region. Also, the maternal mortality and infant mortality causing factors, almost always the same from time to time, while strengthening Government rules and policies have been increasing. We need to examine, that there are important things that we must control for community empowerment to be a solution for the reduction of MMR in Indonesia. **Lessons learned:** Indonesia is an archipelago, where each region has different local wisdom. To be able to reduce maternal mortality and infant mortality in Indonesia, health workers must be able to manage the program in the right way. A cultural approach to bargaining power in efforts to achieve the reduction of maternal mortality and infant mortality in Indonesia.

Keywords: Maternal mortality, Cultural approach, Business intervention

INTRODUCTION

The success of maternal health efforts, of which can be seen from the indicator of Maternal Mortality Rate (MMR). This indicator is not only able to assess the maternal health program, moreover able to assess public health degree in general. Currently, the high maternal mortality rate (MMR), is a unique problem in some countries. Data WHO (2015), Maternal Mortality Rate in the world that is 289,000 in habitants. Every day there are 830 maternal deaths as a result of complications of pregnancy and childbirth. Of the 830, 550 occurred in Saharan Africa and 180 in South Asia, compared to 5 in

developed countries.¹ In Indonesia, MMR was 305 per 100,000 live births.^{2,3}

Various implementation of the program continuously strive to decrease MMR. One of them is Safe Motherhood, with four pillars of family planning, antenatal care, clean and safe service and essential obstetric services. In addition to safe motherhood, Indonesia has also added other strategies as its supporters. Such as the launching of the mother affection movement, Making Pregnancy Safer (MPS), and the Expanding Maternal Neonatal And Survival program⁴. All of the above programs have been followed by strategic planning and other policies, such as the improvement of health personnel resources, education levels, facilities, facilities, partnerships, funding and maternal health care models.^{5,6,7} Even though the program has been massively implemented in Indonesia, the target of achieving MMR reduction in Indonesia has not been evenly per province.² This needs to be examined more in-depth.

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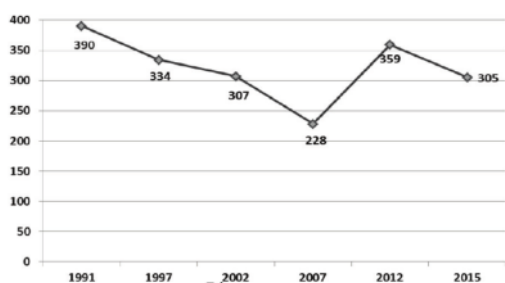
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Differences in the characteristics, culture and local wisdom in each region, need to be responded by health workers in the provision of health services. Officers must have the knowledge and skills to manage individuals with cultural differences and collaborate with professional actors. Transcultural theory, in this case, becomes a collaborative strategy that supports the achievement of the goal of maternal safety efforts.^{4,8}

ISSUE: MATERNAL MORTALITY RATE IN INDONESIA, A PERSPECTIVE

The success of maternal health efforts, among them, can be seen from various indicators of MMR, as shown in the table below:



Source: BPS-SDKI, 2016

Figure 1. MMR in Indonesia (1991-2015)

It appears that the targeted achievement of MMR decline in Indonesia has not been realized, target 2015 102 per 100,000, which reached MMR 305 per 100,000.

Table 1. The Causes of Maternal Mortality in Indonesia in 2010 to 2013

Causes of Maternal Mortality	Percentage in Each Year			
	2010	2011	2012	2013
Bleeding	1.46%	1.30%	1.25%	1.25%
Hypertension	0.88%	1.00%	1.09%	1.13%
Infection	0.21%	0.21%	0.21%	0.29%
Prolonged Labor	1.00%	0.04%	0.05%	0.00%
Abortion	0.17%	0.17%	0.05%	0.00%
Miscellaneous	1.33%	1.34%	1.42%	1.67%

Source: DG of Public Health, Ministry of Health, Republic of Indonesia, 2016

Factors that cause maternal mortality in Indonesia,

relatively fixed, but the data describes the decrease in the percentage of causes is not much, just some of the causes have increased, including other factors other, that it can mean many things. Not only management, but it could be behavioral or environmental factors.

TRADITIONAL BELIEF ABOUT MATERNAL CARE

The period of pregnancy and delivering a baby is an important event that is strongly related to the beliefs and culture of society. Although women in Indonesia are highly committed to accessing maternal services, they also continuously practice traditional cultural practices such as diet during pregnancy, activity restrictions during the postpartum and parenting periods based on the culture of their parents⁹.

The results of in-depth study through interviews and observations in the community against traditional beliefs, various aspects of maternal women under taken during the maternal period are still based on cultural values.

Positive motivation to follow traditional belief

During the period of pregnancy and childbirth, women trust certain foods passed down through generations as a good thing. One woman said “drinking soda causes contractions and danger to the fetus,” another says “fish and meat make milk so fishy and make the baby lazy to drink.” And they still follow the tradition.

Afraid if not follow the beliefs and traditions

Although many women in the period of pregnancy, childbirth, childbirth have visited health workers such as Posyandu, and have received information from midwives on health care, they still follow the existing tradition. For example about rituals, they say “feel comfortable if you have put a talisman (like a rock, scissors) on the baby.” They are afraid that the night without the baby’s charm will be fussy and get a negative aura. They believe that if they do not follow the traditional ritual, there must be something in themselves and the baby. Amulets are considered to have more benefit and feel secure.

Feel more comfortable with “Taraji” than a midwife

For them, the “paraji” is kind, patient and more experienced than the midwife. “Paraji” is still widely used outside of Java island, even they collaborate with

midwives in implementing a four-handed policy in the handling of childbirth. Some women say “feel safe and calm if they are assisted by a “paraji” with a midwife during her labor.” For them, the “paraji” better understand the process and be patient, in communication or help the delivery. One woman said “I was assisted by a midwife at home during labor, but the “paraji” were here with me, and beforehand the paraji had massaged my stomach so that the baby would come down immediately.” “Paraji” also later that will care for and bathe my baby at the beginning of birth.”

The natural birth impulse

Some mothers say that “paraji” are more patient waiting for babies to come than midwives. Often midwives do episiotomy for the baby to be born, and sometimes the midwife is impatient to take other actions when soon the baby is born. One mother said “I do not like the experience of giving birth at the clinic or hospital, so I trust the “paraji” in delivering a baby.” I also do not want people to think anything negative during my labor if I give birth at the hospital.

Midwives are safer than “paraji” (use of medical standards)

Some women have used professional health services. One woman said “The paraji waited so long until my baby was born, it made me anxious about the unclear situation,” He waited and did not wonder if I still had the energy or not. But a midwife gave me an intervention to strengthen my energy; they gave me infusion if I did not get into labor soon. One woman said, “my midwife member is injected if my labor is long, it gives me peace and feel safe for me.” One woman said “paraji” pay less attention to sterile, sometimes they use strange and traditional tools, not even wear gloves.”

In principle, trust and culture are still an important part of maternal services. The practice of paraji is still an option in society spread all over Indonesia. Women feel their culture, values, and beliefs in their way. Sometimes good, generally accessible and practiced in life. Beliefs about health during pregnancy are followed by traditional beliefs, and they are relatively suggestive. They are convinced that their destiny will be lived, and believes tradition is also part of prayer¹⁰.

TRANSCULTURAL-CULTURE COMPETENCE, AN INITIATIVE- COLLABORATIVE

The framework of the nursing model is scientific and humanistic. It means that although medical development is more professional. We are still obliged to pay attention and make room for the existence of a culture that has been rooted in the community. Culture is the human mindset, a system of ideas, actions, and works in the life of society that belongs to man. Culture is the value of life, assets and lifestyle that is the very decisive view of life and health ^{11,12} Culture determines how the behavior of one’s health, perspective and actions of individuals when having health problems. In line with the Transcultural theory of Leininger, that in providing nursing care to the client, the nurse must first have knowledge of the worldview of the dimension and culture and social structure. It influenced by seven factors, namely technology, religion and philosophy of life, social factors and kinship, lifestyle, politics, economy, and education.^{8,13}

The implications of the transcultural theory, if studied in depth, align and strengthen the foundation of safe motherhood is the empowerment of women. Pregnancy and birth are important events that can not be separated from the beliefs and cultures that exist in the community, and each region has a different cultural characteristic. Women’s empowerment is a key strategy that reinforces women’s capacity to make decisions for themselves and their families. The importance of developing trust in relationships between officers and communities, beliefs and traditions, determines the policy and strategy of maternal-child health services through cultural modification and behavioral change.^{14,15}

Leininger, in his theory, states the strategy is directed to the appreciation of cultural differences and transform such differences as the potential and strength in achieving the degree of health, through three things: 1). Culture care preservation, cultural retention, if not conflict with health, Planning is tailored to the relevant value that the client has. 2). Culture care accommodation, helping clients adapt to a culture that is more beneficial to health, 3). Culture care repatterning, if the culture possessed harm the client’s health status.^{8,16,17}

The strategy is not easy, to ensure that cultural modification can be an alternative solution for the strengthening of safe motherhood programs and policies,

the officer must have the ability to work effectively against cultural differences through awareness of detail, specific knowledge, skills, professional respect for cultural attributes¹⁸. A collaborative initiative between transcultural and cultural competence is a solution and strategy that will strengthen the safe motherhood implementing in reducing MMR.

Various characteristics of cultural competence that must be possessed by the officer are 1). Culture sensitivity (recognizing and valuing clients' perceptions, beliefs, values) Looking at clients with the understanding that they have a pattern of life, habits, self-defense mechanisms of the problem, as well as cultural behavior. The officer should able through a process of study and good communication, habits, variations in life, attitudes and ways of managing their health problems. Health workers should not under estimate the client regarding the value held about health issues), 2). Culture knowledge (The importance of health workers equip themselves with anthropology-related knowledge, how humans differ in character, the value of life, habits, patterns of relationships, health system support and health behaviors in the community). Officers must understand how patients perceive and address health problems the cultural base it embraces), 3). Cultural empathy (cultural awareness, in managing modification of care interventions) Officers should be able to develop emotional control, feel care and empathy for clients' health problems Feeling emotional involvement in managing client issues in the community) 4). Culturally relevant relations (considering the background culture in establishing client-care professional relationships. The officers are required to minimize disease complications caused by the influence of cultural values, deepening the client culture as a benchmark of their health processes and programs, as well as making the client culture a part of the intervention care planning and management) 5). Culturally appropriate health care delivery (the ability of health workers in the cultural selection, primarily the adoption of alternative medicine based on a deeply rooted community belief, but not contrary to medical, it is essential to avoid treatment conflicts and make appropriate treatment cultures as treatments), 6). Cultural guide (Health worker should be able to guide solution when cultural factors become part of health problem. Sometimes we need to breakdown the positive or negative truth of healthy sick culture Officer must have the potential of insight in studying and deciding the

cultural issue, and propose relevant thinking including changes in the mindset of the community).^{19,20,21}

Developing a trusting relationship between officers and the public is vital. Traditional beliefs should be discussed together among health workers, policymakers and program planners in enhancing their understanding of how to develop strategies for improving midwifery services. Maternal knowledge of pregnancy complications is a priority for women, but it makes them aware of a danger signal as a strategy to avoid complications is the main thing. In Indonesia, maternal mortality decline is not enough to implement government programs and policies. However, health personnel should be able to manage the program by understanding and conducting specific approaches in each region in Indonesia. Cultural approach and knowledge of cultural competence can be a promising opportunity in achieving the reduction of MMR in Indonesia

LESSONS LEARNED

It was concluded that to be able to reduce the maternal mortality and infant mortality in Indonesia; it is not enough to implement various programs and policies that have been determined by the government. However, health workers must be able to manage the program in the right way. By the paradigm of nursing maternities "Family-centered," then the educational approach to bargaining power to achieve the reduction of the maternal mortality and infant mortality in Indonesia.

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