HAS THE SAFE MOTHERHOOD INITIATIVE BEEN EFFECTIVE IN REDUCING THE MATERNAL MORTALITY RATE IN INDONESIA?

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Abstract: Indonesia has had a high level of maternal mortality for a long time. The MMR in Indonesia accounted for approximately 400 deaths per 100,000 births in the early 1990s; almost three-quarters of women gave birth not in health care centres and the number of women who delivered without skilled birth attendants was almost two-thirds ³. After twenty years of implementation, the Indonesian government believes that the Indonesian safe motherhood initiative has been effective in reducing MMR in Indonesia. Before the International Safe Motherhood Initiative had been implemented in 1987, the maternal mortality rate was over 450 deaths per 100,000 live births⁴. The recent data from Indonesia Demographic Health Survey in 2002 showed that Indonesia’s MMR had fallen to 307 deaths per 100,000 live births⁵. The safe motherhood initiative not only reduces the MMR but also stimulated the growth of several indicator of maternal health in Indonesia. In the future, if these indicators keep increase, it is highly likely that the Indonesian MMR will fall dramatically. The first indicator is the percentage of women delivering with skilled birth attendants. In Indonesia, it increased gradually from roughly 35% in 1988 to 72% in 2002⁶. The second indicator is the proportion of villages with access to a midwife. The Indonesian government launched a village-based midwife programme in 1989 as a support for the Safe Motherhood Initiative. The third indicator is the contraceptive prevalence rate which increased from 50.5% in 1992 to 54.2% percent in 2002⁷. Based on the relevant indicators mentioned above, such as the presence of skilled birth attendants, family planning and village-based midwives, it can be asserted that the Safe Motherhood Initiative has been effectively implemented in reducing Indonesia’s MMR.

Keywords: The Safe Motherhood Initiative, Maternal Mortality Rate, Indonesia

INTRODUCTION

189 country leaders signed the millennium declaration namely the Millennium Development Goals (MDGs) in 2000. It consists of eight goals against poverty worldwide. One of the targets is to reduce the Maternal Mortality Rate (MMR) by three quarters by 2015 (Sweetman, 2005)¹. The World Health Organisation gives an estimation that annually 585,000 women will die in 150 million deliveries and most of it (over 98%) take place in developing countries.² (Patel, 2006). To overcome this problem, every government should invest in maternal health because it provides long-term benefits for their families, communities and countries. One cost effective investment is the Safe Motherhood Initiative (SMI). According to the report by the World Bank Development” (in Rashid et al, 2007) in 1993, “SMI was the most cost effective strategy for low income countries”. However, some people argue that SMI is not an effective intervention in reducing the MMR and they are not even certain that global maternal mortality levels have declined in the past decade to any significant degree³ (Shiffman, 2003). The same condition also occurs in Indonesia with the implementing of SMI as a part of health programmes since 1988 but the MMR of Indonesia is still high at 307 deaths per 100,000 live births⁴ (SEARO, 2006). Some health experts claim that SMI has failed to reduce the MMR in Indonesia.

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This essay will argue that the International Safe Motherhood Initiative has been effective in reducing the MMR in Indonesia. Many maternal health indicators which are related to delivery in Indonesia have shown an improvement since the implementation of SMI.

This essay will first discuss the Safe Motherhood Initiative. Then, it will present the argument as to why it is effective to reduce Indonesia’s MMR. Finally, it will discuss several factors which contribute to maternal death and give some suggestions to reduce maternal mortality.

THE INTERNATIONAL SAFE MOTHERHOOD INITIATIVE

An international conference on safe motherhood was held in Nairobi, Kenya, in 1987 supported by The World Bank, WHO and UNFPA. Raising the awareness of the effect of maternal morbidity and mortality was the aim of this conference. The result of this conference was a declaration of global commitment to reduce the number of maternal deaths by half by the year 2000, which was signed by international organizations, NGOs and country representatives.

Most developing countries have subsequently adopted The Safe Motherhood Initiative since the highest rate of maternal mortality happened in these countries. Under the Safe Motherhood Initiative, countries have developed strategies to reduce their maternal mortality and morbidity. The adoption of the Safe Motherhood programme has varied among countries. Several actions are included in it, such as “providing family planning services, providing post-abortion care, promoting antenatal care, ensuring skilled assistance during childbirth, improving essential obstetric care, and addressing the reproductive health needs of adolescents.”

Indonesia has had a high level of maternal mortality for a long time. The MMR in Indonesia accounted for approximately 400 deaths per 100,000 births in the early 1990s; almost three-quarters of women gave birth not in health care centres and the number of women who delivered without skilled birth attendants was almost two-thirds. Therefore, soon after the Safe Motherhood Conference, Indonesia embraced this programme in 1987 and divided it into 4 sub programmes: family planning, antenatal care, safe delivery with the presence of skilled birth attendants and essential obstetric care.

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The Indonesian government has realized that investments in improving mother’s health will bring a lot of advantages not only for themselves but also for the health of the infant and entire households in particular, societies and nations in general. As mentioned previously, based on the report from the World Bank in 1993, one of the most cost-effective interventions to maternal health is the Safe Motherhood Initiative. This is because the amounts of money which are invested in the safe motherhood programme are very small compared to its benefits to the women, families and nations. Furthermore, Greene and Merrick (in Rashid, 2005) contend that a woman’s death threatens her family’s life and that of the community. Her family loses not only the income which comes from the mother’s salary but also unpaid contribution to the household labor.

In 1988, the implementation of the International Safe Motherhood Initiative gained strong political support from the government. For the first time in Indonesia’s history, the reduction of the maternal mortality rate was included in the national development plan. The government...
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wanted to reduce the ratio from 450 to 340 between 1988 and 1993 (Shah and Sudomo in Shiffman, 2003). Another support came from the ministry of women’s role (now the ministry of women empowerment) with the launching of the “Gerakan Sayang Ibu (the movement to cherish mother)” in 1996. This programme aimed to raise public attention to protect women’s rights particularly in health. In 2000, under the spirit of a new health paradigm, the Indonesian health ministry launched a Making Pregnancy Safer Programme as a continuation of the Safe Motherhood Initiative.

After twenty years of implementation, the Indonesian government believes that the Indonesian safe motherhood initiative has been effective in reducing MMR in Indonesia. Before the International Safe Motherhood Initiative had been implemented in 1987, the maternal mortality rate was over 450 deaths per 100,000 live births. The recent data from Indonesia Demographic Health Survey in 2002 showed that Indonesia’s MMR had fallen to 307 deaths per 100,000 live births. The safe motherhood initiative not only reduces the MMR but also stimulated the growth of several indicator of maternal health in Indonesia. In the future, if these indicators keep increase, it is highly likely that the Indonesian MMR will fall dramatically.

The first indicator is the percentage of women delivering with skilled birth attendants. In Indonesia, it increased gradually from roughly 35% in 1988 to 72% in 2002. WHO (in Patel, 2006) believes that one of the most effective actions to prevent maternal deaths is the present of skilled attendants at birth because they can identify the danger signs at birth, take an action to prevent birth complication and refer women to a higher level of medical institution. However, Hull (in Smyth, 1994) argues that Indonesia’s safe motherhood program ignores traditional health practices and the role of father, families and communities because it relies too much on the top-down delivery of professional services. It is might be true to some extent, nonetheless, Rochjati (2008) rejects this, pointing out that the Indonesian government has made ongoing programmes which involve the role of families and communities in order to make sure that every woman delivers in the presence of skilled birth attendants. The first programme was the “Gerakan Sayang Ibu” in which the government mobilized the communities and health providers into three primary activities: “recording of pregnant women, giving assistance as delivery approached and the designation of certain hospitals for safe motherhood services,” in 1996. This programme was modified in a practical way in 2003 and called “Suami SIAGA” with the purpose of involving the husband in safe motherhood; the husband has to be prepared, to transport and to guard his wife during and after delivery. Another programme was the training of traditional birth attendants so they can work together with the village midwives to perform safe delivery.

The second indicator is the proportion of villages with access to a midwife. The Indonesian government launched a village-based midwife programme in 1989 as a support for the Safe Motherhood Initiative. As a result, by the end of 1997, almost 96% of Indonesian villages had access to a midwife, up from approximately 17% in 1988. However, Shankar et al (2008) found that as a result of hastening the production and placement of midwives, some village midwives lacked clinical training and experience, which limited their ability to manage birth complications. Later in their evaluation, Shankar et al also suggest that the strong commitment of the government to improve midwives’
skills through training and a series of assessments can deal with this weakness in the programme. In fact, Indonesian Government already realized this weakness and by 2007, had imposed a new policy to standardize midwives' competencies through certification.

The third indicator is the contraceptive prevalence rate which increased from 50.5% in 1992 to 54.2% percent in 2002. Family planning has a positive correlation with maternal health, which means that the increase in the number of contraceptive acceptors will lead to a decrease of maternal deaths specifically those which are caused by unsafe abortion due to unwanted pregnancy. In Indonesia, women who die because of abortion complications account for around 11%. Smyth (1994) identifies the influence of family planning on maternal mortality in Indonesia and gives both views toward it. On one hand, family planning is an important programme to reduce the MMR because it can avert births, prevent high-risk pregnancies, and reduce the demand for unsafe abortion (Measham and Rochart in Smyth, 1994). On the other hand, family planning tends to dominate the Indonesian health programmes.

Based on the relevant indicators mentioned above, such as the presence of skilled birth attendants, family planning and village-based midwives, it can be asserted that the Safe Motherhood Initiative has been effectively implemented in reducing Indonesia’s MMR. Although the reduction is not significant, it does not mean that Safe Motherhood has failed to reduce MMR in Indonesia but that there are several other factors that also contribute to maternal death. The first factor is poverty which leads to the low socioeconomic status of women and poor nutrition. Patel (2006) argues that poverty of a nation or a family is very difficult to tackle and if a woman comes from a poor family it will be difficult for her to use health care. Secondly, certain traditions cause a barrier for women to get adequate maternal health care services. For instance, in Sampang, Madura Island, women are forbidden to deliver outside the home. Thirdly, many women in Indonesia have a low level of education, particularly those who live in rural areas and remote islands. It is the assertion of Senanayake (1998) that women will bring a lot of benefit both for themselves and their families if they are educated. They are more likely to reap all the advantages of safe motherhood programme in that they will have a better understanding to maintain their pregnancy and the health of their newborn.

Finally, to achieve the Millennium Development Goals in reducing maternal mortality rate to 125 by the year 2015, the Indonesian government should implement several strategies in order to make motherhood safer. Regional Health Forum WHO South East Asia Region recommends four strategies to reduce maternal morbidity and mortality.

“The first is to improve access to and coverage of cost-effective and quality maternal and neonatal healthcare. The second is to build more effective partnerships through cooperation of programmes, institution and partners. The third is to empower women and families by improving their knowledge of and attitudes towards health behaviour. The fourth is to involve communities in the provision and utilization of available maternal and neonatal health services.”

CONCLUSION
In summary, despite the disappointingly slight decrease of MMR in Indonesia during over twenty
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years of the implementation of Safe Motherhood Initiative, this programme is still the most cost effective program to reduce Indonesia's MMR. Several health programmes under this Initiative, such as the presence of skilled birth attendants, family planning and the village-based midwives show a good achievement in promoting maternal health. If this condition continues and the Indonesian Government adopts WHO-SEARO's strategies, there is a strong probability that maternal mortality in Indonesia will reduce substantially in the following years.

BIBLIOGRAPHY