

MotherCare

TRIP REPORT

CENTER FOR CHILD SURVIVAL, UNIVERSITY OF INDONESIA

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Abbreviations

IEC	Information, Education, Communication
KAB	Knowledge, attitude, behavior
TBA	Traditional Birth Attendant
UI	University of Indonesia
USAID	United States Agency for International Development

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Executive Summary

MotherCare Senior Communications Advisor Kim Winnard (Manoff Group) traveled to Indonesia August 18 - 29, 1992 to work with in-country MotherCare/Manoff Consultant Carrie Hessler-Radelet to provide additional assistance to (1) the Tanjungsari Project Team to develop an IEC strategy to promote community use of birthing huts; and (2) the Indramayu Project Team to monitor the progress of promoting the use of iron folate tablets.

Tanjungsari:

Winnard and Hessler-Radelet worked with the Tanjungsari project team to formulate messages and a strategy to promote Polindes (birthing huts). The meetings went extremely well, with the project team fully participating in four full days of sessions; Dr. Anna Alisjahbana, the project's principal investigator, and Dr. James Thouw's continual presence was extremely fulfilling and enlightening. It was a very participatory exercise; the project team (1) designed a tight, comprehensive but practical and, more importantly, manageable campaign; (2) developed their campaign's messages; and (3) sketched the initial artwork (Yudi Nugraha, the Tanjungsari Project Field Coordinator happens to be an excellent artist).

It was only after the project team considered the realistic limitations of drawing, pretesting and printing the booklets, posters and action cards and planning and implementing a community-based launch and campaign that a previously targeted October 1 launch date was reconsidered and re-set by the project team for late October (e.g., October 29/November 1).

Recommendations:

The Tanjungsari project team, with technical assistance from Manoff consultant Carrie Hessler-Radelet, commit its time and resources to implement their IEC campaign in a timely fashion.

Indramayu:

Winnard, with Hessler-Radelet, visited the Project Team at the University of Indonesia and then visited Indramayu to review the progress of monitoring the project's initial impact on pregnant women's knowledge, attitude and practices concerning the consumption of iron folate tablets.

Discussions with the project team focussed on the perceived status of the project's printed counseling cards by the intended primary users--midwives, kaders, traditional birth attendants.

Recommendations:

The project team will be conducting further orientation with midwives regarding the utility of the counseling cards, emphasizing that the cards are meant to be used with clients and were designed more for the benefit of the clients' education than for the "re-education" of midwives. Midwives should also encourage and motivate the kader and TBAs they work with to properly use the counseling cards. Continued practice in the use of the counseling cards as well as the concept and practice of two-way dialogue between TBA and client would be instituted during the TBAs' monthly meetings with clinic staff.

With respect to all monitoring activities, the project team should analyze already collected data from surveys and interviews so as to keep up-to-date reports on the impact of the project.

MotherCare Senior Communications Advisor Kim Winnard (Manoff Group) traveled to Indonesia August 18 - 29, 1992 to work with in-country Manoff Consultant Carrie Hessler-Radelet to provide additional assistance to (1) the Tanjungsari Project Team to develop an IEC strategy to promote community use of birthing huts; and (2) the Indramayu Project Team to monitor the progress of promoting the use of iron folate tablets.

I. TANJUNGSARI

A. Background

The University of Padjadjaran initiated a MotherCare Project in Bandung, Indonesia in 1990. The project concluded its qualitative research regarding compliance to the referral network and utilization of community-based birthing huts (Polindes) during delivery by pregnant women, their traditional birth attendants, and nurse-midwives. Initial research results provided preliminary recommendations for case management, training and IEC interventions in the project impact area.

B. Activities and Observations

Winnard and Hessler-Radelet worked with the Tanjungsari project team to formulate messages and a strategy to promote Polindes (birthing huts). The meetings went extremely well, with the project team fully participating in four full days of sessions; Dr. Anna Alisjahbana, the project's principal investigator, and Dr. James Thouw's continual presence was extremely fulfilling and enlightening. It was a very participatory exercise; the project team (1) designed a tight, comprehensive but practical and, more importantly, manageable campaign; (2) developed their campaign's messages; and (3) sketched the initial artwork (Yudi Nugraha, the Tanjungsari Project Field Coordinator happens to be an excellent artist).

During the sessions to develop messages, initial results from the formative research (see Appendix B) were reviewed and revealed several attitudes of the community toward the Polindes:

1. Polindes are considered to be a cheaper place (relative to a hospital) for higher-risk pregnancies or "problem births" (whereas the home is the "right" place for low- and medium-risk deliveries);
2. Polindes may be situated to be convenient for access by an ambulance or the visit of a doctor or midwife, but this does not make it necessarily more accessible to the community;
3. Several Polindes are located in the compound or home of the village chief, making its' use somewhat embarrassing and full of implications for personal as well as financial debt.

4. The "perceived" onset of labor was a factor for pregnant women in delivering at home rather than at a Polindes. Many women defined labor as, "at most, one hour long", and therefore would not want to make the journey outside of their home during labor to deliver elsewhere.

Based on the preliminary review of the resesarch results, discussions with the project team and further interviews with women, TBAs, midwives and community leaders in Tanjungsari, the project team developed the following primary messages and strategy to promote antenatal care and the use of Polindes:

Primary objective for pregnant women: "TAKE YOUR FIRST STEP TO A HEALTHY PREGNANCY AND A SAFER DELIVERY";

Primary objective for their husbands: "MEN! LEAD THE WAY TO A SAFER AND LESS COSTLY DELIVERY"

Messages were developed to increase awareness among pregnant women and their husbands and TBAs about the following:

1. Importance of attending antenatal care:
 - attend at least 4 times (to verify pregnancy; to receive two separate tetanus shots; to receive final check-up during the last month of pregnancy);
 - attend when you are asked to come back, even if you are feeling healthy;
 - attend when you are feeling sick or feel any of the pictured conditions (e.g., danger signs);
2. Where to get antenatal care (e.g., Posyandu, Polindes, GHS ("healthy family day"), Puskesmas) and when a midwife or trained TBA is available at these locations;
3. What types of antenatal care and delivery services a Polindes has to offer and why it is convenient and attractive to visit and utilize;
4. When to "take the first step" (i.e., early on, when labor contractions are first noticed--"mulas-mulas")--to a place where a pregnant woman has decided to deliver;
5. Why it is important to follow the advice of the midwife or TBA regarding where to deliver;
6. Why Polindes can be a safer place to deliver than at home if "you take your first step" during mulas-mulas" (i.e., because a Polindes has access to emergency care and transport through a two-way radio and ambulance).

The issues of cost and home delivery of low-risk birth were addressed in a different manner:

1. **Cost:** a meeting with the project team and community leaders was held to decide upon standardized costs for using Polindes and the emergency services it offers. Prior to the meeting, village chiefs were charging different amounts, many charging more than the cost of delivery at a Puskesmas (which offers obstetrical emergency service, but is further away and outside of the community). Although the total amount was settled at a level less than a Puskesmas and on a rolling scale of ability to pay, matters of collecting fees will still have to be resolved. Therefore, the IEC campaign will promote the cost to be "affordable and within the means" of the community.

2. **Low-risk births:** there is a difference of opinion as to whether low-risk deliveries should be promoted to take place at a Polindes or whether these women should deliver at home. Therefore, rather than promoting the Polindes as a site where particular risk cases should deliver, the IEC campaign will promote Polindes as a place where anyone should delivery if they feel they may want access to emergency transport and communication to a hospital. Concurrently, referral of medium- and high-risk pregnant women to hospitals for delivery will be promoted, too.

In order not to promote a confusing message to pregnant women (e.g., "Deliver at the Polindes, but if you don't, make sure..."), TBAs will be involved to promote Polindes as well as the understanding that if their client decides to delivery at home, there are certain danger signs during delivery (e.g. duration of labor) that signal a move to a "higher level" of care (e.g., Polindes which have access to emergency care and transport).

The campaign will promote the messages utilizing print materials for pregnant women, their husbands and their TBAs and distribute these materials through community-based events and meetings. The campaign will also include a series of "open houses", when Polindes, their staff, two-way radios and ambulance will be present for orientation of the community.

Once the project team completed the design of the campaign, a previously sought October 1 launch date was re-examined in light of what the project team wanted and needed to do. It was only after the project team considered the realistic limitations of drawing, pretesting and printing booklets, posters and action cards and planning and implementing a community-based launch and campaign that the October 1 launch date was reconsidered and re-set by the project team for late October (e.g., October 29/November 1).

C. Recommendations

1. The Tanjungsari project team, with technical assistance from

Manoff consultant Carrie Hessler-Radelet, commit its time and resources to implement their campaign in a timely fashion.

II. INDRAMAYU

A. Background

The University of Indonesia (UI) launched this project's social marketing component in late April 1992 to promote among pregnant women iron folate tablet consumption and its distribution from government sources as well as traditional birth attendants.

Winnard visited the Project Team at the University of Indonesia and then visited Indramayu to review the progress of monitoring the project's initial impact from radio advertisements, print materials and interpersonal activities on pregnant women's knowledge, attitude and practices concerning the consumption of iron folate tablets. The most recent monitoring report written by Teguh Budiono (UI IEC Advisor to the project) and MotherCare/Manoff consultant Carrie Hessler-Radelet can be found in Appendix C.

B. Activities and Observations

Discussions with the project team focussed on the perceived status of the project's printed counseling cards (aka flip charts (see Appendix D)) in the view of the intended primary users--midwives, kaders, traditional birth attendants. Following is a summary of results from initial discussions with users:

1. Midwives don't seem to be using flipcharts because 1) they feel they already know the information on the counseling cards and therefore don't have to refer to them (although the actual information is supposed to be shared with the client for the client's better understanding); and 2) there is no time available during the midwives' heavy workload to refer to the counseling cards.

The foundation of this behavior seems to lie in the attitude that using the counseling cards would be perceived as a "sign of weakness" or a lack of knowledge, especially when "less knowledgeable" health providers (e.g., kaders, TBAs) use the same materials.

2. Because of this prevailing attitude and non-use among midwives, the kader seem to feel uncomfortable using the counseling cards.
3. TBAs, however, seem to appreciate the counseling cards for its utility and information but need much more practice in using the cards during their work. Continued

practice in the use of the counseling cards as well as the concept and practice of two-way dialogue between TBA and client would be instituted during the TBAs' monthly meetings with clinic staff in Indramayu. During the Indramayu site visit, TBAs observed the proper use of the counseling cards and were given the opportunity to use them during role plays in front of the whole group and in small groups.

C. Recommendations

1. The project team will be conducting further orientation with midwives regarding the utility of the counseling cards, emphasizing that the cards are meant to be used with clients and were designed more for the benefit of the clients' education than for the "re-education" of midwives. Midwives should also encourage and motivate the kader and TBAs they work with to properly use the counseling cards.
2. With respect to other monitoring activities, the project team should analyze already collected data from surveys and interviews so as to keep up-to-date reports on the impact of the project.

APPENDIX A: LIST OF CONTACTS

USAID/Jakarta

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Resource Development;
Dr. Ratna Kurniawati, Program Officer.**

Tanjungsari Project Team:

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University of Padjadjaran
Jl. Pasir Kaliki 90 (behind Nuclear Medicine)
Bandung
Ph. 62-22-87218**

**Dr. Anna Alisjahbana, MotherCare Principal Investigator;
Dr. James Thouw, co-Principal Investigator;
Dr. Soeprapti Thaib, Project Administrator;
Mr. Yudi Nugraha, Field Coordinator
Dr. Inuk, Project Officer**

Indramayu Project Team:

**Indramayu Health and Family Planning Prospective Study
University of Indonesia/Depok Campus
Jakarta
ph.: 727-0154**

**Dr. Endang Anhari, MotherCare Principal Investigator;
Dr. Teguh Budiono, Field Coordinator;**

MotherCare Project:

**Mary Jo Hansell, Project Administrator
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**Carrie Hessler-Radelet, MotherCare/Manoff Group consultant
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Summary from transcripts

A. Experience of pregnancy

Dizziness, indigestion, tiredness, cravings and nausea are all mentioned as normal for the first trimester. Almost all women visit both a midwife and a TBA. The midwife may be seen at the HC, the Polindes, or her home (private practice). The midwife is expected

to give injections and medicines; they are included with the price of consultation. "Care" is in many respects synonymous with giving injections. In one interview, the interviewer phrased his question, "If your wife is sick, do you arrange for her to get an injection?" The original question probed care-seeking behavior. She usually checks blood pressure and body weight, and gives nutritional advice. TBAs use manual techniques of palpation and massage, and may recommend herbal remedies such as turmeric extract, tips of young avocado leaves, egg yolk, or boiled young papaya leaves.

B. Antenatal health

One needs to consume nutritious, vitamin-rich food. One should eat often but small amounts; too much food will make the baby overlarge and cause difficult delivery. Normal housework is okay, but later in pregnancy lifting heavy things (carrying firewood, water) is not a good idea. In the latter part of pregnancy women should frequently mop the floor to insure that the fetus is in the right position (mopping requires crawling on hands and knees using a wet cloth). Taboos include not sitting in doorways, always eating from a small plate, always keeping one's hair tied (not loose), and not sewing. Certain foods are bad, such as pineapple or leunca. Breaking these taboos runs the risk of complicating delivery. (Aside note: although, as one woman put it, "My parents say I cannot let my hair be loose; I never do that anyway because it's too hot. They say I cannot sit in a doorway, which I never do because I would bother those passing through!")

It's good to be examined regularly while pregnant, by the midwife and the TBA. One woman says that from conception to the end of pregnancy she sees the midwife; from 7 months pregnant to 40 days postpartum she depends on a TBA. Another said that she experienced no problems in her pregnancy because her blood was examined frequently "and they made notations." A visit to a private midwife costs about Rp.3500, medication costing extra, but to the midwife at the HC only Rp.600 including the medicine. Even "non-users" say that advice from doctors and midwives is valuable, along with that of elders and TBAs. "Non-users" refers only to those who did not deliver children in Polindes or HC; they too use formal medical services such as the midwife, for antenatal care. One "non-user" received treatment for swelling at Hasan Sadikin hospital in Bandung.

A couple of women mentioned Dr. Quin, of the Tanjungsari health center. They expressed embarrassment at the idea of being examined by a man; one said, "And furthermore he's still unmarried!"

C. Danger signs of pregnancy and complying with referral

Known danger signs include "kurang darah" (literally, 'not enough blood', or anemia), "high blood" (high blood pressure), breech position, swelling (few respondents agreed), much vomiting or diarrhea, antenatal bleeding, too much bleeding after delivery, and prolonged labor. Users and non-users agree on these, and both groups report receiving treatment from midwives, HC, or hospitals

for swelling, infection, and fever.

Knowledge of these risk factors comes from parents, relatives, and neighbors. Sometimes the kader or Ibu Kepala Desa is mentioned as a source of information.

D. Choice of birthing site

Hospital is good because the equipment is complete, and there is a doctor. The HC is also good, though not as complete. A few respondents said they chose to use the HC because of complications: one woman reported having high blood pressure, and infection (bisul), and gastritis and so gave birth at the HC. The costs for normal delivery there run from Rp. 65,000-110,000.

The benefits of home birth include calm, safety, easy (no transport problems), and inexpensive. The transportation costs to the hospital from Sindang Sari, for example, are Rp. 1500-2000. Drawbacks: some residents of Sukawangi say that distance to the Polindes, the poor road quality and difficulty of finding transport are disadvantages for giving birth there but they are happy to have its antenatal care services. Even residents of Gunung Manik from an area deemed by the research team "easy access" to a Polindes elicited the response that a 15 minute walk is required. During labor, a mother worried, she might give birth en route.

One woman, when asked where she gave birth, at first announced that she had given birth at the Polindes, because she wanted to be taken care of by a lot of people. A bit later in the interview she confessed, "The TBA took me to the the polindes but she did not tell me the reason. Actually, I wanted to deliver at home..." In fact this woman's child was in breech position and the TBA wanted help from a midwife. In this case the midwife was a trainee, unable to handle the situation, and the TBA did the delivery after all.

Many respondents say they know it is a government rule to give birth in the Polindes. I think there is an "observer effect" that elicits positive phrases about the Polindes, because it is understood as a government mandate. Persistence of the interviewer and courage of the respondent allowed some criticisms to emerge. Most women chose to praise the Polindes and then offer an excuse about why they hadn't been able to make use of it. Asked about advice she received during her pregnancy, a woman responded, "The midwife says I should eat a lot. The government suggested better give birth at the polindes."

Giving birth is usually described as a rapid, simple process: the woman feels sharp stomach pain. She prepares a mat on the floor, covered with plastic and then a cloth (sarong). Her husband may call the the TBA, while the woman's mother or neighbor helps her by soothing her and giving tea or coffee to keep up her strength. The baby usually comes within an hour; the TBA "receives" it, cuts the cord, bathes the baby. By then the placenta is ready to emerge. After that she massages the mother, returning every few days for this purpose until 40 days postpartum. The TBA is paid according to one's resources, usually Rp. 500-1,000. On her last visit it seems customary to give her food as well.

E. Perception of Polindes

Those who had not heard of it expressed approval. Many knew of the "desa" or village chief's office, now being regarded as the place to give birth; they did not realize this was meant as a separate institution. One Gunung Manik resident, an older woman influencer, said "Polindes" refers to Pondok Lingkungan Desa (village neighborhood hut). According to the influencers, Polindes are good because they have lots of medicines, insuring health of mother and baby. However, people give birth at home because there is no time to get to the Polindes (influencer from a difficult access area).

Pesantren-area "non-users" reported that they had heard of the Polindes, and knew what it contained, and its purpose (birth, antenatal care, immunization, baby-weighing). They said that the Polindes needs improvements: currently patients must arrange their own needs, such as hot water; the midwife is not usually there but must be called; and it is a disturbing and stressful location: at the village office, near a road with frequent motorcycles. Also it is too expensive (Rp. 15,000). One woman said that a patient had been brought to the Polindes but her fetus was already been dead one week, "therefore, they didn't help the baby anymore." (This does not sound like a sensible complaint but is included as an example of the distrust evoked in some by the Polindes). Some non-users from Gunung Manik told a story of a woman from Babakan who died at a Polindes. Her placenta did not emerge, and the bidan chose to await the doctor; in the interim, the patient died. [Is there any record to check the accuracy of these tales?]

Complaints about the Polindes in Sukawangi include its small size (too small for whole family to fit in), no WC or kitchen, and no "small table" (?) as in the hospital.

Those in Gunung Manik do not like the Polindes being in the home of the village chief, meaning that a woman who give birth there, as well as her family, feel embarrassed at forcing themselves on the village chief, as his 'guests.' Its benefits include its accessibility, comfort and peacefulness.

One husband mentioned "births at the desa" (village office). When the identity of the Polindes was explained to him, he said, oh yes, that's where the problem births take place.)

F. Channels of communication

The most universally observed channels of communication are health posters at the village office, Polindes, or HC, and the community Qur'an readings (pengajian). Everyone sees the posters, most pay attention to them; several women said they could not understand the text (in Indonesian) but liked to follow the pictures. Newspapers are mentioned (Pikiran Rakyat, Gala), some magazines (Kartini, Mangle- a Sundanese weekly).

Television is viewed frequently by some, rarely by others. News (9:00), story dramas, wayang, and Qur'an lessons are often mentioned. Radio provides village news which is listened to regularly by some. A few women made a point of saying they turn the TV or radio off when news shows come on.

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Some people recall hearing health information on TV or radio. They mention KB and immunization, and in the same breath mention "Bodrex" or "Antalgin," patent headache or flu remedies often advertised in mass media. All seem to be perceived equally as "health education."

Several village chiefs and midwives mentioned that they listen to a radio program called "Sturada."

As far as trusting various sources, several respondents stated that attention to a particular message depends not on its origin, but on its content. "If it is useful to us, we will pay attention."

G. "KIA" - MCH card.

A few women know of this card. One said she knows one is kept for her at the Polindes. Another has one, but often forgets to bring it with her. One midwife, Juju, had never heard of the KIA, but the others had and seemed to like it.

H. Interviews with Midwives

Her services include providing vitamins, immunizations, and advice, such as healthy eating, regular examination, relax, clean one's nipples, and not too much heavy work. One midwife regularly dispenses appetite stimulants along with vitamins and iron pills. Midwife Nia thinks about half of all women come to a midwife, the other half to a TBA. Those who see a midwife may have a higher "worry level," she says, and tend to include teachers, office workers, more educated types.

The differences between the midwife and the TBA are minimal, says Nia. She "always" includes TBAs in her work, usually as an assistant. Another midwife, Juju, says TBAs are useful for bathing newborns and filling in while the midwife is on a break or a holiday.

The main dangers of pregnancy include anemia, high blood pressure, malposition, narrow pelvis, bleeding, high fever, swelling and major headaches. Women with such problems are referred to the hospital or "at least" the Polindes. Women in general will comply if the symptoms persist into the third trimester. Warning signs or a difficult delivery include previous difficult deliveries, more than 2 miscarriages, malpresentation, anemia because it causes bleeding, prolonged labor, narrow pelvis, and high fever.

She feels much of her role is the psychological or mental support of her patients.

Birth is imminent if 1) a woman cannot hold her breath and 2) the opening is large enough.

Some midwives are not in favor of the Polindes because they fear it will reduce their income. According to Nia, the Polindes is meant for women at elevated risk for problem delivery. According to another midwife, Dewi, the Polindes is for normal deliveries. Dewi is concerned because she has heard that villagers are expecting a midwife to be constantly available at the Polindes; in fact, says Dewi, a TBA will be in charge under the guidance of a midwife.

One midwife says she goes once a week to a Polindes for

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antenatal examinations; usually few patients attend unless her visit coincides with the weekly GHS (Gerakan Hidup Sehat, "Healthy Life Movement"), in which case there are lots of patients.

I. Interviews with husbands

Husbands have less of an idea about risks and dangers of pregnancy, listing fewer potential problems, and they are more likely to mention the cost and difficulty of non-home deliveries. One husband said he called a TBA for his wife's delivery because she had much experience, but a midwife is good because she gives injections for strength during the delivery. One man reported that his wife was referred by one midwife, Nia, to the hospital for delivery, because of her symptoms of swollen feet and frequent headaches. The husband sent his wife to another midwife, Juju, who countermanded Nia's referral and provided medicine instead. The wife delivered uneventfully at the Polindes.

Another husband whose wife also delivered at the Polindes reported feeling embarrassed and disturbed ("repot") by that location, and also worried about the expense. He felt that the privacy and self-sufficiency of home were valuable. One man who told of a horror story he had heard about death at the Polindes confessed that he had been forced by the village chief to have his wife deliver there (Margajaya).

A husband's role may be to "receive" the baby if the TBA or a female relative is not available, but mainly he must pray after a safe birth and then bury the placenta.

J. Interviews with village chiefs

The village chiefs had some good ideas. One suggested using the village Qur'an readings as a time to disseminate information on health. Another wondered about using KKN students as educators, and also the PKK women. One commented that it is better for women to choose a birthing location themselves rather than be forced by him.

Asked how people decide between formal and traditional health resorts, one answered that common diseases are amenable to treatment at the HC, while others, like spirit possession, require services of a "dukun." Formal health services offer tools, medicines, and expertise. Traditional practitioners provide familiar, nearby, and inexpensive treatments, usually in the patient's own home.

QUARTERLY MONITORING REPORT
Improved Iron Folate Distribution to Alleviate Maternal Anemia
Indramayu, West Java

I. INTRODUCTION

Launch of the social marketing campaign to promote the use of iron tablets for pregnant women in Indramayu took place on April 28, 1992. Since that time, monitoring of the social marketing component of the iron tablet distribution project to date has been accomplished through four different channels:

- A. Monthly monitoring reports prepared by Teguh Budiono, describing placement and condition of printed materials, radio broadcasting, progress of Iron Tablet Awareness Days and general project management issues.
- B. Interviews with pregnant women, midwives (bidan) and traditional birth attendants (dukun bayi) to identify frequency of use of counseling materials, difficulties encountered in using counseling materials, attitudes toward social marketing materials, and condition of social marketing materials and iron tablet supplies.
- C. A baseline survey carried out just before the campaign launch, which will be compared, for evaluation purposes, to another survey to be conducted at the end of the intervention.
- D. Routine interviews each month with pregnant women (Module D and social marketing addendum).

The contents of this report are based on the monthly monitoring reports and the interviews with pregnant women, midwives and TBAs. Results of the baseline survey and Module D data collection since the launch of the social marketing activities are not yet available. I have spoken with Dr. Pandu Riono, who is responsible for these activities, and asked him to complete analysis of the baseline and Module D data as soon as possible. When results from these two sources are available, an updated monitoring report will be completed.

II. MONITORING RESULTS

A. Results from the Monthly Monitoring Reports

These monthly reports document the results of general project monitoring related to the social activities.

1. Condition and Placement of printed materials:

Posters were well-placed at puskesmas, puskesmas pembantu, posyandu, and a few were found in TBA homes. All of the posters were in good condition. The same level of effort

was found in both Sliyeg and Gabus Wetan.

Banners were well-placed in puskesmas, posyandu and over public roads in Sliyeg and Gabus Wetan. The banners are periodically taken down and then replaced, so that people will not become tired of seeing them. Banners were also in good condition.

TBA Tin Plates were only distributed in Gabus Wetan, the intervention area. All of the tin plates have been distributed to TBAs and most are posted on the outside of their homes, although distribution only took place within the last two months. According to Drs. Heru Suparno, Field Coordinator for Gabus Wetan, the delay in distributing the tin plates was due to the fact that they had difficulty getting the TBA name stickers to place on the front of the plates.

Action Sheets. Action cards are being given out to pregnant women in both Sliyeg and Gabus Wetan, but there seems to be some irregularity in the distribution. According to women who participated in the interviews (see Section B) a little more than half did have action sheets, while others did not (in both areas). Teguh Budiono is investigating why they were not given to all women. Those who did have action sheets were filling them out correctly, although with varying levels of effort.

Participant. Stickers. It appears that puskesmas in the two areas (Gabus Wetan and Sliyeg) have different strategies regarding distribution of participant stickers. In Gabus Wetan, stickers are only given to women who have been iron tablet users for three months in a row. This is true in the puskesmas, posyandu and with TBAs, and was clearly a puskesmas policy. In Sliyeg, distribution of participant stickers began only recently, but they are being given to all women who accept iron tablets. Teguh will speak to the Puskesmas doctors in both areas to try to develop a standard policy.

2. Broadcast of Radio Spots:

Both of the local radio stations (one private, one government) are broadcasting campaign radio spots promoting iron tablets. The three different radio spots are being aired at different times, according to the pre-determined schedule (see Launch Report for a copy of the broadcast schedule). Based on formative research, it is known that the most popular listening times are in the morning between the hours of 7:00 and 9:00 and in the afternoon between the hours of 4:00 and 5:00. Radio monitors "spot-check" to confirm that the spots are being aired, and have confirmed that they are broadcast according to schedule during these most popular listening times. Women who participated in the

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interviews (Section 2) hearing the spots in the morning and late afternoon.

3. Iron Tablet Awareness Days

Iron Tablet Awareness Days (ITADs) are still taking place in the study areas. Almost all of the posyandu have had one ITAD. SRS interviewers are monitoring participation in ITADs. The major problem hindering the success of the ITADs is the irregular attendance of the kader at posyandu. It is not unusual for posyandu to be scheduled and not have enough kader to adequately staff it. Therefore, those kader who do attend are very busy and don't have the time or motivation to use the counseling cards to counsel women about iron tablet use. For more information on this topic, see Section 2, Interviews, regarding kader use of counseling materials.

4. Re-printing of Counseling Cards

The counseling cards were re-printed, as cards were printed and assembled backwards during the first run. New counseling cards were distributed to TBAs during a short refresher training (see below). Bidans distributed counseling cards to kader at posyandu through their regular distribution channels. SRS interviewers are checking to make sure that each posyandu has at least one set of the new counseling cards.

5. TBA Refresher Training

35 out of the 37 TBAs in Gabus Wetan attended a short refresher training to help familiarize them with the new counseling cards. The training was held during the regular monthly meeting with the bidan at the puskesmas. Bidan and field staff led the refresher training. Most of the time was spent in groups, practicing use of the counseling cards.

6. Iron Tablet Condition

Iron tablets are now distributed in the small plastic bottles in both Gabus Wetan and Sliyeg. All distributors (bidan, kader and dukun bayi) are using the plastic bottles. Initial results of the first, very small iron tablet condition study appear to show that plastic bottles may reduce the damage to iron tablets. However, the study sample size was too small and the duration of the study too short to make any conclusive statements. Informal monitoring seems to back this up, and women report having less damage with the plastic bottle than they used to experience with the paper envelopes.

7. UNICEF Purchase of Iron Tablets

There have been reports from the Ministry of Health that

UNICEF will be purchasing a different type of iron tablet in the future. Instead of the white uncoated iron tablet currently being distributed, UNICEF will reportedly purchase the red coated iron tablets manufactured by Kimia Farma which have been pilot-tested by the Ministry of Health.

B. Results of Interviews with Pregnant Women, TBAs and midwives:

Two rounds of interviews have taken place since the launch of social marketing activities:

- o In-depth interviews with counselors (TBAs and midwives) and pregnant women, focussing mainly on TBA use of counseling cards and women's understanding of the social marketing materials. This interview was conducted in July, and most of the data have been analyzed, although a formal report has not yet been written.
- o Intercept interviews with pregnant women leaving posyandu in Gabus Wetan and Sliyeg, to determine use of the counseling materials and knowledge of iron tablet use. Intercept interviews were conducted in September, and the data have not yet been analyzed, so results of these interviews will not be mentioned in this report.

1. In-Depth Interviews with Counselors and Pregnant Women

a. **Methodology**

In-depth interviews were conducted with counselors (traditional birth attendants and midwives) and pregnant women. As part of the interview, TBAs were also asked to demonstrate use of the counseling cards in an effort to determine their skill in using the materials. Pregnant women were asked to show interviewers their supply of iron tablets and any social marketing materials they possessed.

Interview objectives for each of the groups include identifying:

1. Traditional Birth Attendants (n = 10):
 - a. Use of counseling cards to educate women about the need for iron tablet use during pregnancy.
 - b. Difficulties in using the counseling materials.
 - c. Condition of counseling materials used by TBAs and condition of iron tablets distributed by TBAs.
2. Midwives and Other Health Center Staff (n = ?):
 - a. Attitudes toward counseling materials.

- b. Difficulties faced in implementing social marketing activities.
 - c. Condition of social marketing materials in the field and condition and supplies of iron tablets.
3. Pregnant Women: (n = 10 in Sliyeg and 10 in Gabus Wetan)
- a. Understanding of messages promoted through the various media.
 - b. Condition of social marketing materials and iron tablets used by pregnant women.
 - c. Reasons for discontinuation of iron tablet use.

Five villages in Gabus Wetan and Sliyeg were selected at random. The midwives or health staff members normally responsible for providing antenatal care to pregnant women in these villages were then interviewed. Health providers in Sliyeg were asked to provide the names of pregnant women who had received iron tablets in the last thirty days, and from this list 10 pregnant women were randomly selected for interview. In Gabus Wetan, midwives were asked to provide the names of TBAs whom they had supervised, and of this list of 21 TBAs, 10 were randomly selected for interview. Each of the TBAs was then asked to provide the names of the pregnant women to whom they had given iron tablets in the last 30 days. From this list, 10 pregnant women were randomly selected for interview.

Information given by TBAs was cross-checked with information provided by the pregnant woman she had counseled, to verify that complete and accurate information was given.

b. Monitoring Results

Use of the Counseling Cards:

TBAs, in general, demonstrated an ability to explain the information contained in the counseling cards. TBAs reported liking the counseling materials and said that the counseling cards helped them to better communicate information regarding iron tablet use.

However, during observations of TBAs using the cards, some experienced difficulty in using the cards, and most had merely memorized the contents of the cards. True "two-way communication" is not yet part of most counseling sessions. Field staff have expressed the opinion that it will be difficult for TBAs to go beyond merely memorizing the materials because of their age and educational background. However, until there is two-way communication between TBA and client, effective counseling will not take place.

Another problem that surfaced was the fact that most TBAs mistakenly follow the wrong counseling card sequence, explaining the cards in a backward sequence. This was not a big surprise, as the cards were printed in the wrong order, and the sequence a counselor must follow to properly use the counseling cards is counter-intuitive. However, during training TBAs were taught how to use the cards in the backwards sequence. The project team is in the process of negotiating with Saatchi and Saatchi to have the counseling cards re-printed.

Midwives, in general, do not use the counseling cards while counseling pregnant women about iron tablet use, either at posyandu or puskesmas. Midwives gave the following reasons why they chose not to use the counseling cards:

1. They already know the information contained in the counseling cards and do not need to refer to the cards to effectively counsel their clients;
2. they do not have enough time to use the cards because of their heavy workload.

Field staff members have also expressed the opinion that another very important reason for not using the cards is that the midwives fear that they might be perceived by the public as "not knowing their information", if they use counseling cards to help them counsel pregnant women.

Although **kader** were not included in the interview schedule, it was observed during earlier monitoring visits (during the month of May) that kader frequently do not show attend posyandu, and therefore women are not getting appropriately counseled at posyandu. This was especially true at posyandu located in the most remote areas. This is not an uncommon problem, unfortunately. The issue was discussed with the puskesmas doctor, who promised to look into the matter. One suggestion was to have supervising bidan monitor the use of counseling cards and have kader group practice sessions if necessary. This topic was not raised in the July monitoring report, so I am not familiar with what has happened recently in this area.

Understanding the Messages Promoted Through the Counseling Cards:

Pregnant women reported liking the counseling materials, and felt that they helped them to remember how to take the iron tablets. All of the pregnant women who were interviewed demonstrated an understanding of how to take the iron tablets and the benefits of iron tablet use during pregnancy. Management of side effects continue to be an important topic, and many reported experiencing side effects.

✓✓

Understanding of Messages Promoted Through Other Media

When asked about other social marketing materials, nearly all of the informants, pregnant women in Gabus Wetan and Sliyeg, as well as TBAs in Gabus Wetan, mentioned seeing posters or banners. About half had action cards at home. The majority were able to understand and repeat the messages of the social marketing campaign. The Ibu Sehat logo on the posters, banners and stickers carries a clear message, and nearly all of the respondents were able to say that it means that "Pregnant women should take one iron tablet each day". Most women remembered hearing radio spots about iron tablets, mostly in the early morning or late afternoon.

c. Follow-up on Issues Raised Through the Interviews

The biggest concern among project staff was the attitude of the bidan towards the counseling cards and the limited use of counseling cards in posyandu. While it was recognized that bidans have very little time for counseling, the project team was concerned that the counseling cards were perceived as a tool for the counselor, not as a tool for the woman.

Drs. Teguh and Dr. Endang spoke with the bidans and doctors at both puskesmas, and it seems that they now have a better understanding of the role of counseling cards. As bidans do not spend that much time in counseling, it was recognized that the project needs to depend on them more as motivators to encourage kaders and TBAs to use the cards, as kaders and TBAs are more likely to counsel women. The bidans have agreed to encourage kaders and TBAs to use the counseling cards, and will regularly talk to them about counseling card use as part of good job performance.

Dr. Endang, Dr. Ima and Dr. Liana (puskesmas doctors), the wives of the district heads and the head of the Ministry of Health for Indramayu are planning to meet with the wife of the Regent (Istri Bupati) in late October. The Istri Bupati is head of all PKK activities in Indramayu. It is hoped that by involving her, the PKK kader will recognize the importance of counseling card use. Field staff will continue to monitor counseling card use in posyandu, for as long as there is funding to do so.

21



**PIL TAMBAH DARAH
UNTUK SEMUA IBU HAMIL**

MENCEGAH KEKURANGAN DARAH PADA KEHAMILAN



PEMBINAAN KESEJAHTERAAN KELUARGA
(PKK)
TIM PENGGERAK KABUPATEN DT II INDRAMAYU



DEPARTEMEN KESEHATAN RI

24

BAGAIMANA CARA MENGGUNAKAN KARTU KONSULTASI INI.

PADA KUNJUNGAN PERTAMA IBU HAMIL

1. Peganglah kartu konsultasi dengan tangan kiri anda atau letakkanlah kartu konsultasi pada pangkuan anda sedemikian rupa, sehingga ibu hamil yang anda suluh bisa melihat gambar pada bagian muka dengan jelas, dan anda sendiri dapat melihat teks yang ada di halaman belakangnya.
2. Setiap gambar disertai teks dan pertanyaan-pertanyaan khusus yang bertujuan untuk membantu anda dalam melakukan penyuluhan. Agar ibu hamil dapat mengikuti gambar yang tengah menjadi topik pembicaraan anda, tunjukkan selalu setiap gambar yang tengah anda diskusikan berdasarkan teks dan pertanyaan yang terdapat pada halaman belakang kartu konsultasi.
3. Dengarkan dengan sabar tanggapan yang diberikan oleh ibu hamil terhadap uraian dan pertanyaan yang anda ajukan. Apakah ia memahami apa yang anda jelaskan. Apakah ia setuju dengan apa yang anda minta untuk ia kerjakan. Apakah ia dapat mengerjakannya?
4. Jika anda merasa ibu tersebut tidak mengerti tentang gambar, teks, atau pertanyaan anda, jangan bosan untuk mengulangi lagi pembicaraan tentang gambar tersebut.
5. Jika anda merasa ibu tersebut telah mengerti, lanjutkanlah pada gambar berikutnya.
6. Tanyakan kesediaan ibu tersebut untuk minum pil tambah darah. Bila ia sudah menyatakan kesediaannya, berikan kalender pengingat. Jangan lupa untuk menjelaskan bagaimana menggunakan kalender pengingat tersebut. Sekali lagi, mintalah ibu tersebut untuk minum pil tambah darah, kapan meminumnya, dengan jenis buah-buahan apa saja sebaiknya diminum, dan kapan ia harus kembali untuk mendapatkan pil tambah darah tambahan.

PADA KUNJUNGAN BERIKUTNYA

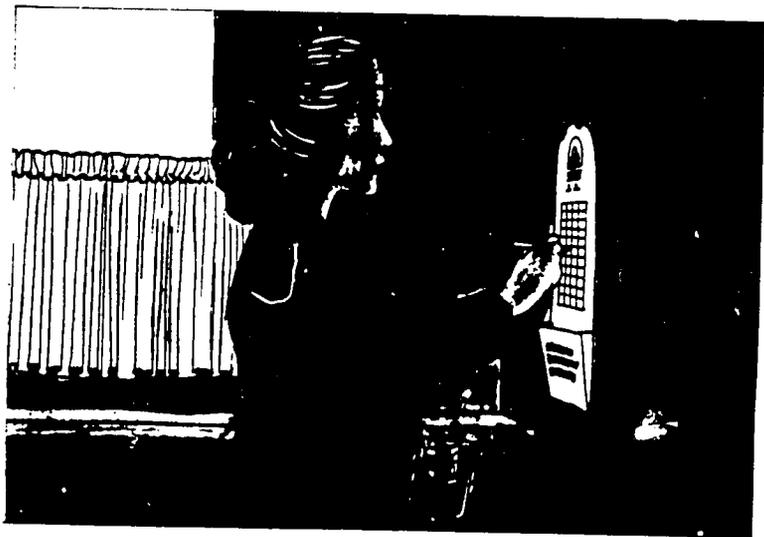
1. Setiap kali seorang ibu hamil mendatangi anda, jangan lupa menanyakan pertanyaan di bawah ini :
Bagaimana kondisi ibu saat ini?
Apakah ibu telah minum pil tambah darah ?
Jika ya : Berapa kali sehari ibu perlu minum ?
Jika ya : Apakah ibu merasakan gejala tertentu selama minum pil tambah darah ?
Jika tidak : Mengapa ibu berhenti minum pil tambah darah?
Apakah ibu minum pil tambah darah dengan dibarengi suatu makanan tertentu?
Apakah ibu mempunyai pertanyaan tentang pil tambah darah?
2. Jika ibu hamil tersebut telah minum pil tambah darah secara teratur sehari sekali, serta dibarengi dengan buah-buahan, berikan padanya tambahan paket pil tambah darah dan ingatkan untuk datang kembali pada bulan berikutnya.
3. Jika ibu hamil tersebut belum secara teratur minum pil tambah darah sehari sekali, atau jika ia memerlukan keterangan tambahan tentang pil tambah darah, berikanlah penyuluhan sekali lagi.
4. Jika ibu hamil tersebut datang dengan keluhan tentang gejala sampingan, bahaslah kartu nomor 3 bersama-sama lagi.
5. Jika ibu hamil tersebut berhenti minum pil tambah darah, bahaslah mengapa ia sampai mengambil keputusan itu, carilah jalan agar ia bersedia melanjutkan minum pil tambah darahnya kembali.

Sebagai contoh :

- A. Jika ia mempunyai pengalaman mual-mual, sembelit, kotoran berwarna hitam, atau gejala sampingan lain, bahaslah kembali kartu nomor 3 bersama-sama.
- B. Jika ia berhenti minum pil tambah darah karena ia takut akan melahirkan bayi yang besar, jelaskan padanya bahwa pil tambah darah hanya akan membentuk dan memperkuat darah. Pil tambah darah bukanlah makanan tambahan dan tidak akan membuat bayi menjadi besar. Bahaslah semua kartu bersamanya kembali.
- C. Jika ia tidak menyukai rasa pil tambah darah, katakan padanya agar ia meminumnya dengan dibarengi buah-buahan. Bahaslah kartu nomor 3 bersamanya kembali.
- D. Jika ia berhenti minum pil tambah darah karena takut tekanan darahnya naik, jelaskan padanya bahwa pil tambah darah hanya akan menambah darah. Pil tambah darah tidak akan menyebabkan tekanan darah tinggi.

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DI MANA BISA DIPEROLEH PIL TAMBAH DARAH.

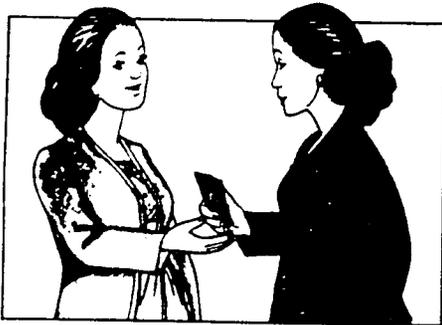


DAN DI MANA BISA DIPEROLEH PIL TAMBAH DARAH.



- Ibu bisa mendapatkan pil tambah darah dari saya. Pil tambah darah ini bisa ibu dapatkan juga di Puskesmas, Posyandu, atau dukun bayi (hanya di Gabus Wetan).
- Segeralah minta tambahan pil tambah darah setiap bulan, setiap kali persediaan ibu habis.

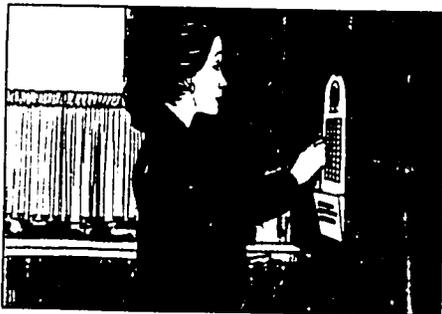
**Bagaimana menurut ibu, susah atau mudah untuk mendapatkan paket baru setiap bulan ?
(Jika susah, mengapa ?)**



- Ingat setiap ibu hamil harus minum pil tambah darah. Beritahukanlah kepada ibu-ibu hamil lainnya mengenai pil tambah darah ini.

Apakah ibu mempunyai tetangga atau kenalan yang sedang hamil yang perlu diberitahu tentang pil tambah darah ?

Apakah yang akan ibu ceritakan kepada mereka tentang pil tambah darah dan kemana mereka bisa memperolehnya ?



- Ini paket pil tambah darah ibu. (Berikanlah paket untuk ibu itu sekarang)

Coba ibu jelaskan kembali pada saya bagaimana caranya minum pil tambah darah ?

(Ingatkan Ibu tersebut kalau dia lupa, untuk minum 1 pil setiap hari dengan buah)

Apa yang harus ibu lakukan jika ibu merasa mual-mual atau sembelit ?

(Ingatkan Ibu tersebut kalau dia lupa, untuk tetap minum pil tambah darah pada malam hari dengan makanan)

Untuk membantu ibu agar tidak lupa minum pil tambah darah setiap hari, saya berikan kalender pengingat ini.

(Tunjukkan pada Ibu tersebut kalender pengingat dan jelaskan bahwa Ibu tersebut harus memberi tanda setiap kali dia meminumnya)

- Saya telah memberi Ibu pil tambah darah untuk jatah sebulan. Harap Ibu datang lagi kesini jika pil tambah darah Ibu telah habis, sehingga saya bisa mengetahui hasilnya. Saya akan memberi lagi paket baru untuk Ibu nanti.

Ibu dapat datang lagi kesini bulan depan (tanggal, waktu) ?

MENGAPA PIL TAMBAH DARAH ITU PENTING



MENGAPA PIL TAMBAH DARAH ITU PENTING



(Berikanlah salam kepada ibu hamil dihadapan saudara)

Bagaimana kabar ibu hari ini, sehat ?

- Saya ingin mengenalkan Ibu Sehat pada ibu (tunjukkan gambar ibu sehat). Ibu Sehat adalah seorang ibu hamil, sama seperti ibu. Ibu Sehat selalu minum pil tambah darah setiap hari selama kehamilannya.
- Semua ibu hamil sebaiknya minum pil tambah darah, tak peduli kondisinya bagaimana. Ibu-ibu yang merasa mudah lelah dan lemah memerlukan pil tambah darah. Begitu juga ibu-ibu yang sudah merasa sehat dan kuat, perlu minum pil tambah darah.
- Karena Ibu sedang hamil, ibu juga harus minum pil tambah darah.

Apakah ibu pernah mendengar tentang pil tambah darah sebelumnya ?

Jika Ya : Apa ibu dengar tentang pil tambah darah ?

Jika Ya : Apakah ibu pernah minum pil tambah darah sebelumnya ?

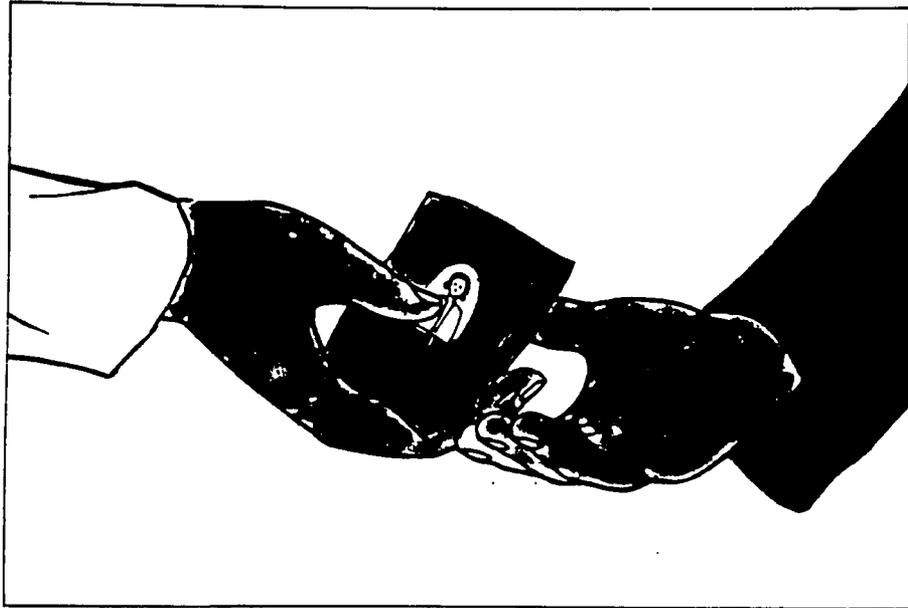
Jika Ya : Bagaimana pengalaman ibu minum pil tambah darah ?



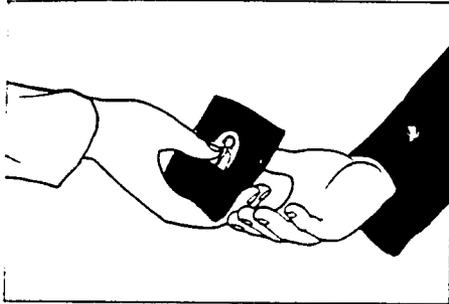
Bagaimana kelihatannya ibu sehat dan rekannya sekarang ?

- Pil tambah darah akan memberi tambahan zat besi, yaitu zat pembentuk darah yang diperlukan ibu selama hamil.
- Pil tambah darah akan membuat ibu menjadi sehat, segar dan kuat selama kehamilan dan sewaktu melahirkan.

BAGAIMANA ATURAN MINUM PIL TAMBAH DARAH YANG BENAR



BAGAIMANA ATURAN MINUM PIL TAMBAH DARAH YANG BENAR



- Nanti saya ingin memberi ibu satu paket pil tambah darah seperti yang tergambar di sini. Paket ini berisi 30 pil.
- Pil ini diberikan secara cuma-cuma. Ibu harus meminumnya sebutir sehari.
- Jika pil tambah darah dalam paket ini telah ibu habiskan, ibu bisa memintanya lagi pada saya.

Dapatkah ibu minum satu pil tambah darah setiap hari ?

Jika tidak : Mengapa ibu tidak bisa meminumnya sebutir sehari ?

Jika ya : Kapan waktu ibu bisa minum pil tambah darah ?

(Bantulah ibu tersebut untuk memikirkan cara terbaik agar ia dapat minum pil tambah darah ini.)



- Minum pil tambah darah sebutir sehari.
- Cara terbaik meminum pil tambah darah jika dibarengi dengan makan buah-buahan jenis jeruk, seperti jeruk keprok atau jeruk nipis. Atau buah-buahan segar lainnya seperti mangga, atau pepaya.

Apakah minum pil tambah darah dibarengi dengan makan buah-buahan ini bisa dilakukan oleh ibu ?

Buah apa menurut ibu paling cocok sebagai teman minum pil tambah darah ?

(Ingatkan dia untuk minum pil tambah darah dengan buah-buahan seperti jeruk, pepaya, mangga, atau dengan jeruk nipis).



- Sebaiknya ibu minum pil tambah darah ini setiap hari, mulai saat ini sampai ibu melahirkan.
- Sebab, dari ibu yang sehat dan kuat akan lahir bayi yang sehat dan kuat juga.

BAGAIMANA MENGURANGI KEMUNGKINAN GEJALA SAMPINGAN MINUM, PIL TAMBAH DARAH



BAGAIMANA MENGURANGI KEMUNGKINAN GEJALA SAMPINGAN MINUM PIL TAMBAH DARAH

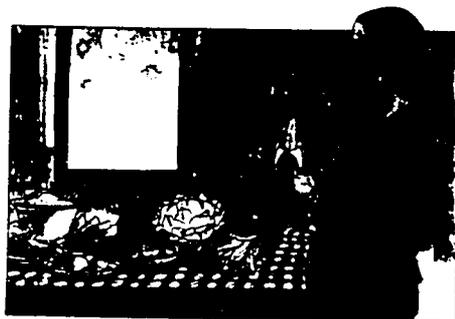


- Beberapa ibu mungkin merasakan akibat sampingan yang tidak berbahaya seperti :
 - Mual-mual
 - Sembelit
 - Kotoran berwarna hitam
 - Rasa pil yang kurang menyenangkan
- Ibu tidak perlu cemas, hal ini disebabkan karena badan ibu sedang menyesuaikan diri dengan pil tambah darah.

Coba ibu jelaskan, hal-hal apa saja yang mungkin ibu rasakan setelah ibu minum pil tambah darah ?

Menurut ibu apakah akibat sampingan yang mungkin timbul itu dapat membahayakan ibu ?

(Jika ibu tersebut lupa, ingatkan dia bahwa akibat sampingan itu tidak membahayakan).



- Minum pil tambah darah secara teratur.
- Minum pil tambah darah pada malam hari dibarengi dengan makanan atau buah-buahan untuk mengurangi rasa mual dan sembelit.
- Gejala sampingan ini tidak berbahaya, karena itu ibu tidak perlu cemas.
- Badan ibu akan segera menyesuaikan diri, dan ibu akan segera merasa sehat dan segar.

Apa yang akan ibu lakukan jika ibu mulai merasa mual-mual atau sembelit ?

(Jika ia lupa, ingatkan dia untuk tetap minum pil tambah darah pada malam hari dengan makanan, dibarengi dengan buah-buahan).