



INDONESIA: Antenatal group learning and the role of MCH Handbook



Maternal and Child Health Handbook, Central Lombok District, Indonesia, 2006

Background

Central Lombok district was a district in West Nusa Tenggara province (NTB) which had urgent need of reduction in maternal mortality ratio (394 per 100,000 live births in NTB in 2002 vs. 307 in the nation, IDHS 2002-3). To respond to the need, the head of the district expressed his commitment to fee-waiving at the public delivery posts with the presentation of a Maternal and Child Health (MCH) Handbook, by issuing the Central Lombok district regulation No.177 in 2003.

To promote *Safe Motherhood Initiative*, Central Lombok district introduced Mothers' Class for Birth Preparedness (MC-BP). Based on experiences in West Sumatra province, MC-BP was designed to increase preparedness for safe delivery and postpartum care through effective use of the MCH Handbook. Midwives facilitate three consecutive sessions for maximum 10 pregnant women in line with the contents of the MCH Handbook as the standardized personal reference (Table 1). Midwives are instructed on the way of organizing MC-BP sessions that start with family and community participation. Husbands are invited to one of the three sessions being accompanied by their wives. Locations and timings are carefully determined, to ensure pregnant women's better access to the sessions. Local communities contribute their structures/spaces as the MC-BP venue, and sometimes even provide participants with free refreshments. Such community supports helped creating comfortable environment for mother and midwives to build mutual trust.

In the process of the MCH Handbook-based MC-BP implementation, while the proportion of at least one time antenatal care visit stayed at around 90% both in 2003 and in 2007, the proportion of deliveries attended by skilled birth attendants (SBAs)

increased from 62% in 2003 to 80% in 2007 (Figure 1). Of 520 women participating in any of 44 MC-BP organized in 2004-2008, 436 had delivered and 414 (95%) delivered being assisted by SBAs. To explore possible reasons behind this positive correlation between SBA-assisted delivery and MC-BP participation, we conducted a qualitative study on how mothers changed their practices through MC-BP participation.

Pre-post tests and in-depth interviews were conducted within two weeks after deliveries, by targeting both mothers in MC-BP intervention areas and those in its non-intervention areas. Non-intervention areas were selected so as to ensure their socio-economic homogeneity with intervention areas. Focus group discussions (FGDs) were conducted among three types of targets (i.e. local leaders, midwives, and husbands).

KAP of mothers as predisposing factors for behavioral change

In the PRECEDE model by Green and Kreuter (2005), behavior changes are influenced by three groups of factors that: (i) provide the reason, rationale, or motives for the behavior (predisposing factors); (ii) permit the realization of motivation (enabling factors); and (iii) provide positive reward or incentive following the behavior and functions in repetition or sustainability of the action (reinforcing factors).

Through participation in MC-BP, knowledge, attitude and practices (KAP) of mothers considerably increased, compared with those not participating, particularly in: (i) reading the MCH Handbook, (ii) taking iron tablets, (iii) understanding danger sign of delivery, (iv) responding to delivery sign, (v) practicing breastfeeding (BF)(e.g. immediate BF, frequent BF, exclusive BF, and BF with proper technique), and (vi) practicing daily care without being bound by the local myths (Figure 2). The statements in FGDs explain how their KAP changed. "... MC-BP sessions enable me to understand how to properly breastfeed my baby, namely within 30 minutes after birth and no food and no drink for initial months besides breastmilk... In my previous pregnancy, I did not know it. I gave foods when my son was less than one month old, because he

▼ Table 1. Contents of Mothers' Class for Birth Preparedness by sessions

	Session I	Session II	Session III
Introductory part	Introduction Pre-test	Review Pre-test	Review Pre-test
Education part	1-1. Physical changes and danger signs during pregnancy 1-2. Pregnancy care	2-1. Delivery 2-2. Post Delivery Care	3-1. Newborn care 3-2. Myths 3-3. Infectious diseases 3-4. Birth Certificate
Wrap-up part	Post-test and evaluation Summary	Post-test and evaluation Summary	Post-test and evaluation Summary
Activity part	Pregnancy exercise	Pregnancy exercise	Pregnancy exercise



Mothers' Class for Birth Preparedness in Central Lombok district

kept crying.... Now, I also know that there is no food taboo during pregnancy and we can eat all types of foods..." (A 30-year-old mother of three children, Saba village).

"I have never read the MCH Handbook because I didn't go to school and can't read and write. My husband reads it for me..." (A 23-year-old mother of two children, Saba village).

Husbands and local leaders as enabling factors

Husbands were supportive to MC-BP and health workers, and visited *Posyandu* (i.e. community-based health post). In MC-BP sessions, husbands were active in inquiring more information.

"...There are clear changes in our daily life after participating in MC-BP session. For example, now my wife avoids improper medication. She no longer has any food taboo. My wife immediately goes to her midwife whenever feeling uncomfortable..." (A father of a child, Saba village).

"...It is very useful for husbands to participate in MC-BP... As one of its major benefits, those husbands decided to take their wives to health centers and wanted to accompany their wives at delivery..." (A Midwife, Janapria HC).

Local community leaders are perceived to be supportive to MC-BP and the MCH Handbook. Midwives felt MC-BP based on the MCH Handbook made them confident in systematically providing

guidance on MCH and fully understanding facilitators' roles in adult health education.

Communication as reinforcing factors

In addition to perceived increase in knowledge and skills, the participants in MC-BP recognize the benefits of networking with peer mothers and health workers. A woman in the village with MC-BP stated "We got friends and can exchange information among ourselves in the MC-BP sessions. Also, our motivation to seek better health has increased". A woman in another village with MC-BP stated "I read the MCH Handbook three times a day after work. If there is something that I do not understand I ask my midwife".

MC-BP provides pregnant women with opportunities to build trust between mothers and midwives. The trust is likely to help women to be more motivated to choose delivery assisted by midwives.

"...The effect is that they come to choose health workers as their birth attendant..." (A Midwife, Saba Maternity Home).

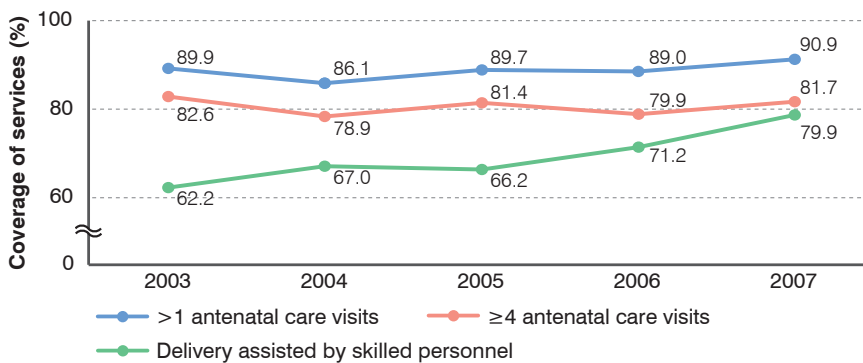
Conclusion

MC-BP may trigger or facilitate women's behavior changes during pregnancy, delivery and post-partum, through improving predisposing, enabling, and reinforcing factors. The MCH Handbook plays an important role in smoothly and effectively implementing MC-BP. Based on experiences in provinces, MC-BP is integrated with a national program to increase birth preparedness and maternal complication readiness by strengthening inter-personal communication/counseling skill of midwives and empowering community for MCH.

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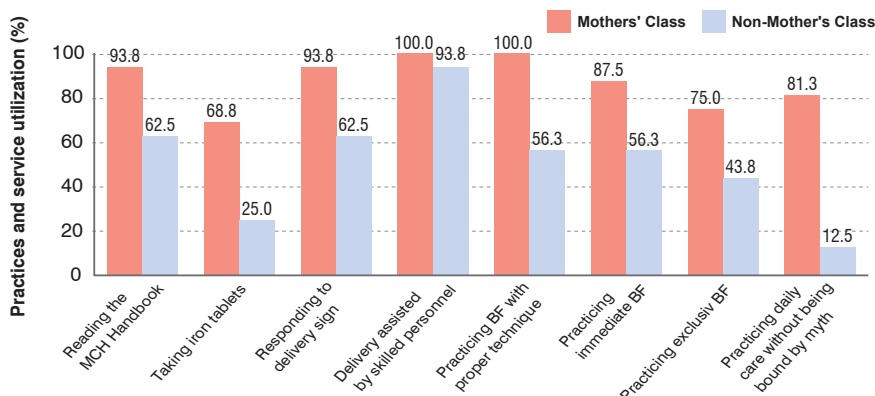
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Source: Central Lombok District Health Office

▲ Figure 1. MCH service utilization in Central Lombok district



BF: breastfeeding

▲ Figure 2. Health practices among mothers in villages with and without Mothers' Class for Birth Preparedness (n=32)

Further readings

- Syafiq, et al. *Final report: Study on the effect of mother's class birth preparedness on knowledge, attitude and practice in pregnancy, delivery, and post-partum period in Lombok Tengah district, West Nusa Tenggara*: Jakarta: JICA; 2008.
- Tomlinson HB, Andina S. *Parenting education in Indonesia: Review and recommendations to strengthen programs and systems*. World Bank Studies. Washington D.C.: World Bank Group; 2015.
- WHO. *WHO recommendation on community mobilization through facilitated participatory learning and action cycles with women's groups for maternal and newborn health*. Geneva: WHO; 2014.