Executive summary

Study on Availability and Utilization of MCH Handbook in Health Services and Community

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Executive Summary

Background

The Maternal and Child Health Handbook (AKA the MCH handbook and "Pink Book") is a user-based record of maternal and child health services. The contents cover information important for families to improve the health of mothers and children. The number of MCH handbooks printed is based on the estimated number of target pregnant mothers at five million copies per year. The handbooks are distributed to all regions of Indonesia through public health facilities. Despite wide distribution, MCH handbook utilization is not yet optimal with most recent reports estimating that only 40,4% of target pregnant mothers can demonstrate MCH handbook ownership. Findings like this raise the following question: where are all the MCH handbooks that have been printed and distributed? This gap in knowledge necessitates a study to obtain a clearer picture of the current situation surrounding MCH handbooks in health facilities and the community. Findings from the study could be used to inform future policies on the MCH handbook.

The location chosen for this study was Tasikmalaya on the basis of its high maternal mortality and MCH handbook distribution rates and the willingness of the local government to cooperate with the research team. Data collection was conducted in one urban and one rural sub-district.

Research Methods

The main questions of this study are: what is the scope of MCH handbook availability at health facilities and in the community? How do health professionals and the community utilize the MCH handbook? What knowledge do health professionals and the community have on the MCH handbook? What obstacles and feedback exist in the community on MCH handbook implementation?

To answer these questions, we employed qualitative methods in the form of focus group discussions (FGD), in-depth interviews (IDI), and observation.

Information was obtained from two levels of health services (primary and secondary) and involved both public and privately operated facilities including community health centers (Puskesmas), integrated service posts (Posyandu), birthing and midwife clinics, and hospitals. Informants included MCH handbook owners (pregnant mothers, mothers of under-five children, and fathers), health cadres, and health officers from select facilities. Officials from relevant sectors such as civil registration, education, and a conditional cash transfer program (PKH) were also included. The total number of informants was 56.

Midwives in the study had on average three years of relevant experience and helf an associate's degree in midwifery. Pregnant mothers were 20 – 30 years old and less and less than seven months pregnant; Mothers of under-five children were on average 30 years old and had two children. The four fathers, who were also husbands to informant mothers, held a middle school or high school diploma. Health cadres had on average more than ten years of experience, were between 30 – 60 years old, and held a high school or vocational school diploma.

Findings

Most of Tasikmalaya is rural and dominated by the agricultural industry. According to the Central Bureau of Statistics, the district of Tasikmalaya is composed of 39 sub-districts, divided further into 34 urban sub-sections and 317 rural villages (2015). The total population is 1.728.618, 8,23% of the population composed of under-five children. The region is served by 66 health facilities: one district hospital, two maternity hospitals, 23 clinics, and 40 Puskesmas. These facilities are staffed with a combined 868 health professionals: 75 doctors, 374 midwives, and 418 nurses. According to the Tasikmalaya Department of Health's records, there were 36.463 pregnant mothers and 145.230 under-five children in 2015. In the same year, 55 cases of maternal mortality and 294 cases of neonatal and infant mortality.

MCH Handbook Production and Distribution

Tasikmalaya has received the following percentages of handbooks compared to its target population: 75% in 2013, 14% in 2014, and 94% in 2015. In times of shortage (2014), the Indonesian Association of Midwives (IBI) has facilitated in handbook production and distribution to Puskesmas and privately operated health facilities. There are no figures on the number of handbooks distributed by third parties.

Handbook distribution from midwives to pregnant mothers occur during the first antenatal care visit. One handbook is distributed to each Posyandu. Handbook distribution to privately operated facilities, in this case hospitals and private practice midwives, is done directly from the district Department of Health in an amount that corresponds to need. A new maternal hospital plans on producing their own handbook, similar to the existing Pink Book.

The Department of Health and village midwives had MCH handbook distribution records and reports for users. No information on plans or results of routine, scheduled, and measurable monitoring and utilizaiton training activities were found. No recent version of the Technical Guidebook were found at any health facilities.

Availability of the MCH Handbook

The MCH handbook is available at Puskesmas, hospitals, and privately operated clinics. They are stored in cupboards or on desks. Midwives reported that they have made duplicates of the MCH handbook in times of shortage. Once the supply is replenished, records from the duplicates are migrated to the new handbooks.

Members of the community report that not all pregnant mothers and under-five children have MCH handbooks, specifically citing the 2014 shortage. In response to the shortage, some parents utilized a simple health record card (KMS) in place of an MCH handbook.

MCH Handbook Condition in the Community

Informants stated that there were mothers who lost their handbook, but no specific number or rate could be determined. Midwives indicated that they replaced all lost handbooks as long as they had a supply of the handbooks. The handbooks were replaced at a cost at privately operated facilities.

A number of MCH handbooks were observed in the field. Some of them had damaged covers and loose pages due to frequent use. Midwives indicated that they did not replace damaged handbooks and instead suggested repairing the handbook.

Most parents reported that they kept their MCH handbook in a closet or dresser. Mothers were most reported as the individual responsible for the handbook in the family, except in cases of high risk pregnancies where husbands held said responsibility. One or two mothers kept their handbook at the district hospital because they were worried of loss. Most books, however, are kept at home because they have to be read. One case of loss occured while the mother was giving birth; it was immediately replaced.

Utilization by Health Professionals

Health professionals at public health facilities (Puskesmas and Public District Hospital) have utilized the MCH handbook as a source of information. Health professionals at privately owned facilities have not fully utilized the handbook, especially specialists who do so because they view the handbook as a redundancy to their own medical records. However, private doctors will fill in the MCH handbook if a midwife refers the patient to them through the handbook. The study shows that 64% of public health facility visitors brought their handbook while none of the privately owned facility visitors did. From the 14 MCH handbooks observed, six (43%) were filled in completely while eight (57%) were not. The most neglected sections of the handbook were the birth record; Stimulation, Detection, and Intervention of Early Development (SDIDTK); pregnancy mandate; and disease and development records sections.

Utilization by Health Cadres

Health cadres utilize the MCH handbook to record results from weigh-ins and as counseling material for parents at the Posyandu or pregnancy classes. Cadres report that most questions revolve around diet. When a parent has a question, cadres would read the appropriate section of the handbook together with the parent.

Utilization by Families

The MCH handbook is read by the whole family. The sections reported (by mothers and fathers) as most interesting and relevant were childcare during illness, child development, and the weight chart. Informants that had many children reported less utilization due to a lack of time to read the handbook.

Parents feel responsible for bringing the MCH handbook to public health facilities (especially Puskesmas), but less so to privately operated facilities like clinics and especially when the purpose of their visit is a sick child. This is reflected in the many empty pages of child health and development records.

Some parents stated that they prefer bringing the KMS to the Posyandu because it is less thick and lighter than the MCH handbook. The KMS was utilized by cadres and at Puskesmas before the MCH handbook. However, parents will bring the handbook for immunizations.

The MCH handbook is read by husbands mostly when they are worried about their pregnant wife or sick child. Reading of the handbook by husbands was reported to positively influence involvement and curiosity in their wife's pregnancy. Some husbands would be compelled to going to a midwife or Puskesmas with their wife. Unfortunately, following birth, husbands read the handbook less and are less attentive. Beyond this point, they are more interested in the KMS and deem that it contains the most important information.

Utilization to Support Universal Health Coverage

Acceptance of the MCH handbook from other relevant sectors was found to be positive with indications of appreciation and viewing the handbook as useful. At the moment, cross-sector implementation of the handbook does not occur often, for example, during health claim verifications for pregnancy and birth. Conditional cash transfer recipients also use the MCH handbook to verify their use of a health facility. MCH handbook utilization for ECD center access and birth certificate production are possibilities that have not been explored yet, perhaps due to a lack of cross-sector coordination.

Knowledge of Health Professionals

Government-employed midwives have better knowledge of the handbook than their private counterparts do. All government-employed midwives report comprehensive knowledge of the MCH handbook with the exception of the newer material, such as the height/weight and age/height curves and content on child protection. This was indicated as a result of a lack of training or explanation from the Department of Health and in the Technical Guidebook.

Knowledge of Parents

Parents have a general knowledge of the MCH handbook's material, mostly content on pregnancy, birth, childcare, and child's health. However, most parents do not comprehensively understand the contents and meaning of the MCH handbook. Midwives recommend reading the handbook according to pregnancy stage, but in reality most pregnant mothers do not do this. This was reflected in the passive attitudes observed among pregnant mothers when discussing their pregnancy with midwives.

Young mothers demonstrate curiosity when it comes to their pregnancy, describing sophisticated questions on fetal heartbeat and fundus height. Midwives confirmed this, stating that many pregnant mothers come in to find out the Hb (hemoglobin) concentration.

Obstacles in MCH Handbook Implementation

The high workload for midwives at the Puskesmas has affected the completeness of the filling out of MCH handbooks. Midwives report being burdened by having to write records in four books for every visit and in seven additional books for monthly recapitulation, namely the handbook and the patient visitation, integrated toddler management, mother cohort, infant cohort, toddler cohort, infant and maternal immunization, local MCH monitoring, local family planning, integrated MCH program, and nutrition and immunization books. One midwife reported needing at least 30 minutes to examine patients, record, and explain findings to pregnant mothers. She reports that on top of the examinations, she is also responsible for HIV/AIDS and other services.

The MCH handbook has not been utilized by relevant sectors such as the Department of Education (ECD centers and kindergartens), Department of Population and Civil Registration, and Department of Social Services (PKH) due to a lack of socialization of the handbook's benefits, content, and use. There is a perception in the community on how the handbook is more geared towards pregnancy records than the health records of under-five children.

Feedback on the MCH Handbook

There is a confounding change is columns in the MCH handbook's newest version. There are not enough columns and they are often not synchronized with the previous pages.

Most community members state that the MCH handbook has covered all of the important content on maternal and child health, but they also express a desire for locally relevant content such as local habits and beliefs surrounding pregnancy. Content on pregnancy exercises were deemed relevant but was cut from the newest version of the handbook. The added material on child protection has been found to be difficult to understand and explain to users.

Discussion

Discussion of findings on availability, utilization, and knowledge will be divided according to Proctor's (2010) Taxonomy of Implementation Outcomes.

Acceptability

Generally, the MCH handbook is accepted as a source of information of maternal and child health, especially among visitors of public health facilities. The high workload that comes with recording and the lack of understanding of several sections has resulted in suboptimal utilization by health professionals. The lack of socialization and consequences surrounding the handbook has lessened the acceptance of the handbook in privately operated facilities.

Adoption

In the health sector, the MCH handbook has been adopted as a record from pregnant mothers and children as well as a media for communication, information, and education at a number of public health facilities. Adoption was done according to instructions from the central government and national policies. Programs in other sectors have not been fully exposed to the benefits of the handbook and therefore have not adopted it yet.

Appropriateness

Presently, there are no comprehensive monitoring and evaluation activities that can measure how appropriately the MCH handbook is being used in the community. This study showed that the community members find the handbook quite interesting and easy to understand. It is important to remember that most of the informants are fairly urbanized and literate. Further studies should be implemented in remote areas with low literacy rates. There is also a lack of material that is relevant to local habits.

Feasibility

MCH handbook implementation has been proven to be feasible as long as there is adequate and consistent support form the central government. In the case of Tasikmalaya, the district is not yet able to produce handbooks. IBI is the only other party that is able to supply handbooks – and while their initiative does help in maintaining the appropriate number of handbooks, it has to be evaluated for the potential of commercialization..

Fidelity

The MCH handbook has two main functions of serving as a communication, information, and education media and record for maternal and child health. Presently, implementation has been appropriate but not yet optimal. The lack of Technical Guidebook availability, training for health professionals, and additionally, the overwhelming amount of records that must be filled out contribute to the suboptimal utilization.

Implementation Cost

In 2015, the Ministry of Health printed five million MCH handbooks at a cost of Rp 24 billion or approximately Rp 4800/book. Handbook production is facilitated by IBI who sells each book at a price of Rp 7500 to Rp 8000. At certain facilities, the handbooks are sold for anywhere between Rp 10.000 to Rp 15.000 for the handbook.

Penetration

In the context of health services, MCH handbook implementation is widespread in public facilities and less so in privately operate facilities.

In terms of cross-sector utilization, while the handbook is deemed as a comprehensive communication, information, and education media for maternal and child health, it cannot be used optimally due to a lack of coordination and integration of programs.

Sustainability

MCH handbook implementation has been institutionalized through the Minister of Health's Decision No. 284/MENKES/SK/III/2004 and the release of the Technical Guidebook on MCH Handbook Utilization and the General Guidelines of MCH Handbook Implementation Management. Despite the presence of these documents, they are not yet fully socialized and implemented at the regional level.

The insufficient number of MCH handbooks distributed from the Ministry of Health in 2014 resulted in suboptimal implementation. Implementation and distribution has been explicitly described as the responsibility of the governments at the central, province, and district levels. The presence of policies that designate the Ministry of Health as the supplier has created a dependence by regional governments. Regional governments are encouraged to work with outside parties such as IBI or the National Health Insurance program to ensure the availability of the handbook, especially for those in poverty.

Conclusions and Recommendations

Conclusion

This study was conducted in one district and cannot provide the full picture of the availability, utilization, and effectiveness of the MCH handbook. Conclusions are divided into three topics: availability, utilizaiton, and effectiveness.

MCH handbook distribution in Tasikmalaya has not been even in the past few years, especially evident in the shortage in 2014. In response to the many mothers and children without a handbook, IBI produced copies of the handbook and sold them at a cost. The Technical Guidebook has also not been distributed evenly from the district level to Puskesmas. This has contributed to different understandings of the handbook's contents.

MCH handbook utilization has generally been in line with its intended purposes as a recording and information media. Health professionals, especially those who work in public facilities, have utilized the handbook in that way, but have not yet utilized it optimally due to administrative workload. Health professionals in privately operated facilities, especially specialists who use their own medical records, have not utilized the handbook optimally. Private doctors encourage midwives to write referrals in the handbook.

The community (cadres and parents) views the MCH handbook material as quite informative. In some cases, there have been observations of changes in behaviour following exposure to the handbook's messages and content. The handbook provides an opportunity for pregnant mothers and parents of under-five children to understand their right to access health services for themselves and their children.

There are no established monitoring and evaluation activities that can measure the effectivity of MCH handbook utilization.

Recommendations

The opportunity to work with non-governmental parties and other relevant parties must be optimized. However, it is important to be aware of the prospect of commercialization resulting from partnerships, which must be avoided.

In the future, program synchronization, system integration, budget efficiency, increased penetration and effective intervention through coordination and collaboration with relevant parties (departments of Civil Registration, Education, Social Services, and the Social Security Health Agency) are needed.

The prospect of handbook division into a multiple pregnancy maternal and reproductive health handbook and a child health handbook that can also be used for school readiness must receive further consideration. Through handbook, the handbook necessary for health service visits will be less cumbersome and easier to regularly bring.

Monitoring mechanisms designed as suggested by the general guidelines must be established. Content revision evaluations must be conducted and done so by independent parties that place importance on the needs of the public over program interests.

Similar studies must be conducted in additional locations to procure a more complete picture in accordance with the eight MCH handbook implementation indicators.
