Jayawijaya WATCH Project

(WOMEN AND THEIR CHILDREN'S HEALTH)

Kanggime Extension

An AusAID funded project implemented by World Vision

Health Education & Gender and Development

Consultancy Report

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Contents

Glossary and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
Bidan	Midwife
Bidan Desa	Village midwife
Bupati	Government official in charge of Kabupaten (Provincial District)
Camat	Government official in charge of Kecamatan (Subdistrict)
CD	Community Development
CMP	Case Management Protocol
DepKes	Departamen Kesehatan (Ministry of Health)
Desa	Territory defined by Government as a desa (village)
Dinas Kesehatan	Government Health Service
Dinkes Kab	Dinas Kesehatan Kabupaten (District level Health Service)
Dinkes Prop	Dinas Kesehatan Propinsi (Provincial level Health Service)
DPRD	Kabupaten (District) level House of Representatives
Dukun	Traditional Healer/Birth Attendant
GIDI	Gereja Injili di Irian Jaya (Evangelical Church of Irian Jaya)
Kabupaten	Government administrative unit: district within Province
Kecamatan	Government administrative unit: subdistrict within District
MAF	Missionary Aviation Fellowship
Mantri	(Male) nurse or health assistant
MOH	Ministry of Health
MSF	Medicines Sans Frontiers
NGO	Non Government Organization
NRC	Nederlands Reformed Church
PLA	Participatory Learning and Action
PRA	Participatory Rural Appraisal
PNG	Papua New Guinea
RBMU	Regions Beyond Mission Union
Polindes	Village Birthing House

Pos Obat Desa	Village Drug Post
Posyandu	Integrated Health Service Post
Puskesmas	Health Centre
Pustu	Health Sub-centre
STD	Sexually transmitted Disease
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Emergency Fund
WHO	World Health Organization
Yayasan	Foundation
YKB	Yayasan Kesehatan Bethesda (local health foundation)
YAKPESMI	Yayasan Kristen Pelayanan Sosial Masyarakat Irian Jaya (NCR)
YASUMAT	Yayasan Sosial Untuk Masyarakat Terpencil (RBMU)

Executive Summary

This report is the result of a visit to the WATCH project in Jayawijaya District in the highlands of Irian Jaya, including a visit to villages in the Kanggime subdistrict, during November 1999. The focus of the consultancy was two fold. The first goal was to assist the staff in strategizing about the most appropriate ways to carry out health education. As a result of this strategizing, various methods and materials are recommended for development here. Many of the recommended materials can be typically found in many health education programs (posters, calendars, booklets, information cards, etc). The forms of these materials are not new, but what is new is the attempt to adapt the health messages they contain to the Melanesian context and to make them as relevant and clear as possible to the target communities. The major recommendation to emerge is to employ a bilingual strategy (Indonesian and local language) in communicating health messages. The goal of health education is essentially behavior modification and this can be a very elusive goal unless information is present in the most culturally appropriate and understandable ways.

The second focus was on gender related issues. The division of labor and the cultural divide between men's work and woman's work in Melanesia are often interpreted by outsiders as evidence that Melanesian women are socially inferior to men. Gender issues addressed in this report were also discussed with the staff in the field with the goal of a providing the staff with a better understanding of Melanesian cultures and Melanesian ideas about gender. Many women in Jayawijaya are physically active and strong, particularly in their youth. Interventions should focus on helping women maintain this health and strength, because Melanesian cultures do assign women physically difficult tasks. But this does not mean women are systematically disparaged and devalued in these cultures or that some kind of 'imbalance' exists in gender relations. Recommendations suggest numerous ways to improve the well-being and health of women in Jayawijaya and to increase their voice in society.

When the WATCH project started, it's goals of adapting primary health care to the highlands of Irian Jaya was clear. What was not clear, however, was what interventions would be appropriate and effective in this Melanesian physical and socio-cultural

environment. This has meant the project has unavoidably needed to operate to a large degree by trial and error. The need to modify project strategies, targets and interventions should not be seen as failures, but as successes and significant steps in the on-going process of adapting health care to fit the context of highlands Irian Jaya.

1. Introduction

1.1 Project Overview

Since 1991 the WATCH project has been involved in the development of a primary health care model appropriate to the highland regions of Irian Jaya. The project operates in the Jayawijaya District where health centres and clinics are poorly serviced, and where maternal and infant mortality is high and life expectancy is low. The project has attempted to determine and tackle some of the root causes of women and children's ill-health through a combination of community development, gender role change, improved essential clinical services for women and children, and community based preventative health programs.

During its first two phases the project targeted interventions throughout Jayawijaya District, a large rugged mountainous area covering 52,916 km^2 where many culturally and linguistically diverse people live in isolated communities. In October 1998 a two year project extension began. This Kanggime Extension has the goal of consolidating interventions, and maximising sustainability and project impact. In this phase the project narrowed its focus to the two Jayawijaya subdistricts of Kanggime and Mamit. In this region target communities comprise one relatively homogenous ethnolinguistic group called Lani Barat (also known as Dani Barat).

1.2 Consultancy Goals

One of the key health issues in eastern Indonesia is the communication of appropriate messages that will influence communities to consider alternative behaviors for promoting health and improving their chances of reducing mortality and morbidity. The objective of the current consultancy is to assist the WATCH staff to develop ways in which the project's health messages could be communicated effectively. The health education is to include basic medical topics relevant to maternal and child health as well as environmental sanitation, nutrition, and gender issues, all of which are seen as key interventions in the project's overall strategy for reducing the mortality and morbidity of women and children in Jayawijaya.

2. Adapting Health Education to the Melanesian Context

Over the years WATCH has determined the following problems as causes of the poor levels of maternal and child health in the Jayawijaya District:

- the three major medical problems of malaria, pneumonia, and diarrhea
- poor antenatal/maternal care
- poor environmental sanitation
- malnutrition
- gender imbalances

While it is not very difficult to target these as causes of poor health in Jayawijaya, it is far more difficult to determine what interventions are appropriate and effective in the physical and socio-cultural environment of Melanesia.

Over the span of the project WATCH staff have collected various examples of educational material addressing these topics (including some material produced by the project itself). And yet the staff expressed considerable frustration and a sense of futility in attempting to use such material, either because the material was inappropriate, the people were unable to comprehend the material, or if they did understand it, they were simply unwilling to change their behavior. The basic approach to health education implied by much of this material could be described as the "injection method" in which it is assumed that by merely "injecting" health messages into people, there will be an automatic change in their behavior. Obviously, this method was not working and not producing the desired outcomes. In sum, many of the attempts at health education and promotion by the project and by DepKes had resulted in numerous frustrations for the staff and not resulted in much behavioral change on the part of the target communities.

As the project staff were coming to realise, success in health education does not necessarily result from the production of flashy materials. It depends rather on how health messages are understood, accepted, and implemented by the learners. This means that the health messages themselves must be carefully analysed and formulated from the

perspective of the learner, the target audience. By presenting health messages in understandable and relevant ways, they will hopefully 'resonate' with the learners and have maximum potential to impact their behavior.

But successful health education is particularly difficult and elusive in a place like Jayawijaya because of the cross-cultural context in which health workers and target communities interact. The 'language and culture gap' makes it difficult for health workers to communicate understandable and relevant messages to the target audience. While they may have considerable medical knowledge, health workers are rarely trained in cross-cultural communication skills and principles. When their attempts at health education fail, it is easy for victim blaming to occur. The people are accused of stupidity and unwillingness to participate in 'development,' when in fact, those initiating the health education have failed to communicate successfully.

2.1 Language

Several factors are important in making health messages understandable and relevant. The first is, obviously, language. If people are presented with health messages in a language which they do not understand or which they understand poorly, they will have little or no comprehension of the message even if they are frequently bombarded with well intended messages. In helping the WATCH staff establish health education strategies appropriate to the context of highlands Irian Jaya, language was one of the key issues.

It should be noted that the project's attempts at health education had largely been using Indonesian, the national language. Written health education materials used or produced by the project were exclusively in Indonesian. Because the staff was aware that many people (particularly women) in the district do not speak Indonesian well, in group settings they would frequently request a local person to provide spontaneous oral translation into the local language. When the language issue was discussed with the staff, they immediately recognised there were numerous weaknesses and pitfalls in relying solely on this type of translation (these were also observed by the consultant). The problems include the potential loss of control of the communication process and a high degree of uncertainty regarding what information is actually being communicated in the oral translation, particularly when

the on-the-spot translator may not have completely understood the original message (which was observed to happen rather often).

Recommendation on Health Education Strategy
For more effective communication of health messages, the project should adopt a bilingual approach to health education, using both Indonesian and the local language(s),. There should be careful written translation of as much health education material as possible into the local language. Any local people employed in the production of such material need to have adequate training and skills in translation principles. (See Annex 4 for suggestions on how to produce quality translation. Also Annex 2 for a list bilingual SHELL books available for translation and contacts to seek in getting assistance in translation.)

In making this recommendation it is recognised that cultural and linguistic differences are often ignored or trivialized in Indonesia in attempts to promote national unity and images of 'national development.' But if the goal of improving women's health is to be taken seriously in the highlands of Irian Jaya, successful health education must include the use of local languages for successful communication of health messages to women.

In the past there has in fact been considerable use of local languages in health education in Irian Jaya, particularly through the promotion of mission health workers. However, more recently as health services in Jayawijaya District have been performed by DepKes health workers, there has been an increasing shift toward the exclusive use of Indonesian, even though it limits effective communication.

The bilingual strategy for health education being recommended here is particularly appropriate to the Kanggime Extension phase of the WATCH project. During earlier phases the project was involved in the entire district, interacting with communities speaking numerous different local languages. The current focus on the Kanggime and Mamit subdistricts means the project is essentially working in a single linguistic region with mutual intelligibility among a group of dialects (Lani Barat). From several decades of missionary

contact, people in this region have a history of using their language in written form, including the Bible and other books that have been translated. Some health education material has also been produced in Lani Barat, including an extensive manual published in 1986 for midwives and TBAs (*Aakumi inawi Lombok logonet, ineebe obeelom wiganggo logorak wone,* by Pdt. David L. Scovill, published by Kantor Wilayah Departamen Kesehatan Propinsi Irian Jaya as part of the UNDP-WHO Program). Unfortunately, the project was unaware of the existence of this material even though midwives in the villages continue to refer to it.

2.2 Clarity

When people's understanding of health issues is lacking, a common reaction is to bombard them with enormous amounts of information that is also very complex. This results, once again, in ineffective communication. In helping the WATCH staff establish more appropriate health education strategies, the simplicity and clarity of health messages were other key issues.

Time was spent assisting the staff to refine their health messages by reducing the information to a useful and reliable minimum expressed in basic clear ideas. Starting from the broad (and in some cases vaguely defined) causes of poor health which the project had already recognized, the staff was encouraged to narrow down each problem to specific terms and to consider culturally relevant behavior that might help resolve the problem. For example, the broad and somewhat vague problem of "malnutrition" was narrowed down to include (among other things) the more specific problem of "lack of protein for underfives." By refining the health messages in these ways, it became possible to see how health education focusing on specific information might produce the desired changes in behavior.

2.3 Relevance

In seeking to help people resolve their health problems, the staff was also encouraged to select and promote specific behavior relevant to the physical and social context of Melanesia. This meant recognizing that some of the health messages that had been typically promoted by DepKes (and WATCH) are in fact "culture bound" in that they are logical or 'understandable' from the perspective of outside cultures, but not necessarily

from the perspective of Melanesian cultures. For example, the need for women to rest after childbirth was framed as "Stay at home and do no work for three months after having a baby." This may be appropriate to maternity benefits where 'work' is defined in terms of employment on a wage basis, but it is inappropriate to the context of highlands Melanesia where gardens are 'living pantries' and women must go to their gardens to obtain food for their families on a regular basis. (There is a common view that highlands women are out working in their gardens immediately after childbirth. Upon inquiry, this was found to be a misrepresentation, at least in the local area where women are looked after at least until the baby's cord falls off. Although they may indeed go to their gardens, there are cultural ideas about the need to curtail the amount of work a woman does after childbirth.)

Making the messages relevant also meant re-evaluating certain ideas about causation and what had been perceived as 'root-causes' of poor health. The Melanesian cultural tendency to create gender differentiation in many spheres of life, for example, had been cross-culturally misinterpreted as a direct cause of women's poor health. When the staff was encouraged to consider gender issues more from a Melanesian perspective, it was easy to understand why men have been hesitant to do activities culturally defined as 'women's work'. And to understand why, given the Melanesian gender system, people want to separate things associated with childbirth to the female gender (including health workers), in much the same way that childbirth is viewed and respected as "women's business" in the Australian Aboriginal context.

Another way the project's health messages were made more relevant was by eliminating spurious messages aimed less at health and more at promoting "ideal citizens" from the government's point of view. This was very evident in the project's "health message" that "Two children are enough", a message handed down from government family planning services. There are various ways to interpret this health message. One interpretation can be based on international economics, seeing it as an attempt to get women to limit their fertility for the benefit of the government as it seeks to lower the birthrate and please international donors of foreign aid. But more significantly, in some places in eastern Indonesia local interpretations read this "health message'' and the government family planning program in general to be a type of government sponsored 'ethnocide' aimed at

reducing or eliminating non-Javanese (or eastern Indonesian) populations. Unaware that the same message is being promoted over the entire country, they assume they are the only ones to whom it is targeted. There were several reports in Jayawijaya indicating that contraception is becoming a sensitive issue with some wanting to reject the entire concept of family planning. This is particularly true of men who are responsible for ensuring the continuity of their clans and who becoming concerned about larger political issues in Indonesia. The point is, however, the message is unnecessary. Families have traditionally been 'small' in the highlands of Irian Jaya where women have had various cultural mechanisms (including infanticide) to limit the number of children they have. Most women in Jayawijaya want small families and many of them already use and are convinced of the benefits of contraception. On several occasions concerns were expressed by women about the current non-availability of contraceptives through the DepKes system. To benefit the women of Jayawijaya, it is more important to focus on the adequate distribution and availability of contraceptives then to promote contraceptives with a message that can potentially backfire by communicating a hidden political agenda to local people (even if that message was never intended by the government's family planning services).

3. Defining the Health Messages

3.1 Medical Interventions

3.1.1 Danger Signs Needing Immediate Treatment: As previously noted, the three major medical problems addressed by the project include malaria, pneumonia, and diarrhea. In discussions with WATCH and DepKes staff about what specifically needed to be communicated regarded these diseases, they saw a major problem to be delay in seeking treatment by patients and their families. From a Melanesian perspective, this is somewhat understandable in that disease is often viewed as evidence of a social problem that needs rectifying. Delays (from a medical point of view) often come about as families put priority on determining and fixing the social problem, knowing that once it is dealt with, the physical problem will also be resolved. Even though WATCH staff and other health workers may not share these same views regarding the social cause of illness,

interventions can focus on minimising delay. Families need to know that when certain physical signs occur (high fevers, continued vomiting or diarrhea, etc.) they need to seek immediate medical help. Their seeking of medical treatment does not preclude dealing with the spiritual and social causes of disease as well, but parents (particularly fathers) need to understand the physical signs indicating that immediate medical intervention is warranted.

3.1.2 Treating Diarrhea: WATCH staff have been able to successfully promote the use of sweet potato flour in oral rehydration fluid as an intervention for diarrhea. Health material should continue to focus on the treatment of diarrhea including the use of oral rehydration fluid both from sweet potato flour *or* from pre-packaged rehydration mix (since many people are familiar with the pre-packaged mix and prefer to use it when available).

3.1.3 Making Sweet Potato Flour: Sweet potato flour has been produced for oral rehydration therapy and as a supplement to breast milk for older infants. However the methods used in producing the flour clash with local cultural taboos which prohibit the cutting of sweet potato. The local logic being that if sweet potatoes are cut into smaller pieces, the sweet potatoes in one's garden will similarly be small and not grow. At this point, the recommendation is made to continue to promote sweet potato flour for infant feeding and rehydration, but to recognize that people will need time to socially consider and process the value this new item has for them. If they see it as desirable, they will find some way around the taboo (possibly disregard the taboo, possibly have non-locals make the flour and cut the sweet potatoes, or another creative solution). If the flour is not desired for other reasons, (too labor intensive to produce, not necessary when pre-packaged rehydration solution is available, etc), the cultural taboo against cutting sweet potato will remain a good excuse to avoid making the flour.

Recommended Health Messages for Medical Interventions

1. Danger signs associated with malaria, pneumonia, diarrhea and the need to seek immediate medical help.
2. How to treat diarrhea with oral rehydration fluid.
3. How to make sweet potato flour.

3.2 Nutritional Interventions

Food is a very complex topic in any culture and health workers implementing nutritional interventions in cross-cultural settings are often prone to see their own food habits as "nutritionally ideal" and needing to emulated by others. The following excerpt points out some of the difficulties health workers face in dealing with nutritional issues in cross-cultural settings:

> Health workers are... now learning that food habits are among the oldest and most deeply entrenched aspects of many cultures, and cannot therefore be easily changed, or if changed, can produce a further series of unexpected and often unwelcome reactions…
>
> [I]t is desirable to elaborate somewhat on the degree to which we as health workers are "culture bound." The type of training the majority of us receive makes it difficult for us to see any merit in points of view or patterns of behavior different from our own. Food patterns for example which differ from our concepts of "good" practices are automatically labeled "bad". Attitudes and beliefs differing from ours are regarded as "illogical," "misinformed" or "wrong." The people who hold these different concepts are regarded as "ignorant" or perhaps "superstitious," "childlike" or plain "stupid."
>
> Unfortunately there are still too many of us who are convinced that our own particular set of beliefs, attitudes, and practices is the only correct way of life and one that should be emulated by people of all cultures and all social classes. Such a philosophy on our part presumes that only we as professional health workers know what is good for all people. Furthermore it is frequently our fond belief that our nutritional education is being executed in a

> "knowledge vacuum" as far as the recipients are concerned: that because the population we are serving knows nothing of our nutritional concepts, they therefore have no concepts whatever about nutrition.(Cassel 1977:237)

The existence of malnutrition and/or the need to improve the nutrition of people in the highlands of Irian Jaya are often mentioned as problems even though there are few nutritional studies or empirical data to indicate what in fact is deficient in a highlands diet and what demands rectifying. While it is obvious some people in the highlands of Irian Jaya obtain insufficient nutrients, it is important to recognise that a Melanesian highlands diet can provide sufficient nutrients because many people do lead healthy active lives there. The fact that many of Indonesian's best athletes come from Irian Jaya is at least some indication of the adequacy of Melanesian diets. Studies in cultural ecology in the highlands of PNG reveal that sweet potato gardening does provide a good energy return for labor input: that particular study found that for every kilocalorie of energy expended in gardening, more than sixteen kilocalories were obtained in return. Of course energy intake is only one aspect of nutrition, but a fundamental issue in dealing with nutritional issues in a cross-cultural settings like Melanesia, is to avoid the presupposition that Melanesian agricultural practices are ineffective and Melanesian diets are inadequate just because they are different.

Attempts at improving nutrition in Jayawijaya have relied heavily on the introduction of new foods. Yet project staff were quick to point out the hesitancy people had in eating newly introduced foods, preferring to sell them rather than consume them themselves. This is not unusual in that a considerable amount of time is often needed after new foods are introduced before they are regularly consumed as part of the 'normal' diet. However, health education should not merely promote or focus on new foods as the solution to nutritional problems. Traditional foods need to included in the promotion of balanced diets.

Long Term Recommendation for Nutritional Analysis of Traditional Foods

In addition to the continued introduction and promotion of new foods to improve nutrition in Jayawijaya district, more research is needed into the nutritional aspects of traditional diets. Nutritional analysis of a wide range of traditional foods can provide a better understand how to promote traditional foods as part of a well balanced diet.

Immediate nutritional problems were addressed by having the staff clarify 1) the specific group potentially at risk for an inadequate diet and 2) the specific problem with that group's diet which needs rectifying. As a result, the following interventions were targeted as issues needing to be promoted through the project's health education efforts:

- lack of protein in underfives
- lack of iron for pregnant/nursing women
- lack of energy (calories) for pregnant/nursing women

These issues are addressed in the following topics.

3.2.1 The Concept of Digestion: To understand ideas such as the nutritional value of different foods, it is important to understand the basic concept of digestion as the absorption of food and nourishment of body tissues via the bloodstream. For maternal and infant health, it is particularly important to have an understanding of the function of the placenta and umbilical cord in providing nourishment to the fetus from what the mother eats. Once this logical basis is provided (even in simplified terms), the promotion of different types of food becomes more understandable. Without this logic, nutritional health promotion can appear arbitrary-just the outsiders 'taboos' about what is good and not good to eat.

3.2.2 Lack of Protein in Underfives: Protein rich foods need to be promoted as essential to the diet of underfives. In addition to the introduction of new protein foods, the increased consumption of traditional protein foods like pork should be promoted. Since people often are not used to reckoning their children's age, this message can be targeted more generally for children who do not yet go to school, since people do know the age (or size) when children are able to enter school.

3.2.3 The Benefits of Legumes as Storageable Foods: The promotion of legumes should continue through health education and seed distribution, particularly to provide storageable foods which can be saved to eat during the lean times such as when sweet potato gardens have been planted but are not yet ready to harvest.

3.2.4 Lack of Iron for Pregnant Mothers: Traditional sources of iron such as pork liver need to be promoted as beneficial to pregnant and nursing women. Supplemental iron pills for pregnant women should also be promoted. The staff noted that iron pills are widely accepted particularly as the red colour of the pills is associated with increasing and strengthening the blood. Because the fetus is considered to come from the mother's blood, people see the need for increasing and strengthening her blood.

3.2.5 Lack of Calories for Pregnant/Nursing Mothers: Melanesian women, particularly in their youth, are often physically strong. Given that these women work hard, the goal is to maintain their levels of strength and health which are particularly vulnerable during pregnancy and lactation. Women need to be encouraged to eat sufficient amounts of food to nourish themselves and their infants during these periods. This health message should be targeted at women as well as their husbands and the older women who are their mothers-in-law.

3.2.6 Infant Feeding: Several issues are relevant to infant feeding. First, it is difficult for people to understand messages about feeding infants when they are expressed in terms of months as the age of a child is rarely reckoned on a monthly basis. Rather than uses months as indicators, it is better to use developmental signs (for example, "Start feeding the baby extra food when he/she is six months old, can be more relevantly expressed as :"when he/she begins to sit up." A second issue involves the preparation of foods for infants, since traditionally there is rarely any special preparation done for infants. This can include the continued promotion of sweet potato flour, as well as other food which can be mashed and feed to infants. Although people traditionally have no equipment with which to mash food, mothers should be shown and should practice how to feed their babies by mashing foods. One possibility is present mothers with a small spoon at practice sessions which they can then take home for feeding their child. A third issue, is to always clarify that this early infant feeding is in addition to breast milk, not replacing it.

Recommended Health Messages for Nutritional Interventions
1. When food is digested it nourishes the body via the bloodstream.

2. The placenta and umbilical cord provide nourishment to the fetus based on what the mother eats.

3. Young children-those who do not yet go to school-need to eat food with protein such as… (promoting both new and traditional protein rich foods).

4. Red beans, mung beans (and other legumes) can be stored and eaten during 'hungry periods' when gardens are not yet ready to harvest.

5. Pregnant women need to take iron pills.

6. Pregnant women should eat pork liver (and other traditional iron rich foods).

7. Pregnant and nursing women need to eat a lot, to stay strong.

8. When babies begin to sit up they should be feed food in addition to breastmilk, to make them strong. (The specific foods and feeding methods may vary, but should be done as much as possible by example and hands-on-training for the mothers.)

3.2.7 Pest Control and Safe Seed Storage: During the consultancy numerous people in Kanggime and nearby villages mentioned the current problem of rats or mice eating corn seed and other produce. Since they have recently been encouraged to plant more legumes and other crops propagated by seed, seed storage becomes an issue that also needs to be addressed. Because a considerable amount of harvest and seed stock can be lost to rats, pest control and safe seed storage need to be considered important interventions in improving the nutrition of target communities in Jayawijaya.

Recommendation for Pest Control and Safe Seed Storage
Safe seed storage and pest control (rat/mice) need to be addressed as important nutritional interventions in Kanggime and Mamit subdistricts.

3.3. Antenatal Interventions

In addition to the nutritional interventions targeted specifically at pregnant and nursing women, the following interventions were listed by the project staff as topics related to antenatal care needing priority for health education:

- need for antenatal care (four visits)
- understanding of the high risk signs of pregnancy

3.3.1 Antenatal visits: The staff had found that it is very difficult to get women to follow the DepKes recommendation of four antenatal visits to a midwife or TBA (one visit in the first trimester, one visit in the second, and two in the third). The need for a first trimester visit was particularly problematic and very rarely occurred. Assuming that women have access to a midwife or TBA, one of the possible difficulties in communicating this health message about antenatal visits comes from the medical system of reckoning pregnancies in terms of "months" or trimesters. Another major problem comes from a lack of understanding local concepts and terminology for pregnancy. In Lani Barat (as in many eastern Indonesian languages) two terms are used for what is referred to in English as *pregnant* (or in Indonesian as *hamil*). Lani Barat *lek agarak* (literally 'blood stops') is used to refer to a woman when menstruation has stopped but there is still no "evidence" of a fetus. Only after the fetus is moving and the woman's stomach is 'big' is she said to be *abilaa* (roughly equivalent to the idea of 'obviously pregnant'). Because the Indonesian term *hamil* had been equated and translated as *abilaa*, it is understandable how a lack of communication could occur and women would not come for first trimester visits. They had only ever been told to go when they were 'obviously pregnant' (*abilaa*). The timing of antenatal visits needs to be expressed in terms of local concepts about pregnancy.

3.3.2 Signs of High Risk Pregnancy: The project staff have already made considerable progress in educating midwives and TBAs about the need to refer high risk pregnancies. To reinforce this message to women, to midwives and TBAs, and also to better obtain the compliance of husbands and other family members in seeking care for high risk pregnancies, it is recommended that the 'danger signs' indicating a high risk pregnancy be communicated to a wider audience in the community, including both men and women.

Recommended Health Messages for Antenatal Interventions Visit the dukun four times before your baby is born: When the 'blood stops' (*lek agarak*), one visit [first trimester] When the child begins to move, one visit [second trimester] When 'obviously pregnant' (*abilaa*), two visits [third trimester] Danger signs associated with high risk pregnancies and the need to seek medical help if they occur.

3.4. Gender Interventions

The project has been involved in gender awareness training both at the district and subdistrict level and this has brought about several positive aspects including a much needed openness to discuss women and men's roles in society. The project has also sincerely endeavored to improve the well-being of women in Jayawijaya. However, some of the conclusions reached about "gender imbalances" and the need for interventions to "correct gender imbalances" or "gender inequalities" need to be re-evaluated and re-formulated from a better understanding of Melanesian ideas about gender.

It is very widely assumed that women in Melanesia are socially inferior to men, and reading the situation in places like Jayawijaya from contemporary foreign (particularly Western) values and expectations, this appears hard to deny. However, there is also contradictory data. Melanesian cultures are fiercely egalitarian: no one is considered inherently 'better' or 'superior' to another person (the lack of structured hierarchy in Lani society and their 'everyone is equal' attitude are cultural realities of which the project staff have become very aware). Furthermore, in regards to children, there is generally no preference for one sex or the other. Daughters are loved and valued equally to sons

(another cultural point of which the staff was aware). So how is it possible to make sense of gender relations in Jayawijaya without imposing an ethnocentric framework that automatically assumes gender differences are evidence of inequality?

In the past two decades there has been an unprecedented amount of work by anthropologists on the cultural construction of gender in Melanesia. The following points draw on this social research. (See Annex 3 for a listing of the more important works.)

3.4.1 The importance of continually creating difference or separation between male and female: It is common throughout Melanesia for women's and men's social obligations and responsibilities to be sharply separated. There are numerous cultural mechanisms at work which continually seek to create difference between men and women. This can be seen in the strong delineation between women's work and men's work. It can also be seen in the initiation ceremonies typically found in Melanesia, which aim to create males or females out of children who (from a Melanesian point of view) have sexed bodies but are not yet gendered persons. The construction of gender in Melanesia is not something that just 'is' or exists (as say, in 'Western' ideas about gender). Melanesian maleness and femaleness must be actively created and this is done by creating differences and separation between men and women. Ideas about 'gender pollution' (for examples, men's fear of menstrual blood as a pollutant or poison) illustrate the concerns Melanesian men have about separating themselves from female fluids, because such tokens of femaleness are potentially harmful to maleness.

3.4.2 The complementarity of male and female: This creation of gender difference does not mean females are devalued nor should it be read as creating inequality. At the heart of Melanesian ideas about gender is the notion of gender complementarity and interdependence. Male and female complement, complete, and need each other. This fundamental notion was drawn on by Ibu Salomina, the leader of the inter-church women's group (Kelompok Peduli Perempuan Jayawijaya) in Wamena during a November 13 meeting where she illustrated male/female complementarity using the metaphors of a bow and arrow or a car and gas. One without the other she said, is non-functional. Both are needed. It was very significant that in discussing the rationale for why a female managed yayasan was need in Jayawijaya, her arguments were not based

on the need to confront male dominance or female subordination, but on the need for complementarity. She argued that women as well as men needed to take collective action in addressing social concerns in the changing world of Jayawijaya.

3.4.3 The consequences of patrilineality: In targeting gender inventions, patrilineality has been condemned as a direct cause of gender imbalance and women's poor health in Jayawijaya. Technically, patrilineality refers to the type of descent system often found in eastern Indonesia and Melanesia where children are considered to 'belong' to the clan or family of their father. However, in this same region there are also matrilineal descent systems (where children belong to their mother's clan). Women in these matrilineal societies can also have poor health and can also appear to be similarly 'subordinated'. Conversely, some women in patrilineal societies can be very powerful, have very high social status and be in very good health. By sharpening the analysis here through a regional perspective and comparison of what descent systems actually do and do not do, it is easy to recognise that patrilineality *per se* does not cause the subordination or poor health of women. It is simply misguided to target patrilineality as a social factor that should be changed and to assume that by fixing this 'problem' the status and health of women will somehow improve.

3.4.4 The (local) meaning of bridewealth: Bridewealth is another issue that has been brought forward as evidence of the 'gender imbalance' and subordination of women in Jayawijaya. There are many implications of bridewealth that are not easily seen from an outside perspective. Basically, the view of bridewealth as 'buying' women is an outsider's view, equating the exchange of pigs (or whatever) for a woman as an economic purchase. The volumes of anthropological discussion that have been written on bridewealth in Melanesia suggest that from the local perspective it is a 'substitution', not a 'purchase'. As Melanesians explain it, they do not 'steal' women as outsiders do, they provide a gift in exchange for the bride that, among other things, shows respect to the bride and her family. If fact, a woman whose family does not insist on bridewealth is often in a difficult situation, with there being no social recognition of the relationship between her family and the family of her husband, and consequently no social basis for interaction between the two families.

Bridewealth is often an integral feature of patrilineal descent systems where children belong to the clan of their father. However, this does not happen automatically. It is normally contingent on the presentation of bridewealth which symbolises the social transaction of a marriage and indicates that the rights to a woman's children have been transferred from her clan to her husband's clan. Without the bridewealth transaction, men can disclaim responsibility for children because socially they do not belong to them. Bridewealth is thus an essential ingredient to the well-being of children and the social recognition of paternal rights and responsibilities.

3.4.5 The benefits of extended families: The fact that societies in Jayawijaya are oriented around extended families or "clans" rather than nuclear families has also been deemed to cause gender imbalance. Much Lani social activity is actually done in the context of the nuclear family, but the clan is a very important social group and the source of one's primary identity. Rather than being detrimental, interaction with extended family can actually be beneficial to women, particularly as they have access to other family members (mothers, mothers-in-law, sisters, sisters-in-law) to share responsibilities of childcare, visits to the garden, etc. Confined to a nuclear family without access to these potential support people, a woman's work load can be much greater.

3.4.6 The importance of the brother-sister relationship: Tools used in some gender analysis heavily focus on the supercategories 'male' and 'female' and can easily lead one to assume that people are always acting primarily as 'males' or 'females'. However, in Melanesian contexts people often see themselves as acting primarily in response to a relationship as a father, son, brother, husband or mother, daughter, sister, wife. The husband-wife relationship (along with the nuclear family) is also often assumed to be the primary locus of gender relationships. In Melanesia, however, the brother-sister relationship is very significant throughout life. In the context of the extended family (and relationships between in-laws which are brought about through the exchange of bridewealth), a woman's brother (and classificatory 'clan' brothers) is a very important protector for both her and her children. In a difficult marriage, for example, a woman can return to her parents or brother. In considering gender relations in Jayawijaya it is important to look beyond the limited context of the husband-wife relationship and recognise the support women can have from other men including their brothers, fathers,

sons and mother's brothers.

3.4.7 The division of labor: In line with the need to separate male and female, it is actually not surprising that activities are highly gendered in Melanesia. Men's activities have traditionally focused around roles associated with social transactions (trade and other exchanges, marriage negotiations, warfare, political alliances) while women have roles associated with production (gardens, pigs). This does not mean that in sitting around negotiating for long hours men are not working (particularly in the egalitarian environment of Melanesia where one cannot give 'orders' but must spend considerable time persuading others to go along with one's wishes). But it does mean that labor demands on women are heavy.

It is this division of labor and the cultural divide between men's work and woman's work that is easily interpreted from the outside as an 'imbalance' in need of correction. The following recommendations are given in an effort to improve the well-being and health of women in Jayawijaya, recognising that although Melanesian ideas about gender difference result in women shouldering physically difficult tasks, they do not systematically disparage and devalue women.

Recommendation to Support Local Female Managed Yayasans
Given the fact that yayasan and NGO activities are increasing in significance (particularly in District centres live Wamena), female managed yayasans are an important platform for the involvement of women in public issues and debates. The efforts of local women should be supported as they seek to manage and fund yayasans to address local issues of importance to women (and men).

Recommendation on How to Find Gender Balance in the Context of Melanesia

Given the cultural tendencies to separate male and female activities in Melanesia, project interventions should not expect women and men to equally participate in activities which are traditionally gendered (for example, in the gardening of food that is associated with women). It is also reasonable to expect separation of new roles into male and female activities (for example, the strong tendency for POD cadre to be male and Posyandu cadre to be female). This should not be interpreted as 'imbalance'.

Recommendation Regarding the Gender of Health Workers

Following Melanesian views that allocate childbirth to the female domain and in line with Melanesian ideas about gender pollution, it is most culturally appropriate for midwives and health workers who assist in childbirth and prenatal care to be female.

Recommendation to Highlight Gender Difference in Agricultural Interventions

Gender differences need to be considered in promoting alternative sources of income. Men may be hesitant to work in the types of agriculture typically associated with women (sweet potatoes and other foods for family consumption), but they may accept responsibility for growing cash crops. In activities related to cash crops (training, seed distribution, etc.) gender differences can be highlighted to encourage the participation of men.

Recommendation to Target Men for Health Education As Well As

Women

Health education of issues related to women's and children's health should not be targeted exclusively to females. Men need to be specifically targeted as well, particularly as they are involved in making decisions about the health care of their family members. Health education sessions for men should target as many men as possible and are more likely to be effective when sessions are target exclusively to men.

Recommendation Regarding the Problem of Early Marriage for Girls

A concern expressed by women was the pressure put on girls (particularly by clan leaders) to marry at an early age (pre-puberty). Nowadays many girls do not want to comply, especially as it means leaving school. In some parts of Melanesia the pre-puberty marriage of girls was traditionally considered essential, since sexual intercourse was believed to be necessary (the cause of) a girl's first menstruation. Although there are probably many reasons for why any specific girl is urged to marry young, this problem may be alleviated through health education about the physiology of puberty. This should be targeted for groups of both men and women.

3.5 Environmental Sanitation

Two major issues emerged in discussing environmental sanitation with project staff:

- the penning of pigs
- the use of toilets

It should be noted that in penning pigs, the dynamic of care change. Caring for penned pigs may put a greater work burden on women. Because other families members may become involved in caring for penned pigs, this may also decrease the control women have over their pigs.

Recommendation Regarding Environmental Sanitation

Because some villages are already penning pens and using toilets to some degree of success and the need for these measures are felt to be basically understood by all, it is recommended that these villages be promoted as role models. Discussions should also be carried out with people in these village to try and determine from their perspective some of the social dynamics that were involved in persuading people to pen pigs and use toilets. The same arguments may be successful in other villages.

4. Designing Health Education Material &Learning Experiences

A major goal of this consultancy was to help the project staff in their health education efforts. This was done by helping them consider how to adapt their health messages to the Melanesian context through the use of the local language and a better understanding of cultural issues. This section now considers how to take these health messages and present them in ways that will maximize the potential for learning.

The basic recommendation is to use a multi-faceted approach to health education that will reinforce health messages in as many ways as possible and move health education into as many spheres of live as possible. The staff should make the most of opportunities to combine written material with oral presentations. If using carefully translated written material, the staff can have increased confidence in what is being orally communicated through translation.

Recommendations for Health Education Material and Learning Experiences

- **calendars** (highly valued objects) with local pictures, promoting health message such as nutrition
- **posters** with local pictures promoting danger signs of illness in children, danger signs of pregnancy, healthy foods, prenatal visits,

worm treatments, immunization schedules

- **bilingual health books** and the creation of **community libraries**. Small libraries could be associated with village churches and be stored at the churches, with set times scheduled for people to read (such as after church on Sundays and other days). Each book could be used as the basis for an oral health education session in schools or posyandu (See Annex 2 for a list of SHELL Books available for translation).
- **posters** for POD cadres showing simplified CMPs for the most common illnesses.
- **flipcharts** (as those already initiated by the staff) for group discussion of issues such as nutrition, antenatal visits, pregnancy high risk signs. The size of the charts should be large enough to be visible and appropriate to groups of about 25 people.
- **hands on learning experiences** where mothers prepare food and feed their infants. If spoons remain a reason why mothers are not feeding their infants more food, a small spoon could be given to each mother to take home.
- **singing competitions** among school children with health messages
- poster size 12 month **agenda calendars** to improve the management skills of health clinic staff. Regularly scheduled activities should be noted such as when to order medicines, give worm medicine, Vitamin A, etc.
- **post card size information cards** for use in special sessions for men at pre-arranged times (such as after church on Sunday to target the greatest number of men). One session should focus on pregnancy high risks signs and one on high risks signs of children's illness. To solicit greater participation of men in seeking medical treatment for their families, the approach should begin by acknowledging the fact that men love their wives and children and would therefore want to know

the danger signs when they need to seek immediate medical help. In addition to explanations and (possibly flipcharts) a postcard size handout could be given which lists the high risk signs on a *Bapak sayang anak* (Father loves his child) and a *Suami sayang Isteri* (Husband loves his wife) card. If these cards are given out on a Sunday, they would likely be placed in the men's Bibles or other books taken to church, where they may be seen on a regular basis.

5. Other Recommendations

5.1 Re-evaluating the Nature of Work Groups in Melanesia

Group action is possible in the egalitarian setting of Melanesia, but it is somewhat problematic in that it is dependent on the capacity of individual members to create consensus in the group and to persuade the those in the group to comply with their plans. There is little hierarchy in society and leadership is achieved (based on ability), not based on heredity or social position. Leaders should be seen as people who have the verbal skills to persuade people to their point of view, not people who can demand compliance based on their position. But individuals have the right to agree or disagree, and so even the most skilled orators are not always successful in their attempts to persuade. Even though Lani society has come to include social positions based on outside structures (government positions such as kepala desa, camat, or bupati, or religious positions such as pastor or *gembala*), the success of people in these positions is still contingent on their ability to persuade. To outsiders who do not understand the nature of Melanesian leadership, "leaders" can appear 'weak' and ineffective, particularly when outsiders assume they can mobilize communities through the 'authority' of local leaders.

Recommendation on Understanding Local Leadership

Project staff need to understand traditional Melanesian leadership and the implications of this form of leadership which is based far more on skills of persuasion than on authority of position. Effective leaders (those who have the skills of oratory and persuasion to move people to collective

action) may be found in structured positions associated with the government or church. However, promotion to such a position does not automatically mean the individual will be an effective leader. Some traditionally effective leaders may not be in structural positions. These factors need to be considered as the projects seeks to mobilize the community through its leaders.

Recommendation on the Membership of Working Groups

Collective action does not happen automatically in Melanesia. It depends heavily on individuals who have the skill to persuade and motivate people to work together. While it is relatively easy to mobilize one's family or clan members, groups composed of diverse members (from different clans, or other social divisions) are likely to have more difficulty in creating consensus and trust. The membership of working groups should be based on people with the greatest potential to work together within these cultural dynamics.

5.2 Project Documentation

When the WATCH project started, it's goals of adapting primary health care to the highlands of Irian Jaya was clear. What was not clear, however, was what interventions would be appropriate and effective in the physical and socio-cultural environment of Melanesia. This has meant that by necessity, the project has had to operate to a large degree by trial and error. This should not be seen as failure, but as significant to the on-going process of adapting health care to fit the context of Irian Jaya.

Recommendation Regarding Project Documentation

Changes in project interventions and approaches should be seen as successes and documented as *adaptations* in response to an increased understanding of issues relevant to the physical, cultural, and social

environment of Jayawijaya. While many issues in Jayawijaya are changing over time, there is considerable continuity to many other issues. In analysing the environment of Jayawijaya in which project decisions were made, continuities and discontinuities should both be considered (how some cultural and social factors have changed significantly, and how others have remained the same).

5.3 Advocacy and Community Rights to Health Care

The government health system and continued poor service to many rural health clinics and posts is a major threat to the sustainability of many of the project interventions. In there rural areas of Kanggime and Mamit the lack of drugs and the sporadic attendance of government health workers (who do not like to like in the village and are rarely there). These problems appear to be increasing, not decreasing. Although people claim drugs are available at the district level, they are apparently 'leaking' and few drugs are reaching the rural clinics and posts. Recommendations in this report have already suggested ways that health education can be used to assist local staff to order drugs on a more timely basis, but this problem also needs to be addressed at higher levels.

Recommendation on Lack of Drugs & Government Employee Nonattendance

The project should continue to put pressure on DepKes to deal with the continued lack of drugs and the nonattendance of employees. The project should also continue to educate local people about what services are suppose to be available to them through the government health system. When government health workers (and teachers) fail to perform their duties in the village, communities should know where and how to report such negligence.

5.4 Exchanging Successes and Failures in Health Education

Recommendation for Continued Focus and Discussion on Health Education
The seminar presented on health education revealed the desire and need for this topic to be periodically discussed and for a sharing of ideas between DepKes and other health workers regarding the successes and failures they have encountered in health education.

5.5 Learning from Experiences in the Other Half of Melanesia

Recommendation for Trips to the Highlands of Papua New Guinea
Given that the project is trying to adapt health care to a setting in highlands Melanesian, it is strongly recommended that trips to the highlands of Papua New Guinea be arranged for both project staff and members of local communities to see how similar issues such as health care, work groups, agricultural innovations, etc are being addressed in a similar physical and cultural environment.

5.6 Cross Cultural Training for Health Workers

Recommendation for Cross Cultural Training for Health Workers
Given that most of the project staff and most health workers in Irian Jaya are operating in a cross cultural context, training in cross-cultural communication and understanding is recommended as a component of the training of health workers that is frequently left out.

Annex 1

List of Recommendations

Recommendation on Health Education Strategy (2.1)

For more effective communication of health messages, the project should adopt a bilingual approach to health education, using both Indonesian and the local language(s),. There should be careful written translation of as much health education material as possible into the local language. Any local people employed in the production of such material need to have adequate training and skills in translation principles. (See Annex 4 for suggestions on how to produce quality translation. Also Annex 2 for a list bilingual SHELL books available for translation and contacts to seek in getting assistance in translation.)

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Recommended Health Messages for Medical Interventions (3.1)

- Danger signs associated with malaria, pneumonia, diarrhea and the need to seek immediate medical help.
- How to treat diarrhea with oral rehydration fluid.
- How to make sweet potato flour.

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Long Term Recommendation for Nutritional Analysis of Traditional Foods (3.2)

In addition to the continued introduction and promotion of new foods to improve nutrition in Jayawijaya district, more research is needed into the nutritional aspects of traditional diets. Nutritional analysis of a wide range of traditional foods can provide a better understand how to promote traditional foods as part of a well balanced diet.

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Recommended Health Messages for Nutritional Interventions (3.2)

1. When food is digested it nourishes the body via the bloodstream.
2. The placenta and umbilical cord provide nourishment to the fetus based on what the mother eats.
3. Young children-those who do not yet go to school-need to eat food with protein such as… (promoting both new and traditional protein rich foods).
4. Red beans, mung beans (and other legumes) can be stored and eaten during 'hungry periods' when gardens are not yet ready to harvest.
5. Pregnant women need to take iron pills.
6. Pregnant women should eat pork liver (and other traditional iron rich foods).
7. Pregnant and nursing women need to eat a lot, to stay strong.
8. When babies begin to sit up they should be feed food in addition to breastmilk, to make them strong. (The specific foods and feeding methods may vary, but should be done as much as possible by example and hands-on-training for the mothers.)

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Recommendation for Pest Control and Safe Seed Storage (3.2)

Safe seed storage and pest control (rat/mice) need to be addressed as important nutritional interventions in Kanggime and Mamit subdistricts.

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Recommended Health Messages for Antenatal Interventions (3.3)

1. Visit the dukun four times before your baby is born:
   - When the 'blood stops' (*lek agarak*), one visit [first trimester]
   - When the child begins to move, one visit [second trimester]
   - When 'obviously pregnant' (*abilaa*), two visits [third trimester]

2. Danger signs associated with high risk pregnancies and the need to seek medical help if they occur.

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Recommendation to Support Local Female Managed Yayasans (3.4)

Given the fact that yayasan and NGO activities are increasing in significance (particularly in District centres live Wamena), female managed yayasans are an important platform for the involvement of women in public issues and debates. The efforts of local women should be supported as they seek to manage and fund yayasans to address local issues of importance to women (and men).

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Recommendation Regarding the Gender of Health Workers (3.4)

Following Melanesian views that allocate childbirth to the female domain and in line with Melanesian ideas about gender pollution, it is most culturally appropriate for midwives and health workers who assist in childbirth and prenatal care to be female.

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Recommendation Regarding the Problem of Early Marriage for Girls (3.4)

A concern expressed by women was the pressure put on girls (particularly by clan leaders) to marry at an early age (pre-puberty). Nowadays many girls do not want to comply, especially as it means leaving school. In some parts of Melanesia the pre-puberty marriage of girls was traditionally considered essential, since sexual intercourse was believed to be necessary (the cause of) a girl's first menstruation. Although there are probably many reasons for why any specific girl is urged to marry young, this problem may be alleviated through health education about the physiology of puberty. This should be targeted for groups of both men and women.

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Recommendations for Health Education Material and Learning Experiences (4)

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- **posters** with local pictures promoting danger signs of illness in children, danger signs of pregnancy, healthy foods, prenatal visits, worm treatments, immunization schedules
- **bilingual health books** and the creation of **community libraries**. Small libraries could be associated with village churches and be stored at the churches, with set times scheduled for people to read (such as after church on Sundays and other days). Each book could be used as the basis for an oral health education session in schools or posyandu (See Annex 2 for a list of SHELL Books available for translation).
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Recommendation Regarding Project Documentation (5.2)

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Given that most of the project staff and most health workers in Irian Jaya are operating in a cross cultural context, training in cross-cultural

communication and understanding is recommended as a component of the training of health workers that is frequently left out.

Annex 2

List of Recommended Bilingual Health Books for Translation

The SHELL books concept began in Papua New Guinea as a way to minimize the effort and cost in preparing material for local languages. It has been adapted for bilingual use with Indonesian. The 'shell' of the book is pre-formatted on computer disks, complete with drawings, and space for the translation into a local language. Indonesian text is included on each page as well. The person to contact regarding the translation of SHELL books is

Dr. Joost Pikkert
Summer Institute of Linguistics
PO Box 1
Abepura 99351
Jayapura, Irian Jaya
Ph: (62) 967 581281
Fax: (62) 967 581302

To obtain the SHELL book computer files or for assistance in the desktop publishing of SHELL books contact:

Bapak Rachfri Kirihio (at the same address above); email: rachfri_kiriho@sil.org

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HEALTH SHELL BOOKS
for Irian Jaya

- The Problem with Flies
- Simon was Attacked by a Pig
- David gets a Tropical Ulcer
- Smoking is Dangerous to Your Health
- STDs
- Malaria
- Joseph Dies Because of AIDS
- Timo is Burned
- Diarrhea
- Worms
- What is Medicine?

- Yupina is Bit by a Snake
- Yohanes Fights Against Alcohol
- Fever
- Dorcas had a Fever
- Skin Diseases
- Tuberculosis

Annex 3

Suggested Readings

Atkinson, Jane M. and Shelly Errington, eds. 1990. *Power and difference: gender in Island Southeast Asia.* Stanford: Stanford University Press.

Biersack, Aletta, 1982. Ginger gardens for the ginger woman: rites and passages in a Melanesian society. *Man* (N.S.) 17:239-258.

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Flanagan, James G. 1989. Hierarchy in simple "egalitarian" societies. *Annual Review of Anthropology* 18:245-266.

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Godelier, M. and M. Strathern (eds.), *Big men and great men: personifications of power in Melanesia.* Cambridge: Cambridge University Press.

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Annex 4

Seminar Outline

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Aspek Budaya dalam Penyampaian Pesan Kesehatan

Jayawijaya WATCH Project
Dr. Barbara Dix Grimes
20 Nopember 1999

1. **Masalah**

   Tingkat Kematian Ibu dan Tingkat Kematian Bayi tinggi. Umur Harapan Hidup rendah.

2. **Tujuan WATCH**

   Menurunkan tingkat kematian ibu dan anak di Kabupaten Jayawijaya

3. **Salah satu strategi untuk memecahkan masalah**

   Penyuluhan

   "One of the key issues for health in the eastern part of Indonesia is the communication of appropriate messages that will influence communities to consider alternative behaviours that will improve their chances of reducing mortality and morbidity. Appropriate community health education materials and methods are essential for effective implementation of the health program…."

4. **Prinsip Dasar (yang disempurnakan)**

   Penyuluhan yang disampaikan dengan cara *yang tepat menurut budaya dan bahasa setempat*, memang bisa berobah kebiasaan masyarakat.

5. **Hubungan antara budaya dan bahasa**

6. **Ciri-ciri masyarakat di Melanesia**

   - Apakah istilah 'Melanesia' itu?
   - Apakah ada guna berpikir tentang 'Melanesia'?
   - Lingungan alam: daerah tropis yang kaya sumber daya alam'
   - Bahasa: dua rumpun besar - Austronesia dan Non-Austronesia (Papua)
   - Pertanian: 'swidden agriculture'
   - Sistem permerintahan/pemimpinan: tampa 'kepala'

- Struktur sosial: patrilineal, matrilineal
- Transaksi sosial: berdasar pertukaran seimbang
- Gender: hubungan antara laki-laki dan perempuan
- Penyebab kesakitan: status hubungan sosial (dengan tokoh di dunia kelihatan maupun dunia tak kelihatan) dapat 'dibaca' atau dianalisa dari badan fisik sekeluarga

7. Bagaimana membuat penyuluhan yang cocok dengan masyarakat-masyarakat di Kabupaten Jayawijaya?

- Cari masalah yang sebenarnya.
- Pakai pendekatan multi-lingual (bahasa nasional, bahasa-bahasa daerah)
- Pakai pendekatan multi-media dan multi-materi (materi lisan maupun tertulis banyak macam: materi untuk penyuluhan lisan, poster, buku kecil, kalender, 'kartu pos' lagu, drama, dll.)
- Membedakan kelompok sasaran.

1. Teknik terjemahakan materi

2. Siapkan bahan untuk diterjemahkan. Harus jelas.
3. Terjemahkan konsep menurut makna dari setiap kalimat. Jangan terjemahkan kata demi kata.
4. 'Cross-check' konsep dengan orang yang belum terlibat. Minta diterjemahkan kembali dalam bahasa Indonesia.
5. Perbaiki konsep.
6. Uji coba konsep dengan kelompok sasaran.
7. Uji coba foto/gambar dengan kelompok sasaran.
8. Perbaiki konsep/gambar kalau perlu.
9. Siap dicetak.

Annex 5

Terms of Reference

Despite the project having been implemented for over 6 years and achieving some important results, the project has had limited success in changing gender behavior, less than adequate supervision of both health and community development activities, insufficient technical inputs and poor documentation of its processes. In addition, there are differences in perceptions of issues: some see the issues as routine and long term and therefore not highlighted, others see a critical issue at stake, others may say that's just what the local community do or are like and others see a problem in the approach of development. Assistance in knowing how to identify and record issues, whatever the basis of perception, may assist the project to record and monitor trends and processes more clearly.

One of the key issues for health in the eastern part of Indonesia is the communication of appropriate messages that will influence communities to consider alternative behaviours that will improve their chances of reducing mortality and morbidity. Appropriate community health education materials and methods are essential for effective implementation of the health program, especially in personal hygiene and sanitation. Many villagers in the highlands of Irian Jaya do not understand Indonesian and are not literate.

The purpose of such a consultancy is to find methods and develop appropriate materials that will enhance the project's capacity to understand the project health messages. The project has produced innovative material to date and has acquired a significant amount of knowledge but ideas from new sources need to be introduced to further address the issue of gender inequalities and package it with health. This needs to be related to the methods of collecting data and applying cultural information already gathered by the project and within anthropological documents.

The objective of the consultancy is to analyze forms of communication and training and assist the staff to develop ways in which health and gender messages can be communicated effectively. This will entail the development of a set of principles and tools by which to analyze cultural behavior. The consultancy will also develop and train staff and officials in culturally relevant adult education training methodologies.

Specific tasks listed in the TOR include:

1. Gain background and contextual knowledge from sources gathered by the project and from external sources, both documented and informal, regarding community practices, especially those relating to gender relations. The project will facilitate meetings in Sentani/Jayapura with University of Cendrawasih, NGOs and missionaries.

2. Discuss and review:

- community health education program (personal hygiene, environmental sanitation, 3 major diseases of malaria, pneumonia and diarrhea, and antenatal care) with puskesmas and project staff with particular reference to project targets/expectations, content of material and methods/approaches of communication, and
- use of formal tools: case management protocols, health information system and 'Mawas Diri' (manual produced by the project on self awareness) in project sites with particular reference to training methods, community acceptance and behavior change.

3. Investigate progress of nutrition program with community and project staff with particular reference to:

- community understanding of nutritional needs and eating patterns
- project approach/method to communication of nutritional concepts
- development of nutrition plots as a means to improve nutritional status.

4. Discuss and review use of Mawas Diri regarding gender imbalance and the extent to which the community understand and accept the concept of gender imbalance.

5. Perceptions of issues - recommend and demonstrate methods by which processes and trends can be recorded, analysed and measured.

6. Work with the project staff to apply PLA approaches in their activities where possible.

7. Conduct workshop on culturally relevant alternative/adult education training methods for government and NGO health staff in Wamena, with particular reference to approaches used by the project.

Annex 6

Itinerary

3.11.99	Travel arrangements with WVI Kupang, WVI Jakarta Travel Kupang - Surabaya by Merpati
4.11.99	Travel Surabaya - Jayapura by Merpati
5.11.99	Travel arrangements/itinerary made with WATCH Wamena by phone Ethnographic resources gathered
6.11.99	Project documentation reviewed
7.11.99	Ethnographic resources reviewed
8.11.99	Meeting with WATCH staff Dr. Deri Sihombing
	Meeting with Dr. Budi Subianto (UNICEF) Visit to WVI Jayapura Office
9.11.99	Meeting with Mrs. Mince, Anthropology Dept, UNCEN Arrangements made with Dr. Deri for travel and travel documents
10.11.99	Travel Sentani - Wemena by Merpati
	Meeting with Dr. Zulfian Muslim, head of Jayawijaya Health Service Meeting with WATCH staff
11.11.99	Visit to HomHom Puskesmas to observe health education
	Discussion with HomHom Puskesmas staff
	Discussion with WATCH staff re: nutrition program Visit with Sr. Sue Treiner and Bpk Lucas, YASUMAT
12.11.99	Gathering of Project Documents
	Planning with WATCH staff Discussion with WATCH staff re: gender issues
13.11.99	Meeting with church women's group: Kelompok Peduli Perempuan
	Jayawija
14.11.99	Review of Project Documents Preparation for informal interviews in Kanggime
15.11.99	Travel and Seminar arrangements made with WATCH staff
	Travel to Kanggime
	Visit market

Visit with midwife
Arrangements made to meet GIDI presbytery leader, and other pastors

16.11.99 Visit to Kanggime Puskesmas, meet Puskesmas staff

Meeting/discussion with midwifes and TBAs

Walk to Wama Village (2 1/2 hours)
Informal interviews with local villagers re:illness, etc

17.11.99 Visit Wama Posyandu and POD, discussions with cadre

Meet Wama dukun

Visit with Wama church leaders

Return walk to Kanggime
Meeting with church leaders regarding appropriate health eduation

material

18.11.99 Discussions with WATCH staff re: appropriate health education messages, format, translation principles
Return flight to Wamena

19.11.99 Seminar Preparation
Discussions with Sr. Sue Trenier and YASUMAT staff

20.11.99 Seminar for WATCH staff plus invited DinKes staff and NGO staff:

"Culture aspects in communicating health messages"
Meeting with WATCH staff: discuss suggested approaches to health

education, specific materials, methods for translation and exploring

semanitic domains in another language, general debriefing.

21.11.99 Travel from Wamena to Jayapura

22.11.99 Collection of information regarding SHELL Book resources for health

education at SIL office in Abepura

23.11.99 Meeting with Andrew Newmarch
Travel from Jayapura to Denpasar

24.11.99 Ticket arrangements
Organization of Report

25.11.99 Travel from Denpasar to Darwin

26.11.99 Report writing

27.11.99 Report writing