

OPINION :**Roots and Wings: Indonesia's way to improvements of women's health care****Hans-Gerd Meerpohl**Badenerstrasse 49A
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<http://dx.doi.org/10.20473/mog.V27I32019.90-93>**ABSTRACT**

Indonesia is the world's fourth most populous nation and the largest economy in Southeast Asia. The World Bank recently classified Indonesia as an emerging middle-income country. Enormous gains have been made in poverty reduction, cutting the poverty rate to more than half since 1999, to 9.8% in 2018.(1) However, based on March 2017 data, approximately 20 % of the entire population remain vulnerable of falling into poverty, as their income hover marginally above the national poverty line.(2) Unique challenges for Indonesia's health care system reflects the fact that approximately 250 million inhabitants from more than 300 ethnic groups spread over 17.000 islands. Indonesia has set itself an ambitious goal of establishing universal health care by 2019, a move commended by the United Nations as part of the 2030 Sustainable Development Goals.(SDGs) Women's health care, including women's empowerment and gender equality, is concerned as an especially important issue because - on a global scale- it is one area in which performance has been seen by many to be slow. (3) While Indonesia has experienced greater success in its efforts to reduce the under five mortality rate (27 per 1.000 live births in 2015), efforts to tackle maternal mortality has been less effective as rates have continued to persist above 125 per 100.000 live births over the past decade (6) Having some of those facts in my mind I started my visit to Indonesia and to Surabaya in October 2018 with the desire to understand in the end the country, the people and their health system challenges a bit better.

INTRODUCTION

At the end of the summer holidays 2018 a request for assignment from the Faculty of Medicine of Universitas Airlangga reached me via SES. Senior Expert Service (SES) is a German Non-Governmental Organisation which operates globally and has an international

network of representatives. More than 12,000 experts from all professional spheres make the SES one of the largest organisations of its kind.

With a first glimpse I gathered the applicant's address: Faculty of Medicine, Universitas Airlangga (UnAIR) Surabaya, ... my spontaneous interest was triggered. At that moment what came to my mind first was "Surabaya Johnny", a famous love-poem written in the late 1920s by Bert Brecht, a German theatre practitioner and poet. Later on I was told that this poem is not very popular in Surabaya. Nevertheless the desire to meet Indonesia and Surabaya was awakened with me and I accepted the invitation. I have not regretted my decision

Surabaya Johnny
 Berthold Brecht (1929)
 (English version)

*I was young, I was just sixteen then,
 when you came up from Burma one day.
 And you told me to pack up my suitcase,
 and I did, and you took me away.
 I said, "Do you work nice and steady,
 or do you go sailing and roving out to sea?"
 And you said, "I have a job on the railroad,
 and baby, how swell it's all gonna be."
 You said a lot, Johnny. It was all lies.
 You sure had me fooled, right from the start.*

The idea to write this guest contribution came from the editor in chief of Majalah Obstetri& Ginekologi, Dr. Hendy Hendarto. We met first in October 2018. At the end of my stay at the Dr. Soemoto Hospital in Surabaya he handed me a recent copy of the journal and convinced me to accept his idea to write down some of my observations and considerations I would have made during my visit. The stay at the OB/GYN Department was part of a complex program including meetings and discussion-rounds with members of the School of Midwifery-Airlangga University, the Medical Education

Research and Staff Development Unit (MERSDU) and the Palliative Care Group of RSUD Dr. Soetomo. For this comment I will focus on the encounter with members of the Ob/GYN Department, where inevitably also information and observations from the meetings with other parties involved will be incorporated.

Kindness, courtesy and respect (for older people) combined with true interest in the person you are talking to are remarkable characteristics which I felt from the first moment nearly everywhere. As a European, I admire the ability of the Javanese addressing issues in such a way that the person is not offended and avoiding hints of criticism, or mentioning anything the other person might be sensitive about. On the other hand I do not want to hide my occasional perception of an apparently slow pace of work. However, I tell you the truth, after only a few days I have learned my lesson that Surabaya is a tropical place and it is wise and reasonable to adjust to local rhythms rather than to impose western expectations and judgements.

ROOTS AND WINGS

The following information I took from the official Web page of Universitas Airlangga: Medical Education in Surabaya started in 1913 named Nederlands Indische Artsen School (NIAS). (7) In 1954 this school changed to be Faculty of Medicine Airlangga University (FMAU) based on Decree of Republic of Indonesia. Nowadays FMAU performs many programs namely Medical Doctor, Midwifery Undergraduate, Master's Program in Medicine, Master's Program in Nursing, Postgraduate Training on Medical Specialists, and also four Diplomas on Medical Technician.



It was my privilege to witness the parade for the 105th year of foundation of the Medical Faculty. At the end of a 3 hour lively performance my conclusion was: the faculty members and the alumni of the Medical Faculty are aware about their academic roots. I saw colourful

presentations and a harmonic symbiosis of colonial Dutch traditions mixed with diverse Javanese folklore as well as people's open and confident view into the future: roots and wings.

The Dr. Soetomo Academic Medical Center Hospital is an expansive healthcare institution with over 1,500 beds and 26 departments. On average, the hospital cares for over a half-million out-patients, over 40,000 in-patients and about 75,000 emergency department patients. The Department of Obstetrics and Gynecology has five divisions: feto-maternal, oncology-gynecology, fertility and reproductive endocrinology, urogynecology-reconstruction and a social obstetric-gynecology division. Forty staff members care for 130 beds on three wards.

UNDERGRADUATE MEDICAL EDUCATION PROGRAM

The dramatic growth of medical schools in Indonesia have raised concerns about the quality of medical education nationwide. Currently, there are 83 medical schools, public and private, which generate approximately 8000 graduates per year.(10) My interest primarily was to meet both medical professionals as well as students and to become more familiar with their assessments about issues of common interest.

As part of a clinical posting curriculum the OB/GYN Department at Dr. Soetomo Regional Hospital hosts and supervises approximately 100 last year medical students per semester, who rotate in for ObGyn clerkship. I discussed with medical educators the benefits and barriers of clinical lecturing and teaching in large and small groups (bedside teaching). We could quickly agree about valid core values of medical education: (1) attracting, motivating and guiding outstanding students by nurturing the dreams of those embarking on a career in medicine; (2) fostering excellence in medical education, by blending compassion, technical ability and thirst for knowledge, and (3) embrace creativity as part of academic learning.

To meet with medical students and giving a lecture is almost always a special event. My presentation was entitled: Pathogenesis of precancerous lesions and cervical cancer preventive strategies. WHO data indicate that cervix cancer is still the second most dominant cancer after breast cancer in Indonesian women, with prevalence in woman aged 15 to 44 years (8). The challenges to cervical cancer control are great and will require a broadly integrated and sustained effort by multiple stakeholders. Still existing common barriers in the Indonesian society (cost, inadequate

knowledge, geographical location, and cultural views) were evident in various discussion contributions. We came up with three main conclusions: 1) screening reduces cervical cancer incidence and mortality; 2) improving screening coverage in a medically underserved population by easy access to qualified screening units will remain an important strategy for combating cervical cancer, and 3) HPV vaccine campaigns tailored to meet the needs of communities can be effective and the experiences gained thereby may be useful in the development of national HPV vaccination policies.

OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM

For two times I met with young colleagues in Ob/GYN specialist training. Once a week they gather for a 2 hour report session in one of the well-equipped meeting rooms of the Ob/GYN Department.



My first thought when I entered the meeting room was “where have all the young men gone”? Years ago, gynecology was dominated by men but today, it’s just the opposite. In accordance with the international trend women now constitute also in Indonesia a majority of Ob/Gyn residents. The motives behind specialty preference have been studied, both on an individual level and on a structural level. On an individual level it has been revealed that female students consider work- and time-related aspects and patient orientation whereas their male peers consider technical challenge, salary, career prospects and prestige (11) If Ob/Gyn speciality wants to get its current performance, some practical problems need to be considered worldwide: 1) with a growing proportion of female trainees, workforce planning becomes more difficult. As many women take time out from their career to have children and are more likely than men to work part time, there will be a need to train more obstetricians and gynaecologists to ensure adequate cover; 2) with more trainees come other

hurdles; the opportunity to get experience becomes limited when you have more trainees. “Trainees don’t have the opportunity to get as much surgical exposure as they did in the past.” 3) although women are typically the dominant group within medical schools they yet remain under-represented in formal leadership positions and particular speciality areas. There is no doubt that women are as (and possibly more in some cases) intellectually capable of the high-profile roles that they are poorly represented in. Solutions will need to be structural as well as cultural. Women will be unable to overcome these issues alone and solutions will need to be both multifaceted and supported through a broad base.

The two sessions I could attend at Dr. Soetomo Hospital were directed by a clinically experienced professor. The young colleagues learn to present case reports which will be discussed in detail in the presence of clinical experts from every division. To take a thorough and complete medical history, to plan a specific and targeted diagnostic procedure and finally to implement a cost-effective treatment strategy will be discussed in detail. I attended an event which meets international standards of teaching. “Roots and wings” were evident for me again: the respect to the clinical experience of the academic teachers and the willingness of the residents to and the enjoyment in acquiring new skills and to grow through challenges. A new generation of Ob/GYN specialists is growing in Indonesia giving rise to justified hopes for the future.

Improving cancer patient access to adequate and timely treatment: according to the Indonesian Ministry of Health, cancer incidence is 0.1% of population and 50% of those are detected in late stage. Disease awareness is an issue that challenges Indonesia’s healthcare system. Suboptimal knowledge, inaccurate information, cultural taboo, and poverty often deter people from seeing physicians. Patients often come to the healthcare facilities when the disease has worsened or reached late stage, resulting in higher cost of treatment and lower chance of survival.

These facts became particular clear, when I had the opportunity to attend in the weekly hold, interdisciplinary Tumor-board session. Again I observed a professional presentation of case reports: key informations from medical history in combination with imaging presentation (CT scan) and – if available- biopsy related pathohistological/cytological reports. In the majority of cases the clinical diagnosis indicated: suspected advanced ovarian cancer stage IIIC or IV (FIGO). In case surgical treatment options were discussed the waiting time for a specialized surgery at Dr. Soetomo Hospital was expected to be longer than 3

months. Managing and reducing waiting time for cancer surgery or radiation-therapy in Public Referral Hospitals is urgently needed. At Dr. Soetomo Hospital the number of hospital admissions to the Gyn. Department for planned urgent or semi-urgent oncologic therapy far exceeds the available resources. When visiting the oncological ward it became particularly clear that palliative cases were one of the biggest challenges in hospitals. At Dr. Soetomo Hospital the Integration of Palliative Care into Standard Oncology Care is under construction. I met an extremely motivated and committed team, which has developed an outpatient clinic for symptom management, respite care, home care, and a 24-hour hotline service. There is no doubt, that palliative care improves quality of life for patients and their families, it may also reduce the burden on the hospitals due to prolonged stays and high costs. Team members told me that one of the major challenge to develop palliative care in Indonesia is the absence of a standardized palliative curriculum.

SUMMARY

*Travel is like an endless university.
You never stop learning.
(Harvey Lloyd)*

Travelling Indonesia for the first time was an instructive and rewarding experience for me. My observation of „roots and wings“, of lived traditions on a major university campus connected with the recognisable desire of innovation will be a long lasting impression. To drive the development of women's health care at an important place – like a tertiary referral hospital in Indonesia – is a big challenge. Foresight, strength and endurance are demanded. However, only those who believe in progress will experience progress. If my visit as well as writing this article contributes something to the exchange of experiences and best practices in the field of ObGyn than it justifies all the effort and makes me satisfied. Let's go on to build strong international networks and to exchange evidence based knowledge and professional experiences for the benefit of our patients.

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