Midwife Radio: The Entangled Trajectories of Global Health Programming, Broadcast Media, and the Indonesian State

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ABSTRACT
Shortly after the fall of Indonesia’s New Order government, the country’s public radio network began limited broadcasts of a program intended to augment the midwifery skills of the biomedically trained “skilled birthing attendants,” called bidan. This radio series was focused on educating rural health care providers in an efficient, modern way, reflecting the country’s history of Jakarta-centered nation-building through didactic mass media. After what appeared to be relatively promising trials, the national Ministry of Health let the program languish and never brought it to full implementation. This article investigates the bidan radio series as a case study not only in public health education, but as a representation of the country’s shifting narratives of nationalist modernity, and the role of mass media in reproducing them. We argue that the program depended on the medium itself as the locus of its message, and therewith national radio’s historic discourse of unifying progress. Based on an ethnographic collaboration between medical and media anthropologists, this ethnohistoric research interrogates childbirth as a disputed field of cultural knowledge.
production, and an exemplar of broadcast media and biomedical nationalism’s entangled trajectories. [Keywords: Birth attendant training, media, midwifery, global health, radio, Southeast Asia, Indonesia]

Introduction
Why use a radio program to teach Indonesian biomedical midwives (bidan) how better to perform their duties? That was one of the first questions addressed on the premiere episode of the Program Radio Sahabat Bidan, or, roughly, “Midwives’ Radio Companion Program,” when it began broadcasting on Radio Republik Indonesia (RRI) in 2002, just a few years after the fall of the 32-year-old New Order government, and its Western-aligned President Suharto. The radio series, developed with the Indonesian Midwives Association (Ikatan Bidan Indonesia) at US-based non-profit JHPIEGO, and with USAID funding, answered its own question:

Midwife mobility is very high, such that midwives often have to help with labor far from their homes or midwifery sub-clinics (polindes). That is the reason we devised this program for the radio, because radio broadcasts can be sent to many locations where midwives live and work. Meaning that midwives can listen whenever and wherever they are active.2

In actual fact, they could listen twice a week, if they were within range of the government radio network, RRI. Wrapped in a rhetorical cloak of modernity, nationalism, and biomedical rationality (see Browner 1998), this radio program was broadcast in West Java from 2002 to 2003, ostensibly as part of a larger program to reduce maternal and infant mortality rates and to help train midwives serving rural communities. It included an equal mix of lessons focusing on medical issues like washing one’s hands and sterilizing medical instruments, and lessons on social etiquette, which focused on how midwives should behave and interact with rural women, their households, and communities. After 39 of the scheduled 45 programs were aired, the series was turned over to Indonesia’s Ministry of Health, where producers expected that it would be expanded to nationwide broadcasts. Instead, it was shelved by the new government and never made it onto the radio again. The materials and radio recordings were, however, used in government midwifery
training meetings outside of the pilot program. It was in these trainings, on the island of Sumbawa in 2003, that we first became aware of the radio programs.

In this article we explore what we suggest are the entangled trajectories of global health programming, broadcast media, and former President Suharto’s authoritarian New Order³ regime in the implementation of reproductive health programs in Indonesia. We use as a case study an ethnohistory of this midwifery training program, Program Radio Sahabat Bidan (PRSB), designed, piloted, and evaluated by biomedical obstetrical and global health experts, that was expected to be adopted and successfully implemented by the Indonesian Ministry of Health. Historically, global health programs and the New Order regime shared overlapping goals of promoting the transition of an ethnically diverse, agrarian people to modes of living that more closely resembled what industrialized countries constructed as “modern.” Indonesian broadcast media was critical to the promulgation of these narratives of progress and modernity, as the New Order government shepherded its development from fledgling amateur radio stations to a sprawling, nationwide network, developed to promote its goals. We argue that the ultimate failure of the program, as well as its negative assessment by the midwives we interviewed, was in part due to its most celebrated feature: the use of radio, and the appropriation of its accompanying discourse. In one sense, at least, the medium killed the message, as the post-New Order era witnessed a dramatic shift away from this paternal, pro-Western narrative. In this article, we present data that demonstrate: the conflicted reaction of the radio training program’s target audience; the connections that members of this audience made between the radio program and New Order autocratic dictates that left many feeling unheard; and the lack of political will for the program that was not picked up by the post-Suharto government, reflecting on what we argue to be the decline of the discourse it represented (Errington 1998).

The field of anthropology is rife with examinations of the many failures of top-down approaches to development (e.g., Escobar 1995, 2009; Gardner and Lewis 1996; Keare 2001; Sillitoe 1998); our goal is not to contribute to this venerable literature, particularly as the PRSB was developed by organizations with a keen awareness of such issues. Instead, our focus is on the role of radio as an historically contextualized medium, and how this element of program design led to associations and
outcomes that program administrators did not anticipate. One of our primary goals in exploring this case is to interrogate the convergences between what Barth (1993) calls overlapping “traditions of knowledge,” in particular the New Order’s discourse of technocentric modernity and progressive nationalism (Barker et al. 2009, Kitley 2000, Sen 2003). We examine how both mass media and biomedical narratives supported New Order modernity, with a conspicuous awareness that media technologies became deeply intertwined with this discourse, not only as means of transmitting it, but as discursive manifestations themselves.

In this pursuit, we invoke Bowen’s (1986) deconstruction of gotong royong, or “community help,” which revealed how the Indonesian government had selectively shaped the idea of mutual assistance at the village level to compel cooperation and labor from rural communities. Bowen’s discussion of gotong royong “values” of mutual cooperation, work, and putting the village (and ultimately the state) ahead of one’s own interests, is manifest in the bidan program’s efforts to promote village-level collaboration and support for an outside agenda. He argues that, “the continued salience of gotong royong has lent cultural continuity to state control, refracting state interventions through the forms of… local labor mobilization, and village organization” (1986:558). In exploring this case, we seek to better understand the role of state broadcasting in perpetuating such cultural continuity, and subverting other modes of representation. Ultimately, however, this is an exploration of how Western-connected non-profits entered into a dialectic with the state to affect their own interventions at a time of shifting power and democratic transition. Similarly, we seek to unpack the bidan radio serials in the context of government discourse through and about technology (Amir 2004, Barker 2008b).

**Methods**

The ethnographic data for this study were collected separately over multiple research periods by the co-authors of this paper between 2000 and 2013. The research periods ranged from long, separate, and non-overlapping field research trips of 17 and 20 months, to shorter, one-to-three month research trips in 2010, 2011, and 2013. We also made use of telephone and e-mail interviews with some Indonesian informants.
Multiple, disparate methods were used to collect these data. Interviews were conducted with both Indonesian and expatriate global health programmers in their offices, homes, and target program sites in urban and rural Indonesia. These locations included the city of Jakarta, the region of West Java, Bali, Lombok, and Sumbawa. Interviews and participant observation with bidan and target patients were conducted in Jakarta, Bali, Lombok, and Sumbawa at an Indonesian Midwifery Association (Ikatan Bidan Indonesia, or IBI) conference, at clinics, at training facilities, at bidan academies, at a medical school within a university, and in private homes.

Although we were not able to observe a formal discussion session of bidan in the site where it was originally tested, one of the authors (Hildebrand) was able to observe this process several times in other urban and rural settings. Interviews and participant observation were also conducted with bidan, patients, and the families of patients at clinics and homes during prenatal exams and during childbirth. Additionally, the co-authors conducted a close analysis of all training materials, planning documents, and program evaluations.

Civil Society, Gotong Royong, and the Development of the Program Radio Sahabat Bidan

In this article, we are examining a rupture in what was considered to be an indisputable march forward toward a “modern” way of life, from the perspective of both global health officials and the New Order, into Post-New Order Indonesian government. In order to properly understand the modernity discourses and practices embodied in the Program Radio Sahabat Bidan, we must briefly examine the genealogy of the program.

Since the 1980s, Indonesia has participated with global health institutions’ efforts to reduce maternal and infant mortality and improve neonatal health. In 1991, the Indonesian Ministry of Health decided to focus its efforts on the Bidan di Desa (village midwife) program, as 70 percent of Indonesia’s population at the time lived in rural village settings without easy access to biomedical midwifery care. In the language of global health, these bidan are referred to as “skilled birthing attendants.” These women were charged with the task of improving the health status of women and children, developing partnerships with the “traditional
birthing attendants,” as well as teaching women ways of living that were thought to be modern in nature (Hildebrand 2012).

Soon after the deployment of the Bidan di Desa program throughout the country, the Indonesian Ministry of Health instituted a Maternal and Neonatal Health program (MNH) to connect to the global Safe Motherhood Initiative’s (SMI) guidelines and programming. These programs focused on increasing reproductive health service coverage as well as increasing the quality of care that the bidan were able to provide (Sood et al. 2004).

The primary goals of the Indonesian MNH program were to improve the quality of midwifery practice, increase political will to address issues of maternal and neonatal health, and increase the participation of the community in SMI efforts. These goals reflected two significant shifts in the larger socio-political and health contexts that existed in the country. First, at this point, around 54,000 bidan had already been deployed in the clinics across Indonesia; therefore, making biomedical midwifery care accessible was no longer perceived to be the most important goal. Rather, the goal was improving the capacity of the bidan who both were already in place and were currently in training at the midwifery academies. The second reason was reflective of a political shift. In 1998, President Suharto resigned in the face of rising political unrest regarding his 31-year rule as the authoritarian leader of the New Order government. At this point, the international aid community, in partnership with local NGOs, and to some extent the Indonesian Ministry of Health, attempted to shift to an approach that was in line with the global ideal of community engagement through emerging civil society. Until this time, reproductive health programming in Indonesia was an entirely top-down endeavor consistent with an authoritarian political regime, as all health programming was administered by the Indonesian Ministry of Health.

In the post-New Order era, many global reproductive health programs followed in this new approach, attempting to inspire community involvement in the emerging Indonesian democracy and tap into what Tania Murray Li (2007) terms the “will to improve.” PRSB fell under the umbrella of the new SIAGA campaign. The SIAGA campaign translated this international push for community investment in health status by framing the solution to high maternal and infant mortality rates as “community birth preparedness” and “complication readiness,” based on global health models of what are called Behavior Change Interventions (BCI). BCIs
are regarded as the building blocks of global health campaigns, ostensibly based on the push for civil society-driven community investment. Some argue that this is a key component in creating strong democracy, especially in post-authoritarian countries such as Indonesia (Elder 2001, Glasgow et al. 2004). The SIAGA campaign was a way to organize the development of community investment and empowerment in addressing what was seen by the global health community as one of the most critical elements of improving the life chances of women and neonates during pregnancy and childbirth: the delays in seeking “adequate” care (Thaddeus and Maine 1994).

Importantly, the SIAGA campaign evoked the “Indonesian value” of gotong royong or “community help” (Sood et al. 2004). Since Indonesian independence in 1945, the state has enveloped this Javanese concept into state ideology and rhetoric to mobilize the citizenry and legitimate the relationship between village and central authority (Bowen 1986:545). After the 1965 political coup, when the presidency shifted from the hands of Sukarno to the equally authoritarian control of Suharto, the New Order government promoted the term to help define the government activity as an organic outgrowth of longstanding indigenous cultural traditions. By invoking gotong royong, Bowen suggests, the Indonesian government defines the state agenda in terms of indigenous ideas of reciprocal, moral obligation, supporting the New Order style of top-down program implementation. Gotong royong gave an additional cultural basis for the logic that the well-being of village life was dependent on a strong central governing body (Bowen 1986, Anderson 1972).

The Development of the Program Radio Sahabat Bidan (PRSB) and Its Connections to the SIAGA Program

The Program Radio Sahabat Bidan, within the SIAGA program, was developed to further increase the capacity of the bidan through formal training seminars and distance learning, with radio as the medium of widespread distribution. Importantly, the PRSB was designed to address weaknesses in midwifery care skill and delivery as identified by both Indonesian nationals and expats working for global health institutions, as well as senior clinic midwives, who were consulted to identify areas where added training was needed. The PRSB addressed the SIAGA
campaign’s efforts at community engagement by inviting the input of the PRSB program’s target population.

Based on workshops with selected bidan and global health officers, the PRSB was designed to increase both clinical knowledge and the ability to communicate to patients and partners in the bidan’s service area. It was noted that previous efforts to increase capacity among this population were thwarted because the bidan often had difficulty attending regional training sessions, because of their professional and personal duties in the villages where they lived and worked, as well as the long distance that must be travelled to reach an educational facility. Thus distance learning via radio was considered as another route to make additional training possible. The pilot version of the program was evaluated in the Javanese village test sites in February 2004 by JHPIEGO using appropriately rigorous qualitative and quantitative research methods. These included pre- and post exposure assessments in which the program was found to be “very successful” among the pilot population (Sood et al. 2004).

The PRSB program was piloted in three districts of West Java: Kabupaten Kuningan, Kabupaten Cirebon, and the city of Cirebon. The finished program consisted of 39 radio vignettes that were each about ten minutes long. Each episode was broadcast two times per week on seven private stations and on RRI between July 2002 and May 2003. The broadcasts were simultaneous on all stations: Tuesday evening after work hours and Friday morning at 10 a.m. Additionally, most registered participants were given cassette tapes or CDs. These recordings were widely but inconsistently distributed, and found their way to rural islands such as the province of Nusa Tenggara Barat, where many of the interviews with bidan for this article took place. The PRSB targeted the bidan who were already working in the village, and was meant to build on the skills that they acquired in their original training. The PRSB drew on what the global health community considered successes of other public health training programs via radio, as will be discussed below, including, but not limited to those in India (Long 1984, Sharma et al. 2011), the Philippines, and Nicaragua (Long 1984, Sharma et al. 2011, Cooke and Romweber 1977).

The PRSB program was marketed to bidan through promotional pamphlets, posters, and advertisements on Radio Republic Indonesia. Its marketing materials and cassettes were found far outside of the pilot site.
of West Java. One pamphlet read, “Through PRSB, midwives can learn without having to leave the work area.” The discourse surrounding the promotion of the program, and on the serials themselves, emphasized the power of radio to transform traditional notions of education, and allow for a more convenient, modern method of educating far-flung field workers, mirroring the transformative biomedical approach to childbirth that the serials embodied. These promotional materials were similar graphically and generally placed in close proximity to the SIAGA program promotion materials. They included photos ostensibly representing members of a target community (a pregnant woman with husband, parents, community members, and a famous Indonesian singer/actor). Quotes stated, “Kita mau maju!” (We want to progress) and “Ayo! Gotong royong!”

According to the original plan outline, radio was just one of three ways to deploy the program’s message. The first was to encourage bidan to listen to the tapes or CDs with a group. The second was to have the recordings broadcast by the local radio stations. The third, considered the best case scenario, was to involve local people in rewriting the script to incorporate a local flavor and address local “problems” (Sood et al. 2004). The program, however, did not last long enough to implement this third method, and although a number of meetings were held in which the vignettes were played from tapes, the focus of the program was on producing high quality radio recordings for broadcast over the air.

Motivated by the nature of the medium, the radio serials were intentionally designed to highlight distinct learning topics in an entertaining manner. It was thought that the broadcasts should be lively and engaging so as to keep the bidan’s attention. Each topic was presented in the form of a fictional dialogue between midwives and their various stakeholders (pregnant women, community leaders, the health department, etc.) that included music and referents of local “cultural” interest (Pemberton 1994). The logic was that the private reception of radio programs is not supported by the same networks of social obligation that may accompany a highly visible, public training session, and that therefore bidan and other community members would need to be drawn in by the broadcast content. Moreover, being “on the radio” carried with it its own set of exigencies, and thus the serials were intended to draw in listeners with casual, conversational styles, a focus on audio production value including the strategic use of music, and even occasional humor.
The broadcasts were organized into one topic per session, with each falling under either the technical knowledge or communication categories. Within these categories, topics ranged from charting the progress of labor to sanitation, to communicating with distressed families or with village leaders. These latter lessons were particularly interesting from our point of view, as they often seemed to be written from the perspective that bidan were culturally alien to the communities they served, and included such information as how to show deference and respect for authority figures.

These figures included, importantly, *dukun bayi*, or “traditional birthing attendants” in the jargon of the global health industry. For centuries, the dukun bayi have been central pillars of village life (Hildebrand 2009). Generally, the term dukun bayi describes a person (normally a woman) who has tended to the continued procreation of the physical and spiritual bodies who are members of a community in Indonesia. All issues having to do with the creation of a person and life stages (caring for the body in preparation for conception, pregnancy, delivery, and through menopause) have long come under the auspices of the dukun bayi. These women have deep religious, spiritual, social, and cultural connections to their community, and are often seen to embody “tradition” in their very existence. The dukun bayi have little formal education; their power as midwives is derived from spiritual and religious sources, and their call to practice is understood as being from God. Most commonly, dukun bayi have lived their entire lives in the village and their economic status is similar to that of their patients. Nevertheless, the dukun bayi are often considered by the people of the area to be of higher social status, as the folk midwifery practice places them at the center of local social life. The TBA, in this case the dukun bayi, no longer fits into global reproductive health programming goals. The bidan are specifically meant to replace the central role of the dukun bayi in village life. There has been irregular and limited success in meeting this goal, with unexpected outcomes (Hildebrand 2012).

The PRSB Serials often made a point of emphasizing that the bidan should respect and work with the dukun bayi, if for no other reason than to maintain good relations with them and harmony with the community. For example, Episode 5 includes the warning that bidan need to remember that dukun bayi have been around longer than them, and that the people (*masyarakat*) believe in the traditions they represent, adding,
“that’s the reason it’s not easy to separate dukan bayi from the people, just like that” *(Itulah sebabnya tidak mudah melepaskan begitu saja dukan bayi dari masyarakat).*

**“Distance Learning” by Radio**

Worldwide, there are many precedents for the idea of distance learning over the radio, and it has been a strategy among development organizations at least since the idea was championed in a 1950 UNESCO report (Williams 1950). Perraton (2000), for example, describes a number of distance learning campaigns in Africa and Latin America that made use of radio broadcasts (though most of his examples come from the early 1970s). Invoking Rogers and Shoemaker (1971), he notes that most radio campaigns have historically involved opportunities for a group meeting component, to reinforce radio messages (Perraton 2000). PRSB drew on these understandings, but was distinguished from such early efforts by its narrow focus and effort to entertain listeners. In this, its producers drew on more recent distance learning efforts.

In Nepal, for example, the Radio Communication Project, which focuses on issues of reproductive health, has been hailed as successful across a number of key measures (Storey et al. 1999). Storey et al. (1999) have been optimistic about the program’s influence, though they characterize it as indirect and ideational. Indonesia has also been home to related efforts in the past. The Indonesian national arm of the Global White Ribbon Alliance (*Aliansi Pita Putih Indonesia*, APPI) created a weekly radio program on RRI as a major part of their national campaign to educate women and families about safe motherhood (Garg et al. 2006).

But more common distance learning approaches in public health make use of higher profile or more customizable media, such as television, public advertising, and the Internet or computer software (see, e.g., Bates 2005, Billings et al. 2001, Fung and Carr 2000, Romiszowski 1997). However, efforts to mobilize high-tech solutions have come under criticism from field workers and scholars who question their effectiveness, particularly in rural areas (Gulati 2008). Belawati and Zuhairi (2007), for example, point out that such programs often fail to take the specific learning needs and frameworks of target populations into account. Gulati, in reviewing the literature on such programs, concludes that, “in many cases where there is limited IT infrastructure, traditional
technologies such as printed material, radio, and television remain more effective and accessible for rural and disadvantaged groups” (2008:12).

This leads us to suggest that the intended target population of the PRSB was broader than the program’s own stated goals of educating registered bidan, who already carry nursing degrees and a year or more of midwifery training. We suggest that the program was more of a generalized effort to reach rural radio listeners, including the dukun bayi, expectant mothers and their families, and others who may be involved in childbirth situations. This, along with the ethnographic experiences detailed below, compels us to consider the PRSB in frames beyond those proposed by its producers: as public culture open to a variety of readings (e.g., Kulick and Willson 1994), and as a government radio program inflected by the medium’s historic associations.

**Mass Media and the Voice of Indonesian Government**

Although the PRSB was developed just after the fall of the New Order, it mobilized the discursive frame that had crystallized over the previous decades. Suharto’s New Order regime promoted its idea of Indonesian citizenship by highlighting specific images and silences surrounding ethnic identity, femininity, gender relations, religion, and progress (Barker et al. 2009, Brenner 2011, Dwyer 2000, Dwyer and Santikarma 2008, Suryakusuma 1996). Importantly, the Suharto regime drew connections between the way it expressed authority and the way the idealized paternalistic model of a family was expected to operate: the man/father assumed the “natural” role as the authority figure who acts in the best interest of the family, and who must be obeyed. The woman took on the role of mother to the nation, who obeyed and supported the dicta of the father, meaning both her husband and the New Order Regime. Suharto often spoke of himself as being the nation’s father. Suzanne Brenner argues (1998) that it was this control over domestic life that was critical to the overall authority of the New Order regime.

As noted above, and based on our research with the PRSB’s developers, the program was acknowledged to spread beyond just the trained bidan it officially targeted, and was intended to reach other health care providers and community leaders who did not necessarily come to any follow-up meetings or otherwise participate in the program. In our interviews, the idea of “distance learning” or educational broadcasting
seemed a self-evident good, drawing less on the mixed success of similar programs discussed above (none of which came up) but instead on the notion that the program being “on the radio” would itself legitimize its content for listeners. We believe these assumptions draw on a rich history of media culture in Indonesia, and radio in particular, which goes back to the country’s early nationalist movement (Kahin 1952). This rhetorically nationalist approach gained significant momentum during Suharto’s New Order government, which made use of radio for political ends (to slander and discredit the previous government) even before assuming formal power (Sen and Hill 2000). Now, as the country’s central authority has continued to erode in the post-New Order era (Hadiz 2010, Ramstedt and Thufail 2012, Sen 2009, Wilson 2009), and greater freedoms have begun to fragment and factionalize the national mediascape (Sen 2009, Barkin 2013), the radio bidan serials can be examined as an exemplar of Indonesia’s foundational progress narratives, their goals and ontology, and the methods behind their dissemination.

In order to contextualize the shifting national media environment into which the PRSB was introduced, it is worthwhile to briefly discuss some of the larger issues surrounding the New Order’s historical relationship to broadcasting. Although scholars of Suharto-era Indonesia often presume that the strong, centralized control that characterized his presidency was the product of the nationalist struggle against the Dutch (Liddle 1985, Rabasa and Haseman 2002), Hildred Geertz (1963:24) argued, during the previous Sukarno presidency, that it was notably acephalous in comparison to other Southeast Asian states of the time. Other scholars have connected this early decentralization with the role of nationalist media projects, which were not to come of age until the New Order (Sen and Hill 2000). More recent scholarship would seem to indicate a post-New Order return to something approximating the regional factionalism that characterized Geertz’s Sukarno-era commentary (Barkin 2013, Aragon 2005, Haryanto 2011).

We propose that this back and forth takes as fundamental the role of media as an embodiment of secular modernization narratives (Barth 1993, Hefner 1998), which helped Sukarno’s, but more greatly Suharto’s government to unite the country under the banner of progress toward an imagined, quasi-Western modernity. The Weberian foundations of this perspective can be seen in Clifford Geertz’s (1963a, 1963b) early work on Indonesian economic change, in which he puts forward the notion
that increasing rationalization of economic roles will lead to progress in part as a result of the minimization of ethnic differences, and by inference many of the other persistent social cleavages that divide Indonesia, a tremendously diverse state. As Anderson (1991) observed in Suharto’s early days, and Barth (1993) later articulated in his discussion of the Balinese experience, modernization narratives put forward by the government, largely via broadcast media like radio and television as well as through the educational system, represented an Indonesia in which religious and ethnic differences—when they were not simply silenced all together—were presented either as performative novelties or historically retrograde. This discourse focused on global competitiveness, the appropriation of new technologies, and the dynamic nature of Indonesia as an essentially homogeneous nation-state.

As Sen and Hill (2000:93-94) have noted, RRI broadcasts, particularly in rural communities, historically focused on informational content, including not only news, but also education and updates on regional, government-sponsored agriculture programs. They cite an “overwhelming preference” (2000:93) for this sort of practical, informational programming, which at one time was even translated into local languages. In a diverse state dealing with separatist movements since its inception, this government focus on agricultural science, linguistic nationalism, modernization and progress—discourses that interrupt and subordinate knowledge traditions focused on cultural difference and hierarchical exploitation—helped to develop the country’s sense of horizontal unity while staving off the sorts of sectarian and ethnic conflicts that reemerged in the 21st Century (Errington 1998, Boellstorff 2003) and distracted from the disproportionate power of the Javanese in national affairs (Ong 2006).

More recently, the import of this progress narrative and the Suharto administration’s role in propagating it has come into clear focus, as the country has met increasing instability and violence following the fall of the New Order, and the relinquishment of government control over increasingly competitive commercial media outlets (Haryanto 2011). While the bulk of academic discussion has understandably focused on sectarian violence (e.g., Hefner 2002, Sidel 2006, van Klinken 2007), others have noted more subtle changes in public understandings of the nation and models of citizenship. Notably, Boellstorff (2004) has written about emerging “political homophobia,” and intolerance of Indonesia’s
gay community, Weintraub (2008) has explored new fissures between conservatives and progressives in negotiating the limits of popular culture, and Fox (2006) has interrogated national media’s shifting attitudes toward the representation of *terorisme* (terrorism) within the country.

Post-Suharto media, in other words, has become much more of an open forum in which controversial issues may be discussed, but at the same time has revealed the breadth and intensity of the country’s social divisions. In the absence of the powerful, centralized media control that characterized the New Order, new and factionalizing narratives have (re-)produced these cleavages in a manner that highlights just how effective the regime’s narratives of modernization, gotong royong, and sacrifice for the greater progress of the state as community once were. This crumbling discourse, built on a foundation of hegemonic nationalism and anti-democratic secularism, bears a close resemblance to that which the PRSB endeavored to mobilize.

**Context and Reception of the Radio Vignettes**

One of the authors of this paper was present for several meetings of bidan as they listened to and then discussed the recorded broadcasts. These continuing education events occurred on the island of Sumbawa, in the province of Nusa Tenggara Barat, outside of the original program evaluation area. The author was present for training seminars both at the urban regional hospital and at a rural community clinic (*puskesmas*), many hours from any urban area. Both groups listened to several of the recorded PRSB episodes. One episode, a lesson on *Asuhan Persalinan Normal* (APN) or normal delivery care, was played in both locations.

**Urban Training Seminar**

In late 2003, in a large meeting room, around 20 bidan from rural and smaller urban areas in Sumbawa were gathered on their second day of a week-long training session. Some of these bidan had met before and others were meeting each other for the first time. Their week at the hospital in the district capital would include daily four-hour stretches of classroom instruction paired with practical training in the hosting district hospital.

After a long morning of lectures and procedure demonstrations by the hospital administrators, the hospital obstetrician, and the local Indonesian Ministry of Health Maternal and Neonatal Health official (a
former bidan), the group was ready for a shift in activities. The head trainer, Bidan Nur, announced to the assembled bidan that they were a special group because they would be the first on the island to listen to this training program developed in the national capital, Jakarta. Bidan Nur had just returned from a training program herself in the provincial capital of Mataram, where she had received the PRSB recordings and materials. As Bidan Nur started the radio recording, the bidan in attendance perked up upon hearing the beginning musical interlude, which was Javanese in origin. Several of the bidan in attendance were of ethnicities represented on the island of Java. A couple of the women clowned by emulating a dance from the region. While the program appeared to be entertaining them, later discussions revealed the clowning as an impromptu satire of the cliché methods used by producers to inject an ethnic sensibility through the use of boilerplate music that recalled Suharto-era government radio. Later, when asked about the ethnic marking of reproductive health training materials, Bidan Yanini commented, “The Department of Health thinks that if they put a bidan in [an ethnically associated] costume or play some [ethnically identified] music I will understand what they are saying as the truth, and...” Bidan Rini interrupted, “…or they think that it will make us all agree and work hard together as one. Ayo Gotong Royong, ya!” Here she pointed to the government produced training posters hanging on the wall, featuring a large group of people in ethnically identified dress, meant to represent the importance of being unified and working together. These women were repelled by and expressed fatigue at the use of these hackneyed methods, characteristic of the Suharto-era government rhetoric that endeavored to unite and mobilize diverse groups of people, and which had somehow survived into contemporary times.

The PRSB vignette was introduced with a brief narration about the goals and topics to be covered, followed by a fictitious dialogue between a patient and bidan in the Indonesian national language. The dialogue featured an empathetic bidan beginning care with a parturient woman. This was followed by a discussion concerning women experiencing a normal delivery, recognizing the signs of life-threatening complications, and understanding how to manage these complications should they occur. After a musical interlude, an authoritative yet gentle sounding bidan restated some of the important learning objectives by answering questions introduced in the dialogue. The vignette was then closed with another musical
interlude. The head trainer, Bidan Nur, rewound the radio recording once so everyone could listen to the music again, more clowning occurred, and then she fast-forwarded over the patient–bidan dialogue.

Beyond the playful dancing, the attending bidan in the urban hospital setting showed minimal interest. When the vignette was completed, the midwifery teacher again reviewed some of the important points. A couple of bidan asked questions regarding technical issues presented in the vignette and discussion quickly turned to specific instances that various bidan had encountered where the delivery was not normal, and where problems had occurred. This was a theme that the bidan repeatedly returned to throughout the week. Their concern was not over the basics of delivery or being respectful to village officials; their concerns surrounded instances where they were blocked in one way or another from fulfilling their mission of bringing women to the clinic to deliver, or triaging them to a hospital for more biomedically involved care. The assumption in the radio serial was that bidan would not know how to handle local stakeholders, and that such cultural sensitivity lessons could be taught in a generic, regionally undifferentiated fashion, which did not resonate with the audience. Later, when Bidan Nur was asked by the attending author why she fast-forwarded over several sections of the tape, even though the radio recording was quite short, she replied that the women tended to lose interest if the training materials did not address issues of concern to them. Bidan Nur commented that she was surprised that the bidan listened as much as they did, because the normal course of events was for the bidan to stop paying attention as soon as a recorded message or program was presented; the reaction to the PRSB vignette was not unique.

Rural Training Seminar
A few weeks later, in a clinic in a rural village on the southern coast of Sumbawa, a group of bidan came together for their monthly meeting to report on their activities and participate in a group training exercise. Many of these 13 women had worked together as bidan and nurses since the beginning of the Bidan di Desa program in the 1990s. Two had recently joined the clinic staff from other rural regions of Indonesia. This village clinic represented the type of setting that the PRSB was intended to reach: bidan who work in rural areas, far from training centers or officials. These women were rarely able to attend training sessions in either the district or the provincial capital. Travel from this remote area was slow and all the
bidan had families and small children to tend to outside of their clinic work hours. In reality, however, rural bidan do not have set clinic hours. As they are often the only clinic professionals available in the region, they are busy throughout the day and night, both in their assigned government clinics and at the private clinics that they all run out of their homes.

One of the women, Bidan Yanti, had recently been to a few days of the above-mentioned training session in the district capital. She brought home a CD and cassette tapes on which several of the radio serials were recorded. Bidan Yanti had been charged with playing the PRSB serials for the bidan at the puskesmas. The first episode that the group heard was the *Asuhan Persalinan Normal*, the same episode that was described above. The group listened to the episode from beginning to end silently, and with uncharacteristic concentration. When it was over, the women began to talk quickly, and in frustrated tones. Their primary reaction to the radio recording was that they already thoroughly understood the skills presented, and that the session did not help them with the problems that they encountered in their daily practice. The biggest issue that they mentioned in response to this training was that it provided no instruction on how to deal with an obstetric emergency—their primary concern. They remarked that they felt they were often in the position of not being able to fulfill their mission as bidan—as a result of being under-supplied and unable to provide needed care to birthing women with complications, compounded by the fact that expectant mothers most often refused to be triaged to the district hospital.

They noted several times that this approach to training made for entertaining radio, but did not respond to their needs. “We don’t need to know how to deal with normal birth and delivery,” Bidan Maria commented. “We need training on things like what to do when high risk women refuse care...what to do when we have to care for women who need a cesarean but that is not possible in the village.” They commented that the presentation did not take into account their extensive, previous training, and thus came across as condescending. Another woman, Bidan Ayu, expressed the opinion that the radio program was good training for bidan who were new to the profession and lived close to a hospital. Other attending bidan felt as though this program, like others, did not take into account local concerns or conditions. In this way, they argued that it was not effective in reaching its stated goals, as they had not
learned anything new, and their own, field-derived concerns with reducing maternal and infant mortality were not addressed. After this conversation, they asked Bidan Yanti what else was on the recording, and she read a list of radio episodes, some of which were intended to address the concerns that they mentioned. Instead of pausing to inquire about or listen to those vignettes, the women as a group decided that they had other things to do.

Later, the attending author asked some of the bidan in attendance why they chose not to listen to the vignettes that had titles suggesting that they would address the concerns that they had mentioned. It seemed as though this was exactly the training that they wished would exist. Bidan Dewi said, “All the programs are the same. The solution to our problems is infrastructure and money from the government…the government only makes contributions like flip-books, and posters, and radio programs. This is the way it was from the beginning.” Even with direct evidence that some of the requested information was contained in the radio vignettes, the women rejected the program. It has been noted by many scholars of development (e.g., Janes and Corbett 2010, Whiteford and Manderson 2000) that, traditionally, global health interventions tend to reflect perceptions of need based on world-wide epidemiological data as analyzed by multinational aid organizations, rather than needs generated by the communities who suffer from the problems that are being addressed. Although the PRSB under the SIAGA program attempted to involve the bidan in the development of their knowledge, even in a manner that was methodologically and pedagogically sound in other settings, the tone and cultural frame of the authoritarian New Order radio from the Suharto era was felt through the approach of the program’s recordings.

In both the urban and the rural training session, the bidan exhibited a conflicted reaction to the material presented. They listened and assessed the presented information as not useful for their practices—as material that they had mastered long ago. As experienced midwives who were challenged on a daily basis with difficult and anomalous cases, they communicated a clear annoyance at being targeted with what they considered to be introductory material on women’s reproductive health. There was another layer to their annoyance and disregard for this program: simply put, the bidan were inclined to have a negative assessment of the training programs because they came in the form of radio.
In a later discussion, Bidan Yanti, Yul, and Dewi clearly articulated a distaste for any sort of education programs that relied on government radio (and more recently television). Bidan Yanti elaborated, “There are many [educational] radio programs out there but I do not follow any of them. There are some programs on TV too. They are all the same.” She responded to a question asking how likely she was to listen to a radio or TV program if it started while she was already listening or watching TV this way: “No. I do not listen unless I must [like in an official training session]. If I can change the channel, I do…It is with radio and television the government tries to teach the citizenry of Indonesia. But there never has been anything that is worth hearing. So why listen now?”

Bidan Dewi confirmed Bidan Yanti’s distaste for teaching by way of government broadcasting:

I have no interest in watching or listening to any programs. There is no reason to start listening. Better to turn it off right away. They all treat us like children, us, the people who are trained to help others progress…I just know that the radio programs and television programs are useless and teach us like we are kindergarten children. All of them are that way.

Bidan Dewi confirmed, along with Bidan Yul’s agreement, that she was unlikely to ever listen to a radio program unless she was forced to because she assumed that the program would conform to her expectations of what, in her mind, long-distance development education had always been like in Indonesia. “Radio programs have nothing to tell us. It is like a father talking to an infant. I get annoyed. Better not to even start to listen.” When asked if she thought that this was specific to programs related to midwifery and reproductive health, she said that this was true of all the government radio programs that have existed, offering programs on sanitation as an example.

Dr. Subandi, one of the lead physicians for the government Women and Children’s Health division for the province, confirmed the above assessment offered by the bidan. He noted that there has been a protracted tradition of long-distance development education in Indonesia. Dr. Subandi said that he did not believe that the bidan were interested in listening to anything taught over the radio. He noted that it was disappointing because there were many good lessons presented in some of
the programs. When asked why the bidan would not listen to the pro-
grams, he replied that he thought that they were inured to these kinds of
New Order-style public service programs, considering them to be simple
and pedantic. Dr. Subandi said, “There is a long history in Indonesia of
people being treated like children. In the name of helping the people the
government created radio and TV programs. If they really cared they
would come to the desa [rural areas] and talk to the people, they would
see what it is that is happening.”

Radio and the National Imaginary
The failure of top-down approaches in development projects is by now
an old and well-worn focus of applied anthropological studies. What
puts this study into a separate category is that the organizations involved
in the program’s development were well aware of such concerns, and
had an admirable history of involving locals and target populations in the
development process (Sood et al. 2004, Kongnyuy and van den Broek
2009). Indeed, their goals for this program originally incorporated such
provisions; what they seemed less aware of were the cultural associa-
tions and history of the medium they chose. For bidan di desa and other
rural listeners, the relationship with government radio at the time the
PRSB was broadcast was also far from neutral. Until 1962, when the na-
tional television station TVRI was established, the RRI national radio net-
work was the principal means by which the government shaped public
opinion and the national discourse. Even long after the advent of TVRI,
Indonesia banned private television broadcasting, limiting the appeal
and influence of the medium, and keeping RRI a central component of
Jakarta’s ideological project in the archipelago. The network’s stations,
which, unlike print and television, were for years allowed to broadcast in
local languages, were also required to broadcast news and various other
programs directly from the capital each day. Particularly in the 1990s,
as newly legalized commercial television swept the country and TVRI’s
ratings dropped dramatically (Barkin 2005), RRI’s role in communicating
government news and information was further cemented.

In a country with limited literacy, particularly in the mid-20th century,
radio became the key medium through which the New Order govern-
ment was able to shape the national imaginary and promote a unifying
discourse of forward-looking development. In particular, to help maintain
a façade of national unity, the New Order severely limited discussion of “SARA” issues—an acronym representing *Suku*, *Agama*, *Ras*, and *Antargolongan*, commonly translated as ethnic or tribal affiliation, religion, race, and inter-group relations. Never was this ban more in evidence than on the government’s own radio network, which—unlike competing private offerings, which occasionally required forced closures or intimidation to stay in line (Romano 1996)—was directly under their control.

Though radio as a whole was more localized than print or television, it retained its status as the original “high tech” medium, and while it was often allowed measures of local control, RRI maintained an important monopoly on news programming, as well as a de facto monopoly on educational content, which rarely caught the interest of commercial stations (Lindsay 1997). Combined with the SARA ban and the ability to close down those private stations deemed to be dissenting, RRI became an institutionalized source of not just news and information, but also the medium through which government narratives directly manifested, shaping conceptions of Indonesian citizenship, silencing competing perspectives, and fomenting the imperative of progress toward an imagined modernity exemplified by the material technology of the radio itself. Through informational programming, the relaying of which was legally mandated across RRI’s vast network, the New Order’s discourse of progress and modernity gained not just a voice, but a corporeal manifestation (Spitulnik 2002).

As Abu-Lughod (2002) has examined in the Egyptian context and Barkin (2005, 2014) has previously discussed in the context of Indonesian television, media producers, even in commercial broadcast venues, have often found overlapping interests with totalitarian governments that favor economic stability and a neoliberal worldview. Moreover, producers in countries like Indonesia are often drawn from privileged backgrounds that represent a more cosmopolitan worldview than the populations to whom they broadcast (Barkin 2006), contributing to the preeminence of narratives that promote images of modernity at the expense of regional, ethnic, or, most importantly, religious themes. In this way, national media in Indonesia have helped to stitch together some 17,000 islands into what is for many a genuine (if imagined) national community, in the classic, Andersonian sense (Anderson 1991).

It should come as no surprise that the decline of government control over the media, particularly television and radio, has been accompanied
by a new sort of pluralism (see Hefner 2000) that has not always been particularly civic, but has instead reflected social instabilities that have manifested in sectarian violence, repression, and increasing regional separation and autonomy (Ong 2006, McDonald 2002, Varshney et al. 2004). Neither should it be surprising that a public health program invoking this New Order-inflected discourse would meet with a lukewarm reaction among bureaucrats in transitional, post-New Order administrations looking to distinguish themselves from the authoritarian past and respond more directly to public voices (Hadiz 2000, Webber 2006).

Discussion
The PRSB was not necessarily a normative indication of the larger changes going on in the field of government broadcasting and its relationship to health education in Indonesia after the fall of Suharto, nor have we focused on it for that reason. Instead, the program represents a unique convergence of what we argue to be broadcast media and biomedical nationalism’s entangled trajectories. Let us first unpack those terms.

New Order “media nationalism,” an active project of legal and political steps designed to promote a national identity through control over and broad dissemination of state-run (or state-influenced) broadcasting, relied heavily on (at least) two factors: 1) the marginalization and silencing of regional, ethnic, and religious differences, and 2) the invocation of modernity narratives which presupposed the coherence of the Indonesian state, and relied on a discourse of post-Enlightenment rationality, in the Andersonian (Anderson 1991) and Weber-inflected Geertzian (Geertz 1964) sense. In this discourse, religious and regional differences were aestheticized, as in the oft-cited example of Taman Mini (Simon and Barker 2002), a Jakarta-area theme park created by Suharto’s wife, which assigned a culture to each of the country’s diverse provinces, hiring locals to stand in front of a dwelling supposedly reflecting that culture while dressed in “traditional” costume, like an ethnic mascot. The primacy of religious as well as syncretic belief systems regarding wellness and the body were silenced in favor of a Western-leaning, neoliberal worldview embraced by the New Order regime. The bidan radio vignettes demonstrate, among other things, how deeply the connection between mass media, modernization narratives, and state-sponsored nationalism were under the New Order, but their failure to be embraced
by the reshuffled, post-Suharto Ministry of Health reflects the period’s “shifting tensions between media and credibility” discussed by Barker et al. (2009:36).

This New Order worldview also happened to comport well with biomedical perspectives, which have come to play an increasing role in public culture (Hildebrand 2012, Dwyer and Santikarma 2008, King and Wilder 2003) as fields of government focus from agriculture to family planning to infant mortality, and are folded into the state’s rationalized discourse of scientific progress. Global health organizations seeking to introduce and extend Western biomedical sanitation and health programs found an ally in the New Order government, provided they stayed away from politically sensitive topics (Hadiwinata 2003). But the Western respect for and reification of national sovereignty and idolization of technology as a social equalizer (Boshier and Onn 2007), along with the socially liberal multiculturalism often characteristic of NGOs, found a strange bedfellow in the Suharto government and its embrace of Western sources of capital, its struggle to suppress regional autonomy and the primacy of Islamic worldviews, and the narratives of local subordination to national identity that put a gloss on Javanese governmental domination (Barker 2008a).

Although the origins and goals of these two groups were quite divergent, these key compatibilities allowed global health non-profits and the New Order to work surprisingly well together. In the course of our research, for example, two expatriate and one Indonesian national official in global health programming separately expressed a longing, that they found surprising, for the more autocratic and centralized New Order government. “When the Suharto regime was still in place,” a knowledgeable informant told us, “once a program was accepted and set in motion, nothing would stop it…it wasn’t possible for the program to not be implemented. It might not be a good program, but it was implemented.” The frustration with the failure of the PRSB to be implemented, expressed by those who designed and evaluated to the program, was that they were quite certain that it was an excellent way to ameliorate what was seen as a critical public health concern for the country.

This case demonstrates the faith that elite program developers can have in the medium of the message. It foregrounds the assumption that because the radio broadcast signal is sent, the intended audience will absorb its content in the manner prescribed by its creators. Of course,
Trainings and alternate uses of the vignettes were built into the original plan, but bidan could not always attend these trainings—often because of difficulties that they have juggling the life of a *wanita karier* ("career woman"), but also because of distance and travel expenses. This reality was tacitly acknowledged in our interviews, but also recalls the original radio broadcast discussed above, in which the primary argument for using radio to disseminate the program’s information was that bidan have busy lifestyles and are widely dispersed.

Thus, it seems clear that the follow-up meetings and suggested bidan gatherings were built around the radio program, and not the reverse. And rather than relying on the efficacy of their written and illustrated materials, these meetings were built around a communal listening to the radio recordings, a practice that constructs the authority of the broadcasts themselves, and which linked them to the medium’s historic connection to nationalist modernity. While the medium here is not the message itself (*McLuhan 1964*), it does provide the frame through which audiences are encouraged to interpret it (*Pink 2006, Spitulnik 1993*). This perspective was more than the explicit content of the serials; it was tacit in the mode of their delivery. "Western Science," by implication, is able to send these messages over the air, in a sense proving the rectitude of its worldview, broadly conceived, and therefore the messages it delivers on the nature of the biological world are equally correct (*Fox 1986*). This is not to frame the rejection of these messages as fundamentally anti-science, but rather a rejection of the discursive constellation that the New Order had built around scientistic framings of progress and development. As Barker and Lindquist note in reference to authorities embodying this discourse, “Whereas under the New Order these figures were full of gravity and authenticity, they now seem strangely empty and eerily reproducible” (*2009:71*).

Furthermore, the serials, as a didactic, state media campaign, appear to reflect more on the culture of their production than the larger outcome intended by partners like JHPIEGO. In this way they recall government use of morally weighted issues for political purposes, such as the "just say no" or "abstinence only" campaigns in the US (*Beck 1998*). In these programs, the tacit political/ideological message precludes the explicit (*Rose 2005*)—in this case, a tacit narrative of loyalty to rationalized, biomedical approaches. Further, reactions to the program reveal a lack of political will to follow up and take it much beyond the radio broadcasts.
The need for such civic resolve has been widely linked to the success of similar global health programs (Shiffman and Smith 2007, Shiffman 2009), but in the case of the PRSB, the country’s politics had changed fundamentally, while the programming model was still dependent on the paternal, autocratic New Order system of representation.

We believe the series ultimately failed because it represented the collusion of global health and New Order modernity narratives, which both depend on progress foci and largely ignore or aestheticize regional difference. The program as a whole depended on the somewhat artificial civil society ethos that Suharto’s government promoted through institutions like gotong royong. A genuine, participatory development effort to promote civil society might have acknowledged and incorporated a focus on local voices and concerns, but the gloss of New Order democratic rhetoric was instead substituted. In the post-Suharto era, the idea of RRI or other media as a voice for a coherent government narrative has broken down along with the gotong royong, for better or worse, leaving it a less effective tool for the naïve didacticism of NGOs seeking to push messages that depend on the authority of a collusive state apparatus.

Endnotes:

1 The order of authorship was assigned alphabetically.

2 This quotation was taken from the written training materials that accompany the radio episodes. These materials were created by Ikatan Bidan Indonesia (IBI), Dinas Kesehatan Propinsi Jawa Barat, the Maternal and Neonatal Health programs of USAID. The title of the packet of training episodes is: “Buku Rinkasan Program Radio Sahabat Bidan.”

3 The New Order (Orde Baru) is the term used by the Suharto administration to characterize their government, and to contrast it with the previous, founding president Sukarto, whose government was referred to as the “Old Order” (Orde Lama).

4 During the time of the largest deployment of bidan, in the early 1990s, the maternal mortality ratio (MMR) was 373 per 100,000 live births, with post-partum hemorrhage being the largest cause of maternal death. The infant mortality rate (IMR) was 46 per 1,000 live births (Central Bureau of Statistics [CBS] Indonesia 1998). Maternal and infant mortality statistics—two of the greatest indicators of the health of a population—remain stubbornly high despite decades of intervention. Indonesian national census figures from 2007 report that the MMR is 228 per 100,000 live births, which is three to six times higher than the other ASEAN countries (Acuin et al. 2011). The reported 2007 IMR is 34 per 1,000 live births. While this figure shows progress, it is also between two and five times higher than other ASEAN countries. Additionally, there are extreme gaps between the maternal and infant mortality statistics within Indonesia when socio-economic status groups and rural versus urban groups are compared.

5 Through this program, between 46,000 and 54,000 bidan were sent to villages throughout the country (Sood et al. 2004:1, Ristrini and Siswanto 2005:77).

6 By focusing on “health service coverage,” the intention was to address shortages in both midwives and medical equipment.

7 The name SIAGA comes from the Indonesian word “siaga,” which means “alert” or “ready.” In this case, SIAGA was also an acronym: Slap (ready), Antar (take, or transport), and jaGA (to guard). The SIAGA
campaign had four components: Suami SIAGA (alert husband), Warga SIAGA (alert community), Bidan SIAGA (alert midwife), and Desa SIAGA (alert village).

8We use the common term “distance learning” throughout our discussion, as it was often invoked by informants and in PRSB literature, but we approach the curious presupposition of success inherent to the phrase with critical distance.

9The word “bidan” is both singular and plural.

10One of the authors of this paper interviewed the primary researcher in charge of the PRSB evaluation and was able to review the evaluation documents.

11Most of the bidan di desa had a “D3” degree, which consisted of a general two-year post-secondary nursing degree, plus one year of clinic midwifery training.

12This quotation was taken from the written training materials that accompany the radio episodes; see endnote 2 for more information.

13The use of regional languages was greatly curtailed in 1971, when a ministerial directive banned everything but “good and correct Indonesian” (Bahasa Indonesia yang baik dan benar) with the exception of regional cultural programs.

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Foreign Language Translations:

Midwife Radio: The Entangled Trajectories of Global Health Programming, Broadcast Media, and the Indonesian State

[Keywords: Birth attendant training, media, midwifery, global health, radio, Southeast Asia, Indonesia]

Rádio Parteira: As Trajectórias Emaranhadas do Planeamento de Saúde Global, Emissão Media, e o Estado Indonésio

Palavras-chave: Formação em partos, media, obstetrícia, saúde global, radio, Sudeste Asiático, Indonésia

Акушерское радио: Перемежающие троссекторий глобального здравоохранения, вещательных СМИ и индонезийское государство

[Ключевые слова: акушерская подготовка, СМИ, акушерство, глобальное здравоохранение, радио, Юго-осточная Азия, Индонезия]