

Rosalia Sciortino, *CARE-takers of CURE; A study of health centre nurses in rural Central Java*. Amsterdam: Jolly/Het Spinhuis Publishers, 1992, 318 pp. ISBN 90.9005532.0.

A. NIEHOF

Sciortino's doctoral thesis, of which this book is the published version, puts nurses in the limelight. By focusing on the functioning of nurses in the Indonesian health care system, the workings of the system are laid bare. The pivotal position of nurses in the professional medical hierarchy inevitably leads to a critical analysis of the relations between nurses and other formal medical specialists: doctors and midwives. Because these nurses are attached to rural health centres, their relationship to traditional medical specialists in rural Central Java is also given due attention. The multi-level perspective is worked out against a historical background, which sheds light on the development of nursing as a vocation and as a profession. Thus, the book is not a conventional study in medical anthropology.

Central themes are the balance between care and cure in nursing practice and ideology, and the opposition of public versus private sector. In the functioning of the rural health centre (*puskesmas*) the themes blend. The picture that emerges will be familiar to anyone who has lived and worked in rural areas in Indonesia for any length of time. The doctor more often absent than present, who, as the head of the health centre, has matters other than medication to attend to, and the nurses, male and female, who carry out medication by providing endless series of pills and injections. In the public sector nurses perform curative roles for which they are not trained, actually acting against the law. The doctors condone this situation because it suits them. The clients accept it because they do not know any better. To them, the *perawat* (nurse) has taken the place of the former *mantri*, who, as I recall, used to be called '*tukang suntik*' (injection giver, 'needle pusher'). Health care officials prefer not to know. Neither party seems to benefit from denouncing the abuses in the public sector. In the private sector nurses compete with doctors. The latter have fewer scruples in denouncing the private curative practices of nurses. Consequently, nurses will not openly admit to having a private practice. They say they just help people who call upon their services.

The role of nurses in preventive medicine, as community health care workers, is officially proclaimed to be the core of the role model of nurses at rural health centres. In actual fact, however, nurses do not attach much priority to preventive health care. Since Indonesia adopted a primary health care strategy in 1971, preventive health care is an official policy aim. But nurses, who are also private entrepreneurs, prefer carrying out curative tasks at the health centre instead of taking an active part in outreach and *posyandu* activities. Reading this account of the sad state of affairs in rural

health care, one wonders how Indonesia has managed at all to reduce mortality, notably infant mortality, substantially during the past ten years.

The picture drawn by Sciortino is truthful but superficial and, in spite of its multi-level perspective, constricted. It is superficial because it does not probe into the concepts of preventive health care and community health. In the dissertation of Solita Koesoebjono-Sarwono, entitled *Community Participation in Primary Health Care in an Indonesian Setting* (Leiden, 1993), the behaviour of health personnel in the *posyandu* is called 'ritualistic', like the ritualistic use of health statistics by health care officials, as noted by Sciortino. Nurses play their parts in these rituals, as is expected of them. An anthropologist should pay attention to the meaning and function of the ritualistic aspects of community health care and the modelling of the nurse's role in accordance to it. The embeddedness of health and health care behaviour in the social and cultural structures is hardly touched upon in the book, although there is a small but coherent body of literature on the medical anthropology of Indonesia. Some of its titles are mentioned perfunctorily in the bibliography but are nowhere referred to in the text.

As for the limitations of the picture painted by Sciortino, the relationship between nurse, midwife, and traditional birth attendant deserves more attention than it receives. The relationship between midwife and traditional birth attendant is presented as purely antagonistic. This is a gross simplification of reality. In this sense it is not a truthful picture. The aspects of interdependency, complementarity, and even mutual respect, which also characterize this relationship, as I have been able to observe during many years in the field, are completely left out. Much of the literature on this subject was available at the time Sciortino was writing her book. It is a pity that it was not used. A recent addition, which I would like to mention here, is Anna Alisyahbana's dissertation, entitled *The Implementation of the Risk Approach on Pregnancy Outcome by Traditional Birth Attendants: The Tanjungsari Study in West-Java, Indonesia* (Rotterdam, 1993). Alisyahbana shows that it is quite possible to develop an integrative approach despite the structural and legal constraints. Compared to the Tanjungsari effort to improve the quality of primary health care delivery, Sciortino's appeal to anthropologists to contribute to qualitative indicators for improving health care delivery (p. 265) sounds a bit hollow. Surely, there is more to be done than that, as several projects (Hydrick's project in the thirties, the Serpong project, the Mojokerto project, the Tanjungsari study) have demonstrated.