

MATERNAL BEHAVIOUR IN SELECTING TRADITIONAL BIRTH ATTENDANTS TO ASSIST THE DELIVERY IN KELINJAU ULU VILLAGE MUARA ANCALONG EAST KUTAI EAST KALIMANTAN

Perilaku Ibu dalam Memilih Dukun Bayi sebagai Penolong Persalinan di Kelinjau Ulu Desa Muara Ancalong Kutai Timur Kalimantan Timur

Ike Anggraeni¹, Annisa Nurrachmawati²

Fakultas Kesehatan Masyarakat Universitas Mulawarman

¹Email: viena_ikea@yahoo.co.id

²Email: nasywa_mzi@yahoo.com

Abstrak

Latar Belakang: Rendahnya pertolongan persalinan yang dibantu oleh tenaga kesehatan merupakan salah satu penyebab utama kematian ibu, di sisi lain peran dukun bayi masih dominan terutama di daerah pedesaan.

Tujuan: Mengidentifikasi perilaku ibu dan budaya yang mempengaruhi ibu dalam memilih dukun bayi.

Metode: Penelitian ini menggunakan pendekatan kualitatif. Wawancara mendalam dilakukan terhadap 10 ibu yang memiliki pengalaman persalinan dibantu oleh dukun bayi, 2 dukun bayi, dan 1 tenaga kesehatan.

Hasil: Dukun bayi memenuhi kebutuhan masyarakat yang mendasar dengan mendukung wanita selama kehamilan, persalinan, dan periode postpartum. Dukun bayi membantu persalinan sebagai perbuatan sukarela dan tidak akan dibayar, tetapi menerima bahan makanan atau uang sebagai tanda penghargaan. Dukun bayi juga memiliki peran penting pada upacara kelahiran. Ibu juga memiliki pendapat bahwa persalinan oleh tenaga kesehatan cenderung menyakitkan, mereka merasa takut dan malu untuk membuka vagina mereka saat melahirkan dengan bidan. Selain itu, tidak adanya tenaga kesehatan akibat kendala geografis membuat ibu melahirkan dengan dukun bayi.

Kesimpulan: Disarankan untuk mempromosikan manfaat kelahiran di fasilitas kesehatan atau dibantu dengan petugas kesehatan ketika ibu memiliki perawatan antenatal. Pada pelatihan dukun bayi, tenaga kesehatan harus mengarahkan peran dukun bayi hanya sebagai seorang pembantu yang memberikan dukungan emosional dan sosial bagi perempuan selama persalinan dan melahirkan.

Kata kunci: Dukun bayi, persalinan, perilaku ibu

Abstract

Background: Low rate of deliveries assisted by trained delivery attendants is one of the major causes of maternal mortality. The role of traditional birth attendants (TBAs) is still dominant especially in rural areas.

Objective: To identify maternal behaviour and culture aspects that influenced mother decision to use TBAs during childbirth.

Methods: This research used qualitative approaches. In-depth interviews were conducted with 10 mothers who were assisted by TBAs during childbirth, 2 TBAs, and 1 health personnel.

Results: TBAs played a vital role in the community, through their supports towards women during the pregnancy, childbirth, and postpartum period. TBAs assisted women during childbirths voluntarily, free of charge, and only received some food or cash as a token of appreciation. TBAs also had important role during childbirth ceremony. Mothers perceived delivery by health personnel to be painful. They also felt insecure and ashamed to open their vagina in front of the midwife. Additionally, the absence of health personnel due to geographical constraints also forced mothers to deliver with TBAs.

Conclusions: It is recommended to promote the benefit of institutional delivery or delivery assisted by health personnel during antenatal care services. During TBA training, health personnel should highlight the role of TBA only as an assistant to provide emotional and social supports to women during labour and childbirth.

Key words: Traditional birth attendants, birth delivery, maternal behavior

BACKGROUND

The fifth goals of MDG's is to improve maternal health by reduce three quarter (390 to 102 per 100.000 birth) between 1990 until 2015 the maternal mortality ratio and to achieve and serve health reproduction access for all in 2015. One effective way to reduce maternal mortality is to increase birth attended by skilled health personnel. A recent review reported, in Indonesia Maternal Mortality Ratio decreasing to 228 per 100.000 birth (target in 2015 is 102 per 100.000 birth) and birth attended by skilled health personnel increasing to 82.23 percent (SDKI, 2007, Riskesdas, 2010).¹

Contrary to that condition in Muara Ancalong East Kutai East Kalimantan the proportion of birth attended by skilled health personnel is still low 63,3 percent and the proportion of birth attended by Traditional Birth Attendants (TBAs) is 36.6 percent (East Kutai District Health Authorities, 2009). Kelinjau Ulu village had the highest number of delivery attended by TBAs (42,53 percent) and 35 percent of those had complication during delivery such as haemorrhage, prolong labour and premature ruptured of membrane. The reason of why maternal choose TBAs to assisted their delivery is related with the lack of knowledge on maternal and neonatal health and access to the health care facility. Maternal preferred TBAs services because feel that they better and cheaper than health personnel do.²

According to biosociocultural approach on anthropology, pregnancy and delivery not only seen from biological and physiological aspects. To deal with this danger and with the existential uncertainly associated with childbirth, societies tends to produce a set of internally consistent practice and beliefs. The local definition of event ; preparation of birth, attendants and support system, the ecology of birth, the use of medication, the technology of birth and the locus of decision making.³ The aim of this studi is to identified maternal behavior and culture that influence maternal in choosing TBAs.

METHODS

This research used qualitative approach with in-depth interview as an instrument in collecting the data. In-depth interview

conducted toward 10 women who had experienced delivery assisted by TBAs, 2 TBAs and 1-health personnel. The Analysis technique of this research is qualitative interactive model. This method consist of four step of data analysis. First data collection, second data reduction which simplyfy, narrow focus and transforme raw data. Third data display, and fourth conclusions: drawing or verified.⁴

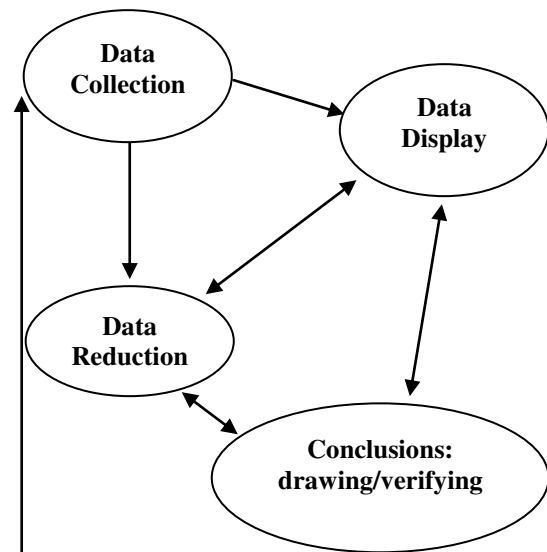


Figure 1. Interactive Model Data Analysis⁴

RESULTS

Kelinjau Ulu village is an agricultural and plantation area that suitable for palm large scale plantation. The population of Kelinjau Ulu village consists of 1188 family and 5749 people. It has 47,2 km² area wide and most of the part stand on river stream. The current health facility available is Puskesmas with 2 general practioners, 2 midwives, 1 nurse, 1 nutritionist, 1 sanitarian and 1 pharmacist.

There are 4 traditional birth attendants which often attended maternal delivery. In 2010, 37 maternal choose delivery by TBAs and 13 of them had complication during delivery such as haemorrhage, prolong labour, premature ruptured of membrane, abnormal position of infant and these condition finally bring them to health facility/personnel.

Ethical Reason Behind Choosing Traditional Birth Attendants

It wasn't easy to predict with whom maternal would choose the delivery. Result of the interview revealed facts that during the

pregnancy, maternal in Kelinjau Ulu not only examine themselves to puskesmas and midwives to examine their pregnancy, but also to TBAs.

"I visited Puskesmas to check my pregnancy, my baby hearth beat. They gave us medicine to prevent anaemia, increase appetite and vitamin." (YT: December 2010)

Besides antenatal care in health facility they also visited TBAs to massage their body to make sure the baby is in the good position.

"In seventh month of pregnancy, I felt pain in my abdomen and short breath, it means that the baby is in abnormal position, so the TBAs will use her hand to turn the baby up side down or called "dipaling" (AS: December 2010)

The important role of TBA also strenghtened by Kutai's believe that if there's impossible to change the position of the baby, the maternal should come to the widows house. After that maternal shoud find ladder on the house and turn it up side down and then step into that ladder with condition that the widow unrecognised that the position of the ladder had been changed. After it's done, peoples believe that the baby position will also turn up side down.

"If it impossible to" dipaling", we came to janda's house, then find her ladder, turn it up side down so our baby position would change too. We should do with carefully so the widow didn't realize it. after that we start to step into the ladder" (AS: December 2010)

Besides to fix the baby position TBAs believes to predict the sex of the baby also gestational age only with massage the maternal stomach and this kind of ability not owned by health personnel if there is no USG (UltraSounography) facility in Puskesmas. Informant said in Kutai's believe if the baby is boy the position of stomach will skew to right side and the opposite if the baby is girl the position of stomach will skew to left side.

"Nenek (TBAs) could identified the sex of baby whether is boy or girl. If boys the stomach skewed to the right and girl skewed to the left." (NP: December 2010)

"Ussually she ask me the age of gestation, if there's found the baby in abnormal condition, I ask her to rotated it. In Puskesmas midwives cannot do this." (NT: December 2010)

Knowledge of Delivery Assistance

According to interview result about who supposed to assist on delivery process, informant know that it should be assisted by health personnel for maternal and baby safety.

"It's better (delivery assisted) by doctor because of complete medicine. If it's difficult to delivery there is injection, to make the process of delivery become fast." (FT: December 2010)

"The best person for delivery attendants is midwife in Puskesmas. If there were any problem they could help us quickly, if we hadn't enough power to strained she will infused us." (MY: December 2010)

The feeling of ashame to open the vagina when delivery process makes maternal prefer choose TBAs (dukun bayi) rather than health personnel, as revealed by one of respondent :

"Delivery assisted is better with dukun bayi; It's feel comfortable becouse we're not ashame." (ID: December 2010)

TBA informed that most delivery was assisted by them. Personnel health were perceived important only during obstetric complications, as show on this statement :

"If there were delivery process in this village I would take it all over. If something happened we called midwife from Puskesmas." (NT: 8 December 2010)

Delivery Cost on Midwife and TBAs

The expensive delivery cost on midwife was one of the main reasons stated why maternal is using the services of TBA attendants. The average of delivery cost for a midwife of IDR 300,000 (~USD 30) include medicine and 3 days lenght of stay, but if maternal can't afford it, it still flexible to pay just with maternal ability or how much money the have.

It was perceived as unaffordable by some community members. In addition, the flexibility of the payment method for traditional birth attendants was more convenient.

“Commonly IDR 300.000 for delivery with three days lengths of stay and medicine, sometimes someone can't pay it so there is flexibility to pay with how much money we have, and we pay them when “naik ayun ceremony” (RH: December 2010)

Even though 75 percent community members had Jamkesmas cards to enable them to access free health care services, the services of traditional birth attendants were still preferred because Jamkesmas not covered for delivery at home.

TBAs don't have standart cost so maternal can pay depend on how much money they have. Kelinjau Ulu Village society often give something which called “penduduk”. “Penduduk” consist of rice, brown sugar, one coconut, one metre white drapery, sarong, yarn and knife. They also give money as a gratitude, the amount of money depend on family ability and sincerity.

“When TBAs give the baby to us, we kiss her hand, ask her bless because she had saved our baby, then we gives the “penduduk”, 2,5 kg rice, 1 coconut, ½ kg brown sugar, 1 metre white drapery, 1 sarong and some money. We give it when “tasniahan”. (RT: December 2010)

“Commonly we gave it on “selamatan”. They gave me money, 1 coconut, 2.5 kg rice, yarn and knife, put it on bowl. Cost for delivery in Puskesmas IDR 500.000, I give IDR 200.000. That if they have money, if not, IDR 100.000 enough, I can't insist them either.” (NT: December 2010)

Psychology Reason

TBAs choose as delivery attendants because of maternal and TBAs are still relatives. Another reason is that TBAs ever help on previous child also already at their home for some days before the delivery. As following stated:

“I choose TBAs because she is my

relatives. On previous delivery, she helps me to attendants my delivery also before the baby delivery she already at my house.” (AS: December 2010)

Other women choose TBA for convenient reason. She did not ashamed because she did not have to open up their leg, naked or show their vagina in front of TBAs. As stated by two women:

“I feel convenient with TBAs; we do not have to be ashamed. Midwife usually ask us to open up our leg, this embarrass me.” (DN: December 2010)

“TBAs do not have to see our vagina. It hides behind sarong. TBAs do not used to do that. It's a pity if we have to put all over our clothes.” (NP: December 2010)

Maternal point of view to health personnel, influence their decision in choosing delivery attendants. According them, health personnel always do an episiotomy and needlework, that two things fear them.

“I'm afraid of needlework. That happened to my neighbor.” (AT: December 2010)

“If our baby big, midwife will do an episiotomy or do needlework on our vagina. TBAs will not do that, even the baby is 4 kilograms, she not do such a thing.” (NP: December 2010)

The availability of Health Care Services

There is only one village midwife it made the availability of skilled birth attendant is low. The delivery could happen at the night, because the midwife could not attempt so husband called traditional birth attendant

“It was 4 am, my husband has come to the midwives house but she didn't hear my husband called because she was sleeping, my mother in law is a traditional birth attendant, so she helped me delivery” (AT: December 2010)

The reason related to issue of accessibility to health care services were times constrains like mention above and the availability of health care provider was low. One of the informant mother said she has already called midwife but they all left for some meeting in

other town.

"We find nobody at the puskesmas, they all left to Samarinda, my water has already break, I feel baby's head already came out, so I have to deliver with traditional birth attendant " (FT: December 2010)

The Risk of Obstetric Complication When Maternal Choose Traditional Birth Attendants

Many obstetric complications could occur during the delivery process that conduct without skilled birth attendants such as bleeding in or after delivery, prolong labor. Traditional birth attendants were not able to prevent death when life-threatening complication arose during childbirth. It was happen because lack of knowledge and skill in managing normal delivery and emergency obstetric care.

"After the baby birth TBAs ask me to squat so the placenta could remove, after that I had so much bleeding" (FT: December 2010)

If the obstetric complication occurs TBAs would sought for midwife especially when they cannot handle the situation. This imply such perception in the community that health care are required only for those who experiencing obstetric complication. The village midwife narrated:

"Usually midwife only sought if there was a prolong labor and the mother already in bad condition, if I could not handle it, I will make referral to hospital in Muara Bengkal or Samarinda" (RH: December 2010)

Lack of TBAs knowledge and skilled on managing prolong labor has made the women at risks. Unfortunately, this risk not considered as risk threatening life, it perceived as a religious situation. The TBAs argued that prolong labor happened because the God have not finish arrange the life of the fetus. The TBAs narrated:

"If the mother feel tired to push the baby, I would told her to be patience and pray, at the right time her baby will born after the God finish arrange his life in the world, his wealthy and his life

expectation" (NP: December 2010)

DISCUSSION

Childbirth often perceived as a normal event but also perceived and respond in its cultural aspect which may vary among different community. The physiology of pregnancy and birth were the same but cultural respon on the whole process may vary, which need to understood as an unity.³ Cultural influences and practices become focus on this research due to its perpetuate some of maternal health problem that women experience in Kelinjau village Kutai Timur. This study findings identified the use of Traditional birth attendants who encourage herbs and home delivery that can lead to poor maternal health. Traditional birth attendants defined by the WHO as a person who assist the mother during childbirth and who initially acquired her skills by delivering babies herself or through apprenticeship to other traditional birth attendants.⁵ this profession had handed over from one generation to another and their role were still prominent. They attend to the majority of deliveries in rural areas of developing countries. TBAs are highly respected; they perform important cultural ritual and provide essential social support to women during childbirth. This research also found that their practices influenced by local customs and religion.

This research finding found that TBAs often do some harm action while helping delivering babies. They push mother abdominal in order to push the babies born also gives advices for some food taboos and prohibit certain behavior. Abdominal push will lead injury to the fetus, rupture uteri, and placental obstructed. The TBAs should have routine training to educate them avoid them from doing some harm action.

We found some discrepancy between mother knowledge and their health seeking behavior. Almost all informant women said they know midwives and delivery at the hospital or health center were the ideal condition, but in facts, they still choose the TBAs first during childbirth, and home birth. This result showed that TBAs work is adapted and strictly bound to the social and cultural matrix, to which they belong, their practices

their beliefs are in accordance with the need of the local community.

Religion and social aspect are vital and cannot ignore. Reasons for using the service of traditional birth attendants frequently based on religion and social aspect. The mothers who choose TBAs felt convenience because with the TBAs, they did not ask to be naked and open up their leg during childbirth. The TBAs would lead them in pray because they believe it was a sole decision of Allah. Less educate women did not know the importance skilled birth attendants and some pregnancy could place them at risk.

Although the community loyalty and the need of TBAs are clear, the regular training program for TBAs was not available. In the past, training program were conducted for traditional birth attendants and free delivery kits were provided. Unfortunately this program has been phased out following the ministry of Health recommendation that training for traditional birth attendants should be stopped in areas where a village midwife is available.

A review conducted in four health post catchment areas in Ethiopia, focused on performance assessment of TBAs which considered management of excessive blood loss after birth and the procedure of referral, showed that there was a significant difference in effective management and referral post-training (11-70% improvement).⁶

A review of 15 of TBAs and midwife based intervention aimed at improving delivery assistance skills and recognition as well as referral of complications, demonstrated that both traditional birth attendants and community based midwife had a role in reducing the maternal mortality ratio.⁷ Reducing maternal mortality requires a national strategy to bring about three essential changes: a societal commitment to ensuring safe pregnancy and birth, improvements in access to, and quality of health care. The partnership of TBAs and village midwife needed to develop. Particularly in areas where health care facilities and midwife are still lack and the utilization of TBAs is high. The issues of basic and refresher training, supply material and equipment financial benefit for TBAs

need to be address.

ACKNOWLEDGEMENT

The authors would to thank Puskesmas Muara Ancalong for providing basic information of the research, we also greatly appreciate the informants for their sincerity to share local wisdom and experients.

REFERENCES

1. BKKBN, Macro Inc, Kemenkes RI. Survei Demografi Kesehatan Indonesia. Jumlah Ibu Bersalin di Dukun Bayi Tahun 1997. 1997. Jakarta. Diunduh dari <http://www.sdk/index.html>
2. Eryando, Tris. Alasan Pemeriksaan Kehamilan dan Pemilihan Penolong Persalinan. *Jurnal Administrasi Kebijakan Kesehatan*, 2006; 1(6): 42-45.
3. Jordan, Brigitte. *Birth in Four Cultures: a Cross Cultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*. 1993. Prospect Heights: Waveland Press, Inc.
4. Miles MB and Huberman AM. *An Expanded Sourcebook: Qualitative Data Analysis* (2nd ed.) 1994. California: Sage Publications.
5. World Health Organization. *Traditional Birth Attendant*. 1992. a Joint WHO, UNFPA, UNICEF Statement, WHO, Geneva
6. Yousuf, Jemal et al. Revisiting the exclusion of Traditional Birth Attendants from Formal Health System in Ethiopia. *The African Medical and Research Foundation (AMREF)*, 2010. Kenya
7. Ray AM, Salihu HM. The Impact of Maternal Mortality Intervention Using Traditional Birth Attendants and Village Midwives *Journal of Obstetric & Gynaecology*, 2004.
8. Kementerian Kesehatan Republik Indonesia. *Riset Kesehatan Dasar Tahun 2010*. 2010. Jakarta: Kemenkes RI
9. World Health Organization. *Maternal Mortality in 2007*. 2007. Diunduh dari http://www.who.int/reproductivhealth/publications/maternal_mortality_2007/index.html
10. Dinas Kesehatan Provinsi Kalimantan Timur. *Profil Kesehatan Provinsi Kalimantan Timur Tahun 2009*. Bagian Kesehatan Ibu dan Anak. 2009. Kalimantan Timur
11. Dinas Kesehatan Kutai Timur. *Profil Kesehatan Kabupaten Kutai Timur Tahun 2009*. Bagian Kesehatan Ibu dan Anak. 2010. Kalimantan Timur
12. Muriyani, Siti. *Beberapa Faktor Yang Mempengaruhi Keluarga Dalam Pemilihan Penolong Persalinan Di Desa Kujangsari Kecamatan Langensari Kota Banjar*. 2006. Banjarmasin: Universitas Lambung Mangkurat.
13. Saryono. *Metodologi Penelitian Kualitatif Dalam Bidang Kesehatan*. 2010. Yogyakarta: Nuha Medika.
14. Adimihardja, Paraji. *Tinjauan Antropologi*

- Kesehatan Reproduksi. 2005. Jakarta: Yayasan Bina Pustaka.
15. Departemen Kesehatan RI. Pemantauan Wilayah Setempat Kesehatan Ibu dan Anak. 2009. Jakarta.
 16. Farrer, Helen. Perawatan Maternitas. 1996. Jakarta: Buku Kedokteran EGC.
 17. Huliaana. Panduan Menjalani Kehamilan Sehat. 2001. Jakarta: Puspa Swara.
 18. Saifuddin. Buku Panduan Praktis Pelayanan Kesehatan Maternal dan Neonatal. 2002. Jakarta: Yayasan Bina Pustaka Prawihardjo
 19. Swasono, Meutia F. Kehamilan, Kelahiran, Perawatan Ibu dan Bayi Dalam Konteks Budaya. 1998. Jakarta: UI Press