

Phenomenology Study: Factors Associated with the Choice of Unskilled Traditional Birth Attendants in Brebes, Central Java

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ABSTRACT

Background: The number of birth delivery attended by unskilled traditional birth attendant in Brebes District, Central Java, was still high. From January to April 2016, 67 birth deliveries were attended by unskilled traditional birth attendant. This study aimed to delve information in how social and cultural factors influence the decision to choose traditional birth attendants in Brebes, Central Java.

Subjects and Method: This was a qualitative study with phenomenology approach. This study was carried out in Brebes, Central Java. The key informants of this study were midwives, who by snowball sampling technique suggested on the traditional birth attendants and their clients (i.e. laboring mothers) to be interviewed. The data were collected by in-depth interview, focus group discussion, observation, and document review. The researcher did data reduction, data display, and made decision. The data were verified by triangulation of sources technique.

Results: Some skilled traditional birth attendants actively collaborated with midwives. Today rarely traditional birth attendants attend birth delivery, although there was a considerable number of community members who sought their help for birth attendant. Community members regard these traditional birth attendants to have charisma and some supernatural power. Usually traditional birth attendants get involved in cultural ceremonies. Sometimes community members seek traditional birth attendants as a source of advice. In an extended family the decision to choose birth attendant was made by the mother or grandmother of the laboring woman. In a smaller family the decision to choose birth attendant was made by the laboring woman.

Conclusion: The decision to choose unskilled birth attendants is made by the family members of the laboring woman, and this choice was influenced by traditional birth attendant's charisma.

Keywords: birth delivery, traditional birth attendant, social and cultural factors

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BACKGROUND

Maternal mortality is still a major problem faced in various countries including Indonesia. One of the causes of high maternal mortality (MMR) and infant mortality (IMR) is the low use of maternity services with health workers. According to WHO, 529,000 women die during the period of pregnancy and childbirth every year. This happens because the number of deliveries is carried out at home without skilled attendant (Titaley, 2010). Brebes has the

highest case of maternal mortality in Central Java for the past 3 years. In 2015, there were 52 maternal deaths in which 3 cases of death were delivered by traditional birth attendants. In 2016, there were still many deliveries by traditional birth attendants in the regencies. Until April 2016 there were 11,143 deliveries in health facilities, 147 deliveries outside health facilities with health workers, and 67 with traditional birth attendants. Based on Brebes Health Office data, there are 1275 traditional birth

attendants (Central Java Health Office, 2015; Health Office Brebes, 2016a; Health Office Brebes, 2016b)

Choosing an untrained birth attendant can pose several risks. Lack of medical skills in overcoming complications can result in delays in decision making, reaching health facilities and getting obstetric emergency assistance. The obstetric emergency is a condition that must be addressed immediately, if there is a delay, it will result in maternal and infant mortality (Suryawati, 2007; Pfeiffer and Mwaipopo, 2013).

The study was conducted to find out the reason why women in Brebes chose traditional birth attendants as birth helpers viewed from the socio-cultural aspects.

SUBJECTS AND METHOD

This study used qualitative method with a phenomenological approach. The author gathered information from informants about the experience of childbirth with an traditional birth attendants and the interaction with the community that influenced them to choose unskilled birth attendants as birth helpers. The study was conducted in the Tanjung, specifically the target area of Kemurang Wetan Health Center, the location was chosen by researchers because Kemurang Wetan had the highest labor compared to other regions in Brebes (Murti, 2013; Sulaeman, 2015).

The informants in this study were selected using a purposive sampling technique. The informants in this study were selected using a purposive sampling technique. The criteria were women who were labored with traditional birth attendants and those who were still living in the study site from the time of delivery until the implementation of the study. The informants consisted of key informants, main informants and triangulation informants. The key informants were the head of the

community health centers, the coordinator of Maternal and Child Health (MCH), village midwives and traditional birth attendants. The key informant directed the researcher to the main informant, the mother giving birth with an untrained birth attendants. The triangulation informants were the families of the main informants, cadres, and religious leaders. The number of informants was obtained through snowballing sampling.

Data collection was carried out through in-depth interviews, focus group discussions (FGD), and observations. The researcher used an instrument in the form of interview guide that had been pretested in the Talang on August 24, 2016 to a midwife in Talang health center and 2 patients who used the services of an unskilled traditional birth attendant during their pregnancy. Other instruments used were recording devices, other media such as cameras, and notes from the observations. The acquisition of study data was analyzed through the stages of data reduction, data presentation and conclusion drawing. The data obtained was checked by triangulation informants to ensure the data provided by informants was correct (Idrus, 2009; Miles and Huberman, 2014).

RESULTS

Traditional birth attendants are figures who are closely related to cultural customs in a society. Traditional birth attendants are figures that are known and trusted by the community to maintain the health of the mother and baby. Traditional birth attendants in Kemurang were untrained and have not passed safe delivery training which was proven by a certificate for trained traditional birth attendant. The traditional birth attendants training was only conducted in 1985. Traditional birth attendants were taught to conduct secure delivery, maintain

the cleanliness of the equipment, and take care for babies. Traditional birth attendants who were currently practicing have not received training yet. The traditional birth attendants training has now been stopped because the number of births with traditional birth attendants is still being found and it is feared that it will increase.

"... there is no traditional birth attendants training anymore because it is feared that they will dare to help themselves in delivery"(Informant 3a)

In reducing the number of births with traditional birth attendants, the government held a partnership program between traditional birth attendants and midwives. In the partnership, traditional birth attendants were trained and assisted in maternal and child health services. Training of traditional birth attendants in the Kemurang was conducted once a month. Traditional birth attendants were given information about current health developments and appealed for clean deliveries especially when conducting labor checks.

"rika melu pelatihan sebulan sekali nang Tanjung, ya bareng karo kadere, bidane karo dukun liyane (jeda) ya diomongi oo lairankeh ora olih karo dukun kudu karo bidan trus ya pelatihane isine pada bae karo sing rika ngarti. Rika wis suwe sih ya, rika ya ngajari si "x" pas durung dadi bidan, ngajari "y" pas ibune mati ya ngajari liyane lah ben dukun-dukun liyane pinter" (Informan 9a)

Meaning: I joined the monthly training at Tanjung, together with cadres, midwives and other traditional birth attendants (paused), I was told that the birth should not be with an traditional birth attendant, preferably with a midwife, and then the training given would be the same as what I have mastered. I have also been experienced for a long time, I also taught "x" (name disguised) before he became a

midwife like now, teaching "y" (name disguised) when her mother died so teaching to other traditional birth attendants so that others could be smart too.

Charisma and Trust

During pregnancy until puerperium period ends, people in Brebes still held and carried out their cultural customs in the form of rituals, ceremonies, taboos, and ancestral advice. Pregnancy until puerperium was believed by the community as a period that was vulnerable to supernatural things. Therefore, not only ensures the well-being of the mother and fetus but also needs to protect herself from interference from spirit. Traditional birth attendants in Kemurang are known to have charisma especially in terms of supernatural. In contrast, midwives who provide services tend to use scientific knowledge and are unable to cope with supernatural problems. This ability increased the society trust in seeking help from traditional birth attendants.

"... just after the last birth, the traditional birth attendants said that they were behind and told me to invite Ustadz ..." (Informant 2b)

The ability of traditional birth attendants in supernatural matters is not only sought to help deliver birth but also to lead traditional ceremonies and rituals. In the ceremony, traditional birth attendants would recite prayers that were believed to be able to maintain the safety of the mother and her fetus.

"... mbah dukune mengke sing do'a-do'a..."(Informan 1b).

Meaning: later the traditional birth attendants will read the prayers (in the ceremony).

Traditional Behavior

One of the customs that grows around pregnant women was "Oyog", which was abdominal massage to justify the position

of the fetus. This abdominal massage was believed by the community to facilitate mother during labor and reduce discomfort in the area of the abdomen and back. This abdominal massage was done at the age of 4 months and stopped at 8 months of gestation. Abdominal massage was only done by traditional birth attendants. Therefore there were still many people seeking services for traditional birth attendants to do abdominal massage.

"Traditional birth attendants conducted oyog ..." (Informant 2b). *"That was right after the 'oyog', if it was right there was a birth (traditional birth attendants) were asked to stop by"* (Informant 4b). *"Traditional birth attendants, conduct Oyog ... at least 5-7 if it is prohibited when it is already big... It was still small ... I underwent oyog 3 times when my pregnancy was 4 months, 5 months and 8 months old"* (Informant 2b).

Other traditional behaviors were indicated by taboo, advice and rituals that were still carried out by the community. Taboo, advice and ritual were obtained from generation to generation and were believed to guarantee the health of the mother and child. The following are forms of rituals carried out in the community:

1. Read the verse of the Qur'an specifically at 4 months of pregnancy. In this ceremony the community and family read the letters of Joseph and Mary in the hope that the child born has a handsome or beautiful face.

2. Determination of weton (day of birth in Javanes) was a ritual that was carried out when mitoni (Javanese traditional ceremonies performed in the 7th month of pregnancy). In the ritual, invited guests who had the same weton as the family will occupy a mat that will be pulled out by pregnant women.

3. Redeeming a baby was a ritual performed at the mitoni ceremony. The ritual was performed by turning the coconut which had been carved from one hand to another until at the end of the coconut was dropped to be captured by the leader of the ceremony.

4. Hanging the placenta in the house for 40 days or until the placenta broke down on its own. This ritual was believed could prevent mothers and babies from disturbing spirits. Pairing a bracelet on the baby's hands and feet used a cord that has been recited until the baby was 40 days old.

Decision Makers

Informants were large families that have more than a family head who lives in one house. In large families, decision makers were older people. The selection of birth attendants was carried out by the informant's mother. Based on previous experience, mothers who gave birth with an traditional birth attendant supported the decision making.

"...wedi kan kesuwen, enyonge nretek oo kepriben kiye laka uwong, uwis ngundang dukun, setengah siji teka jam loro lair... setiap malam mau, kan sudah wajibe" (Informant 3c)

Meaning: afraid of being too long, I was worried about how this should be because there were no people, so I invited the traditional birth attendant, half past one arrived at two o'clock was born ... every night the traditional birth attendant were willing to come because it was her duty as a birth attendant.

"... there was usually a routine, there was someone who did not do ... when the routine suddenly came out with a traditional healer from his parents, her husband just did not dare" (Informant 3a).

Choosing a place and birth attendant was done by informants or pregnant women themselves. Husbands and other

members were more closely follow what the informant wanted. This was done because pregnant women understand better about her condition and know which one was best for themselves.

"Her husband was only obstructed (pause) if she had to be taken to a midwife then taken to a midwife, if possible at home, it just done at home" (Informant 1b)

"I wanted it myself" (Informant 4b).
 "I ... was at home, it bothered me if I had to go everywhere. Parents also recommended me to go to traditional birth attendant just because if you went to the hospital there must be someone to accompany" (informant 2b).

The result of the study was summarized in Table 1.

Table 1. Findings of the Study

No.	Socio-cultural Aspects	Childbirth Helper	
		Traditional birth attendant	Midwife
1	Traditional actions	Abdominal massage, ceremonies, rituals, taboo, advice	Abdominal massage, ceremonies, rituals, taboo,
2	Childbirth helper's charisma	Supernatural, traditional medicine	Having competence and knowledge
3	Trust in the ability of the traditional birth attendant	Safe delivery, previous experience	Childbirth complications, no previous experience
4	Cost of delivery	Capable in cost of delivery, not JKN users	JKN users
5	Decision maker	Elder, mother who give birth	mother who give birth
6	ANC with midwives	Routine	Routine

Traditional birth attendant did not have sufficient knowledge to carry out safe childbirth assistance. In addition, traditional birth attendants also did not have emergency skills and thus has a risk of delays.

One of the government programs to minimize the delay of help by health workers is to make partnerships with traditional birth attendants. Unskilled birth attendants were trained and accompanied by midwives in practice. Training carried out once a month increase the knowledge of the traditional birth attendants in terms of maternal and child health. Traditional birth attendants got the latest information so that they could quickly make decisions in practice (Dewi and Salti, 2012; Saputra et al., 2013; Dharmayanti et al., 2014).

Traditional birth attendants were very close to the community and know custom was very helpful for health workers to approach the community. The traditional

birth attendants who partnered were proven by partnership certificate with community health center. Traditional birth attendants in health services helped detecting dangerous signs in pregnancy and childbirth, assisting the mother during labor, caring for newborns and motivating referrals if needed. Traditional birth attendants who did partnership now had stopped practicing childbirth assisting.

This limited traditional birth attendants' space to provide health services which had a direct impact on the economic life of the traditional birth attendants. The community health center had a policy to provide incentives to traditional birth attendants every time they refer patients to health workers. This was also done in India. Sharma et al., (2013), stated that community health center gave proper incentives to traditional birth attendants to bring their patients to health facilities. But even if

there is an incentive, sometimes when traditional birth attendants think that they need more income, they will help deliveries (Furi and Megatari, 2014).

Charisma and Trust

Public trust was explained by Lien and Cao (2014) as a condition of the results of interaction between one party and those who have the ability and integrity. Because of previous experiences and interactions, where expectations are fulfilled and get a satisfaction that ultimately forms a community perspective and emerges trust (Kuswandani et al., 2015).

The emergence of one of the beliefs is the charisma of a traditional birth attendant. Traditional birth attendants are believed to be a person who has distinctive feature that is supernatural abilities. Traditional birth attendants are considered as a person who is able to solve problems that exist in the community related to the supernatural. Indonesian society has cultural beliefs and concepts that have a connection with supernatural things. The high level of public trust in unseen things encourages people to ask for help from traditional birth attendants. Through certain prayers or spells, the community believes that they can take care of their mothers and babies from spirits (Serilaila and Triratnawati, 2010; Dako-Gyeke et al., 2013; Kasnodihardjo et al., 2013; Mayasarah, 2013).

According to Bruyere's study (2012) it was stated that the concept of pregnancy and childbirth in a society was closely related to spiritual experience. So it is not uncommon for certain ceremonies to be carried out to ensure the safety of mothers and babies. In the ceremony, the Unskilled traditional birth attendant has the role of a ceremonial leader and recites prayers for the mother and fetus. Unlike the traditional birth attendants, midwives or health

workers do not have a special role in the ritual.

Traditional Behavior

Traditional behavior was behavior formed from generation to generation which was taken for granted without question. Traditional behavior was very closely related to supranaturalism. Taboo and advice was one of the behaviors that are still carried out by many pregnant women in Kemurang. These behaviors were different from beliefs in medical science.

Abdominal massage (oyog) was a custom carried out by many people. Abdominal massage in medical science is prohibited because it can harm the fetus and mother, especially if done at home away from health facilities. The risk of abdominal massage in the mother can cause uterine rupture and in the baby can be wrapped by umbilical cord (Agus and Horiuchi, 2012; Ipa et al., 2016; Sari et al., 2016).

Decision makers

Choosing a place and birth attendant was very important to determine the health and safety of the mother and fetus. In determining these choices it really depends on who makes decisions in a family. In making decisions one will see from various perspectives such as the knowledge possessed about safe labor, delivery planning and previous experience (Choguya, 2015, Zebua, 2015).

Javanese society is very synonymous with a patriarchal tradition where men are the decision makers. But in this study it was found that parents make decisions. Decisions were made based on the experience of the grandmother and the informant's mother when giving birth with traditional birth attendants. Parents or grandmothers as decision makers were generally found in families who live in large families. In large families, younger family members tend to obey the elder. Early on, the family will be

taught to respect parents in behaving and speaking. This was done to maintain harmony in the family. In addition, grandmothers or parents were figures who in the future will help pregnant women to raise their prospective babies (Nikolov, 2015).

However, women now show the right to make decisions concerning their health. This is shown by husbands and families giving decisions to pregnant women in choosing the place of delivery in making decisions during pregnancy, pregnant women get a variety of information from health workers, the community and previous experience. This information can be used as a basis for pregnant women in making decisions about who will help their childbirth (Vlemmiz et al., 2013; Moudi et al., 2015; Slalubanje et al., 2015).

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