

The Role of Midwives and Traditional Birth Attendant Partnership Program in Empowering Traditional Birth Attendant to Improve Maternal Health in Klaten, Central Java

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ABSTRACT

Background: It cannot be denied that the dependence of pregnant women on the knowledge, knowledge and experience of traditional birth attendant is still very high. Traditional birth attendants are considered as figures who have abilities related to local culture. On the other hand midwives are the most well-known health care workers to rural areas, have medical knowledge, knowledge and technology, on average young, but have not fully gained public trust.

Subjects and Method: This was a qualitative study with case study approach. The study was conducted in North Klaten District, Klaten Regency, Central Java.

Results: Traditional birth attendants were people who were trusted by the community to have knowledge and experience in the health of pregnancy. Partnership Guidelines for Midwives and traditional birth attendant issued by the Ministry of Health are divided into stages of pregnancy, and childbirth.

Conclusion: The implementation of midwife and TBA partnership in accordance with government guidelines can begin with regional regulations that stipulate the implementation of the WB, followed by providing physiotherapy training to traditional birth attendants in postpartum maternal massage and baby massage, so that the competency of the traditional birth attendant is more targeted.

Keywords: empowerment, midwives, traditional birth attendant, partnership

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BACKGROUND

Indonesia as a country whose people have a variety of cultures, customs, tribes and beliefs, are undeniably still believing in mystical matters which sometimes are not necessarily acceptable to common sense. One profession that is still trusted by the community and has mystical powers is a dukun. The traditional birth attendant, hereinafter referred to as a "dukun"/ traditional birth attendants, is trusted by the community as a figure who has knowledge, knowledge and experience for pregnancy

health and safety, from pregnancy, child-birth to the puerperium.

Before the midwife profession, specifically in the process of pregnancy and childbirth the community was dependent on the traditional birth attendants. Several years ago due to the large dependence of the community on traditional birth attendants, they were trained in the methods of delivery services in accordance with the standards of delivery services at the birth center. Even they were given equipment for

delivery services, and in the delivery service the midwife is accompanied by them.

Various traditional birth attendants service venues often cannot be justified medically, so that if a mother dies during childbirth, they cannot be held accountable because it is considered a fate. Because there are quite a lot of maternal deaths that cannot be justified by traditional birth attendants, eventually the government formally banned them from helping the giving birth process.

Traditional birth attendants are still considered as people who believe in assisting childbirth, a respected and experienced person, whose existence is needed by society. It is in contrast to the existence of midwives who are on average still young and have not all gained the trust of the community. To combine the knowledge and experience of traditional birth attendants with the knowledge and skills of midwives, the government established a partnership between midwives and traditional birth attendants, here in after referred to as KBD.

KBD is a form of cooperation between midwives and traditional birth attendants who are mutually beneficial with the principle of openness, equality and trust in efforts to save mothers and babies, by placing midwives as birth attendants and transferring traditional birth attendants from childbirth assistants to partners in caring for mothers and babies during childbirth. The WBG policy is directed to:

1. Increasing the delivery and care of newborns by health workers through partnerships with midwives and traditional birth attendants.
2. Every maternity and newborn baby receives services and help from health personnel who are competent in delivery assistance.
3. All existing TBAs are involved in a form of beneficial collaboration between mid-

wives and traditional birth attendants in the form of partnerships.

Although the central government has determined the KBD policy, it is still not followed up by the regional government, one of which is the Klaten District Government. In North Klaten sub-district as a Klaten Regency area that has a fairly complete pregnancy health program, there are eight traditional birth attendants who open up the practice of baby massage and postpartum mother massage. The existence of a traditional birth attendant who has opened a practice has not been able to be embraced by a midwife in the collaboration of the WBG, even though some of the traditional birth attendants are willing to become posyandu cadres.

Based on the problems above, the purposes are presented as follows.

1. To analyze the response of pregnant women to the role of traditional birth attendants in the health of pregnancy, childbirth, and postpartum in the North Klaten District.
2. To analyze the role of midwives and traditional birth attendants in the WBG program in accordance with the Partnership Guidelines for Midwives and traditional birth attendants.
3. To formulate a traditional birth attendant empowerment model in North Klaten District in accordance with the basic principles of community empowerment.

SUBJECTS AND METHOD

1. Study Design

This was a qualitative study conducted in Klaten, Central Java, Indonesia.

2. Study Informants

Informants in the study were pregnant women, postpartum mothers, village midwives, and posyandu cadres.

3. Data Analysis

The data were collected through in-depth interview, observations, and focus group discussion (FGD) with pregnant women, posyandu cadres, village midwives, and

traditional birth attendants. Data credibility uses triangulation of data collection technique, data source triangulation, and theory triangulation.

Table 1. Data Analysis Tool Based on Study Objectives

No	Study Purpose	Tools
1	To analyze the response of pregnant women to the role of traditional birth attendants in the health of pregnancy, and childbirth	Qualitative descriptive analysis
2	To analyze the role of midwives and traditional birth attendants in the WBG program in accordance with the Partnership Guidelines for Midwives and traditional birth attendants	Qualitative descriptive analysis
3	To formulate a model for empowering a shaman in accordance with the basic principles of community empowerment	Study of theories and principles of community empowerment

Data collection, data analysis and conclusions were derived using an interactive analysis model. According to Miles and Huberman (1992) and Sugiyono (2009), interactive models are data analysis con-

sisting of data reduction, data presentation, and interactive conclusions, and interconnected during and after data collection, such as Figure 1.

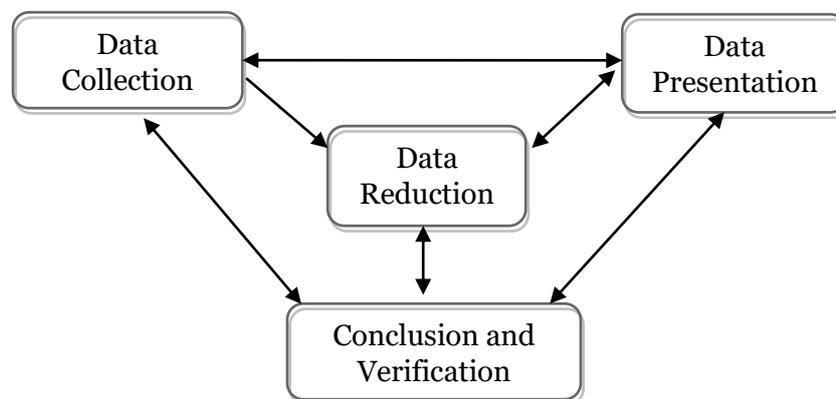


Figure 1. Interactive Model Data Analysis (Miles danHuberman, 1992)

RESULTS

1. Response of pregnant women to the role of traditional birth attendants

The people of North Klaten Subdistrict are transitional communities between urban and rural communities. Quite dominant pregnant women who consider that traditional birth attendants play an important role in all stages of pregnancy and post-partum. Traditional birth attendant is considered as a consultant for pregnant

women to get instructions for maintaining pregnancy.

Although the community has been able to accept that science is able to reveal all aspects of human life, but on the basis of trust, habits and culture, the role of a dukun is still needed. In certain cases only dukun can do it, especially in pregnancy ritual activities in accordance with community culture and habits. As a respected figure, traditional birth attendants have good relations with all circles of society.

Table 2. The role of midwives and traditional birth attendant partnership

Period	Midwife	Traditional Birth Attendant
Pregnancy	<ul style="list-style-type: none"> a) Conduct a checkup for pregnant women in terms of determine estimated birth delivery, determine the condition of the fetus in the womb, and laboratory tests. b) Take action on pregnant women in terms of provision of TT immunization, Fe tablets, and treatment/action if there are complications. c) Conduct counseling for pregnant women and families regarding: Signs of labor, signs of pregnancy, personal hygiene, planning for labor, and family planning choice after labor d) Conduct a home visit: Counseling for families about labor planning, preparation for labor, motivating labor in midwives at the time before the interpretation of parturition, carrying out the maternal card, maternal cohort, and MCH handbook e) Make ANC reports 	<ul style="list-style-type: none"> a) Motivating pregnant women to check themselves to the midwife b) Take pregnant women who do not want to check with the midwife c) Helping the midwives during the checkup d) Conduct counseling for pregnant women and families about signs of labor, signs of danger of pregnancy, personal hygiene and environment, health and nutrition, and planning for labor. e) Motivating pregnant women and families about family planning after giving birth f) Conduct healthy religious/ traditional rituals according to local traditions if asked by the family of pregnant women g) Conduct motivation at the time the referral is needed h) Report to the midwives if there are new pregnant women
Labor	<ul style="list-style-type: none"> a) Preparing safe delivery facilities and infrastructure b) Monitor the progress of labor c) Conduct childbirth care d) Carry out initiation of early breastfeeding, Vitamin K1 injection and antibiotic eye ointment e) Carry out newborn care f) Make efforts for PPGDON actions if they experience complications g) Make a point if necessary <ul style="list-style-type: none"> • Carrying out labor registration h) Carry out reporting on the scope of labor 	<ul style="list-style-type: none"> a) Take the mothers to give birth to midwives b) Remind the family to prepare transportation equipment to go to the midwife or call the midwife c) Prepare the facilities and infrastructure for labor such as clean water and clean clothes d) Accompanying the mother during labor e) Helping midwives during labor f) Perform healthy religious / traditional rituals according to local customs g) Helping midwives in the care of newborns and initiating early breastfeeding h) Motivating referrals if needed
Post-partum	<ul style="list-style-type: none"> a) Conduct neo-natal visits and postpartum services: Care for postpartum mothers, neonatal care, provision of HB1 immunization, giving vitamin A for postpartum mothers twice, and breast care. b) Conduct counseling for mothers and families regarding: Signs of danger and postpartum mothers' disease, signs of the baby who were sick, personal and environmental cleanliness, health and nutrition, exclusive breastfeeding, umbilical cord care, FP after giving birth. c) Make notes in the baby cohort and MCH books d) Conduct neonates visit coverage report 	<ul style="list-style-type: none"> a) Conduct home visits and provide information about: Signs of danger and postpartum mothers' disease, signs of the baby who were sick, personal hygiene, nutrition, exclusive breastfeeding, umbilical cord care, and breast care b) Motivating mothers and families to have family planning after giving birth c) Perform healthy religious / traditional rituals according to tradition d) Motivate referrals if necessary e) Report to midwives if there are new candidates for family planning acceptors

Source: Minister of Health RI (2008)

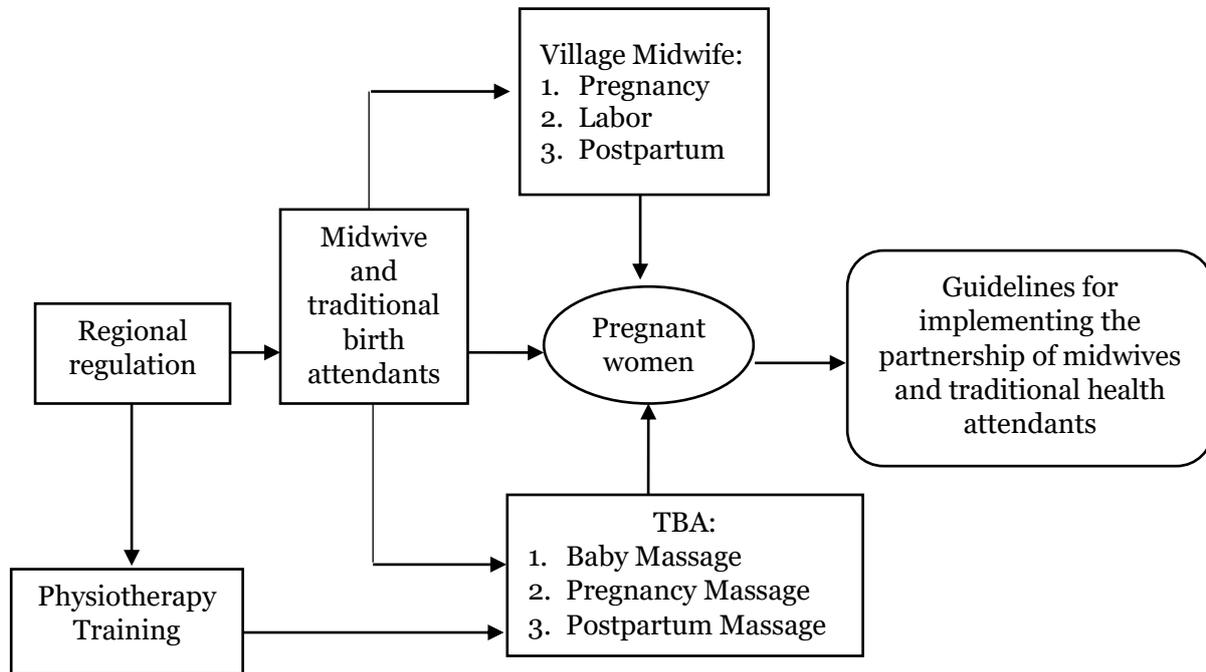


Figure 2. The model of traditional birth attendant's empowerment

In accordance with Javanese culture, traditional birth attendants will continue to accompany babies up to 45 days of birth. During this time the baby's development will still be monitored by a traditional birth attendant by visiting the baby's residence. Giving a name to the baby is done on the fifth day of his birth and is attended by a dukun. The event was known as a "rough" event. At the event, a traditional birth attendant cuts the baby's hair by giving certain prayers as a condition for the passage of the ritual. Then at the age of 45 days the birth of "selapanan" was held which is the cutting of all baby hair, this was also done by the shaman. Shaving all baby hair has a purpose and purpose so that later the baby's hair grows healthy, and the baby is not weak against disease.

2. The role of midwives and traditional birth attendants partnership program

In accordance with the KBD Guidelines issued by the Ministry of Health, the role of midwives and traditional birth attendants is divided into three stages, namely the stages of pregnancy, labor and childbirth stages. each one. The role of midwives and traditional birth attendants at each stage is like Table 2.

DISCUSSION

The model of traditional birth attendant empowerment in accordance with the basic principles of community empowerment

Although not included in the Midwife and TBA Partnership Guidelines issued by the Ministry of Health (2008), because there was no formal collaboration between midwives and traditional birth attendants in North Klaten Subdistrict, many traditional health attendants opened a service for pregnant women massage services, baby massage and postpartum massage. The

running and development of the TBA profession in the service was based on the request of the community, even though it was not necessarily justified medically.

The emergence of public demand for TBA services was because people felt comfortable after being served by TBA. This was in line with Kasnodihardjo et al. (2014) which stated that there was still trust and attachment to the TBA. However, the services were still needed for example to massage the mother after giving birth and the baby after birth, help the mother in handling the baby after birth and provide advice on matters relating to maternal and child health. According to Anggorodi (2009), Furi and Megatsari (2014), culture was the most dominant variable in determining people to ask for TBA services.

Massage for pregnant women generally aimed to provide relaxation of fetal movements in the womb, change the position of the fetus, and provide refreshment to the body of pregnant women that occur due to pregnancy changes. Baby massage was intended as relaxation, giving comfort so that babies were not fussy, restore the position maternal organs that were considered relatively experiencing structural changes during pregnancy and childbirth.

The basis of the service and treatment of TBA massage for pregnant women and infants was due to hereditary experiences, instincts, and supernatural sciences, so that it was often not acceptable according to the development of science. While massaging the human body must follow the organs of the body that can be studied in physiotherapy. The service of a TBA who did not pay attention to the flow and function of human organs can be fatal to human health.

Kelsey and Hearne (1995) and Leeuwis (2004) stated that the philosophy of empowerment must rest on the import-

ance of individual development, therefore, the principle of community empowerment was to work together and help the community so that they can help themselves (helping people to help themselves). According to Dubois and Miley (1992), one of the principles and assumptions of empowerment was that the empowerment process saw the client system as a competent role and was able to provide access to available resources and opportunities.

The practice of TBA on pregnant women and babies was based on people's demand and trust, and pay attention to the WBG Guidelines issued by the Ministry of Health (2009), as well as the basic principles of community empowerment, to go to the WBG program in accordance with the guidelines as follows:

1. Traditional healers were still the people who were role models, so midwives as the spearhead of pregnancy health in the village must be able to embrace and cooperate with traditional birth attendants while continuing to supervise the practice of traditional healers who can harm the community. According to Sugianti (2011), in the village, TBA can help the midwives in labor and postpartum.
2. Empowerment of TBA started with what they want and what they have, so that TBA did not start from something new. Gradually, the TBA was directed according to their role in the WB which was supported by local government regulations.
3. Midwives on their own initiative at each birth can be started by involving a TBA while still guided by the KBD guidelines. According to Mardikanto (2011), the goal to be achieved in community empowerment activities was to foster a sense of trust in oneself, create a sense of pride and enthusiasm, and to improve the

dynamics of the community in building and improving the welfare of their lives.

4. The traditional birth attendant who helped the midwife in labor to be given a proportional incentive by the midwife according to the ability of the mother to give birth, so that the TBA got a reward for their work. According to Nababan, Sari, and Hermawan (2007), the service received would increase the motivation to do better and be responsible to their job.
5. If a formal WBG program has been implemented that applied to an area, then the main role of the parties involved in the WB was to develop a plan for developing community understanding of the WBG, so that the profession and livelihoods of TBA continued to emerge despite different patterns.
6. The TBA profession as a masseur was maintained and developed by providing physiotherapy training, so that massage services can be truly in accordance with the structure and function of the organs of pregnant women and infants. According to Rochmayanto (2015), one of the greatest human sensitivities was if there was a ban related to livelihoods to support his family.

Based on the results of this study it can conclude that:

1. Pregnant women considered a TBA as a person who was believed to have the knowledge and experience to maintain and improve pregnancy health in the form of massage for pregnant women, postpartum massage and baby massage.
2. Midwives and traditional birth attendants have a cooperative role in pregnancy health starting from pregnancy, labor, and postpartum. The role of midwives and traditional healers was to complement and strengthen each other so that pregnant women were more con-

fidant about the health of their pregnancy.

3. To get to the partnership between midwives and traditional birth attendants which in accordance with the Ministry of Health's instructions, local regulations regarding the implementation of the WBG program were needed, and massage services carried out by TBA need to be facilitated by physiotherapy training so that the massage was in accordance with the organ structure.

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