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Analysis of the Selection of Birth Aid in Lebiti Village, Togeang District, Tojo Una-Una Regency

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ABSTRACT

Ensuring that maternal deliveries are assisted by trained health personnel such as midwives, doctors or nurses who have been educated and trained to master the appropriate skills to manage normal pregnancy and the puerperium, are able to identify management and make referrals for complications to mothers and newborns is one of the efforts to reduce maternal and newborn mortality and morbidity. This study aims to determine in-depth the determinants that influence pregnant women in choosing birth attendants. Using this type of qualitative research, with in-depth interviews and observations. The informants in this study were 6 mothers who had given birth, 1 village midwife, and 1 non-medical worker (traditional birth attendant). The results of interviews conducted showed that the mother's decision in choosing birth attendants was influenced by knowledge, culture, traditional birth attendant services and access to health care facilities that were quite far away.

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Kata kunci:

Pengetahuan
Budaya
Layanan dukun bersalin tradisional
Akses ke fasilitas perawatan kesehatan
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ABSTRAK

Memastikan persalinan ibu ditolong oleh tenaga kesehatan terlatih seperti bidan, dokter atau perawat yang telah dididik dan dilatih untuk menguasai keterampilan yang tepat untuk mengelola kehamilan normal dan nifas, mampu mengidentifikasi manajemen dan membuat rujukan komplikasi kepada ibu dan bayi baru lahir. merupakan salah satu upaya untuk menurunkan angka kematian dan kesakitan ibu dan bayi baru lahir. Penelitian ini bertujuan untuk mengetahui secara mendalam determinan yang mempengaruhi ibu hamil dalam memilih penolong persalinan. Menggunakan jenis penelitian kualitatif, dengan wawancara mendalam dan observasi. Informan dalam penelitian ini adalah 6 ibu bersalin, 1 bidan desa, dan 1 tenaga non medis (dukun bersalin). Hasil wawancara yang dilakukan menunjukkan bahwa keputusan ibu dalam memilih penolong persalinan dipengaruhi oleh pengetahuan, budaya, pelayanan dukun bayi dan akses ke fasilitas pelayanan kesehatan yang cukup jauh.

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INTRODUCTION

The maternal mortality rate and the child mortality rate are one of the important factors in the health status of a country. Compared to countries in ASEAN, Indonesia is a

country that still has a high number of maternal and child deaths. In 2018, the Maternal Mortality Rate (MMR) in Indonesia was still relatively high, at 305 per 1000 live births. Based on data from the Central Sulawesi Provincial Health Office, the number of MMR is 153 per 100,000 live births and

there is an increase in the high **1** maternal mortality rate compared to the MDG program's target of 102 per 100,000 live births.

The cause of maternal death in Central Sulawesi is due to the non-optimal implementation of the Delivery Planning and Complications Prevention Program (P4K), Midwife and Shaman Partnership, Birth Waiting House (RTK), the high socio-cultural influence in the community (Central Sulawesi Provincial Health Office 2018). In addition, the high MMR is caused by delays in the process of handling emergency pregnancy, childbirth, postpartum, and delays in recognizing danger signs **3** and making decisions (Ministry of Health 2015). Likewise, the selection of birth attendants in health facilities further reduces the risk of maternal death (Ministry of Health, 2010). In order to suppress MMR and infants, the government makes a policy that birth attendants must be trained in handling the delivery process. Based on the 2018 Riskesdas data, the percentage of delivery coverage by health workers was 66.7%, in 2017 it increased to 77.34% and in 2018 it increased again to 82.3%. It is hoped that in 2015 the proportion of deliveries by health workers will be 100% according to the MDG's (Millennium Development Goals) agreement.

Indonesia's health profile in (2018) shows an increase in the use of birth attendants by midwives from 2010 to 2015 to 88.55%, but the increase in the coverage of the use of birth attendants for health workers has not been matched by an increase in the number of mothers giving birth in health care facilities. This can be seen from the coverage of deliveries in new health care facilities to 79.72%. (Ministry of Health RI, 2015)

In Tojo Una-Una Regency from 2017 to 2018 the number of deliveries assisted by health workers in health care facilities showed an increase of 80.6% when compared to 2017 which amounted to 80.5% in 2018 the number of deliveries by health workers was 75.8% however, this still has not reached the MDG's target, namely the percentage of deliveries by health workers is 100%, (Central Sulawesi Health Profile, 2018).

Several previous studies have reported that the high **1** maternal and infant mortality rate is due to the low level of maternal education. Mothers with low levels of education **3** have a risk of 3,520 times to experience infant mortality when compared to mothers with higher education so that education has a significant effect on infant mortality (Titaley Christiana, 2010). In addition, the low economic status of the family is at greater risk for infant mortality when compared to high economic status (Manueke et al, 2010). Social support, low support for pregnant women in choosing the right birth attendant has an effect on infant mortality (Nyanzy 2007). Another factor that causes maternal death is the cause of bleeding, late delivery mothers get help, most of the mothers who come to health facilities are in critical condition (Rifana, 2018). Although this has been researched, Indonesia has cultural and geographical diversity, this affects a person's perspective and behavior in choosing birth attendants. The Ministry of Health's efforts to realize the concept of the Safe Motherhood Initiative include implementing a village midwife program policy that aims to ensure that every pregnant woman can give birth assisted by health workers. This policy is stated in the Director General of Public Health's Circular Letter No. 429/Binkesmas/DJ/III/89.

In addition, other efforts are made in the form of community empowerment, carried out through the village standby program, maternal savings (tabulin) and maternal social funds (dasolin). This program is carried out to further increase community involvement in supporting pregnant

women such as arranging transportation of pregnant women to health facilities (faskes), assisting funding programs (tabulin and dasolin) when, the commitment of the Indonesian government is realized **2** by providing public health insurance (Jamkesmas) which aims to provide free health services including antenatal care, delivery, and postnatal care for mothers **2** and babies.

Then a partnership program between midwives and traditional birth attendants was developed to increase the access of mothers and babies to quality midwife **2** services. A program in the form of collaboration between midwives and traditional birth attendants that is mutually beneficial with the principles of openness, equality, and trust in an effort to save mothers and babies, by placing midwives as birth attendants and changing the function of traditional birth attendants from birth attendants to partners in caring for mothers and babies during the puerperium. , based on the agreement made between the midwife and the shaman, and involving all elements/elements of the existing community.

Likewise in Islamic teachings, strongly recommends each of its adherents to make efforts to maintain and maintain their health, as the arguments in the Qur'an that discuss these matters include:

Meaning: "... and do not drop (yourself) into destruction with your own hands, and do good. Indeed, Allah loves those who do good." (Q.S al-Baqarah: 195)

Meaning: "...and do not kill yourself. Indeed, Allah is Most Merciful to you." (Q.S an-Nissa ': 29)

The verse shows that a Muslim is obliged to maintain his physical health, as is the obligation of the state in maintaining the health of its people. This includes the provision of health services for the entire community, both in the city and in the village.

Based on the 1945 Constitution article 34 paragraph 3 it is emphasized that the state is responsible for the provision of proper health facilities and public service facilities. Therefore, the government has begun to develop the provision of health facilities to the community, one of which is to improve the quality of maternal and child health. This effort can be seen from the health insurance provided by the government in the form of a posyandu program, so that mothers and children get adequate nutrition and controlled care.

Ensuring that maternal deliveries are assisted by trained health personnel such as midwives, doctors or nurses who have been educated and trained to master the appropriate skills to manage normal pregnancy and the puerperium, are able to identify management and make referrals for complications to mothers and newborns is one of efforts to **2** reduce maternal and newborn mortality and morbidity. This effort was initiated by the World Health Organization (WHO) since 1987 in Nairobi Kenya through the Safe Motherhood Initiative to increase efforts for safe motherhood. In 2000, the Millennium Development Goals (MDGs) Declaration, adopted by 189 countries and signed by 147 heads of government (including Indonesia) and heads of state at the Millennium Summit in New York, agreed that deliveries assisted by health workers trained to be one indicator of the success of improving maternal health. Indonesia can also be seen through the existence of health programs that have reached remote areas. Despite the fact that there are still many obstacles regarding the implementation of services for mothers and babies, for example, there is a high rate of maternal and infant mortality during childbirth. In this modern society, it is not uncommon for mothers who are about to give birth to choose the treatment to be left to the

hospital or maternity home. However, not a few are still found in the community, especially in rural areas, where they give birth in the traditional way, not with a doctor but with non-medical personnel (traditional birth attendants).

The position as a traditional birth attendant is considered instrumental in the process leading to birth, both during pregnancy and even after delivery and the child being born is almost 35 days old. Although many mothers prefer to carry out pre and post-natal care in a modern way, many mothers who are native to Ampana descent, especially Lebiti Village, still preserve their traditions. According to Kusnada Adimihardja, a dukun is a woman or a man who assists in childbirth. The traditional birth attendant is an individual figure who is generally influential in the community.

Traditional birth attendants have a role as birth attendants and care for mothers and babies like doctors or paramedics. In addition to assisting in childbirth and caring for the mother and baby, the dukun here also acts as an intermediary for healing the sick. One group of people who still believe in traditional birth attendants are the people of Lebiti Village who make it their tradition. Although many of them migrate to other areas outside Togeian Island, some of them still carry out their ancestral traditions from generation to generation. One of them is the Togeian Island community, especially those in Lebiti Village.

The phenomenon of traditional birth attendants is popping up everywhere, as has happened in villages in the Togeian sub-district, such as Lebiti village, there are also people in other villages who use the services of the traditional birth attendant. This is also a concern for researchers, because of course there is more value than the traditional birth attendant in Lebiti Village so that it can be seen as it exists to other villages. Even though there are already many village midwives, traditional birth attendants are still trusted by the community for their health care, especially during the pre- and post-delivery period. This study tries to explore the determinants that affect pregnant women in the selection of birth attendants, in Lebiti Village, Togeian District, Tojo Una-Una Regency.

3 METHOD

This study uses a descriptive qualitative research method where researchers will analyze in depth to reveal social situations related to the determinants that influence pregnant women in selecting birth attendants in Lebiti Village, Togeian District, Tojo Una-una Regency, with the type of case study research, namely a series of scientific activities that carried out intensively, in detail and in depth at the level of individuals, groups of people, institutions, or organizations to gain in-depth knowledge about the event. This study focuses on understanding, exploring, interpreting the intent of the event and its relationship to the behavior of pregnant women in the selection of birth attendants. This research was conducted in Lebiti Village, Togeian District, Tojo Una-una Regency, Central Sulawesi Province.

RESULTS AND DISCUSSIONS

Labor

In this study, researchers conducted in-depth interviews with 5 informants, 3 pregnant women consisting of 6-8 months pregnant women, 1 village midwife, who is still

actively providing services to all pregnant women since the last 3 years, and 1 traditional healer. a baby who is 26 years old gives birth assistance to pregnant women in Lebiti Village.

The Role of Health Promotion in Reducing Maternal Mortality Rate

Health promotion as a perspective of solving public health problems can be used to change people's behavior and change the environment to support healthy living. In order to realize health promotion effectively and efficiently, strategic methods and approaches are needed. Based on the WHO formulation, the global health promotion strategy consists of three things, namely advocacy, social support and community empowerment. These three things can strengthen the health promotion efforts that have been made to create a healthy life that avoids health risks.

First, advocacy is an approach taken to decision makers or policy makers in various sectors to get support for health programs. Advocacy moves from the assumption that changes in broader and more comprehensive social systems and structures can be carried out through progressive and progressive changes in various government policies in the province of Central Sulawesi. the head of the puskesmas is to advocate for the district government to use village funds for health programs.

Second, there is social support, social support from community leaders, the goal is that community leaders can become a bridge for information on health programs that support STBM between the health office and the community. Social support can also be obtained through collaboration with health education institutions through field practice curricula or community service for midwifery students in the form of mentoring programs for pregnant women who are at high risk, since pregnancy, childbirth and the postpartum period, the goal is that through this assistance pregnant women can have knowledge about pregnancy, nutrition for children under five, child and family health, as well as understanding the importance of the role of health workers in delivery assistance, so as to reduce maternal and infant mortality. In addition, social support can be obtained from the presence of health cadres. Health cadres are a core element in community-based health efforts that play an important role in moving people to be able to maintain and maintain their health.

Third, empowering people who consciously and voluntarily carry out the STBM program. An example of a community empowerment program in one of the regencies in Central Sulawesi Province is the pearl diamond activity. Through this activity, each community is encouraged to give infaq as much as one thousand rupiah every day for pregnant women who can't afford it. In addition, there is also a program for the week of love for mothers and children, one of which is to record and weigh children under five every month.

Selection of maternal birth attendants

From the results of in-depth interviews conducted with pregnant women, regarding the reasons for pregnant women to give birth in health or non-medical personnel, 2 of the informants chose to give birth to a traditional birth attendant from the birth of their first child until the current pregnancy, while 1 informant of pregnant women chose to give birth to the village midwife.

Researchers found that many pregnant women in choosing birth attendants still choose non-medical personnel (Dukun Bayi) compared to health workers (village midwives), for several reasons: they do not have the cost, hereditary

habits, and access is quite difficult and takes time, which is not small to reach the center of health care facilities.

Knowledge

From the results of interviews with the 3 pregnant women, regarding the definition of childbirth, the danger signs of pregnancy and the danger signs of childbirth, it was found that pregnant women already knew about the definition of childbirth, namely the process of releasing a fetus that is full term from inside the mother's womb with the help or without the help of others. Pregnant women already have knowledge related to it, but questions about the signs of labor include low back pain radiating to the placenta, discharge of water, mucus mixed with blood, the mother feels the urge to push along with the contractions, the mother feels an increase in anus or vagina, protruding perineum.

The danger signs of labor are the baby is not born within 12 hours of feeling sick, the umbilical cord or baby's hand is coming out of the birth canal, the mother is not strong enough to push or has seizures, the amniotic fluid is cloudy and smells, after the baby is born, the placenta does not come out, the mother restless or experiencing severe pain, shortness of breath or asthma and bleeding. Two of the three pregnant women do not have the knowledge and understanding of this question. This study is in accordance with Aldhiyati's research which shows that there is a match between knowledge and the selection of maternal birth attendants, the higher the mother's knowledge, the higher the utilization rate of her birth attendants.

Tradition

From the results of interviews with the three pregnant women, one of the informants used medical personnel (village midwives) for every birth, in addition to having an understanding and awareness, it is also an obligation for all puskesmas staff to give birth to a midwife. Meanwhile, two out of three pregnant women admit that it is a tradition passed down from generation to generation that pregnant women cannot escape the habit of always using non-medical personnel in their delivery.

This study is in accordance with research conducted by Saifuddin, that one of the Indonesian cultures that still exists is labor and birth with the help of traditional birth attendants, especially in rural communities. This is difficult to eliminate because it is a tradition that has been going on for a long time and has been passed down from generation to generation. Meanwhile, village midwives, even though they are professionals, have not been able to create prestige like traditional birth attendants. In the village, there are still many who think that if their parents gave birth at home, their children are expected to give birth at home too.

Midwife service

From the results of interviews, two out of three pregnant women revealed the services provided by traditional birth attendants to every pregnant mother, providing maximum service to pregnant women from the time they were pregnant, controlling the womb through massage, to adjust the position of the baby in the womb and to ensure the timing of delivery, while giving birth continued to accompany mother until the postpartum period, to take care of the baby and perform customs after the birth of the baby.



Figure 1. Midwife service.

Such conditions are able to make pregnant women not experience fear or anxiety during pregnancy and the delivery process because the traditional birth attendant always accompanies them. So that traditional birth attendants are given the trust of the community in handling subsequent deliveries.

Research conducted by Yassir, (2013) states that the skills and approaches taken by traditional birth attendants are able to influence the behavior of pregnant women to continue using the services of traditional birth attendants. Until now, traditional birth attendants are the only birth attendants who are still relied on by most pregnant women in many countries, especially in rural areas because of the experience, skills and services they provide to every pregnant woman. (G. Walraven, 1999) the tendency of pregnant women to choose traditional practices in the delivery process will affect the use of health workers by pregnant women, in practice pregnant women who use traditional birth attendants tend to be less likely to choose health workers in the next delivery (N. Aryastami, 2020).

Access to health care facilities

The three informants provided the same information regarding the questions given to them about whether distance had an effect on the selection of maternal birth attendants? According to them, the access taken must be using a boat to go through a sea trip, besides requiring a fee to pay for renting a boat, it also takes a long time to arrive at the health service center, so that pregnant women who are about to give birth will prefer to give birth to non-partum birth attendants. medical doctor (TBA) because it is closer and easy to reach.



Figure 2. Midwife service.

3

In accordance with research conducted by (N. Pratiwi, 2014) that the distance from home to health care facilities affects the search for health services, there are certain limits that can make it easier for someone to use health service facilities. This limit is influenced by several factors such as the road taken, the type of vehicle, and the ability to pay the fare to the health service facility. Distance is the ease of reach that a person can take to reach health care facilities.

CONCLUSION AND RECOMMENDATION

From the results of research conducted based on the results of interviews with informants, and in-depth observations that have been made, it can be concluded that most pregnant women prefer to use non- medical birth attendants compared to health workers for several reasons:

Because they have limited knowledge related to the dangers in pregnancy and childbirth and the importance of the role of medical personnel in providing delivery assistance. Furthermore, a tradition that has been preserved in the community, by utilizing non-medical personnel from generation to generation since the mother's pre-delivery, during childbirth, during the postpartum period, even performs local traditional ceremonies to welcome the birth of a baby. Then because of the comfort of the mother in receiving the services provided by non- medical birth attendants (traditional birth attendants), maintaining and calming the mother when she is about to face childbirth and the entire series of services she does. The last is the access that must be taken to reach the health service center, pregnant women must use a boat as a vehicle to pass sea route access, the distance that is far enough to be reached affects pregnant women in determining birth attendants. For 26 years, non-medical personnel (traditional birth attendants) in handling deliveries have never made any negligence or even caused the death of the mother and child, but this still does not justify the permitting of pregnant women to give birth

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