

Perceptions Of Pregnant Women In The Iii Trimester Regarding Preparation For Birth In Health Facilities And Twunan In The Politics Of Murano

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ABSTRACT

Maternal mortality and infant mortality are indicators of good and bad health services in a country or region. The higher the maternal mortality rate indicates poor health services. One of the efforts made to reduce MMR is by encouraging every birth to be attended by trained health workers in health service facilities. The aim of this research was to determine the perceptions of pregnant women in the third trimester regarding preparation for childbirth in health facilities and traditional birth attendants at Polindes Murano. The research method used is a qualitative research method which is research on the conditions of natural objects where the researcher is the key instrument. The selection of research informants used the purposive method. There were 8 research informants, 5 key informants and 2 traditional shamans and 1 midwife. The research results showed that there were several informants who still chose to give birth at home with the help of midwives and traditional healers. There are several influencing factors, including distance from home and ancestral traditions. People trust shamans more because shamans are considered to have spiritual powers in assisting childbirth so that the birthing process runs smoothly. Traditional healers have known how to help with childbirth for generations. The midwife realizes that the beliefs held by the community at Polindes Murano cannot be changed in a short time, so the midwife hopes that the midwife can partner with the shaman in assisting with childbirth. Pregnant women can provide information about helpers and safe birthing places.

Keywords: Health Facilities, Pregnant Women, Perception, Shaman

INTRODUCTION

Maternal and infant mortality are indicators of the quality of health services in a country or region. A higher maternal mortality rate indicates poor health services (Ramli & Habari, 2020). The Sustainable Development Goals (SDGs) target a maternal mortality rate (MMR), an indicator of maternal health, of below 70 per 100,000 live births by 2030, thereby saving 1.6 million mothers. Every country is obliged to provide health services capable of reducing the MMR in accordance with the targets set by the SDGs (Bappenas, 2020). One effort to reduce MMR is to encourage every birth to be attended by trained health workers, namely obstetricians and gynecologists (SpOG), general practitioners, and midwives, in health care facilities (Situmorang et al., 2022). Deliveries attended by skilled health workers are considered safe because they are performed by competent health workers. A safe delivery is one that requires the knowledge, skills, and equipment to provide clean care and postpartum care for the mother and baby (Nurgahayu & A. Rizki Amelia, 2018).

Deliveries assisted by non-healthcare workers, often known as traditional birth attendants (dukun paraji), carry a greater risk than deliveries assisted by competent health

workers. This occurs because non-healthcare workers lack formal training in obstetrics, and the sterilization of equipment used in deliveries often involves traditional methods. Meanwhile, deliveries assisted by health workers use safe, clean, and sterile equipment, preventing infections and other health hazards (Sitinjak et al., 2024).

Nationally, in Indonesia, the number of deliveries assisted by health workers in 2020 was 89.8%. Meanwhile, 86% of pregnant women delivered by health workers in health care facilities. This data shows that 3.8% of deliveries assisted by health workers were not delivered in health care facilities. In 2021, the number of births in health facilities reached 90.9%. This figure increased from 2020, when the 2020 Strategic Plan (RENSTRA) fell short of the target. In 2021, this indicator met the 2021 RENSTRA target of 90.92%, compared to the target of 89% (Ministry of Health, 2022).

Of the 34 provinces in Indonesia, the highest rate of births in health facilities in 2021 was in DKI Jakarta Province, at 114.8%, and the lowest rate of births assisted by health workers was in West Papua Province, at 22.8% (Ministry of Health, 2022). The increase in the number of births assisted by health workers in Indonesia has not been matched by an increase in the number of births in health facilities. Data on maternal deliveries from the past five years shows that 38% of births occurred in health facilities, such as hospitals (public and private), maternity homes, community health centers (Puskesmas), community health centers (Pustu), doctors' offices, or midwives' practices. 29.6% gave birth at home or elsewhere, while only 3.7% gave birth at village health posts (Kemenkes RI, 2022).

Based on a preliminary survey conducted at the Kaimana Community Health Center, 107 births were attended by health workers, with 89 being served at health facilities. This figure is still far from the Kaimana Community Health Center's target of 819 deliveries. Based on a preliminary survey conducted at the Murano Village Health Center, of the 10 pregnant women interviewed in their third trimester, some still trusted traditional healers to assist with their deliveries. Birth assistance by a traditional birth attendant is a cultural tradition of the Murano people, passed down from their ancestors. Pregnant women must give birth in a special home because they believe that giving birth there protects them from evil spirits, provides comfort due to the closeness of the mother to her family, brings blessings, and ensures the placenta is well cared for, as they consider the placenta to be a sibling of the newborn.

Collaboration between traditional birth attendants and medical personnel has received government attention. Medical requirements require pregnant women to be assisted by professional health workers who understand clean and safe birth procedures. The higher the number of births attended by health workers, the lower the risk of death. This is achieved through the implementation of the Making Pregnancy Safer (MPS) program, with a key message that every birth be attended by a health worker.

However, data from the Kaimana Community Health Center (Puskesmas) still shows that there are still untrained traditional birth attendants and those who have not partnered with midwives. This reality has given rise to a phenomenon within society, particularly among pregnant women, which requires them to choose who to assist them during labor and delivery.

Based on the aforementioned background, the researcher was motivated to conduct a study entitled "Perceptions of Third Trimester Pregnant Women regarding Childbirth Preparation at Health Facilities and Traditional Midwives at the Murano Village Health Center."

METHODS

This study employed a qualitative research design. Data collection was conducted using triangulation, and data analysis was inductive. The research informants were selected using a purposive method. The research informants consisted of five key informants, namely third-trimester pregnant women, and one midwife and two traditional birth attendants. The data sources were primary data, derived from in-depth interviews conducted by the researcher, and secondary data, derived from medical records of third-trimester pregnant women, midwives, and traditional birth attendants. The research instrument was the researcher herself. Data analysis was conducted through data reduction and conclusion drawing.

RESULTS

1. Perceptions of Third-Trimester Pregnant Women about Childbirth in Health Facilities and Traditional Birth Attendants. From interviews with third-trimester pregnant women, the following quotations were obtained:

a. Where do you think you should give birth?

Informants were aware that the best place to give birth is in a health facility, such as a community health center (Pustu) or village health clinic (Polindes). However, they preferred to give birth at home, using traditional birth attendants (TBAs) and midwives to assist with the delivery. Their information was obtained from the informant's statement as follows:

"What I know is that giving birth is good in a midwife. I also plan to give birth in this pregnancy by a midwife. I also gave birth to my first child in a midwife. Later, if I want to give birth to a midwife, I will call the midwife at home" (TW, 30 years old) "I have all of my children, all of whom gave birth to Mama Biang. Actually, giving birth to a midwife is also good, but we are used to giving birth to Mama Biang." (RK, 27 years old)

"I had my first child, who gave birth at home, please help me give birth to Mama Biang with a midwife. I'm going to give birth again at home, then I'll just call the midwife..." (RN, 20 years old) "When we're about to give birth, we call the midwife. Then we call the midwife to come to our house to weigh our baby and give us medicine." (HW, 30 years old)

"This is my first experience giving birth. I've been seeing midwives all this time. They told me that when I give birth, I'll come to the health center." (EN, 18 years old)

a. Why do mothers want to give birth there?

Informants prefer their homes because they feel comfortable and safe. They say giving birth in a health facility is uncomfortable because the environment is new and unfamiliar. Furthermore, access to health facilities is far from where they live. Furthermore, they believe in the tradition that when they give birth, a house will be built next to their house. These findings are evident in the following statements by informants:

"I feel comfortable." (TW, 30 years old) "It's our custom." (RK, 27 years old)

"I have a house high up on a mountain." (RN, 20 years old)

"It just feels good." (HW, 30 years old)

"In accordance with the custom in the village, Mama Dong Su has prepared small houses next to the house. So, later I will give birth there. But, later I will have to call the midwife to come help." (EN, 18 years old).

b. Is there a partnership between midwives and traditional birth attendants in this village?

The informant did not know for certain whether the midwife had partnered with a dukun, but so far, if they gave birth, they would call the dukun and midwife as birth attendants. These results were obtained from the informant's statement as follows:

"We don't know about that, but we plan to give birth at a midwife. But, we still call mom to

accompany us, give us water to blow." (TW, 30 years old)

"I have children, all of whom gave birth to Mama Biang, so I didn't know that Mama Biang was already working with a midwife." (RK, 27 years old)

"I had my first child, who gave birth at home, who helped me give birth to Mama Biang with a midwife." (RN, 20 years old)

"When we're about to give birth, we'll call the midwife to make the water so we can have a quick delivery. After that, we'll call the midwife to weigh our baby and give us some medicine." (HW, 30 years old). "I'll call the midwife to come and help." (EN, 18 years old)

c. Do you think giving birth in a health facility is better?

The informant knew that giving birth in a health facility is better than with a traditional birth attendant. This information was obtained from the following statements from the informants:

"Yes, it's good." (TW, 30 years old) "Maybe so." (RK, 27 years old) "It's better indeed."

(RN, 20 years old) "Good." (HW, 30 years old). "Good." (EN, 18 years old)

Traditional Birth Attendants' Perceptions of Births in Health Facilities and Traditional Birth Attendants

a. How did mothers first learn about traditional births?

The informant's experience of assisting in births has been a tradition for generations. Initially, they often watched and participated when their parents assisted with deliveries. This information is evident in the following statements from the informant:

"I've been assisting people in childbirth for a long time. It started with my grandmother, then it was passed down to my mother, but now I'm continuing it." (KM, 62 years old)

"I used to be the birth attendant, following my mother. Because my mother is getting older, now she's passed it on to me." (LS, 45 years old)

b. What do mothers usually do before assisting with a birth? Are there any special traditions, activities, or prayers that mothers perform?

According to the informant, before assisting with a birth, they perform several spiritual activities, such as praying and chanting. These activities have no specific purpose, but are simply seeking the blessings of the Creator so that the process goes smoothly. These findings were obtained from the following informant's statement: "Before I help someone give birth, we say certain prayers. We pray first." (KM, 62 years old)

"Yes, as usual, we pray, and we give them water to drink so that the delivery goes smoothly." (LS, 45 years old)

c. In my mother's opinion, what would happen if she were no longer allowed to assist with the birth?

According to the informant, this wouldn't be a problem, as she was aware that giving birth with a health professional was much safer. These findings were obtained from the following informant's statement:

"Well, if it's not allowed anymore, that's fine. But most of the time, when the village people come and call me, I go and help. If they want me to take them to the midwife, I'll take them." (KM, 62 years old)

"It's okay because giving birth with a midwife is better. The equipment is readily available and clean. So if there's a midwife in the village, we call one." (LS, 45 years old)

d. What do you think if you were only allowed to take your mother to the village midwife when she was about to give birth?

According to the informant, this wouldn't be a problem, because she was aware that giving birth with a health professional was much safer. This was evident in the following statement from the informant:

"Well, if it's not allowed, that's fine. But most of the time, when the village people come and call me, I go and help. If they want me to take them to the midwife, I'll take them" (KM, 62

years old).

"It's okay because giving birth with a midwife is better. The equipment is clean. So if there's a midwife in the village, we'll call one." (LS, 45 years old).

e. What do you think if you only assist the midwife in caring for the postpartum mother and baby?

According to the informant, this wouldn't be a problem, because she was aware that giving birth with a health professional was much safer. These findings were obtained from the following informant's statement:

"Well, if it's not allowed, that's fine. But most of the time, if the village people come and call me, I'll go and help. If they want me to take them to the midwife, I'll take them." (KM, 62 years old)

"It's okay because giving birth with a midwife is better. The equipment is clean. So if there's a midwife in the village, we call one." (LS, 45 years old)

1. Midwives' Perceptions of Childbirth in Health Facilities and Traditional Birth Attendance

a. What is your opinion on the practice of traditional birth attendants (TBAs) who are still active today?

According to informants, they disagree with the continued activity of some TBAs in their work areas. However, informants recognize that the practice of birthing with TBAs is a long-standing tradition that has been passed down through generations. This is evident in the following statements from informants:

"Actually, I disagree with TBAs still being active in the village. We have approached the community in various ways, from prenatal checkups to personally visiting them at their homes. It's actually more about the community's lack of understanding about clean and healthy childbirth. Furthermore, there are still strong village traditions, and some beliefs require mothers to give birth in small houses built before delivery." (NH, 35 years old)

b. What are the reasons why traditional birth attendants are still active?

According to informants, some mothers still give birth with TBAs because of ancestral traditions that mothers must follow when giving birth. These findings were obtained from the following informant's statement:

"There are still strong traditions in the village, and some community beliefs require mothers to give birth in small houses built before the birth." (NH, 35 years old)

c. What efforts have health workers made to reduce the number of births with traditional birth attendants?

According to the informant, they have implemented various methods to encourage mothers to accept and trust that giving birth with a midwife is comfortable and, of course, much safer. These efforts include a "jemput bola" (outreach system) (informants visit pregnant women's homes for prenatal check-ups) and not charging for delivery fees. These findings were obtained from the following informant's statement:

"We have approached the community in this village in various ways, starting with prenatal check-ups, where we personally pick up the midwives from their homes. Regarding costs, all the people in this village have BPJS Kesehatan (Social Security) coverage, which is covered by the local government. And in this village, we never charge for births." (NH, 35 years old)

d. What are your hopes for the future regarding births with traditional birth attendants?

The informant hopes that midwives can partner with midwives. Although the pregnant woman wanted to give birth with a traditional birth attendant, she still called a midwife to assist with the delivery. The informant maintained respect for the ancestral culture in her area of work, so that in the future, the traditional birth attendant and midwife would work together to reduce maternal mortality. This result was borne out by the informant's statement:

"We hope that in the future, the traditional birth attendant will collaborate with us, the health workers. If someone is about to give birth, they will come and inform us. This will allow for

collaboration between the midwife and the traditional birth attendant during the delivery, without neglecting the customs and culture of this Murano village." (NH, 35 years old)

DISCUSSION

Perceptions of Pregnant Women in the Third Trimester

Based on in-depth interviews with informants, it was discovered that informants still prefer to give birth at home with the assistance of traditional birth attendants (TBAs) and midwives. As informants stated, even though midwives assist them, they trust the TBAs more because they believe their trust can help ensure a smooth delivery. Furthermore, access to health facilities is far from where they live.

This study aligns with research conducted by Sitti Nurhidayati et al. (2019), which showed that informants prefer TBAs as their birth attendants because they believe they are more experienced in assisting with deliveries. They are also perceived as more attentive and patient in serving their patients (Nurhayati & Sugiharto, 2019).

Most people trust TBAs more because they assume they have experience or are accustomed to delivering at home (Hamid et al., 2022). Several factors influence a person's level of knowledge, one of which is experience. Knowledge can be gained from experience, both personal and others. This experience is a way to gain the truth of knowledge.

Besides tradition, distance is also a factor in choosing a birth attendant. As one RN informant stated, her home was far from the health facility. She preferred giving birth with a traditional birth attendant because the traditional birth attendant could be called to her home. This aligns with research conducted by Titi Sumarni, which showed a significant relationship between attitudes, access to information, and distance from health facilities, and choice of birth attendant. Those who were close to the health facility were 1 times more likely to choose a health attendant than those who were far away (Sumarni, 2022).

Distance to the health facility also contributes to the choice of birth attendant. Access to information and good attitudes do not guarantee successful behavior; therefore, other factors, such as the proximity of the health facility to the choice of birth attendant, are needed. Health facilities that are far from residential areas will reduce the use of skilled birth attendants, while relatively closer distances will increase the choice of skilled birth attendants (Notoadmodjo, 2012).

According to researchers, efforts to further improve maternal and child health through health improvement programs require consideration of the local socio-cultural context. Simply assigning health workers and building health facilities is not enough to address maternal and child health issues in a given area. It is recognized that health behaviors in the public arena, both beneficial and detrimental to health, are significantly influenced by socio-cultural variables. Essentially, culture plays a role in health by shaping, managing, and influencing the activities or practices of individuals within a group to meet different health needs.

Changing these behaviors requires time and appropriate methods. Therefore, considering these factors, the placement of health workers, in addition to providing health services to individuals or groups, also serves as agents of change. Therefore, their knowledge and skills are essential for providing better services.

Traditional Birth Attendance

In-depth interviews with informants revealed that they still assist with births in the community by calling them. Their knowledge of how to assist with births was not acquired through formal education or formal training but rather passed down from their parents, who previously worked as traditional birth attendants. Typically, before assisting with births, traditional birth attendants will engage in spiritual activities, such as praying to ask for the

blessings of the Creator for a smooth delivery. Informants also stated that they are willing to collaborate with midwives to provide safe birthing services, including by regularly calling midwives when assisting with deliveries.

A traditional birth attendant, or village midwife, is a woman who, due to her expertise, has a social role as a traditional birth attendant. Their knowledge and

skills are not acquired through formal education but are simply a social process. In practice, most rely on spiritual powers connected to supernatural powers. They believe this power will facilitate their work (Ramli & Habari, 2020).

Traditional birth attendants are considered skilled and trusted by the community to assist with births, maternal and child care, and meet community needs. Traditional birth attendant skills are generally acquired through an apprenticeship system. Community perceptions and trust in the skills of traditional birth attendants are also related to the community's cultural value system, so traditional birth attendants are generally treated as local community figures (Ramli & Habari, 2020).

In some areas, traditional birth attendants serve as trusted providers for assisting with childbirth, a respected and experienced figure highly sought after by the community. This contrasts with midwives, who are generally young and have not yet fully gained the community's trust. This situation is related to the persistently strong social perception that childbirth is not merely a medical event but a ritual. Therefore, traditional birth attendants are a trusted and recommended institution for handling pregnancies and deliveries, compared to the newer institution known as village midwives (Syukur, 2019).

Researchers believe that traditional birth attendants (TBAs) still exist because communities live in a social environment where local traditions and culture remain strong. Communities believe that traditional birth attendants, as trusted providers for assisting with childbirth, are highly sought after by the community, as respected and experienced figures.

Midwives' Perceptions

Based on in-depth interviews with informants, it was discovered that they disagreed with the continued use of traditional birth attendants (TBAs) in assisting deliveries without involving midwives as health workers. However, they recognized the importance of a strong partnership between midwives and TBAs in assisting with deliveries. They noted that the community in the Moranu Village Health Center (Polindes) area still places greater trust in TBAs for their delivery assistance.

Within the midwife-TB partnership concept, TBAs need to be provided with knowledge of maternal and newborn health, particularly regarding danger signs during pregnancy, labor, and postpartum, as well as the preparations families should make for the birth of a baby. In this partnership, midwives and TBAs each have their own roles and responsibilities. The transition from a TBAs role to a new, different role requires adaptation and a strong interpersonal relationship between the midwives and TBAs (Ramli & Habari, 2020).

The goal of establishing good communication is to understand group behavior. To develop and maintain close and productive communication within this partnership, a number of basic skills are necessary. The basic skills in question include mutual understanding and the ability to communicate thoughts and feelings accurately and clearly. The next basic skill is mutual acceptance and support, as well as the ability to resolve conflicts and other interpersonal problems that may arise in communication with others (Ramli & Habari, 2020).

In communication, social structure is a crucial element. People communicate more with those within their own social class.

Intercultural communication occurs more easily between people of the same or similar class, who share similar interests and are more easily able to communicate with each other. Based on this concept, communication between midwives, traditional birth attendants,

and community or religious leaders in providing motivation to pregnant women must be dialogical and utilize sociocultural concepts that exist in the community (Ramli & Habari, 2020).

According to researchers, the partnership between traditional birth attendants and midwives can be realized if there is close and productive communication between the midwife and the baby. In the practice of assisting with childbirth, both can work together according to their respective roles and responsibilities. Traditional birth attendants can help mothers in strengthening their spirituality, while midwives provide standardized delivery assistance according to applicable SOPs.

CONCLUSION

1. Perceptions of pregnant women in the third trimester regarding preparation for childbirth in health facilities and traditional birth attendants (TBAs) indicate that some informants still prefer to give birth at home with the assistance of TBAs and midwives. As the informants stated, even though they are assisted by midwives, they trust the TBAs more because they believe that their spiritual beliefs can help ensure a smooth delivery.
2. Perceptions of TBAs regarding preparation for childbirth in health facilities and TBAs indicate that they still provide birth assistance in the community upon being called. Their knowledge of how to assist in childbirth is not acquired through formal education or formal training but is inherited from their parents, who previously worked as TBAs. Typically, before assisting in childbirth, TBAs will engage in spiritual activities, such as praying, to seek blessings from the Creator for a smooth delivery.
3. Perceptions of midwives regarding preparation for childbirth in health facilities and TBAs indicate that informants disagree with the continued activity of TBAs in their areas who assist in childbirth alone without involving midwives as health workers. However, informants recognize the importance of a good partnership between midwives and TBAs in assisting in childbirth. Because of the tradition of people who have more faith in shamans to help with the birthing process.

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