

# Bidan Lewu as Local Determinant Factors in Pregnancy and Childbirth Care

## (Study in the Dayak Ngaju Tribe in Kotawaringin Timur District)

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### Abstract

**Background:** The coverage of antenatal care was low in Kotawaringin Timur in 2019. The first visit during pregnancy (K1) was 81.20%, and the fourth visit during pregnancy (K4) was 74.50%, with a national visit standard of 95%. Kotawaringin Timur's adolescent pregnancy rates reached 66.89%, higher than the other districts' average rate in Central Kalimantan Province. The adolescent pregnant women had a low intention of antenatal care as much as 84.48% in 2019.

**Objective:** This study aimed to analyze the local determinant factors that contribute to adolescent pregnant women's intention in carrying out antenatal care.

**Methods:** This study was qualitative research. The data were collected by a focus group discussion (FGD) method and in-depth interviews in four sub-districts of Kotawaringin Timur. The informant of this study was 45 people consisting of 44 adolescent pregnant women and one traditional leader (Damang). Data were processed using the self-view value domain method.

**Result:** Adolescent pregnant women's intentions during antenatal care were influenced by their responses to the availability and ability of people who help or assist the process of pregnancy and childbirth care. Adolescent pregnant women prefer traditional birth attendants or bidan lewu as their pregnancy nurses and childbirth assistants. It was triggered by the trust of adolescent pregnant women towards bidan lewu because they were more experienced, attentive, and patient in serving. The involvement of bidan lewu during pregnancy and childbirth has been used for generations.

**Conclusion:** Some of the Local determinant factors related to pregnancy and childbirth care are the presence of bidan lewu who have been used for generations to treat pregnancy and assist in the childbirth process.

**Keyword:** *determinant factors, pregnant women's intention, antenatal care*

### Introduction

Health services in the pregnancy phase are known as antenatal care (ANC). Antenatal care is a health service provided by health workers to maintain pregnant women

and their babies' health during pregnancy<sup>1</sup>. This service is essential for pregnant women to maintain pregnant women's health so that the pregnancy process of the mother runs normally, and ANC services are expected to detect pregnancy problems early<sup>2</sup>.

Indonesia's Health Ministry shows that there has been an increase in K4 coverage (fourth visit during pregnancy) in Indonesia from 87.30% in 2017 to 88.03% in 2018<sup>3</sup>. The targeted strategic plan of K4 coverage by the Ministry of Health in 2018 is 78%. When compared

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with the realization of K4 coverage in 2018, Indonesia has reached the target. While the coverage of K4 services in Central Kalimantan in 2018 was 84.79%. The K4 service achievement is higher than in 2017, with K4 service coverage of 83.88%<sup>4</sup>. While the examination of pregnancy in Kotawaringin Timur in K1 (first visit during pregnancy) was 81.20%, and K4 was 74.50%, including low<sup>5</sup>.

Adolescent pregnancy is a pregnancy that occurs in women aged 10-19 years. Teenage girls who become pregnant at the age of 10-19 years have a higher risk because the reproductive organs are not mature enough to perform their functions<sup>6</sup>. Law Number 35 the Year 2014 article 26 paragraph 1c regarding child protection states that parents are obliged and responsible for prohibiting child marriage<sup>7</sup>. In Indonesia, there are 37.91% of married children under the age of 16<sup>8</sup>. Meanwhile, around 16 million women aged 15 to 19 years, and 2 million women aged less than 15 years give birth each year<sup>9</sup>.

Based on the Unicef report, Indonesia is a country with the seventh-highest child marriage rate, amounting to 457.6 thousand women aged 20-24 years old married before 16<sup>8</sup>. Badan Pusat Statistik stated that there were 20 provinces in Indonesia with a higher prevalence of adolescent marriages than the national figure of 22.82% in 2015. The highest percentage of adolescent married women is Central Kalimantan Province, with a rate of 33.56%<sup>10</sup>. The percentage of women who had given birth or were pregnant with their first child in Central Kalimantan in 2017 was 13.8%, this figure is above the national average of 7.1%<sup>11</sup>. Kotawaringin Timur has a relatively high early pregnancy rate compared to other regions<sup>12</sup>.

Mortality of pregnant women, childbirth, and puerperal are significant problems in developing countries. The process of pregnancy and birth in adolescence is one of the factors that contribute to maternal mortality. Women who are married in their teens have a higher risk of pregnancy, the younger the age of a woman having a pregnancy, the higher the risk for complications<sup>13</sup>. Complications during pregnancy and childbirth are common causes of death in adolescents aged 15-19 years. Toddlers born to mothers with teenage pregnancies have a higher risk of experiencing low birth weight (LBW), preterm delivery, fetal growth restriction (FGR), and fetal distress<sup>14</sup>.

It is known that 80% of maternal mortality can be prevented if pregnant women have access to health services to conduct regular antenatal care<sup>15</sup>. Low antenatal care caused by individuals, families, communities, and health institutions' problems<sup>16</sup>. Constraints faced in implementing health services for pregnant women are the lack of access of pregnant women to health services provided by health workers and the quality of services that must be further improved<sup>17</sup>. Besides, the intention of prenatal care for pregnant women in Kotawaringin Timur also tends to be low, namely 81.4%<sup>5</sup>. This study aimed to analyze the local determinant factors that contribute to adolescent pregnant women's intention in carrying out antenatal care.

## Methods

This study used a qualitative research method, conducted in October 2019, and located in four sub-districts of Kotawaringin Timur district. Data were collected from the results of focus group discussions (FGD) and in-depth interviews. The informant of this study was 44 adolescent pregnant women and a traditional leader (Damang). Data collected from the results of FGD and in-depth interviews are processed using the self-view value domain method.

## Result

The low antenatal care for adolescent pregnant women can be caused by the mother's intention to have her pregnancy checked by health workers who are still low. Adolescent pregnant women's intentions during the process of pregnancy care are influenced by several things, such as the availability and ability of people who help or assist the process of pregnancy and childbirth care. Based on the results of FGDs and in-depth interviews, the informants revealed that the obstacles during antenatal care because of the distance to a distant health facility, and no one accompanies them. Mrs. RN is a 19-year-old pregnant mother who said that she rarely checked her pregnancy there because no one was accompanied her, and the distance of the health facility was also far from home.

*"...Kalau kami disini jarang memeriksakan kehamilan karena tidak ada yang mengantar lalu jarak Puskesmas juga jauh..."*

*"...We rarely check our pregnancy here because there is no one to accompany, so the distance of the Puskesmas is also far..." (Mrs. RN, 19 yo)*

Based on the FGDs and in-depth interviews, adolescent pregnant women also revealed that bidan lewu was more attentive, patient, and experienced in handling her patients and had managed many childbirths. In contrast to midwives who are less familiar, less alert, and less skilled in dealing with their patients. Mrs. SY is a 16-year-old pregnant mother who said that she believed that the bidan lewu is more experienced, has dealt dozens of people, and if their pregnancy got a problem, it will be fixed by bidan lewu.

*“...Menurut saya, dukun kampung lebih berpengalaman, puluhan orang sudah ditangani dan kalau perut kita turun maka akan dibetulkan posisinya...”*

“...In my opinion, traditional birth attendants are more experienced, have dealt dozens of people and if our stomach falls then its position will be fixed...” (Mrs. SY, 16 yo)

The local traditional leaders stated that the bidan lewu would immediately come if asked to help. Therefore, pregnant women still entrust their pregnancy to bidan lewu because they are considered influential people in the community. The traditional leader (Damang) also said that ancestors already used the services from bidan lewu for over the years. In the past, the people didn't have midwives as health workers, so they came to the bidan lewu. Bidan lewu serves the care for pregnant women, such as stomach massage, that hopefully will help giving birth comfortably.

*“...Kalau orang dulu itu kan bilangnyanya kalau enggak diurut perutnya tuh... Orang dulu kan enggak ada segala bidan... Nah datangnya itu ke dukun kampung supaya enak melahirkannya, gitu bilangnyanya...”*

“...The ancestors told me that if they didn't massage their stomach... They didn't have midwives... So they came to the traditional birth attendant in order to give birth comfortably, so they said...” (Mr. X, 57 yo)

The perceptions and beliefs of adolescent pregnant women in bidan lewu have been going on for generations and still very strong. The cultural factor put forward by traditional leaders is that bidan lewu not only deals with the childbirth process, but they also understand traditions. They also can deal with complaints of adolescent pregnant women. There is a culture of “Bapalas Midwife” in which midwives or people who help pregnant women during childbirth will be given food as a thank you and “redeem” the baby. Bidan

lewu is believed to hold tightly still and understand the meaning of these traditions. Therefore adolescent pregnant women tend to come to bidan lewu to help respect them.

## Discussion

The results of this study were in line with research conducted by Ye et al. (2010)<sup>18</sup> and Gross et al. (2012)<sup>19</sup>. They showed that education, income, knowledge, attitudes, distance, and the cost of antenatal care services could influence the use of antenatal care services<sup>18</sup>. According to Gross et al. (2012)<sup>19</sup>, the low quality of service and awareness about the benefits of antenatal care, late knowing pregnancy, and social and economic factors can influence the timeliness in antenatal care examination. In this study, pregnant women prefer bidan lewu as pregnancy caretakers and childbirth helpers because they feel the distance to health facilities is quite far, and no one takes them there. Besides, they doubt the competence and availability of health workers when needed, unlike the bidan lewu available near them. Pregnant women assume bidan lewu has sufficient experience in dealing with pregnant women.

Depkes (2008)<sup>17</sup> stated that the percentage of birth attendants provided by non-health workers is quite high, with 80% of mothers giving birth in Indonesia prefer to give birth to a traditional birth attendant rather than to a health facility. Meanwhile, Nurhidayanti's research (2018)<sup>20</sup> showed that pregnant women are more comfortable giving birth at home and assisted by a traditional birth attendant. This result is caused by giving birth in a health facility that requires many costs. Public trust in bidan lewu and the comfort of giving birth at home were higher than those at health facilities.

Trust is a belief in individual behavior that expects someone who is trusted will show positive behavior<sup>21</sup>. This research is in line with the theory of Mayer (1995)<sup>21</sup> which showed that traditional birth attendant gives more attention, patience, friendliness, obeying the requests of pregnant women and mutual trust that makes pregnant women choose traditional birth attendant for antenatal care. This study's results were also in line with research conducted by Nuraeni (2012)<sup>22</sup>, which showed that the feeling of safety and comfort is also felt by pregnant women assisted by a traditional birth attendant. Similar studies showed that pregnant women have trust in bidan lewu. Apart from the limitations and doubts about health workers' ability, bidan lewu are considered to be more

prepared if needed and experienced in handling pregnant women so that pregnant women are more confident to go to the bidan lewu during pregnancy care and childbirth assistance. This belief can encourage the intention of pregnant women to check their pregnancy.

### Conclusion

Various factors influence the intention of antenatal care of adolescent pregnant women in Kotawaringin Timur. One of them is the existence of local determinants that develop in the culture area of Dayak Ngaju. The local determinant factor contributing to the adolescent pregnant women's intention of antenatal care in Dayak Ngaju is the involvement of bidan lewu. Bidan Lewu has traditionally been used by the local community to treat pregnancy and assist the childbirth of pregnant women. Local people still believe that bidan lewu has more experience, attention, and patience in serving them.

**Conflict of Interest:** Nil

**Ethical Clearance:** This research has been proved by Health Research Ethics Committee, Faculty of Public Health universitas Airlangga

**Source of funding :** Universitas Airlangga

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