

The Influence of Culture in Determining Pregnancy Care: Official Village Midwives Versus Traditional Birth Attendants in Remote Area

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Abstract

Background: The high rate of maternal and infant mortality in Indonesia in the past year can be influenced by the habits of the community who prefer Traditional Birth Attendants (TBAs) in the childbirth. In fact, TBAs are not health profession and do not have competency standards to assist with childbirth, thus increasing the risk of maternal and infant mortality. This article aimed to determine the influence of culture on the community's habit of choosing TBAs or official village midwives (OVMs) in childbirth process in remote areas. **Methods:** A cross-sectional study was used. The respondents were mothers who gave birth in the last one year in one remote sub-district in Aceh. TBAs and official village midwives were observed and in-depth interviews were also conducted. **Results and Discussions:** The results of this study showed community attitudes about cultural influences during pregnancy, such as TBAs-assisted delivery is a cultural belief that must be followed. Hence, factors that influence the choice of mothers in using OVMs or TBAs: cultural beliefs and norms, and the role of the cultural leaders in making decisions. **Conclusions:** Culture plays an important role in influencing people who live in remote areas to choose TBAs rather than the OVMs.

Keywords: Culture, Official Village Midwives, Traditional Birth Attendants

Introduction

Maternal mortality rates (MMR) and infant mortality rates (IMR) illustrate the health status of a country's society. The current maternal mortality rate in Indonesia was 139/100,000 and the infant mortality rate is 9/1000^(1,2), this number was still high compared to other countries in Southeast Asia such as Malaysia and Thailand⁽³⁾. The coverage rate of childbirth by health professionals based on 2013 National Health Research Data (Riskesdas) was 87% and increased in 2018 to 91%, meaning that currently there were still 9% of women giving birth not with the help of health professionals. Previous studies explained that the coverage rate for

births by health professionals in Aceh is lower than the national figure, and we know that the higher the coverage rate for childbirth, the lower the maternal and infant mortality rates⁽⁴⁻⁶⁾.

The Indonesian government has placed Official Village Midwives (OVMs) in each village with the aim of increasing the quality of childbirth. However, culture is thought to influence the acceleration of these achievements⁽⁷⁾. Culture is a belief and obedience to follow customs, norms, culture is suspected to influence pregnant women in choosing childbirth assistance and care during pregnancy and childbirth^(8,9). Childbirth with Traditional Birth Attendants (TBAs) does not have a measured work pattern and does not have a certificate, it is feared that this will pose a risk to the health of the mother and children from the beginning of pregnancy, during labor until postpartum care^(10,11). This is expected to contribute to the slow decline in MMR and IMR.

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The low coverage of delivery by OVMs occurs in remote areas due to the unavailability of adequate health facilities in the area⁽¹²⁾. OVMs who are placed in the area are also sometimes not comfortable and generally always change⁽¹³⁾. Kluet Tengah Sub district, South Aceh, Indonesia has an area of 284.72 km square, 45 km from the district capital^(14,15). To get to this area the community must take the road terrain which are very hard road, hollow road, steep, and watery road. The location of the mountains with the bare forest will be a sight all the way from the district capital to this area. Some villages even still use canoes for transportation to cross the river because there are no bridge facilities in the area^(14,15).

From generation to generation, residents in this sub-district have requested the assistance of TBAs for assistance in the care of pregnancy, childbirth and postpartum care⁽¹⁴⁾. Since 1990 the government has placed OVMs to be assigned to the region⁽¹⁵⁾. However, the presence of OVMs has not yet fully enabled the community to utilize them. Official Village Midwives who are placed are generally still young and not local residents so that they have not been fully accepted by the community. Those who are placed also do not last long for various reasons⁽¹⁶⁾.

Providing high incentives for health professionals to work in remote areas has not yet fully made them comfortable⁽¹⁷⁾. The partnership program between OVMs and TBAs has been initiated by the government

since 1990. The aim of this program is shifting trust from the community so that delivery assistance shifts to health workers so that the coverage of childbirth increase⁽¹⁸⁾. As the number of maternal and infant mortality is still high, it is important to know why people prefer TBAs for their pregnancy care. For this reason, researchers feel interested in conducting research on the influence of culture on maternal and family decisions in the choice of pregnancy care among people who live in remote areas in Aceh.

Methods

This was a cross sectional study, using survey and in-depth interviews. The survey was conducted with respondent mothers who gave birth in the last one year in one remote sub-district in Aceh, then conducted observations and in-depth interviews with TBAs, OVMs, community leaders, and local government. The results of the survey and in-depth interviews are then analyzed to find out whether culture influences the decision of mothers in determining delivery assistance between TBAs or OVMs.

Results and Discussion

This study shows community attitudes about cultural influences during pregnancy (Table 1), culture and choice of childbirth assistance (Table 2), and the influence of culture and utilization of childbirth assistants in remote areas in Aceh (Table 3).

Table 1. Community attitudes about cultural influences during pregnancy

Culture	Yes		No		Total	
	n	%	n	%	n	%
There are certain food taboos and beliefs during pregnancy	15	16.7	75	83.3	90	100
There are restrictions on the selection of birth attendants	38	42.2	52	57.8	90	100
OVM are too young, not yet married, feel insecure about childbirth assistance	61	67.8	29	32.2	90	100
There are restrictions set by cultural leaders so that they do not give birth at hospital	14	15.5	77	84.5	90	100

Cont... Table 1. Community attitudes about cultural influences during pregnancy

Culture	Yes		No		Total	
	n	%	n	%	n	%
There are restrictions set by cultural leaders so that they do not give birth at the community health center (Puskesmas)	44	48.9	46	51.1	90	100
There are restrictions set by cultural leaders so that they do not give birth at home	46	51.1	44	48.9	90	100
There is a belief that a midwife-assisted delivery can result in a child being born disobedient to parents	55	61.1	35	38.9	90	100
There is a family tradition that has been passed down from generation to generation so that delivery must be assisted by TBAs	34	37.8	56	62.2	90	100
Traditional Birth Attendants-assisted delivery is a cultural belief that must be followed	60	66.7	30	33.3	90	100
There is a family custom to carry out a traditional ceremony after giving birth, which is led by a cultural leader	55	61.1	35	38.9	90	100

From table 1, respondents' attitudes about culture in the family towards OVMs as birth attendants are as follows: 83.3% of respondents stated that there were no certain food taboos and beliefs during pregnancy because they were encouraged to consume good nutrition. 57.8% of respondents stated there were no restrictions in the selected delivery assistance is due OVMs have better understanding and competency to provide health services. However, as much as 67.8 % of respondents stated that OVMs were too young and not yet married, felt unsafe helping in labor because of their length of experience.

As much 84.5% of respondents said there were no restrictions set by cultural leaders so that they do not give birth at hospital. Additionally, 51.1% of respondents stated that there were no restrictions set by cultural leaders so that they do not give birth at the community health center (Puskesmas). Furthermore, 61.1 % of respondents stated there was a cultural belief that a midwife-assisted delivery can result in a child being born disobedient to parents because TBAs used

mantras or prayers so that the child obeyed the parents. On the other hand, 62.2% of the majority of respondents said there was a family tradition that has been passed down from generation to generation so that delivery must be assisted by Traditional Birth Attendants. 66.7% of respondents stated that the Traditional Birth Attendants-assisted delivery is a cultural belief that must be followed and 61.1 % of respondents stated that there was a family custom to carry out a traditional ceremony after giving birth, which is led by a cultural leader.

The results of the interview with respondent:

“At first, I checked 4 times at TBAs and the plan was to go to them again, but my husband and family wanted to go to the community health center (Puskesmas). I was afraid to go to OVMs because according to my friends' stories OVMs gave them injection and must be stitched after giving birth. I was very scared of being injected and stitched. But Alhamdulillah, my child was born safely.”

Table 2. Culture and Choice of Childbirth Assistance

Variables	n	%
Culture		
Support	55	61.1
Does not support	35	38.9
Choice of Childbirth Assistance		
Official Village Midwives (OVMs)	72	80
Traditional Birth Attendants (TBAs)	18	20

Table 3. Relationship between Culture and Utilization of Childbirth Assistants

Culture	Birth Assistance by Respondents				Total		P Value
	Official Village Midwives		Traditional Birth Attendants		n	%	
	n	%	n	%			
Support	50	90.9	5	9.1	55	100	0.0001
Does not support	22	62.9	13	37.1	35	100	
	72	80.0%	18	20.0%	90	100%	

As can be seen from table 2, cultural leaders and families support respondents for childbirth assistance, and most of them choose OVMs. The results of bivariate analysis show that mothers who have a culture in the family that supports or does not support health workers as birth assistant tend to use OVMs as birth attendants with a frequency of 90.9%. Mothers who are less supportive of utilizing OVMs as birth attendants (62.9%).

In making the decision to choose the place of delivery for the mother is not too dominant, many decisions are taken by men without having to listen to women's opinions about pregnancy and childbirth. Mothers who have a culture that supports OVMs as birth attendants but does not use professional birth attendants are generally because the decision on what medical

treatment to choose must be with the consent of elder relatives or the decision is in the hands of the husband who often panics seeing the crisis situation happened.

Panic and not knowing the specific symptoms of labor can hinder what should be done quickly. It is not uncommon for the advice given by friends or neighbors who advise the TBAs to influence the decisions taken. In according to the interview with Respondent "I did the examination at the TBAs with my own accord because I was afraid that if I gave birth, I had an injection / stitches. But when I wanted to give birth, my family took me to the community health center (Puskesmas) because it was safer".

The results of interviews with cultural leaders found that cultural influences remain very strong. In pregnant

women since they are known to be pregnant, there are variety customary processions that must be carried out, among other. The 7-monthly thanksgiving within the local language is named “Kenduri Bu Bidan”, then after 42 days of birth there is a custom to travel down the kitchen, after 3 or 4 months the custom goes down and “Naik ayun”. All these traditional processions place the TBAs as the person who leads the procession and holds an honorable position within the village. The TBAs is one of person in the village structure as a respected female parent within the village.

The use of TBAs and residential delivery were preferable for a few community members despite the OVMs within the village. The reasons are TBAs who are able to be asked for help whenever needed, easily found, cheap labor costs, rewards may be replaced with goods, hereditary trust and the existence of close family relationships with the mothers he helped. TBAs are included within the village apparatus who led the implementation of traditional ceremonies referring to pregnancy and childbirth that are still strong within the community.

The results of interviews with TBAs said, the mother began to check her pregnancy from the beginning of the signs of pregnancy, besides checking Official Village Midwives, besides that TBAs was entrusted to the community in the customary procession for 7 months and so on. TBAs are willing to come and sleep at the mother’s house at any time when called and have a very flexible time. The next customary procession attended by TBAs was the ride and fall in the land that is still held by the local community.

Placement of OVMs has been carried out in the Kluet Tengah South Aceh, but the geographical condition of the region makes them not always be located in the village. Many things cause them to not be in another location, apart from the placement of a neighborhood faraway from town center, lacking facilities and not yet fully able to blend in with the community. Society makes TBAs a choice because they always have the opportunity and time.

The head of the community health center (Puskesmas) and the Coordinating Midwife said that

the partnership was feared to give a new role for TBAs. As TBAs felt that they were increasingly playing a role and were more flexible in assisting childbirth without OVMs and running their own profession. According to the head of community health center (Puskesmas), the role of TBAs should only be to carry out postpartum processes such as bathing a baby.

The findings in the field show that the partnership between OVMs and TBAs has not been running well, but both support each other without creating images of competition. The government has not implemented this partnership program as the main program, it’s just that this partnership is running by itself. Researchers observed that there were things that could be done to mutually transfer knowledge between OVMs and TBAs⁽¹⁹⁾.

TBAs have advantages in the field of communication and approach to the community, while OVMs who are health professionals worked in the village are mostly young and some have just graduated from midwifery courses. Meanwhile, the village midwives should be able to provide guidance for hygiene childbirth methods for TBAs, form an agreement on the description of their respective duties and functions which will ultimately lead to an optimal transfer of the role of childbirth assistance. However, it is feared that in the future, the guidance carried out OVMs will actually give TBAs a new role, increase their performance, and increase their status, even increasing their confidence in carrying out their profession independently⁽²⁰⁾.

Conclusions

Services that are in accordance with culture, have been known for a long time. Many people believe that TBAs have more time to provide services as they live in the village compared to OVMs. As many as 18 out of 90 mothers who became respondents still chose TBAs to help with their delivery, while most of the mothers chose both TBAs and OVMs. There are still people who ask TBAs for pregnancy care because the services provided are more in accordance with the existing socio-cultural system, and the easy access to health services.

Conflict of Interest: Nil

Ethical Clearance: This research has been proved by Health Research Ethics Committee, Faculty of Public Health, Universitas Serambi Mekkah, Banda Aceh.

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