

Women Choice of Traditional Birth Attendants in Childbirth and Factors Associated

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Abstract:

The number of birth deliveries attended by unskilled traditional birth attendants was still high. A lot of women like to do ANC, but eventually, they choose traditional birth attendants to help them in the childbirth process. The research aims to analyze factors related to women's choice of traditional birth attendants in the childbirth process at the work area of Bandung Health Center, Serang, Banten, in 2018. This is descriptive quantitative research with a cross-sectional approach. The population is 115 women who gave birth in the work area of Bandung Health Center, Serang, Banten, during May and June of 2018. The sample is a total population. The dependent variable is the women's choice of traditional birth attendants, and the dependent variables are education, knowledge, socio-economic status, and the distance of the women's houses to the Health Center. The results show that among all independent variables, three of them are related to women's choice of birth attendants in childbirth. They are education ($p=0.036$), knowledge ($p=0.015$), and Accessibility to Health Care Facility ($p=0.008$). There is no relationship between socioeconomic status and women's choice of birth attendants in childbirth ($p=0.148$). Future research should explore more variables that might contributed to women's choice of traditional birth attendants. Education intervention is needed to increase the knowledge of the community regarding the importance of using healthcare facilities during childbirth.

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INTRODUCTION

Despite the most current estimate of 190 maternal fatalities per 100,000 live births, Indonesia's MMR continues to be among the highest in Southeast Asia. Safe delivery ensures that all birth attendants have the knowledge, skills and tools to provide assistance which is safe and clean, and provides postpartum services to mothers and babies (Prawirohardjo, 2006). Personnel who can provide birth assistance can be divided into professional staff and traditional birth attendants.

The target coverage for delivery assistance by health workers in order to achieve Healthy Indonesia 2010 is 90% (Ministry of Health of the Republic of Indonesia, 2003). However, data from Basic Health Research (Riskesdas) in 2010 recorded that delivery coverage by trained health personnel only reached 82.3% (Indonesia Ministry of Health, 2010). From the Riskesdas data, 43.2% of pregnant women gave birth in their own homes, of which only 2.1% received help from doctors, 5.9% from midwives and 1.4% from other medical personnel, the remaining 4% received

help from family and at most 40.2% were helped by traditional birth attendants (Pramudiarja, 2011). According to health status data in Indonesia, the MMR in 2010 was 228/100,000 live births, with the National target being 118/100,000 per live birth in 2014 while the MDGs target was 102/100,000 live births. The infant mortality rate (IMR) is 34/1000 live births, with the MDGs target in 2015 being 32/1000 live births.

Maternal mortality is closely related to birth attendants and delivery places/facilities. Childbirth assisted by health workers has been proven to contribute to reducing the risk of maternal death. Likewise with the place/facilities, if delivery is carried out in a health facility, it will also further reduce the risk of maternal death. Therefore, the Ministry of Health's policy is that all births must be assisted by health workers and strive to be carried out in health facilities. In some areas in Indonesia, the coverage of births assisted by health workers is still low because the public still believes in giving birth assisted by a traditional birth attendant. In an effort to improve midwifery services and child health, health workers such as midwives invite traditional birth attendants to undertake training in the hope of improving their ability to assist with childbirth, as well as being able to recognize danger signs in pregnancy and childbirth and immediately ask for help from midwives.

In 2017, the Bandung District Health Center UPT alone contributed to the deaths of 3 mothers caused by births by labor with traditional birth attendants and health workers helped with various delays due to the patient arriving in an emergency condition (Puskesmas Bandung, 2018). According to an interview conducted with the Head of the Bandung District UPT Health Center, he said that there are still around 38 traditional birth attendants in the work area of the Bandung District UPT Health Center who are still active in helping with childbirth. So there are still people who give birth with the help of a traditional birth attendants. Apart from family support and also the cultural factors of the community which state that if the birth is not carried out by a traditional birth attendants then when someone in the family dies the death will not be taken care of by traditional birth attendants.

Furthermore, from all the pregnant women in the Bandung Community Health Center, Bandung District, Serang Banten Regency, they carry out Ante Natal Care diligently with health workers, which is Midwives and there are also community health centers or Independent Practicing Midwives. However, from the number of people who carry out routine check-ups, it turns out that there are still many pregnant women who give birth by traditional birth attendants. In 2017, the number of women giving birth was 561 people, 160 people gave birth by traditional birth attendants and 401 people gave birth by health workers. And 2018 data from January to March of 115 people, 50 people gave birth by traditional birth attendants and 65 people gave birth assisted by health workers. This study aim to analyze factors associated with women choice of traditional birth attendants in Bandung Health Centre, Serang Banten in 2018.

METHOD

The design of this study is a cross-sectional study. The population is all childbirth women in UPT Bandung Health Centre during January and May 2018, comprising 115 women. The sample is total population. The study site is in the UPT Bandung District Health Centre Serang Regency Banten in 2018. The dependent variable is the women's choice of traditional birth attendant, and the independent variables are education, knowledge, social economy status, and accessibility to health care facilities. The instrument used is a questionnaire about the knowledge of women regarding the choice of birth attendants. The researcher developed this instrument, which has

been tested for validity and reliability. Data were analyzed by using nonparametric statistic. This study has gained the ethical approval.

RESULT

Respondents Characteristics

Table 1. Respondents Characteristics based on Choice of Birth Attendants, Education, Knowledge, Socio-economic Status, and Accessibility to Health Care Facility

Characteristics	Frequency	Percentage
Birth Attendant		
Traditional	50	43.5
Health Worker	65	56.5
Education		
Elementary school	12	10.4
Junior high school	47	40.9
Senior high school	45	39.1
University	11	9.6
Knowledge		
High	67	58.3
Low	48	41.7
Socio Economic status		
≥ minimum standard	56	48.7
<minimum standard	59	51.3
Accessibility to Health Care Facility		
Far	61	53
Near	54	47
Total	115	100

Table 1 shows the respondents characteristics based on choice of birth attendants, education, knowledge, socio-economic status, and accessibility to health care facility. Out of 115 respondents, more than half of respondents chose health care worker in childbirth (56.5%), 40.9% was graduated from Junior High School, 58.3% have high level of knowledge, 51.3% have low socio-economic status which is under the minimum standard, and 53% of them have house that is far from health care facility.

Bivariate Analysis

Table 2. The relationship between Education, Knowledge, Socio-Economic Status, Accessibility to Health Care Facility, and Birth Attendants

Variables	Birth Attendants		p
	Traditional Birth Attendants	Health Care Worker	
Education			0.036
Elementary school	9 (7.8%)	3 (2.6%)	
Junior high school	22 (19.1%)	25 (21.7%)	
Senior high school	17 (14.8%)	28 (24.3%)	
University	2 (1.7%)	9 (7.8%)	
Knowledge			0.015
High	36 (31.3%)	31 (27%)	
Low	14 (12.2%)	34 (29.6%)	
Socio Economic status			0.148
≥ minimum standard	20 (17.4%)	36 (31.3%)	
<minimum standard	30 (26.1%)	29 (25.2%)	
Accessibility to Health Care Facility			0.008
Far	19 (16.5%)	42 (36.5%)	
Near	31 (27%)	23 (20%)	
Total	115	100	

Table 2 shows that three of the independent variables are related to women's choice of birth attendants in childbirth. They are education ($p=0.036$), knowledge ($p=0.015$), and Accessibility to Health Care Facility ($p=0.008$). There is no relationship between socioeconomic status and women's choice of birth attendants in childbirth ($p=0.148$).

DISCUSSION

Traditional birth attendants, or TBAs, have historically been the primary human resource available to women giving delivery. Even now, they accompany most deliveries in rural areas of underdeveloped countries, though their function varies among cultures and at different times (Bergstrom & Goodburn, 2001). A Traditional Birth Attendant (TBA) is one form of caregiver in Indonesia's rural communities. TBA is a person who aids the mother during childbirth and who learned her skills by birthing her own children or through an apprenticeship with other TBAs. TBAs are mostly older ladies who learned their trade from their elders. In this study, most respondents gave birth by health workers compared to births by non-health workers. Traditional birth attendants have since ancient time provided care to pregnant women. As such, the collaboration between midwives and traditional birth attendant (TBAs) can be an essential effort towards the reduction of the maternal and neonatal mortality and morbidity rate especially in low- and middle-income countries (LMICs). Traditional birth attendants, or TBAs, have historically been the primary human resource available to women giving delivery. Even now, they accompany most deliveries in rural areas of underdeveloped countries, though their function varies among cultures and at different times.

Based on the results of this study, the majority are helped by health workers because the higher a person's education and knowledge, the more they will choose to give birth by a health worker. However, 2 respondents have been researched who choose birth help from non-health workers, this is due to family customs which influenced the respondents to choose birth assistance by non-health workers. A study conducted in Bangladesh found the reasons why did women choose home birth with TBA are traditional views prevail, religious beliefs, poverty, literacy and

lack of knowledge, religious belief, poor road conditions and lack of available transports, and fear regarding cesarean delivery (Akoabio, Edet, Etifiit, Robinson-Bassaey, 2014). Other study found that charisma and trust were related to women choice of TBA (Prastiwi, Budhiastuti & Mahendra, 2016). Lien and Cao (2014) defined public trust as a condition of the outcomes of interactions between one party and others with the ability and integrity. Because of previous experiences and interactions, where expectations are met and satisfaction is obtained, which eventually builds a community perspective and emerges trust (Kuswa-dani et al., 2015).

Another study from Ghana found that the key motivator for conventional birth attendant delivery services was the quality of care (Tabong, Kyilleh, & Amoah, 2021). Obstacles to skilled delivery included midwives' poor attitude, abuse, and fear of caesarean section. Community conventions dictate that womanhood is associated with vaginal delivery, and women who deliver through caesarean section are not treated with the same respect. Traditional birth attendants, as opposed to younger midwives, were thought to be more experienced and understand the psychosocial requirements of women during labor. Furthermore, the impossibility of women to obtain all of the items needed for delivery at biomedical institutions emerged as a driving force behind traditional birth attendant delivery services. The preference for squatting position during labor, as well as the social support provided to mothers by traditional birth attendants, are important considerations for the usage of their services.

Previous research conducted by Masita & Puspita found that 46.9% of births were helped by health care workers. They found that most contributed factors is education ($p = .006$, $OR = 3.07$). Childbirth assisted by a traditional birth attendant is one of the health cases that still often occurs in Indonesia. In fact, almost all Indonesian people, whether living in rural or urban areas, prefer to be helped by traditional birth attendants. This is caused by local traditions and customs. Health problems for residents in cities and rural areas of Indonesia are still a complicated problem. This can be seen from the many health programs that continue to be implemented and continue to be developed that are not working well, whether they are new health programs or health programs that are modifications of old health programs.

One of the government's strategies to reduce the time it takes for health workers to respond is to form alliances with traditional birth attendants. In practice, untrained birth attendants were taught and accompanied by midwives. Training sessions held once a month improve traditional birth attendants' knowledge of mother and child health. Traditional birth attendants have access to up-to-date information, allowing them to make swift decisions in practice (Dewi & Salti, 2012; Saputra et al., 2013; Dharmayanti et al., 2014). A previous study conducted in West Java found that Traditional birth attendants worked actively with midwives (Prastiwi, Budiastuti, & Wijaya, 2016). Traditional birth attendants now infrequently attend births, despite the fact that a significant number of community members sought their assistance for birth attendant. Community people believe that these traditional birth attendants have charisma and some supernatural power. Typically, traditional birth attendants participate in cultural ceremonies. Community members sometimes seek out traditional birth attendants for advice. The mother or grandmother of the laboring woman decided to appoint a birth attendant in an extended household. The laboring mother chose to pick a birth attendant in a smaller family.

CONCLUSION

Factors that contributed to women's choice of traditional birth attendants in this study are education, knowledge, and accessibility to healthcare facilities. The factors identified in this study for the preference for TBA could assist policymakers and program implementers in implementing

socially and culturally appropriate community-based interventions that can contribute to the reduction of maternal mortality and morbidity and increase maternal health service utilization in Indonesia. To promote competent attendance at birth and reduce dependency on TBAs, suitable interventions that address traditional and cultural delivery misunderstandings and address culturally informed demand development activities for facility delivery are crucial. Future study is needed to identify other variables which might contributed to women choice of TBA in childbirth.

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CONFLICT OF INTEREST

There is no conflict of interest in conducting this study.

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