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## **The role of Traditional Birth Attendants (TBAs) in the mapping strategy of pregnant women in sub-urban areas**

**Hetty Ismainar<sup>1</sup>, Ani Triana<sup>2</sup>, Hastuti Marlina<sup>3</sup>**

<sup>1</sup> Department of Public Health, School of Public Health Hang Tuah Pekanbaru, Riau Province Indonesia, <sup>2,3</sup> Department of Reproduction Health, School of Public Health Hang Tuah Pekanbaru, Riau Province Indonesia

[ismainarhetty@yahoo.co.id](mailto:ismainarhetty@yahoo.co.id)

**Abstract.** In Indonesia, there are still many Traditional Birth Attendants (TBAs) in sub-urban areas. The research objective was to determine the role of TBAs in mapping pregnant women in the region. A qualitative, exploratory study was conducted between April-August 2019. The location of this study was in four sub-districts in Dumai City, Riau Province. A total of 14 informants consisted of TBAs, midwives, heads of the health center, and pregnant women. Data collected through semi-structured interviews and focus group discussions based on informant responses, presented in narrative form, and used thematic analysis. The results showed that TBAs still received pregnancy checks, assisting birth at home, body massages, assisted childbirth, and performed rituals during pregnancy. Pregnant women still come to TBAs, which have become a hereditary habit, and believe in myths. Lack of transportation to health facilities, feel comfortable with the friendliness of TBAs, lack of communication and seem to close access to health workers. Conclusion. The role of Traditional Birth Attendants has not active in reported of pregnant women in their areas. So that health workers find it difficult to do the mapping strategy. Suggestion, it is necessary to establish "TBAs Care" as a forum for communication between TBAs and health workers. Thus, it can increase the active role of TBAs in the mapping strategy of pregnant women.

**Keywords.** Mapping strategy, Traditional Birth Attendants, Sub-urbans

### **1. Introduction**

Most people in Low and Middle-Income Countries (LMIC) like Indonesia have a culture of using Traditional Birth Attendants (TBAs), especially in rural and suburban communities [1]. For most of recorded history, women gave birth homes, often accompanied by family members or assisted by women living in the community who had experience assisting with childbirth. This community of women is often referred to as TBAs [2].

One of the factors that greatly influence of Maternal Mortality Rate (MMR) is the ability and skills of birth attendants. However, the TBAs still helps with childbirth because some people ask and force the TBAs to help deliver birth. Until now, in the territory of Indonesia, there are still many deliveries provided by TBAs who still use traditional culture so that they are detrimental and endanger the safety of mothers and newborn babies. In some areas, the existence of TBAs as a trusted person in assisting childbirth, a respected and experienced person [3].

TBAs provide care, including support and advice to women during pregnancy and childbirth. TBAs usually work in rural or suburban areas that do not have formal health services [4]. They are generally older women who have acquired their skills acting as apprentices to other dukuns or self-taught. Most have no formal training in health care. There are no specific professional or legal requirements to work as TBAs, although some governments maintain a list of geographic areas where TBAs work and often are adjacent to their own homes [5].

World Health Organization (WHO) estimates that around 140 million give birth every year globally and the MMR was 216/100 live births [6]. Meanwhile, in Indonesia, the Maternal Mortality Rate was still high 305 per 100,000 live births [7][8]. In every society, pregnancy and childbirth are expected to be happy and positive experiences for both the mother and the family. However, for millions of women and their families around the world, this is experienced not as a happy event, but as a dangerous time in their lives [9]. This is because women do not routinely have their pregnancies checked by health workers.

Globally, four times antenatal care visits have been shown to reduce MMR [10][11][12]. Whereas in developing countries, only 31% of pregnant women receive services from trained health workers [13]. Unfortunately, the high level of community trust in suburban areas to use TBAs makes it difficult for MMR to decrease. In this study, we wanted to determine how the role of traditional birth attendants in mapping pregnant women in suburban areas.

## 2. Methods

We used qualitative research, an exploratory study [14]. The research process was conducted for six months (April-August 2019). A total of 14 informants who have participated were selected by purposive sampling technique. The informants consisted of several groups including Traditional Birth Attendants, pregnant women, midwives, and heads of the health center in four sub-districts in Dumai city (South Dumai, Sungai Sembilan, West Dumai, and Bukit Kapur sub-districts). We collected data through semi-structured interviews and focus group discussions based on informants' responses. This tool is developed by reviewing the relevant literature on the topic. The interview transcripts were presented in a narrative form and used thematic analysis. Ethical Clearance was obtained from the Faculty of Public Health, Diponegoro University, and all participants filled in the informed consent in this research

## 3. Result and Discussion

The characteristics of the informants in this study included sex, age, occupation, and education level. The majority of informants are female, as much as 78,6%, only 21,4% are male. All informants were formally educated except for two traditional birth attendants. The informants' age was <35 years (50%) and > 35 years (50%). The distribution of informant characteristics can be seen in table 1.

**Tabel 1.** Characteristics of informants (Socio-demographic)

Variables	Midwives (n = 4)	Pregnant women (n = 4)	TBAs (n = 2)	Head of health center (n = 4)
Sex				
- Male	0 (0%)	0 (0%)	0 (0%)	3 (75%)
- Female	4 (100%)	4 (100%)	2 (100%)	1 (25%)
Age				
- < 35 years	2 (50%)	4 (100%)	0 (0%)	1 (25%)

Variables	Midwives (n = 4)	Pregnant women (n = 4)	TBAs (n = 2)	Head of health center (n = 4)
- ≥ 35 years	2 (50%)	0 (0%)	2 (100%)	3 (75%)
<b>Occupation</b>				
- Housewife	0 (0%)	3 (75%)	2 (100%)	0 (0%)
- Civil servants	4 (100%)	0 (0%)	0 (0%)	4 (100%)
- Agriculture	0 (0%)	1 (25%)	0 (0%)	0 (0%)
<b>Education level</b>				
- No-formal	0 (0%)	0 (0%)	2 (100%)	0 (00%)
- Formal	4 (100%)	4 (100%)	0 (100%)	4 (100%)
<b>Total</b>	<b>4 (100%)</b>	<b>4 (100%)</b>	<b>2 (100%)</b>	<b>4 (100%)</b>

### 3.1 Role of Traditional Birth Attendant

The results of this study indicate that TBAs still accept pregnant women to have their pregnancy checked, even though it is only for body massage. But the TBAs do not report the number of pregnant women in their area. So that the midwives at the health center have difficulty collecting data on pregnant women. The existence of TBAs is close to the community so that it is easier for people in suburban areas such as South Dumai, Sungai Sembilan, West Dumai, and Bukit Kapur districts to come to the TBAs. Besides, access to health services is some distance from where residents live. There is also no public transportation access.

Community trust in TBAs is a hereditary culture of the local community. This has been a tradition of mothers from the first child onwards. Although the TBAs are not young anymore, their skills are needed. Another example, the TBAs still receive calls to bathe newborns and help deliver at home. Following are the interview quotes from informants responses:

#### Theme-1 The role of Traditional Birth Attendants

Sub-themes	Responses
1. Pregnancy checks	"mmm, I came here because of TBAs because I was used to being the first child"(1 <sup>st</sup> pregnant woman)
2. Massages for babies and pregnant women	"The massage was delicious, the body stiffness disappeared, I could sleep soundly after the massage" (2 <sup>nd</sup> pregnant mother) "TBAs there, many patients come. A day can be more than 10 patients "(1 <sup>st</sup> midwife) "They came to me (TBAs), asked for a body massage, cramps, caught a cold, yeah, I help" (both TBAs)
3. Assisting birth at home	"We have often reminded the TBAs not to help deliveries at home, but how about it, the community already believes in TBAs there". (1 <sup>st</sup> and 2 <sup>nd</sup> head of health center, 1 <sup>st</sup> . and 2 <sup>nd</sup> midwife)
4. Performing rituals community	"when held by TBAs, it feels calm. There is a special ritual when you get a massage, read the prophet's Salawat, you can drink water that has been read by the word Allah" (3 <sup>th</sup> and 4 <sup>th</sup> midwife)

Local communities still believe in the myth of pregnancy [15]. Visiting TBAs is a second opinion for this community besides visiting health services. As there are many culturally rooted practices and rituals associated with pregnancy and childbirth, women prefer to give birth at home with the help of traditional birth attendants who are responsible for carrying out these rituals and practices [16]. The role of TBAs is more visible when talking about culture, empathy, and psychosocial support, depending on the husband's finances [17][18].

### 3.2 Relationship between TBAs and health workers

This study reveals that the relationship between TBAs and health workers has not become a partner in serving pregnant women and giving birth. There has not been good communication for various reasons including the age of TBAs who are old, they tend to be closed. The following transcript text of the informant's responses:

<b>Theme-2 Relationship between TBAs and health workers</b>	
Sub-themes	Responses
1. Formal partnership (-)	<p>"So far, we have had a little difficulty getting TBAs to have a dialogue, they are very old, more closed" (3<sup>th</sup> and 4<sup>th</sup> midwife)</p> <p>"But we still monitor the existence of TBAs and one of the TBAs who has become a cadre even though they have not been too active in participating in health center activities." (2<sup>nd</sup> and 4<sup>th</sup> head of health center)</p> <p>"TBAs never report pregnant women in their area, so it is difficult for us to record patients administration" (2<sup>nd</sup> midwife)</p>
2. Lack of communication	<p>"I have never been to the health center again, it just waiting for pregnant women to come, who still needs my services" (1<sup>st</sup> TBAs)</p> <p>"We often invite them to take part in the Village Community Consultation activities, but it's hard, they stick with their habits, sometimes we can't blame these TBAs, the community still believe in TBAs" (1<sup>st</sup> head of health center)</p>

Communication is the most important element in interacting with TBAs because midwives and TBAs should be partners in improving maternal and child health [19]. Communication to complete tasks that are important to our needs and communicate to create and build relationships with others. So, communication has a function that involves the exchange of information we need to complete a task and a relationship function that involves information about how we relate to other people. Communication systems and a clear definition of roles for TBAs in providing services to the community are of prime importance in building partnerships between TBAs and health workers [20] [21].

### 3.3 The reason pregnant women visit TBAs



Some of the reasons delivered by pregnant women included: friendliness, comfort, ritual or cultural community habit, family finances, and access to transportation. The following are the informant's responses:

<b>Theme-3 The reason pregnant women visit TBAs</b>	
Sub-themes	Responses
1. Friendly and comfort	"I've known TBAs for a long time, friendly too, yes we feel calm when accompanied by TBAs " (1 <sup>st</sup> and 2 <sup>nd</sup> pregnant women)
2. Family culture or traditions	"my mother also gave birth with TBAs in the past, so it's okay, my mother advised" (3 <sup>th</sup> midwife)
3. Economic factor	"my husband is a laborer in an oil palm plantation, income not sufficient for our family's daily needs, if a visit to the doctor is more expensive, he cannot afford" (4 <sup>th</sup> midwife)
4. Transportation or access	"my house far from the health center, I have to take a boat and motorbike, no one will take me, while the TBAs home is close to my house" (4 <sup>nd</sup> pregnant women)

Some of the barriers that often occur in accessing health services include economic, psychological, socio-cultural, technical, transportation, and administrative reasons [21][22]. Friendly and good communication between TBAs and pregnant women has a close relationship because this is needed by pregnant women and giving birth. Even though the Indonesian government has made it free for antenatal care and childbirth, there are still many people who have not accessed this in various ways. Whereas the need for health insurance cards for the poor community is the main thing for improving public health [23].

## 5. Conclusion

The role of Traditional Birth Attendance has not been active in reported pregnant women in suburban areas. So that health workers find it difficult to pregnant women mapping. TBAs appear to be active in assisting birth at home. Pregnant women still come to TBAs, which have become a family culture, and believe in myths. Lack of transportation to health facilities, feel comfortable with the friendliness of TBAs, lack of communication and seem to close access to health workers. Suggestion, it is necessary to establish "TBAs Care" as a forum for communication between TBAs and health workers. Thus, it can increase the active role of TBAs in the mapping strategy of pregnant women.

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