

**ORIGINAL RESEARCH**

# MALAY CULTURAL PRACTICE AND CHILDBIRTH WITH TRADITIONAL BIRTH ATTENDANTS: A QUALITATIVE STUDY IN WOMEN OF PRODUCTIVE AGE IN WEST BORNEO INDONESIA

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**Abstract**

**Background:** The decline in Maternal Mortality Rate (MMR) in developing countries still does not meet the target of Sustainable Development Goals (SDGs). The rise of childbirth with the help of traditional birth attendants and cultural practices still becomes the choice of women of productive age to give birth today.

**Objective:** This study aimed to explore the Malay culture practice and childbirth with traditional birth attendants in women of productive age in West Borneo, Indonesia.

**Methods:** This was a phenomenological study conducted on in 2018 in one district in West Borneo. Focus Group Discussion (FDG) was done with eight Malay tribal women who had given birth with the help of Traditional Birth Attendants (TBAs). Thematic analysis was used.

**Results:** Cultural practices during pregnancy, childbirth and the care of newborns, the services of TBAs, and the economy factor were strong reasons for mothers to choose to give birth assisted by TBAs although they were aware of the risks. This study identified five main themes, namely: 1) Reason for choosing TBAs, 2) TBAs' service, 3) Cultural trust in pregnancy, 4) Cultural trust in labor, and 5) Cultural trust in caring for newborns.

**Conclusion:** Our findings revealed that culture and childbirth cannot be separated. Health practitioners should have different approach by involving culture and TBAs in childbirth among women of productive age in West Borneo Indonesia.

**KEYWORDS**

traditional birth attendants; Malay culture; qualitative study; Indonesia

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## INTRODUCTION

The Maternal Mortality Rate (MMR) in the world is still very high and has not reached the Sustainable Development Goals (SDGs) target of 7.5 percent (Byrne et al., 2016; WHO, 2017). It is estimated that every day 830 mothers in the world die from pregnancy and childbirth whose causes can be prevented, and 99% of these maternal deaths occur in developing countries. Poor women in developing countries do not get adequate delivery services and care, and millions of women in these developing countries undergo childbirth not assisted by trained and certified health workers. Factors of poverty, distance, lack

of information, inadequate services, culture, pregnancy at a young age, bleeding, infection, preeclampsia, eclampsia, complications, unsafe abortion, and fear of cesarean are still a trend of MMR contributors in developing countries (Sarker et al., 2016; Sialubanje, Massar, Hamer, & Ruiter, 2015; Titaley, Hunter, Dibley, & Heywood, 2010).

Indonesia is one of the developing countries that still continues to have serious challenges in reducing MMR. Although it had experienced a decline in MMR in 1994 - 2007, the maternal

mortality rate experienced an increase in 2012, which amounted to 359 per 100,000 live births. One of the causes of the high MMR in Indonesia is childbirth which is done at home and is not assisted by professional health workers or in other words labor assisted by traditional birth attendants is 29.6% ([Center of Data and Information Center, 2014](#); [Darmstadt et al., 2009](#)). West Borneo is one of the provinces in Indonesia which is the target of the reduction of MMR where the majority of existing indigenous people are members of the Malay tribe. The MMR reduction target is still valid in West Borneo due to the low public awareness of childbirth assisted by health workers, which is 86.46% of the government's target of 89%. West Borneo was ranked ninth with deliveries that were not assisted by professional health workers from 12 provinces in Indonesia which were still the target of a reduction in MMR ([Center of Data and Information Center, 2014](#)).

One of the government's strategies in reducing MMR is by improving health services in the first referral health facility ([Direktorat Kesehatan Keluarga, 2016](#)). However, the phenomenon that occurs in MMR in the Kubu Raya district is still very high compared to other regions in West Borneo. Delivery assisted by health workers in Kubu Raya district still has not reached the target of 90%, which is only 78.9% or in other words below the standard. Whereas the position of Kubu Raya district is not far from Pontianak City which is the capital of the province of West Borneo. In addition, the declining number of deliveries by health workers since 2014 - 2015 is also a concern of the provincial government of West Borneo ([Pembantu Pembina Keluarga Berencana Desa, 2015](#)). The high cultural trust among Malay people in the Kubu Raya district and the ease and comfort with the TBAs service is some of the reasons women choose to give birth assisted by TBAs. Considered unsafe according to modern health sciences, cultural practices and childbirth assisted by many TBAs give a negative influence on the outcome of childbirth, ranging from infections due to unsterile use of equipment and nutritional intake that is not met due to abstinence ([Suprabowo, 2006](#)). With these concerns, this study aimed to explore the experience of women of productive age on Malay cultural practices and TBAs in West Borneo, Indonesia.

## **METHODS**

### **Study design**

This research was conducted using qualitative research methods with a transcendent phenomenology approach (descriptive phenomenology), which aimed to explore Malay cultural practices and traditional birth attendants perceived by women of productive age in West Borneo. Transcendent phenomenology study is a research approach that aims to explore, analyze and describe existing phenomena ([Afiyanti & Rachmawati, 2014](#); [Creswell, 2015](#); [Polit & Beck, 2010](#)).

### **Participants**

Participants were given a transportation fee of 4 USD for their participation in each interview. A total of 8 participants were involved in this study with the inclusion criteria: women of

productive age (20 - 35 years) who had given birth with the help of TBAs, Malay tribal member, willing to be participants by signing informed consent, and being able to share their experiences with Indonesian or Malay language. Exclusion criteria were: mothers who had given birth were accompanied and assisted by health workers and TBAs at one time, and women who had communication problems. This research was conducted for six months (January - June 2018). One mother had college education qualifications, two mothers reached high school level, two reached junior high school, one had attended elementary school and two had never attended school.

### **Data collection**

Focus Group Discussions (FGD) and semi-structured in-depth interviews were conducted with 8 participants in one group recorded with a voice recorder (with participant permission) and supplemented with field notes. The interviews were conducted in a private, quiet, comfortable and safe location according to the agreement with the study participants, namely at the home of one of the study participants. Interviews were conducted using Indonesian, Malay and everyday English which was understood by participants. Some local terms in Malay which were used in this study included *beranak* (giving birth), *picit* (massage), *urik / tembunik* (placenta), *celok* (puncture), and *lopas* (plug). The results of the interviews were transcripts, codes, interpretations to form themes and sub-themes.

### **Data analysis**

Data analysis was done by making transcripts of research results, then the researchers read one-by-one each and every sentence. The interview results were completed with field notes and observations during interviews. This study used the seven stages to make transcripts of interviews to understand the meaning of the phenomena that were told, filter words that were in accordance with the phenomena studied, form keywords, categorize keywords into themes, describe phenomena, make a narrative that is easy to understand from the phenomenon under study and test the validity of the results of the interview ([Wilkinson, 2007](#)).

### **Trustworthiness**

The validity of the data was tested in four ways, namely credibility, transferability, dependability, and confirmability. Credibility was done by re-checking the participant interview transcripts for each and every interview. Checking was done to find out if there are sentences that were difficult to understand by researchers. The elusive sentence was asked again to the participants. Credibility was also done by triangulating methods, namely rechecking transcripts with notes from interviews and observations during interviews. Transferability was done by generating verbatim transcripts in the found themes. Dependability was done with external reviewers through analysis of field notes, recordings, observations, analysis of procedure, data synthesis such as coding, themes and interpretation of research results, recording process, and research surveys or interview formats. Confirmation was done by asking for input from qualitative research experts regarding

the results of research transcripts accompanied by data and field notes.

### **Ethical consideration**

This study was approved by the research ethics commission number: 59 / II.I.AU / PUSLITBANGMAS / ST / II / 2018. Written informed consent was obtained from all participants prior to data collection.

## **RESULTS**

This study produced five main themes consisting of: 1) Reasons for choosing TBAs, 2) TBAs service, 3) Cultural trust in pregnancy, 4) Cultural trust in labor, and 5) Cultural trust in caring for newborns.

### **Reasons for choosing traditional birth attendants**

The women in this study revealed their reasons for choosing TBAs as birth attendants were mainly due to economic problems, feeling inferior because they were uneducated, embarrassed if health workers saw their vagina during examination and childbirth, parents' decisions, mother-in-law's decisions, and fear of medical actions such as injection, being sewn and deep examination to examine their vagina by health workers. In addition, participants also expressed the fear of being scolded by health workers if they refused health worker instructions:

*"... I am a villager, I did not study as school ... so I chose to give birth with a TBA. There is no choice anymore ... no money. My three children gave birth to a child assisted by a TBA. It was a shame too if the health worker saw my vagina, not to mention if injected, our vagina was stitched because it was torn during labor. With a TBA, if we don't want to be seen, stabbed, then she did not see or stab our vagina. When the baby wants to come out, TBA helps us. If you are with a health worker, you cannot refuse. They will be angry." (P2)*

*"... my mother-in-law decided to give birth at home, assisted by TBAs. My mother-in-law is more convinced to give birth with TBAs because she is more experienced, she said TBAs is better." (P8)*

*"... my mother has said, give birth with the TBAs." (P5)*

### **TBAs service**

Participants in this study revealed the services provided by TBAs when assisting in childbirth, including helping deliveries, massaging after childbirth and cleaning the placenta. This service provides comfort for Malay mothers who were giving birth.

*"... giving birth with TBAs is better, we are massaged... we want to give birth to help, continue to give birth... we and the baby are controlled by TBAs every day (visited every day during the puerperium)." (P3)*

*"... our newborn's placenta is washed ... TBAs understand how to clean our newborn's placenta so that our baby doesn't get sick." (P7)*

Participants in this study revealed that communication with TBAs was more flexible than health workers, especially regarding the ability of mothers to pay for childbirth.

*"... we can pay TBAs properly, TBAs receive 20,000 rupiah (1,6 USD), or 50,000 rupiah too (4,1 USD) ... according to our ability. With health worker, there is a price benchmark, cannot bid. Talking about economic issues is also more flexible with TBAs, we are not ashamed or reluctant. TBAs understand our condition that has no money. If with health worker you want to talk about the economic problem they did not want to know, there is only money." (P1)*

The majority of participants in this study revealed that they did not get health assistance, especially from the government during labor, which was related to the uneven distribution of the aid.

*"... others can get help. I can't. What is the difference? Collaboration is odd, but others can help. I can't. Even though there is a data collection but still can't. He said that there was not enough quota from the government." (P6)*

The mother in this study expressed her disappointment at the inequality of health assistance programs, especially for labor:

*"... what do we want to say? Already disappointed. If there is, there is, if there is none, then there is nothing left. Just give up." (P8)*

One participant in this study expressed hope of a government delivery assistance program:

*"...Free. We think, if we are old, suddenly give birth, how about it, the power is not strong enough. If there is help, it is calm, you can use government assistance to pay for it." (P2)*

### **Cultural trust in pregnancy**

Culture is very closely related to the life of Malay people in West Borneo. Participants in this study agree with the restrictions that must be done such as not hanging the fabric on the neck while pregnant so that the baby is not wrapped around the umbilical cord, not sitting in front of the door so that the baby is easy to be born and smooth opening, leaving no residual dirt sweeping the house so that the baby is not breech:

*"... you cannot hang cloth on the neck, he said later the baby can be wrapped around the umbilical cord." (P4)*

*"...you cannot sit at the door of the house, later the child cannot go out during childbirth." (P2)*

*"... sweeping the floor must be clean, rubbish is dumped in place. If not, the child can breech if we sweep uncleanly." (P1)*

Some participants in this study also revealed other restrictions during pregnancy that mothers had to do. These precautions aim to maintain maternal pregnancy so that it is born safely, such as not crossing the sea or river while pregnant. Crossing a river or sea is believed to cause the baby to suddenly disappear from the womb:

*"... can't cross the sea or river, then the child can suddenly disappear in the womb." (P6)*

Participants in this study revealed that restrictions should not be over the skin of jackfruit so that the baby is not firmly attached to the womb, so it is easy to be born, do not move into a new house while pregnant so that the baby does not experience any confusion when to exit the womb:

*"... can't step on jackfruit skin, then the baby can get stuck in the stomach, it's hard to be born. (P4)*

*"... can't move house, later the baby will be post mature. So it's longer to give birth. "(P8)*

### **Cultural trust in labor**

Participants in this study did abstinence related to cultural practices during childbirth. This abstinence is called the ritual of "killing" the placenta. The placenta is believed to be something that lives in the mother's body after the mother gives birth. The placenta must be killed so as not to eat the mother's heart, which can cause the mother to die. The placenta that has died, is characterized by the easy placenta coming out of the mother's abdomen. Placental killing rituals are performed by prayer reading by the TBAs, then striking the mother's mouth by hand, and sticking the tobacco at the center of the mother's stomach.

*"... want to give birth there is a time when the placenta does not want to come out. So prayer must be recited with a TBA, after that our mouth is slapped with the hand, our navel is attached to tobacco, so that the placenta in the stomach dies. The problem is that if the placenta rises to the heart we can die. He (placenta) eats our heart. "(P7)*

Other rituals that are performed if the baby or placenta is difficult to be born is to do a prayer reading, then throw eggs, tea, cigarettes, betel into the water with the intention that the mother, baby and placenta are not disturbed by evil spirits that cause the mother difficulty to give birth.

*"... for example, it's hard to give birth, we have to do rituals of wasting in river water. Dispose of items such as eggs, tea, cigarettes, betel, said the people so that we won't be disturbed by evil spirits, so giving birth is easy. "(P5)*

### **Cultural trust caring for newborns**

The women in this study had three beliefs about placental care for newborns by planting, storing or it being carried away to the river.

*"... if I am carried away to a river or sea. culture allows us to choose, to be washed away, to be planted in the ground or stored in a house. "(P7)*

The decision to plant, store or wash the placenta into the river is based on certain reasons believed by the participants in this study, and adapted to the wishes of the mother. The placenta that is planted or stored is believed to make children when they are adults, they will not go far from their hometown. The placenta which is washed away into the river is believed to be able to deliver children to explore the world.

*"... if the placenta is washed away in the ocean or in the river, when we grow up our children will explore the world. If stored or buried in the soil of the placenta, our children will not go away from us as adults. There is still one village with us, the farthest away."(P1)*

Before burying, storing or sweeping away the placenta, participants first clean the placenta with salt, tamarind and clean water. Then the placenta is wrapped in a white cloth. The placenta that is washed is intended to prevent the placenta from rotting, and being surrounded by ants or worms.

*"... of descent is like that. culture. So the placenta is washed using salt, tamarind, and water. Washed clean. If it is washed using a lot of tamarind, salt, good, then the placenta is not decayed or fouled. The placenta is wrapped in a white cloth. "(P7)*

The placenta that is treated by this way and is stored must be kept from rotting, fouling or surrounded by ants, because it is believed to cause fussy children, runny nose, or stomach ache.

*"... if he (baby) is cold or sick. I must have asked his father to see the child's placenta. usually there are maggots. That is what makes a fussy child, a long time to heal."(P8)*

*"... the point is that if a child is sick, we see the placenta, if there are maggots, surrounded by ants, rotten, surely our children are sick, fussy. If it's like that the placenta must be washed again, it must be cured by our child."(P5)*

Participants in this study agreed not to dare to oppose cultural restrictions when treating the placenta, because they were afraid that if they violated the baby's restrictions they would experience pain that could not heal.

*"... I am not brave ... the point is that I am not brave, afraid of a child why is it (sick)." (P5)*

## **DISCUSSIONS**

This study reveals the reasons for women choosing to give birth assisted by TBAs rather than giving birth with the help of professional health workers and their relation to the culture of Malay tribal communities in the study area. The results of this study indicate that economic problems and parents' or parents-in-law's decisions still have a major role in the decision-making of Malay women giving birth assisted by TBAs. In addition, the women's positive attitude towards the services provided by TBAs also plays an important role in maternal decision making.

The majority of women who choose to give birth with the help of a TBAs have negative thoughts and attitudes towards health workers. This is due to experience, hearing stories about labor experiences from other people who are assisted by health workers or feeling inferior when dealing with health workers, so that they are reluctant to express their needs during childbirth, which is different when giving birth assisted by TBAs ([Sialubanje et al., 2015](#)).

The women in this study revealed the perceived comfort in the services provided by TBAs such as massaging a sick mother's body, assisting in childbirth, communication, understanding by the TBAs for the cost of labor and cleaning the baby's placenta. The complaints of women giving birth assisted by health workers to services including complaints of nurses shouting at them, leaving them struggling to give birth alone or not helping them caring for a baby after childbirth ([Andrino et al., 2016](#); [Ebuehi & Akintujoye, 2012](#)).

The existence of strong trust in the culture that is owned and the uneven distribution of government support for childbirth assistance costs, further strengthened Malay women giving birth assisted by TBAs. The women also believe that as long as the women abstain from cultural restrictions during pregnancy and childbirth, maternal labor will run smoothly. Likewise, with baby care, mothers believe if the mother cares for the placenta in accordance with the culture that is washing the placenta with water, kitchen salt, tamarind and wrapping the placenta with a white cloth which will be washed away, planted or stored in a jar, then the newborn baby will be healthy. Conversely, if the mother violates these restrictions then the mother believes the disease, fussy children and stomach ache is caused by the decomposing placenta because it is not treated properly. The one of the factors that has an important role in the decision of the mother to give birth and care for newborns is the culture adopted by mothers and families ([Titaley et al., 2010](#)).

However, this study may not really represent the experience of giving birth by women, assisted by TBAs from other cultures in Indonesia, with a variety of ethnic groups. It is expected that the other researchers can examine more deeply the experience of childbirth with TBAs from the viewpoint of health workers, women, TBAs, families, and the government in terms of other cultures. Research on placental care for newborns and their relation to maternal cultural beliefs regarding the baby's health status is also deemed necessary.

## CONCLUSIONS

Participants in this study provide the evidence of the presence of Malay women who gave birth assisted by TBAs in the today's era although there is a large number of health workers who are available. Economic factors, decision-making policies, uneven government assistance, comfort ratio of health personnel services with TBAs, and culture adopted by Malay tribes are the main reasons for Malay women giving birth assisted by Traditional Birth Attendants.

### Declaration of Conflicting Interests

There are no conflict of interest in this study.

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### Authorship Contribution

**LL & RR:** designing the study, collecting and analyzing data, and preparing the manuscript. All authors approved the final manuscript.

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