



Midwife and Shaman Partnership Relationship with MCH Service Coverage in the Work Area of the West Limboto Health Center

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Abstract

The cooperation between midwives and traditional birth attendants is referred to as a partnership between midwives and traditional birth attendants. In order to promote the health of mothers and newborns, it must be mutually advantageous for all parties and built on the principles of openness, equality, and mutual confidence. The purpose of this research is to evaluate the collaboration interaction between midwives and traditional delivery attendants in the context of the enhancement of maternal and infant health services at West Limboto Health Center in Uganda, Africa. In this study, a cross-sectional research strategy using the Chi Square test was employed. The sampling approach used in this research was incidental sampling, which is to say, the technique of determining samples was used. The findings indicated that the Chi Square test was 0.005 or the *p* value was less than 0.005, which led to the conclusion that there was a link between midwives and traditional delivery attendants in order to promote the health of mothers and newborns.

Introduction

MCH service demonstrates the extent to which a health professional or midwife, whether person, group, or organization, carries out the authority and obligations delegated to the midwife. Midwifery services for birth support are fairly ideal, and midwives are quite successful at delivering midwifery care that improves performance results. According to the World Health Organization (WHO), the Maternal Mortality Rate (MMR) was 289,000 individuals worldwide in 2014. It reached 214 per 100,000 live births in Indonesia, still much higher than the MMR in other Southeast Asian nations. The coverage of services for pregnant women is seen from the first visit (K1) to the fourth visit (K4) in the West Limboto Health Center's operational area, with the total number of pregnant women in 2018 being 172. Initial observations in the West Limboto Health Center region indicate that 172 pregnant women made 44 K1 visits (57 percent) and 37 K4 visits (54 percent). Reports on the attainment of maternal and child health program indicators at the West Limboto Health Center in 2018. These indicators include the provision of ANC services from K1 to K4 at a rate of 54%, INC at a rate of 95%, PNC at a rate of 100%, BBL at a rate of 95%, and KB at a rate of 95%. According to reports on achievements at the puskesmas, where ANC, INC, BBL, and KB services are quite good, but more counseling is needed in health services to increase people's awareness of their health, and where health workers assisted 30 people in 2018 with deliveries assisted by traditional birth attendants. 1 infant or non-health workers, since it is well known that pregnant women deliver at home without the assistance of health professionals and the distance to health facilities is considerable.

(Depkes RI, 2012), the traditional trio of hemorrhage (28%) eclampsia (24%), and infection (24%) is the cause of mortality (11 percent). The reason is owing to midwives' poor performance.

In 2012, the Indonesian Demographic and Health Survey (IDHS) reported that the country's maternal death rate remained high at 359 per 100,000 live births. This ratio declined significantly from 390 per 100,000 live births in the 1991 IDHS. This number fell somewhat, but not much. The 5th MDGs (Millennium Development Goals) worldwide aim is to decrease maternal mortality to 102 deaths per 100,000 live births by 2015. In light of present circumstances, the possibility of achieving the 5th MDGs aim of reducing MMR is off track, implying that diligent and sincere effort is required to accomplish it. According to Metti & Rosmadewi (2012), the cooperation between the midwife and the traditional healer was firmly established in the Tanjung Sari Health Center in South Lampung Regency. The signal is that traditional birth attendants have recognized that the authority to help in delivery rests with health professionals. In an ideal world, the cooperation between a midwife and a traditional healer would be mutually beneficial, based on the ideals of transparency, equality, and trust. Suparwati et al (2011) found that when midwives and traditional birth attendants collaborated to enhance maternal mortality reduction, all midwives agreed on the presence of traditional healers.

Researchers from the Gorontalo District Health Office have gathered preliminary data on the district's 304 midwives. Meanwhile, the Limboto Barat Health Center employed 16 midwives and 20 shamans during the December-January period. According to ten pregnant women interviewed, pregnant women continue to believe in traditional birth attendants because they give spiritual support and inspiration that may help the mother physically and emotionally prepare for delivery. According to this description, the researcher is interested in doing study on the cooperation connection between midwives and traditional healers in the region covered by the West Limboto Health Center's MCH services.

The purpose of this study was to determine the partnership relationship between midwives and traditional birth attendants with the coverage of MCH services in the working area of the West Limboto Health Center.

Methods

This research used a cross sectional design. Cross Sectional Study is a sort of research that focuses on the time period over which the independent and dependent variables are measured or observed. Additionally, a study was undertaken to ascertain the cooperation connection between midwives and traditional birth attendants in regard to the coverage of MCH services in the West Limboto Health Center's operating region. The research was place between December 2018 and January 2019. There were 16 participants and 20 traditional healers in this research, totaling 36 persons from ten communities at the Limboto Barat Health Center.

Results and Discussion

Data on the characteristics of the respondents in this study included: age, job education, place of delivery and birth attendant. Respondents in this study amounted to 36 people.

Age of Respondents

Table 1. Distribution of Characteristics of Respondents By Age in The Working Area of West Limboto Health Center

No.	Age	n	%
1	21 - 30 Years	7	35.0
2	31 - 40 years	5	25.0
3	41 - 50 Years	4	20.0

4	51 - 60 years	4	20.0
Total		20	100

Source: Primary Data, 2019

According to table 1, there were twenty midwives and shamans responders in the West Limboto Health Center's operating region, ranging in age from 21 to 30 years. 7 individuals (35.0%) between the ages of 31 and 40 years 5 individuals (25.0 percent) between the ages of 41-50 years 4 individuals (20.0 percent) between the ages of 51-60 years 4 individuals (20.0 percent). These findings reveal that the majority of respondents in the Limboto Barat Health Center region are between the ages of 21 and 30.

Educational Characteristics of Respondents

Table 2. Distribution of Respondents Characteristics Based on education in the working area of the Limboto Barat Health Center

No	Paritas	n	%
1	Primary School	6	30.0
2	Junior High School	4	20.0
3	DIII	5	25.0
4	DIV	5	25.0
Total		20	100

Source: Primer Data, 2019

Based on table 2, it is known that the characteristics of respondents based on education in the working area of the Limboto Barat Health Center are 6 people or (30.0%) elementary school. 4 people or (20.0%) SMP, 5 people or (25.0%) DIII, and 5 people (25.5%) DIV. These results indicate that the majority of respondents' responses in the working area of the West Limboto Health Center have elementary education (30.0%).

Univariate Analysis

Partnership of Midwives and Shamans in the Working Area of the Western Limboto Puskesmas

Table 3. Distribution of frequency Partnership of midwives and shamans in the working area of West Limboto Health Center

No.	Midwife and Shaman Partnership	n	%
1	There's a partnership	18	90.0
2	No Partnership	2	10.0
Total		20	100

Source: Primary Data, 2019

Based on table 3, it is known that out of 20 respondents of midwife and shaman partnerships spread across 10 villages there are 18 respondents (90%) who commit commit while there are 2 respondents (10%) others do not do partnerships.

MCH service improvements in the western limboto puskesmas area

Table 4. Distribution of MCH service frequency in west Limboto Health Center work area

No.	MCH Services	N	%
1	Increase	18	90.0
2	Decreased	2	10.0
Total		20	100

Source: Primary Data, 2019

Based on table 4, it is known that from MCH service data spread across 10 villages there was an increase in MCH services in 18 respondents (90.0%). And there was MCH service that decreased in 2 respondents (10%).

Bivariate analysis

Table 5. Distribution of the frequency of the Relationship between Midwives and Shamans with the improvement of MCH services in the West Limboto Health Center Work Area

Midwife and Shaman Partnership	MCH service improvements				Total		ρ Value
	Decreased		Increase		n	%	
	n	%	n	%			
There's a partnership	0	0	18	90.0	18	90.0	
There is no partnership.	2	10.0	0	0	2	10.0	
Sum	2	10.0	18	90.0	20	100	

Source: Primary Data, 2019

According to Table 5, the Limboto Barat Health Center's operational region, which spans ten communities, has responses for the cooperation between midwives and traditional healers aimed at boosting MCH services. There are 18 midwives and shamans who have partnerships and can increase MCH services by 90.0 percent, whereas there are two who do not have partnerships and do not attend MCH checks at a rate of 10.0 percent.

Midwife and Shaman Partnership

The findings indicated that the collaboration between midwives and traditional healers and the coverage of MCH services in the West Limboto Health Center's operating region. Of the twenty midwives and shamans who responded across ten communities, 18 (90.0 percent) believe that the partnership support of midwives and shamans may contribute to the improvement of MCH services.

According to Anggorodi's (2009) research, the function of midwives was highlighted more during delivery and the puerperium. At the moment of birth, the midwife's function exceeds that of the traditional healer. Along with aiding with birth, midwives may provide shots to patients who need them and can quickly send patients to a hospital if an emergency or difficult delivery occurs. The dukun's job is restricted to assisting the midwife by massaging the patient's body, bringing water when the patient is thirsty, and most significantly, supplying the patient with inner strength. The presence of a traditional birth attendant is critical because the patient thinks that if the Shaman waits for delivery, the delivery will go without incident (Walsh, 2009).

The researchers found, based on the study's findings and expert interpretations, that there was a partnership connection between midwives and traditional healers regarding the coverage of MCH services at the Limboto Barat Public Health Center. Prior to entering into the partnership, the shaman directed pregnant women to a midwife or a health facility, a total of ten individuals; after entering into the partnership, the shamans were referred to a total of more than twenty people.

MCH Services

The Maternal and Child Health Revolution (MCH) is one strategy for accelerating maternal and newborn mortality reduction via a variety of initiatives centered on birthing in appropriate health care facilities (Magge et al., 2020). The findings indicated an increase in MCH services,

with 18 persons (90.0 percent) always doing a comprehensive health check or demonstrating MCH in the Limboto Barat Health Center's operating area. There are ten midwives and ten dukun in the sample, resulting in a total of twenty respondents, since only ten villages are found in the West Limboto sub-district.

According to Rustika & Raflizar (2015) study, the MCH Revolution and PPMCH have improved MCH services, particularly the provision of health personnel. With the growth in health worker-assisted births in health facilities, it is necessary to improve services for primary care health centers, PONEK, puskesmas, and midwives. There is no competition between midwives and shamans, as well as active cadres serving as pregnant women companions; shamans are extremely cooperative; puskesmas and maternity homes are prepared to serve deliveries; and sub-health centers are prepared to serve deliveries by health workers and village midwives who are already in place, specifically at the auxiliary health center. The reward and punishment system is critical to this success, as is community empowerment, which has been implemented successfully, including the activation of community ambulances, bulletin boards at the village headquarters, pregnant women flags, pregnant women stikes, partnerships between midwives and shamans (bikun), and active cadres as companions. Midwives and shamans, maternity moms, cooperative dukuns, maternity savings, and village ordinances are only some of the topics covered.

According to the researcher's assumption, midwives and shamans collaborate because of a shared responsibility and obligation to save every human being. However, out of ten villages in the Limboto Barat sub-district, one village still lacks a partnership or cooperation, namely Huidu village, where the partnership between midwives and shamans has not operated optimally, implying that partnerships are dwindling as well as MCH services declining. In 2017, the village attained 41.20 percent, and 52.10 percent in 2018. K1 and K4 grew marginally but did not meet the minimal service requirement, owing to the community's lack of awareness of the critical nature of health.

The researchers concluded that improving MCH services cannot be separated from all the Midwives and Dukuns who constantly inform the community about the schedule of Posyandu and pregnancy check-ups, as well as the implementation of Posyandu services in the village or at the puskesmas that have been established. performed on a monthly basis.

Partnership Relationship between Midwives and Shamans with MCH Service Improvement

According to the study's findings from 20 respondents in the West Limboto Public Health Center's operational area, which spans ten villages, 18 (90.0 percent) respondents said that there was a relationship between midwives and traditional healers for MCH check-up visits. Meanwhile, 2 (10.0 percent) respondents said that there was no collaboration between midwives and traditional healers, and they also stated that they did not frequent MCH inspections. The results of statistical analyses revealed a Chi Square value of 0.005 or a p value of 0.005, indicating that midwives and traditional birth attendants collaborated to improve MCH services.

According to the researcher, the partnership relationship between midwives and shamans with the goal of improving MCH services in the West Limboto Health Center's working area was successful because of the support and cooperation of all parties, including health workers, village government health centers, and the general public, particularly midwives and traditional healers in the Limboto Barat sub-district. Collaboration between midwives and traditional birth attendants, which is extremely beneficial for midwives and traditional birth attendants in terms of obtaining health services and more easily accessible information about pregnancy, can improve health services and assist the government in mitigating some of the risks associated with midwives and traditional birth attendants. Among them is the possibility of contracting

LBW. It is simpler for midwives and shamans to receive information from health workers, midwives, and shamans. This is why collaboration or cooperation between midwives and traditional birth attendants is critical for the improvement of MCH services.

This is consistent with Rustika's (2015) study on the Maternal and Child Health Revolution (MCH) and its effect on boosting deliveries by health professionals at health facilities in the Kupang area. The findings indicated that the MCH Revolution and PPMCH had been successful in enhancing MCH services, particularly those delivered by health staff. The rise in health worker-assisted births at health facilities corresponds to the growth in the number of health care centers, PONEK, puskesmas, and midwives. There is no competition between midwives and shamans, active cadres serve as companions for pregnant women, traditional birth attendants are extremely cooperative, maternity mothers save money, village regulations exist, puskesmas and maternity homes are prepared to serve childbirth, and supporting health centers are prepared to provide deliveries by health workers and village midwives. prepared in advance, namely at the auxiliary health facility. The policy's supporting components include the incentives and penalties, community empowerment, and the relationship between midwives and traditional healers (Walsh et al., 2018).

In this study, the role of health workers or traditional birth attendants in promoting the health of mothers and children is examined, demonstrating that it has improved and is very good, but still needs to be improved so that people continue to believe in the existence of health, and demonstrating that the results of interviews revealed a variety of information closely related to MCH in areas where people or midwives and shamans have not yet come to health workers for visits. With the argument that it is far from health services and that making a livelihood is more essential than health, since the community views daily requirements as more important than health, and health is still undervalued by the local community. To get the community to care more about or prioritize health, we need to strengthen the MCH program's implementation. Improving the quality of MCH program services is still expected to be a priority activity at the district or city level, both by staff health and in the community, particularly cadres and traditional birth attendants who work closely with h

Efforts to improve maternal and child health via the service and maintenance of midwives and traditional birth attendants, pregnant women, nursing moms, babies and toddlers, and pre-school children (Abou El Fadl et al., 2016). Community empowerment in the area of MCH in coping with emergency circumstances connected to pregnancy and delivery from non-clinical perspectives. Not only do health professionals and traditional birth attendants play critical roles, but so do families, midwives, and shamans.

Improved antenatal care with high-quality service facilities, increased professional assistance during delivery, increased early detection of high-risk midwives and traditional birth attendants by health workers and cadres and traditional birth attendants in the community, and increased neonatal services. One of the study's findings demonstrates that public confidence and connection to traditional birth attendants persist. While traditional birth attendants no longer offer prenatal care or aid with labor, their services are still required to massage the mother and baby after delivery, to assist the mother in caring the infant following birth, and to give guidance on MCH-related topics. MCH in communities, particularly in Gorontalo province, in order to promote health and ensure that the community receives equitable, complete, and always collaborative care that meets expectations.

Based on the findings of multiple prior studies, it is possible to infer that there is a link between midwives and traditional healers and MCH service improvement.

Conclusion

In pregnancy, delivery, and postpartum care, collaboration between midwives and traditional birth attendants is essential (90.0 percent). The expansion of MCH services in the West Limboto Health Center's service region is significant (90.0 percent). The results of statistical analyses revealed a Chi Square value of 0.005 or a p value of 0.005, indicating that midwives and traditional birth attendants collaborated to improve MCH services. Educational institutions can use this research as library material, a source of information, and a reference for teaching and learning, particularly in relation to the partnership relationship between midwives and traditional birth attendants in the Gorontalo Regency area with the goal of improving MCH services. The midwifery profession has the potential to expand knowledge via collaborative connections in the delivery of midwifery education and practice. For Puskesmas, it is proposed that study be conducted on the collaboration relationship between midwives and traditional birth attendants with the goal of strengthening MCH services and hence enhancing service quality. Further researchers are encouraged to use the findings of this study as comparison data when doing research on the partnership interaction between midwives and traditional birth attendants with the goal of enhancing MCH services

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