

THE EXPERIENCES OF WOMEN GIVING BIRTH WITH *TOHU DANGA'S* ASSISTANCE IN INDRAGIRI HULU REGENCY

Piki Nadia Sari Ndraha¹, Justina Purwarini^{1*}, Lina Dewi Anggraeni²

1. Maternity Nursing Department, STIK Sint Carolus, Jl. Salemba Raya 41 Jakarta, Indonesia
2. Paediatric Nursing Department, STIK Sint Carolus, Jl. Salemba Raya 41 Jakarta, Indonesia

Article Information

Received: 4 November 2022
Revised: 21 May 2023
Accepted: 19 December 2023

*Corresponding Author

Justina Purwarini
justinearini@gmail.com

DOI

10.20884/1.jks.2024.19.1.7120

ABSTRACT

Tohu Danga are believed to be maternity assistants who care for women and infants before and after birth. This study aimed to explore the experiences of women in the Indragiri Hulu Regency who gave birth with the assistance of *Tohu Danga*. This study used a descriptive phenomenological approach with a total of 12 women. Participants were obtained by the snowball method until data saturation was reached. Data was collected through in-depth interviews. The Colaizzi analysis technique was used. The findings of this study generated six themes: (1) the significance of childbirth for women who give birth with *Tohu Danga*, (2) the context that determines the women's choice of birth attendant, (3) the cultural practice of *Tohu Danga's* birth aid, (4) the difficulty of the longer birth process, (5) the relationship between *Tohu Danga* birth care and traditional medicine, and (6) the positive and negative responses of women regarding the birth process with *Tohu Danga*. Nurses are forced to think critically when a woman's cultural practices can affect health and provide nursing care according to their patient's cultural requirements.

Keywords: *Cultural practice; labor; women's experiences*



ISSN : 1907-6637

e-ISSN : 2579-9320

INTRODUCTION

The maternal mortality rate (MMR) in Indonesia remains high, at 305 cases per 100,000 live births in 2019. Meanwhile, the Sustainable Development Goals (SDGs) aim to reduce MMR to 70 per 100,000 live births by 2030 (Fatahillah, 2020). In 2019, the number of maternal deaths in Riau reached 125 maternal deaths, which increased compared to the previous year (Riau Provincial Health Office, 2019). The high MMR rates should raise concerns and drive prevention actions to mitigate any further maternal and infant mortality. An example of an effort that can be made is to encourage every birth to be assisted by skilled health professionals in health facilities (Ministry of Health of the Republic of Indonesia, 2015).

The Ministry of Health of the Republic of Indonesia (2015) recorded that 16.7% of births in the country took place at home without the assistance of a health professional. Data from the Riau Provincial Health Office (2019) indicated that between 2015 and 2019, only 77% of births in Indragiri Hulu were conducted in hospitals, falling short of the goal of equity compared to 100% in Dumai, Riau. Thus, health initiatives

are necessary to boost success and achieve equity (Riau Provincial Health Office, 2019).

Power, passage, passenger, and women's psychology are four vital and impactful aspects of the birthing process. Surtiningsih (2018) asserted that the function of birth attendants is equally significant and goes beyond these four parameters. In Indragiri Hulu, women who opt to have a birth outside hospitals are helped by *Tohu Danga*. In the Nias language, *Tohu Danga* refers to a person with expertise and training in childbirth who assists a woman during the birthing process. P. Akpabio et al. (2020) reported that traditional birth practices can cause high maternal mortality rates. The threat of death for women and infants is greater because traditional birth attendants can only work alone and use minimal tools. Birth assisted by nonprofessional health workers, such as *Tohu Danga*, can cause complications in the birthing process for women and infants because they may not have sufficient scientific knowledge regarding the physiology and pathology of a woman's body and lack understanding of antiseptics (Nurhidayanti et al., 2018).

Most women who opt for *Tohu Danga* as their birth attendants have received help from *Tohu Danga* during their previous childbirth experiences (Fajriani, 2016). In general, it is challenging for nurses to provide comprehensive nursing care in the childbearing process of women, particularly due to the cultural and social structures of women and their families (Adila et al., 2020). Therefore, the objective of this study is to learn more about the experiences of women assisted by *Tohu Danga* in their labor process. It is hoped that nurses can communicate effectively with women by drawing on their experience and cultural values when providing nursing care to transcultural women.

METHOD

Study design

This qualitative study used the descriptive phenomenology technique. In this study, we explore the experiences of women who were assisted by *Tohu Danga* during their birth process.

Setting and participants

The target population was women who were assisted by *Tohu Danga* during their birth process in Indragiri Hulu Regency, Riau Province, Indonesia. The 12 participants were collated using the purpose-sampling technique. The study was conducted between September 2021 and July 2022. The number of samples was limited based on data saturation (Polit & Beck, 2017). In this investigation, data saturation occurred when the responses of the participants were the same. At that point, the researcher stopped collecting other samples.

Data collection

The researcher is the main instrument for collecting data in this qualitative research (Polit & Beck, 2017). At the start of the implementation process, the researcher described the objectives and purpose of the interview approach. The timing of the interview was then decided between the informant and the researcher. The data collected by the researchers were documented via written forms and recordings. The researchers also took field notes to capture informant facial expressions during interviews, and digital recorders were used for audio recording during both phases of the process. The questions that are posed to them are based on the interview criteria. The women's perspective is the primary query.

Data analysis

After the data were evaluated, the researchers produced a matrix table (clarification). The data were then sorted into basic descriptive units, categories, and patterns as part of the data analysis process. Qualitative analysis aims to find themes, patterns, concepts, insights, and knowledge. Therefore, researchers used observations, documentation, and informant interviews to conduct a qualitative analysis of the collected data.

The study started by creating a summary of the phenomenon under investigation, which is women's experiences of giving birth assisted by *Tohu Danga*. The researchers then interviewed the participants to collect data and created verbatim transcripts of the interviews. After reading the participants' full transcript numerous times, the researchers determined the essential phrases in each participant's remark. Subsequently, the investigators arranged and clustered the gathered information into several themes. Then comprehensive descriptions of the outcomes were obtained from an in-depth examination of the participants' emotions

and viewpoints for each theme. Next, the researchers asked the participants to confirm the findings. They also included any new information collected from the validation to create a more comprehensive description.

Trustworthiness

Credibility

The credibility test was conducted to build a trusting relationship between the participants and the researcher. Obtaining the trust of the participants is important as it allows researchers to acquire in-depth information. Then, the verbatim form of the interview data was created and consulted with the supervisor. The researchers also confirmed or clarified the data obtained with the participants. Additionally, the researcher and participants resolved any issues during the validity check for any categories, subthemes, and themes that do not align with the participants' perceptions.

Dependability

Dependability is a criterion used to measure confidence in qualitative research. The researchers made several efforts to improve the reliability test, including consulting and discussing with the tutoring/inquiry audit lecturer and research examiner for various processes of data analysis techniques, ranging from the data collection stage, interview analysis, transcription writing, theme determination, research results, and analysis of results about the experience of the participants.

Confirmability

In this study, the researcher improved confirmability by, among other things, having a lecturer guide this research, conducting a literature search to confirm or validate the existence of new theories that can be discovered and derived from this research, and developing a plan to disseminate the implementation of the results obtained.

Transferability

Transferability testing means that the data can also be applied elsewhere so that other researchers on the same topic can obtain the same results. Therefore, the researcher provided an explanation of women's experiences of childbirth with the help of *Tohu Danga* in detail, logically, and rationally to ensure transferability in this study. This explanation was provided to provide the reader with an in-depth picture of the results of the phenomenological study on women with *Tohu Danga*-assisted childbirth experiences.

Ethical consideration

The ethical license was obtained from the Ethics Commission for Health Research and Development of the Saint Carolus School of Health Sciences No. 013/KEPPKSTIKSC/2022.

RESULTS

Participants' characteristics

The characteristics of the 12 participants can be seen in Table 1.

Table 1. Participants' characteristics

No	Age (year)	Education	Occupation	Status Obstetric
1	26	Elementary school	Employee	P1A0
2	35	Elementary school	Workers	P7A0
3	27	Elementary school	Housewives	P5A0

No	Age (year)	Education	Occupation	Status Obstetric
4	28	Elementary school	Housewives	P2A0
5	21	Elementary school	Housewives	P2A0
6	20	Elementary school	Housewives	P1A0
7	35	Elementary school	Farmers	P4A0
8	23	Junior high school	Housewives	P2A0A1
9	32	Junior high school	Housewives	P2A0
10	29	Elementary school	Housewives	P4A0
11	30	Elementary school	Farmers	P5A0
12	25	Elementary school	Farmers	G3P2A0

Six main themes and their subthemes were found and described in Table 2:

Table 2. Themes and subthemes

Theme	Subtheme
1. The significance of being a mother	
2. Background that affects women's decisions in the selection of obstetric assistants	<ul style="list-style-type: none"> a. Family support b. Feeling secure and at ease when giving birth with <i>Tohu Danga</i> c. Women's refusal to utilize health services and facilities d. Financial constraints
3. The cultural practices conducted by <i>Tohu Danga</i> while providing childbirth support	<ul style="list-style-type: none"> a. Preparation before childbirth b. Taking care of for the newborn c. Actions for women following childbirth
4. Lengthening a difficult labor process	<ul style="list-style-type: none"> a. Difficult childbirth b. The cultural conceptions of protracted work
5. Childbirth care with <i>Tohu Danga</i> related to traditional medicine	<ul style="list-style-type: none"> a. Herbal medicine aids in the treatment of women's pain b. Herbal medicines can help reduce postpartum bleeding c. Herbal remedies aid in childbirth d. Helping out with the placenta e. Providing a sense of calm f. Mother is getting better g. Checking fetus position by tracing h. Checking on the baby's health
6. Women's psychological response to <i>Tohu Danga</i> -assisted childbirth	<ul style="list-style-type: none"> a. Negative response b. Positivity response

Theme

1. The significance of being a mother

Four participants expressed that giving birth, delivering the fetus safely, and finally becoming a mother are valuable experiences.

'As a mother, I am prepared to give birth and strive to deliver my child safely.' (P1)

'... (I will) risk my life to deliver my child safely.' (P4)

Eight of the 12 participants reported experiencing pain during labor.

'I must suffer whatever amount of pain to give birth to a child.' (P3)

'... When I gave birth, I experienced pain. I cried from the pain I felt.' (P6)

Giving birth to a child alters a woman's status as she becomes a mother in the eyes of her children.

'...to be a unique and ideal mother' (P10)

"Giving birth is evidence that I am now a mother." (P11)

Giving birth is significant for the mother, as they feel happy after giving birth and feel as if their child is a gift to them.

'I feel the happiness of being a mother after giving birth and now having a child.' (P9)

"My heart is filled with joy because my child has been born. I am happy that my child has been born..." (P11)

Some women disclosed that childbirth allowed them to continue their family lines.

".. I can provide an offspring to my husband '... (P5)

2. Background that affects women's decisions in the selection of obstetric assistants.

This theme is formed from four found subthemes. The first subtheme is family support. The participants stated that they chose *Tohu Danga* as their birth attendants after reaching a consensus with their husband and parents.

'... I decided to have a baby with Tohu Danga after consulting with my husband and our families...' (P9)

"Mother-in-law... Additionally, our parents were opposed to giving birth in a hospital. (P11)

The second subtheme is feeling secure and at ease when giving birth with *Tohu Danga*. The help provided by *Tohu Danga* allows home births to be more comfortable for women.

'... I felt comfortable giving birth at home with the help of Tohu Danga' (P5)

'Especially if I have a family member at home, that gives me courage.' (P4)

'I delivered the baby at home with the help of Tohu Danga. I have believed in them for a long time.' (P11)

Several mothers selected *Tohu Danga* again as their delivery attendant because their previous birth experiences went smoothly when assisted by *Tohu Danga*.

'Yes, experience, as I had already delivered my first child with the help of Tohu Danga.' (P2)

In addition, *Tohu Danga*'s compassionate demeanor during childbirth had a favorable impact on women, making them feel more at ease, contributing to their decision to choose *Tohu Danga* as their birth attendants.

"... I am glad to be monitored after giving birth... Tohu Danga continues to observe us... and provide care until we have completed the birthing process. ' (P12).

The women's refusal to utilize health services and facilities is the third subtheme. Five women reported that the distance

between their home and the health facility was one of the factors that drove them to select *Tohu Danga* over health services.

'Well, we are quite a distance away, ma'am, there is no hospital nearby, we live in a village.' (P7)

Furthermore, some women have observed that when a woman in labor arrives at a medical institution but is unable to give birth for days and has a late-term pregnancy, the medical staff would offer to perform an urgent cesarean section.

"When it was time to give birth, we went back and forth to the hospital, we even spent three days and two nights there, but I couldn't give birth. So the health workers there said that we need to perform a cesarean section as the baby is overdue." (P3)

As a result of their anxiety about giving birth via Sectio Caesarea, some women decided to trust *Tohu Danga* with the task of helping them give birth naturally.

'I was suggested to have surgery and because I didn't want to do a cesarean section, I decided to have a home birth with a Tohu Danga.' (P3)

Another reason why women do not want to have a birth with Sectio Caesarea is because of cost.

'If the operation is expensive, where will the funds come from?' (P3)

Furthermore, some women's prior experience giving birth in a medical facility had a poor effect on them. Their disappointment and trauma led them to lose faith in medical services.

'Due to what happened with our first child, I no longer trust hospitals.' (P8)

The fourth subtheme is financial constraints. Several women expressed the following concerns regarding budgetary constraints:

"First, due to the price, ma'am... I heard that at a hospital, the cost would be enormous, it could be millions (of rupiah)..." (P7)

In contrast, some women believe that *Tohu Danga* services are more affordable, which encourages them to use the service.

'There is no such thing as a costly Tohu Danga. The amount requested is always modest.' (P7)

3. The cultural practices conducted by *Tohu Danga* while supporting the delivery process

This study divides the cultural practices conducted by the *Tohu Danga* while supporting the delivery process into three acts based on the delivery process; the first is preparation before childbirth. The first step in this cultural ritual is to examine the abdomen of the woman.

'They inspected my stomach' (P4)

'Yes, the first time I saw her, she checked my stomach.' (P8)

Eight mothers disclosed that the next step was to drink the herbal medicine created by the *Tohu Danga* for them to give birth. The formulation comprises plants that have long been a part of the Nias tribe's tradition.

'... gave me medicine, like traditional medicine' (P2)

'... gave medicine... herbal medicine' (P4)

A woman said that the tools utilized were very distinctive and simple.

'Lime, safety pins, scissors, thread, and gloves' (P10).

The second subtheme is taking care of the newborn. After the baby is born, the *Tohu Danga* has a role in the cultural custom of tied the umbilical cord with a thread before cutting it.

'After the placenta and the baby have left the body, the cord is tied.' (P3)

"They tied the baby's umbilical cord with thread." (P8)

'They used scissors to cut the umbilical cord.' (P11)

The method of tying the umbilical cord of the baby differs depending on the sex of the newborn.

"We believe that when you tie the umbilical cord, you should do so twice for a girl and three times for a man. It depends on the gender of the baby..." (P3)

The *Tohu Danga* also cleans the placenta of the baby.

'The baby's placenta was then washed, dusted with powder, wrapped in a fresh cloth, and the mother was instructed to bury the placenta.' (P5, P3)

The last subtheme is actions for women following childbirth. The *Tohu Danga* bathes and cleans the women after childbirth.

'Clean up following the birthing process' (P4)

After bathing and changing women's clothes, the *Tohu Danga* binds the women's belly tightly with *gabi* cloth (to form a type of corset).

'The cloth is tied to the woman's belly after giving birth...' (P7)

4. Lengthening a difficult labor process

Two subthemes were found in the fourth theme; the first is difficult childbirth. This condition includes labor complications and prolonged labor.

"Since it is difficult to give birth... The problem for the mother is that the baby took a long time to emerge." (P4)

'... It was a long labor process. Perhaps it was because the child is overweight.' (P4)

During the labor process, the mother stated that she did not have the strength to push, causing the process to be impeded and long.

'It was difficult during the birthing process, because I didn't exhale for long enough and push hard enough.' (P8)

Two out of 12 women reported that their labor was slightly prolonged due to the retained placenta.

'Yes, it took a long time for the placenta to come out.' (P5)

The second subtheme is the cultural conceptions regarding extended birthing processes. According to the Nias perspective, a lengthy birth process is caused by witchcraft.

'... Someone might have sent a curse through witchcraft; therefore, the birthing process is prolonged' (P2)

Tohu Danga Childbirth Care Related to Traditional Medicine Eight subthemes emerged from the fifth theme. The traditional treatment that *Tohu Danga* performs during the labor process is a form of care believed to have a variety of benefits and ensure a smooth labor process.

The first subtheme is herbal medicine administered to treat the women's pain. Participants revealed that the traditional medicine given by *Tohu Danga* helped them manage the pain they felt during the birth.

"Yes, I felt like I had lost a little pain in my stomach." (P2)

"My body is in pain when I stand up... Then I was given medication by the Tohu Danga," (P3)

'I am relieved and delighted that Tohu Danga has taken care of everything and eliminated all my problems.' (P6)

The second subtheme is herbal medicines to help reduce postpartum bleeding. The *Tohu Danga* administered traditional medical care that was effective in reducing postpartum hemorrhage.

'No bleeding. She stopped it. I took the medication and in approximately thirty minutes it stopped... no more bleeding.' (P7)

The third subtheme is herbal remedies that aid in childbirth. The participants stated that traditional medicines were given to stimulate the activity of the baby.

"After taking the medicine, the movement of the baby in my stomach became strong and healthy." (P3)

"Let the baby heat up in the belly so that it can be born quickly." (P12)

The fourth subtheme is helping with placental expulsion. *Tohu Danga* provided them with traditional herbal medicine to aid in the expulsion of the placenta.

'She administered medication so that the placenta could be easily extracted.' (P5).

Next, giving a calming presence is another subtheme. Traditional medicine can also address the psychological demands of women by offering a sense of serenity and comfort after consuming the herbal combination of *Tohu Danga*.

'Yes, I felt relaxed after taking the medication.' (P11).

Another sub-theme is 'the woman feeling better', where the participants felt more relaxed and a sense of relief and improvement after taking the herbal remedy.

'I was treated by the Tohu Danga. I took their medication and now I feel better.' (P3)

The next subtheme is checking the position of the infants by tracking.

'... The location of the head of the fetus was checked by squeezing the mother's stomach to see if the fetus is pointed downwards.' (P4, P5, P6, and P10)

The last subtheme is checking the baby's health.

'She examined the condition of the baby to determine whether the fetus is healthy or not.' (P5)

5. Mother's psychological response to Tohu Danga-assisted childbirth

Two subthemes were revealed in this theme. The first sub-theme is negative response. Some women reported feeling uncertain after giving birth to a *Tohu Danga* for the first time.

'What did I feel?' I felt a feeling of dread... (P3)

Some women also expressed their fear when they were about to give birth with a *Tohu Danga*.

'I was afraid too. But there was no doctor in the village to help with the birth' (P7, P1)

The second subtheme is the positive response. Some women said that they were happy to give birth to a *Tohu Danga* and that they felt grateful after a successful delivery.

'Tohu Danga makes one happy, eliminates all concerns and takes care of all needs'. (P4, P6)

The participants were also happy with all the *Tohu Danga* had done to assist them in childbirth.

DISCUSSION

The results indicate that the birthing experience is significant for the participants and serves as a bond between the woman and her infant. Childbirth is a precious experience where women strive to give birth to their infants safely. However, women risk their lives and feel pain during the birthing process (Sulyastini & Armini, 2020). This result is consistent with research indicating that some women's ideal goal is to conceive and have children after marriage (Rachmawati & Masykur, 2016).

Participants in this study chose to rely on family support due to financial constraints. They also chose to experience a sense of security and comfort during childbirth and refused to use medical facilities. A woman's decision to use services is significantly influenced by the emotional support she obtains from her family or spouse (Agustina et al., 2017). Pregnant women can choose traditional birth attendants over medical professionals due to the customs and culture that have been passed down from generation to generation (Nanur et al., 2020) (Prihatini et al., 2017). Openness and communication appear crucial to their decision, as the women's closest friends and family members are her greatest sources of support while dealing with difficult circumstances. According to Sinaga et al. (2020), assistance from the community, family and medical professionals can help women with difficulties in giving birth to overcome their grief and cope with the loss so that they can resume their normal activities.

According to the results of this investigation, the services rendered by *Tohu Danga* consist of her empathic actions toward women in the form of caring words and gestures. Although they are often ignored by local health workers, women feel at ease with *Tohu Danga* as their birth attendant (Nanur et al., 2020; Nurhayati & Sugiharto, 2019; Prihatini et al., 2017). The sense of security and comfort provided by *Tohu Danga* makes women choose their services. The community typically chooses traditional birth attendant services over those of healthcare institutions, as they can offer better services compared to health facilities (Cheptum et al., 2017). Some women choose *Tohu Danga* because medical services are far from their homes. The patients' decision to consult traditional practitioners is also primarily influenced by long distances to health facilities and transportation problems (Widaningsih & Achmad, 2021). This finding aligns with previous research that indicates a relationship between facility access and birth attendant choices (Mokoagow et al., 2020). (Gogoi, 2021; Tabong et al., 2021) also supported that woman preferred home births over hospital births due to low quality and unpleasant labor experiences.

Furthermore, the cultural practice named "*Lomo Tabina*" in this research is defined as a belly tuck or abdominal massage technique that is still used and trusted by the Nias people as a cultural practice, especially for pregnant women and women who are giving birth. The skills for performing abdominal massages are believed to have been passed down from their ancestors. These massages aim to regulate and change the position of the fetus. This practice is a common belief in Asian countries and is believed to improve the health of women and infants and is performed by *Tohu Danga* (*dukun bayi*) (Withers et al., 2018).

The *Tohu Danga* would also give a drink to women in the postpartum period. The drink is made according to hereditary

cultural beliefs in the form of a herbal plant formulation and a prayer that *Tohu Danga* read. This drug is believed to provide benefits for postpartum care. This is consistent with the literature (Mawoza et al., 2019; Tabong et al., 2021).

Cutting the umbilical cord of infants is another unique local cultural practice. The *Tohu Danga* connects the infant's umbilical cord with white thread; the number of ties depends on the baby's gender: two knots for baby girls and three knots for baby boys. The umbilical cord is then severed with unsterilized scissors. This practice contradicts Andersson & Mercer (2021) statement regarding umbilical cord management of newborns, as they stated that keeping the umbilical cord intact until the placenta is ready for delivery and delaying cord clamping for at least three minutes increases iron stores in infants and promotes their health and developing child.

Another cultural practice after birth is cleaning the placenta before burial. The participants believed that washing the placenta of the infant is comparable to cleaning a newborn and is a sign of respect before burying the placenta. According to Adila et al. (2020), each culture has unique characteristics for removing the placenta, including the method, the place of disposal, the time of disposal, and the ritual of disposal, depending on the gender of the newborn.

In this study, the women believed that a long-held placenta and a long-term baby are caused by an evil spirit, sent by witchcraft. Therefore, traditional medicine is perceived as the best option to prevent any complications of childbirth. Gogoi's study (2021) also revealed that obstetricians used traditional methods to treat labor complications, such as prolonged labor pain, resuscitation problems, spinal position, placenta retention, and twins. Instead, doctors do not know how to handle complications such as postpartum hemorrhage, eclampsia, and preeclampsia at home. If the obstetric assistant does not help, the pregnant mother may die.

This study discovered that *Tohu Danga* provided women with herbal medications to reduce labor pain. This finding aligns with Jogdand & Bhattacharjee (2017), who found that turmeric (*Curcuma longa* linn.) has a strong analgesic action in rats. In terms of pain relief, turmeric at a level of 400 mg/kg is comparable to aspirin 90 and 120 minutes after treatment, respectively. Another study found that additional turmeric gel with concentrations between 5% and 15% promotes faster wound healing (Adeliana et al., 2021).

The positive response of women to labor with traditional birth attendants is attributed to the preparedness of *Tohu Danga*, which makes them feel secure; hence, most women in Nias intend to use traditional birth attendants during childbirth (Sutrianita et al., 2018). Typically, the *Tohu Danga* appears to be well prepared, competent and knowledgeable enough to help women give birth, from the beginning to the end of the labor process, which impressed and satisfied the participants.

The limitation of this research is the language used during interviews, where some participants have difficulty understanding the research questions because they have a limited understanding of the Indonesian language. The solution the researchers chose is to ask for help from a trusted woman, who can speak both Indonesian and Nias languages, to help the research by translating the questions from the researchers to some participants who had difficulties in speaking Indonesian.

CONCLUSION AND RECOMMENDATION

The research findings have allowed researchers to infer an in-depth description and comprehension of women's experiences with *Tohu Danga*-assisted births in the Indragiri Hulu Regency. Cultural interconnection in healthcare is essential in the effort to provide qualified nursing care and services that follow the attitudes of societies with different cultural beliefs. Additionally, family participation in providing services, especially for women in labor, is important.

REFERENCES

- Adeliana, Usman, A. N., Ahmad, M., Arifuddin, S., Yulianty, R., & Prihantono. (2021). Effectiveness of turmeric (*Curcuma Longa* Linn) Gel Extract (GE) on wound healing: Pre-clinical test. *Gaceta Sanitaria*, 35, S196–S198. <https://doi.org/10.1016/j.gaceta.2021.07.014>
- Adila, D. R., Nugroho, H. M. N., & Idriani. (2020). Studi fenomenologi: Pengalaman ibu melahirkan di rumah dengan kemitraan pekerja kesehatan dan penolong persalinan tradisional (A phenomenology study: the experience of mother gave birth at home with partnership of health workers and traditional birth attendants. *Jurnal Kesehatan Komunitas* (Vol. 6, Issue 1, pp. 44–55). <https://doi.org/https://doi.org/10.25311/keskom.Vol6.Iss1.365>
- Agustina, N., Irianty, H., & Maryam, S. (2017). Hubungan tingkat ekonomi dan dukungan keluarga dengan penolong persalinan ibu di wilayah kerja Puskesmas Sambung Makmur Tahun 2016 (Economic relationship and family support with mother's maternity assistant in the working region Puskesmas Connection Prosperity 2016). *Dinamika Kesehatan* 8(1), 139–148. <https://ojs.dinamikakesehatan.unism.ac.id/index.php/dksm/article/view/237>
- Andersson, O., & Mercer, J. S. (2021). Cord Management of the term newborn. *Clinics in Perinatology*, 48(3), 447–470. <https://doi.org/10.1016/j.clp.2021.05.002>
- Cheptum, J. J., Gitonga, M. M., Mutua, E. M., Mukui, S. J., Ndambuki, J. M., & Koima, W. J. (2017). Perception about traditional birth attendants by men and women of reproductive age in rural Migori County, Kenya. *International Journal of Africa Nursing Sciences*, 7, 55–61. <https://doi.org/10.1016/j.ijans.2017.07.002>
- Fajriani, F. (2016). Analisis hubungan antara pengetahuan, psikologi dan pengalaman bersalin ibu dengan pemilihan proses persalinan normal atau caesarea pada pasien melahirkan di RSIA Hermina Ciputat (Analysis of the relationship between knowledge, psychology and maternal experience of the mother with the selection of the normal delivery process or caesarean procedure in the patient giving birth in RSIA Hermina Ciputat). *Jurnal Kedokteran Dan Kesehatan*, 12(2), 2001–2002. <https://jurnal.umj.ac.id/index.php/JKK/article/view/1557>
- Fatahilah, F. (2020). Program antenatal care terpadu dalam upaya penurunan angka kematian ibu (Integrated antenatal care program in an effort to reduce maternal mortality). *HIGEIA (Journal of Health Research and Development)*, 4 (Special 4), 759-767. <https://journal.unnes.ac.id/sju/index.php/higeia/article/view/37214>
- Gogoi, P. (2021). Traditional birth attendants and traditional skills of managing childbirth complications: a mixed methods study in South Salmara-Mankachar District of Assam, India. *Psychology and Education Journal*,

- 58(2), 9952–9958. <http://psychologyandeducation.net/pae/index.php/pae/article/view/3922>
- Jogdand, S., & Bhattacharjee, J. (2017). Evaluation of analgesic activity of turmeric (*Curcuma longa* Linn.) in Wister rats. *International Journal of Basic & Clinical Pharmacology*, 6(3), 568. <https://doi.org/10.18203/2319-2003.ijbcp20170814>
- Kalu, F. A., & Bwalya, J. C. (2017). What makes qualitative research good research? An exploratory analysis of critical elements. *International Journal of Social Science Research*, 5(2), 43–56. doi:10.5296/ijssr.v5i2.10711
- Mawoza, T., Nhachi, C., & Magwali, T. (2019). Prevalence of traditional medicine use during pregnancy, at labour and for postpartum care in a Rural Area in Zimbabwe. *Clinics in Mother and Child Health*, 16(2), 1–13. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6656403/>
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. New York: John Wiley & Sons.
- Ministry of Health of the Republic of Indonesia. (2015). Strategic Planning Ministry of Health 2015 -2019. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/indonesia/res tra_2015_translated_1.pdf
- Mokoagow, G. C., Bawiling, N., & Toar, J. (2020). Faktor determinan ibu dalam pemilihan penolong persalinan di wilayah kerja Puskesmas Rawat Inap Adow Bolaang Mongondow Selatan Tahun 2017 (Determining factors of mother in election of birth sssistant in the working area of Adow Bolaang Mongondow South health center, 2017). *EPIDEMIA Jurnal Kesehatan Masyarakat UNIMA*, 01(01). <https://ejournal.unima.ac.id/index.php/epidemia/article/view/94>
- Nanur, F. N., Nggarang, B., Bebok, C., & Fachry, M. E. (2020). Reasons for choosing traditional birth attendants as childbirth helpers: A phenomenological study at Borong Health Center. *Enfermeria Clinica*, 30, 209–212. <https://doi.org/10.1016/j.enfcli.2019.07.080>
- Nurhayati, N., & Sugiharto, M. (2019). Perilaku memilih tenaga penolong persalinan pada ibu melahirkan di Desa Blambangan, Kecamatan Penengahan, Kabupaten Lampung Selatan (Indonesia behavior of parenting assistant in mother's birth in Blambangan Village, Penengahan Prefecture, Lampung South District, Indonesia). *Buletin Penelitian Kesehatan*, 47(3), 165–174. <https://doi.org/10.22435/bpk.v47i3.1468>
- Nurhidayanti, S., Margawati, A., & Kartasurya, M. I. (2018). Kepercayaan masyarakat terhadap penolong persalinan di Wilayah Halmahera Utara (Public trust in birth attendants in the Northern Halmahera territory. *Jurnal Promosi Kesehatan Indonesia*, 13(1), 46. <https://doi.org/10.14710/jpki.13.1.46-60>
- P. Akpabio, U., Angioha, P. U., Egwuonwu, C. V., Awusa, E. B., & Ndiyo, M. N. (2020). Risk factors of maternal mortality in Calabar. *JINAV: Journal of Information and Visualization*, 1(2), 83–92. <https://doi.org/10.35877/454ri.jinav262>
- Polit, D. F., & Beck, C. T. (2018). *Nursing Research: Generating and Assessing Evidence for Nursing Practice* (Tenth Ed). Wolters Kluwer. Philadelphia
- Prihatini, F., Fahrudin, A., & Nursanti, I. (2017). Studi fenomenologi: pengalaman perempuan yang melahirkan dibantu oleh dukun paraji di Desa Sumber Lor Kecamatan Babakan Kabupaten Cirebon. *Jurnal Persada Husada Indonesia*, 4(14), 67–73. <https://www.jurnal.stikesphi.ac.id/index.php/Kesehatan/article/view/179>
- Rachmawati, S. N., & Masykur, A. M. (2016). Pengalaman ibu yang memiliki anak *down syndrome* (Mom's experience of having a child with Down syndrome). *Jurnal Empati*, 5(4), 5–32. <https://ejournal3.undip.ac.id/index.php/empati/article/view/15443>
- Riau Provincial Health Office. (2019). *Riau Provincial Health Office 2019*. 0761, 99–117.
- Surtiningsih, S. (2016). Efektifitas pelvic rocking exercises terhadap lama waktu persalinan pada ibu primipara di Puskesmas Wilayah Kabupaten Banjarnegara (The Effectiveness of pelvic rocking exercises on the length of labor in primiparous women at the Regional Health Center of Banjarnegara Regency. *Jurnal Keperawatan Soedirman*, 11(2), 117-129.
- Sinaga, A. D., Purwarini, J., & Anggraeni, L. D. (2020). The experiences of mothers with intrauterine fetal death/demise (IUD) in Indonesia. *Nurse Media Journal of Nursing*, 30(1), 39–44. DOI: 10.14710/nmjn.v10i1.22722
- Sulyastini, N. K., & Armini, L. N. (2020). Birth complications with a history of high-risk pregnancies in the Gerokgak I Health Centre, 2020 [*Komplikasi Persalinan Dengan Riwayat Kehamilan Resiko Tinggi Di Puskesmas Gerokgak I Tahun 2020.*] *Seminar Nasional Riset Inovatif*, 424–430. <https://doi.org/10.2991/assehr.k.200115.035>
- Sutrianita, Junaid, & Rezal, F. (2018). Persepsi ibu hamil tentang pertolongan persalinan menggunakan Shaman di desa Lawa, Muna Barat 2017 (Perception of pregnant women on the birth attendant using Shaman in Lawa Sub-District Of West Muna In 2017). *JIMKESMAS: Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat*, 3(2). <http://ojs.uho.ac.id/index.php/JIMKESMAS/article/view/4015/3084>
- Tabong, P. T. N., Kyilleh, J. M., & Amoah, W. W. (2021). Reasons for the utilization of the services of traditional birth attendants during childbirth: A qualitative study in Northern Ghana. *Women's Health*, 17. <https://doi.org/10.1177/17455065211002483>
- Widaningsih, W. S., & Achmad, N. (2021). The influencing factors for a pregnant mother give birth with traditional birth attendant (A case study in Bangko District, Rokan Hilir Regency, Riau). *Indonesian Journal of Medical Anthropology*, 2(1), 57–62. <https://doi.org/10.32734/ijma.v2i1.5304>
- Withers, M., Kharazmi, N., & Lim, E. (2018). Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries. *Midwifery*, 56(March 2017), 158–170. <https://doi.org/10.1016/j.midw.2017.10.01>