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Paraji and Bidan in Rancaekek : integrated medicine for advanced partnerships among traditional birth attendants and community midwives in the Sunda region of West Java, Indonesia

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Paraji and *Bidan* in Rancaekek

Paraji and *Bidan* in Rancaekek:

Integrated Medicine for Advanced Partnerships among Traditional Birth Attendants and Community Midwives in the Sunda Region of West Java, Indonesia

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Paraji and *Bidan* in Rancaekek:

Integrated Medicine for Advanced Partnerships among Traditional Birth Attendants and Community Midwives in the Sunda Region of West Java, Indonesia

Prihatini Ambaretnani

Leiden Ethnosystems and Development Program (LEAD) Studies No. 7
Leiden University, Leiden, The Netherlands

"Quality of care is of fundamental importance to the utilisation and effectiveness of women's health services. The approach to quality must look at the process of service delivery from the woman's perspective in her particular setting and not only from the point of view of health professionals."

Anna D. Alisjahbana (1993)

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This dissertation is dedicated to my beloved
mother and father, and to my attentive sister and brothers
who have always supported my enthusiasm for *savoir faire*.

Preface

Achieving 'Safe Motherhood' in West Java Province has proved to be difficult compared to advances made elsewhere in this field in Indonesia. To date, maternal and infant mortality rates remain high in Indonesia although several programmes have been introduced to help combat this problem. The causes of maternal as well as neonatal mortality and morbidity can best be tackled by taking a broader approach to include the social, cultural, geographical and economic factors into Maternal and Child Health which all contribute to the relatively high rates of maternal and infant deaths.

This dissertation on this critical subject is the result of my ongoing interest and desire to learn more about the role *paraji* (Traditional Birth Attendant - TBA) play as mediators in community health care for women. It is a topic which has intrigued me since I wrote my *Sarjana* (BA thesis) at the Department of Anthropology of Universitas Padjadjaran, Bandung, Indonesia. I embarked on the assessment of the synergy between the *National Programme for Family Planning* and the Traditional Birth Attendants (Ind. *dukun bayi*; Sd., *paraji*) at the community level, which Programme could join forces with the existent Indigenous Medical Knowledge Systems to assist women during pregnancy, labour and delivery. Although its objective was no to ridicule all indigenous wisdom and traditional practices, the Programme vision was that *paraji* (TBA) first had to be 'educated' in modern midwifery and made themselves familiar with the methodologies of reproductive health care, before they would be incorporated into national Maternal and Child Health (MCH) programmes. For example, traditionally, a woman's choice of herbal medicines and related natural materials to prevent pregnancy is regarded as a private family matter. In contrast, the National Government's current Family Planning slogan "*Dua Anak Lebih Baik*" ("two children are better") publicly urges couples to limit their family size to have no more than two children and to employ modern methods of contraception which require consultation of a modern health provider (*i.e.* a doctor or certified community midwife). Thus, in order to bridge the gap between such different approaches and in order to achieve the better results, Traditional Birth Attendants (*paraji*), who are responsible functionaries in reproductive health at the community level, should also become active in Family Planning programmes, functioning as mediators between local communities and national Family Planning institutions.

However, since the government policies remain rather ambivalent towards the integration of traditional and modern Maternal and Child Health (MCH) systems in Indonesia, the role of the *paraji* (TBA) filling a specific niche in reproductive health care in rural communities, has still to be acknowledged. While recognizing that pregnancy and parturition should be monitored by certified *Bidan* (Community Midwife - CMW) in order to reduce maternal and infant mortality, the Government of Indonesia is still unable to provide sufficient comprehensive Maternal and Child Health (MCH) facilities to serve the entire population, especially in remote areas. For this reason, the ability of *paraji* (TBA) to assist pregnant and perinatal women should be operationalized. As Alisjahbana (1993) states: "*Quality of care is a fundamental importance to the utilisation and effectiveness of women's health services. The approach to quality must look at the process of service delivery from the woman's perspective in her particular setting and not only from the point of view of health professionals*". When certified (CMW) are unavailable, or perhaps too costly for some local families, *paraji* (TBA) should be called in as equally skilled health workers to provide a safe option for pregnant and perinatal women living in remote areas.

Paraji (TBA) usually attribute their skills to indigenous knowledge passed down over many generations, sometimes through the completion of an apprenticeship. Often their

mission is revealed to them through a dream or an unexpected opportunity to observe a well known *paraji* preparing traditional herbal concoctions or assisting at child birth. Although *paraji* (TBA) have lately been taught the importance of hygiene and maintainance sterile conditions, especially during high-risk pregnancy, labour and delivery, they still frequently rely on practices of Ethnobotanical Knowledge Systems (EKS) for Maternal and Child Health (MCH) care. Undoubtedly, *paraji* (TBA) are very proficient in their knowledge of preparing and applying *jamu* concoctions, (herbal medicines) especially for women and children.

Since, large numbers of Indonesia's local people have only limited access to National Health Programmes which address women's health conditions, they have to rely upon traditional medical systems. Recognizing this potentially serious problem, Indonesia now participates in the 'Safe Motherhood Initiative' (SMI) and has posted thousands of trained *Bidan* (CMW) in villages across the country. Recently Indonesia also ratified and agreed to implement the *Millennium Development Goals* (MDG 2005). Two of its main goals are to ultimately achieve 'Health for All' and to reduce Maternal and Infant Mortality Rates.

As a contribution to this major objective, a special methodology has been developed at the *Leiden Ethnosystems and Development Programme* (LEAD) at Leiden University in The Netherlands to help study and analyse both in qualitative and quantitative terms the interactions between various factors most relevant to the utilisation of traditional and modern Maternal and Child Health (MCH) systems in Indonesia. It is my wish that the remarkable results derived from this study will help to contribute realistically to *'integration through advanced partnership'* of traditional and modern Maternal and Child Health (MCH) systems in Indonesia and beyond.

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