"I choose the best"

Decision Making Processes of Sundanese Women in Choosing a Health Care Provider during Pregnancy, Childbirth and Postpartum Periods in Rural Areas of West Java

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PREFACE

This research is an answer of my curiosity as a midwife. About five years ago I had worked in a small village in West Java. At that time, it was very rare women with normal condition asked my help. They usually only come if they have problem in their pregnancy, childbirth and postpartum periods. This problem stayed in my mind until now, when I had the opportunity to study medical anthropology in AMMA. Within one year of my studying, I understand that there are many factors that influence someone to choose a health care provider or health facilities. I did this study to understand the reasons of the villagers, so that, my questions is answered.

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ABSTRACT

This research is dealing with the presence of a midwife and traditional birth attendants in villages. It was conducted from the third week of May to the first week of July, 2005 in Buniara and Tanjungsiang village Subang district, West Java. The aim of this study is to explore the ideas of the Sundanese women in choosing a health care provider during their pregnancy, childbirth and postpartum periods. Information was collected by doing in depth-interview with the postpartum women, interview with the head of community health center, the paraji (traditional birth attendants) and the midwives, informal conversation with the village leaders and the old women and also studying official documents in both villages.

Results of this research show that there are many variations of the women in choosing health care providers in both villages, but in general, most of the women in Tanjungsiang village choose midwife during their pregnancy, childbirth and postpartum while most of the women in Buniara village choose paraji in these periods. The differences of their choices are influenced by their personal situations, their perceptions of the health care providers and the impacts of the government policy that differ in both villages. Although the women in both villages perceive that a midwife is more skillful than paraji, they have different perception about normality. It creates different choices. The differences in adherence to practices and beliefs during pregnancy, childbirth and postpartum, access to health information, perception about the cost of the health care providers and – particularly – attitude towards modernity influence the process of making those choice. One factor that cannot be ignored to influence the women to choose a health care provider is the different geographical conditions of the villages. The findings of this study are expected to be the input for the government and the professional health care providers, especially midwives, to improve mother health status in the villages.
Sundanese people in rural areas of West Java believe that although pregnancy, childbirth, and postpartum are regarded as natural processes, these periods are very important. These events are not only important for the woman but also for the husband, the family and the society because having a child means acquiring 'trust' from God to continue their generation. They have their own traditions passed from generation to generation relating to these events. For instance, they believe that a woman needs an attendant with expertise to help the woman and her baby through these periods safely.

In rural areas of West Java, paraji (traditional birth attendants) play an important role during pregnancy, childbirth, and postpartum periods. They are regarded as a counselor in the community related with mother and baby health and perform rituals to help the mother and the baby to get through the crisis periods. Although Paraji sometimes harm patients, people do not blame them because it is considered 'fate'. Thus, the villagers still see paraji as an expert and ask her to help them during the reproductive period.

To decrease infant and maternal mortality rate, the Indonesian government has a policy to assign a midwife to every village. The government is concerned with the health of mothers and children and through this policy, women in villages can deliver their baby with a midwife attendant. The midwife also has obligations to provide antenatal care, newborn baby care, and postpartum care. The presence of the midwife in a village is expected to replace the paraji. Thus the scope of antenatal care, birth attendant, newborn and postpartum care by professional health care providers can be increased.

1.2 Statement of the problem
In reality, the availability of a midwife in the village does not replace the paraji totally but it means that women in villages have choices to get help during pregnancy, birth and postpartum period. The way of local women in choosing a provider during pregnancy,
childbirth, and postpartum periods is not a simple matters. There are many factors that can contribute in the decision making process. This area is rarely studied. Almost all of the researches about pregnancy, childbirth and postpartum are more focused on beliefs and practices related with these events or just related to the provider, either the traditional birth attendant or midwife. A study from an anthropological perspective is required and recommended to understand how women choose and make use of the providers. In my study, I would like to look at the decision making processes of local women in choosing a provider during their pregnancy, childbirth and postpartum. It is important to know the explanation's women give about why they only choose the midwife or the paraji and why they use both of the providers. I also want to explore how socio cultural factors, perception about the providers and the personal situations of the women influence the decision making process. Through this study, we can explore the ways that the local women maintain their own ideas related to maternal and child health that are sometimes different with those of the health providers.

1.3 Literature review

1.3.1 Practices and beliefs related to pregnancy, childbirth and postpartum in Sundanese society

In Sundanese Society, during pregnancy, people usually arrange rituals that have symbolic meaning related to the event. According to Palmer, the ritual is usually arranged on the forth, fifth, seventh and ninth month of the pregnancy period. When a woman feels that she is pregnant, she will go to a paraji bringing a gift that is known as 'sewaka' (Palmer 1984: 322) or 'hajat bangsal' (Surjadi 1974: 119). The gift is usually in the form of paddy that is put in a 'bokor' (a big bowl made from brass) covered by gourd leaves (Surjadi 1974: 119). The purpose is to ask paraji to help her during pregnancy and childbirth (Palmer 1984: 322, Surjadi 1974: 119). This ritual also has a meaning as a warning to the husband to avoid sexual relationship with his wife (Surjadi 1974: 119).

In Sundanese society, when a pregnancy has already been going for 120 days (four months), a ritual is usually arranged. The pregnant woman cooks ‘tumpeng’ (like yellow rice) and invites other women to pray together and then finally the pregnant woman
distributes the tumpeng to the women and to her neighbours. This ritual is usually led by a paraji. She massages the pregnant woman’s stomach and reads ‘jajampean’ (magical spell) for the mother and her baby. The purpose of the ritual is to thank God that has given the couple a good fortune. They believe that at fourth months, God already gives the ‘ruh’ (soul) to the baby. This ritual is usually only performed for the first pregnancy (Sucipto et al 2000: 54), but in some places in rural area of West Java, people do this ritual every time the women is pregnant because they regard every child as a gift from God.

At seven months, another ritual is usually done. The ritual is said to be ‘tujuh bulanan’ (Sucipto et al 2000: 53) or ‘tingkeban’ (Surjadi 1974: 119). In this ritual, the women and her family prepare some materials. The materials are usually served in seven units. For example, they can prepare seven kinds of flowers, seven kinds of clothes that will used for bathing, ‘rurujakan’ (seven kind of fruit with salad dressing made of palm sugar, spicy and tamarind), seven kinds of ‘umbi-umbian’ (all kinds of tuber), seven kinds of ‘hahampangan’ (any kind of snack), one eel, and two coconuts (Sucipto et al 2000: 54, Surjadi 1974: 120). This ritual is usually done in the morning and starts by women praying together (by reading qur’an, especially the verses of Yusuf and Maryam). Then the pregnant woman is bathed by paraji and is followed by the other women (Sucipto 2000: 54). The water used for bathing the woman is the ‘holy’ water that has already been prayed by the women, with the seven flowers added. After that, the eel and the coconut are slipped into the (seven) cloths that are used by the pregnant woman. This coconut is then caught by the husband and to be split by him (ibid: 55). The husband must be squirt (with water coming from the mouth) by the pregnant woman or paraji in order for him to keep the distance between them. This ritual has a symbolic meaning that when a pregnancy attains seven months, the husband is forbidden to have sexual intercourse with his wife (the pregnant woman) (Surjadi 1974: 119). Sundanese people believe that if the couple have sexual intercourse after seventh months, it will be dangerous for the mother and her baby. This ritual also expresses thanks to God for giving a child to the couple and prays that the mother and the baby will have good
welfare. It is also believed that this ritual can help the baby become a decent child (Sucipto 2000: 54).

Another tradition that usually is done in Sundanese society is ‘hajat bubur lolos’. This tradition is usually done on the eighth or ninth months in the pregnancy (Surjadi 1974: 120). In this ritual, the pregnant woman prepares ‘bubur beureum’ (sweet porridge) and ‘bubur bodas’ (salty porridge). This ritual is begins with praying together and then the paraji as the leader of this ritual, reads ‘parancah’ (prayer) and then blows on the porridge. Then the porridge is distributed to the family and neighbors. The purpose of this ritual is to give support to the pregnant woman and to make sure that the pregnancy will end with a safe and easy childbirth process.

In Sundanese beliefs, there are many taboos to be observed during the pregnancy period for the pregnant woman and some for the husband as well (Surjadi 1974, Sumamiharja 1994, Heriyati et al. 1986). These taboos usually have messages that are regarded to be useful for the pregnant woman. For example, the taboos can be in the form of prohibition for a pregnant woman may not see people slaughter an animal (Surjadi 1974: 120). A pregnant woman may be forbidden from going out at night or if she goes out in daylight, she is supposed to bring sharp things like a small knife, a small scissor, onion and ‘panglay’ (a kind of ginger) (Surjadi 1974: 120, Sumamiharja 1994: 284). The purpose of these things is to avoid pregnant woman being disturbed by ‘an evil eye’ named ‘kuntilanak’. They believe that the ‘kuntilanak’ will be afraid of sharps thing, onion and ‘panglay’. A pregnant woman might also be forbidden to eat salak fruit which is believed to cause the baby to suffer from skin infection. This prohibition is a metaphor for when a couple is forbidden to have sexual intercourse because it might cause problems for the mother and her baby. Salak means “salaki” (husband) (Heriyati 1986: 36). A pregnant woman is also forbidden to eat eggs, any kinds of meat, any kinds of fish, dorokdok (a kind of food), tutut (any kinds of mollusks), lalapan (raw vegetables) and legumes (Ibid: 37). It is believed that if the taboos are broken, it may cause problem for the mother and the baby. For example, if the mother eats egg, the head of the baby will have abscesses, eating dorokdok can cause a difficult process in labor, eating tutut can cause skin
infection, and so forth. During the pregnancy period, the husband is also forbidden to kill animals or to go hunting because it can cause 'murut buat' (the baby to have a physical defect) (Surjadi 1974: 120, Heriyati et al 1986: 37).

Tradition in Sundanese society is also influenced by Islamic religion. For example, when a baby is just born, the father will read 'adzan' (a calling to pray for 5 times a day in Islamic tradition) into the baby's right ear and 'iqomat' (pre-praying before a moslem pray for 5 times a day) into the baby's left ear. The purpose is to close the ears from the whispering of Satan and to introduce God to the baby (Sucipto et al 2000: 55). Another ritual is the burial of 'bali' (placenta) (Sucipto et al: 2000, Palmer: 1984, Surjadi: 1974). In Sundanese society, placenta is regarded as the afterbirth brother or sister of the baby (Sucipto et al 2000: 55). Thus, the burial has to be exercised in a good preparation. After the placenta has been cleaned, it will be put in a 'pendil' (pot) and be added with flavors such as salt, brown sugar, tamarind, turmeric, red onion, and chilli. Finally, it is wrapped and covered. The placenta is usually buried near the parent's house. People usually use an oil lamp to make a sign on the placenta grave. The oil lamp is applied until the 'puput puser' (the umbilical cord falls off). Some people also sweep away the placenta to the river to prevent the child from being 'kurung batok' (he/she is afraid to travel far away) (Sucipto et al 2000: 56, Palmer 1984: 322, Surjadi 1974: 121).

Another tradition carried out after the baby is borned is polishing the rice steamer or bamboo piece with lime. The piece of the bamboo is inserted in the bamboo wall or the rice steamer, then it is put near the place where the mother and her baby are lying down. Paraji do this ritual to protect the mother and the baby from evil eye (Surjadi 1974: 121). Sundanese people believe that with this way, the evil eye can not disturb the mother and the baby.

On the sixth or seventh day, the umbilical cord usually falls off. At this time Sundanese people usually make 'hajatan' (Palmer 1984: 322, Sucipto et al 2000: 56) by cooking 'bubur beureum' (sweet porridge) and 'bubur bodas' (salty porridge) and any kinds of traditional cookies. The purpose of this ritual is to inform the family and the neighbors
that the umbilical cord was fallen off and the father or the grandfather has given a name
to the new born baby (Ekadjati 1995: 85, Sucipto et al 2000: 56). Then the paraji puts a ‘geulang kanteh’ (bracelet that make from yarn) on the left hand for a female baby and
the right hand for a male baby (Ekadjati 1995: 85, Suryadi 1974: 121). The bracelet is
believed to ‘penolak bala’ (refuse danger) (Saleh Danasasmita & Anis Djatisunda, 1986
in Ekadjati 1995: 85). In this time, paraji also perform circumcision on the female
babies (Sucipto et al 2000: 56).

When the age of the baby reaches forty days, they usually arrange ‘mahimum or
tasyakur’ (Surjadi 1974: 121, Palmer 1984: 322). This ritual starts with a praying
together ceremony and then a reading of ‘barzanzi’ (a story about birth). After that, they
cut the hair of the baby in turns. In the cutting process, those people sing ‘marhaba’ (a
song to praise for God and happiness expression because of the birth of the baby). The
hair of the baby has to be weighed and the parent has to prepare gold that has the same
weight as the hair or money at the same price with the gold. The money has to be
distributed to poor people in the village. The ear of the female baby is also being pierced
by paraji (Palmer 1984: 322). At that time, people also do ‘ngahurip’ by giving the
paraji one chicken (Palmer 1984: 322, Surjadi 1974: 121). The chicken is called ‘hayam
hurip’. The purpose is to prevent the baby from disease and to give well being to the
baby. In this event, the relationship between the mother and the paraji is ended with
‘manyoan leungeun’ (wash the hands of paraji and ask forgiveness). Thus, the beliefs
and practices in general are closely connected with pregnancy, childbirth and postpartum
in Sundanese society. These practices have close relationship with paraji (traditional
birth attendant) that will be discussed in the next part of this paper.

1.3.2 Traditional Birth Attendant and Government policy
A traditional birth attendant is a person who assists the mother during childbirth and
initially acquired her skills by delivering babies herself or through apprenticeship to
reports that in Sundanese society people called traditional birth attendant as ‘indung
beurang’ (the mother of the day). That means a woman who helps the baby come out
from the dark (uterus) to the bright condition (world). In many places in West Java, the popular name of traditional birth attendant is paraji. It is abbreviation of words: ‘purah nyabak nu jijik-jijik’ (someone who work in dirty area).


The skills are possessed by paraji (traditional birth attendant) include skills during pregnancy, childbirth, and postpartum periods. During the pregnancy period their roles are: imposing the same kind of taboos on some activities (Lefeber: 1994), adjusting the position of the fetus, massaging the abdomen of the pregnant women (Alisjahbana: 1993, Aziddin et al: 1990, Soedarno: 1998), advising on diet and administering simple essential drugs (Alisjahbana: 1993, Aziddin et al: 1990). The traditional birth attendant recommends an upright position of the woman during the second stage of labor, and lubricating the perineum with oil as a preparation of the birth process (Lefeber 1994: 153). If the birth condition has some pathology, their practices sometimes trying manually to remove a retained placenta, and they believe that postpartum hemorrhage is not alarming as it is considered a flow of ‘bad’ blood (ibid). During postpartum period, their role is to cut the umbilical cord after the birth of the placenta (ibid). Alisjahbana (1993: 38) emphasized that to cut the umbilical cord, they use everything from sharp stone, kitchen knife, or tough grass to bamboo knife depending on what is available in her area. Verderesse and Turbull, 1975; Leedam, 1983 in Alisjahbana (1993: 36) argued that her weakness lies in her traditional practices, which may endanger her clients. Lack of knowledge about the anatomy of the women’s body and the position of the child is one
of the reasons that traditional birth attendant are not aware of the importance of identifying the position of the baby (Alisjahbana et al, 1990 in Alisjahbana 1993: 40) Commonly traditional birth attendants have been accused of performing dangerous abdominal massages during pregnancy, or of advising mothers to discard the colostrum which precedes the breastmilk or of advising mothers to eat less in pregnancy, or not knowing what to do in the 10-20 percent of birth when complication arises (UNICEF, 1985 in Alisjahbana 1993: 42)

Besides the skills related with pregnancy, childbirth and postpartum paraji also have other skills like pierce (Aziddin et al 1990: 119), circumcision for female baby, lead rituals related with these events, and so forth. In contrast, midwife has special relationship just to give care for pregnancy, at the moment of childbirth or just give injection in the postpartum period, whereas paraji can take care the mother and the baby until the mother achieves full healthy. (Ekadjati 1995: 85). Paraji also sometimes takes care of the mother and the baby until the age of the baby reach forty days (Aziddin et al 1990: 119).

Women in rural area of West Java usually have close relationship with paraji because they had known the traditional birth attendant for many years (Swaminathan et al, 1986 in Alisjahbana: 1993). She is usually a member of the local community who has a personal or family relationship with her client, speaks the same language, and shares the same local health beliefs and behavior (Alisjahbana 1993: 36). Paraji also has the same religion with them (Soedarno 1998: 339). It is through bearing and rearing children that a woman in many developing countries gains status and respect in her community (Alisjahbana 1993: 38).

People in rural areas of West Java usually give a gift or amount of money after the paraji attends to childbirth process, gives massage in postpartum period, leads ritual ceremonies and so forth. The amount depends on local circumstances and traditions (Alisjahbana 1993: 40). After each delivery, paraji usually gets rice, coconut, a chicken (hen or cock) that depends on the baby gender, various spices for chew betel like betel vine, lime, areca
nut, gambier and tobacco. On ‘lebaran’ (after fasting celebration) the parent of the baby usually gives her ‘zakat fitrah’ (obligatory alms) (Azuddin et al 1990: 119). For people in rural area of West Java, ‘cost’ means money and no other things are accepted as ‘payment’ (such as rice, tobacco, etc). They regard the cost of paraji as ‘cheap’ because they can pay paraji by chicken, rice and so forth. This can be the main reason in choosing provider during pregnancy, childbirth, and postpartum period.

Because of the important role of _paraji_ that relates to the mother and baby care on one hand and their practices that sometimes have dangerous consequences on the mother and baby health, Indonesian government made a policy to give them proper training. Helman (2000: 123) emphasized that the training program of traditional birth attendants has four main objectives. The objectives are to expand the scope of their practice, to increase the safety of their techniques, to increase their referral to hospitals for babies and mothers who are at risk and to increase cooperation between them and local health staff. Traditional birth attendants training is focused on improving their performance, especially about hygienic practices (Soedarno 1998: 354). Morelli and Missoni, 1986 in Alisjahbana (1993: 41) said that the training course dealt with the followings: the physiology of pregnancy and the reproductive system, sign and symptoms of pregnancy and identification of risk, sign and symptoms of abnormal delivery and abnormal position, and the importance of referring pregnant women to the health center for immunization and complications. Thus, with this training, the Indonesian Government hopes that _paraji_ can have a role in decreasing maternal and infant mortality.

The training of traditional birth attendants is usually done in two weeks including theories and practices. The _paraji_ have to attend the training without any payment. After the training, _paraji_ gets a white coat, a pin and a ‘dukun kit’ (traditional birth attendants kit). In the reality, _paraji_ often uses the instrument incorrectly. For example, they do not boil the scissor before using it to cut umbilical cord, and so forth. On the other hand, _paraji_ often uses the training as a power and prestige for her. They said that they have the same knowledge as midwives because they get training and uses the same instrument as midwives. This training and their skills for leading ritual ceremonies, giving massage,
and so forth, makes them a bit snobbish by thinking that they are better than midwives. This ‘multiskills’ can as be a well significant reason for the women to choose them for having pregnancy, childbirth, and postpartum periods.

1.3.3 Midwives and Government policy

The difficulty in communication and understanding of the subjects given during training is the reason why many countries try to change traditional birth attendants to nurse-midwives (Alisjahbana 1993: 43-44). In Indonesia this program started in 1989/1990. The main purpose is to make a midwife care accessible by villagers. It is emphasized by the healthy Indonesian program of 2010. One of the programs is accessibility of skillful midwifery health provider in every village. The government hopes that the presence of a midwife in the village can increase antenatal, intranatal, postnatal care and management of obstetric complication or high risk by health care provider (Indonesian midwives association 2003a: 6). The midwife is expected to replace traditional birth attendants. (Ibid 2003b: 22). In October 2000, the health ministry in Indonesia launched the Making of Pregnancy Safer Initiative. This program seeks to achieve better pregnancy outcomes by (a) preventing and managing unwanted pregnancy and unsafe abortion; (b) delivery assistance with skilled health personnel; and (c) referral for complicated cases to appropriate facilities (Thind 2004: 286, Indonesian midwives association 2003a: 6). Thus, government policy has an important role in accessibility of a midwife in villages.

In doing her role, a midwife is expected to respect and use local knowledge and practices related to pregnancy, childbirth, postpartum, newborn baby and child care (Indonesian midwives association 2003a: 2). ‘Kode etik bidan Indonesia’ (Code of ethics of Indonesian midwives) emphasized that a midwife has to give precedence to importance of a client, respect to her client and cultural values in the society (Indonesian midwives association 1999: 1). In reality, in rural areas of West Java, this often become a problem. The village midwife that is usually young and inexperienced sometimes does not understand about local knowledges in the village. They think that their ‘modern knowledge’ is better than the villager’s knowledge. They regard that the traditions are not useful and must be abandoned. Language also can be a barrier between the midwife and
villagers. In rural areas of West Java, people sometimes can not understand Indonesian language and they only speak Sundanese. These social obstacles often become a problem for villager’s to accept and use the services of a midwife.

Focus of midwifery care in Indonesia is distinguished in three points. These are primary midwifery care, collaboration of midwifery care, and referral midwifery care (Indonesian midwives association 2003: 2). It is emphasized in ‘SK Menkes no 572/VI/1996’ (Indonesian ministry of health ordinance) that the competence of midwives includes (a) providing basic midwifery care (for mother and children); (b) providing family planning services; and (c) providing public health education. Midwives also give others midwifery services for mothers such as education, antenatal care, deliveries of normal and complicated cases and postpartum care. Midwives may also provide certain medical services, including local anaesthetic injection, perform episiotomy, extraction of multiple births, and vacuum extraction. Midwives in villages also have to give care in the posyandu (integrated health care post). The purpose are to give care to pregnant women and babies. The midwives also have to do home visit in postpartum period. The purposes are to give health education about umbilical care, breast care, and so forth. Thus, midwives in Indonesia have wide authority in their practices.

In Indonesia, one of the programs to decrease maternal and infant mortality rate is antenatal care. The goverment policy emphasizes that every normal pregnant woman have to get antenatal care minimum four times during the pregnancy period. The purposes are to give health education about nutrition, danger signs, and so forth, to give tetanus toxoid immunization, to check the position of the baby and to identify any abnormality in pregnancy. To eradicate neonatal tetanus, giving tetanus toxoid is very emphasized in my country. If a pregnant woman can not go to the community health center or to posyandu (integrated health care post), the midwife has to visit her to give the immunization. This policy impact to increasing the scope of antenatal visit.

Another policy is that the village midwives have to do home visit to postpartum women. The purposes are to give health education about umbilical care, breast care, nutrition,
danger signs in postpartum, and so forth. In reality, the villagers usually ask the midwife to visit the postpartum women because they want the midwife to gives an injection to the women. It is related to perception of the women and their family about normality during this period that I will discuss in the next part about choice and the personal situation of the women.

Indonesian ministry of health published ‘standar pelayanan kebidanan’ (midwifery care standard) as a guide for midwives in their practices. There are 25 standards that are distinguished in five categories. These are: (1) general care standard practices, include preparation of healthy family life and reporting and recording; (2) antenatal care standard, include identification of pregnant women, antenatal examination and monitoring, abdominal palpation, management of anemia in pregnancy, early management of hypertension in pregnancy, and preparation of childbirth; (3) childbirth care standard, include management of first stage labor, safety delivery care, placenta expulsion and management of infant distress with episiotomy; (4) postnatal care standard including newborn baby care, management of care on two hours after childbirth process (5) management of neonatal and obstetric complications include management of hemorrhage in pregnancy, management of exlampsia, management of prolonged labor with low forceps, vacuum extraction, management of retention placenta, management of primary postpartum hemorrhage, management of puerperal sepsis and management of asphyxia (Indonesian ministry of health: 1999).

Based on the explanation, we can understand that the scope of competencies of midwives in Indonesia is not only to manage normal conditions during pregnancy, childbirth and postpartum but also abnormal conditions during these periods. This competence is not possessed by paraji. The competencies of midwives can influence a woman’s decision in choosing a provider to help them during pregnancy, childbirth and postpartum.

1.3.4 Choice of health care providers and the personal situation of the women
In choosing a health care provider during pregnancy, childbirth and postpartum, a woman is not only influenced by government policy related with the presence of the health care
providers in her village. The process is also influenced by personal situation of the woman. In this part, I will explain some internal conditions that can influence a woman to choose a midwife, a paraji or both of the health care providers during the pregnancy, childbirth and postpartum periods.

In rural areas of West Java, the role of family is very important in decision making. In their culture, individuals are not held personally responsible for decisions in critical situations. It has similarity with other South Asian countries. One study in Vietnam by Craig shows that family often takes large responsibility both for decision making and for practical care in the event of illness, with family often constituting much more than a ‘lay referral network’ for decisions about individuals care (Craig 2002: 163). Related with choosing a health care provider during pregnancy, childbirth and postpartum, the role of the older women like mother or mother in law is very dominant. They usually determine where a woman has to ask help, especially in crisis condition. For example, if a pregnant woman gets bleeding, and so forth. A husband has little role to say, because his decision depends on the suggestion from the older women. They regard that pregnancy, childbirth and postpartum are the duty of the women. Thus, they ask women to solve if there is problem during this period. For Sundanese women, decision that is made by her family is a guarantee that all of her family takes responsibility to the result of the decision. The decisions include determining the cost of the provider, and so forth. It also means that the women will not be isolated during or after the crisis.

Economic conditions of a woman and her family can also influence the decision in choosing a health care provider. Phillips (1990: 201) and Soetrino (1997: 113) argued that low income is a strong barrier to the utilization of modern primary medical facilities. Most of the people in rural areas of West Java work as farmers. Their income depend on their paddy field yield. They usually use the result of their harvest mostly for their daily life needs (basic needs). Often, they can not save their money for health needs. If a woman is pregnant, she and her family will choose a health care provider that is affordable and suitable to her financial condition. Like I said before, they can pay paraji
by chicken or the other things. This can also influence a woman significantly in choosing the health care providers (Recio, 1986 in Alisjahbana: 1993, Soedarno 1998: 339).

Level of women education in villages can also influence them in choosing a health care provider. It is emphasized by Soetrisno (1997: 113) that the low level of education of the women cause difficulties for the women to understand health education from professional health care providers. Most of the women in rural areas of West Java only graduated from elementary school. This condition often results in gaps between them and the midwife who has high education.

Previous experiences of a woman or her family in using a health care providers can also influence the decision making process. If a woman has experience wit a crude health care provider, in next period, she will not choose the same of health care provider (Utarini: 1995). If in previous childbirth a woman was helped by a paraji then she is satisfied and feel safe, in next period she will more likely to choose the paraji again. On the contrary, if she got a traumatic experience in the previous childbirth process, for example, her baby died, for next time she will more like to choose a midwife. On the other hand, if the woman has bad experience with a midwife, she will choose a paraji in the next time. Thus, experience can give a contribution in choosing a health care provider.

The attitude of a woman and her family towards the conditions during pregnancy, childbirth and postpartum also can influence in the process of making choice of health care providers. Sundanese people are like Vietnamese (Craig 2002: 76) that consider women after childbirth is weak and vulnerable. Although they believe that the loss of blood in childbirth is normal, they regard the use of tonics in this condition is necessary and can make the woman recover. This is similar with the Vietnamese (ibid: 113). In the past time, Sundanese people use ‘jajamu’ (traditional herbal medicine) as tonic. With globalization and information sharing, people began to know that the using of injection with vitamins, and so forth is stronger than ‘jajamu’ and it can make the woman recover much better. This is also another reason why a woman chooses a midwife in giving birth, that is to get a vitamin injection.
Access to health information can also influence a woman in choosing a health care provider. A study by Fennis found that the presence or absence of the tools of information, such as media television or radio has an impact on (health-related) attitudes which people use to qualify other, higher order attitudes (Fennis 1999: 91). When information technology, like radio and television are accessible in villages, it is easier for women to gain access on information about pregnancy, childbirth and postpartum. Health programs about antenatal care, safe childbirth, and postpartum care can be accessed easily. Through this media, women also can know about complications during this period and the dangerous practices that can influence the mother’s and baby’s health. Although in the previous childbirth a woman chose paraji, after she gets more information, she can change her choice. Thus, access to information is an important factor in choosing a health care provider.

Finally, women’s attitudes toward modernity can also influence their choice of a health care provider during pregnancy, childbirth, and postpartum periods. A woman who thinks that something new which come from the ‘outside’ is better, will choose midwife than paraji. Sundanese people in rural areas of West Java that are open minded to new things are called ‘terpelajar’ (educated). On the contrary, a woman who regards those traditions from indigenous people are the best, will choose paraji to help them during her pregnancy, childbirth and postpartum. In reality, there are many women use both of the health care providers. It is emphasized by Craig (2002: 106) that many people simply want to have access to both sources because they believe that every provider has superiority than the other. That means that both of the health care providers have their own qualities according to the local women. They use the midwife because she is more skillful in midwifery science than paraji. They also use a paraji to lead ritual ceremonies, giving massage, and so forth.
1.4. Objective and research question

1.4.1. Objectives

1.1 General Objective

1.4.1.1 To explore the ideas of the Sundanese women in choosing a health care provider during pregnancy, childbirth and postpartum periods.

1.4.1.2 Specific Objectives

- To gain insight into the personal situations of the women that can influence them in choosing a health care provider
- To explore women’s perceptions of the health care providers (midwife and traditional birth attendant)
- To explore the influence of cultural factors to women’s choice of the health care providers during their pregnancy, childbirth and postpartum periods
- To understand the role of government policies in the process of making this choice.

1.4.2. Research Questions

- What are the cultural factors that influence women in the process of choosing a health care provider?
- How do government policies influence the process of making a choice?
- How do personal situations of the women influence them when they choose a health care provider?
- What are the crucial perceptions concerning both of health care providers - paraji and a midwife - that influence the decision making of women in choosing a health care provider?
- Are there any differences in choosing health care providers during the stages of being pregnant, childbirth and postpartum period? What are the women’s explanations for making those choices?
CHAPTER II
METHODOLOGY

2.1. Study Type and Design
This study is an exploratory study. It attempts to give insight into women's ideas of choosing a health care provider during pregnancy, childbirth and postpartum. This study is more qualitative rather than quantitative.

2.2. Profiles of the participants
People who participated in this research are 18 postpartum women. Nine women are from Tanjungsiang village and nine women are from Buniara village. In this part, I will describe their general characteristics: age, number of children, education, occupation, distance between their house and midwife clinic and private transportation. I also want to give a picture of the variations in their choice of health care providers during their pregnancy, childbirth, and postpartum periods. In the last part about postpartum women, I will make a comparison between women in Tanjungsiang village and Buniara village in choosing health care providers during these periods. Profiles of the health care providers (midwife and paraji) in Tanjungsiang and Buniara village and the head of Tanjungsiang community health center also will be served.

Profiles of the postpartum women
*Tanjungsiang village*
Range of age of the postpartum women in this village is between 22 and 36 years old. The ages of the women who have the first child are 22 and 23 years old. In this village, young married is rare. People in this village believe that married in the young age can be a problem for the young couple and their parents. Media telecommunication and accessibility to the city (see the part about location) influence this view. When the wife is pregnant, the couple is ready to accept the pregnancy. They are able to choose a health care provider during the pregnancy and also in the childbirth and postpartum periods by themselves. Although they get suggestions from other people such as their mother,
mother in law and so forth, eventually they will decide it by themselves who is the best providers.

The numbers of the postpartum women who have the first child are two people. There are three women who have two children, another one has three children, and three others have four children. It is related with experience in using a health care provider. The women who have experience in using a health care provider could use or not use it again for the next time. For the woman who does not have experience, they will learn it from the experience of other people such as their family or neighbor’s experience. Detailed information about the role of experience in choosing a health care provider will be discussed in chapter IV.

Education level of the women can be a factor that influences them in choosing a health care provider during their pregnancy, childbirth and postpartum phases. Women with middle or high level of education are more able to receive and understand the health messages from the health provider. Thus, they will choose midwife more than paraji to help them through these periods. Six of the postpartum women in Tanjungsiang village have middle level education. Four of them finished Junior high school and two others finished Senior high school. There are only three women who finished elementary school in this village. If we compare it between table 1 and table 2 below, we can see that almost all of the women with middle education use midwife in their pregnancy, childbirth, and postpartum periods. I found one woman that finished senior high school who uses paraji in her childbirth period. Her reason of the choice is explained in chapter IV.

Almost all of the women are housewives. It means that their financial support, including paying the health care providers during pregnancy, childbirth and postpartum periods depends on their husband or their family. I found one woman who works as a trader in this village. Her work is related with her high school education. She said that she wants to apply the knowledge that she got from studying
The distance between their house and the midwife clinic is near. Most of them need less than one-kilometer travel to go to the midwife clinic. Condition of the road in this village is not difficult (See discussion about location). They can access the midwife clinic easily.

Most of the women in this village have private transportation. There are also many public transportation that passes the road in this village (see about location). It makes the women can access health care center easily. This table below will give a clear picture about the characteristic of the postpartum women in Tanjungsiang village.

Table 1

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Address</th>
<th>Age</th>
<th>Number of children</th>
<th>Education</th>
<th>Occupation</th>
<th>Distance home-midwife clinic</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nunung</td>
<td>Cibeureum</td>
<td>23</td>
<td>1</td>
<td>Junior HS</td>
<td>Housewife</td>
<td>0,03 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>2</td>
<td>Atin</td>
<td>Cibeureum</td>
<td>25</td>
<td>2</td>
<td>Junior HS</td>
<td>Housewife</td>
<td>0,25 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>3</td>
<td>Lilis</td>
<td>Tanjungsiang</td>
<td>36</td>
<td>4</td>
<td>Senior HS</td>
<td>Trader</td>
<td>1 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>4</td>
<td>Siti</td>
<td>Tanjung</td>
<td>33</td>
<td>4</td>
<td>Elementary</td>
<td>Housewife</td>
<td>1,2 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>5</td>
<td>Anis</td>
<td>Manalangu</td>
<td>29</td>
<td>2</td>
<td>Junior HS</td>
<td>Housewife</td>
<td>0,5 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>6</td>
<td>Etin</td>
<td>Cikembang</td>
<td>34</td>
<td>3</td>
<td>Elementary</td>
<td>Housewife</td>
<td>0,5 km</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Kumia</td>
<td>Tanjung</td>
<td>22</td>
<td>1</td>
<td>Senior HS</td>
<td>Housewife</td>
<td>1,2 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>8</td>
<td>Itoh</td>
<td>Cikadu</td>
<td>34</td>
<td>4</td>
<td>Elementary</td>
<td>Housewife</td>
<td>0,5 km</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>Nur</td>
<td>Baranangsiang</td>
<td>27</td>
<td>2</td>
<td>Junior HS</td>
<td>Housewife</td>
<td>1 km</td>
<td>Motorbike</td>
</tr>
</tbody>
</table>

Source: Primary data, 2005

There are some variations of the women in using health care providers during their pregnancy, childbirth and postpartum. In this village, I found three women (Atin, Etin, Kumiasih) who only used midwife during their pregnancy, childbirth and postpartum periods. Nunung is a woman who only used the midwife in her pregnancy and childbirth periods but she used both the midwife and paraji in her postpartum period. There is one woman (Anis) who used both the midwife and the paraji in her pregnancy, childbirth, and postpartum periods. Lilis and Itoh are women who used both the midwife and paraji in their pregnancy period, but in the childbirth process they only used the paraji. In the postpartum period, they used both of the health care providers again. I found one woman
who only chose paraji during her pregnancy, childbirth, and postpartum periods. The reasons of the women in Tanjungsiang village for choosing the paraji, the midwife or both of them are explained in chapter IV.

Table 2
Distribution of informants in Tanjungsiang village based on using of health care provider during their pregnancy, childbirth and postpartum.

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Health care provider</th>
<th>Pregnancy</th>
<th>Childbirth</th>
<th>Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Nunung</td>
<td>P &amp; M</td>
<td>M</td>
<td>P &amp; M</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Atin</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Lilis</td>
<td>P &amp; M</td>
<td>P</td>
<td>P &amp; M</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Siti</td>
<td>-</td>
<td>P</td>
<td>P</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Anis</td>
<td>P &amp; M</td>
<td>P &amp; M</td>
<td>P &amp; M</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Etin</td>
<td>M</td>
<td>M</td>
<td>P &amp; M</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Kurniasih</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Itoh</td>
<td>P &amp; M</td>
<td>P</td>
<td>P &amp; M</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Nur</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

Source: Primary data, 2005

M : Midwife
P : Paraji
P & M : Paraji and Midwife

Buniara village
Ages of the postpartum women in this village are relative young. The range of their age is between 17 to 32 years old. Four of the informants are under 20 years old. In this village, young marriages are common. Parents will become shy if their girl is ‘late’ to get a couple. The villagers called them ‘parawan jomlo’ for a girl who is late to get married. The impact of young marriage causes the women to be pregnant at young age. People in this village also believe that after getting married, they have to get a child. A couple can use contraceptive methods after they already have their first child. Because the women are still young, they are not able to make decision in choosing a health care provider during their pregnancy, childbirth and postpartum. Their decision will depend on other
people. It can be influenced by their mother, mother in law, older sister, or other people. The role of family in choosing a health care provider will be discussed in chapter IV.

There are four women who have already delivered their first child. Two of them have two children and other three have three children. Thus, the distribution of the postpartum women in Buniara village related to the number of their children is similar with the postpartum women in Tanjungsiang village.

The level of education of the women in Buniara village is rather different with the women in Tanjungsiang village. Their level of education is low. Almost all of the postpartum women only finished elementary school and only one of them finished Junior high school. This condition is related to the difficulty to access high education in this village (see about facility of education in Buniara village in part 2.4 of this chapter). As cited in the literature review, low level of education of the women cause difficulties for the women to understand health education (Soetrisno, 1997: 113). They also do not use the health care facilities because they do not know the benefit of the facilities (Indonesian ministry of health, 2001: 6). Because of this problem, women with low education will choose paraji more often than midwife as their health care provider during their pregnancy, childbirth, and postpartum periods. We can compare table 3 and table 4 to see that all of the women who finished elementary school use paraji to help them during their pregnancy, childbirth, and postpartum periods. Thus, low education can be a barrier to accept midwife as the first choice of health care providers.

The occupation of the women in this village is the same as the women in Tanjungsiang village. Almost all of the women are housewives. It means that their financial support to cover their needs, including for paying health care provider during pregnancy, childbirth and postpartum depends on their husband or their family. I only found one woman who works in the mattress home industry. She has worked there since she was divorced with her husband when she was pregnant. Consequently, she is forced to find work because she needs money to support herself and her children.
The distance between their house and the midwife clinic is quite varied. Some of them need approximately one kilometer or less distance to travel to the midwife clinic, but others need more time to access the clinic. The difficulty is not only the distance but also the condition of the road that will be described in the part about location.

There are only three women who have private transportation. Two of them (Ita and Atik) have the private transportation related with their husband occupation as ‘tukang ojek’ (‘motorbike taxi’ driver). Besides, public transportation is also rare here (see in the part about location). The difficulty of transportation can influence the women for accessing the health care center. Table 4 will give a clearer picture about the characteristic of the postpartum women in Buniara village.

Table 3

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Address</th>
<th>Age</th>
<th>Number of children</th>
<th>Education</th>
<th>Occupation</th>
<th>Distance home-midwife</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ita</td>
<td>Pakalongan</td>
<td>29</td>
<td>3</td>
<td>Elementary</td>
<td>Housewife</td>
<td>2 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>2</td>
<td>Lia</td>
<td>Pakalongan</td>
<td>22</td>
<td>1</td>
<td>Junior HS</td>
<td>Housewife</td>
<td>1,5 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>3</td>
<td>Sarmanah</td>
<td>Candi</td>
<td>35</td>
<td>3</td>
<td>Elementary</td>
<td>Housewife</td>
<td>2 km</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Minah</td>
<td>Citombe</td>
<td>17</td>
<td>1</td>
<td>Elementary</td>
<td>Housewife</td>
<td>3,5 km</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Ismawati</td>
<td>Gikadongdong</td>
<td>17</td>
<td>1</td>
<td>Elementary</td>
<td>Housewife</td>
<td>4,5 km</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Ismawati</td>
<td>Buniara</td>
<td>27</td>
<td>3</td>
<td>Elementary</td>
<td>Housewife</td>
<td>1,5 km</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Enung</td>
<td>Campaka</td>
<td>19</td>
<td>1</td>
<td>Elementary</td>
<td>Housewife</td>
<td>2 km</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Atik</td>
<td>Batujiwa</td>
<td>19</td>
<td>2</td>
<td>Elementary</td>
<td>Housewife</td>
<td>4 km</td>
<td>Motorbike</td>
</tr>
<tr>
<td>9</td>
<td>Karyati</td>
<td>Sanding</td>
<td>25</td>
<td>2</td>
<td>Elementary</td>
<td>Laborer</td>
<td>0,2 km</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Primary data, 2005

Distribution of the women in Buniara village in choosing a health care provider during their pregnancy, childbirth and postpartum has many variations. There are two women (Ita and Sarmanah) who used both the midwife and paraji during their pregnancy period but in their childbirth and postpartum periods, they used only the paraji. Minah is a woman who used both the midwife and paraji in her pregnancy period, but in the childbirth process, she only asked the paraji to be her attendant through the process.
During postpartum period, she used both the health care providers and paraji too. It is opposite with Ismawati who used both the midwife and paraji in her childbirth period but used paraji during her pregnancy and postpartum period. Lia, is one of the informants who only used the midwife during her pregnancy and childbirth periods and used both the midwife and paraji in the postpartum period. There are three women (Enung, Imas, Atik) who only chose paraji during their pregnancy, childbirth and postpartum. I only found one woman (Karyati) who used both of the midwife and paraji during her pregnancy, childbirth, and postpartum periods. Detailed information on the decision making process of the women in choosing the health care providers during their pregnancy, childbirth and postpartum is explained in chapter IV. The distribution of the women in using health care providers is described on table 5.

Table 4
Distribution of informants in Buniara village based on using of health care providers during their pregnancy, childbirth and postpartum.

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Health care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pregnancy</td>
</tr>
<tr>
<td>1</td>
<td>Ita</td>
<td>M &amp; P</td>
</tr>
<tr>
<td>2</td>
<td>Lia</td>
<td>M</td>
</tr>
<tr>
<td>3</td>
<td>Sarmanah</td>
<td>M &amp; P</td>
</tr>
<tr>
<td>4</td>
<td>Minah</td>
<td>M &amp; P</td>
</tr>
<tr>
<td>5</td>
<td>Ismawati</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Enung</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Imas</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Atik</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>Karyati</td>
<td>M &amp; P</td>
</tr>
</tbody>
</table>

Source: Primary data, 2005

M : Midwife
P : Paraji
M & P : Midwife and Paraji
Tanjungsiang and Buniara village

From the above explanations, we can see that some characteristics of the women in Buniara village and women in Tanjungsiang village are relative different. These differences can influence the women in choosing a health care provider during pregnancy, childbirth and postpartum period. On table 5, we can see a clearer picture about the difference of the women in both villages in choosing health care provider during their pregnancy, childbirth and postpartum.

Table 5
Summary of the informants in Tanjungsiang and Buniara village based on using of health care providers during their pregnancy, childbirth and postpartum

<table>
<thead>
<tr>
<th>Health care provider</th>
<th>Number of Informant</th>
<th>Pregnancy</th>
<th>Childbirth</th>
<th>Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Tanjungsiang</td>
<td>Buniara</td>
<td>Tanjungsiang</td>
</tr>
<tr>
<td>Paraji</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Midwife</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Paraji &amp; Midwife</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Number</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Primary data, 2000

From table 5, we can see that during the pregnancy period, there is one woman in Tanjungsiang village who only used paraji. It is opposite with Buniara village with only one woman who only used the midwife. Most of the women in Tanjungsiang village used midwife in the childbirth period while in Buniara village, most of the women used paraji. During postpartum period, there is only one woman in Tanjungsiang village who used paraji, while in Buniara village, most of the women used paraji in this period. The difference of choice of the women in both villages can be influenced by their characteristics as explained before, and also by sociogeographic conditions that will be discussed in part 2.4. on location. It is supported by Becker et al that difference of demographic, personal, structural and social factors can influence health behavior (Becker et al, 1987 in Muzaham 1995: 50).
Profiles of the health care providers

The other participants in this research are three paraji who are usually being asked by women in these villages to help them in the pregnancy, childbirth and postpartum phases. One of the paraji stays in kampung (part of village) Cikadu, Tanjungsiang village. Her name is Ma’ Menok. Her age is about 75 years old. She is illiterate but she can read Arabic language. She confessed that she has practiced as paraji since 1969 and attended ‘kursus paraji’ (traditional birth attendant training) on 1980 in Subang City. She often gives treatment to pregnant women, birth women, postpartum women, and newborn babies in Tanjungsiang village and sometimes in Buniara village. She became paraji because she inherited the profession from her mother. While she was young, she often assisted her mother during practices. After her mother died, she took place the job of her mother.

Another paraji is Ma’ Ikoh. She is 65 years old but she still looks strong and fresh. She lives in kampung Sanding Buniara village. She confessed that she has practiced as paraji since 26 years ago. She attended ‘kursus paraji’ (traditional birth attendant training) together with Ma’ Menok. She said that until now she still attends paraji meeting every month in Tanjungsiang community health center. She usually gives treatment to women and babies in Buniara village, particularly in kampung Sanding where she lives, Pakalongan, Cikadongdong, Citombe, Batujiwa, Wangun and sometimes she also asked by women in Tanjungsiang village to serve them. She becomes paraji because of her experiences. She said, “kawitna sok ngingiring ka ma Uneh, Ma Uneh maot sok sareng Ma Empat, ma Empat maot teras sok sareng ma Umsiah, anjeunna maot nya diteraskeun we ku ema”(previously I assisted Ma’ Uneh. After Ma’ Uneh died, I assisted Ma’ Empat. After she died, I assisted Ma’ Umsiah, and after she died I continue her job).

The third paraji is ma Aan. Her age is around 60 years old. She lives in kampung Campaka Buniara village. She has practiced as paraji for 15 years. Like Ma’ Menok, she also inherited the job from her mother, as she say “kawitna mah sok ngingiring ka pun biang ti mju gaduh putra dua, pun biang pupus nya diteraskeun ku abdi” (I assisted my
mother since I have two children. When my mother died, I continued this job. Different with Ma’ Ikoh and Ma’ Menok that have attended training, ma Aan confessed that she has not tended any training yet but she often visits the village midwife to consult for her patients. She usually gives treatment to women and babies in **kampung** Campaka, Pakalongan, Picungcandi, Buniara and some parts of Tanjungsiang village.

Both of the village midwives are also involved in this research. The name of the midwife in Tanjungsiang village is ibu Idah. She is 38 years old. She has been assigned in Tanjungsiang village since she finished midwife school in 1995. Although she is from outside Tanjungsiang, she was known well by people in this village because she married with a man from **kampung** Cibeureum and lives in this **kampung**.

Another midwife is ibu Kania. She is 28 years old. She is assigned in Buniara village since one year ago. She came from this village. Previously she worked in Rangkasbitung district and after got married she moved to work in her village. She said “**hoyong ngabaktos ka masyarakat di kampung nyalira**” (I want to be loyal to people in my village).

Another participant is the head of Tanjungsiang community health center. His name is Pak Dindin. He is 45 years old. He was assigned here since 5 years ago. Previously, he worked at a public hospital in Subang City. He came from this village and stay in **kampung** Cibeureum with ibu Idah as his neighbor.

Besides the health care providers and the head of the community health center, in this research, both of the village leaders are also involved. The name of Buniara village’s leader is pak Shodikin and the village leader in Tanjungsiang is pak Atang. The last participants are two grandmothers of the postpartum women. The first is Ma’ Haji Anih. She is the grandmother of Atin and another one is Ma’ Mini. She is the grandmother of Atik.
2.3. Data collection techniques

This research used in-depth interview that was conducted to postpartum women in Tanjungsiant and Buniara village. The purposes are to understand the decision making processes of the women in choosing and using a health care provider during pregnancy, childbirth and postpartum. These interviews provide informations about factors that influence the women in choosing and using a health care provider. The factors are personal situations of the women such as how they perceived their conditions during pregnancy, childbirth and postpartum, their experience, the role of their family in choosing a health care provider, the influence of media, their financial condition and their attitude toward modernity. I also gather information about practices and beliefs that they do during their pregnancy, childbirth and postpartum that influences them in choosing a health care provider. This method is also used to explore their perception about the health care providers (the midwife and the paraji) and the influence of government policy of their decisions in choosing and using a health care provider during their pregnancy, childbirth and postpartum.

Interview with three paraji and two village midwives was aimed at collecting information about conditions during pregnancy, childbirth and postpartum. The information try to address common question that the women usually ask them for help, practices that they usually do to help them and impact of government policies related to their practices as a paraji or a midwife. They also gave data about the postpartum women that can become informants.

Interview with the head of Tanjungsiant community health center was conducted. This interview give information about government policies in choosing health care providers during pregnancy, childbirth and postpartum, purposes and effect of the government policies for the women and also for the health care providers (the midwives and the paraji).
Besides studying official documents in the Tanjungsiang and Buniara villages, I also did informal conversation with both of the village leaders. The purpose is to get a general picture of demographic, geographic, political and economic conditions of the villages, and also on health facilities, health care services, cultural factors, and their views about government policies related to the existence of midwife and paraji in their villages.

Informal conversation was also conducted with two older women (both of them are the grandmother of the postpartum women). One of them came from Buniara village and another one is from Tanjungsiang village. The conversation was aimed to provide an explanation about the role of the paraji and the midwife in their village and the influence of the presence of midwife and paraji in their village related to choosing a health care provider during pregnancy, childbirth and postpartum.

2.4. Research locations
This research was conducted from the third week of May to the first week of July, 2005. I choose two villages that located in Subang district, West Java province. These villages have different conditions that can indirectly influence people in choosing health care providers. The profiles of these villages are presented below.

The Tanjungsiang village
The number of the population in this village is approximately 6243 people. There are 3108 men and 3135 women, forming 1654 households. The numbers of people who have low education (only finished elementary school) are in balance with people who have middle education (finished junior and senior high school). In this village, there are also many people who finished from university. Most of the people work as peasants, traders, and craftsmen. Besides paddy field, there are two ‘pasar’ (free market) and many shops. That is why many people in this village work as traders. There are also many home industry in this village especially mattress industry in kampung manalangu and machete industry in kampung Cibeureum. There are also people who work as government officers, breeders, soldiers, and repairmen.
Other than elementary school, there are two kindergartens, three junior high schools, and one senior high school in this village. It means that people in this village have easier access on education compare to others. There are some health care facilities in this village. The community health center is located here. There are two private clinics, two private doctors, and one midwife who are assigned in this village. Posyandu (integrated health care post) are available in every kampung. The places are used every month by the village midwife to give immunization to pregnant women and babies, antenatal care, weighing babies and children, and so forth. There is also one paraji who is usually asked to help women in pregnancy, childbirth, and postpartum periods.

This village is located on the main road that connects Subang and Sumedang districts. This village is divided in seven ‘kampung’ (part of the village) that extend from west to east. Kampung Tanjung is located on the west part. Beside this kampung there is kampung Tanjungsiang. Kampung Baranangsiang is located opposite to kampung Tanjungsiang. Kampung Manalangu is located on the backside of kampung Baranangsiang. Beside kampung Tanjungsiang there is also kampung Cikembang that is separated with kampung Cibeureum by Cikembang River. The east part of Tanjungsiang village is kampung Cikadu, located beside kampung Cibeureum.

Public transportations in this village are bus, ‘ojek’ (motorbike taxi) and ‘angkutan pedesaan’ (public car transportation). Telecommunication facilities like public phones and a post office are also available in this village. Many households have private phone and most of them have television as a facility to access information. These facilities make people in this village easier to make relation with people from the cities. Thus, we can assume that they have access to modernity. The ease of public transportation and telecommunication facilities and also accessibility to health care facilities encourage the women in this village to use health care center and midwife clinic during their pregnancy, childbirth and postpartum periods. It means that they will prefer using midwife than paraji services to help them during these periods.
The Buniara village

The number of the population in this village is more or less 5134 people. 2549 men and 2585 women live in this village, divided into 1335 household. More than fifty percent people in this village only finished elementary school. It might be related to the availability of schools in this village. There exist only elementary schools here. If the children want to continue their study to high school, they have to move to Tanjungsiang village or to the city. It means that the parents have to prepare money for renting a room or to pay public transportation. In this village, only rich people can send their children to high school.

Most of the people in this village work as peasant and laborer in the paddy field. There are some people live by selling the product of forest such as wood, firewood, bamboo, and so on. There are only a few people who work in another job as government officers or traders.

Health care facilities in this village are only ‘posyandu’ (integrated health care post). It is available in kampung Samping, Pakalongan, Campaka, Buniara and Cikadongdong. Similar to the Posyandu in other villages, it is use once in a month to give immunization to pregnant women and babies, antenatal care, weighing babies, and so forth. There is one midwife here who is assigned as the professional health care provider. There are also some paraji that usually give services to mother and babies here. Two of the paraji are famous among the others.

This village is located on the south of Tanjungsiang village, having a border with kampung Manalangu. This village is divided into nine kampung (part of village). The kampung adjacent to Tanjungsiang village is kampung Samping with a three-kilometers distance from kampung Manalangu. Kampung Pakalongan is located about one kilometer on the south of kampung Samping. This kampung is the center of Buniara village where the village office is located. Kampung Picungcandi is located on the north west of this kampung and kampung Campaka is located on the west part that is separated by Citeureup River with kampung Pakalongan. The west border of Buniara village is
Kampung Buniara that is connected with kampung Tanjungsiang. On the north east of kampung Pakalongan, there is a small kampung. The name of this kampung is Cilungsir. Approximately one kilometer from this kampung, we can find a wide river with clean water. The name of the river is Cikembang River. Kampung Cikadongdong is located on the opposite side of the river. Condition of the road in this kampung is very bad and narrow. Only motorbike can pass the road. On the north of this kampung, there is another bridge crossing Cikembang River. There is a climbing spot in the opposite of the river. Only skilled drivers who are able to pass this area. At the end of this climbing spot is kampung Citombe. Kampung Batujiwa is nearly 300 meter from kampung Citombe. The condition of the road is worse compare to Cikadongdong. After another climbing spot that is longer than the first one, there is a small kampung. The name of this kampung is Wangun. Finally, after this kampung, we will find forests that the villagers usually look for firewood. Besides paddy fields, hills and mountains surrounding this village, from a distance, we can not foresee another village. We can only see the mountains from afar.

Public transportation in this village is only ‘ojek’ (motorbike taxi). The condition of the road, as explained before, is very bad. It is difficult for people in this village to make relation with people in other villages or in the cities. Public phones or post office in this village do not exist. There are only several households in kampung Pakalongan, Sanding and Buniara that have private phone. Also there are only thirty percent of the household in this village that have television. It is only ‘jalmi aya’ (rich people) who have television in this village. These conditions make people in this village are more difficult to access information. The difficulties in acquiring transportation and telecommunication facilities and also the distance to access health care facilities influence women in this village in choosing a health care provider during their pregnancy, childbirth and postpartum periods. They will more likely to choose paraji than midwife. This is because the paraji could visit their house easily, while if they choose midwife, they would have to make a travel to the community health center or midwife clinic.

The people characteristics in these villages are rather different. It need more time to make a good relationship with the people in Buniara village. I had to visit the women in this
village more than one time to make them trust me. Generally, they are quite open and friendly, after they had trust in me. They invite me to come over any time that I wish. To make a relationship with people in Tanjungsang is easier. They can soon talk openly after a while. It was easier for me to get information from them compare to the women in Buniara village. That is why I chose to live in kampung Pakalongan Buniara village during the six week of my fieldwork time.

Beside the difference, there are some similarities among the people in these villages. Both of the villages are led by Lurah (village leader) who was elected directly by the people. All of them are Moslem. They practice the religion devotedly. Women and men have their own place in a mosque for praying. They are all Sundanese and speak Sundanese language in their daily life. Fortunately, I am also Sundanese and speak the same language with them. It made me easier and comfortable to do my research in these villages.

2.5. Ethical Considerations
Before doing my research, I asked for permission to the head of Tanjungsang community health center and the village leaders. The respondents only include participants who were agree to participate in this study. I asked the participant to give informed consent before the research was conducted. This informed consent included the rights of the participants, information about the research study and the expected information from the participants.
CHAPTER III
GOVERNMENT POLICY AND HEALTH CARE FOR WOMEN DURING PREGNANCY, CHILDBIRTH AND POSTPARTUM

This chapter will discuss national government policy about health care for women in the pregnancy, childbirth and postpartum and the role of midwives and traditional birth attendants related to the policy. The role of the Tanjungsiang and Buniara village leaders to support the health policy will be provided. Result of my interview with the head of Tanjungsiang community health center about the policy related to women health especially during pregnancy, childbirth and postpartum period will be explained. The purposes of the policy and the problems that arise in applying the policy will also be addressed. This chapter will give detail on the interviews with the midwives and the paraji (traditional birth attendants) in Tanjungsiang and Buniara village about health care of women during pregnancy, childbirth and postpartum. The impact of government policy in their practices also will be described.

3.1. Indonesian government policy related to pregnancy, childbirth and postpartum care

Mother and baby health is one of the core programs in community health centers. Indonesian health ministry mentioned that one of the programs to reduce maternal and infant morbidity and mortality rate is by assigning a midwife in every village. As cited in the literature review, the presence of the midwife in the village is expected to replace traditional birth attendant (Indonesian midwives association 2003: 22). One of the purposes to assign midwives in villages is to improve the quality of health care for pregnant women, childbirth women, postpartum women, and newborn babies in the village. Thus, cases that related to complications during pregnancy, childbirth, and postpartum can decrease.

A village midwife has the task to do antenatal care for pregnant women in the village (Indonesian ministry of health 1998: 3). It includes weighing, blood pressure
measurement, general examinations, specific examination related to age of the pregnancy, giving immunization and Ferrous Sulfate tablets, danger signs detection, and so forth. She also has a task to give health education to pregnant women such as education on antenatal care (minimum four times during the pregnancy period), taking ferrous sulfate routinely, getting immunization twice during pregnancy, healthy nutrition course for pregnant women, delivering baby by attendant a midwife, et cetera. The antenatal care can be done in the community health center, midwife clinic, or posyandu (integrated health care post) (Indonesian ministry of health 2001: 5).

As cited in the literature review, one of the programs for Making Safer Pregnancy Initiative is by delivering skilled health personnel assistance (Thind 2004: 286, Indonesian midwives association 2003: 6). This is due to the possibility of complications that can occur during the childbirth process that can not be detected during antenatal care. With the presence of a midwife in the village, women will have access to deliver their baby by attendant of a midwife (Indonesian ministry of health 1990: 7). The childbirth process can be done in the women’s house or in the midwife clinic. Village midwives also have a task to accept referral from parajji. They also have to refer childbirth processes with complications to hospital.

In the postpartum period, a village midwife is recommended by the Indonesian ministry of health to do postpartum visits for four times during this period. These visits should be done on the third day, the first week, the second week, and the sixth week of the postpartum period (Health profession education center, 1990: 52). If it is not possible to visit four times, for example because the geographical condition is difficult, village midwives have to do minimum twice postpartum visits during that period. The first visit should be in the first week and the second in the sixth week. (Indonesian ministry of health 1990: 25). The aim of this visits are for examinations of the mother and her baby, to detect danger signs in the postpartum phase and to give health education such as breast care, nutrition during pregnancy, exercise, family planning, and so forth. This policy is decided because there are many problems that can occur in this period like postpartum
hemorrhage, breast infection, and other problems that can cause mother's morbidity and mortality.

Another policy to decrease mother and infant mortality rate is *paraji* (traditional birth attendants) training. This is because there are many women especially in villages that are still using the *paraji*. Midwives are assigned to train the *paraji* (Indonesian ministry of health 1990: 46). There is one book made that serve as a guide for the midwives to give the training. The title of the book is "*buku pintar dukun*" (clever traditional birth attendants book). Besides the texts, this book also content pictures. The picture purposes are to make the *paraji*, who are illiterate, to be able to understand the message in this book. The contents of this book are about pregnancy, childbirth, and postpartum and newborn babies. Pregnancy will discussed topics such as pregnancy signs, antenatal care by midwife, high risk pregnancy, danger signs in the pregnancy, breast care in the pregnancy, nutrition for pregnant women and ferrous sulfate tablets (Indonesian ministry of health 1990: 1-11). The childbirth topic will explain subjects such as childbirth signs, cleaning instrument before attending childbirth, hand wash before attending childbirth, danger practices in the childbirth, umbilical care, mother care after childbirth process and signs of a healthy baby (ibid: 12-20). The postpartum topic will give detail about self care for mother during postpartum period, breastfeeding, danger signs in the postpartum period and newborn baby (ibid: 21-24). With these subjects, the *paraji* are expected to have new knowledge about mother and baby care and they can leave their practices that can endanger women and baby. Thus, they can help midwife in giving care to the women during pregnancy, childbirth and postpartum period.

The *paraji*, who already receive training, will attend continuously a *paraji* meeting once in a month. The purposes are to remind the subjects of training, to discuss if there are some problems in their practice, to give information about health programs, and so on. It is a voluntary action for the *paraji* to attend the training and the meeting. They do not have to pay to take this course. Government villages sometimes give them money for transportation cost to the community health center. It depends on the policy of the village leaders. The *paraji* who got the training is expected to have enough knowledge about
mothers and babies health. Thus, it can be easy for midwives to cooperate with them to improve the mother and baby health.

One of the principles in making pregnancy safer is partnership between midwives and paraji in giving care to the mother and newborn baby (Indonesian ministry of health 2001: 18). Partnerships in the antenatal care can be in the form of the paraji who give reference to pregnant women to posyandu, midwife clinic or community health center to get immunization and examination. Paraji can also refer pregnant women with high risk. Partnership between a midwife and a paraji is also done in helping a childbirth process (Indonesian ministry of health 1998: 24). It is because there are many women who still use paraji to help them in the childbirth process. It can improve the quality of caring in the childbirth because during attending the process, the paraji is assisted by the midwife. Thus, delivery care with ‘three clean’ (clean helper, clean instrument and clean delivery place) is guaranteed. Another benefit for the midwife is that she can do intervention immediately if a complication is occurred during the process. Partnership in the postpartum period can happen in the case when the midwife visits only twice during postpartum period, while the newborn baby is being taking cared by paraji. The midwife can also do supervision when the paraji is practicing (Indonesian ministry of health 1998: 12). It is expected that with this partnership, midwife and paraji can support each other in doing their task to decrease mother and infant mortality rate.

3.2. The government policy in the local situation
Implementation of the national government policy in the local situation sometimes is quite different with those of the ministry of health. It is influenced by sociocultural conditions in that place. The community health centers and the villages government have a role in the implementation of the national government policy. In this part, I describe the role of the village officials especially the village leaders and the head of community health center to successful government policy on health care during pregnancy, childbirth and postpartum periods.
3.2.1. The role of the Tanjungsiang and Buniara village government

The village government has an important role to successful health policies related to mother and baby care in their villages. To understand the role of village government to support the policy, during this research, I did informal conversation with Pak Atang, the Tanjungsiang village leader and Pak Shodikin, the Buniara village leader. Related to the policy to do antenatal visit, they did different actions. According to Pak Atang, he did not have to warn pregnant women in his village to do antenatal visit. “They usually know when they have to go to midwife to get antenatal care. I do not have to force them. They will know the schedule of ‘posyandu’ in their kampung because sometimes they ask my staff or me about the schedule. Pregnant women here usually come to ‘posyandu’, community health center, or clinic midwife. Yes, they can choose, because it is easy to access the facilities”. He explained that women in Tanjungsiang village understand themselves that the antenatal care is important and they will take action according to their own need.

It is different with condition in Buniara village. Pak Shodikin said that pregnant women in this village still have to be remembered to do antenatal visit. “One or two days before the day of antenatal care in ‘posyandu’, we usually make notification in that ‘kampung’ that tomorrow there will be free antenatal care given by the midwife. The notification is aimed to make the pregnant women not to go to paddy field or to forest in the posyandu day. Sometimes I ask my staff; especially the kader (health sub department) in the morning before the midwife comes to the posyandu, to visit the pregnant women houses to remind them about it”. Although it has not achieved the target expectation yet, he said that this way gives good result. Now, the pregnant women in Buniara village get antenatal care by midwife minimum once or two times during the pregnancy period.” Minimum, they will get immunization that is important. I hope next time will be better than now”. He said that it needed time to make women in this village to realize about the benefit of the antenatal care.
From the explanation of the village leaders, we can see that the leader of Buniara village have more important role than the leader of Tanjungsian village to successful health policy. It is related with the difference of sociogeographic condition in both villages.

Related to the presence of a midwife and paraji in their villages, both village leaders said that they always involve in the health care providers issue in the village ‘meeting’. It is aim to facilitate the midwife to discuss health care programs with the village staff and the paraji. This meeting is also supposed to be as a communication facility for both providers. In reality, they recognize that the midwife is usually present while the paraji are rarely come to the meeting. It is emphasized by Pak Shodikin “There are some paraji in this village and we always invite them to attend the village meeting every month but only ma Ikoh who often present”. They said that the absence of paraji in the meeting is because the paraji consider that the meeting is not their task or important duty. The paraji think that they take care of the women because the women ask the paraji to help them. Thus, most of the paraji do not want to involve in the meeting program.

To support government policy about paraji course, both village leaders said that they often give money to the paraji to pay the cost of transportation to the community health center. Pak Shodikin said, “paraji is a voluntary job. They do not get money like midwife when they help the women, whereas distance from this village to the community health center is far. Thus, they need transportation cost to pay ‘ojek’ (motorbike taxi)”. Both of them agree that the training is very useful to change the danger practices of paraji. They said that paraji who had got the training would contribute to government program in decreasing mother and infant mortality rate. When I asked about the paraji who have not attended the training yet, Pak Shodikin answered that it could not be forced. “It needs time to make them understand the importance of this training. I always suggest to the village midwife to do personal approach. With this way, we hope that they could change their mind about this danger practices”. It is different with paraji in Tanjungsian village. Pak Atang said there is only one paraji in this village and she usually goes to community health center to attend the paraji course.
Village government especially the village leaders in Tanjungsiang and Buniara village play a role to make the health policies successful. From the explanation of the village leaders, I notice that the leader in Buniara village work harder than leader in Tanjungsiang village. It is related with the characteristics of the population and the geographic condition of this village.

3.2.2. Role of the Tanjungsiang community health center

I interviewed pak Dindin, the head of Tanjungsiang Community health centre, to understand about implementation of the government policies related to health care for pregnant women, childbirth women, and postpartum women in the villages under supervision of the community health center. During the interview sometimes he used Indonesian language and sometimes Sundanese language. According to pak Dindin one part of the government policy for pregnant women is antenatal visit (minimum four times) during the pregnancy period. A pregnant woman is expected to do the first visit when the age of her pregnancy is less than four month. In this visit, the pregnant woman can get Tetanus Toxoid immunization and 30 tablets of Ferrous Sulfate. At the second visit, the pregnant woman can also get the tablets and second immunization. This visit should be done in the second trimester of the pregnancy. Third visit and fourth visit should be done in the third trimester. In the fourth visit, the pregnant woman has already get twice of the immunization and minimum 90 Ferrous Sulfate tablets. In every visit, the midwife will take some examinations like blood pressure, weight, abdominal palpation, and so forth. The midwife also will give health education related to pregnancy and birth preparations. Pak Dindin said “I always warn the midwives to give health education to pregnant women who visit ‘posyandu’ (integrated health care post), ‘puskesmas’ (community health center) or their clinic. It could be about nutrition matter, activities during pregnancy and other things; especially about danger signs during the pregnancy so that they will not delay themselves to go to the midwives if they have abnormal conditions like severe vomit or hemorrhage”.

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When pak Dindin talked about health education for pregnant women, he showed me one book. The title of the book is ‘Buku kesehatan ibu dan anak’ (Mother and baby health book). This book has contents about mother health records (pregnancy, childbirth and postpartum) and baby (newborn baby, baby and child under five year). There is also much information about mother and baby health care in this book. The book is divided in two parts, one part about the mother, and one part about the baby. In the part about the mother, there is much information for mother during pregnancy such as how to keep health during pregnancy, nutrition during pregnancy, danger signs in the pregnancy, birth preparation, and so forth (Health department of West Java Province, 2003: 2-7). There are also information during childbirth such as childbirth signs, danger signs in the childbirth process and so forth (bid: 8-9). Information for postpartum women are about exercise, nutrition for postpartum women, danger signs in the postpartum, contraceptive methods, etc (ibid: 9-11). There are also some pages in this book that can be used by the midwife to record the health care of the mother during pregnancy, childbirth and postpartum (ibid: 12-18).

According to Pak Dindin, this book is supposed to help the midwives in giving health advises to the women. He said that it was difficult for the midwives to give advices in just once or two times. It is expected that the women can read the messages from this book. Thus, the women can access health information related to the pregnancy, childbirth and postpartum.

When I asked about problems that could arise related to the antenatal care program, he said that in some villages, there are many pregnant women who did antenatal visit less than four times. He explained that the first visit means that the pregnant women have access to health care provider (midwife) and the fourth visit means that the health care is given completely. He gave me one graphic that showed the frequency of the fourth visit that is lower than the first visit. It is similar to national data that the percentages of pregnant women who get antenatal care is once time higher compare to pregnant women who get antenatal care for four times (Indonesian ministry of health 2001: 7).
Related to the role of paraji during pregnancy, pak Dindin recognized that in some village, paraji still have an important role.” That ways we do ‘pembinaan’ (founding), now we do not call ‘pelatihan’ (training) for the paraji. It is organized once every month here (in community health center). The midwives lead the course. Subject of the course is prepared to prevent their danger practices and also to give information about the danger signs during pregnancy and high risk detection of pregnant women”. He emphasized that paraji have important role in referring pregnant women with high risk (such as too thin, too many children, and so forth). They have a role to refer pregnant women to posyandu or puskkesmas to get Tetanus Toxoid immunization and also refer pregnant women who have danger signs like hiperemesis gravidarum (severe vomits) and antepartum hemorrhage. He said that the ‘kursus paraji’ (traditional birth attendant course) is very useful to increase the high-risk detection and antenatal visit scope in the villages under supervision of the Tanjungsiang community health center.

Pak Dindin said that every village midwife has to cooperate with the village leader to motivate pregnant women to visit the midwife clinic or posyandu. If the pregnant women do not have any money, they can get the immunization and the Ferrous Sulfate tablets in posyandu for free.

Related to policy about birth attendants, Pak Dindin said, “for long period, We hope that every childbirth is attended by a midwife. It is because considering the risks that can arise during the childbirth. Although a woman does antenatal visit routinely and her pregnancy is normal, it is not guaranteed that her childbirth processes will be normal too. There are some problems like early rupture of membrane or hemorrhage because of retention placenta that can not be detected by antenatal care”. He admitted that in some villages, paraji are still dominant in attending childbirth process. For this condition, he explained about partnership between midwives and paraji.” If the paraji helps a woman in childbirth process, a midwife assists her. We called ‘pendampingan paraji’ (assisting paraji). And the last choice that is working now; if the paraji finds a problem or danger signs in a childbirth process, she does not have to handle it by herself but she has to refer
it to the midwife immediately". With this policy, he said that maternal morbidity and mortality is expected to decrease.

Because of the importance of referral cases of paraji to a midwife, Pak Dindin said that 'kursus paraji' is very useful to give them knowledge about danger signs in the childbirth. Through this course, paraji also get knowledge about sterility of instruments and practices that can endanger mothers and their baby. When I asked about why people still use paraji, he answered that may be because paraji was already practicing for a long time and people know them well while for the midwives; some of them are still young and sometimes people do not know about them. This statement is supported by the research of Swaminathan that women have close relationship with paraji because they had know the traditional birth attendant for many years (Swaminathan et al, 1986 in Alisjahbana: 1993).

About postpartum visit, Pak Dindin said that this policy can be applied for midwives in Tanjungsiang community health center but is still difficult to run in some villages. The problem is the geographical condition. Midwives also have other tasks such as giving health care in posyandu, antenatal care, immunization for baby, health care for contraceptive acceptor, and so forth. The solution of this problem is to make most of the postpartum visit delegated to paraji. Because most of the people in villages still believe that every postpartum woman has to get massage. I make a policy that the postpartum visit can be delegated to paraji. It is with a warning intention that paraji can not massage the abdominal area. I assign every midwife to give this knowledge in kursus paraji (paraji course)". He also said that paraji have an important role to refer postpartum women. For this matter, the course also gives information to the paraji about danger signs during postpartum period. Finally, he said that partnership between village midwives and paraji is very useful to every program success to decrease maternal and infant morbidity and mortality rate. Thus, the government policy is important to promote the utilization of health care provider during pregnancy, childbirth, and postpartum
periods. From these explanations, we can understand that the government has an expectation that the midwife and paraji can work together to improve the mother health status.

3.3. Health care for women during pregnancy, childbirth and postpartum in Buniara and Tanjungsiang village

In this part I will describe health care in Tanjungsiang and Buniara village related to the government policy that was discussed above. According to Bu Idah, the midwife in Tanjungsiang village, all of the pregnant women in this village had already got antenatal care in posyandu, community health center, or midwife clinic. “In this village, most of the pregnant women do antenatal visit every month routinely. Yes, most of them come more than four times during the pregnancy. There is also some women who come only twice to get immunization, but it is rare”. Her explanation is in line with the information from the Tanjungsiang village leader that I explained before, that most of the women in this village have their own responsibility to do antenatal care.

It is different with women in Buniara village. Bu Nia, the midwife in Buniara village explained, “Most of pregnant women in this village visit posyandu to get antenatal care. They usually come only twice to visit the posyandu, and after they get immunization, they have never come again. Pregnant women who usually come to my clinic are only the one who have complaints like severe vomits, edema in her leg, headache, and so forth. They usually ask me to give them injection or tablet because in Posyandu they only get immunization and Ferrous sulfate tablets”. She told me that a woman who has bad experience like abortion in previous pregnancy usually visits her clinic every month. From this explanation, we can understand that women in Buniara village only visit the midwife to get immunization or if they have a problem during their pregnancy. Thus, it is different with most of the pregnant women in Tanjungsiang village that visit antenatal clinic routinely.

When I asked about childbirth, Bu Idah said that beside abnormal cases, there are many normal cases of those women that also asked her for help. “If during a pregnancy a
woman visit antenatal clinic routinely, they will usually ask me also to help for the childbirth process. Pathological cases are usually referred by paraji”. About postpartum visit, Bu Idah said that she visits once or two times like every woman who was delivered by her attendant without paying. The purposes are for teaching how to bathe the baby, umbilical care and breast care and to detect danger signs. “I always give messages to every women that is delivered by my attendant before they leave my clinic, to come here or call me immediately if they have complaint during postpartum period”. She said that it is important to give the message because complications are possible to occur in the postpartum period.

It is different with Buniara village as Bu Nia explained to me “In this village, most of the childbirth process is still being attended by paraji. They only ask me if the paraji can not solve the problem like pathological cases”. She recognized that to do postpartum visit is still difficult in this village. “Because their houses are far from each other, for this time, I only visit women who were attended by me, because they have problem in childbirth process. In this village, postpartum women usually ask paraji to continue giving massage. There are some women who ask me because they have problems like fever, breast edema or leg edema”. From this explanation, we can see that the role of the midwife in this village is a consultant for paraji if they can not solve the problem of the women.

Related with the presence of paraji in this village, Bu Idah said that she cooperates with paraji in giving care to pregnant women, childbirth, and postpartum women. “In this village, there are many pregnant women who go to the clinic but also ask paraji to get the massage. They also ask paraji to lead rituals like ‘nujuh bulanan’ (see literature review about practices and beliefs). When I asked about relationship with paraji in giving care during childbirth process, she explained “In this village, most of childbirth process is attended by me. I usually cooperate with paraji to bury placenta because many people here still believe that placenta is the brother or sister of the baby so that they have to treat it well”. Cooperation with paraji is also done in postpartum care. She said that if the childbirth is referred by paraji, then postpartum care usually is being taken care by
paraji again. From this explanation, we can understand that in Tanjungsiang village, midwife is more dominant than paraji in the childbirth period while in the pregnancy and postpartum period paraji still have a role; especially for giving massage and lead ritual ceremonies.

In Buniara village paraji have an important role in referring pregnant women to get immunization and to detect pregnant women with high risk. Bu Nia said that although it is often a bit delayed, they also have a role to refer childbirth women with pathological cases. For her, work in this village is a challenge “May be because I have just lived for one year in this village, so that I need more time to get trust from the paraji, the women and from all of the people in this village”.

Ma Menok, a paraji who lives in kampung Cikadu, recognizes the moving of the role of paraji to midwife in Tanjungsiang village. “In the past time, when there was no midwife here, all of the pregnant women, birthing women and postpartum women asked my help. After there is a midwife, my patients are decreasing especially for birthing women. But sometimes I still give massage to the pregnant women or postpartum women. Sometimes, the women ask me to lead ‘nujuh bulanan’, but it is rare. Now, people in this village are not really loyal to do this ritual”. When I asked about government policy related to the presence of the midwife in her village, she said, “I am happy because I am old now. When I was young, there was no midwife school that is near from this village but now people can study to be a ‘good paraji’. But I still want to learn. That is why I go to the community health center every month to get knowledge from ‘ibu bidan’ (the midwives)”.

She often refers women who have danger signs during pregnancy, childbirth or postpartum. She said “da ema mung hoyong tutulang” (I only want to help people).

It is different with the role of paraji in Buniara village. Ma Aan and ma Ikoh, the paraji who live in this village admitted that there are many women who ask their help during their pregnancy, childbirth and postpartum. Ma Aan explained “Women in this village usually ask me since the first time they realized that they are pregnant (ngandeg). It is usually continued until childbirth and postpartum periods. I usually give massage to the
postpartum women, seven times if the baby is a girl, and six times if the baby is a boy. Sometimes, I also give massage to the women who are delivered by attended midwife because they can not walk. After the massage, they feel relaxed, so they can do their daily activities. Women who are helped by me usually can do homework at the second day after the childbirth process”. She said that might be a reason why women in this village like to ask her help.

About partnership with midwife, ma Aan said “I always refer pregnant women to posyandu to get immunization. I also refer childbirth women who ‘gelemestreng’ because they will be shy by midwife. Although the baby is in breech position, if the women are not ‘gelemestreng’ they can do the delivery without midwife attending”. For ma Aan, problem in childbirth process is if the women are not patient to face the process (like crying or shouting because it feel painful). Her term is ‘gelemestreng’. In her opinion, some cases like breech position, postpartum hemorrhage are not important cases that have to be referred to a midwife. I think, this is because she rarely attend the paraji course.

Different with ma Aan, ma Ikoh recognized that she usually refers her patients immediately, if she found one of the danger signs. “If the amnion was breaking but the baby has not come out in one or two hours, I always refer to bu bidan (the midwife). In the meeting, bu bidan always said that do not delay if they need to refer a patient because it can make the patient worse or even die. Sometimes I find some women who do not want to go to midwife, but I said that I do not take responsibility if there is something happened. But finally they always follow my suggestions”. For ma Ikoh, some conditions like premature rupture of membrane, breech position, retention placenta, and so forth are cases that have to be referred to midwife immediately. She got this knowledge when she attended ‘kursus paraji’ (traditional birth attendant training).

From the explanation of the midwives and the paraji in both villages, I concluded that health care for women during pregnancy, childbirth and postpartum period in these village are rather different. In Buniara village the paraji are more dominant than the
midwife while in Tanjungsiang village the midwife has more important role than the paraji. This condition is influenced by the personal situation of the women like their perception about normality, their previous experience, their financial condition, et cetera and also perception of the women about the health care providers that will be discussed in chapter IV.
CHAPTER IV
DECISION MAKING PROCESSES
IN CHOOSING A HEALTH CARE PROVIDER
DURING PREGNANCY, CHILDBIRTH AND POSTPARTUM PERIODS

Choosing a health care provider during pregnancy, childbirth and postpartum is not a simple process. There are many factors that influence a woman in that process. The personal situations of the women, their perceptions about the providers and the government policy can influence the process of making those choices. In this research, I tried to explore the reasons why women in Buniara village and Tanjungsiang village choose one health care provider against the other, or why they choose both health care providers.

4.1. Choice of health care providers and personal situations of the women
Some important factors that can influence women in choosing a health care provider during their pregnancy, childbirth and postpartum is their personal situations. It is included in their adherence of practices and beliefs during pregnancy, childbirth and postpartum periods, their perception about normality, their previous experience and or their family experience in using a health care provider, the role of family member to choose a health care provider, their access to health information related to pregnancy, childbirth and postpartum, their financial condition. Their attitude toward modernity can also influence their choice. These factors are related and influence each other in the process of making a choice of a health care provider. In this part, I will describe those factors as an explanation of their choice during pregnancy, childbirth and postpartum.

4.1.1. Choice of health care providers and beliefs and practices related to pregnancy, childbirth and postpartum
As cited in the literature review, in Sundanese society there are many rituals that are usually done during pregnancy, childbirth, and postpartum periods. In the pregnancy the rituals are usually arranged on the forth, fifth, seventh and ninth month of the pregnancy.

Almost all of the women in Buniara village did rituals during their pregnancy, childbirth and postpartum. Ita explained "When I felt pregnant, I went to paraji bringing paddy in a bokor. Yes, I asked her to help me. When my pregnancy was fourth month, I did 'salametan', and at that time paraji gave massage and pray for my baby. On the seventh month, I did 'nujuh bulanan'. In this time, I prepared seven unit of cloth; seven kinds of fruit, seven kind of tuber, and the paraji also led the ritual. I also did 'ngahurip' when the age of my baby reaches forty days, yes; I gave one chicken to paraji as a 'change of my blood'. Yes; it is tradition in this village. I did it because I believe that it is important to make my self and my baby become well being'. For them, the role of paraji is very important. They are very respectful to the paraji because she can lead the rituals. It is a reason for them to choose paraji in the pregnancy, childbirth, and postpartum period.

In the literature review I cited that in Sundanese beliefs, there are many taboos during the pregnancy period for the pregnant woman and some of them also for the husband (Surjadi: 1974, Sumamiharja: 1994, Heriyati et al: 1986). Some taboos are also obtained in the postpartum period. Almost all of the women in Buniara village perceive that taboos are useful for them and their baby. They said that they followed the advice from paraji. Enung explained to me "It was my first pregnancy. I was afraid that something wrong might happen to my baby or me. During my pregnancy, I prevent myself to eat baso (meat ball), ice, chili, egg, fish, some fruit like salak (fruit of Zalacca palm), pineapple, cucumber and legume. In the postpartum period until now I also forbid myself to eat 'hahaseuman'(all kind of fruit). When I was pregnant I never went out at night and in the day time I always brought small knife, a small scissor, onion and 'panglay'(a kind of ginger). I did it because I believed it could prevent me and my baby from disturbed by 'kuntilanak'(evil eye). I got knowledge about this from paraji". Besides asking the paraji to lead rituals, women in this village also regarded the paraji as an expert related to beliefs in the pregnancy, childbirth, and postpartum period.
It is rather different with women in Tanjungsiang village. Almost all of them did not follow this tradition anymore. Although they did 'salametan' on the forth and seventh month of their pregnancy, they only asked their neighbor to pray together that is led by a religious leader without any rituals. They said that the important thing was asking God to give well being for them and their baby. Atin argued “I did not follow that tradition because it need a lot of money. I think it is better if I use the money to pay midwife to get antenatal care or save the money as preparation when I deliver my baby. I am not sure that the rituals can guarantee me and my baby safety” Some of the women in this village followed some of the rituals that they thought it were important. It is like Anis who believed that placenta is an ‘afterbirth brother’ of her baby. That is why she used paraji beside midwife when she delivered her baby. Their neglect to the rituals can be influenced by their access to modernity that was easy (see about location on part 2.4).

About taboos, almost all of the women in Tanjungsiang village recognized that they did not follow the taboos during pregnancy, childbirth and postpartum. Lilis said “No, no I do not follow the prohibition. When I was pregnant, I ate everything that I wanted to eat, vegetables, fruits, meet, egg, fish, everything...because midwife said that it is important for pregnant woman. And now I eat more because I have to breastfeed my baby. I had never brought ‘panglay’(a kind of ginger), onion, knife, or scissor when I went out during pregnancy. Yes;, because I am a trader, sometimes I am back home at night. It was not a problem. I believed that God will protect me and my baby” They argued that the health education from midwife gave them knowledge about nutrition during pregnancy and postpartum period. Thus they abandoned the taboos because they thought it were not useful for them and their baby. The acceptance of the health education for the women in Tanjungsiang village could be influenced by their education that was discussed in chapter II.

From their explanation above, I conclude that the adherence of the women in Buniara and Tanjungsiang village to follow the practices and beliefs during pregnancy, childbirth and postpartum were different. It influenced them in choosing a health care provider during these periods.
4.1.2. Choice of health care providers and perception about normality

Sundanese people believe that pregnancy, childbirth and postpartum are natural events. During these periods, there are many problems that can be experienced by the women. Sometimes they need an expert to solve this problem but sometimes they can solve it by themselves. The problems during pregnancy are like nausea and vomitus, headache, backache, and so forth. During childbirth process can emerge some problem like prolong labor, breech presentation, hemorrhage, and so forth. Some problems in the postpartum periods are like mastitis, edema leg, postpartum hemorrhage, fatigue, and so forth.

Perceived the condition is normal or abnormal is one factor that is considered by women in Buniara village to choose a health care provider. During pregnancy, if they were sure that their condition was normal, they were more likely to choose paraji. They only went to midwife, if they had problems that could not be solved by paraji. They also did antenatal visit because the paraji asked them to get immunization and to make sure that their pregnancy was normal. Enung, Imas, and Atik recognize it. All of them used paraji during their pregnancy, childbirth and postpartum periods. Enung said “I only met twice with midwife in the posyandu, ya to get immunization. She said that my baby was normal. But I asked paraji every month to correct the position of my baby. She also helped me when I was in childbirth process because it was not difficult. I do not have problem until now, everything are normal”. They argued that if paraji was able to help them, they did not need to ask midwife.

Different with the three informants who used paraji in their pregnancy, childbirth and postpartum periods, Ismawati used midwife besides paraji in her childbirth and postpartum period. It was related with her condition. “I do not know what was wrong. When I was pregnant I only visited midwife twice. She said that my baby was normal. I also did not have complaint. But in delivery process was very difficult. First my mother asked paraji. She waited since the morning until afternoon, the baby had not came out. She decided to refer me to midwife. The midwife said that the membrane was broken. It made the process was long. In the postpartum period, I also asked midwife because I felt
very weak, and she gave me injection and vitamin tablets”. Karyati also emphasized the acceptance that the abnormal condition made them to go to midwife. She used midwife beside *paraji* during her pregnancy, childbirth and postpartum because she had complication in these period. “I visited midwife routinely because in the early pregnancy, I got severe vomitus. After it stopped, I had edema on my legs. When I delivered my baby, first I only wanted to use paraji but finally I also had to ask midwife because the paraji could not help me. The position of my baby was abnormal, ‘nyungsang’ (breech presentation). In the postpartum period, beside get message from paraji, I also asked midwife to give me injection because I am very weak”. Both of them used midwife after they were sure that the *paraji* was not able to cure the complications.

Abnormal condition during pregnancy that caused them had to visit midwife routinely was also recognized by Ita and Sarmanah. Until fifth month of this pregnancy, they got nausea and severe vomitus. Ita explained “midwife gave me some medicines and my vomitus decreased gradually. On sixth month of my pregnancy, the vomitus stopped and I felt much better. After that I had never visit the midwife again. I just asked paraji when I delivered my baby until this postpartum, ya because I feel healthy now”. When the problem disappear, they were back to paraji because they think that everything is normal.

From their explanation, I notice that the women in Buniara village do antenatal visit to get immunization that they think that is important for their baby and to make sure that her pregnancy is normal. They will also visit midwife if there is one problem during their pregnancy, childbirth and postpartum. They ask midwife as ‘second choice’ if the *paraji* can not solve their problem.

Different with women in Buniara village, most of the women in Tanjungsiang village used midwife during their pregnancy, childbirth, and postpartum period. I found three women (Atin, Kurniasih, Nur) who only used midwife during these periods. The reason was not because their condition was abnormal but they thought that using midwife was more safe than using paraji to help them in these periods. They did antenatal visit every
month since they feel pregnant. “I did not have problem during my pregnancy but I did antenatal visit routinely because I do not know inside. Midwife would do examination and if that something wrong, she would act immediately.” Atin said. In the childbirth process, they also used midwife. The reason why choose midwife in the childbirth process was emphasized by Kurniasih “I felt safe when delivered by attendant midwife because she could handle if there was a problem during the process. Ya, although my pregnancy was normal but in the childbirth a problem possible occurred”. In the postpartum period they also used the midwife. The reason was because they need medicine to give them energy after delivering baby. They did not used paraji in these periods because they thought that examinations and the medicine from midwife was enough.

Etin is one of the women who only used midwife in her pregnancy and childbirth but in the postpartum period, she used both health providers. “I only used midwife during pregnancy and childbirth, ya because I felt safe and if there was a problem she could help me. But in the postpartum period, beside using midwife, I also use paraji. Ya because my muscles was so stiff and I asked her to give massage and after that I feel my body more relaxed”. Asking paraji to give massage is also justified by Nunung who used paraji and midwife in her pregnancy and postpartum period. “When I was pregnant, beside using midwife I also asked paraji to give massage to correct the position of my baby and in the postpartum period I asked the paraji to massage to accelerate the excretion of my breastmilk”. The other women who used paraji beside midwife also gave the same reason.

From their explanation, I conclude that most of the women in Tanjungsiang village use midwife because they perceive that although their condition is normal but the normal condition can change in a short period. For example during the childbirth process can occurred hemorrhage suddenly. Some of them also use paraji, but the reason is to give massage. Thus, most of the women in this village ask midwife as “the first choice” to help them during the pregnancy, childbirth and postpartum period.
4.1.3. Choice of health care providers and previous experience

Experience has important role in choosing a health care provider during pregnancy, childbirth and postpartum. If a woman has good experience with a health care provider, she is more likely to choose the same health provider. On the contrary, if a woman has bad experience with a health care provider, she will not choose the health provider anymore. Lia is only one woman in Buniara village who did not use paraji in her pregnancy and childbirth process. She argued "In my first pregnancy, I often asked paraji to massage my abdomen but when my pregnancy on fourth month, I got abortion. So, in this pregnancy, I did not use the paraji anymore because I was afraid that could be abortion again". The traumatic experience was a reason for her to do not use paraji in this pregnancy. It is different with Imas. Her previous pregnancy, childbirth and postpartum was helped by paraji. "When I was pregnant with my first and second child, I asked paraji to help me since I was pregnant until postpartum. All of them normal and the delivery process also was easy, no problem. So for this time, I also used paraji. Because of she feel safe and satisfy with the paraji, in this period she also chose the same health care provider.

Family experience also can influence in choosing a health care provider. There are three women who have the first child in Buniara village. All of them recognized that they chose paraji because their family also used the paraji before. Enung said, "All of my older sister also used paraji when they were pregnant until 40 days of postpartum period. All of them are safe and their children also healthy. Ya, I followed their choice". From their explanation, I assume that almost all of the women in Buniara village choose paraji because they or their family have experience in using the paraji. They only will use midwife if they have bad experience with the paraji.

Experience also influence the women in Tanjungsiant village in choose a health care provider. Siti is one woman in this village who only used paraji during this fourth pregnancy, childbirth, and postpartum "For all of my previous children, I used paraji. There was no problem and all of them are healthy. So for this period, I also ask the paraji". Her experiences in the previous periods make her use the same providers. Family
experience also influences women in this village in choosing a health care provider. Kurniasih recognized that she chose midwife because of the experience of her older sister “My older sister also used midwife since she was pregnancy until postpartum. She recovered immediately and did not take time when delivered process. So I follow her experience”

From the explanation above, I notice that experience has a role in the process of making choice of health care provider. In both village, women who have ‘good experience’ in using *paraji* more like to use the *paraji* in this period. On the contrary, women who have bad experience with *paraji* more like to use midwife in this period.

### 4.1.4. Choice of health care providers and role of family

Family especially mother and mother in law, have an important role to choose a health care provider during pregnancy, childbirth and postpartum. All of the women in Buniara village recognized that they got suggestion from their mother, mother in law or older sister in choosing a health care provider. Four of them (Minah, Ismawati, Enung and Atik) said that their mother and their mother in law determined who would help them during their pregnancy, childbirth and postpartum. Minah explained “I just follow my mother because I do not know everything. My mother asked *paraji* to help me during my pregnancy, childbirth and postpartum. My mother also brought me to midwife clinic when I had problem in the pregnancy and postpartum”. They think that the choice of the older women will be the best because the older women have more experience than they do. They have opinion that their family will not bring misfortune for them. If something wrong happened, their family will take responsibility. As I explained before, it would be related with their age that relative young. Thus, they will not able to make decision to choose a health care provider. Sarmanah, who her mother is *paraji* also said that she followed all of suggestion from her mother. She went to posyandu (integrated health care center) to get immunization and antenatal care by midwife was also suggested by her mother. The explanation give information that role of the family especially mother, mother in law and grandmother is still dominant in making decision to choose a health care provider in Buniara village.
It is rather different with women in Tanjungsiang village. All of the women in this village recognized that they decided to choose a health care provider by themselves. Some of them said that they got the suggestion from their mother or grandmother but after that they discussed with their husband to consider that advice. Kurniasih, who has the first child, said “My mother gave me suggestion to ask paraji when I was pregnant but after I discussed with my husband, we decided to choose midwife, ya with many considerations”. Although she got advice from her mother to choose paraji but she decided to choose a midwife because she thought that if there was a problem arose, she and her baby who could be a ‘victim’.

The role of family especially mother, mother in law and grandmother is quite different in these villages. For almost all of the women in Buniara village, family has an important role to choose a health care provider. The mother, mother in law or grandmother sometimes determines the choice. For the women in Tanjungsiang village, family only has a role to give advice, but the decision-maker is the women and their husband.

4.1.5. Choice of health care providers and access to health information
Information about pregnancy, childbirth and postpartum are very important to influence a woman in choose a health care provider. From the information, they can understand about complications that can arise during these periods. Thus, they will be more careful to choose their health care provider. In my research, I found that almost all of the women in Buniara village did not have access to information. I found that there was no television in their house but some of the women have radio. All of them recognized that they got a book from the midwife when they did antenatal visit but they did not pay attention to read. When I asked what are the title and the contents of the book, they answered with a smile. Sarmanah said “Yes, I remember that I got one book from midwife, but I do not know where is the book. I forget where I keep it”. It is may be related to their education that is low. As I explained in chapter II that low education can be a barrier to accept health messages. In this village, I met only one woman (Lia) who had access to health information. She watched programs about mother and baby health because she has
television. She also read the book that was given by midwife. She said that the book was very useful and she decided to choose midwife after read the book. "Previously, I was hesitate to choose midwife or paraji but after read that book, I get knowledge, and finally I chose midwife during my pregnancy and childbirth process". I think, her motivation to read the book is influenced by her education that higher than the other women in this village (see part about profiles of participants in chapter II).

Different with women in Buniara village, almost all of the women in Tanjungsiang village have access to information. Some of them do not have television but they read the book from the midwife. They explained to me the contents of the book. They recognized that the book gave many informations about pregnancy, childbirth and postpartum and also newborn baby care and influence them in choose a health care provider during these periods. Nur, who delivered her second child, said, "When I was pregnant with my first child, I only visited midwife twice during the pregnancy. I also delivered by attendant paraji. But in this pregnancy, I visited midwife routinely. I also delivered by attendant midwife. I had never asked paraji for the second pregnancy. Ya, after read this book, I got many information that there are many risks can arise during pregnancy, childbirth and postpartum. So I choose midwife because it is more safe than paraji". Thus from this simple explanation, we can understand that women who have access to health information more possible to choose midwife, although in the previous pregnancy they use paraji.

This research shows that the access to health information between the women in Buniara village and the women in Tanjungsiang village is different. It is a reason why most of the women in Buniara village choose paraji during their pregnancy, childbirth and postpartum period while most of the women in Tanjungsiang village choose midwife in these periods.

4.1.6. Choice of health care providers and financial condition
As cited in the literature review that low income is a strong barrier to the utilization of modern primary medical facilities (Phillips 1990: 201, Soetrisno 1997: 113). In the
chapter II, I explained that almost all of the women in Buniara village are housewife. They depend on their husband to cover their needs. Five of the women in Buniara village recognized that their husband works as peasant who sometimes go to forest to look for firewood. There are two women who their husband works as motorbike driver. Related to choosing a health care provider, the interesting point is not only their income is relative small but also they do not give attention to save their money to pay the provider. Imas, one of the women who only used paraji during her pregnancy, childbirth and postpartum said, “No, no, I had never saved my money. Ya, I believe that is depending on the fortune of my baby. Because since I was pregnant, I planned to use paraji so I did not need to have much money”. When they had to use midwife because there was a complication and the paraji could not solve the problem, they said that they could borrow from their family. Ismawati, a woman who had to go to midwife in her childbirth process because of the premature rupture of membrane explained “First my mother said that was better if I used paraji in the childbirth process because since pregnant I had also used the paraji, but she could not help me because the process was difficult and I had to go to midwife. My mother and my family pay the midwife. Ya, I am sure my baby brought her fortune”. I met two women in this village (Lia and Karyati) who saved money since they had been pregnant. Lia said that she planned to delivered by attending midwife while Karyati because she is single parent and she has problem since the pregnancy period. Thus, she has to prepare money if the paraji refers her to midwife. From their explanation, I notice that the financial condition most of the women in this village is low that why they plan to choose paraji. Beside that, they also think that they do not have to save their money because the cost of the paraji is not high as midwife. Their perception about the cost of providers would be presented on part two of this chapter.

The financial condition of the women in Tanjungsiang village is rather different from financial condition of the women in Buniara village. Although almost all of them are housewife but their husband have more salary than the husband of women in Buniara village. Some of them work as trader or laborer in mattress industry. Thus they get money routinely. Almost all of the women in this village recognized that they saved money since they felt pregnant. Anis, a woman who her husband works as trader said “I
saved some money that I got from my husband as preparation especially for childbirth. I planned to deliver by attending midwife. Ya, because my husband income is not big so I had to prepare before the time of delivery baby. It is important for me because I do not always have money every time that I need ". In this village I found only one woman who did not save money during her pregnancy. When I asked the reason, she answered that her husband works as motorbike driver and she planned to choose paraji in her pregnancy, childbirth, and postpartum period. Thus, most of the women in this village saved money when they felt pregnant because they planned to choose midwife in this period. They could save the money because their financial condition is better than women in Buniara village.

From this research, I conclude that financial condition is one factor that makes a difference in choosing a health care provider between the women in both villages. The financial condition most of the women in Tanjungsiang is better than the women in Buniara village, and they can save some money as preparation to pay a professional health provider. Thus, they can choose midwife especially in the childbirth process. On the contrary, the financial condition most of the women in Buniara village is lower than women in Tanjungsiang village that way they more like to choose paraji. They think that they do not have to save money because the paraji is cheaper than the midwife.

4.1.7. Choice of health care providers and attitude towards modernity

The attitude towards modernity in this research means if a woman think that ‘modern science is’ better than ‘traditional science’ will more likely to choose a midwife than a paraji. On the contrary, a woman who considered the traditional knowledge from indigenous people is better than the modern knowledge that relative new is more likely to choose paraji than midwife. All of the women in Buniara village have used paraji in their postpartum period. Although there is one woman who did not use paraji in her pregnancy and childbirth but in the postpartum period she also has used the paraji. All of them argued that although they had to use the midwife because they had problem that could not be solved by paraji, they still used the paraji because it was tradition from their forefathers. It is like Lia said “ didieu mah tos kabiasaan kedah nganggo paraji wae” (It
is our tradition that we always used paraji). Atik, a woman who only used paraji during these periods argued “The indigenous people also asked paraji when they were pregnant and delivered their baby. My mother, my grandmother, all of them were healthy. Besides giving massage, paraji also gave me ‘landong kampung’ (traditional herbal medicine) to make me recover immediately. You know, sometimes the ‘landong kampung’ is better than injection”. All of the women in Buniara village recognized that they used traditional medicine because they thought that it was good for their health. They used ‘the modern knowledge’ of the midwife as complement of the ‘traditional knowledge’ of paraji.

The attitude of the women in Tanjungsiang village is rather different from that of women in Buniara village. Most of them used a midwife during their pregnancy, childbirth and postpartum period. Atin, one of the women who only used midwife during her pregnancy, childbirth and postpartum period argued “I used midwife because she has modern science. She got her knowledge from study in the school. I do not want to use paraji, because I do not know where she got her knowledge. They still traditional even they got training”. Her argument was emphasized by ma Haji Anih, her grandmother, who assisted her during the interview “It is not the time to use paraji. Now there is midwife here who has modern knowledge. Paraji is for my period when there was not midwife in this village”. Some of the women in this village also used paraji beside the midwife. They said that some traditional knowledge of paraji like leading rituals or giving massage are also useful for them. Thus, they combine between the modern knowledge of midwife and the traditional knowledge of paraji.

The difference of the attitude towards modernity between the women in Buniara village and the women in Tanjungsiang village is the reason why they choose different health care provider in their pregnancy, childbirth and postpartum. Almost all of the women in Buniara village are more likely to choose ‘the traditional knowledge’ of the paraji than ‘the modern knowledge’ of the midwife. They only use the midwife if the ‘knowledge’ of the paraji can not help them in these periods. It is different with the women in Tanjungsiang village. They are more likely to use midwife than the paraji because the
midwife has ‘modern knowledge’. Some of them still use ‘the knowledge of paraji’ as complement of the midwife knowledge.

As conclusion of this part, my interview with the women in Buniara and Tanjungsiang village shows that the personal situation of the women very influence them in choose a health care provider during their pregnancy, childbirth and postpartum. The difference of choosing a health care provider between the women in Buniara village and the women in Tanjungsiang village are influenced by difference in adherence to follow practices and beliefs during pregnancy, childbirth and postpartum, perception of their condition during pregnancy, childbirth and postpartum, their experience, the role of family, access to health information, the financial condition and also their attitude towards modernity.

4.2. Choice and perceptions about the health care providers
In this part, I discuss the influence of perception of the women in Buniara and Tanjungsiang village about the health care providers to their choice during their pregnancy, childbirth, and postpartum periods. It includes their perception about the skill and services of the health care provider, their perception about the cost of the health care providers and their perception about the distance and familiarity with the health care providers. From my interview with the women, I got explanation about their perceptions of the health care providers as the reason of their choice.

4.2.1. Choices of health care providers and perception about skills and services of the health care providers
One factor that very important to influence a woman in choosing a health care provider during her pregnancy, childbirth and postpartum is her perception about the skills and services of the health care providers. The woman is more likely to choose a skillful health care provider that she thinks can help her in the pregnancy, childbirth and postpartum periods. The woman is also more likely to choose a health care provider that can give them services better than the other. Almost all of the women in Buniara village argued that they chose paraji because she had skills the same as midwife to help normal pregnancy, childbirth and postpartum. It is like Atik explained to me”; I choose paraji
because I think she is the same with midwife. She knows the age of my pregnancy with touch my abdomen. She also can adjust the position of my baby with gentle massage. When I delivered my baby, I also chose her because she also used a small scissor to cut umbilical cord of my baby, bethadine and alcohol, ya the same as midwife. She massages me seven times in the postpartum period and gives me herbal medicine to make me recover immediately. I think the function of this medicine is the same like injection that usually is given by midwife. Ya, if everything is normal, paraji is also able to help me”.

She told me that she also chose the paraji because her services was better than midwife.

“She wanted to come to my house when I asked her to help me during my pregnancy, childbirth and postpartum. She also wanted to stay in my house to accompany me when my baby had not come out yet. After I delivered my baby, she comes to my house every day to bathing my baby. Ya, she helps me to take care my baby until I feel healthy. I do not choose midwife, because I have to come to her clinic. You know, here is very difficult to find public transportation, you can imagine, if I have to delivered my baby at night...I know, sometimes we can ask the midwife to come to our house but she does not want to wait if the time to deliver still long. She will leave us and we have to ask her again if the time come. So, it is difficult for people here to use midwife. If everything normal, we more likely to choose paraji. Most People here only choose midwife if the condition is abnormal ”. From their explanation, I assume that the perception of the women in this village about the services of the health care providers is influenced by the geographical condition of this village (see part 2.4. about location in chapter II). They said that the skills of the paraji to help normal condition during pregnancy and childbirth were the same with the midwife. They will go to the midwife if their perceive that their condition is abnormal. They think that for abnormal condition the midwife more skillful than paraji because the midwife have knowledge from her study and also has injection, infusion and the other instruments to treat the problem. Thus, their perception about the skills of the health care providers related to their perception about normality that I already discussed in part 4.1.2.

Perception of the women in Tanjungsiant village about the skills and services of the health care providers is rather different with women in Buniara village. Almost all of
them argued that the midwife was more skillful than the paraji. It is like Nur explained to me, "I choose midwife because she is more skillful than paraji. She got her knowledge from school. When I visited her during my pregnancy, she did not only touch my abdomen but also measured my blood pressure weighed my weight and so forth. She also knew the condition of my baby, because she did palpation and listened of beat heart of my baby. In the childbirth process, she also did some examinations to detect some abnormality; she gave me injection to make my delivery process easier. She knew the time when my baby will come out. So, I did not have to lying down for a long time. I did not choose paraji because she would not know what happened inside my body. In the delivery process, she just can wait, wait, and wait. Although she got training but she can not do like midwife do". When I asked about the services of the health care providers, she said, “I chose midwife because she gave me medicine that I need during my pregnancy like vitamins, calcium tablet and iron tablet. She also gave me health education about self-care during pregnancy, childbirth, and postpartum and also newborn baby care. When delivered my baby, I also chose her, because I did not need to prepare everything. I just came to her clinic, and she was take care me properly. Before I back home, she also gave me some medicine and one package for baby care like lotion, powders, alcohol, and so forth. She gave me many informations. Yes, I satisfy with her services”. The women in this village perceive that the services of the midwife is better than paraji because the midwife give them medicine, health education, and prepare the place that they can deliver their baby comfortably. They also think that the midwife is more skillful than paraji. Although their condition is normal they are more like to choose the midwife because her skills are not only touch their abdomen but also do some examination, giving injection and so forth. Thus, if there is a problem arises, she can treat immediately. It is also related with their perception about normality.

Some of the women in Tanjungsiang village used both health care providers. The reason is that the providers have different skill that they need to help them. It is like emphasized by Anis, “I used midwife and paraji because I need the skills both of them. I used midwife because she could do examinations of my baby and me. She also gave me injection, medicine and she could treat if there was a problem during my pregnancy,
childbirth and postpartum. I also used paraji because she could massage my body, leading ritual ceremonies. These skills are not possessed by midwife’. These women perceive that the skills of the midwife and the paraji are different. Because of the difference, both health care providers are complementing each other to help them during the pregnancy, childbirth, and postpartum periods.

From the explanation of the women in Buniara and Tanjungsiang village, I conclude that the women in both village perceive that the midwives are more skillful than paraji related to some skills like doing examinations, detection and treating abnormality, and so forth. The difference perception of the women about the skills of the health care providers in these village related with their perception about normality during pregnancy, childbirth and postpartum. Women in Buniara village perceive that if the condition is normal, the skills of paraji are enough to help them through these periods. On the other hand, the women in Tanjungsiang village perceive that although the condition is normal, they more likely to choose midwife because she has skills better than paraji. If there is a problem arise, the midwife can treat immediately. Related to services of the health care provider, the women in Buniara and Tanjungsiang village have different perception. The women in Buniara village perceive that the services of the paraji are better than the services of the midwife because the paraji wants to come to their house. On the contrary, the women in Tanjungsiang village perceive that the services of the midwife are better than paraji’s services because she give injection, medicine, and so forth. I think, the difference of their perception about services of the health care providers is influenced by the geographical condition in both village and the attitude toward modernity.

4.2.2. Choice of health care providers and perception about cost of the health care providers

Almost all of the women in Buniara village argued that they choose paraji because the paraji is cheaper than midwife. They said that they could pay the paraji with thing that they had in their house like rice, chicken, and so forth. It is like Imas explained to me, “I choose paraji because she is cheap. She has no tariff like midwife. During my pregnancy, when I asked her to adjust the position of my baby, I just gave her rice or little money."
When I delivered my baby, I just gave her one chicken, rice, coconut and little money. During this postpartum, if she come to giving massage I also give her rice or little money, depend on my ability to pay”. For the women in this village, cost means money. They think that the paraji is cheap because they can pay her with rice, coconut, or chicken that are available in their house. They do not want to choose midwife because they have to pay the midwife with money that sometimes is not available in their house.

It is different with perception of the women in Tanjungsiang village. Almost all of the women in this village argued that the cost of paraji was the same as midwife. Atin explained to me”, I only used midwife during my pregnancy, childbirth and postpartum because I think the cost of paraji is the same as midwife and sometimes more expensive than midwife. For example, I pay ten thousand rupiahs (about one Euro) every visit the midwife is the same with the cost of paraji. If I ask her to giving massage, the custom here, I have to give her rice five-kilogram. It means, I pay twelve thousand rupiahs (about one euro and twenty-cent). When I delivered my baby by attendant midwife, I paid her 150 thousand rupiahs (about 15 euros) but it included everything like birth certificate of my baby, medicine that I should take in the postpartum period and I can visit her once or two times during my postpartum period without pay. If I use paraji, I have to pay her continuously since I delivered my baby until forty days of postpartum period because she will come seven times to give massage in this period. Ya, I think, if we calculate, paraji is more expensive than midwife”. For the women in this village, the difference between cost of the paraji and midwife is in the way paying the health care providers especially in the childbirth process. If they choose midwife, they have to pay with relative a lot of money in once time, but if they choose paraji, they have to pay continuously until postpartum period. They also have to prepare some thing like rice, chicken, and coconut because it is custom in villages to pay paraji with these things beside money. They also argued that rice; chicken or coconut was also money, because if they did not have the things, they had to buy. On the contrary, if they sell the things, they can get money. Another reason is like explained by Kumiasih that if she chose paraji especially in the childbirth process, and a complication arise, then the paraji could not solve the problem, she had to go to midwife. If the midwife also could not help her because the paraji delay to refer, she had
to go to hospital. It meant that she had to pay the *paraji*, the midwife, and also the hospital. Thus, the cost could be very expensive. This argument related with their perception about normality that I already discussed in part 4.1.2. It is also a reason that they are more like to save their money to pay midwife (see part about financial condition). Thus, for the women in this village, cost is not only money but also many things like rice, chicken and so forth. Most of the women in this village are more likely to choose a midwife than *paraji*. One of the reason is that the cost of both providers are the same and sometimes they have to pay more if they use the *paraji* and that is a problem arise and the *paraji* can not help them to solve this problem.

From the explanation above, I conclude that the perception about the cost of the health care providers between the women in Buniara village and the women in Tanjunsiang village is different. The women in Buniara village perceive that cost means money. They more likely to choose *paraji* than a midwife because they can pay the *paraji* with rice, chicken and so forth that available in their house. On the other hand, the women in Tanjungsiang village more likely to choose a midwife than a *paraji* because they perceive that the cost of both health care providers are the same and sometimes the *paraji* more expensive than midwife. They also perceive that rice, chicken, and the other things have the same value with money.

4.2.3. Choice of health care providers and perception about distance of the health care providers

Distance (physical and social) can be a factor that influence a woman to choose a health care provider during her pregnancy, childbirth and postpartum. Almost all of the women in Buniara village used *paraji* in her pregnancy, childbirth and postpartum. When I asked the reasons, they said that first because the paraji was near with their house. I did not really trust this answer because there is also a midwife in this village and one of the famous *paraji* (ma Ikoh) also live in the same *kampung* with the midwife. Finally, they recognized that they chose the *paraji* because they felt more familiar with her. Atik explained to me, “I choose *paraji* because I know her for a long time. She often comes to my house since I had not pregnant yet. When I was pregnant with my first child and also
with this child, even I did not ask her, she was often come to my house to give some advice or just talking. When I would deliver my baby, at midnight, I asked her. Ya, I did not hesitate to ask her help because I felt familiar with her. I did not choose midwife because I felt shy with her. I was worry that I disturbed her because I delivered my baby at midnight. If everything is normal, I more like to choose paraji. I know her as well she know about me and my family”. The women in this village are more like to choose paraji because they more familiar with the paraji than with the midwife. It is may be related with the presence of the midwife that only one year stay in this village. This reason is the same as the explanation of the head of Tanjungsiang community health center in chapter III.

Familiarity is also one factor that influences the women in Tanjungsiang village in choosing a health care provider. Some of the women only used midwife because they felt familiar with her. They said that they have relationship with the midwife since before get pregnant. Some of them used both midwife and paraji because they felt familiar with both health care providers. I found two women (Lilis and Itoh) who recognized that they used paraji in the childbirth period because the midwife did not available in her clinic at that time. “Previously, I chose midwife to help me in the childbirth process because I know that there are many problem can arise in this process. I also familiar with her because during my pregnancy, I was usually visit her to get antenatal care. But at that time she did not available in her clinic because she had to attend one training in the city. Finally I chose paraji because I also feel familiar with her. I was often asked her to give massage during my pregnancy. Although there is a midwife in another village that near from here, I did not want to choose her because I did not familiar with her. In the postpartum period, I waited until bu Idah (the midwife) back from the city, and I visited her to get some examinations and medicine. I do not want to choose a health care provider that I do not familiar with her because I can not talk everything with her” Lilis explained to me about the reason of her choice.

The interesting point that I found in this research is not only on choosing between a midwife and a paraji but also on choosing a person. Even one woman choose one
midwife, it does not mean that she trusts all of midwives. On the other hand, if a woman choose a paraji is not mean she trusts all of paraji. Thus, from this research I notice that familiarity include trust sense of a health care provider is more important than distance physical in choosing a health care provider.

4.3. Choice of health care providers and the government policy

Government policy has a role to influence a woman in using a health care provider. Sometimes a woman does not choose the health care provider but the government policy forces them to use the health care provider. It is like in Buniara village, four of the women in this village (Ismawati, Enung, Imas, Atik) recognized that they went to posyandu (integrated health care post) that available in their kampung to get antenatal care and immunization from the midwife because the village government asked them to visit the posyandu. Imas explained to me “I got information from the government village that every month there is antenatal care by midwife in posyandu. I visited twice to get immunization and some examinations because I think it was may be useful for my baby and also free of charge. I know that after there is midwife in this village, we can get antenatal care in the posyandu freely”. When I asked why she only visited the posyandu twice even is free, she said because she only wanted to get immunization from the midwife. She chose paraji to give massage and adjust the position of her baby. She said that the paraji also got training about caring during pregnancy, childbirth and postpartum. Thus the paraji has some knowledge that the same with midwife from this training. Almost all of the women in this village said that they used midwife because the paraji recommended them to go to midwife. They said that the paraji had cooperation with the midwife. If there was a problem arise and the paraji could not solve the problem, she would refer them to the midwife.

The influence of the government policy related to the practices of the paraji in Buniara village is explained by ma Mini, the grandmother of Atik. She said that there were many changes in the practices of the paraji after they got the training. “Previously, paraji usually used ‘sembilu’ (blade of split bamboo) to cut umbilical cord of the newborn baby
but after tended the training they used small scissor that was already boiled. In the past time, the paraji usually used foliage to care perineum of the postpartum women and umbilical wound of the newborn baby but now they use bethadine and alcohol'. She said that although a woman used paraji but it was safe as well as used midwife in her pregnancy, childbirth and postpartum.

Related to the government policy about the presence of the midwife beside the paraji in this village, she said," In the past time, when there was not midwife here, if there was a problem with a woman especially in the childbirth process, we had to bring the woman to the city. We used a palanquin to carry the woman because it was difficult to find a car here. Sometimes, a woman died on the way to go to the city. But now, it is easier to get help from the midwife. If paraji can not help a woman, we can ask the midwife because she is stay here". From my interview with the women in this village and my informal conversation with ma Mini, I notice that their perceive the presence of the midwife in their village as a consultant for paraji. It is the same with the explanation of bu Nia, the midwife who stays in this village. They are still more like to use the paraji because some of the paraji also got training about pregnancy, childbirth, and postpartum care.

The big change in choosing a health care provider during pregnancy, childbirth and postpartum is occured in Tanjungsiang village. With the presence of the midwife in this village, most of the women do not choose the paraji anymore. Some of them still use the paraji to leading ritual ceremonies or giving massage in the pregnancy and postpartum period. The impact of the government policy to choose a health care provider here is influenced by the presence of the midwife in this village that longer than in Buniara village. The education of the women, the access to health education and the attitude toward modernity is also have a role to successful the government policy in this village.

From the explanation above, I conclude that the impact of government policy in Buniara and Tanjungsiang village related to choosing a health care provider during pregnancy, childbirth and postpartum is rather different. The women in Buniara village still use paraji because they think that the paraji have knowledge about pregnancy, childbirth and
the presence of the midwife in their village as the main health care provider in the pregnancy, childbirth and postpartum period. They use *paraji* as complement of the midwife practices.

In the final of this chapter, I conclude that the women in Buniara and Tanjungsiang village have their own explanations about their choice of health care providers during pregnancy, childbirth and postpartum. They have different ideas that are related to their choice. It is influenced by their personal situation, their perception of the health care providers and the government policies.
CHAPTER V
CONCLUSION

This research is inspired by Indonesian government policy to assign a midwife in every village. With the presence of a midwife and paraji (traditional birth attendant) in a village, women who live in the village have choices to use health care providers during their pregnancy, childbirth and postpartum. This research attempt to answer some questions such as: what are the cultural factors that influence women in the process of choosing a health care provider, how the government policies influence the process of making choices, how do personal situations of the women influence them in choosing a health care provider, what are the crucial perceptions of both providers-paraji and midwife that influence the decision making of women in choosing a health care provider, and are there any differences in choosing providers during pregnancy, childbirth and postpartum period and what are the women’s explanation of making those choice.

This research is conducted among postpartum women who live in two villages under supervision of Tanjungsiang community health center. These villages have different characteristics. One of the villages, Tanjungsiang village, is a village that has access to cities because it is located on the main road that connects Subang and Sumedang district. Telecommunication and transportation facilities are easy. In here is also easy to access high education and health care facilities. Another one is Buniara village that is located on the south of Tanjungsiang village. Location of kampung in this village is far from each other. The condition of the roads is bad and also difficult to find public telecommunication and transportation here. The education facility is only elementary schools and health care facilities are only posyandu and midwife clinic. In this study, I tried to compare the choice of the women in these villages and explored the reasons of their choice.

Findings of this study shows that there are differences in the women characteristics of Tanjungsiang village and the ones in Buniara village for choosing a health care provider during their pregnancy, childbirth and postpartum. Although there are some variations of their choice in the pregnancy, childbirth and postpartum, in general, most of the women
in Tanjungsiang village choose midwife in these periods. On the contrary, most of the women in Buniara village choose paraji to help them through these periods. The difference of their choice are influenced by the personal situation of the women such as the adherence to practices and beliefs during pregnancy, childbirth and postpartum, their perception about normality, their previous experience, the role of their family, their access to health information and their financial condition. Another factor that is very important in influencing their choice is their attitude towards modernity. Their perceptions about the health care providers also influence their choice. It is their perceptions about skills and services of the health care providers, cost of the health care providers and distance and familiarity with the health care providers that are also matter. The government policies about health care during pregnancy, childbirth and postpartum also influence the women to choose a health care provider. These matters are linked and influence each other in the process of making those choices.

This study proves that the adherence of the women in Buniara and Tanjungsiang village to follow the practices and beliefs during pregnancy, childbirth and postpartum are different. It is resulted in the difference of choosing a health care provider in these periods. The women in Buniara village asked paraji to lead the rituals that they believe is a way to make them and their baby become well being. On the contrary, one of the reasons that most of the women in Tanjungsiang village did not use paraji because they neglected to follow the practices and beliefs related to these periods. Thus, they did not need the paraji to lead these rituals.

This study shows that even the women in both villages perceive that the midwives are more skillful than paraji but their choice was different. It is influenced by the difference of their perception about normality during pregnancy, childbirth and postpartum. Almost all of the women in Buniara village perceive that if they do not have any complaint or difficulty during these periods, means that they are normal. Thus, they think that the skills of the paraji is enough. They will only go to a midwife if they have problem that can not solved by paraji. On the other hand, most of the women in Tanjungsiang village perceive that even they do not have any complaint during these periods, a problem can
arise suddenly. It is a reason for them to choose the midwife more likely because she can detect and treat the problem immediately.

Previous experience and family experience have a role in decision making process of choosing providers of the women in both villages. Most of the women in Buniara village used *paraji* because they or their family have a good experience with the *paraji*. On the other hand, some of the women in Tanjungsian village used midwife because they or their family have good experience with the midwife.

The study shows that family has a role in the process of making choice of health care provider. The difference is key person who determines of the decision. In Buniara village, family, especially mother or mother in law has important role to determine a health care provider that will help a woman through these periods. It is related with their age that relative young. In Tanjungsian village, family often gives suggestions to choose a health care provider but the decision-maker is the women and their husband. It is influenced by their access to health information’s and their education that higher than the women in Buniara village.

The study reveals that even though financial condition is one of the factors that make a difference in choosing a health care provider during pregnancy, childbirth and postpartum among the women in both villages, the more important thing is the difference in perception about the cost of the health care providers. For the women in Buniara village, cost means money. They choose *paraji* because they perceive that the *paraji* is cheaper than midwife so that they can pay the *paraji* with things like rice, chicken, and coconut that are available in their house. The reason that they do not save any money is not only because of their financial condition that is lower than the women in Tanjungsian village but also because they plan to use *paraji* in these periods. On the other hand, almost all of the women in Tanjungsian village think that the cost of the *paraji* is the same and sometimes more expensive than midwife. They perceive that the cost is not only money because things like rice, chickens, or coconuts also have value similar as money. They are more likely to save money as a preparation to pay the midwife.
The study establishes that access to health information is a factor that influences a woman in choosing a health care provider. The health information can give a woman new knowledge about pregnancy, childbirth and postpartum, including danger signs and complications in these periods and also change their perception about normality. Almost all of the women in Buniara village choose *paraji* to help them during their pregnancy, childbirth and postpartum because they have no access to health information. They only use their previous experience, the advice of their family or their previous knowledge about a health care provider. It is different with women in Tanjungsiang village. Almost all of them have access to health information through television or book that they got from the midwife. Although some of them used *paraji* in the previous pregnancy, in the subsequent periods they use midwife. It is because they got new knowledge from the book or television about choosing a health care provider.

In this study, I found that the attitude towards modernity is an important thing that makes a big difference in choosing a health care provider between the women in Buniara village and the women in Tanjungsiang village. Almost all of the women in Buniara village perceived that the ‘traditional knowledge’ of *paraji* is good. It is a reason that they are more likely chooses the paraji as their health care provider, whereas most of the women in Tanjungsiang village are more likely to use midwife because she has ‘modern knowledge’ that they think that is better compare to the knowledge of *paraji*.

The women in Buniara and Tanjungsiang village have different perception about the services of the health care providers. The women in Buniara village perceive that the services of the *paraji* are better than the services of the midwife because the *paraji* can visit them to give care in these periods. They do not want to use midwife because they usually have to go to the midwife clinic. The reasons is because the difficulty of the road and public transportations in this village. On the other hand, the women in Tanjungsiang village perceive that the services of the midwife is better than the *paraji* because the midwife give them injection, medicines and prepare the place for them to deliver their baby in her clinic. This perception is related with their attitude towards modernity.
This study shows that familiarity is more important than physical distance to choose a health care provider. The women in both villages perceive that they use a health care provider because they feel familiar with her. The point of choice is not only between paraji and midwife but also about the person. There is an example in this study that a woman was more likely to use paraji in the childbirth process even though she planned to choose midwife to help them in this period. The reason is because she felt more familiar with the paraji than another midwife that she did not know before.

The study demonstrates that the impact of the government policy in both villages is quite different. Almost all of the women in Buniara village only visit midwife to get immunization or to make sure that their pregnancy was normal. They also ask the midwife if they have problem that could not be solved by the paraji. They use the midwife as a consultant of the paraji. On the contrary, the presence of the midwife in Tanjungsian village change the choice of the women. Almost all of them choose midwife to help them during the pregnancy, childbirth, and postpartum period. Some of them still use paraji as a complement for the midwife.

The findings of this study give a clearer picture of the important cultural factors that influence the process of making choice of the health care providers. To improve the mother health status in the village, the government should suggests the professional health care providers to respect the cultural factors and the characteristic of the people in the village. The government should not generalize the policies. Giving health education to women with low education like in Buniara village is better if it is done directly. The professional health care providers (midwives) should give clearer and simple explanation with language that the villager can understand. Willingness of midwife to accept payment with things beside money will make the women perceive that the midwife is not expensive anymore. To make the midwife more accessible and acceptable in ‘difficult geographical condition’ like Buniara village, it is better if the midwife would come to the women’s house and represent herself as part of the community. Finally, the important thing is the relationship between the midwife and the paraji that should not be ‘top down’
relation but as 'equal' relation. Thus, they can form 'good partnership' to help women in the villages during their pregnancy, childbirth and postpartum periods.
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ANNEX 1

INTERVIEW GUIDELINE

I. Interview guideline with the women

A. General information

Name :
Address :
Age :
Number of children :
Education :
Occupation :
Distance home-midwife :

B. Specific information

<table>
<thead>
<tr>
<th>No</th>
<th>Themes</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Perceived condition</td>
<td>1. During your pregnancy, did you go to the midwife/paraji? If yes, how many times did you ask her? What are your reasons for going or not going to the midwife/paraji? Please explain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Who attendants during your birth process? What are your reasons for choosing or not choosing the midwife/paraji in this period? Please explain.</td>
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<tr>
<td></td>
<td></td>
<td>3. During this postpartum period, do you ask the midwife/paraji to help you? If yes, how many times do you ask her? What are your reasons for asking or not asking the midwife/paraji? Please explain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. In your opinion, do you think your conditions during pregnancy/childbirth/postpartum are normal or abnormal? Are there any relationship between the conditions and your decisions to choose or not to choose the midwife/paraji? Please describe and explain.</td>
</tr>
<tr>
<td>2</td>
<td>Experience</td>
<td>5. Do you have experiences in using the midwife/paraji in your previous pregnancy/childbirth/postpartum? Are the experiences influences you to choose or not to choose the midwife/paraji in this pregnancy/childbirth/postpartum? Please explain.</td>
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<td></td>
<td>6. Do your family have experiences in using the midwife/paraji during their pregnancy, childbirth and postpartum periods? Are their experiences influence you to choose or not to</td>
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<tr>
<td>3</td>
<td>Family role</td>
<td>7. During your pregnancy, childbirth and postpartum, are your family have a role in making a decision to choose a provider? Who has the important role and why?</td>
</tr>
<tr>
<td>4</td>
<td>Using media</td>
<td>8. Do you have television or radio? What are the programs that you usually watch/listen? Do you watch/listen health program related to pregnancy, childbirth and postpartum? Please explain and give examples.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Do you read magazine or newspaper? Do you like to read some topic related to pregnancy, childbirth and postpartum? Please explain and give example.</td>
</tr>
<tr>
<td>5</td>
<td>Financial</td>
<td>10. Who is making money in your family? Is the financial cover your need? Can you save the money to pay the provider during your pregnancy/childbirth/postpartum? Please explain.</td>
</tr>
<tr>
<td>6</td>
<td>Attitude toward modernity</td>
<td>11. In your opinion, what do you think about modern provider and traditional provider? Do you think modern better than traditional? Please explain your ideas.</td>
</tr>
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<tr>
<td>B. Beliefs and practices</td>
<td></td>
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<tr>
<td>7</td>
<td>Practices and Beliefs</td>
<td>12. During your pregnancy, childbirth and postpartum, did you do rituals like tingkeban, and so forth? If yes, why, and if not, why? Please explain.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13. If you did, Who leads the rituals? How do you know that she is expert to lead the rituals? Please explain.</td>
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<tr>
<td></td>
<td></td>
<td>14. Do you believe about taboo during pregnancy, childbirth and postpartum? Who gives you the suggestions about taboo? Do you follow the suggestions? Please explain and give examples.</td>
</tr>
<tr>
<td>C. Perception about the providers</td>
<td></td>
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<tr>
<td>8</td>
<td>Perceived skills</td>
<td>15. What do you think about the skills of the midwife/paraji? Are there difference of the skill of the midwife and the paraji? Are the midwife/paraji more skillful than the other? Are their skill influences you to choose or not to choose the midwife/paraji? Please explain and give examples.</td>
</tr>
<tr>
<td>9</td>
<td>Perceived services</td>
<td>16. How do you perceive the services of the midwife/paraji? What kind of services is the midwife/paraji give to you? Are her services influence you to choose or not to choose the midwife/paraji? Please describe and give examples.</td>
</tr>
<tr>
<td>10</td>
<td>Perceived attitude</td>
<td>17. In your opinion, what do you think about the attitude of the midwife/paraji? Are their attitude influences you to choose or not to choose the midwife/paraji? Why? Please explain.</td>
</tr>
</tbody>
</table>
### Distance

18. Are you familiar or not familiar with the midwife/paraji? Are the familiarity influences you to choose or not to choose the midwife/paraji? Could you explain the reasons?

19. In your village, there are midwife and paraji. Can you ask the midwife/paraji every time you need her helping? Are the midwife/paraji always stand by in her place? Is the presence of the midwife/paraji influence you to choose her? Please explain.

### Cost

20. What do you think about the cost of the midwife/paraji? Is one cheaper than the other? Please describe and give examples.

21. In your opinion, is the cost mean money? How about, for example you pay by chicken or rice, it is mean cheaper than money? Please explain.

### Government Policy

22. In your village, are there policies in choosing provider during pregnancy, childbirth and postpartum? Who makes the policies? How do the policies influence you in choosing the provider? Please explain and give examples.

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**II. Interview guideline with the midwife and paraji**

1. What conditions are women usually ask to get your help? Please describe and explain.

2. What do you do to help them related to the conditions during pregnancy, childbirth and postpartum? Please describe and explain.

3. What are the impacts of the government policies in your practices as a midwife/paraji? Please explain and give examples.

**III. Interview guideline with the head of community health center**

1. What are the government policies in choosing and using provider during pregnancy, childbirth and postpartum? What are the purposes? Please explain and give examples.

2. What are the consequences for the women if they do not adhere to the policies? Please explain.

3. Are there any consequences for the midwife/paraji related to the policies? Please explain.
ANNEX 2

GLOSSARY

Adzan: a calling to pray for five times a day in Islamic tradition

Ajengan: informal religious leader in local area

Angkutan pedesaan: public car transportation

Bali: placenta

Barzanzi: a story about birth

Baso: meat ball

Beubeutian: all kind of tubers

Bidan: midwife

Bokor: a big bowl made from brass

Bubur beureum: red porridge which is made of sticky rice, coconut milk and palm sugar

Bubur bodas: white porridge which is made of sticky rice, coconut milk and salt

Dorokdok: a kind of chips made of flour flavored with fish or shrimp

Gelemestreng: a calling for a birthing woman who show her painful feel with crying or shouting

Geulang kanteh: a bracelet that made from yarn

Hahampangan: any kind of snacks

Hahaseuman: all kinds of fruit

Hajat/salametan: ritual feast

Hajat bangsal/sewaka: a ritual to ask a paraji to help a woman during pregnancy, childbirth and postpartum with bring paddy in a ‘bokor’

Hajat opat bulanan: a ritual that is done on forth month of pregnancy period

Hajat nujuh bulanan: a ritual that is done on seventh month of pregnancy period

Hajat bubur lolos: a ritual that is done on nineth month of pregnancy period

Mahimum/Tasyakur: a ritual that is done when the age of a baby reaches forty days
Iqomat: pre-praying before a moeslem pray for five times a day
Jajampean/parancah: magical spell
Jajamu/Landong kampung: traditional herbal medicine
Kampung: part of a village
Kuntilanak: evil eye
Kurung batok: a calling for someone who is afraid to travel far away
Lalapan: raw vegetables
Lebaran: after fasting celebration
Manyoan leungeun: wash the hand of paraji and ask her forgiveness at the end of postpartum period
Marhaba: a song to praise for God and happiness expression because of the birth of the baby
Ngahurip: a ritual with giving paraji a chicken as a gift after attending delivery process
Hayam hurip: a calling for chicken that is given to paraji in’ngahurip’
Ngandeg: a feeling of a women that she is pregnant
Nurut buat: a baby with physical defect because his/her father killed an animal or went hunting when his/her mother was still pregnant
Ojek: motorbike taxi
Tukang ojek: someone who works as motorbike taxi driver
Panglay: a kind of ginger
Panolak balai: something that is believed can refuse a danger
Paraji/indung beurang: traditional birth attendant
Parawan jomlo: a calling for a girl who is late to get married
Pasar: free market
Pendil: clay bowl to keep a placenta
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pembinaan</td>
<td>: a meeting that is done every month as continuation of traditional birth attendant training</td>
</tr>
<tr>
<td>Pelatihan/kursus</td>
<td>: training/course</td>
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<tr>
<td>Posyandu</td>
<td>: integrated health care center that available in every kampung of a village</td>
</tr>
<tr>
<td>Puput puseur</td>
<td>: a calling if umbilical cord falls off</td>
</tr>
<tr>
<td>Puskesmas</td>
<td>: community health center that available in every subdistrict</td>
</tr>
<tr>
<td>Rurujakan</td>
<td>: sevent kinds of fruit salad with dressing made of palm sugar, spicy and tamarind</td>
</tr>
<tr>
<td>Salak</td>
<td>: fruit of Zalacca palm</td>
</tr>
<tr>
<td>Salaki</td>
<td>: husband</td>
</tr>
<tr>
<td>Sembilu</td>
<td>: blade of split bamboo</td>
</tr>
<tr>
<td>Terpelajar</td>
<td>: a calling for someone who has high education and open to new information</td>
</tr>
<tr>
<td>Tumpeng</td>
<td>: yellow rice</td>
</tr>
<tr>
<td>Tutut</td>
<td>: any kind of mollusca</td>
</tr>
<tr>
<td>Zakat fitrah</td>
<td>: obligatory alms</td>
</tr>
</tbody>
</table>
ANNEX 3

MAP OF THE TANJUNGSIANG COMMUNITY HEALTH CENTER

Cijambe Subdistrict

Sumedang district

Cisalak Subdistrict

Bumira

Bandung district