



The Role of Community Leaders in Baduy Traditional Institutions to Increase Health Facility Deliveries

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Abstract. Giving birth independently without the help of a shaman or health worker is one of the traditions of the Outer Baduy Tribe that is still practiced and often results in the death of the mother and baby. To reduce the occurrence of child-birth itself, an intervention has been carried out involving community leaders in the Baduy Traditional Institution from 2018 to 2020. This paper aims to describe the role of community leaders in Baduy traditional institutions to reduce the rate of self-delivery and increase the number of antenatal care and delivery in health facilities. Data was collected qualitatively by conducting in-depth interviews with key informants and group discussions with supporting informants. Key informants included traditional leaders from both the Inner and Outer Baduy, neighborhood leaders, elders, and government officials from the Baduy region. Supporting informants include cadres, midwives, husbands, and families of pregnant women. The selected informants in this research were conducted purposively. Community leaders in traditional institutions play a role in increasing knowledge and understanding of pregnant women, so they do not give birth themselves. Community leaders also approach the husbands and families of pregnant women to allow health workers to check pregnant women at the integrated healthcare center (posyandu) and refer them to the hospital if their delivery has complications and bleeding. Community leaders at Baduy customary institutions also act as intermediaries between the inner Baduy community, the Outer Baduy community, and health workers. Conclusion: Community leaders have an important role to be involved in efforts to increase the birth of Baduy residents in health facilities.

Keywords: role community leader · Baduy tribe · health facility deliveries

1 Introduction

A healthy and prosperous life is one of the goals in the Sustainable Development Goals (SDGs), namely goal 3. The main achievements of goal 3 include improving maternal and child health and increasing access to reproductive health [1]. Based on data from the population survey on the census (SUPAS), the maternal mortality rate (MMR) in Indonesia is still high at 305 maternal deaths per 100,000 live births [2]. This figure is

still far from the SDGs target of 102 per 100,000 births in 2015 and 70 per 100,000 live births in 2030 [3].

One of the factors for the high MMR in Indonesia is the relatively low coverage of assistance by health workers [4]. Based on the analysis of maternal mortality in 2010 it was stated that maternal mortality was closely related to the birth attendant and the place of delivery. This is in line with the results of studies from 97 countries which state that there is a significant correlation between delivery assistance and maternal mortality. The higher coverage of deliveries by skilled health workers in an area will be followed by a decrease in maternal mortality in that area [5].

In 2019 there were 90.5% of deliveries were assisted by health workers [6]. Meanwhile, 88.75% of pregnant women gave birth in health facilities. Nationally, this figure has met the strategic plan target of 85%. However, if viewed in more detail, there is a large gap between the provinces with the highest and lowest achievements, namely DKI Jakarta (103.83%) and Papua (46.56%).

Banten is a province located at the western tip of the island of Java and is directly adjacent to DKI Jakarta. Based on data from the health office, the number of maternal deaths in Banten province in 2017 was 226 cases, increasing in 2018 to 322 cases [7]. One of the districts that contribute the highest maternal mortality rate in Banten Province is Lebak Regency. This district also has the lowest coverage of deliveries assisted by health workers in 2018, as much as 63.9% [7].

The Baduy is a tribe that lives in the Lebak Regency area, precisely in Kanekes Village. Kanekes Village has the lowest coverage of deliveries assisted by health workers in Lebak Regency. Aspects of the life of the Baduy people are closely related to various traditional ceremonies handed down from their ancestors, including ceremonies related to the period of pregnancy to birth. One of the traditions in the Baduy community that currently still occurs is self-delivery without the help of birth attendants [8]. When this research was conducted in 2019, there had been no deliveries accompanied by health workers or in health facilities. Problems occur when the delivery itself has complications, bleeding will occur which if not treated immediately will result in the death of the mother and baby.

For the Baduy community, the existence of Traditional Institutions is highly respected because they not only have to influence the Baduy community but also as role models who are always followed and imitated in carrying out their daily lives. A village customary institution is a social institution formed in a certain customary law community with legal areas and rights to assets within the customary law area and has the right and authority to regulate, manage, and resolve various problems of village community life related to customs and applicable customary law.

To reduce the occurrence of self-delivery, interventions have been carried out in 2019–2010. The intervention aims to increase knowledge and awareness of pregnant women, their husbands, and their families. Implementation of the intervention involves community leaders, traditional leaders, cadres, and health workers. Before the intervention, pregnant women were afraid and forbidden to check their pregnancy with health workers, after the intervention, pregnant women were willing and allowed to check their pregnancy and give birth in health facilities. This paper aims to describe the role of

community leaders in Baduy traditional institutions to reduce the birth rate and increase the number of antenatal and delivery services in health facilities.

2 Materials and Methods

The research was conducted in the Outer Baduy tribe in Kanekes Village, Leuwidamar District, Lebak Regency, Banten. Data were collected qualitatively by conducting in-depth interviews with key informants and focus group discussions (FGD) with supporting informants. There were 10 in-depth interviews with key informants. Key informants included traditional leaders from inside and outside Baduy, RT (head of the neighborhood) from each village, elders, and government officials from the Baduy area. Supporting informants include cadres, village midwives, husbands, and families of pregnant women. All supporting informants represent 13 villages in Outer Baduy. The informants selected in this study were conducted purposively. A total of 6 FGDs were conducted on the supporting informant group.

An inductive-deductive approach to data analysis was carried out where themes were identified from the published literature and meaning emerged inductively from the data [9]. Data analysis is iterative, taking place continuously during the data collection process. Interview transcripts and FGDs were conducted in Sundanese and then translated into Indonesian for analysis purposes.

3 Results

The results of the research related to the role of traditional leaders in increasing deliveries in health facilities were focused on two major themes, namely: (i) the position of traditional leaders and customary institutions in the Baduy Tribe; (ii) the role of community leaders in increasing deliveries in health facilities.

3.1 The Position of Traditional Leaders and Customary Institutions

The Baduy is one of the tribes who hold fast to and obey the culture that has been determined by their ancestors. Obedience to holding traditions and rituals that must be carried out in all life cycles through ceremonies and customs is a potential, including obedience to leaders and *kakolot* (elders). The Baduy community has a head of government leadership called *Jaro* and a traditional leader called *Pu'un*. The figures of *Jaro* and *Pu'un* are deeply embedded in the life of the Baduy community, both the Inner Baduy and the Outer Baduy. Whatever orders, rules, or prohibitions from them, will be followed by the whole community. The two leaders have a clear division of tasks, for worldly matters it is *Jaro's* task, while for the affairs of the unseen world and rituals that require prayers and *jampe* needed in Baduy traditional ceremonies are *Pu'un's* duties.

For the Baduy community, the existence of traditional institutions is highly respected because they not only have to influence the Baduy community but also as role models who are always followed and imitated in carrying out their daily lives. This condition is due to the tradition of the ancestors of the Baduy community which does not allow

all its citizens to receive a formal education, so all children in the Baduy community do not go to school. Learning life sciences and customs as well as traditions are obtained from their ancestors and were passed down from generation to generation from elders, religious leaders, and community leaders, including in terms of childbirth.

“In principle, everything in this life has its rules from the ancestors, including the rules during pregnancy and childbirth. The rules from the ancestors have become rules that must be obeyed by the whole community, including traditions related to childbirth itself.” (AM traditional leader)

3.2 The Role of Community Leaders in Increasing Deliveries in Health Facilities

In the intervention carried out in 2019, 15 community leaders in Baduy traditional institutions were involved to become agents of change to increase the coverage of deliveries in health facilities. Through in-depth interviews and FGDs, community leaders, health workers, and the community agreed that these community leaders would play a role in 3 important points, namely:

3.2.1 Increase Knowledge of Pregnant Women

Community leaders at the traditional institution together with cadres and midwives are involved in efforts to improve the health of pregnant and childbirth women. The community leaders in the traditional institutions involved in this activity are the village chiefs and community leaders who act as the head of the neighborhood (RT) in each *bungur* in Kanekes Village. To realize efforts to increase knowledge of pregnant women, community leaders convey material related to pregnancy health for pregnant women and their husbands and families. The purpose of providing these materials is to increase knowledge and understanding of pregnant women and their husbands and families so that pregnant women who are supported by their husbands and families are motivated to check their pregnancies and deliver to midwives in health facilities.

To strengthen efforts to increase knowledge and understanding of pregnant women, community leaders together with midwives also made home visits to several pregnant women, especially those who were not present at integrated healthcare center (posyandu) activities. During the visit, apart from praying for the health of pregnant women and fetuses, they also conveyed health messages and appeals for examinations at health facilities. These efforts are made so that pregnant women feel comfortable with the treatment provided by community leaders and midwives so that pregnant women are willing to carry out routine checks at the posyandu and give birth to a midwife at health facilities.

3.2.2 Approaching and Advocating for Husbands and Families

Efforts to improve the health of pregnant women, in addition to providing materials to increase knowledge and understanding of pregnant women, are also approached by the husbands and families of pregnant women by community leaders together with cadres and midwives. The approach is done by building effective communication as a promotive

effort including health messages in the form of advice and prayers related to pregnancy and childbirth health. This is following the traditions of the Baduy tribe.

The implementation of these efforts involves community leaders in traditional institutions, religious leaders, traditional leaders, and *kakolot* as well as health workers/midwives *bungur* as well as posyandu cadres who jointly approach husbands and families of pregnant women. The involvement of community leaders in these efforts as mediators in raising awareness and opening insight as well as providing understanding to husbands and families of pregnant women so that they are not late in permitting health workers to refer mothers to hospitals when they need follow-up actions in the delivery process. Approach efforts are taken by community leaders so that husbands and families no longer refuse the presence of health workers in conducting pregnancy and childbirth checks and referrals of pregnant women to hospitals. Furthermore, community leaders together with traditional leaders conducted socialization related to these conditions for the Baduy residents. With the passage of these activities, there are no more pregnant women who are late being referred to the hospital to prevent death.

3.2.3 Liaison Between Health Workers and the Community

To maintain the health of the mother and fetus, it is necessary to carry out routine pregnancy checks from the first trimester to the third trimester to health workers or midwives. Therefore, it is necessary to monitor the health of pregnant women regularly every month at the integrated healthcare center (posyandu). The majority of Baduy people refuse health workers to check their pregnancy. This is because health workers are considered foreigners who are not allowed to enter their private sphere.

To expedite the implementation of posyandu activities every month, community leaders who work with midwives and posyandu cadres in each *bungur* are also involved. These efforts were made to assist midwives and cadres in monitoring the health of pregnant women in their respective *bungurs*. To realize these efforts, the support and participation of community leaders are very much needed, especially in facilitating the implementation of posyandu activities in each *bungur* regularly every month.

With the involvement of community leaders in posyandu activities, residents, especially pregnant women, feel more confident and safer participating in these activities. In addition, the involvement of community leaders in posyandu activities is also needed to identify pregnant women who need help during childbirth, especially if they suddenly experience complications or complications, community leaders can immediately approach the husband and family of pregnant women so that pregnant women are allowed to be referred to the hospital.

In addition, community leaders together with the midwife *bungur* also made home visits to pregnant women and postpartum women who were not present at the posyandu to monitor the health condition of the mother's pregnancy. To continue carrying out ancestral traditions, pregnant women continue to carry out traditional pregnancy ceremonies until before delivery accompanied by community leaders along with *kakolot* and religious leaders to give prayers and *jampe* to pregnant women for the safety of mothers and babies in the womb.

4 Discussion

The involvement of traditional leaders is still lacking in the current health system related to maternal and child health (MCH), focusing more on leaders in the formal sector [10]. The same condition is also seen in the implementation of health policies [11]. Several studies have shown the importance of involving traditional leaders in health promotion related to maternal and child health [12, 13]. Traditional or community leaders have an important role in advocating and encouraging social mobilization in the community because they can approach thousands of people in their community through dialogue within their community [14]. Studies in Malawi show that the figure of a village head or community figure who is seen as positive by the community is enough to encourage women to be able to give birth in health facilities [15]. Baduy traditional leaders are highly respected and obeyed by their communities. This makes community leaders in Baduy traditional institutions become figures who can be involved in efforts to increase birth coverage in health facilities.

The Baduy community does not receive formal education because it is contrary to traditional values. Illiteracy, ignorance, and misunderstandings regarding pregnancy and childbirth are serious problems. The lack of knowledge related to pregnancy and childbirth causes women to be late in detecting and making mistakes in pregnancy and childbirth care. This is in line with the results of research which states that the level of education and literacy affects the effectiveness of community participation in health services [16]. Community leaders and traditional leaders can be sources of information that are recognized by their communities so that this becomes a potential in empowering and developing public awareness through more effective communication [17]. For this reason, community leaders in Baduy traditional institutions can play a role as conveyers of information related to pregnancy and childbirth.

In the tradition of the Baduy community, parents, *kakolot* (elders) and community leaders are the first people who are asked for advice by their husbands in determining the decision to give birth to pregnant women. For this reason, the role of community leaders in traditional institutions is very much needed, especially to increase the awareness of husbands and families (parents and *kakolot*) to allow pregnancy check-ups and delivery assistance by health workers and are willing to be referred to the hospital if further action is needed.

Husbands and families have an important role in women's health related to reproduction so they can be involved in every health intervention activity [18]. If community leaders can work together with their husbands and families, the program to reduce maternal mortality due to childbirth will be more effective [19]. Several previous studies have also reported that the husband's role in pregnancy and delivery care is very important [20]. Thus, they must know about antenatal care and know the dangerous signs of pregnancy and childbirth because they are important determinants in delivery decisions [21]. They have never received an understanding and explanation about how they should behave when dealing with pregnancy and childbirth [22]. The husband's lack of understanding about maternal health can threaten maternal health [23].

In a patriarchal society, health decisions related to women's reproduction are also the domain of men's authority. All decisions regarding health care are the decisions of the husband and in some cases, the wife is not involved at all in making these decisions [24].

And if the husband is not too involved in decisions regarding pregnancy or childbirth, not much support is provided during the process [25]. In families in the Baduy Tribe, the husband plays a role in making decisions regarding examinations and birth attendants for pregnant women. Before deciding, the husband usually will first consult with the parents in determining the birth attendant before making his decision. This is in line with the results of research from [26], which states that the role of the husband in making decisions is very dominant both before delivery and during delivery. This condition explains that men as husbands dominate the decision-making process for handling pregnancy and childbirth.

The results of the study stated that one of the causes of maternal mortality is the delay of the husband and family in deciding to give permission when the mother must be immediately referred to the hospital [27]. This condition also occurs in pregnant women in Baduy, when experiencing complications and complicating factors in the delivery process. Health workers cannot immediately refer pregnant women to hospitals that require further action because they must wait for permission from their husbands and families. Male involvement in maternal health reduces the three phases of delay, namely delays in making decisions to seek care, delays in accessing care, and delays in receiving care [28]. The delay of the husband and family in giving the decision for the mother to be immediately referred to the hospital when experiencing complications or complicating factors in the delivery process resulted in the mother's death.

Community leaders have a very important role in solving public health problems with the help of systematic health facilities that can be utilized by the community [29]. Coordination between community leaders and health service providers is needed to improve maternal health and the utilization of health services. The contribution of community leaders in Traditional Institutions in establishing synergistic collaboration with cadres with sub-village midwives is very much needed. The collaboration that is built has a very impact on creating a sense of trust and comfort for pregnant women to consult with health workers. With the implementation of this collaboration, there is a close relationship between midwives and pregnant women. The real impact that occurs is seen when pregnant women have no fear and shame when carrying out pregnancy and childbirth examinations. This is in line with the study which states that empowerment programs in the form of community participation provide opportunities for community members and health workers to become active partners in overcoming existing problems [30].

5 Conclusion

Community leaders in Adat Baduy institutions have an important role in increasing the coverage of deliveries in health facilities. Community leaders can play a role in improving the health of pregnant women by increasing the knowledge and understanding and motivation of pregnant women, husbands, and families to carry out antenatal care and delivery to health facilities. Community leaders at Traditional Institutions also help create synergistic collaboration between midwives, cadres, and pregnant women to increase deliveries in health facilities. Health service providers need to involve traditional leaders and Baduy customary institutions in every program so that they can be accepted by the community.

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