

# Voices of Community

What's happening in East Java and NTB?

UNICEF Surabaya Newsletter

is prepared monthly in order to share views / concerns of beneficiaries with partners and to develop common understanding of how UNICEF-assisted projects bring about positive changes in day to day life of community.

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## Harmonized relationship of Midwives-TBAs: A key to increase quality of delivering babies

It is a long history that Traditional Birth Attendants (TBA) assist women in delivering babies. In 1946, the late Dr. Gambiro Prawirosudirjo started to train TBAs in Sumedang. He was aware the number of skilled health staff were very rare. On the other hand, in that time (even up to now) delivering babies is a service that assisted by TBAs. Then, the only choice was to improve capacity of TBAs. Until 1990's MOH still conducted TBA training.

Inline with the policy to place community midwife and establish maternity hut in every village, number of skilled health staff has increased year by year. Then, should community midwives compete with TBAs? Should TBAs "thrown away"? Should we forget

of all contributions of trained TBAs in maternal care? NO! Partnership between midwife and TBA should be developed in harmony. Division of responsibility should be further developed.

The result of this kind of partnership is significant in increasing number of delivery assisted by midwives. An example can be seen in Bondowoso, East Java. With population around 717,800, Bondowoso has 1 CEONC District Hospital, 6 BEONC Health Centers, 23 Health Centers, 121 maternity huts, and 564 TBAs. Bondowoso is one of 3 selected district which have been supported by UNICEF to implement IMHI project in order to strengthen the National Policy of Making Pregnancy Safer.

The project has begun in the last quarter of 2006 started with traveling seminar of East Java and those 3 selected district Teams to Dasan Geria village in Lombok Barat, NTB. They observed and learnt good practices of partnership between community midwife and TBAs and the community based referral system. Based on the results from this traveling seminar and good experiences from Trenggalek and Ngawi districts, a model of appropriate partnership between midwives and TBAs had been developed. Then, the model was disseminated to health centers, community midwives, TBAs, and village heads. They then developed a partnership agreement. After those series of meetings and discussions, community midwives organized community meeting participated by potential key persons at the village level. In that meeting, community midwives shared the partnership approach, the three delays, and policy of "all births should be assisted by skilled health provider".

The model was welcomed by involved people. Two of them are Dr. Tantin and Ibu Ninik Lestari. They are members of Tamanan BEONC Health Center which was located around 1 hour travel by car from the district capital, Bondowoso. Dr. Tantin said: "Now, several cases of pregnant women had been referred to the health center by community midwives accompanied by TBA who lived in the same village with that pregnant woman".

Ibu Diah Utami, community midwife of Sukosari village, Tamanan sub-district has been working in this village for 16 years. In this village there are 7 TBAs. She said that in 1992, the first year she was placed in this village, 50% of baby delivery was conducted at home and assisted by TBA. Eight years later, it decreased and became 25%. Now, it decreased to 10% and the other 90% of women deliver their babies at maternity hut or other health facilities. Those 10% was assisted by her even it took place at their home. She explained that she had conducted 4 approaches: (a) visited TBAs at their home to build a good relationship, especially to TBAs who still assisted births; (b) gave a small gift to TBAs in special events such as Idul Fitri; (c) encouraged TBAs to become posyandu cadres; and (d) provided free health service for TBAs if they got sick.



VoC reporter, Ibu Agnes met 3 out of 7 TBAs. One of them expressed their feeling and said: "Even though we got smaller money because new policy does not allow us in assisting birth, we understand and accept this policy ..... actually we feel more comfortable .... no panic .... no stress. We had changed our role from assisting delivery to assisting mother on breastfeeding. We know that colostrum is very good for babies. We also know how to keep clean and dry the umbilical cord and how to keep baby warm. We accompanied community midwife and we did not wash the baby up to 6 hours after birth ...."

Ibu Winarni, community midwife of Kalianyar village and a district model midwife of Bondowoso in 2007 explained that the model encouraged community midwives to maintain partnership with TBAs. She continued: "Now, only 5% of pregnant women invited me to assist births at the community's home. I am happy to say that the other 95% of pregnant women happily deliver their babies at maternity hut".

In interviewing several women, the VoC reporter noted that they like to deliver baby at maternity hut because it is clean and those women and baby got a good service. The community midwife provided technical services and TBA supported with psycho-social care including traditional ceremonies

It is clear that we should appreciate the role of TBA in the past. So partnership of midwife-TBA should be placed in this format. Division of responsibility is really a must, however it should come from "the heart" of both sides and not just by authority and power.\*\*\*\*\*



One of them is Ibu Diah, community midwife at Sukosari village. Can you identify her?

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