

## ORIGINAL ARTICLE

# The Meaningfulness of Village Shamans in Dayak Communities in the Care of Adolescent Pregnancy: Indonesia

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## ABSTRACT

**Introduction:** Pregnancy care aims to prevent complications during pregnancy, is a step to prepare for a healthy delivery for the mother and her fetus, and prevent death during pregnancy and childbirth. Pregnancy care will maintain the growth and health of the fetus well until before delivery, during, and after delivery. Inadequate pregnancy care will increase the risk of perinatal death. This study aims to explore the meaningfulness of village shamans in the care of adolescent pregnancy in Dayak Communities. **Materials and methods:** This research uses a qualitative approach in the Dayak communities South of Barito. The study subjects were ten pregnant teenage women, ten husbands, ten mothers or mothers-in-law, and four village shamans. Data analysis is carried out manually based on themes and sub-themes. **Results:** There are two phenomena found. First, adolescent pregnant women do not carry out pregnancy checks according to standards (frequency, quantity, helper, and place). The second is using village shamans, which are helpful in pregnancy check-ups. Some other origins presented are mobility restrictions and the closure of health service facilities (independent practices of midwives and doctors, public health centers, and auxiliary health centers) over a long period. **Conclusion:** Pregnancy care carried out by adolescent pregnant women is not up to standard, and increased involvement of village shamans can help in the early detection of health problems in adolescent pregnant women. The government should regulate the role of village shamans in dealing with teenage pregnancy. *Malaysian Journal of Medicine and Health Sciences* (2024) 20(SUPP9): 14-21. doi:10.47836/mjmhs20.s9.3

**Keywords:** Village shaman, Meaningfulness, Pregnancy care, Adolescent pregnancy, Dayak

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## INTRODUCTION

Teenage pregnancy requires more effective and standardized care during pregnancy, which is a step to prepare for a healthy delivery for the mother and her fetus and prevent death during pregnancy and childbirth. Pregnancy care will maintain the growth and health of the fetus well until before delivery, during, and after delivery<sup>1,2</sup>. Inadequate pregnancy care will increase the risk of perinatal death. The obligation to take care of pregnancy is a shared responsibility by pregnant women, couples, families, communities, and the government<sup>3-5</sup>. Based on the results of other studies, it was found that adolescents carry out poor quality pregnancy care due to a lack of awareness, including delays in recognizing pregnancy symptoms. Other influencing factors are family socio-economics, including limited support from family and the community around pregnant women<sup>6,7</sup>.

There are different cultural concepts for pregnancy care in Indonesia because of Culture. Cultural diversity is based on ethnic groups. Pregnancy care in the Baduy community has influenced by traditional leaders called

kokolot, and Taraji carries out pregnancy care. In the culture of the people of Makassar, pregnancy care is carried out jointly by health workers (midwives) and traditional workers, who receive support from husbands and parents. Meanwhile, in the Maluku Culture, pregnancy care depends on culturally related treatment, and each region in Indonesia has a different concept. In the Baduy ethnic community, the care of the mind is influenced by obedience to the traditional leader (*kokolot*), and pregnancy care is carried out by *Paraji*. Makassar culture states that there is support from husbands and parents. Traditional healers and midwives are responsible for prenatal care. Culture plays an important role in influencing people living in remote areas to choose traditional birth attendants (TBAs) over midwives<sup>8-11</sup>. Research conducted in Jember found that the reasons for choosing a childbirth assistant include pregnancy care by involving non-health workers, including socio-cultural (hereditary customary customs) so as to foster a close relationship with traditional birth attendants, the quality of care provided by shamans is more dominant, the location of residence is more affordable (easier access to village shamans is felt more easily), limited knowledge of mothers due to low educational factors that affect the decisions made by mothers, high dependence on parents or husbands, and the cost factor is also one of the considerations in the selection of helpers in pregnancy and childbirth care<sup>12</sup>.

Research on adolescent pregnant women of the Dayak community found several problems in pregnancy care. First, pregnancy check-ups are done irregularly, depending on the support of the husband and his discharge (mother and mother-in-law). Second, pregnant women perform some taboos (eating and specific actions). Third, acceptance of pregnancy through a special ceremony as a form of family affection. Finally, the community's trust is high in the village shamans, with the support of Damang as a traditional leader<sup>13-15</sup>. Knowledge, work, and income influence husbands' support in physical and psychological forms<sup>16,17</sup>. The most significant social support for adolescents comes from husbands, mothers, or in-laws and their family members<sup>7</sup>. Pregnancy care is influenced by the husband's involvement, social support, and family commitment<sup>18,19</sup>.

Spousal support is essential and targets interventions to improve positive behaviors in pregnancy care<sup>20,21</sup>. Limited community support influences decision-making. Community-based interventions are needed to address them<sup>22</sup>. Research conducted in Gunung Mas and Kapuas Regencies found that the support of the husbands of teenage pregnant women in the form of their involvement in the pregnant women's class will affect the outcome of the pregnancy. Other factors that influence this are support from family and motivation from pregnant women to seek adolescent-friendly antenatal services<sup>23</sup>. They are respected during pregnancy through special ceremonies as affection for the families of pregnant women and their fetuses. The public's trust is high in the village shamans assisting with pregnancy check-ups, as indigenous leaders, help support adolescent pregnant women. This condition impacts midwives' low number of pregnancy checks<sup>13,14</sup>.

Research conducted on the Dayak community in East Kotawaringin Regency with the finding that pregnancy care and childbirth assistance are mostly carried out by non-health workers or Traditional Birth Attendants (TBA) in the Dayak community also called village shamans or *BIDAN LEWU*. The existence of village shamans in the Dayak community is one of the local wisdom that helps a lot in pregnancy care in general. Several previous studies, especially in the Dayak community, maintain adolescent pregnancy by empowering community leaders such as community leaders or in the Dayak community called *DAMANG* or *MANTIR* in helping to educate pregnant women in carrying out pregnancy care by the pregnancy care standards that pregnant women should get. *BIDAN LEWU* is the most experienced person; the existence of village shamans sometimes causes high dependence on the community and causes

the community to make them one of the people who can provide care during pregnancy, childbirth, and the postpartum period after childbirth<sup>13</sup>. However, there have been no further studies on pregnancy care and childbirth assistance carried out in Dayak communities in other regions, mainly for adolescent pregnancy care.

Based on this background, this study aims to explore the use of village shamans in adolescent pregnancy care in the Dayak community in South Barito.

## MATERIALS AND METHODS

### Study Setting and Study Design

This research is a type of qualitative research. The stages of data analysis include recapitulation, coding, compiling transcripts, selecting meaningful words or sentences, and separating by subcategories and categories.

### Subject of Research

In this study, the research informants were 34 people consisting of 10 teenage pregnant women, 10 husbands, 10 mothers-in-law, and 4 village shamans paying attention to the saturation of information obtained from the research informants. The involvement of teenage pregnant women are under 20 years old, married status, live together with their husbands and families, and don't have complications for their pregnancy.

### Ethical Clearance

This study was approved by the Research Ethics Committee from the Polytechnic of Health Palangka Raya No. 268/III/KE.PE/2023. The data collected from the informant is confidential and will not be disseminated except for research purposes. This research also pays attention to the human rights of informants and prioritizes their safety and comfort during data collection.

## RESULTS

### Characteristics of informants

The most teenage pregnant women involved in this study were in the age range of 14-19 years, the last junior high school education, and the most pregnant first child. The husband of a teenage pregnant woman is in the age range of 17-22 years, his last high school and private education. The husband works in the private sector with an uncertain income, so it impacts the family's income, which is mostly dependent on the parent's (father's) income. The parents involved are mothers or mothers-in-law in the age range of 38-46 years. Some mothers-in-law have the same experience of getting married and pregnant in their teens.

**Table I: Characteristic of Informants**

Characteristics	Age	Education	Job	Socio-Economic	Description
<b>Main Informant</b>					
<b>Adolescent Pregnancy</b>					
Adolescent Pregnancy	14-19 year	Primary to middle school	Housewife	Low-middle	Primigravida (eight person and multigravida (two person)
<b>Family</b>					
Husband's	17-22 year	Middle to senior high school	Private employees	Low-middle	Ten person
Mother/Mother in law	38-46 year	Middle school	House wife	Low-middle	Ten person
<b>Community Leader</b>					
Village Shaman	65-68 year	Primary school	Private employees	Low-middle	Four person

**Research Theme**

After identifying, exploring, and analyzing, two themes of analysis were obtained about pregnancy examinations carried out by adolescent pregnant women and the use of village shamans in pregnancy examinations. The results of in-depth interviews were identified based on in-depth interviews, including care supervision and adolescent care behavior. Views with informants of pregnant women, families (husbands and mothers/in-laws), and community leaders (village shamans).

**Table II: Theme identified through interviews with informant**

Themes
Pregnancy Care for the adolescent pregnant <ul style="list-style-type: none"> <li>▪ Non-standard pregnancy care</li> <li>▪ Utilizing non-health</li> <li>▪ Difficulties for access</li> </ul>
Utilization Village Shaman in adolescent pregnancy care <ul style="list-style-type: none"> <li>▪ High trust</li> <li>▪ Family habit</li> <li>▪ Kinship</li> <li>▪ Easy access</li> <li>▪ Flexible time</li> <li>▪ Low cost</li> </ul>

**Theme 1: Pregnancy care for the adolescent pregnant**

Adolescent pregnant women do not have pregnancy checks for several reasons. For most of the husbands, the examination was not carried out by the midwife of the health center because of family habits, and there were no complaints. On the other hand, suppose the pregnancy is without problems or complaints. In that case, it will cause laziness and reduce the motivation of pregnant women and husbands to conduct pregnancy check-ups and health centers. In that case, it will cause laziness and reduce the motivation of pregnant women and husbands to conduct pregnancy check-ups and health centers. Most parents (mothers/mothers-in-law support the statements of pregnant women and husbands. Some of the reasons presented were complaints from pregnant women's massage habits.

**Sub-theme 1: Not-standard pregnancy care**

"pregnancy check-ups are carried out irregularly based on the frequency and minimal number of checks during pregnancy. Check if you are pregnant, have complaints,

or feel healthy and lazy to go to the health center" (P1). "check pregnant not every month because the body is healthy and there are no severe complaints" (P2)

**Sub-theme 2: Utilization of non-health workers.**

"Village shamans mostly carry out pregnancy check-ups with traditional workers in the Dayak community. They often check with village shamans, many practice midwives who do not have open practices, and public health centers are also often closed"(P3).

"During pregnancy, most of them go to the village midwife, especially during the first pregnancy, often go to the village midwife first" (P4)

**Sub-theme 3: Difficulties in accessing health workers and health facilities**

" We want to check with the public health center. You must contact the midwife first and must not come directly; unless seriously ill, you can come directly to the public health center or hospital" (P5)

" The midwives who are placed here are often not in place, and the distance to the health center is also quite far, so we are too lazy to go there. The easiest is the village shaman" (p 18).

**Theme 2: The Utilization of Village Shamans in Adolescent Pregnancy Care**

Most pregnant women are adolescents who have pregnancy check-ups with village shamans. Some of the reasons presented are customs, customs, and culture, a high sense of trust, family and close relationships, close distance, flexible village shaman time, and low cost. In addition, two (2) other pregnant women use the midwife and the village shaman together for pregnancy check-ups. Therefore, the two will complement each other. Most husbands support using village shamans to perform juvenile pregnancy check-ups. Some reasons are family habits, proximity, family relationships, flexible time, and low cost. Some reasons include custom, proximity, kinship, flexible time, and low cost. However, three (3) husbands said they did not know how to use the village shamans.

All village shamans or traditional birth attendants (TBA) said pregnancy check-ups were carried out jointly with midwives and health centers. However, in adolescent pregnant women, due to their young age, the decision to conduct examinations depends on the decisions of husbands and parents (mothers /mothers-in-law). The habit of mothers/in-laws who previously checked the pregnancy with a village herbalist will cause this condition to also apply equally to adolescent pregnant women. The existence of family relationships, close house distances, and no set cost standards are some of the reasons presented.

#### Sub-theme 1: High trust in village shamans

"high trust in village shamans can help maintain the health of pregnant women better and more comprehensively. Village shamans can usually massage and treat if there is pain and later treat until delivery and 40 days" (P6).

"as long as it is taken care of by the village herbalist, there are no problems or disturbances" (P7)

#### Sub-theme 2: Family habits

"our pregnancy experience has never been a problem if we check with the village shaman. There are also taboos taught" (P8).

"our experience of being pregnant has never been a problem if we check with the village shaman; there are also taboos taught" (P9).

#### Sub-theme 3: Kinship

"kinship relationships between the families of adolescent pregnant women and village shamans will facilitate the use of village shamans. We have a family relationship with the village midwife; we call her grandma" (P10).

"her hometown midwife is her parent's sister" (P11)

#### Sub-theme 4: Easy access

"easy of access is a factor considered by pregnant women and the existence of village shamans who live in areas around pregnant women. Our house is near the village midwife, so you can still check it yourself." (P12).

"We live not far from the village shaman" (P13)

#### Sub-theme 5: More flexible timings

"village shamans have flexible time, making it easier to get services. The practice time can come anytime, so it's not a special time" (P14).

"village shamans have flexible time, making it easier to get services. The practice time can come at any time, so it is not a special time (P15)

#### Sub-theme 6: Low cost

"low tariffs sometimes tend not to set tariffs with a certain nominal. Check with the public health center, or the hospital must use an insurance card like BPJS.

You have to pay the village midwife if you do not have a card. There is no tariff" (P16).

"cheaper and can be paid voluntarily according to ability" (P17)

## DISCUSSION

### Characteristics of the informant

The teenage pregnant women involved in this study were the lowest at the age of 14 years and the youngest husband at the age of 17 years. The highest education of teenage pregnant women is middle school. In contrast, the highest education of the husband is senior high school with a private husband's job (mostly as a rubber sap farmer). The husband's income is also uncertain, depending on the sales results, the price of rubber sap, and the family income from the parents (father). The village shaman stated that the services provided are in partnership or together with health workers, especially for childbirth assistance. Pregnancy that occurs in adolescents is still a common thing in society and does not violate culture because families choose to marry girls, before pregnancy or even if pregnancy occurs before marriage.

Pregnancy in adolescents is caused by limited and poor knowledge about sexual behavior from the immediate environment, such as family and social norms, that are taboo to discuss sexual relations in society. This condition is unfavorable for adolescents because great curiosity will cause early sexual behavior and risk in pregnancy<sup>24-26</sup>. Socioeconomic factors influence adolescent pregnancy. Cross-sectoral cooperation and active community participation are needed to address the problem. Active community participation is beneficial in helping to solve adolescent pregnancy health problems<sup>27</sup>. A study conducted in Sub-Saharan Africa found that there are three most significant causes of teenage pregnancy, including socio-cultural and economic, individual desires, and adolescent-friendly health services to provide education and empower adolescents in positive activities<sup>28</sup>.

Pregnancy and childbirth in adolescents will have an impact on adolescent education. A critical intervention is to encourage adolescents to prevent pregnancy<sup>29</sup>. Pregnancy in adolescents is one of the causes of dropping out of school and missing the opportunity to continue education<sup>30</sup>. School-based reproductive health education and close relationships with parents will be one of the intervention options for pregnancy prevention in adolescents<sup>31</sup>. Socio-economic factors influence adolescents' seeking health services and opportunities for quality pregnancy care.

### Pregnancy care for the pregnant adolescent

Most informants perform pregnancy check-ups using nonstandard standards (frequency and number of

examinations). This condition prevents pregnant women from getting standard prenatal services (TT immunization, blood-added tablets, and vitamins). The latest government policy on pregnancy is to check six times. This condition applies to all pregnant women<sup>32</sup>. Adolescent pregnancy care behavior is anchored by age, education, employment, parity, husband and family support, and socioeconomic and husband roles. Adolescent pregnant women are a very vulnerable group, as can be seen from their health and mental readiness, so they need better treatment. Some of the barriers to adolescent pregnancy care include psychosocial support, knowledge gaps, and practices, effective implementation strategies in managing resources in primary care, and regulating the involvement of all officers in the field in providing services to adolescent pregnant women<sup>33</sup>. Health and social care professionals supporting young parents should be aware of the potential for stigma, discrimination, isolation, and exclusion within teenage peer groups. Policymakers need to ensure young mothers have access to a broad range of support opportunities, including formal and professional support<sup>34</sup>.

Adolescent pregnancy will have psychosocial consequences that significantly affect the variety of stress felt during pregnancy, social isolation, and sometimes, this condition is also influenced by the poverty experienced. Improvements in policies and services are needed by teenage pregnant women in the process of getting pregnancy care according to standards<sup>35</sup>. Other research found several reasons for teenage pregnant women not to go to health centers for pregnancy care, such as long waiting times, low education and long distances, antenatal care services that are not friendly to teenage pregnant women, and lack of awareness of adolescents to carry out pregnancy care according to standards<sup>36</sup>. Adolescent pregnant women do not provide pregnancy care to health workers and available public health services because the services provided are not adolescent-friendly<sup>37</sup>. Teenage pregnant women in French Guiana often delay having a pregnancy check-up or first visit. This condition causes an increase in the incidence of premature labor and BBLR, so it requires attention<sup>38</sup>. Other factors that also affect early and standard pregnancy care in teenage pregnant women are lack of awareness of the benefits of pregnancy care, delay in detecting signs of pregnancy, and social economy<sup>22</sup>.

### **The Utilization of Village Shamans in Adolescent Pregnancy Care**

Research states that pregnant women of Dayak Siang have good knowledge and abstinence from doing certain things (eating and behavior). However, village shamans mostly carry out pregnancy check check-ups because of the difficulty of access and long distances.

Another negative behavior is that pregnant women have smoking behaviors during pregnancy<sup>39</sup>. A phenomenon recognized that baby shamans are still widely used by society. Although many facts have been found, there is an increase in complications of pregnancy and childbirth. Baby shamans have gained much knowledge and increased understanding through education and training because the use of village shamans is still high in the community, especially in rural areas<sup>40</sup>.

Pregnant women living in rural areas have limited access to health services, so they take advantage of traditional services to carry out pregnancy care. Pregnant women who live in rural areas have limited access to health services, so they take advantage of traditional services to carry out pregnancy care<sup>41</sup>. People with long-standing beliefs trusting about the use of traditional labor for pregnancy care<sup>42</sup>. Research in rural Tanzania found that Traditional Birth Attendants (TBAs) contribute together with health professionals, especially culturally related care. This is due to the trust built between pregnant women in rural areas and previous positive childbirth experiences. This condition will help health workers carry out comprehensive pregnancy care<sup>43</sup>. Traditional birth attendants are recognized as playing a role in helping to reduce maternal and fetal mortality if a process is carried out that is integrated with the formal health care system available in the community so that it is necessary to improve the ability and skills in carrying out pregnancy care, and must be carried out by health professionals<sup>44</sup>. Although TBAs, like maternal health professionals, operate to improve maternal health care, some of their spiritual practices and beliefs can pose a threat to teenage pregnant women, so proper initiation and training are needed so that these TBA workers become beneficial<sup>45</sup>.

Other studies have found that most pregnant women prefer traditional (non-medical) birth attendants over health workers for several reasons, such as limited knowledge, local traditions, and ceremonies, the comfort of pregnant women, easy access, and positive experiences in assisting the delivery process (never having experienced a delivery that causes death)<sup>46</sup>. Other supporting research states that the factors that influence pregnant women to use traditional birth attendants are hereditary habits, beliefs, social relationships (kinship), maternal background, the existence of traditional birth attendants, difficult distance and access, fear of pregnant women with the use of birth aids used by health workers, research and care provided by traditional delivery companions are comprehensive (pregnancy, childbirth, and postpartum care services)<sup>47,48</sup>.

### **Limitation**

This research is still limited to a specific Dayak community and has not described the whole of the

Dayak community in Kalimantan. So that it is possible to conduct further studies

## CONCLUSION

Pregnancy care carried out by Dayak community adolescents is done poorly and not according to standards. Village shamans are involved in pregnancy care for several reasons: high trust, family habits, kinship, easy access, flexible shaman time, and low cost. Several factors influence the significance of village shamans in the Dayak community. Village shamans should increase partnerships with health workers from pregnancy care and childbirth assistance to postpartum and newborn care according to standards.

## ACKNOWLEDGEMENT

The author would like to thank the South Barito Regency government and the Health Office for allowing the author to collect research data. In addition, the author would like to thank the Politecnic of Health Palangka Raya.

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