



Supporting Factors in Searching for Childbirth Assistance for the Anak Dalam Tribe (SAD) Community in Bungo Regency, Indonesia

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ABSTRACT

Maternal mortality in Jambi Province has increased from 46 cases in 2018 to 59 cases in 2019. Childbirth out in health facilities is a specific problem in this province, especially in districts with Anak Dalam Tribe (SAD) communities, one of which is a district of Bungo. SAD residents rely more on delivery assistance and general medical treatment of their citizens to someone passed down from generation to generation called Kepaco'an, a term that residents more accept than traditional midwives. This study aims to analyse supporting factors to search for childbirth assistance in this community. The results showed that there had been a division of roles between Kepaco'an and health workers (midwives), but the midwife's roles between Kepaco'an and health workers (midwives), but the midwife's role was trivial. The main supporting factor is trust, where kepaco'an is passed down from generation to generation, while midwives are considered very young and inexperienced. Childbirth procedure with "jampe-jampe" makes to mother and family become calm is the next supporting factor. In addition, the cost of childbirth is cheaper and the distance to health facilities is quite far also factor in childbirth to Kepaco'an. Increasing trust in health workers is essential and cannot be ignored through a partnership pattern by assigning more experienced health workers. Continuous mentoring of SAD families with the involvement of tumenggung and Kepaco'an and shaping internal changes through midwifery education for SAD residents is an effective step in increasing childbirth with health workers, which has an impact on reducing maternal mortality in this district.

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ABSTRAK

Kematian ibu di Provinsi Jambi mengalami peningkatan dari 46 kasus di tahun 2018 ke 59 kasus di tahun 2019. Persalinan yang tidak dilaksanakan di fasilitas kesehatan menjadi permasalahan spesifik di provinsi ini, terutama di kabupaten yang memiliki komunitas Suku Anak Dalam (SAD), salah satunya Kabupaten Bungo. Warga SAD lebih memercayakan pertolongan persalinan dan pengobatan umum warganya kepada seseorang yang terpilih secara turun temurun yang dipanggil Kepaco'an, sebuah istilah yang lebih diterima oleh warga daripada dukun bayi. Penelitian ini bertujuan menggali lebih dalam faktor pendukung pencarian pertolongan persalinan pada komunitas ini. Hasil penelitian menunjukkan telah terdapat pembagian peran antara kepaco'an dan tenaga kesehatan (bidan), akan tetapi peran bidan sangat kecil. Faktor pendukung utama adalah kepercayaan, dimana kepaco'an terpilih secara turun temurun, sedangkan bidan dianggap masih sangat muda dan belum berpengalaman. Prosedur persalinan dengan jampe-jampe sehingga ibu dan keluarga menjadi tenang adalah faktor pendukung selanjutnya. Selain itu, biaya persalinan yang lebih murah dan jarak tempuh ke fasilitas kesehatan yang cukup jauh juga

menjadi faktor persalinan dilakukan kepada kepac'o'an. Meningkatkan kepercayaan kepada tenaga kesehatan menjadi hal penting yang tidak dapat diabaikan melalui pola kemitraan, tentunya dengan menugaskan tenaga kesehatan yang lebih berpengalaman. Pendampingan keluarga SAD secara kontinue dengan keterlibatan tumengging dan kepac'o'an serta membentuk perubahan internal melalui pemberian pendidikan kebidanan bagi warga SAD merupakan langkah efektif dalam peningkatan persalinan ke petugas kesehatan yang tentunya berdampak pada penurunan angka kematian ibu di kabupaten ini.



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INTRODUCTION

According to the World Health Organization (WHO), the Maternal Mortality Rate (MMR) due to pregnancy and childbirth is estimated at 830 people/day. Maternal mortality generally occurs due to complications during and after pregnancy, about 75% of which are due to bleeding, infection, hypertension, and childbirth complications (Organization W, 2017).

Indonesia is a country with an MMR which is still relatively high compared to other countries in the ASEAN region. Based on the 2015 Inter-Census Population Survey (SUPAS), the MMR in Indonesia is at 305/100,000 live births. This figure shows that there has been no significant decline in the MMR as measured by 2012 Indonesian Demographic and Health Survey (IDHS) of 359/100,000 live births (Kemenkes RI, 2017).

The common knowledge of women, especially pregnant women, caused by the lack of information received is one of the causes of the high MMR in Indonesia (Kemenkes RI, 2017). The 2018 Basic Health Research (Riskesdas) results show that 16% of deliveries are still carried out at home (Ministry of Health, 2019). Meanwhile, the place of delivery in health services has only been fulfilled by 85.5% (Kemenkes RI, 2020).

Maternal mortality in Jambi Province has also increased, as indicated from 46 in 2018, rising to 59 in 2019. Deliveries not carried out in health care facilities are a specific problem in this province, especially in regencies with Remote Indigenous Communities, namely the Suku Anak Dalam Tribe (SAD); one of them is the Bungo Regency. As a regency with 128 SAD residents (KK), this regency contributes the highest neonatal mortality in Jambi Province. This community's deliveries carried out at home and prior care afterward are among the risk factors for high maternal mortality in this regency (Dinas Kesehatan Provinsi Jambi, 2019).

Population data and civil records state that the number of Remote Indigenous Communities (KAT) in Jambi Province in 2011 was 6,773 families or 28,886 people. A life that relies on forests to fulfill their daily needs, which is the reason why they often move from place to place, even between regencies in Jambi Province, is the cause of a large number of residents (approximately 3,489 families or 14,947 people) who have not received any guidance (Disdukcapil Provinsi Jambi, 2011).

In 2014, the number of Remote Indigenous Communities of the Anak Dalam Tribe and the Duano Tribe in Jambi Province was 3,147 families spread over eight regencies, 18 sub-districts, 20 villages, and 28 locations. Muaro Jambi (75 KK), Batanghari (620 KK), Tebo (415 KK), Sarolangun (249 KK), Merangin (165 KK), Bungo (128 KK), West Tanjab (100 KK) and East Tanjab (76 KK) (Disdukcapil Provinsi Jambi, 2011).

The health empowerment program for the Anak Dalam Tribe (SAD) has not shown any optimal and sustainable results (M. Ridwan, 2018). Empowerment for SAD residents needs to be done by combining promotive, preventive, curative efforts and traditional medicine with SAD Car Care Services (M. Ridwan & Lesmana, 2018).

Hermawan's research results show that low socioeconomic levels and travel time to health care facilities significantly affect the high percentage of deliveries by non-health workers (Hermawan, 2017). Anggorodi, in his research, stated that the reason people prefer traditional birth attendants in assisting childbirth is that its delivery costs are cheaper than the midwives, and the payments do not have to be in the form of money. The use of *jampe-jampe* (mantras) during childbirth also makes mothers feel calm. In addition, trust in relatively young and inexperienced midwives is a particular reason for choosing a shaman over a midwife in assisting childbirth (Anggorodi, 2009).

Kepaco'an is a person who is highly trusted by the SAD community in helping with childbirth and general medical treatment, including in the Pelepat Bungo area. The term "kepac'o'an" is more acceptable and pleasant to them than "dukun" (shaman) for them. The choice to give birth to Kepaco'an is stronger than looking for a health worker (midwife) with more confidence, even though access to health care centers is not too far.

Trust in birth attendants is crucial. A childbirth process which for some mothers is a frightening and worrying process for the safety of themselves and their babies, becomes a reason to entrust the delivery process to be carried out. Ipa and Prasetyo (2015) stated that Pikukuh (absolute custom) in the Baduy tribe prefers traditional medicine as primary treatment, while modern medicine becomes a secondary treatment option (Ipa, Prasetyo, & Kasnodihardjo, 2016). Likewise, when the SAD community seeks help for giving birth, their strong belief in customs that will affect the health of mothers and babies is the main reason SAD residents seek help when giving birth.

Kepaco'an for Suku Anak Dalam (SAD) community is for a birth attendant and general treatment also. The belief passed down from generation to generation in Kepaco'an from previous ancestors is a belief that is highly maintained by the SAD community.

The government's program to reduce maternal and infant mortality through an approach and easy access to delivery assistance by placing a midwife in every village is a program that is considered quite effective, especially to reach remote indigenous communities, including the SAD community in Bungo Regency. However, the nomadic lifestyle and the forest's interior make it difficult to reach these SAD residents, thus requiring more specific efforts.

This study explores the process of childbirth and pregnancy maintenance carried out by SAD residents who

are more dominated by Kepaco'an than health workers and analyzes supporting factors in searching childbirth assistance in Anak Dalam Tribe (SAD) Community in Bungo Regency. It is hoped that it will support the regency government in making specific approaches to SAD residents towards improving maternal and infant health.

METHOD

This research is qualitative research with a case study design from June to August 2020. Informants were selected by purposive sampling, with the criteria of informants being people involved in a delivery process for SAD residents. Based on these criteria, the informants of this study were traditional birth attendants, pregnant women and their husbands, mothers who had given birth and their husbands, village midwives, and puskesmas officers, with a total of 15 respondents. Content Analysis carried out data analysis by exploring and explaining empirical data related to the delivery process and aftercare for SAD residents and the role of Kepaco'an in efforts to improve maternal health in the Suku Anak Dalam (SAD) community in Bungo Regency.

RESULT AND DISCUSSION

Anak Dalam Tribe (SAD)

Bukit Dua Delas has become a settlement for most of the Orang Rimba in Jambi. Bukit Dua Belas is located between three regencies in Jambi Province, namely Sarolangun Regency in the south, Tebo in the west, and Batanghari in the north. All of these districts are bordered by the hills of Bukit Dua Belas.

The Bukit Dua Belas area is also a route that connects the middle cross of Sumatra, the middle route that connects Muara Bungo, Bangko, and Jambi cities, and the eastern causeway of Sumatra. It can be said that this area is very strategic because it is in the heart of Jambi Province. The location of the Orang Rimba distribution in the Bukit Dua Belas area consists of three tributaries, namely Air Hitam, Makekal, and Kejasung. This area is a location considered the origin of the Orang Rimba community, which then spread to other areas. Van Dongen (1850) in Weintre (2003) calls it the term "kubu," is a descendant of a pair of pirate descendants who got pregnant on a ship and then dropped off on the upstream coast of Sumatra (Weintre, 2003).

According to Van Dongen Kubu, or Ngubu means forest with the title "Orang Rimbo": a Study on Structural-Functional Communities in Makekal, Jambi Province. The mention that Orang Rimba ends with the letter 'o' in the dissertation is disputed by some anthropologists, although there is no difference in meaning, but the suffix 'o' in the term Orang Rimbo is a dialect of Jambi Malay and Minang languages. While the fact is that Orang Rimba is mentioned without the 'o' suffix (Aritonang, R., 2014).

According to Muchlas (1975), the Anak Dalam tribe consists of three descendants based on their origins: (1) SAD descendants from South Sumatra. This SAD usually resides in the Batanghari Regency area; (2) Descendants of SAD originating from Minangkabau. This SAD generally resides in Bungo Tebo Regency, partly in Mersam (Batanghari) and (3) The descendants of SAD who come from Jambi Asli are Kubu Air Hitam, Sarolangun Bangko Regency.

Childbirth and Maintenance of Pregnancy

Childbirth in the Suku Anak Dalam (SAD) is still shrouded in beliefs with traditional birth attendants with various taboos that cause miscarriages, such as being forbidden to eat while it is still hot, eating meat, or plantains. The informant conveyed this;

"... it is prohibited to eat something spicy. It is also prohibited to eat a lot of meat. Husband and wife are prohibited...,(MN). "... it is prohibited to eat something hot for the pregnant women ..." (SM).

When the wife gives birth, the prohibitions to the husband include washing clothes, cooking, and washing the diaper. It is also forbidden to have sex 2-3 months before and two years after giving birth, and this is a way for SAD residents to distance pregnancies. In addition, there is also a prohibition on doing things that cause the animal not to be able to breathe. The informant conveyed this;

"...the husband are forbidden to wash clothes,, sometimes the mother sometimes the brother, it is forbidden, cooking is also forbidden ..." (MN).

"...husband's abstinence.. you cannot submerge your pet in the water,, or in the bag ... at any rate, if it is making it hard to breath, our child will be hard to breath also ... we are afraid it will be affect our child ..." (SM).

The traditional birth attendant always carries out pregnancy maintenance which is carried out regularly. The midwife acknowledged this, who stated that the pregnant mother from SAD residents only reported to the midwives when they were about to give birth, even though the Puskesmas program carried out activities once a month to visit SAD residents. The midwife informant said;

"... we did not know there were anyone who is pregnant up there ,, we are only called when we are needed (if someone are about to give birth) ..." (BN).

Traditional events during pregnancy have begun to be abandoned by some SAD residents because they have embraced Islam. However, for the group that still adheres to the customs belief, only a few traditions are carried out, such as turun tanah and taking a kayek bath (bathing in the river). At the time of delivery, traditional birth attendants perform the act of cutting the umbilical cord using a blunt knife because the poison/venom of the knife has risen to the top plate of the knife so that it is not dangerous. It is believed that a sharp knife will have an effect because the poison/venom will stick to the blade.

Some procedures for cutting the umbilical cord using a rusty knife are currently only performed without a midwife. This is, of course, contrary to the level of sterile hygiene of the equipment used by health workers in cutting the umbilical cord from infants.

In addition, mothers who will give birth will be given "selusu," a kind of tree whose roots are shredded, the water is drunk with warm water, the dregs are wrapped around the navel. This drug will cause the baby to come out quickly but can only be done when the mother gives birth. When used in pregnant women who are not old enough, it will result in miscarriage.

The division of labor between the traditional birth attendant and the midwife includes injecting and bathing/cleaning the baby, sometimes cutting the umbilical cord. While the shaman guides the mother from the beginning of labor and motivates the mother until the baby can come out. Traditional birth attendants stated this;

“... if we were to cooperate with the midwives,... cutting the umbilical cord, inject anesthetic, bathing the babies if we (shamans) are pulling out the babies, chanting some prayers so the baby will be strong ...” (MN).

The role of midwives is trivial in the childbirth delivery of SAD residents, as shown in the table 1.

Table 1.

Distribution of the Roles of Shamans and Midwives in Assisting the Delivery of SAD Residents in Dwikarya Bhakti Village

The Role of Shamans	The Role of Midwives
1. Checking for pregnancy by massage	1. Injecting
2. Releasing a baby during childbirth	2. Cutting the umbilical cord
3. Motivates the mother	3. Bathing the babies
4. Giving the mother mantras/spell	
5. Giving medicine to speed up childbirth	

Source: Primary Data, 2020

Great trust in traditional birth attendants rather than midwives makes it an option to get delivery assistance to traditional birth attendants (Kepaco'an) for SAD residents. This is evidenced by the more significant number of actions taken by traditional birth attendants when assisting childbirth. The spell or teba given is also a great belief that the delivery will be healthy and safe.

Anggorodi (2009) concluded that the presence of a spell or guessing that the mother who was about to give birth could be much calmer to help the delivery process significantly. In addition, the gentle attitude, motivating and maintaining patient privacy has been proven by traditional birth attendants for generations (Anggorodi, 2009). Mariyati, Teuku Tahlil, and Bakhtiar (2015) state that traditional birth attendants are community leaders with roles as birth attendants for partners with midwives, traditional leaders, and morticians. Traditional birth attendants persist because the community needs them because they are gentle, motivating, and maintain patient privacy (Mariyati, Tahlil, & Bakhtiar, 2015).

Factors Supporting Childbirth Done by Kepaco'an in the SAD Community

The results showed that several factors were found to support childbirth carried out by the Kepaco'an in the SAD community, namely:

1. SAD residents' perceptions of inexperienced midwives/nurses.

Based on in-depth interviews with informants, it can be seen that SAD residents trust Kepaco'an more than

midwives/nurses, except doctors. According to them, midwives/nurses do not have much experience in helping childbirth. However, because going to the doctor takes time and long distances, they prefer going to the Kepaco'an, as stated by the following informant;

“... we don't trust the midwives and nurses, but we do trust the doctors ...” (MN). “...if we go to Bungo (to the hospital) we trusted a lot of doctors there ...” (MN).

Based on in-depth interviews with informants, they believed in the doctors who helped in the hospital. However, the problem is that doctors who can reach these settlements are still very far from the settlements of the Suku Anak Dalam residents.

2. Childbirth Procedure

The childbirth procedure performed was also the reason for the selection of birth attendants by the SAD community. In-depth interviews showed distrust of midwives regarding the childbirth procedure during pulling the baby out, where the pain caused was a trauma for them. Even though this method is a Standard Operating Procedure (SOP) for childbirth. As stated by informants and midwives;

“...we are afraid if the midwives are helping.. they were pulling ...”(WD). “...2 midwives are not experienced enough, if they were pulling so strong we are afraid that the placenta will be cut off. If it were to cut off, the mother will die ... if the placenta is already come off naturally, it is okay for the baby to be injected ...” (MN).

Meanwhile, if helped by the Kepaco'an, it is done by reading incantations/ spells/Teba/prayers other than traditional potions. Treatment in this way is another reason to have more faith in traditional birth attendants, as stated by the following shaman;

“...natural medicine for childbirth.. so that the medicine runs smoothly ... selusu stems.. selusu tree medicine, the roots are grated with sharp knife and drunk with warm water. the dregs are rubbed around the navel... the way to drink is not carelessly.. when you drink it, you must be sure that you are about to give birth,, otherwise, you will get miscarried ...” (MN).

In addition, convenience related to examination procedures/actions is the reason for choosing birth attendants, such as pregnancy checks carried out by traditional birth attendants using the "Massage" method, which is considered very comfortable. Massage aims to determine the position of the baby in the stomach, transverse or upside down;

“...when checking for pregnancy we massage them, supine or breech ...”.

3. The traditional birth attendant is the chosen one for generations

The trust of SAD residents in traditional birth attendants is also because traditional birth attendants are chosen citizens from generation to generation who are also trusted to cure various diseases, with specific requirements, as stated by the midwife;

“...Indeed, there are not all midwives for one family, .. the only one capable are shaman..., it could be more broken.. from my family, the only one who are capable are my big sister nur and the youngest one ...” (WN).

4. Childbirth Costs

Regarding the cost of childbirth, most SAD residents already have KTP (ID cards) and BPJS cards, but more SAD residents choose to give birth at home in a hurry and call a midwife if the delivery process is felt to be experiencing problems, and sometimes it is in severe condition. The consideration is that traditional birth attendants never set a fee. Even if they cannot afford it, it is okay, while midwives think they need money even though they have never set a rate to help deliver deliveries from SAD residents. The respondent conveyed this;

“...if we go to the health center, we don't have any money, it is also depends on the person (the medical personnel), if we go to mak (the shaman) we only pay as we please, if we cannot afford to pay anything it is okay too ... No, if we have money, we want to get treatment from the health center, but only if we are badly ill ...” (RS).

In line with what was conveyed by the midwives at the puskesmas, they stated that the level of awareness for the health of SAD residents was quite good with their awareness to have a KTP (ID card) and BPJS. However, SAD residents prefer to give birth at home and ask the midwife for help when it is very difficult. As for fees, the midwife never set a fee for SAD residents even though they had to go to their homes.

Stakeholder Role

1. Non-Governmental Organizations and Village Government

Non-Governmental Organizations (NGOs) that carry out activities in the research villages have been going on for quite a long time. Assistance is focused on preparing infrastructure, economy, and access to government service programs, including making ID cards, coordinating with Regional Apparatus Organizations (OPD) related to fish cultivation and farming. Progress in changing perceptions from the “Melangun” culture and hunting to plantation fisheries and trades such as smoked fish production has been quite good.

NGOs also play a role in education with funding from the central Baznas, including the distribution of clothing and school equipment. The NGO also manages CSR funds from Indomaret, which are intended to construct houses, toilets, clean water for meeting buildings.

“...so our program is how they can get it, the third service, on how to get them a decent source of life, ...” (TN). “... we also help for their child's school support, from baznas, Then we also held Indomaret rehab from home... we always continue to advocate for the local government to be able to help ...” (Dw).

Meanwhile, the role of the village government is more to support the facilitation of programs carried out by local governments or NGOs. The role has not yet reached the issue of childbirth but is limited to the distribution of government

programs such as the distribution of *Bantuan Langsung Tunai* (BLT) and other villages development programs such as road construction and programs to supply electricity to the settlements of SAD residents.

2. Puskesmas' Role

The mass treatment program for SAD residents has been carried out every month by the puskesmas, but not for pregnancy check-ups due to the reluctance of SAD residents to check their pregnancies with midwives/nurses. Activities carried out include counseling on personal hygiene, environmental hygiene efforts, immunization, family planning, empowerment of SAD residents in the PHBS program effort by assisting SAD families.

SAD residents are considered cooperative when given family assistance, and the practical approach will be easier to accept. However, other problems were found in realizing the independence of healthy living, where the many assistance programs provided by the government and or the private sector caused them to be less independent and accustomed to the facilities provided. The following informants stated this;

“...PHBS, promkes, us, all in, we even budgeted funds for the development of suku anak dalam tribe ... indeed, building SAD is not as easy as turning the palm of the hand, but it is easier to taking care of SAD than to taking care of ordinary people, they want to accept us, although it must be intense, they can't accept if it's just any ordinary counseling, there has to be proof, practical, but we are very sad, there are many agencies that make this SAD as a project, it makes them less independent, so they get used to the facilities provided for them ...” (KP).

Regarding efforts to bring access to maternal and child health services closer to SAD residents in Bungo Regency, this is done by placing one midwife in Dwikarya Bhakti Village. In-depth interviews with midwives, it is known that coordination to assist in childbirth has been sought with the tumenggung and traditional birth attendants, but there is no technical agreement regarding the partnership procedure.

Trust in birth attendants is crucial. For some mothers, a childbirth process (especially in the first delivery) is considered scary and worrying for the safety of themselves and the baby to be born. This is a reason for entrusting the delivery process to be carried out.

Of course, this is also experienced by pregnant women in the Suku Anak Dalam (SAD) community. A life that still relies heavily on nature, a nomadic place to live in the interior, far access to health services, there is still a strong belief (habits) in the maintenance of pregnancy and at the time of delivery are some of the things that must be a concern in improving health. Especially pregnant women and babies to be born.

People who still uphold customs and are obedient to group leaders (Tumenggung) and people who can help during childbirth or other general treatment (Kepaco'an) are opportunities to approach the SAD community.

A persuasive approach to Tumenggung and Kepaco'an can increase the number of routine checks on pregnant women during routine checks at the puskesmas to SAD residents. This is a form of approach to accessing health services to the community. More's research in Nigeria shows that the utilization of health services is strongly influenced by several of which are family economic factors and the

distance to health services (Moore, Alex-Hart, Balafama, & George, 2011).

Of course, efforts to approach access to health services for SAD residents need to be supported by a specific approach, especially in creating collaboration between health workers (midwives) and birth attendants whom residents trust in this case (Kepaco'an). This collaboration is not only during childbirth assistance but also from the beginning of pregnancy to postpartum and baby care and family health care.

Building cooperation with those who are trusted by a community will definitely be very helpful in conveying messages, especially regarding something that is highly trusted by the community. Umar's research, 2019 shows that although health services are easily accessible, the trust and role of the family will still determine the decision-making in seeking delivery assistance (Umar, 2019).

Of course, medical and public health interventions that will be implemented in the form of collaboration with community leaders, including Kepaco'an, must start from the trust of these community leaders to health workers. Therefore, the competence possessed by health workers is absolute and non-negotiable. The placement of competent health workers, both in terms of technical skills, including communication, must be given great attention. The research report by Sudirman and Sakungdi Palopo said that the shaman did not want to partner with the midwife because, in the implementation, there were still doubts about the ability of the midwife who still lacked experience (Sudirman & Sakung, 2006).

This was also found in this study, where the distrust of SAD residents in Bungo Regency in seeking birth attendants to health workers (midwives) was due to the relatively young age of the midwives and considered inexperienced. In addition to the procedure for childbirth which was much different from that carried out by the Kepaco'an. The procedure by pulling the baby is considered painful for both the baby and the mother, while Kepaco'an prioritizes massage and reading jampe-jampe (mantras) so that the mother is calmer, relaxed, and the family is also more confident.

Gamlin & Holmes, 2018 state that medical and public health interventions to improve childbirth and maternal health focus on the knowledge, beliefs, and behavior of mothers and, more importantly, the professional attitudes and practices of health workers in health service organizations indigenous women, and community gender equality (Gamlin & Holmes, 2018). In another study by Anggorodi, the choice of choosing a traditional birth attendant for delivery assistance, apart from being associated with cheaper fees and being able to be paid in forms other than money, the traditional birth attendant has jampe-jampe (mantras) that makes the mother calmer, besides that the midwife is relatively young on average—considered inexperienced (Anggorodi, 2009).

The partnership between midwives and traditional birth attendants regulated in regional regulations related to childbirth delivery can be developed to improve the competence of midwives, such as physiotherapy training and massage for postpartum mothers and babies so that the competence of midwives and traditional birth attendants is more focused (M. dan O. L. Ridwan, 2020). Regional regulations will certainly accommodate cross-sectoral commitments in the success of improving maternal health, starting from the government, educational institutions, health organizations, and professions (Van Holst Pellekaan & Clague, 2005).

SAD's longstanding and robust belief in Kepaco'an requires an internal drive for change by allowing SAD residents to continue their education to Midwife education schools. Of course, this must be supported through improving family health first through Live In assistance, which has been proven to accelerate behavior change in SAD (Panuntun, Karsidi, Murti, & Akhyar, 2019).

The most important support and cannot be ignored in maternal health efforts is the husband's role. This was found in this study, where there was a shift in some habits that were no longer carried out by husbands that could harm the health of pregnant women. Such as the tradition of bathing in the river for newborns and keeping the wife from falling during pregnancy. The husband's role must be a priority by taking an approach to increasing knowledge and roles during pregnancy and childbirth care.

The results also show that related to gender roles in community groups and the environment of health facilities, and it turns out to be an obstacle to men's involvement in promoting family and social roles regarding reproductive health (Maluka & Peneza, 2018). Shimpuku *et al.*, 2019 in their research, found that mentoring with male involvement and promotion of a healthier pregnancy can be emphasized in antenatal education in rural Tanzania to reduce birth complications during pregnancy and childbirth (Shimpuku, Madeni, Horiuchi, Kubota, & Leshabari, 2019). Of course, to implement this, the role of Kepaco'an is very decisive, especially in involving the role of the husbands of SAD residents slowly during pregnancy care and delivery assistance.

CONCLUSION AND SUGGESTION

The search for delivery assistance in the SAD community is dominated by Kepaco'an. Although there has been a division of roles with health workers (midwives), the midwife's role is limited to injecting drugs, cutting the umbilical cord, and bathing the baby. Trust is the main supporting factor, where Kepaco'an has been trusted for generations, while midwives are considered very young and inexperienced. The delivery procedure is more supported by jampe-jampe (mantras/chants) so that the mother and family become calm is the next factor. In addition, the consideration of cheaper delivery costs to Kepaco'an and the distance to health facilities which are pretty far, are also other supporting factors for deliveries carried out to Kepaco'an.

Given this, it is recommended that the district government to do:

1. Improved persuasive approaches in increasing trust in health workers through partnerships between midwives and Kepaco'an that can be strengthened through local regulations related to childbirth delivery, increasing competency in maternal and infant postpartum care for the Anak Dalam Tribe (SAD) community.
2. Encouraging change internally by providing opportunities for SAD residents to continue their education to midwifery education schools, by involving Kepaco'an in midwifery practices that will be carried out.
3. Increasing husbands' support in SAD families through "live-in" assistance in pregnancy and childbirth care through cooperation with Kepaco'an.
4. A persuasive approach to the Tumenggung (leader of the SAD group) and Kepaco'an in increasing the number of

routine checks for pregnant women during routine checks at the puskesmas to SAD residents.

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