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Local Awareness Based Midwifery Care in Basic Level Service in the Digital Era

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Abstract---The development of technology and knowledge possessed by humans so that midwifery care and birth care for a woman has also experienced a shift, in which medical midwives have replaced village midwives. This research is a theoretical study by taking several studies on midwifery care and local wisdom and analyzing the theory related to the facts in the field and the author's experience. The results of the studies that have been carried out there are several findings study, including; First, midwifery care that has forgotten the local wisdom of elders, proverbs, pamali and abstinence from traditional healers, smart people, and village midwives so that when a woman becomes pregnant and gives birth, it results in a cesarean section than average. Second, for a woman who has given birth and left local wisdom to inform the irrational world, the baby often cries when it is midnight.

Keywords---basic baby service, local awareness, midwifery, modern day.

Introduction

When a human is married, the foremost and most valuable thing in his life is to bear a child from the seed of the man he loves. The process of life transition is to find a partner according to one's wishes that are not as easy as turning the palm. Allah has outlined this transition for each creature that every man or woman to choose Allah SWT determining a mate. In the 80s or the era of Siti Nurbaya, the parents determined a match for their child, or in local terms, it was called "Mutual matchmaking." However, the matchmaking system has changed human life so that from time to time, the matchmaking system has begun to experience a shift and is replaced by a know-know system or a love-loving system.

The changes experienced in human life indicate the course of human history from time to time (Sztompka, 1993). In this case, future sociological observers, known as Toffler (1970;1980) have divided change through three periods, namely the agricultural, industrial and present times known as the information age (Mujiburrahman, 2017; Aslan, 2019). The information age has changed everything in human life, both economy, culture, education, and others. Humans live under the influence of technology, meaning that everyday people use more technical assistance than human labor, such as midwifery care.

Midwifery care is the period of a woman's pregnancy and to find out the fetus's development in her uterus requires an expert in her field. The profession to see the fetus's development for a woman who has become pregnant is carried out by a midwife. Midwives consist of two categories, village or village midwives and medical midwives. Village midwives receive knowledge about assisting in childbirth for pregnant women based on the offspring they have or learn directly from village midwives. To help women who want to give birth, they still use traditional medicines and massage systems. Meanwhile, a medical midwife is a profession that a person has to become a midwife through education. When science is developing and village midwives are considered to conflict with science about health, medical midwives are sent by the government to every village in Indonesia.

Since 1990, the Indonesian government has implemented a medical midwife program for each village (Ensor et al., 2009). The aim is to assist childbirth in rural communities and reduce mortality (Indrayani & Mulyawati, 2015; Fikawati et al., 2010; Triyana, 2016; Indrayani et al., 2017; Amelink-Verburg et al., 2009; Harvey et al., 2002). The government sent a midwife to rural areas to reduce the large mortality rate for pregnant women. This is also due to the lack of knowledge faced by pregnant women so that they underestimate the consumption of nutrients for the fetus's growth in the womb. Unbalanced nutrition consumed when pregnant will cause bleeding, infection and eclampsia, and other causes (Brodie, 2002; Deery, 2005; Finnbogadóttir & Dykes, 2012; Setyowati, 2015; Meiriza et al., 2018).

However, the government's program of sending medical midwives to villages to reduce mortality in mothers who give birth is also considered unsuccessful as a whole because the facilities and infrastructure, existing technology in village midwives still use traditional techniques that are far from what the living midwives have in urban areas. Technology as a tool in helping pregnant women to check pregnancy and childbirth in the current information era (Elmore et al., 2020; Heslehurst et al., 2013; Quinn et al., 2013) is much different from that of village midwives assigned by the government. Rural people still expect assistance from village midwives. There is a saying, *pepitih*, abstinence for pregnant women in rural areas still applying the local wisdom culture of abstinence and village midwives' prohibitions. Although humans' technology has developed, these developments have not eliminated village midwives' local wisdom with traditional medicines and abstinence during pregnancy and childbirth.

Method

This study aimed to describe midwifery care based on traditional services' local wisdom, even though nowadays people live in an advanced era of all digital technology. The author relies on field data and online literature documents. Both data were analyzed through a coding system and critical evaluation to ensure validity and reliability in answering the variance in the maternal care process in the era of modern technological sophistication. To facilitate reporting of the results of this study, the authors chose a descriptive qualitative study. The data sources are accessed online with the Google scholar application and Medical hub, and other data media sources that are elevated with the study's issue. All of the collection, analysis, and reporting of the author's findings follow the direction of a descriptive qualitative research expert. Flick (2013) in his study "An introduction to qualitative research." Another health and pregnancy assessment guide is Santiago-Delefosse et al. (2016) in his study "Quality of qualitative research in the health sciences: Analysis of the common criteria present in 58 assessment guidelines by expert users".

Results and Discussion

Midwifery Care Model Based on Local Wisdom for Pregnant Women

The development of technology experienced by humans follows the series of history from time to time so that technology that has developed is in line with the development of science. Science has taught humans many lessons and revealed previously unknown truths, such as the concept of midwifery care for pregnant women. Pregnant midwifery care is a way of looking after the baby in the womb for every woman who has become pregnant (Carin et al., 2011). Taking care of babies who were pregnant in the 80s was different from the present era. The 80s still experienced local wisdom, while there are more consultations with medical midwives in the present era. (Waldenström & Turnbull, 1998). There were still many local pearls of wisdom for women who became pregnant in the 80s, which consisted of taboos and prohibitions for pregnant women and after giving birth.

Local wisdom is everything that is carried out following each region (Humaida et al., 2018). In the care field for midwives in the 80s, it describes pregnant women who still carry out local wisdom routines following their respective regions, both during pregnancy and during childbirth. Local wisdom that is practiced consists of taboos and prohibitions are a priority. Abstinence is something that should not be violated. (Aslan, 2017). In Banjar terms, this prohibited abstinence is known as Pamali (Rahmat, 2017). The terms of these two languages contain an understanding of local cultural differences, which are different terms but have the same meaning, including *pamali* for pregnant women. The culture adopted by society means that symbols bind humans (Blumer, 1986; Herbert, 1969; Cassirer, 1994). These symbols have meanings that need to be interpreted (Geertz, 1973; Geertz, 1976). However, the meaning of these symbols is only known by a society that has created the symbol (Aslan, 2019).

Thus, the author's model of midwifery care based on local wisdom for pregnant women is about taboos and prohibitions that should not be carried out by a woman who is already pregnant. However, when technology and science have developed, everything has shifted. According to Daniels Pals (1996), human culture has changed from

being sacred and profane. Sacred is something that should not be violated at all, as was the case for pregnant women in the 80s who were still very strong in implementing restrictions and prohibitions. So that it did not happen according to the baby they were carrying, so *pepiti*, proverbs and elders given by parents, midwives the village is still being carried out, such as not going out at night, not sitting in the middle of the door, not taking a bath at night, and other things. In fact, for a man whose wife is pregnant, doing this prohibited abstinence, such as not carrying out activities that hurt animals, motor pumps (giving wind motor), and other medical treatments. If the community is still thick with this culture, then this prohibition has a sacred value, which, if it is still done, will affect the baby and the mother after giving birth.

The paradigm of abstinence from these cultural symbols in the 80s finally also experienced a shift. Some people only practice the prohibition of local wisdom, and some other communities have changed the tradition because it cannot be proven by science. Currently, pregnant women rarely consult with village midwives regarding fetal problems but have turned to midwives and doctors.

The village midwife's care model has undergone a shift and has been replaced by the model of care for medical midwives and doctors. When a woman is pregnant and wants to know which baby she is carrying, she goes to the midwife and doctor to see the baby's gender and position. If the baby is not healthy, the midwife instructs him to eat nutritious food and drink ice. If the baby is in the wrong position, then the midwife instructs a mother to frequently mop the floor, bow during long prayers, and other movements so that the baby's position when giving birth is correct. It is as if a village midwife is unnecessary, even though, as a pregnant woman, the village midwife should still abstain from prohibiting her. This proves that in the 80s when pregnant women gave care to village midwives, none of them gave birth surgically, while nowadays, almost every mother gave birth to be operated on. He also proves that with the development of technology and knowledge possessed by humans in the current information era, not all local wisdom care models have shifted, but they should be inline between the medical midwifery care model with village midwives.

Midwifery Care Model for Childbirth Mother

The model of care applied by a woman who has become pregnant consists of two categories, namely the local wisdom care model using a village midwife and a model of care according to the times by using a medical midwife, in essence, is to get offspring according to what she wants. However, because science has developed, the local wisdom care model experiences a shift and its impact when a mother who gives birth without obeying the taboos and prohibitions ends up in a cesarean delivery or surgery. However, not all who implement the modern care model perform operative delivery, but only some pregnant women in Indonesia.

When a woman has given birth, either by cesarean or commonly, there is a difference in maintaining a woman's body after giving birth and for her children. According to [Zakerihamidi et al. \(2015\)](#) there are differences for a woman in research conducted regarding standard and cesarean delivery. Those who give birth naturally have a high maternal instinct compared to cesarean section. This is because when a woman wants to give birth through several opening phases from phases one to nine by experiencing various pain, the cesarean section does not experience opening phases one to nine. The impact of this difference shows that the emergence of a mother's instinct for love and affection for children.

Thus, regular delivery and cesarean section essentially have a psychological impact on a mother ([Puia, 2018](#)). Therefore it is necessary to carry out a model of midwifery care with village midwives and medical midwives. For those who still use a village midwife, when they give birth to a cesarean, they are told to consume snakehead fish so that the newly operated stomach is dry and sound. Meanwhile, medical doctors use medical drugs for a woman who gives birth.

This category of differences also experiences differences in the model of care for children. For mothers who have given birth, those who use village midwives still use traditional medicines and traditional ingredients to care for mothers who have given birth, both cesarean and routine, and babies in experiencing a period of adaptation in the world. Babies who have been born and are already living in their parents' house will experience various symptoms, such as crying continuously without knowing the cause and other symptoms. Symptoms like this cannot be treated by medical midwives or doctors but only treated by smart people, traditional birth attendants. This is because every child born in this world faces challenges from the invisible world as the guardians of the area, and the way to heal it is through shamans and smart people.

Local wisdom of midwifery care for pregnant and childbirth mothers needs to look at the symptoms experienced when a woman is pregnant and giving birth because of these symptoms, and the medicine can be known, which is not only with medical drugs but also with traditional medicines and traditional ingredients following wisdom. Local

in the area concerned. In this case, it also proves that the development of technology and science owned by humans, not entirely for pregnant women and giving birth, is carried out with the medical midwifery care model so that they forget the local wisdom that exists in the area.

Conclusion

The development of technology experienced by humans today has provided an overview of human life regarding science and technology development. However, not all knowledge obtained rationally can erase irrational science. Because, in essence, human life consists of rational and irrational. When the rational has been obtained, then do not forget to forget the irrational. This means that when a woman is married, experiences a pregnancy period, and continues to give birth to children so that the development of science and technology has forgotten the local wisdom that exists in the area so that abstinence or *pamali* for mothers who are pregnant and giving birth no longer applies the proverb of a traditional birth attendant. Parents, and so on, but more closely follow the understanding of medical midwives. This is done as the results of the research show the fetus in the womb. Then the baby born in this world is informed by the people in the area and needs to be informed by the world of occult knowledge, which only a shaman can do or smart people.

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