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Actors' Social Tensions on Traditional Birth Attendants and Midwife Partnerships in Childbirth Assistance (Sociology of Health Study in Bulukumba Regency)

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Abstract: The pressure on the existence of traditional birth attendants (TBAs) is currently underway in Bulukumba District. Therefore, there is a collective tension in the actors in relation to maternal and child health services, especially TBAs and mothers. The tension experienced by actors is the emergence of fear of carrying out a profession that has long been engaged in. The TBAs are considered a future threat to maternal and infant health. This study aims at exploring in depth the process of partnership that creates social tensions. It is also aimed at exploring the social clash of actors that produces symbolic violence intensely. This study applied a qualitative design in which research informants are mothers giving birth or childbirth, pregnant women, birth attendants or dukun, midwives, traditional leaders or community leaders. Those informants were selected using purposive techniques (using criteria or specific reasons). This research was conducted on February 2 to April 5, 2017.

The results of the study found that the tension felt by the TBAs was in the form of anxiety because there is the threat of imprisonment due to their activities as a traditional birth attendant. Therefore, many TBAs stopped practicing openly. Besides, the traditional birth attendants also got terror from the government because the government considered that they are violating the rules. Therefore, before helping the mother in giving birth, firstly the traditional birth attendant should make a report to the local government. The results also found symbolic violence experienced by TBAs because they were considered the party who is most responsible for the risk of childbirth. Therefore, those who did not accept innovations about the progress of medical practice accused the TBAs. In fact, there were TBAs who accepted and then adapted. However, some of them still insist on using traditional methods of assisting childbirth. This study suggests preventing and controlling symbolic violence with an understanding of the owners of symbolic capital (midwives, obstetricians, and other health workers). These health workers should not use their strength excessively when dealing with agents or actors who have weaker strength, and they are expected to change their actions.

Keywords: Social Tension, Partnership, Traditional Birth Attendants, Midwife

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I. INTRODUCTION

The pressure on the existence of traditional birth attendants (TBAs) is currently underway in Bulukumba District. It creates a collective tension in the actors concerning maternal and child health services, especially TBAs and mothers related to delivery services. The tension experienced by those actors is the emergence of fear of carrying out a profession that has long been engaged in. The practice of traditional birth attendants is considered as a future threat to maternal and infant health. The cases of maternal and infant mortality are suspected to be the direct cause of the involvement of traditional birth attendants in helping deliveries. Interventions have been carried out in the form of midwives and traditional birth attendants partnership programs. The program bridges the factors limiting the health and culture of the community. Meanwhile, there is a gap in the utilization of health workers in rural and urban areas. There is 72.5 percent in the rural area, and there is 91.4 percent in urban areas (Ministry of Health, 2016).

The use of traditional birth attendants as traditional health workers has gradually diminished its involvement. The number of maternal mortality (MMR) and infant mortality (IMR) in Indonesia shows that MMR is 359 per 100,000 live births and IMR is 52 per 1,000 live births. The decrease in MMR to 102 per 100,000 live births and IMR to 23 per 1,000 live births has not been achieved. Meanwhile, the Infant Mortality Rate of South Sulawesi in 2006 showed 35 per 1,000 baby's birth in 2005 amounted to 36 per 1,000 live births.

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The results of the study found that the tension felt by the TBAs was in the form of anxiety because there is the threat of imprisonment due to their activities as a traditional birth attendant. Therefore, many TBAs stopped practicing openly. Besides, the traditional birth attendants also got terror from the government because the government considered that they are violating the rules. Therefore, before helping the mother in giving birth, firstly the traditional birth attendant should make a report to the local government. The results also found symbolic violence experienced by TBAs because they were considered the party who is most responsible for the risk of childbirth. Therefore, those who did not accept innovations about the progress of medical practice accused the TBAs. In fact, there were TBAs who accepted and then adapted. However, some of them still insist on using traditional methods of assisting childbirth. This study suggests preventing and controlling symbolic violence with an understanding of the owners of symbolic capital (midwives, obstetricians, and other health workers). These health workers should not use their strength excessively when dealing with agents or actors who have weaker strength, and they are expected to change their actions.

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The use of traditional birth attendants as traditional health workers has gradually diminished its involvement. The number of maternal mortality (MMR) and infant mortality (IMR) in Indonesia showed that MMR is 359 per 100,000 live births and IMR is 32 per 1000 live births. The decrease in MMR to 102 per 100,000 live births and IMR to 23 per 1000 live births has not been achieved. Meanwhile, the Infant Mortality Rate of South Sulawesi in 2006 showed 35 per 1,000 baby's birth) in 2005 amounted to 36 per 1,000 live births.

The number of infant deaths in 2008 was 57 or 3.89 per 1,000 live births. In 2013 infant mortality rate was 65 per 1,000 live births. An increase in live birth rates illustrates a change in the increase of health workers by pregnant women (South Sulawesi Health Profile, 2014). In Bulukumba district, the infant mortality rate in 2011 recorded 12 cases of infant mortality or 1.7 per 1,000 live births. In 2013 IMR was 1.5 per 1,000 live births (Bulukumba District Health Office, 2014).

South Sulawesi Province has succeeded in collaborating between traditional birth attendants and midwives since Takalar District succeeded in pouring out the concept of local wisdom in a regional regulation. However, unlike Bulukumba, it did not provide space for the development of local wisdom. In fact, it tends to abolish the existence of traditional birth attendants as evidenced by the issuance of the Regional Regulation of Bulukumba No. 7 of 2014 concerning the implementation of healthy families. The local regulation is that anyone who intentionally or unintentionally conducts or assists in delivery outside a health facility is subject to sanctions in the form of a maximum of 3 (three) months and/or a fine of a maximum of IDR. 50.000.000. The low level of social awareness to make local wisdom as a solution to the limitations of health workers causes the community to experience a dilemma. On one side the TBAs were given favor in assisting childbirth, and on the other hand, the midwife was reconditioned by the government in safe delivery assistance.

Policies that require mothers to give birth in health facilities seem to put pressure on the community to shift the habit of using a home as a place to deliver to health facilities. At the same time, it does not provide an opportunity for TBAs to help with labor. The rules regarding the prohibition of childbirth assistance outside health facilities are appropriate if they are followed by the preparation of minimum facilities and infrastructure including the availability of midwives. The impact of these regulations creates social tensions in the community in the form of sanctions such as verbal reprimand against TBAs, mothers, and midwives who conduct and or assist in childbirth at home. As an informant acknowledges "I have been reprimanded and even threatened with sanctions in the form of a fine of IDR 50,000,000 if I dare to help deliver at home". (Results of interviews with Eli, a midwife, Field Observation in Kindang District, Bulukumba District, 3 November 2016).

Affordable, inexpensive, quality and fast health services also determine the alignments of the community. When people get health services at home with the help of health workers, it is indeed not a violation. Besides, it is enough to limit the authority of the TBAs to help deliveries unless a midwife accompanies them. Regulations that have been implemented by the government do not need to be maintained so that they need to be reviewed because they will eliminate the continuity of the life of the traditional birth attendant profession. The risks to the mother must be eliminated so that the involvement of midwives or health workers in childbirth assistance does need to be improved.

Humans become the subject because of the objectification process is carried out by other forces that are not human, namely the power. Therefore, humans have never been the subject of themselves but have become objects that are arranged in such a way by the power and power that are the subject (Kristiatmo, 2009). The community becomes the object of power to be exploited by stakeholders with the pretext that childbirth is risky so that it must be helped in a health facility. The issue of power is always directly proportional to knowledge and knowledge always intersects with discourse. Knowledge, discourse and power are always in a relational relationship. To understand why certain discourses are so dominant, it is necessary to trace the origin of the way of knowing by deconstructing and examining the basis on which power is present and dominant (Jones, 2009).

The partnership between midwives and TBAs in childbirth assistance has aspects of symbolic violence which according to Bourdieu is a mechanism used by dominant groups in the structure of society to smoothly impose habitus (ideology, culture, habits, or lifestyle) on minority groups (Martono, 2012). The substance of power is not who has the power or where the power comes from, but how the power operates or the way that power is operated. The partnership between the TBAs and health workers is based on the motives of the ruling and the activities of the authorities to normalize the conditions of society. The Partnership has a mission to balance knowledge and force up-to-date knowledge to be adopted by the community. Gradually knowledge of tradition is released or abandoned by the community. The dominance of modern knowledge is constructed by the view of reasonable health care and is not at risk to society. The assertion of abandoning the knowledge of tradition (which has been part of people's lives for centuries), has been strengthened by the rules regarding childbirth assistance, and of course, the practice of the traditional birth attendants will gradually disappear.

Research Formulation

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The phenomenon of the partnership between midwives and traditional birth attendants (TBAs) has gradually experienced some problems that have at least caused social tensions. Therefore, these problems create distrust of specific community groups. Researchers have expectations to make the partnership between midwives and the TBAs in childbirth assistance having the substance of empowerment. Thus, this study explores how the partnership process creates tension and why social clashes on actors produce symbolic violence.

Objective of the Research

There are two objectives of this research. First, it is to find out deeply the partnership process that creates social tensions. Second, it is to explore deeply the social clash of the actors that produce symbolic violence.

II. RESEARCH METHOD

This study applied qualitative research. The informants were maternal or postpartum mothers, pregnant men, traditional birth attendants (TBAs), midwives, traditional leaders or community leaders. The research was conducted in the work area of the health center in Bulukumba Regency on February 2 to April 5, 2017. The informants were determined using purposive techniques (using criteria or specific reasons).

The focus of the study includes the following:

1. Social tension is the tension that occurs because of differences between the provisions in customs and individual interests. It also occurs because of general needs that meet the interests of groups in society. Besides, it occurs because the deviant group deliberately opposes the behavior that applies to society.
2. Symbolic violence is violence that is not felt like a form of physical violence because it is carried out with a mechanism of concealment of violence that has become something that is accepted, as it should be.
3. The partnership process is a process that takes place and is carried out by midwives and traditional birth attendants (TBAs) in partnership or cooperation in MCH services.
4. Social conflict is the occurrence of disputes or conflicts as a result of differences that arise from people's lives, both individual differences and group differences.

III. RESULTS

Observations were made from pregnancy, childbirth to postpartum. The process was by tracing the birth of social tension and its implications for the social life of the actors. This research was conducted from February 2, 2017, to April 5, 2017. It was held in twenty working areas of the health centers in Bulukumba Regency. This research focused on social tensions experienced by actors involved in the process of partnership between midwives and traditional birth attendants in childbirth assistance.

Partnership Process that Produces to Social Tensions

Social tension occurs because of the interests of the groups in the community. Social tensions that occur are because deviant groups deliberately oppose the prevailing behavior in society. The choice of delivery with the help of a traditional birth attendant is considered by the government or health workers to be irrational choices. Actors in society adapt to cultural values and experiences driven by a sense of trust between mothers and traditional birth attendants so that a mother can be confident and comfortable. Besides that, it is also influenced by factors of education, knowledge, employment, income, family support, and affordability of health services and socio-cultural.

The partnership between traditional birth attendants and midwives in Bulukumba District has been abandoned. It is due to the issuance of various new rules in the form of Bulukumba Regent Regulation or Perbup, Number 34 of 2013 concerning Safe Delivery Services; Regional Regulation or Perda Bulukumba No. 7 of 2014 concerning the Implementation of Healthy Families and Regulations of the Regent (Perbup) of Bulukumba, Number 73 of 2015 concerning the Rescue of New Mothers and Babies. All these rules emphasize the use of health facilities, especially in delivery services. The traditional birth attendants (TBAs) are automatically not allowed to help the birth process directly unless only helping the midwife. Gradually there have been efforts to eliminate the role of the birth attendants in health services, especially in childbirth assistance.

In Bulukumba, the partnership between midwives and traditional birth attendants (TBAs) began in 2010. However, in 2014 it was no longer considered even neglected since the issuance of the Regional Regulation (Perda) Bulukumba No.7 of 2014 concerning the Implementation of Healthy Families. Even before the issuance of the regulation, the partnership process went well, even experiencing improvements to the quality of partnerships at any time. The rules imposed by the government have an impact on the discipline of the community to access health service facilities. However, it is not a solution to the reduction in maternal mortality rates because delivery services to health facilities require costs that are relatively unaffordable to the community. As the results of the following interview: "The government does not focus on the partnership between midwives and traditional birth attendants. The government is more focused on the use of health facilities, as sanctions on regional regulations". (Meg, Bulukumba, 2 February 2017).

Achieving regional income targets through efforts to impose on society is something that is not wise because it creates social tensions in society. After searching, the Bulukumba Regional Regulation No. 7 of 2014 concerning the Implementation of Healthy Families is much nuanced in the interests of capitalists. It is based on

the results of interviews with the following community leaders: *"The regulation which emphasizes on sanctions is very uneducated for the public. There is no reason to give sanction to people who give birth at home even if they are helped by health workers"*. (Asd, Bulukumba, 3 February 2017).

Furthermore, this informant stated that the regulation had an impact on dishonest attitudes towards the community as shown in the results of the following interview: *"In the end, we realize the community to play like cat-mouse and lie when they want to give birth. Because if they are not found and given birth at home, they will be subject to sanctions"*(Asd, Bulukumba, 3 February 2017). The thing that is most often blamed on the community is unexpected labor to cover delivery outside the health facility. It is based on the results of the following interview: *"There is still a prohibition on traditional birth attendants to assist mothers in their deliveries, but the mothers often give birth unexpectedly while there is no notification to the midwife, so the traditional birth attendants helps the delivery process"* (Nai, Rilau Ale, 4 February 2017).

Some Traditional Birth Attendants (TBAs) acknowledge that midwives often reprimand when the situation occurs. It is based on the results of the following interview: *"sometimes, it is known by the midwife so that the midwife gives a warning to the TBAs if the delivery has been carried out"* (Nai, Rilau Ale, 4 February 2017). People who give birth at home intentionally or unintentionally will be fined. It is based on the results of the following interview: *"I gave birth at home with a TBA, and my baby has been delivered before the midwife came. All my children were born here. However, I was forced to come to the midwife to cut the placenta and was told to pay, but it did not happen because there was my sister"*(Ibu Suh, Rilau Ale, 5 February 2017).

The family experiences social tension because everything that he usually does is no longer possible. The process of giving birth is something that is felt by the family with peace and far from fear. At present, the family giving birth outside a health facility is subject to a fine. It is based on the following interview results: *"If we are giving birth at home, we are fined as much as IDR 1,500,000, - usually a midwife cooperates with the Hamlet Chief. Actually, I would also be fined for giving birth at home. However, my sister was known, I would not be taken to the health center. If we have already taken to the health center, we will have to pay. It will be fine if we have Social Security Administrator card or BPJS. However, if we do not have the card, we must pay"*. (Ibu Suh, Rilau Ale, February 5, 2017).

The tendency of families to access the services of traditional birth attendants is that there are still many families who cannot afford to pay for health services. It is based on the results of the following interview: *"The high cost of childbirth was due to the removal of jampersal (guarantee of delivery). After the jampersal was eliminated, then integration from Jamkesda and BPJS emerged, and it results in the rise to the payment of labor costs. In fact, many people are unable to pay the costs so that they were helped at home by the TBAs"*. (Bikor, Rilau Ale, 6 February 2017). Furthermore, the informant reaffirmed through the results of the following interview: *"Do not be surprised if there are still many deliveries carried out through the TBAs. However, I hope that for 2017 Jampersal will open this again. Hopefully, the guarantee will increase the number of deliveries to health facilities"*. (Bikor, Rilau Ale, 6 February 2017).

A barrier factor in the implementation of partnerships between midwives and traditional birth attendants is the birth of regent regulations and regional regulations that limit midwives to harmonious cooperation. It is based on the results of the following interview: *"the partnership between traditional birth attendants and midwives are no longer intensely carried out and supervised by the health center because there are already local regulations so that midwives not only motivate them because they have sanctions if there are big violations. Many mothers give birth at home or in the TBAs, and indeed no one has been sanctioned, but the threat is intentionally or unintentionally convicted with a maximum of 3 months in prison or a maximum fine of IDR 50,000,000"*. (Bikor, Rilau Ale, 6 February 2017).

The social pressure felt by the TBAs is by strictly prohibiting the act of labor without being accompanied by a midwife. It is based on the results of the following interview: *"Now I am no longer possible to help the delivery process I only act as an assistant of the midwife, if I am forced to help, it should also be reported to the midwife."* (Ram, Bontobahari, 7 February 2017). The emergence of rules for traditional birth attendants and mothers created tension in the community, especially the TBAs and mothers. It is based on the results of the following interview: *"Now the TBAs do not dare to handle childbirth themselves, because they have joined associations in the sub-district so that a midwife must accompany them."* (Ibu Sur, Bontotiro, 10 February 2017).

Midwives become uncomfortable because the health center always supervises them. It is based on the results of the following interview: *"I do supervision every month, I go down to the health post to conduct supervision, so I usually call all pregnant women in the village and also the TBAs then asks if there is a problem while providing counseling about pregnancy care."* (HM, 48 years old, Bikor Puskesmas). Although the rules have been socialized to the community, there are also families who continue to call the TBAs when giving birth.

It is based on the results of the following interview: *"If the mothers are going to give birth, the community always calls a traditional birth attendant to help with the birth. This is due to the problem of tradition. If the traditional birth attendants are going to help deliver a birth, they always utter incantation in*

which it is locally known as blown when helping to deliver so that the delivery process will be run smoothly". (Has Midwife, City of Bulukumba, February 14, 2017).

Symbolic Violence

Symbolic violence is not a simple relationship, but it is a process in which there is dignity or self-esteem, which is a source of power. Childbirth habits at home are considered risky behavior, and restrictions must be carried out in various ways. It is based on the results of the following interview: "Usually if the midwife is there, I only must handle the placenta. Usually, the placenta is not split so that the children get sick easily if the placenta is split, the children are not easily sick". (Nai, Rilau Ale, 4 February 2017).

Furthermore, the informant stated through the results of the following interview: "I had received socialization from the health center to no longer assist childbirth because there was already a regulation from the government that the TBAs only became assistant of the midwife." (Nai, Rilau Ale, 4 February 2017). Furthermore, the informant stated through the results of the following interview: "If there is a mother who wants to give birth, I first call the midwife, but usually if I do not have time, then I will help the mother." (Nai, Rilau Ale, 4 February 2017).

The unevenness of the perceptions of traditional birth attendants in accepting modern medical ideas and practices certainly cannot be seen as cultural backwardness or the strength of primitive behavior. The exchange of experience and the ability of childbirth assistance between traditional birth attendants and modern medical personnel are indeed worth doing.

IV. DISCUSSION

Partnership Process that create Social Tensions

Knowledge of labor with all aspects can help pregnant women determine the place of delivery. Sometimes, pregnant women do not know some information about the meaning of labor and health workers. It is because they rarely counsel with health workers or midwives. Knowledge is born not because of a centralized relationship but from a network. Foucault saw the relationship between power and knowledge in the birth of modern individuals. Through disciplinary and normalization techniques, modern individuals were created as objects. Power always accumulates through knowledge and knowledge always has the effect of power. This concept brings consequences to knowing that power is needed to produce knowledge that undermines power.

Every power is composed and established by certain knowledge and discourse. The exercise of power continually creates knowledge, and conversely, knowledge is unrelenting in its effects. Operations of power carry out dissemination and attendance anywhere including in the delivery assistance. Traditional birth attendants are limited by the power of movement through the birth of local regulations. Power transformed into knowledge so that it operatively and effectively permeates the subconscious of each person through culture. The dismantling of discourse often requires a depth of thinking, coherence and all this according to Arivia (2003) requires a reflection of philosophy. For these pregnant women, their bodies have been discharged to be ransacked by health workers. Bourdieu said that habitus is a consequence of inherent contradictions from low social origins to reach high levels (Bourdieu, Pierre, 2004). The concept of habitus as a set of regulative principles governs cultural practices (Bourdieu, Pierre, 1984).

Habitus is not the result of free will, or is determined by structure, but is created by a kind of interaction among times. Habitus is made and reproduced unconsciously, and is a habit that is internalized in the process of life. Each individual has a different habitus even though he lives and is raised in the same culture. Bourdieu focuses his attention on the practices he sees because of the dialectical relationship between structure and agency. Practice is not objectively determined and is not a product of free will. The traditional birth attendant as an initial actor had an intimate relationship with the midwife as well as their relationship with the family when facing labor since the 2010 partnership was announced in Bulukumba Regency. However, over time there was a policy change that urged actors to take advantage of health facilities.

The impact is that the TBAs have no room to be involved in health services, especially in childbirth assistance. Likewise, midwives are also forbidden to help deliver at home. If it is traced, the meaning of this policy raises weakness because substantially contradictions occur because on one side of the traditional birth attendant is no longer allowed to carry out the act of childbirth because of the risk of childbirth based on the number of cases of maternal deaths due to the help from the traditional birth attendance. On the other hand, the mother who is giving birth is also prohibited from giving birth at home even though a midwife helps her. It is because it is not done in a health facility. The health facilities have no standards of feasibility. Additionally, the affordability of the community towards adequate health facilities is hampered by economic problems. Even though there is funding for the poor through social health insurance, the community cannot access the health services because of the habitus factors of the people who are accustomed to giving birth at home.

The public reflects a lot on their interest in the dialectic between structures and the way people construct social reality. Bourdieu labels his orientation with constructivist structural concepts, structuralist

constructivism, or genetic structuralism (Ritzer and Goodman, 2010). Power as cultural and symbolic is made and re-legitimized continuously through agent and structure interactions. Agents participate according to their position in the social space and in accordance with the mental structure that causes agents to understand social space.

Structural analysis cannot be separated from the analysis of the origin of individual mental structures to some degree. The product of combining social structures is also inseparable from the analysis of the origins of the social structure itself. The social space and the groups that occupy it are products of historical struggles (where the choice of the community towards traditional healers is a traditional generation of traditional structures). Childbirth assistance carried out by the TBAs is considered as something inherent in their lives because their ancestors do it. The environment is a battleground, while the environmental structure that prepares and guides the strategies used by occupants of certain positions (individually or collectively) who try to protect or enhance their position to impose the principle of social advantage that is most beneficial for their own products (Bourdieu, quoted in Wacquant, 1992).

There is a dialectical relationship between objective structure and subjective phenomena. There is an effort to unite the dimensions of the duality of actors and structures, and therefore the approach is called genetic structuralism. Actors who drive health services interact with each other between objective structures, namely health workers because they get support from government institutions and their regulations strengthen themselves and social influence networks. On the other hand, there is a subjective phenomenon experienced by families who have pregnant women choosing home care and choosing TBAs. Houses for them are places to give birth to children, not outside the home (health facilities), and they entrust the TBAs in the care of pregnancy because it is more humanized (prioritizing help rather than payment of services).

The link between traditional services and modern services by giving birth at home assisted by midwives and traditional birth attendants as their assistants is a form of local wisdom or cultural wisdom in health services. However, it became something excessive when it got a prohibition based on local government regulatory policies. The centrality of time and space is the axis that drives fundamental theory where the centrality of time and space is a criticism of static against dynamics and stability against change. There is a need for an adaptation of MCH service policies, especially in the delivery of hard labor and no mercy to low-income families. Besides, there is a need to resolve ethical dilemmas that occur in the process of partnership between midwives and traditional birth attendants.

There is social and psychological pressure experienced by the community during and after childbirth. Even though they already knew that there was a threat of fines they were facing, the community continued to deliver at home for several reasons. First, they were more accustomed to the TBAs since their parents. Second, assisted by TBAs does not need to prepare a large fee but it is enough with the objects they can afford, and they have given to the TBAs. Third, it is more accustomed to giving birth at home than giving birth in a health facility. These challenges make the community provide corrections to the contribution of knowledge.

The medical system primarily includes traditional local approaches to socio-cultural life. Traditional knowledge does not mean that knowledge is ancient but instead refers to how to obtain and use that knowledge. Social processes are learning from sharing knowledge that is unique to local cultures, found at the core of traditionalism. Many of such knowledge is new, but have social connotations, and their legal nature as a whole is not the same as other knowledge systems. Traditional livelihood systems continually adapt themselves to socio-economic and environmental changes.

Symbolic violence

Symbolic violence is a meaning, logic, and belief that contain subtle and vague meanings imposed on others as something that is true (Bourdieu in Fashri, 2007). According to Bourdieu (in Martono, 2012), the concept of symbolic violence can be seen from the efforts of dominant social actors to apply a social meaning and representation of reality internalized to other actors as something natural and legitimate, and even those social meanings are considered valid by other actors. The results of this study confirm that symbolic violence is not felt like a form of physical violence because it is carried out by the mechanism of concealment of violence, which has been held as something that should be accepted as it should be. Symbolic violence referred to in this study is a form of violence that exists in health services, especially in childbirth assistance. Mothers who are dealing with health workers voluntarily surrender, even though midwives are women but violence is something that the mother is not aware of. The form of violence is because there is no power of the mother to refuse treatment carried out by health workers, and even precisely the health workers impose their power.

There is a form of expression and ways of implementing mechanisms to maintain and develop themselves through other actors. Therefore, the efforts succeed, and it influences and shapes their minds. Rules are a group that dominates the thoughts, values, and beliefs of actors and families. The issuance of regulations in the middle of the community that regulates someone carrying out their work under the pretext of risk control is a form of violence. Many birth attendants who have been part of a culture unconsciously eliminate their own

existence. The midwife was forced to face the TBAs in front of the birth attendant so that the influence of the birth attendant gradually disappeared. In fact, other values or discourses are seen as deviant. For example, childbirth carried out through traditional birth attendants was developed as a discourse. This kind of discourse causes families or communities to be confused and dilemma. On the one hand, the community still believes in the TBAs or maternity at home, but on the other hand, some instruments force the community to stay away from services performed by traditional birth attendants or even if it is done by midwives but may not be served at home.

In the community, the habit of checking into a midwife is a lifestyle that connotes the emergence of inequality or gives birth to new social classes. Families served by traditional birth attendants are considered to have social retardation, are poor and lack knowledge. When midwives become a primary choice in labor delivery, it is not because of the social capital of the actor. The social or cultural capital possessed by a traditional birth attendant is because hereditary services provided to mothers who face childbirth and provide psychological peace. Traditional birth attendants also do not need the costs that must be borne by the mother in her delivery.

Doksa is unconscious values that are rooted and profound. Doksa supports specific social arrangements, by making the dominant parties as a good thing. In the past, the practice of traditional birth attendants was common and commonplace. However, people who have an adequate level of education are now questioning it. Even the rules or regulations made by the government deliberately cut the tradition of childbirth assistance carried out by traditional birth attendants. On this side, the interaction of power dominates so that individuals or groups to be mastered can accept it. The form of symbolic violence does not appear as violence. It is not hidden or veiled through the doctrine of loyalty, gifts, recognition, and reciprocation or honor ethics (Bourdieu, 1990: 192).

Symbolic violence is a form of violence that hides behind power relations and hides dominance over others. Violence moves in a manner so that individuals experience violence unconsciously and do not feel that they experience objects and acts of violence. Those who are dominated and who experience violence do not mind being controlled and in a circle of domination. Symbolic violence runs because of recognition, willingness and dominated or regulated involvement, which Bourdieu calls doksa (Bourdieu, 1990: 197).

Symbolic power has to do with prestige, obedience, and honor that are built on the basis of reconnaissance (Bourdieu, 1993). The power of one's economic capital in the realm of power enables him to fight. In the social realm, the stakes are in the legitimacy needed more on cultural capital and symbolic capital. Bourdieu illustrates the differences in the types of capital that are significant and their effects. There is thus a chiasmatic structure, homologous with the structure of the field of power, in which, as we know, the intellectuals, rich in cultural capital and (relatively) poor in economic capital, and the owners of industry and business, rich in economic capital and (relatively) poor in cultural capital, are opposition (Bourdieu, 1993: 185). The erosion of the existence of traditional birth attendants in the community considered the agent's subjective experience. There is subject awareness in the process of social construction in which the subject occupies a position as an agent who experiences, thinks, understands, and describes social reality, towards what is experienced by each individual when getting interventions from a traditional birth attendant.

V. CONCLUSIONS AND SUGGESTIONS

Conclusions

- a) Tensions felt by the TBAs are in the form of anxiety due to the threat of imprisonment. It is because their activities as a traditional birth attendant so that many traditional birth attendants stop practicing openly.
- b) Symbolic violence experienced by TBAs is because they are considered the party that is most responsible for the risk of childbirth. Therefore, those who do not accept innovation about the progress of medical practice accuse the TBAs. In fact, there are TBAs who accept it and then adapt it. However, many TBAs also remain adamant about using traditional methods of assisting childbirth.

Suggestions

- a) To control social tension, canalization is needed to channel various blockages through i) Formation of cultural wisdom; ii) Development of social awareness; iii) Provision of collaborative services.
- b) To prevent and control symbolic violence an understanding of the owners of symbolic capital (midwives, obstetricians, and other health workers) is needed not to overuse their power when dealing with agents or actors who have weaker strength so that they need to change their actions.

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