

Cultural of Pregnancy and Childbirth in Baduy Tribe: An Ethnography Study

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ABSTRACT

Maternal mortality is one of the indicators essential in healthiness in a country. According to the Indonesia Demographic Health Survey, maternal mortality rate increases each year. One of the areas that had the highest mortality rate is in Banten Province, where one of the contributors of maternal mortality is in *Baduy* community that still applies traditional principles. The purpose of this study was to investigate an overall picture of the potential aspects of culture-related issues in *Baduy* community relating to maternal care and management of complications in pregnant and delivering mothers. This was a qualitative study with in-depth interviews with the *Baduy* community. Data analysis was carried out in the form of induction, interpretation and conceptual. The results of the ethnography depicts that many pregnant mothers faced taboos such as should not work hard, not allowed to go out of the house, must use talisman spelled by the shaman. In addition, labor/delivery process is generally carried out at home (room or kitchen) due to prohibition is excreting blood outside the *Baduy* territory and most mothers gave birth by themselves before the midwife or *paraji* come.

Keywords: Maternal Health, Ethnography, Baduy, Maternal Mortality

INTRODUCTION

Maternal mortality is a woman's death that occurs during pregnancy, delivery and 42 days after labor with causes directly or indirectly related to labor. About 80% of maternal deaths are a result of increased complications during pregnancy, labor and after delivery¹. World Health Organization (WHO) estimates that 800 women die every day due to complications from pregnancy and the birth process. About 99% of all maternal deaths occur in developing countries. This indicator is influenced by health status in general, education and services during pregnancy and childbirth².

The highest Province in Indonesia where had a Maternal Mortality Rate (MMR) is Banten Province. They were 226 / 100,000 live births. Over the past 10 years, MMR in Banten Province was increased every year. In 2005 reached 186 people, there were 192 people in 2007, and rapidly increased to 226 people in 2015. The government of Banten Province was concerned to solve this problem especially in Lebak sub district where had a highest MMR in Banten Province³.

The phenomenon of the decline in MMR in 2013 and the increase in MMR in 2014 in Lebak sub district was related to the selection of delivery assistance at health facilities or used the assistant of health workers. Increasing of MMR in 2014 was due to the fact that birth assistance was still mostly carried out by traditional birth attendants. In addition, difficulties in access to health services have resulted in low utilization of health services. Access to costs also affects to people who still think that if the birth is

helped by a midwife, the cost is expensive, whereas if it helped by a *paraji*, it can pay in any amount. Socio-economic conditions and knowledge influence the preferences of pregnant women to carry out labor using a *paraji*⁴. This is still quite far from the MMR target in Indonesia².

Banten Province has a traditional community that still adheres to customs, namely the *Baduy* Community, it lives in *Kanéhés* Village, Leuwidamar, Lebak Sub District, Banten Province. *Baduy* culture definitely influences to the *Baduy* community in relation to childbirth. Some of the studies have been conducted related to the *Baduy* Community A previous study explained that the important thing about the *Baduy* Community is the character of the old Sundanese people who still retain tradition and live with the social system and culture of the traditional people and uphold traditions and customs⁵. Another study also explained that the health system in *Baduy* was based on the strength of the norms and customs of the Community⁶. Delivery process of the *Baduy* Community in the following traditions passed down from generation to generation was carried out on their own without assistance⁷.

The *Baduy* Community has a set of knowledge related to health problems. Cultural aspects have a strong role in responding to health problems, especially maternal care and childbirth. This culture is used as a guideline by the *Baduy* Community in making decisions about handling pregnancy. To be able to understand this, one of the research designs that can be done is ethnography. The main focus of Ethnographic research is the present life of society and the way of life and to provide a description of the social and cultural structure of a society by interviewing several informants and observing participation in the group under study. Understanding the perspective of the *Baduy* Community and its relationship with life is important to get the views on its world. Therefore, ethnographic research is needed to understand pregnancy management behavior in the *Baduy* Community⁸.

The *Baduy* Community is divided into the Inner *Baduy* Community and the Outer *Baduy* Community. The differences between these is the openness to the outside

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world. The Outer *Baduy* Community is willing to accept the development of the outside world, even though they still maintain their adopted culture. However, currently there are still rare studies conducted to find out the cultural role associated with maternal and perinatal health. The results of the preliminary study reported that there were several aspects of culture that were still closely held in maternal and perinatal care behaviors. Therefore, the researcher wants to examine the behavior of maternal care, childbirth care and management of pregnancy complications based on the habits of the Outer *Baduy* Community in accordance with the existing parenting pattern.

According to the preliminary study, information was obtained that there was a zero reporting for MMR in the last two years in the Outer *Baduy* Community. Likewise with Lebak District, where the Outer *Baduy* Community resides, it shows that MMR is lower compared to other districts in Banten Province. Therefore an ethnographic study is needed which could produce a theory of the concept of maternal care. Thus, the researchers are interested to conduct a study related to "Ethnographic Study of Maternal Care and Management of Complications in Pregnant and Labouring Mothers in *Baduy* Communities in Lebak District, Banten Province". The ethnographic study was carried out in relation to maternal care and the management of the complications of pregnant women and mothers giving birth in the *Baduy* Community, including knowledge, beliefs, perceptions and behavior of pregnant women in their pregnancies, and the cultures of the *Baduy* Community related to maternal care and pregnancy complications and childbirth.

METHOD

This study was a qualitative study to investigate and examine of the Outer *Baduy* and Inner *Baduy* Tribe. The data collection was used by using interview technique in pregnant women, families, *paraji*, and triangulate the data on traditional leaders, community leaders, and midwife. The results of the analysis and qualitative study principally focus in the form of induction, interpretation and conceptualization.

Ethical consideration: Ethics research were proposed and presented to the ethics committee of the Faculty of Medicine, University of Andalas and have passed the review of ethics on 3 April 2017.

RESULTS

The *Baduy* tribe has two different social structures in the societies, and divided into two regions namely the outer *Baduy* and the inner *Baduy* tribe. Both territories has a character that is slightly different where outer *Baduy* tribe tend to be more modern compared to inner *Baduy* tribe. All modern tools are prohibited such as using modern medical tools for example using blood pressure instrument, stethoscope, infuse, injection and other tools are prohibited in the inner *Baduy* tribe. Hence, in the outer *Baduy* tribe, acceptance for modern tools is open. However, not all types of drugs they will consume. This is related to their beliefs and perception about "effective medicine", which means that the drug could solve their illness within 1-2 days.

Pregnant women did not allow to do heavy works and limit to going out of the house, especially at night because according to *Baduy* tribe a pregnant woman can be easily disturbed by interfered by ghost and will affect the mother's health. To maintain the healthiness of mother and baby, a pregnant woman will usually get a talisman to protect her health and not easily attacked by a disease called "Kante". It is placed on the hand of a mother since 7-months of pregnancy until giving birth. Pregnant women usually are given another talisman like a small knife and a pin that is stored in a small cloth that are always taken by the pregnant women wherever they go to keep them safe. There is also a talisman called "Rajah" i.e. turmeric from the witch doctor which serves to prevent pregnant women not to be disturbed by ghost.

Inner *Baduy* tribe usually carries a pregnancy check routinely every month by the witch *paraji*. This is very different what is done by outer *Baduy* tribe, where the examination of pregnancy have been started jointly by the witch doctor and midwives. In addition, outer *Baduy* tribe have begun checking themselves at the *Public Health Center*. The awareness of *Baduy* community of mothers health increases since the entry midwives and rules of *Baduy* tribe slowly open for midwives so that midwives can enter in 1998 to give increased awareness of contraception, prenatal and childbirth care. Therefore the knowledge in outer *Baduy* tribe of the signs and dangers of pregnancy is pretty good compared to inner *Baduy* tribe, however basically both the outer and inner *Baduy* understand that bleeding and rare fetus movement are signs of dangerous pregnancy.

The birth process that is in the tribe usually done at home and helped by *paraji*. Childbirth in the house is adhered to by the *Baduy* tribe because the *Baduy* tribe believes that the birthing mother cannot secrete blood outside the *Baduy* region. Access to distant locations is often an obstacle so the birth process is often carried out by herself before the *paraji* or the midwife comes. In the outer *Baduy* tribe, the midwife is usually called if there is a problem during the delivery process. Usually the process of labor is assisted by mother or the sister, although it is not uncommon when facing life or death mostly alone. During the birth process, it is taboo for the husband or male to be present. Medical personnel are called when experiencing difficulties during the process of childbirth, so that during a smooth childbirth process it is enough to call *paraji*. Calling the *paraji* is done when the mother has successfully given birth to her baby. The length of time waiting for the arrival of *paraji* is in the range of 1- 6 hours depending on the location and readiness of the *paraji*. The existence of *paraji* is not in every village, with the distance between villages can reach two to three kilometers and can only be reached on foot. This is exacerbated by the condition of the mother who is weak due to loss lots of blood, not allowed to eat and drink while waiting for the *paraji*.

Labor positions are performed by the *Baduy* tribe also have a different positions, in outer *Baduy* tribe usually delivery is done in squat position with holding on the ropes, while in inner *Baduy* tribe delivery is done in sitting position. The *Baduy* tribe is prohibited to deliver in lying down position because it is considered to slowing the delivery process. In the postpartum period, there were several

herbs consumed by the mother called the boiling harp skin herbal medicine which will be consumed for 6-7 months. In addition, birthing mothers also consumed *Laja Goa* leaves which is boiled and then directly consumed. The purpose of giving these leaves is to stop postpartum bleeding.

On the inner *Baduy* tribe, there were some herbs that were given such as turmeric, ginger smoothened, then applied throughout the mother's body. In addition, the mother after giving birth has restrictions in consuming food such as prohibited in eating animal protein sources for example chicken, meat, fish, so the food that may be consumed only rice, vegetables and sauce. Consumption of meat and other protein products may only be consumed after the baby is 7 days old. In the *Baduy* tribe there is a term "*Peureuhan*" which means "Open Day" i.e. on day 7 after giving birth, the mother can perform daily activities and work again.

Currently, the most problems occur are retained placenta problems caused by the consumption of herbal remedies during labor and also labour conducted themselves in the forest without the presence of health personnel, thus increasing the risk of maternal death. Therefore, there were many efforts that have been made by midwives to reduce maternal mortality in the outer *Baduy* tribe by barding out pregnant women prior to delivery, then put a flag in every house that have child bearing and child birthing woman. In the inner *Baduy* tribe on any condition the delivery still only be performed by *paraji* or witch a doctor.

DISCUSSION

According to the previous study reported that the selection behavior of selecting birth attendants of witch doctor as local actors is believed by the community as key figures especially those related to health and safety. In the case of childbirth, the witch doctor does not only play a role when the process takes place, but also during traditional ceremonies which are believed to bring salvation to the mother and child such as the seven-month pregnancy ceremony up to 40 days after the baby's birth. This activity is certainly not the same as what midwives do as paramedics, and this also makes the witch doctor has an honorable place and highly trusted in the community⁹.

The incidence of childbirth complications and delay in referral can be caused by the lack of level of knowledge about health and the reluctance of the community to come to the Public Health Center and the behavior of people who are influenced by hereditary culture practiced¹⁰. Indonesian society consists of various tribes with different cultural backgrounds who are very influential in people's behavior including health behavior. Many cultural practices negatively affect public health behavior, thus there is more risk for infection however there are also many cultural practices that have a positive effect on public health behavior¹¹.

The cultural dimension is a very important aspect in determining the health status of a person, tribe, and a country due to all the elements in society including health behavior are influenced by culture. Community behavior manifests itself from a set of cultural knowledge. A person's health behavior is closely related to knowledge, beliefs,

values, and norms in their social environment, related to therapy, prevention of disease (physical, psychological, and social) based on their respective cultures¹². Culture affects reproductive health. The cultural situation in this regard the traditional customs currently are indeed not conducive to help seeking behavior in reproductive health issues. This was stated based on the reality that the Indonesian people are accustomed to assuming that pregnancy is a natural thing that does not require health services. This is certainly related to the knowledge and understanding of the community about the importance of health services and the maintenance of other reproductive health¹³.

Mothers' behavior is still strongly based on a number of cultural themes that harm maternal health, among others, childbirth entirely women's affairs, give birth is something that feel disgusting and brings disease dangerous for men and children, and mothers who die during childbirth is due to landlord's curse (*teheteta*). Communities in Jayapura and Puncak Jaya, Indonesia carry out deliveries at home so that it is not difficult to bring out of the house and more families can assist¹⁴. This is also in line with research on the concept of clean and dirty spatial planning in the Kerinci Community, births are considered as dirty processes. Thus the process must be carried out in a dirty room, the kitchen. However, choosing a kitchen as a place of labor will increase the risk of postpartum infection and infection in infants. The choice of place of delivery is considered normal by labor assistants¹⁵.

Interaction between the health conditions of pregnant women and birth support abilities largely determines the outcome of labor, namely death or survival. Medically, the classic cause of maternal death from childbirth is bleeding, infection and eclampsia. If these conditions are not handled properly, it can be fatal for mothers in labor. However, this failure often occurs not only because of poor handling but also because there are factors that delay the decision making in the family¹⁶. An understanding of people's culture related to health problems is very important to note as a determining factor towards the success of health programs aimed to improving the quality of life of individuals and communities¹⁷.

The description can be used by health workers to know, learn, and understand what is applicable in society. The complexity of the problems in the community surrounding childbirth brings a mother faced with the gamble of life and death¹⁷. Many factors influence the success of labor, both from the internal factors of the mother as the subject, one of which is the existence of tradition¹⁸. Determination of the choice of health services carried out by the *Baduy* Community, it is influenced by several factors such as community knowledge, problems with medical expenses, dissatisfaction with their culture, dissatisfaction with services received. Inner *Baduy* Communities gives up the notion as the origin of the birth of the Sundanese Community are one of the traditional practitioners who firmly uphold the traditions in their daily lives, including the tradition of childbirth. As practitioners of tradition, the Inner *Baduy* Community is accepting and living with it, because in tradition there is only obedience to absolute customary rules^{20,21}.

CONCLUSION

Pregnancy and delivery process carried out by outer and inner *Baduy* tribe have risk factors to pregnancy and childbirth. Social structure embraced by *Baduy* community currently increases the risk of maternal death due to weak of power of women in decision-making. The custom of *Baduy* community could endanger the health of the mother during pregnancy and childbirth and increase the complications of labor and it is necessary to have further research so that local wisdom and tradition in *Baduy* tribe that have positive values can be preserved, but the culture that increases the risk and childbirth complications can be minimized.

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REFERENCES

- Wendland, E. M., Tortoni, M. R., Falavigna, M., Trujillo, J., Dode, M. A., Campos, M. A., ... & Schmidt, M. I. (2012). Gestational diabetes and pregnancy outcomes-a systematic review of the World Health Organization (WHO) and the International Association of Diabetes in Pregnancy Study Groups (IADPSG) diagnostic criteria. *BMC pregnancy and childbirth*, 12(1), 23.
- Ministry of Health of the Republic of Indonesia. (2013). Riset Kesehatan Dasar; RISKESDAS. Jakarta: Balitbang Kemenkes RI.
- Banten, D. K. P. (2016). Profil Kesehatan Provinsi Banten 2015. Serang: Dinas Kesehatan Provinsi Banten.
- Anggorodi, R. (2009). Dukun bayi dalam persalinan oleh masyarakat Indonesia. *Makara Kesehatan*, 13(1), 9-14.
- Sihabudin, A., Sugihen, B. G., Susanto, D., & Asngari, P. S. (2015). Pengaruh Interaksi Sosial Komunitas Adat Baduy Luar Terhadap Persepsinya pada Kebutuhan Keluarga. *Jurnal Penyuluhan*, 6(1).
- Dimiyati, I., & Kurniawati, N. K. (2017, September). The Communication Adaption by Health Workers in Health Services Towards Remote Indigenous of Baduy Communities in Banten Province. In *International Conference on Issues in Social and Education Research (ICISER 2017)*. Atlantis Press.
- Kistanto, N. H. (2016). The Javanese slametan as practiced as tradition and identity. *International Journal of Humanities and Social Science*, 6(11), 290-295.
- Lewis, S. (2015). Qualitative inquiry and research design: Choosing among five approaches. *Health promotion practice*, 16(4), 473-475.
- Setyawati, G., & Alam, M. (2010). Model Sosial dan Persalinan Menggunakan DUKUN: Tantangan dalam Strategi Kesehatan Masyarakat Doctoral dissertation).
- Hadiono, A. (2014). Indeks Kepuasan Masyarakat kabupaten Pandeglang Tahun 2014 Terhadap Pelayanan Kesehatan. *Jurnal NIAGARA*, 7(2), 79-90.
- Suprabowo, E. (2006). Cultural Practices in Pregnancy, Childbirth and Postpartum in the Sanggau Dayak Tribe, 2006. Public Health: National Public Health Journal, 1 (3), 112-121.
- Penelitian, B., & Kesehatan, P. (2013). Laporan riskesdas 2013. Jakarta: Badan Penelitian dan Pengembangan Kesehatan.
- Titaley, C. R., Hunter, C. L., Dibley, M. J., & Heywood, P. (2010). Why do some women still prefer traditional birth attendants and home delivery: a qualitative study on delivery care services in West Java Province, Indonesia. *BMC pregnancy and childbirth*, 10(1), 43.
- Komba, I., Rantetampang, A. L., & Sandjaja, B. Factors Related to the Use of Waiting Honai Childbirth in the Asologaima Health Centre of Jayawijaya Regency.
- Fitria, R. (2018). Community Education Vulnerability in Concessions of Siulak Mukai District Kerinci Regency. *Sumatra Journal of Disaster, Geography and Geography Education*, 2(2), 102-106.
- Putri, N. U. E., Alibasjah, R. W., & Khasanah, U. (2018). Hubungan antara Ibu Hamil Perokok Pasif dengan Kelahiran Bayi Berat Lahir Rendah di Kota Cirebon tahun 2014-2016 (Studi di Puskesmas Cangkol, Kesunean, dan Pegambiran). *Tunas Medika Jurnal Kedokteran & Kesehatan*, 4(1).
- Agus, Y., Horiuchi, S., & Porter, S. E. (2012). Rural Indonesia women's traditional beliefs about antenatal care. *BMC research notes*, 5(1), 589.
- Rokayah, Y., Kurniawati, R., & Tansah, A. (2018, January). Decision Making Patterns of Baduy Dalam Community in Referring to the Cases of Maternal and Neonatal Emergencies. In *2nd International Seminar on Global Health (ISGH)* (pp. 34-37).
- Nikmatullah, M., Nisyawati, & Walujo, E. B. (2018, October). Utilization of a diversity of medicinal plants in Cibeo society, Baduy-Dalam, in Kanekes Village, Leuwidamar District, Lebak Regency, Banten. In *AIP Conference Proceedings* (Vol. 2019, No. 1, p. 020003). AIP Publishing.
- Sutoto, S. (2017). The Dynamics of Learning Culture Transformation of Baduy Tribe, banten Province. *Journal of Education Research in Administration and Management (JERAM)*, 1(2), 46-57.