


SANDO PEA: BETWEEN TRADITION AND HEALTH CHALLENGE AMONG KALUPPINI INDIGENOUS PEOPLE

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Sando pea is a term for traditional birth attendant among Kaluppini indigenous people in South Sulawesi, Indonesia. The presence of traditional birth attendants is considered as one of the factors mother’s delaying in accessing health facilities that impact the high maternal mortality rate especially in a developing country like Indonesia. The study aimed to explore and to describe the role of traditional birth attendants among Kaluppini indigenous people and health challenges faced by this community to access health facilities. By using a qualitative approach, data were collected through in-depth interviews and focus group discussions by using an interview guideline. A total of 6 sando peas were purposefully selected in the study area and 67 mothers were involved.
as informants. Sando pea plays a crucial role both in the indigenous health system particularly in maternal-child health care and customary rituals. Mothers prefer delivery at home and assisted by sando pea not only because they follow their traditional beliefs. They feel shame delivering at health facilities, difficult access to health facility and a lacking available midwife make sando pea more accessible and become the only one choice. The role of sando pea was still dominant among Kalupini people both in assisting mothers’ delivery. A good understanding of the complexities of the traditional culture is the first strategy to engage mothers and to raise their awareness on giving birth healthy and safe. Next, a comprehensive strategy is needed to increase the accessibility, availability, and affordability of maternal health services among indigenous people.

Keywords: Indigenous people; traditional birth attendant; maternal health, qualitative.

BACKGROUND

One of the big homework of the Indonesia government in term of health issue is to reduce the maternal mortality rate (MMR) which is still high based on the World Health Organization (WHO) on 2013. WHO reported that Indonesia managed to reduce the MMR by only 56% from the targeted of 75% under the MDGs. This progress is considerably slower compared to other South East Asian countries.¹

The Indonesian government through the Regulation of Minister of Health No. 97 of 2014 regulates health services for women, starting from before pregnancy, during pregnancy, delivery, and postpartum period, and contraceptive services, until sexual health services. The government is responsible for these services well implemented as they should. The services aim to ensure that every mother can give birth to a healthy and good quality generation. This regulation is a form of government commitment in an effort to reduce maternal and newborn death lift.²

Indonesian government identified the utilization of skilled birth care such midwife as one of the strategies as being crucial for saving the lives of pregnant women and as an indicator for progress in the reduction of maternal mortality. Although the government regulate that all pregnant mother must deliver at health facilities and assisted by skilled midwife but women especially in rural and indigenous community continue to deliver at home with the assistance of traditional birth attendants (TBAs).³

Basic Health Survey (Riset Kesehatan Dasar) 2018 stated that there is about 10.9% of mothers was assisted by TBA during delivery.⁴ Some regions, such as in Maluku, West and Southeast Sulawesi, even have up to three times higher percentage in utilizing TBA compared to the national level. Mothers, especially in indigenous community and in rural areas, still prefer delivery at home and assisted by TBA.⁵ Studies found that difficult access and financial limitation are some of the major barriers that prevent mothers to access and utilize the trained midwife and public health service center.⁶

In general, traditional healers or traditional birth attendants, are people who are trusted by the community to traditionally examine their health problems. WHO defined TBA as a traditional, independent healer with non-formal training who provide care during pregnancy, childbirth and the postnatal period.⁷ They have detailed knowledge of community norms and practice it in a traditional way.
Kaluppin is one of the indigenous communities in Enrekang District that is still hold strongly in carrying out their tradition, including their belief on TBA. Kaluppin people had their own tradition and belief related to rituals and traditional practices in relation to mother and child health. Within a year there are 13 mandatory rituals that must be performed in a certain order. They also have ritual called Pangewaran which is the highest tradition in this community that celebrated every 8 years. There are also rituals related to mother and children that reflect the process of human life and related to the role of the TBA.

TBA in Kaluppin people is well known as sando pea plays an important role in carrying out some rituals. The role of TBA is strong among the Indonesian people, especially among indigenous community who still cling to beliefs and customs that have been passed from generation to generation. The primary aim of this research is to know the role of sando pea among Kaluppin people in relation to maternal health and health challenge faced by this indigenous community.

METHODS

A qualitative explorative design was used to explore the role of sando pea and the health challenges faced by Kaluppin indigenous people. This study was carried out in the Kaluppin customary area so-called Tanah Onko Sa’pulo Tallu located in Enrekang district, South Sulawesi, Indonesia. This customary area covers five villages namely Kaluppin, Lembang, Rossoan, Tobalu and Tokkonan.

This indigenous community was selected due to Kaluppin people are well known as one of the oldest indigenous community in South Sulawesi and still perform the customary law, tradition as well as rituals for years. This study received ethical approval from Health Research Ethics Committee of Health Polytechnic Makassar.

This is a qualitative study involving semi-structured in-depth interviews (IDIs) and FGDs. FGDs were only conducted among mothers. Participation was voluntary and written consent was obtained from each participant. Interviews were conducted after providing brief information about the purpose of the study and after obtaining informed consent for participant.

The confidentiality of the participants’ data in this research was maintained by not including their real names. We strived to recruit a maximum variation sample to include diverse experiences in the study while ensuring that the maximum sample size is determined by saturation.

The participants in this study were traditional birth attendants (TBAs) and mothers who live in Kaluppin area during data collection. They have to have a self-identification as Kaluppin people to ensure that data collected was a genuine information from Kaluppin people. Participants were recruited using purposive and snowball sampling strategies. The study was conducted from January to May 2018.

Preliminary analysis was carried out during the data collection process at the research location aimed to summarize and ensure that all the information needed had been fulfilled and as an evaluation material for subsequent interviews. All interviews were audio-recorded and transcribed verbatim. Data analysis used Dedoose, a web-based application for qualitative analysis. Emerging themes were identified, and the data were organized by theme, concept, and category. These themes formed the basis for further data synthesis and inference.
RESULTS AND DISCUSSION

A total of 33 interviews and 6 FGDs were conducted involving a total of 81 participants. The 33 interviews were 5 sando peas and 28 mothers. We had six FGDs with equally distributed among the various participant characteristics. Informants of mothers aged between 15-49 years. While sando peas reported being aged between 60 and 90 years with 20–50 years of experience. Studies in Nepal found that TBAs were between 35 and 60 years old. They have worked as TBAs for 5 to 45 years with an average of 15 years.7

In general those who become TBAs are elderly women and aged more than 50 years old.9 Unlike the TBA in Kaluppini indigenous community, most of them were elderly men. Four out of five sando peas interviewed were male. There was only one female sando pea interviewed. This is because the male sando pea in her village has died and there is no regeneration anymore.

TBAs are not only acting as those who helps the delivery and child care process. They have a more sacred role such as leading certain rituals, giving wise advices to the community in relations between humans, nature and the Creator.10 TBAs involve in some customary rituals, especially rituals related to mother and children. Most of the indigenous peoples perform rituals and live their life based on their customary laws and traditional beliefs.11 Kaluppini people had two kinds of rituals i.e. Rombu tuka and Rombu solo. Rombu tuka is all rituals that related to life and happiness and conversely Rombu solo is all ritual that related death or sadness. Some of these rituals conducted annually or accidentally particularly for Rombu solo that related to death.

Although sando peas do not include in the customary leadership structure of Kaluppini so-called as Tau Appa8 but they involve in some rituals such as ma’cera ba’tan, ma’paka’tan, and
ma’cera. These three rituals classified as Rombu tuka. This is because sando peas are recognized as informal leaders who have respected power and authority in society.

"The ritual of ma’cera 'ba’tang aimed to pray for the salvation of the children in the womb. We invite the sando pea and reading pray for us" (Mother, 38 years old, IDI)

Ma’cera ba’tan is a ritual that held when pregnant mother had reached 7 or 8 months of gestational age. They held it at the pregnant mother’s house. In this moment, the pregnant mother would speak to the sando pea and ask for his willingness to assisting the pregnant mother to childbirth later.

“We hold a ritual of ma’cera ‘ba’tang at the 7 or 8 months of pregnancy. In this moment I and mother invited sando pea and asked for his willingness to become my birth attendant and help me during childbirth.” (Mother, 41 years old, IDI)

After receiving willingness, the sando pea usually begins to massage the womb of the pregnant woman in a traditional way. This process is called manguru’. In manguru’ process, the sando pea checked the position of the fetus in mother’s womb and to ensure the fetus is in normal position. If he found that the fetus position was not proper, he would message the belly of the mother. He would do manguru’ for up to three times or at least sando pea was sure that the fetus position had been right.

“I go to sando pea to massage my belly because my mother said that fetus’s position in my womb is not appropriate” (Mother, 25 years old, FGD)

“If the position of the fetus is good, I usually do manguru’ only once. But if the fetus’ position is reversed, sometimes up to 7 times until the fetus’ position is good. I usually start doing manguru’ at 6 or 7 months.” (Sando pea, male, 55 years old)

If sando pea found that the fetus position was proper, he would not do anything to the mother. Sando pea only gives wai pejappi (water blown with reading a prayer by sando pea) to pregnant women. Kaluppini people believed this wai pejappi aimed to make easier the labor process later. In the tradition of the Kendari community in Southeast Sulawesi, they also recognize the term jampe-jampe whose purpose is the same as that of wai pejappi. The goal is to provide positive suggestions so that mothers can give birth smoothly. TBA are believed to be able to provide concoctions such as wai pejappi or jampe-jampe, prayers, and traditional rituals that can provide sense of security and comfort during the delivery process. Some of the traditional practices identified in this study are similar to those in other cultures such in Nigeria, TBAs do womb massage and gave some herbal drinks to pregnant women.

Studies mentioned that the implementation of rituals is very important in traditional health aspects. The ritual or ceremony related to health is a manifestation of the continuity of health and balance between humans, culture and nature to indigenous people. The existence of cultural continuity through the implementation of rituals has a positive impact on the health and welfare of indigenous peoples. The traditional medicine practices in the community is carried out side by side with the implementation of rituals as an integrated health promotion system. These cultural beliefs and attitudes then influence women’s reproductive health preferences and practice. This has become a tradition passed down from generation to generation.

Kaluppini people believed that sando pea has skills in helping mothers giving birth and treat various diseases in traditional ways. The skills to treat and assist the birth process are obtained
from oral traditions for generations and practical learning from parents to children or from other close family members. Some are even obtained from dreams. They work voluntary, as explained by Suparlan that those who work as traditional birth attendants work voluntarily and fulfil moral responsibility for the knowledge and skills they have. Not to seek income.

In the Kaluppini indigenous people, not all of those who recognize as sando pea will provide services to all pregnant women. There is a sando pea that only helps their children or closest relatives for delivery. There is also a sando pea who serves all mothers who come to ask for their help. They will help mothers from the period of pregnancy until delivery and afterwards.

Although the government has issued a regulation on maternal care that all pregnant mother must give birth at health facilities and assisted by trained health workers. Homebirth was a common among Kaluppini people. Available evidence showed that despite the availability of primary health care centers in the settings used for the study, most mothers patronize the sando pea for delivery.

Mothers of Kaluppini indigenous people still have a strong belief in the sando pea rather than childbearing at pustu or hospital. They felt more save and convenient to homebirth. As majority mothers stated that they preferred homebirth and help by sando pea. Even though midwife still assisted together with the TBA during delivering but mother felt more save and more relax when childbirth at home and assisted by the TBA. This then becomes a challenge for health workers to engage the community in safe reproductive health care efforts for mothers.

“I gave birth at home because it was safer. It is difficult to childbirth at pustu because it is far. There are no vehicles to use. Moreover, there are also sando pea who help me give birth. I felt safer.” (Mother, 35 years old, IDI)

This prior study is in line with a study conducted in West Sumatra that traditional hereditary beliefs are the dominant factors that influence mothers to prefer dukun as their birth attendants. In some studies explained that pregnant women feel more comfortable being helped by a TBA because the he gives quality time to pregnant women.

This study also revealed that indigenous mothers felt more confident delivering at home because they considered home is a privat room. They felt ashamed childbirth at pustu that they consider as a public space where many people will know that they are going to delivery.

“We feel ashamed of giving birth in Pustu. Many people will know that we are going to give birth. We feel ashamed if many to see us. At home, there are only mother and sando pea. And it is closed too, so not many know.” (Mother, 35 years old, FGD)

Other study explained that mother and their families preferred to give birth at home because close to their family in the round houses, the place that houses heirlooms, corn harvest and symbols of fertility, and is the domain of women where they feel comfort. TBA and members of family were often present during the labor and provides positive support and assisted the mother in the post-partum time and prepared special food for the mother. Postpartum care was also carried out including washing clothes from maternal puerperal blood and bathing the baby.

Besides of traditional reason, the far distance and difficult access to reach Pustu (Puskesmas Pembantu/Community Health Sub-center) as another reason why mothers and their families decided to child birth at home and assisted by the sando pea.

“I bear my baby at home. Only my family and sando who help me. It was night and it was difficult to go the Pustu. We don’t have a vehicle. And no midwife was available at the time. (Mother, 28 years old, FGD)
There were only two Pustus within the customary area, but it was difficult to access due to damaged roads and the location was remote. Therefore, it became barrier to access health service among Kaluppini people. And the fact in the field is that the number of TBA is far more numerous and is always available at all times and the costs are relatively cheaper compared to births assisted by midwives. In addition, the age of midwives who are relatively young are often considered to be inexperienced so that they are difficult in gaining public trust. This is exacerbated by the absence of transportation and the distance traveled to the puskesmas making it more difficult for indigenous people to access appropriate health services.

In Kaluppini, even though, mothers preferred childbirth at home but midwives also existed to help and accompany the sando pea to help mother childbirth. Midwives and sando pea work together to save the mother during childbirth. But this study revealed that most mothers were helped by the sando pea rather than assisted by a midwife.

“Sando pea assisted me childbirth at home because the midwife came one day after I gave birth”  
(Mother, food insecure, IDI)

Another role of sando pea is cutting the umbilical cord. Cutting the umbilical cord is a process that is not less important than the process of assisting the delivery process. Sando pea will cut the baby’s umbilical cord soon after the baby born and sando pea do it after making sure that mother is in good condition. This is to ensure that the mother does not experience bleeding.

“When the child is born, I first must confirm the condition of the mother. If she is good then I immediately cut the baby’s umbilical cord using turmeric and bilah” (Sando pea, female, IDI)

The process of cutting the baby’s umbilical cord also has its own procedure. Sando pea will look carefully at the markers and the umbilical cord line that must be cut. The process of cutting the umbilical cord uses 3 main tools, namely turmeric, owan, and bilah (blade of split bamboo). Newborn care practices were similar among TBAs in Asian countries. Cord care was similar among TBAs. It was believed that cutting the cord before the delivery of the placenta would cause the cord to get stuck inside the mother and ‘hurt or kill her’. Few TBAs applied mustard seed oil to the umbilicus immediately after cutting; most applied oil to the umbilicus during full-body oil massage after bathing.

However, despite these positive attributes to the sando pea, it is probable that some routine TBA practices are potentially harmful to pregnant mother and the bay, especially womb massage, and cutting the baby’s umbilical cord with inadequate personal, tools and environmental hygiene. Massaging the womb could cause uterine rupture, hemorrhage, still birth, fetal distress, rupture of placenta and even maternal death.

And when labor complications occur at home, arranging referral and transport to the nearest health facility is a challenging that will delay mothers to receive emergency care and even potentially cause death. There are multiple factors which can act as barriers to accessing emergency maternal care that classified into "Three Delays" i.e. (1) delay in the decision to seek care, (2) delays in arrival at a health facility; and (3) delays in the provision of adequate emergency care. And study resulted that the delay in the decision to seek care is determined by socio-cultural factors, and the delay in reaching a health facility is strongly influenced by economic and geographic factors. The same situation also faced by the Kaluppini people that need to take action.

Traditional health practices among Kaluppini indigenous people are so deeply rooted in their local culture. The results of this study have implications for health promotion and reproductive health
policy for the indigenous people. Therefore, health policy maker should consider traditional, cultural beliefs and practices as the important factors that healthcare practitioners should focus on.

CONCLUSION

TBAs played a major role in assisting in childbirth. Belief, customs and the role of sando pea in the indigenous Kaluppini community greatly influence the practice of caring mother and children. This is a challenge for health workers to take innovative and more effective approaches to promoting health and nutrition while respecting cultural customs in indigenous peoples. They should acknowledge the traditional cultural and consider the role of TBA and the sensitivity of women’s preferences, in order to effectively engage women in safe reproductive health care.

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BIBLIOGRAPHY


TRADITIONAL KNOWLEDGE ON HEALTH AND FULFILLMENT OF REPRODUCTION HEALTH RIGHTS OF BAWEAN WOMEN

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Traditional knowledge is a nation’s intangible cultural wealth that supports human life cycle and sustainability, including that of fulfillment of health rights. Fulfillment of healthy life is inseparable aspect of traditional knowledge and cultural practices which also covers beliefs, taboos, and myths on health including woman’s reproduction health. This paper was developed from the research in 2016 on “Values and Cultural Practices on Woman’s Health Fulfillment” conducted at the Districts of Tambak and Sangkapura, Bawean, two regions in Gresik Regency, East Java, Indonesia. The