


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

Pinky Saptandari

Universitas Airlangga

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
research employed qualitative method using in-depth interview and focus group discussion involving productive age female informants, village midwives and ‘dukun bayi’ (traditional midwives). The paper was intended to describe traditional knowledge on reproduction health and fulfillment of health rights within the Bawean women amidst the presence of developing modern healthcare service. Traditional knowledge system on reproduction health is a part of culture perceived by Bawean people that can be categorized as naturalistic medical system, with variety of beliefs, myths and taboos suggest the existence of traditional knowledge on health including Bawean woman’s life cycle. Bawean women tend to refer to traditional knowledge and practice for fulfillment of their rights for reproduction health. Various beliefs, myths and taboos related to menstruation, pregnancy, delivery and post-delivery strongly affect their reasoning pattern and health behavior. They prefer to resort to the traditional midwives locally known as Balian for assistance in delivery process especially that of post-delivery medical issues, which also explains that not all beliefs, myths and taboos are considered as a form of cultural restriction unfavorable to health.

*Keywords: traditional knowledge, naturalistic medical system, rights for women’s reproduction health.*

**AN ETHNOGRAPHIC STUDY ON MATERNAL & NEWBORN HEALTH IN DAYAK SIANG-MURUNG COMMUNITY: SKILLED MIDWIVES’ WORKING SPIRIT OF ‘TIRA TANGKA BALANG’ AND THEIR COLLABORATION WITH TRADITIONAL MIDWIVES**

*Rachmolina Soerachman, Setia Pranata, Syarifah Nuraini*

*National Institute of Health Research and Development*

*M. Gullit Agung. W*

*Freelancer Anthropologist*

*Salahudin Muhidin*

*Macquarie University*

**BACKGROUND**

This ethnographic study focuses on the Dayak Siang-Murung community in their efforts to reach a better health development, especially with maternal and neonatal health. Considering different perceptions about skilled and traditional midwives within the Dayak Siang-Murung community, this study attempts to identify challenges and possible solutions to reach the health development goal in this region. The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Indonesia are still quite high compared to other ASEAN countries. The 2007 Indonesian Demographic Survey (IDHS) provides data that MMR is 228 per 100,000 live births and IMR is 34 per 1,000 live births. Based on the 2000 MDGs (Millennium Development Goal) agreement, a decline is expected in MMR to 102 per 100,000 live births and IMR to 23 per 1,000 live births by year 2015. Based on the results of the 2007 Public Health Achievement Index (PHAI) using 20 health indicators, ratings were obtained for each district according to its health. Of the 20 health indicators, there are 8 indicators that are closely related to the health of mothers and children or toddlers. From this PHAI ranking, clear distinctions are seen between districts with good PHAI and districts with poor PHAI that need intervention to improve. Departing from this PHAI ranking, this maternal and child health study was conducted. The government is expected to take action in the form of policies or appropriate interventions for regions with low PHAI ratings, especially those concerning maternal and child health as the most important indicators in the PHAI. One of the