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

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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
districts focused in this research is Murung Raya Regency, which is one of the districts in Central Kalimantan Province. Murung Raya Regency, based on the 2007 PHAI ranking results, is at no. 423 of the total 440 districts in Indonesia.

Based Murung Raya Health Service profile in 2011, Murung Raya District’s main goal of health efforts is directed at reducing the three indicators that describe the level of community health, namely infant mortality, under-five mortality, and maternal mortality. These three indicators show a number that is still quite high. In 2011, there were 43 infant deaths from 2,560 live births (16.8 per 1,000 live births) in Murung Raya. This figure is lower than in 2010, which was 17.5 per 1,000 live births. While for under-five mortality, in 2011 there were 44 under-five deaths or 17.3 per 1,000 live births, compared to 2010, which was 19.4 per 1,000 live births. The under-five mortality rate is the number of infant deaths and deaths of children under five in 2011, consisting of 43 infant deaths and 1 child mortality. Data on maternal mortality rates at the Murung Raya District Health Office are obtained from reports of hospitals and health centers. This data shows the number of maternal deaths as many as 6 cases of maternal deaths from all births in 2011 or by 23.4 per 100,000 KH. Looking at these figures, research is needed to look at the factors that cause high mortality rates in infants, toddlers, and mothers, especially the local cultural factors. The purpose of this study is to look at cultural images related to maternal and child health. The district was also chosen because it was considered to have a very distinctive culture and could still be said to be original compared to other villages in the work area of the Saripoi Health Center. The majority of the villagers are Dayak Siang-Murung tribes who still embrace the Kaharingan religion and hold on to traditional values.

METHOD

An ethnographic design was conducted in a village (Dirung Bakung) and interviewed several informants, including skilled birth attendant (bidan kampung), traditional village midwives (bidan desa) and village leaders. The respondents were asked their perceptions and experiences in dealing with the issues and practices of maternal and new-born health in the village. Collected information from those respondents were thematically and contextually analysed. This study uses several ways or techniques to collect data for accuracy. The way to get a general picture of a subject of research is by observing participation. In this case, observation and participation is carried out by being directly involved with all daily activities carried out by the community in Dirung Bakung Village, especially behavior related to maternal and child health. Direct observation by living together with the community was carried out for 70 days. Participatory observation is carried out by following all the daily activities of the community, both daily activities at home, work activities, activities related to health in general, maternal, and child health – to the rituals and ceremonies being carried out in the village. By making observations, researchers believe in the reality that is in the field and the data obtained (Moleong, 2005: 174-175).

To dig deeper information from informants, the researchers conducted interviews using in-depth interviewing method, namely the process of question and answer face-to-face between researchers and informants. In this way, in addition to getting information, researchers also get an understanding of the lives of informants, as well as experiences or circumstances such as what the informants themselves say (Bogdan and Taylor, 1984: 74). In-depth interviews were conducted with informants, including pregnant mothers, mothers who had babies and toddlers, mothers who were undergoing postpartum period, husbands, teenagers, community leaders, religious leaders, and health workers. The selection of informants was adjusted to the type or
question of the researcher. In addition to collecting primary data, researchers also used secondary data. The data are in the form of district profile, general health data, data on KIA from the Murung Raya District Health Office, maternal and child health data from Saripoi District Health Center and from the Auxiliary Health Center, demographic data from BPS, books, literature, and searches from various information published in electronic and print media.

RESULTS

Findings from this study show that the majority of Dayak Siang–Murung society are still seeking health cares (especially relating to maternal and newborn health care) from the traditional healers, both local traditional midwife as well as traditional birth attendant (dukun beranak), rather than from the skilled village midwife. This is more or less influenced by the mothers’ trust in health cares as well as the selection of health workers in their village. Having the working spirit of ‘Tira Tangka Balang’ (Commit to Work and Reach the Ultimate Goals), fortunately, such situation has not discouraged the skilled midwives to reach the better health goal. Moreover, the Puskesmas in the village has encouraged the skilled midwives to approach the traditional midwives. It has been done by having a close relationship or collaboration between those two, especially during the delivery process or during home visit to a pregnant mother. Both skilled midwives and local traditional midwives are continuing to collaborate for the sake of advancing the health status of the Dayak Siang–Murung society in Dirung-Bakung Village.

The concept of sickness, disease and healing beliefs in the Dirung Bakung community.

In the point of view of the people of Dirung Bakung Village, a person is said to be seriously ill if he has a disease such as tuberculosis or a disease caused by pulih. Pulih is a kind of poison given by someone to another person through food or drink. Pain caused by pulih can only be cured by certain people, namely people who have or keep the pulih itself. People affected by pulih usually recover not by using medical drugs, but traditional medicine. There are some restrictions that should not be violated when someone is in the healing process because they are recovering. If the taboo is violated, the pain caused by pulih will recur.

For the people of Dirung Bakung there are two kinds of diseases, namely magical diseases and pathological diseases. Pathological diseases are diseases caused by viruses or diseases in the form of wounds. Magical diseases, which occur due to pali violation and due to interference from evil spirits, can even lead to death. Diseases that is considered mild in the view of the people of Dirung Bakung Village are cough, flu, and malaria. These diseases are classified as minor diseases because many people who choose to buy drugs in a shop to treat them, or even just left to recover by themselves. If the illness becomes more severe, they go to the nearest health center or to the hospital in Murung Raya.

There are a number of alternative cures carried out by the people of Dirung Bakung Village. One alternative is to use traditional medicine formulated by themselves or ask for help to basi by carrying out the Balian ritual. Balian rituals are rituals of treatment performed by basi. Diseases that are cured by Balian methods are usually believed to be diseases caused by occult things – due to witchcraft or or kepuhunan. However, it does not rule out the possibility that Balian rituals will be carried out to cure pathologic diseases, such as malaria, typhoid, and pehe konge (myalgia). Pehe konge can be classified as a medical disease, but it can also be classified as a magical disease caused by lio (the soul of the dead). According to their belief, if lio brings the soul or spirit of someone who is still alive in the world, that person will experience different kinds of pain, one of
them is pehe konge. Therefore, healing pehe konge can only be done by Balian rituals through the services of a basi. Basi is a person who is trusted by the community to have supernatural abilities because they can communicate with spirits that are considered good.

Aside from basi, the people of Dirung Bakung Village also has other traditional healers, namely village midwives. The village midwife is not only responsible for assisting a mother in labor, but also helps maintain and restore the health of the mother and child during the process of pregnancy and postpartum, and helps maintain the health of the child after birth. The village midwife does her job using traditional medicine and performs several rituals which are believed to be able to maintain the health of the mother from the start of labor to delivery. A village midwife’s skill is usually obtained based on heredity. As a traditional healer, basi and village midwives may work together in carrying out their duties. For example, when a mother is about to give birth, the local community believes that there will be powers or demons that can interfere with the delivery process. The village midwife and the family take the initiative to use basi services to drive away the evil spirits. The people believe that evil spirits that interfere with childbirth cause diseases that can complicate a delivery process which may not be done by the village midwife.

**Pregnancy Period for Dirung Bakung People**

Pregnant women in Dirung Bakung Village have enough awareness to get their pregnancies checked into a supporting clinic in the village. But unfortunately, Pembung Dirung Bakung clinic is rather difficult to reach by some people because the distance is quite far. This auxiliary health center is only easily accessible by residents located near the clinic. For pregnant women who are rather far away, they have difficulty checking their pregnancy at the village health center. Coupled with the poor road conditions, it made them a little reluctant to do prenatal follow-up in Dirung Bakung clinic. The prenatal follow-ups conducted by the village midwife were carried out together with the posyandu activities for children once a month at the clinic. However, it is also possible to check outside the scheduled date, because midwives are now beginning to make effort to do home visits.

Despite doing prenatal follow-up with village midwives in the clinic, many still believe in village midwives. The precise number of village midwives in Dirung Bakung Village is not known, but it is known that the number village midwives exceeds the number of clinic midwives and nurses. Village midwives are also evenly distributed all over Dirung Bakung area, making them the initial choice for prenatal follow-up.

Age maturity and experiences in assisting childbirth caused the community to continue referring to village midwives as an option in conducting examinations during pregnancy – even in finding out whether a mother is pregnant or not. The village midwife is even considered capable of knowing the position of the baby just by holding the mother’s stomach without using any tool. They can also do massage to restore the mispositioned baby. Village midwives are also considered able to serve these mothers at any time. Services provided by village midwives, namely in the form of body massage can be done whenever they want. In addition, mothers are more satisfied in follow-ups with the village midwife, because of the body massage given – rather than only taking blood boosting medicine, a treatment given by clinic midwives. Fee is also their main reason for checking the pregnancy to the village midwives, who rarely charge fees for pregnant women who want a check-up or a massage.
The distance, transportation, and weather factors were the reasons mothers choose not to have their pregnancies checked into the sub-district health center or hospital in the city. The travel time they have to travel to reach the sub-district health center or hospital requires approximately 1 to 2 hours. High rainfall makes the road condition often impassable. In addition, most pregnant women feel they do not need to have a pregnancy checked up to the hospital. According to them, they will do a pregnancy check up at the hospital if they really feel very sick or are referred by the village midwife because they are deemed to need further examination. As long as they feel that their pregnancy is good, or if the illness can still be handled by the village midwife or basi, visiting the hospital is deemed unnecessary. However, there are pregnant women who are encouraged to have their pregnancies checked by a midwife or even go to the hospital because they have bad experiences during their first pregnancy. As stated by the following informant “J”:

"I feel obliged (to check my health) due to fear. Previously, I did not get my pregnancy checked in the clinic. My child was died when he was born, said the village midwife, indeed my child had died before it was born. I am afraid this will happen again."

However, there are also some pregnant women who check their pregnancy to both the village midwife and the clinic midwife. They state that each has their own skills that can help them maintain their health during pregnancy that one or the other do not have. Village midwives with their ability to massage mothers and availability to provide services are the main reason for customer satisfaction. While clinic midwives, through the medical drugs they provide, can help maintain the health of pregnant women that they do not get if they only check their pregnancy at the village midwife. This is as illustrated by the following informant “D”:

"Yes, of course it is different between village midwives and Mama Eki. Village midwives give massages, but Mama Eki gives medicine. I’m satisfied with both services."

In some cases, not only one village midwife is called to assist in the delivery process, but it can also be two people. The reason people are still using the services of village midwives is their psychological closeness with the village midwife. The adjacent houses and the close relationship bonds make them feel more comfortable with the village midwife. In addition, village midwives are mostly elders and therefore well-respected by the people in the village.

**Delivery Period in Dirung Bakung Community**

In Dirung Bakung community, the traditional labor process is directly led by the village midwife. If rupture of membrane is found, known as *putit saran danum*, the village midwife will sit in front of the birth canal. The seat used by the village midwife is made of wood, measuring forty to sixty centimeters with a height of about twenty centimeters. During that time, the mother was led by the village midwife to push. The two feet of the village midwife press onto the perineum to prevent the perineal tear.

During the delivery process, the village midwife has already collaborated with healthcare officers, by having understood the sterility of the delivery equipment and the correct labor process. This village midwife usually calls a clinic midwife/other health officer to assist a labor. Then, the clinic midwife will help deliver the baby and conduct Dirung Bakung usual traditions. According to some village midwives, so far they have often deliver their own labor without assistance from the clinic midwife. They feel that their ability to help mothers in childbirth is enough. However, there are
times when they are no longer able to continue the labor process, so they usually ask for help from clinic midwives. This is also reinforced by the following statement from a clinic midwife:

"If we are called, we usually do it, but we’re often called only when the labor gets hard, when the village midwife is no longer able. If it’s normal labor, we won’t even be called from the start."

Based on an interview with one of the Head of Clinic in Dirung Bakung Village, the clinic had basically given an appeal to the clinic midwife to approach the village midwife. This relationship approach is carried out so that later in the labor process, if a laboring woman calls the village midwife, the village midwife can participate in inviting the clinic midwife. This cooperation program was already running in the Saripoi Sub-District Health Center and several auxiliary health centers under the Saripoi Health Center, but unfortunately, the collaboration program between these midwives has not worked yet in Dirung Bakung village.

DISCUSSION

The Dayak Siang-Murung community dominantly seeking health services of traditional healers, both village midwives and basi, especially related to maternal and child health. This is influenced by the mothers’ trust in village midwives and the presence of health workers in this village. Based on the results of interviews with mother informants (starting from mothers who are in pregnancy, mothers after childbirth, and mothers who have babies or toddlers) the following important information can be obtained:

1. Based on their abilities, health services are considered to be sufficient in fulfilling their health efforts. During pregnancy, the mothers have believed that going to the village midwife or to the clinic for a check-up is important in maintaining their pregnancy.

2. During delivery, the clinic midwife and village midwife or basi are also considered ‘already capable’ and ‘trusted’ in helping the process. However, the selection of labor by village midwives still dominates because most mothers state that village midwives have more experience than clinic midwives. This is an advantage of traditional healers compared to village midwives.

3. Based on informants’ interviews, there has been dissatisfaction towards health officers, the clinic midwives, in the local clinic. The informants stated that they were only limited to getting a pregnancy check-up without being given a detailed explanation. The village is lacking in clinic midwives – which led to short sessions during check-ups. Mothers were given Maternal & Child Health (MCH) handbook but were not educated in using them. The ‘lack of explanation’ also happened during their children’s immunization. The mothers considered the clinic midwife or nurse uninformative about the purpose and after effects of immunization. Consequently, post-immunization fever is considered negatively by mothers.

4. One reason for their dissatisfaction with the services of local health clinic in this village is the presence of health workers. They complained that health workers were often not available (in the village) so that when they needed health services, they could not be fulfilled. Poor road conditions, frequent rains, and difficult transportation reduce their chances of going to a hospital in Puruk Cahu to get health services. Automatically, they prefer to remain in the village and go to traditional healers (village midwives or basi). Likewise, during the delivery process, several informants stated their desire to give birth with the help of the village midwife, but because of the absence of the clinic midwife. The family who helped select the labor services usually runs to the village midwife, because
they are always available. Families sometimes do not want to make an effort to go to clinic to pick up something (in this case clinic midwife) that is uncertain. They immediately chose to pick up the village midwife.

CONCLUSION

1. The Dayak Siang-Murung tribe in Dirung Bakung Village, the subject of this study showed that their culture indeed became one of the factors that determine the degree of public health. Based on field data, it turns out that in addition to the cultural factors themselves, there are two other factors that influence the shaping of MCH health seeking behavior, namely natural, geographical, and health facility factors.
2. Traditional healers, namely village midwives and basi compared to health workers, are chosen as their go-to health services. This is due to their ‘health and disease concept’ which relates to the presence of spirits. Both are considered to have the ability to provide protection by spells, installation of amulets, or through certain rituals that they do.
3. In addition to the reasons above, village midwives are still chosen to help deliveries because they have a more intimate relationship with the mothers compared to the clinic midwife. The community also felt that giving birth to a village midwife was cheaper and payment could be delayed. There is still dissatisfaction with the services of local clinic services and health workers.

Basically, the community already understood the importance of maintaining health, especially concerning MCH. The most influential factor in shaping their behavior is the health knowledge system they trust. This system is related to the their ‘health and disease concept’, including in maternal and child health, and the search for help from the Village Midwife or Clinic Midwife/Health Officer.

DISTURBED BY GHOSTS: BEHIND THE EXPLANATIONS AND NARRATIVES ON ONE’S CONTINUAL ENCOUNTER WITH SUPERNATURAL BEINGS

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In Jakarta, stories of people experiencing ghosts are not uncommon nor peculiar. A number of people have recounted their experiences seeing a ghost on one occasion. Some even claim they constantly see and sense ghosts, while a few also assert they are often disturbed by ghosts. Seeing ghosts in eerie places is thought to be normal and expected. Having the ability to know and feel the existence of ghosts is a gift, a given sixth sense. Meanwhile, being disturbed repeatedly by ghosts is regarded as bad luck, or as one possible consequence of having a sixth sense. Those who are repeatedly disturbed by supernatural beings share their responses on their supernatural experiences that vary from a person to another. They narrate their paranormal incidents as a spooky encounter, a thrilling event, or an ordinary occurence. Furthermore, they believe their sensitivity to supernatural beings is either a heredity from their forefathers or a curse from other persons who detest them. Therefore, their methods to prevent further supernatural disturbances also vary depending on their interpretation. However, there is a similarity in their stories; they have endured significant painful experiences before becoming susceptible to ghost disturbances. This paper retells the narratives on ghost disturbances of four individuals from different backgrounds and statuses who live in Jakarta. It focuses on their life histories as well as their emic