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Maternal Childbirth Experiences Among the Arfak Tribe in Meinyufoka Village, Manokwari Regency, West Papua Province

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Abstract

Maternal mortality remains a major public health issue in remote and indigenous communities, including the Arfak tribe in Manokwari District, West Papua Province. This study aims to explore the cultural, educational, and systemic factors contributing to maternal deaths among Arfak women using a qualitative ethnographic approach. Data were collected through observations, in-depth interviews, and documentation from 13 informants including mothers, husbands, traditional leaders, a midwife, and a traditional birth attendant. Thematic analysis using the Colaizzi method revealed three main findings. First, low levels of education among Arfak women limit their health literacy and decision-making during pregnancy. Second, traditional beliefs and reliance on herbal remedies contribute to delays in seeking medical care, often worsening complications. Third, awareness and acceptance of family planning have improved, with support from both spouses and community leaders. However, challenges remain in terms of access to health services and continuity of care. The study concludes that improving maternal health among the Arfak tribe requires culturally sensitive interventions that integrate community values, enhance education, and strengthen rural healthcare systems.

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1. Introduction

Maternal mortality remains one of the most persistent global health challenges. According to the World Health Organization [1], approximately 287,000 women died in 2020 from pregnancy or childbirth-related causes, most of which were preventable. Despite global efforts, maternal deaths remain disproportionately high in developing countries, particularly in remote and indigenous communities such as those in Eastern Indonesia.

Indonesia's maternal mortality rate remains among the highest in Southeast Asia, with an estimated 305 deaths per 100,000 live births as of 2022 [2]. Regions like Papua and West Papua experience even higher ratios, driven by poor access to healthcare, geographical isolation, and cultural practices that delay or hinder medical intervention [3]. These disparities reflect not only infrastructural limitations but also deep-rooted sociocultural norms.

Among the Arfak tribe in Manokwari, traditional beliefs and reliance on natural medicine persist as dominant approaches to maternal health. Many women delay seeking institutional care in favor of trusted traditional birth attendants, increasing the risks of complications [4]. These cultural dynamics, coupled with limited health infrastructure, contribute to maternal mortality in ways not adequately addressed by national policies.

Qualitative and ethnographic research is essential to understanding how indigenous values and practices affect health outcomes. Ethnography allows researchers to interpret maternal health behaviors within their cultural context, uncovering barriers to care that quantitative data may overlook [5]. This approach is especially critical in tribal communities where knowledge is transmitted orally and decisions are shaped by collective customs.

This study aims to analyze the sociocultural causes of maternal mortality among the Arfak tribe in Manokwari district using an ethnographic approach. By engaging community members, traditional leaders, and health workers, this research seeks to offer culturally grounded recommendations to improve maternal health and reduce mortality among indigenous Papuan populations.

2. Method

This study utilized a qualitative method with an ethnographic approach to explore the underlying causes of maternal mortality among the Arfak tribe in Manokwari, West Papua. Ethnography was selected because it allows the researcher to immerse within the cultural context and uncover meanings, practices, and beliefs from the participants' perspectives [6]. By focusing on lived experiences, this approach is particularly suited to examine health-related behaviors that are deeply rooted in indigenous traditions.

The research was conducted in several Arfak-inhabited villages in Manokwari District between April and May 2025. These sites were chosen based on accessibility, existing maternal health issues, and the presence of both traditional and formal healthcare actors. Data collection coincided with community health outreach programs, which facilitated researcher engagement and participant recruitment.

Participants were selected using purposive sampling, focusing on individuals with direct or indirect experience with maternal health outcomes. The sample included eight key informants and one additional informant. These informants were deemed information-rich, capable of providing detailed accounts of maternal care practices and decision-making dynamics within their communities.

Data were collected using three primary techniques: non-participant observation, semi-structured interviews, and document analysis. Observations aimed to capture real-life practices and interactions surrounding maternal care, while interviews explored participants' perceptions, experiences, and cultural beliefs. Interviews were conducted in Bahasa Indonesia or the local dialect, recorded with consent, transcribed, and translated as needed. Document review included local health reports and cultural records related to childbirth traditions.

The data analysis followed Colaizzi's phenomenological method, which consists of seven steps: reading the transcripts, identifying significant statements, formulating meanings, clustering themes, developing exhaustive descriptions, identifying the fundamental structure, and validating the results with participants [7]. The trustworthiness of the findings was ensured through strategies proposed by Lincoln and Guba [8], including credibility (via member checking and triangulation), transferability (through thick descriptions of setting and participants), dependability (by maintaining a detailed audit trail), and confirmability (through reflexive journaling and peer review).

3. Results

This study presents findings from in-depth interviews with eight key informants and one additional informant, conducted in April to May 2025. The data were grouped into three major themes: (a) perceptions of women's education, (b) perceptions of maternal health, and (c) perceptions of family planning. These themes provide insight into cultural and systemic factors contributing to maternal health behaviors among the Arfak tribe in Manokwari District, West Papua Province.

3.1 Perception of Women's Education

Most Arfak women interviewed had only completed primary education due to economic hardship, traditional gender roles, and lack of access to formal schooling. For instance, several mothers explained that they were forced to stop schooling to help their parents with farming activities. As one informant expressed, *"Dulu hidup susah jadi waktu lulus SD saja itu sudah bersyukur sekali... karena teman-teman lain malah tidak selesai sekolah, harus bantu orangtua ke kebun"*. Despite these limitations, both women and their husbands recognized the importance of education for future generations, emphasizing that girls today should be supported to complete secondary and higher education. A husband noted, *"Sekolah itu penting, biar nanti anak perempuan tidak sama seperti mamanya yang cuma lulus SD. Anak harus sekolah tinggi"*. This shift in attitude indicates growing awareness of education's long-term benefits within the community.

3.2 Perception of Maternal Health

Participants shared a common practice of using traditional herbal remedies before seeking professional

healthcare. One informant explained, *"Kitong kalau sakit itu pertama minum ramuan saja... nanti kalau tambah berat baru pergi ke puskesmas"*. Only when symptoms worsened did they visit health centers. Cultural beliefs, limited transportation, and poor availability of health workers in remote areas contributed to delays in seeking care. However, all respondents acknowledged the importance of maternal health, linking it to a mother's ability to care for her household and support her children's development. As a village head noted, *"Kalau ibu-ibu sehat, berarti dong bisa urus keluarga juga baik. Tapi kalau sakit, adoo itu setengah mati"*. These insights reflect a pragmatic understanding of the role maternal health plays in family wellbeing.

3.3 Perception of Family Planning Programs

The majority of participants were aware of the government's family planning program and supported contraceptive use. Respondents noted a shift in community attitudes, with increasing acceptance of contraceptive methods like injections and pills. One woman stated, *"Kalau sekarang orang di kampung sini sudah mengerti alat KB... sebagian besar pakai juga dan tidak ada tantangan dari orang lain"*. Cultural resistance was reportedly lower than in the past, and most husbands allowed their wives to access family planning services. A community elder confirmed that from an adat (customary) perspective, spacing children was seen as beneficial for maternal health and household economic stability. Nonetheless, inconsistencies in follow-up and irregular health worker visits remain challenges.

These findings indicate that while awareness of health services has improved, cultural norms, logistical barriers, and economic limitations continue to affect maternal health behavior among the Arfak tribe.

4. Discussion

This section elaborates on the key findings of the study by linking them with previous research and relevant literature. The discussion is structured into three main aspects: education and health literacy, cultural practices and access to healthcare, and the knowledge and acceptance of family planning. These aspects reflect how socio-cultural and structural factors influence maternal health behavior and outcomes among the Arfak tribe in Manokwari.

4.1 Education and Health Literacy

One of the key findings of this study is the low educational attainment of Arfak women, which contributes to limited health literacy and delayed decision-making during pregnancy. Most women had only completed elementary school due to economic hardship and traditional gender roles that de-prioritized girls' education. However, both women and their spouses expressed a strong desire for better education for their daughters. Similar findings were reported by Aryastami and Mubasyiroh [9], who noted that maternal education is significantly correlated with the use of antenatal care services and the ability to understand health-related information.

4.2 Cultural Practices and Access to Healthcare

Another prominent factor is the reliance on traditional medicine as the first line of treatment. Informants repeatedly shared that herbal remedies were commonly used before seeking formal medical help. This delay in care-seeking behavior is deeply rooted in cultural practices and a long-standing trust in traditional healers. According to Wulandari and Utomo [10], the use of traditional medicine remains prevalent in remote Indonesian communities and often causes delays in receiving effective biomedical treatment, especially during emergencies.

In terms of access to maternal health services, geographical constraints and economic challenges exacerbate the delay in seeking care. The long distance from remote villages to health centers, combined with limited transportation and fuel, often results in critical delays. Research by Palupi and Manafe [11] in Nusa Tenggara Timur supports this, highlighting that distance and poor infrastructure are significant contributors to maternal mortality in rural areas.

4.3 Knowledge and Acceptance of Family Planning

On a more positive note, this study found that knowledge and acceptance of family planning programs among the Arfak people are relatively high. Most informants demonstrated a clear understanding of contraception and its benefits for maternal health and economic stability. The involvement of local health workers in disseminating information has been critical in reducing stigma and misconceptions. Ratna Dwi Wulandari and Laksono [12], emphasized the importance of culturally sensitive education and community engagement to improve contraceptive use in rural settings.

Overall, the findings underscore the need for culturally adaptive interventions that respect local beliefs while strengthening healthcare delivery. Collaborative strategies involving community leaders, traditional birth attendants, and local health providers are crucial for improving maternal health outcomes in indigenous communities such as the Arfak tribe.

5. Conclusion

This conclusion summarizes the key points from the study and reflects on the factors that influence maternal mortality among the Arfak tribe. The discussion is grouped into three main areas: education and health literacy, cultural practices and access to healthcare, and awareness of family planning.

5.1 Education and Health Literacy

Most Arfak women only finished elementary school because of poverty and traditional roles. This makes it harder for them to understand health information during pregnancy. However, many families now want their daughters to go to school so they can have better lives and make smarter health decisions in the future.

5.2 Cultural Beliefs and Health Access

Many families still use traditional medicine before going to the health center. This delay can cause serious

problems if the mother is already in danger. Some places are also far from clinics, and transportation is limited. Helping people understand the risks of waiting too long and improving access to health services are both very important.

5.3 Family Planning Awareness

People in the community now better understand the benefits of family planning. Most couples support using contraception, and even traditional leaders agree with spacing births. Health workers who visit villages help explain this clearly. These efforts should continue and be strengthened to improve the health of mothers and families.

6. Recommendations

Based on the findings of this study, several recommendations are proposed to reduce maternal mortality among the Arfak tribe and similar indigenous communities:

a. **Improve Access to Education**. Local government and stakeholders should prioritize educational programs, particularly for girls in remote areas. Increasing school participation and completion rates can improve health literacy and long-term maternal health outcomes.
b. **Integrate Cultural Beliefs into Health Services**. Health programs should be culturally sensitive by involving traditional leaders and birth attendants in maternal health education and referral systems. Building trust between health workers and the community is crucial for changing harmful practices.
c. **Strengthen Health Infrastructure and Outreach**. Expand mobile health services and ensure regular visits by trained health workers to isolated villages. Access to basic maternal care and contraceptive services must be improved with adequate transportation and communication support.
d. **Enhance Community-Based Health Education**. Develop participatory health education sessions focused on early warning signs in pregnancy, birth preparedness, and safe family planning. Using local language and culturally relevant media can increase understanding and impact.

These efforts require collaboration between health institutions, local government, traditional authorities, and the community to create sustainable and inclusive solutions for maternal health.

References

[1] World Health Organization, *Trends in Maternal Mortality 2000 to 2020*, Geneva: WHO, 2023.

[2] Y. Suryani, L. Handayani, and M. Simanjuntak, “Maternal health challenges in Eastern Indonesia: A systematic review,” *BMC Pregnancy and Childbirth*, vol. 23, no. 1, p. 88, 2023.

[3] R. Yuliana and S. Utami, “Barriers to maternal health services in remote Indonesian provinces,” *Midwifery*, vol. 111, p. 103415, 2022.

[4] A. Sumule, "Indigenous practices and health care access in Papua," *Indonesian Journal of Anthropology*, vol. 45, no. 2, pp. 145–158, 2021.

[5] A. D. Rambu, N. Londa, and A. F. Patandung, "Etnografi kesehatan ibu pada komunitas adat di Indonesia Timur," *Jurnal Ilmu Sosial dan Humaniora*, vol. 11, no. 3, pp. 233–244, 2022.

[6] J. P. Spradley, *Participant Observation*, 2nd ed. Long Grove, IL: Waveland Press, 2016.

[7] P. F. Colaizzi, "Psychological research as the phenomenologist views it," in *Existential Phenomenological Alternatives for Psychology*, R. S. Valle and M. King, Eds. New York: Oxford University Press, 1978, pp. 48–71.

[8] Y. S. Lincoln and E. G. Guba, *Naturalistic Inquiry*. Beverly Hills, CA: Sage Publications, 1985.

[9] N. K. Aryastami and R. Mubasyiroh, "Peran budaya dalam pemanfaatan layanan kesehatan ibu hamil," *Jurnal Ilmu Kesehatan dan Kebidanan*, vol. 1, no. 2, 2019.

[10] D. A. Wulandari and I. H. Utomo, "Menurunkan angka kematian ibu dan bayi di Kabupaten Karanganyar," *Jurnal Wacana Publik*, vol. 1, no. 1, 2021.

[11] N. W. Palupi and J. Y. W. Manafe, "Studi epidemiologi kematian ibu di Kabupaten Rote Ndao Provinsi Nusa Tenggara Timur," *Jurnal Kesehatan*, vol. 5, no. 1, 2020. [Online]. Available: https://doi.org/10.35913/jk.v5i1.78

[12] R. D. Wulandari and A. D. Laksono, "Pengaruh paritas terhadap pemakaian alat kontrasepsi di antara wanita usia subur di Jawa Timur." [Online]. Available: https://www.researchgate.net/publication/340173713