



“Dirty Blood” Center for Reproductive Health Problems in Moi Women in Kendate Village, Jayapura Regency, Papua Province

Arius Togodly*

Faculty of Public Health, Cenderawasih University, Jayapura, Papua, Indonesia, 99351

Email: ariustogodly20@gmail.com

Abstract

Background The high maternal mortality rate in Papua Province, particularly in Jayapura Regency, is caused by low coverage of examinations for pregnant women due to low knowledge of the importance of prenatal care, low rates of delivery assistance by medical personnel due to community customs regarding delivery assistance, uneven immunization coverage, the existence of society's view of illness and treatment for a pregnant woman, giving birth, and postpartum based on natural beliefs. The reference group also has an impact on the risks faced by pregnant women and childbirth. Conditions like these exacerbate the situation for pregnant women and the fetus they are carrying, leading to the deaths of mothers and children. To address this issue, it must be addressed holistically, both from a service and a socio-cultural standpoint. As a result, a Literature Review is conducted in order to identify socio-cultural issues that have an impact on clinical problems in pregnant women and their fetuses, such as complications during pregnancy, childbirth, and postpartum, and even the death of mother and child. The information obtained from this literature study will be very useful for developing strategies to reduce maternal mortality, child mortality and low birth weight children. **Objectives** The objectives of this research are: a). Seek and obtain information about maternal and child health problems in general in Jayapura Regency and in particular the Moi Tribe in Kendate Village; b). Seek and obtain information about the habits and behavior of the community in relation to women's reproductive health, starting from the pre-pregnancy period, conception and pregnancy, childbirth and postnatal care. **Methods** The method used in the research is literature review and field study quickly. The participatory approach in this study was not used because field studies were carried out quickly to obtain information that was still lacking in literature review. Most of the information obtained through literature study.

* Corresponding author.

The strategy used in collecting data begins with making data collection guidelines to find information held by individuals as key informants in the study location. This guide is useful as a guide for researchers in digging up as much information as possible. The form of extracting information is open and dynamic; therefore the researcher himself is a research instrument while the research guide is only a guiding tool in digging up information. In-depth interviews and FGD methods are needed to dig deeper into cultural views on women's reproductive health in Kendate village. **Result** MOI ethnic residents whose residential locations are not far from health service centers have not fully utilized these service centers. This is due to the factor of public trust in the forces of nature which is still strong. In the behavior of traditional medicine, they often find the fact that their treatment can cure the disease they are suffering from. However, if you pay close attention, not all traditional medicine can successfully cure the disease suffered by the community. The low average level of education of the MOI population causes an understanding of the causes of the emergence of a disease. The traditional treatment process that is carried out gradually from the family and the traditional healer causes the patient to be in a severe condition because the traditional treatment time is relatively long. As a result, when the patient is brought to the health care center, sometimes it cannot be helped. This condition then strengthens their belief that diseases caused by magic or "hex" cannot be treated by modern medicine.

Keywords: Dirty Blood; Reproductive Health; Moi Women.

1. Introduction

Nationally, the maternal mortality rate is 305 cases per 100,000 live births in 2015 [1]. It is estimated to be 61.3 per 100,000 live births in Papua [2]. The maternal mortality rate is far too high. In 2017, over 295 000 women died during and after pregnancy and childbirth. The vast majority of these deaths (94%) happened in low-resource areas, and the majority of them could have been avoided [3]. Every year, more than 5 million pregnancies occur in Indonesia, with approximately 18-20,000 deaths occurring as a result of pregnancy and childbirth complications. Meanwhile, Every year, around 130 million babies are born around the world, with 303,000 maternal deaths, 2.6 million stillbirths, and 2.7 million infant deaths occurring during the neonatal period. According to the World Health Organization (WHO), 5.9 million children died before they became five years old in 2015 (43 per 1000 live births), with 2.7 million infants dying in their first 28 days of life. Neonatal deaths account for 45 percent of all children under the age of five years, or 19 deaths per live birth. Neonatal mortality fell from 5.1 million to 2.7 million in 2015, compared to 1990 [4, 5]. Making Pregnancy Safer (MPS), a global MMR reduction program launched by WHO, was carried out in Jakarta by the President of the Republic of Indonesia on October 12, 2000, at the Bina Graha. MPS stands for 'pregnancy is a blessing; make it safe and secure. The MPS contains three main messages: first, that every pregnancy must be cooled; second, that every pregnant woman and her baby must be able to obtain health care services; and third, that all women must be able to reach health facilities that function properly in order to obtain health services when complications occur during pregnancy, labor, or the puerperium [6]. The high maternal mortality rate in Papua, particularly in Jayapura district, is caused by low coverage of prenatal examinations due to a lack of awareness of the importance of antenatal care, low rate of medical personnel delivery assistance due to community customs regarding delivery assistance, uneven immunization coverage, and the presence of public opinion. On the basis of natural ideas, society views disease and treatment for a pregnant woman, birth, and postpartum. The risk of

pregnancy and childbirth is also influenced by the reference group. Conditions like this exacerbate the precarious position of pregnant women and the fetus they are carrying, leading to the deaths of both mothers and infants. To solve this challenge, it must be approached holistically, from both a service and a socio-cultural standpoint. As a result, a Literature Review is conducted to determine the necessity for MCH in order to identify socio-cultural issues that have an impact on clinical difficulties in pregnant women and their fetuses, such as complications during pregnancy, labor, and postpartum, and even maternal and child death.

2. Methods

The research method is a literature review and a field study. The participatory approach was not used in this study because field studies were conducted quickly to obtain information that was still lacking in the literature review. The majority of the information was gleaned from a review of the literature. The data collection strategy begins with developing data collection guidelines to locate information held by individuals serving as key informants in the study location. This guide can assist researchers in gathering as much information as possible. Because the method of extracting information is open and dynamic, the researcher is a research instrument, whereas the research guide is merely a guiding tool in digging up information. In-depth interviews and focus group discussions are required to dig a bit deeper into cultural perspectives on women's reproductive health in Kendate village. This research was conducted from October to November 2019.

3. Results and Discussions

3.1. Location and People of the Moi Tribe

Physiographically, the Moi plain is a valley plain (lowland). This plain is flanked by the Cyclop Mountains to the north and the "A" Mountains to the south. The eastern part of this plain is known as the Sentani plain. To the east these two plains end bordered by Lake Sentani. There is no natural boundary that divides these two plains clearly. However, local residents have agreed on the boundaries of the area. To the west the plain gets narrower and ends at the northern shore of the Tanah Merah bay in the form of a narrow coastal plain. The main occupations are shifting cultivators and part-time fishermen, as well as small farming such as pigs and chickens. The staple food is sago as the main source of carbohydrates in their diet. The social structure of the Kendate community consists of 12 clans, namely: Waisamon, Yewun, Anggadaya, Saprani, Supto, Walli, Remusabra, Demtu, Yaruyap, Yabansabra, Samonsabra and Banosro. Each clan has its own hamlet close to the village of Maribu. They are not tabla or Tepera people but Moi people, they are called land tribes because they come from the interior area around the Sabron dosai sub-district. The villages of the Moi tribe are Kendate, Maribu Sabron, Waibron and Dosai. The most influential socio-political structure in Kendate village is the customary institution "ONDOAFI" and its instruments. The term "Ondoafi" for the Kendate community is a new term that was transferred from the Sentani community and the coast of Jayapura. The Kendate community itself actually only knows the leadership of "DONE". Done is a term from the MOI language which means Warlord. DONE heads clans, where each clan has a clan head.

3.2. Maternal and Child Health Situation

The number of infant deaths from routine data that we obtained were 236 infants with 153 neonatal deaths, while for children under five it was 118 children. This result can not be used as a reference for calculating the Infant Mortality Rate (IMR) and Child Mortality Rate (AKABA) because several districts do not report the number of infant and child deaths [7]. The number of maternal deaths from the routine data that we obtained was 72 people, but there is no data showing how many deaths of pregnant women, mothers giving birth, and postpartum mothers. This result cannot be used as a reference for calculating the Maternal Mortality Rate (MMR) because there are still 13 districts that do not report the number of maternal deaths. Some of the commonly known causes of maternal death include; (a) Maternal deaths are caused by bleeding, infection, eclampsia, and others; (b) Maternal deaths are caused by bleeding and others; (c) Postpartum maternal deaths are caused by infection [7]. Maternal and child health data in Kendate village are not available so to show the maternal and child health situation shown here are maternal and child health data for Jayapura Regency. However, this data can show the health conditions of mothers and children which are also common in Kendate Village. The development of the health sector is also the most important aspect of quality human development which starts from the time the fetus is in the womb. Health development that has been carried out so far in Jayapura Regency has shown increasing changes both in terms of access to health services and in terms of service quality. However, the efforts made as a whole have not been able to achieve the status of public health in the Jayapura Regency area according to national standards, where the life expectancy rate has only reached 66.4 years, the infant mortality rate is 14/1000 live births and the maternal mortality rate is around 119/100,000 live births [8]. On the other hand, the development and improvement of health facilities and infrastructure will continue to be carried out in order to improve access to services. Jayapura Regency has 1 Regional General Hospital and from 19 districts all Puskesmas facilities are available, 6 of them are puskesmas with treatment facilities and 13 outpatient health centers, 65 sub-health centers (Pustu), 19 Polindes (Village maternity huts), 22 mobile health centers (Pusling) wheeled 4 and 3 units of water Pusling and in each health center provided also a mobile health center with 2 wheels. The results of the achievement of pregnant women's health efforts can be assessed using the indicators of coverage of K1 and K4. The coverage of K1 Pregnant women in 2018 reached 129.2%, the highest coverage above 100% was achieved by Kanda Health Center 163.2% and the lowest was Pagai Health Center 50%. The increasing trend from year to year shows the increasing public access to health services for pregnant women provided by health workers. In 2018, the achievement of performance indicators on the percentage of pregnant women receiving antenatal care (K4 coverage) has not been realized properly, reaching 57.7% even though the national target has not been achieved, but in several health centers have shown very good achievements, namely the Genyem Health Center 90.1%, Nimbokrang Public Health Center 83.1%, Dosay Health Center 80.5%, Sentani Health Center 68.1% [8]. The number of births at Public Health Center and hospitals in 2018 was 4,242 with 4,187 live births and 55 stillbirths, while in 2017 the number of births was 2,786 with live births 2,713 babies, and stillbirths 55 [8]. What is meant by maternal death is the death of pregnant women, maternal deaths and postpartum mothers. In 2018 there were 3 maternal deaths, 2 postpartum mothers died, and there were no deaths in pregnant women while the cause of death was bleeding 3 cases and infection 2 cases. Malnutrition is an important aspect that can be an indicator in measuring maternal and child health problems in Jayapura Regency. Indicators that can be used to measure malnutrition are the risk of Chronic Energy Deficiency in women, and anemia. Data on Chronic Energy Deficiency in women in Jayapura District are not available, making it difficult to provide an analysis of this problem. Meanwhile, women with

anemia in Jayapura Regency showed a fairly high proportion of 33.29%. This figure can show that the nutritional status of women in Jayapura district is already worrying [8].

3.3. *Moi Kendate Women's Reproductive Health Situation*

3.3.1. *Menstruation*

Menstruation by the Moi people at the research site is called "Banu Sandu". Banu sandu means dirty blood that comes out of a woman's genitals for the first time when she is 12 to 14 years old until she has a family every month. This dirty blood comes out for 3-5 days.

3.3.2. *Fertilization and Pregnancy*

Concept of Fertilization

The Moi people conceive of fertilization as occurring due to the meeting and gathering of male and female fluids through sexual intercourse. The male fluid enters through the female vagina and collects with the female fluid and forms a lump of fluid in the female abdomen. The collection of fluids continued to grow from day to day until it became a human. The signs of a pregnant woman according to the Moi people are that the woman has back pain, is constantly wasting saliva, nausea, headache, no menstruation, weak body, dark milk circles. These symptoms are the experiences of mothers in Kendate that they tell about.

Abstinence during Pregnancy

The mothers are of the view that pregnant women are subject to dietary restrictions such as not eating fish that bleed a lot later, the mother will bleed after giving birth, such as skipjack, Bubara. If you eat Sontong fish, your child's "seed poro" will rise (swollen liver) because Sontong fish have a hard back. It is not allowed to eat cassowary later the child or mother dies during childbirth because cassowary is a hard animal. It is not allowed to eat syapuh or kumbili (sweet potato) if violated by the child born, his body will be slimy. The Moi people in Kendate also recognize the taboos for women during pregnancy, both for pregnant women and for their husbands. The taboos imposed are the taboos in terms of behavior, such as: 1). Women during pregnancy are not allowed to dig sweet potatoes that have not yet yellow leaves, later the child born will be slimy; 2). Carry the noken later, the baby who is born will have a mark on the testa; 3). Tie the hair later the umbilical cord is wrapped around the baby during delivery. The taboos for husbands during pregnancy are: 1). It is not allowed to cut the wood later the child is born there will be an incision mark on his body; 2). Husband and wife are not allowed to sew later the child will be born with the umbilical cord coiled.

Determining the choice of the sex of the fetus in the womb

To determine the sex of the fetus in the womb and choose to have a boy or a girl, the Moi people in Kendate have the concept of determining the sex of the fetus in the womb by looking at the physical condition of the husband. If the father's body "falls" (in a short time the weight decreases-ed) the baby is a boy. Another way to determine the sex of the fetus in the womb is by looking at the behavior of the baby being carried by the

pregnant mother, if it doesn't cry it means a boy, but if it cries it means a girl.

Treatment of Infertile Men and Women

The attitude of the Moi people in Kendate towards infertile women shows that infertile women are always treated badly. He would be scolded at every opportunity and sometimes even beaten. But there are also people who surrender to God because they think that infertility is God's will so that infertile women are still treated well.

Prevention and desire to get pregnant again

A woman who does not have children can usually ask a traditional birth attendant to help her wife get pregnant. The way the shaman treats his wife to get pregnant is: 1). By reciting a spell on a cigarette or betel nut and continue to be fed; 2). Another way, the dukun takes 3 pieces of light green leaves with yellow flowers (the name of the leaves are withheld) wrapped in papeda and then swallowed by women who want to get pregnant. Before the shaman treats his wife in this way, the shaman usually asks the husband and wife if they have problems in the family such as not paying the dowry. This problem usually prevents the wife from getting pregnant. The shaman will tell the family to solve the problem. If the family does not have customary problems, then the shaman treats it in the way mentioned above. In order not to get pregnant again or prevent pregnancy, it is also done in the same way as above. Apart from that, there is another way to avoid getting pregnant forever, according to the Moi people in Kendate, that after the mother gives birth to the placenta, the baby to be buried must face down, so the mother will not be pregnant again. Family Planning Program created by the government, many mothers follow it, especially the Injectable KB. The reasons given to prevent pregnancy are because many children are difficult to take care of, tired and heavy during pregnancy and childbirth.

Activities to Streamline Childbirth and Improve Baby's Health.

The Moi community in Kendate believes that there are several activities that can speed up the delivery process. So that the mother remains strong in her delivery quickly and does not experience bleeding and labor is stuck, her husband and pregnant women during pregnancy should not be angry, should not hold grudges and if they have problems, they should be resolved immediately. Because if you don't obey this, the mother will have difficulty giving birth and bleeding will occur. Pregnant women who are about to give birth are usually held prayers or reading mantras in bed where the mother will give birth so that delivery can be fast, easy and smooth. Mothers who are heavily pregnant go to the sea and stand on a rather high place and continue to jump with their backs to the sea, this method is believed to speed up and facilitate the delivery process. Or mothers who are very pregnant are told to travel to faraway places, such as going to the garden.

Miscarriage

The Moi people in Kendate know that miscarriages are caused by the fact that pregnant women have fallen, worked too hard, hit their husbands, rocked a car, and had not paid a dowry to the woman's family.

A common medical therapy for women who have had a miscarriage is to be taken to a traditional birth attendant or to do it yourself. The method used to treat women who have had a miscarriage is the same as medical therapy for women who experience prolonged menstruation (See Medical Therapy for Menstruating Women). For cases that cause frequent miscarriages because they have not paid the dowry in full, if the dowry has been paid off to the woman's family, the uncles (mother's brothers) will recite a spell on the areca nut and be fed to the woman who often suffers from miscarriage.

Abortion

According to the story of traditional birth attendants in Kendate, abortion cases often occur among married women in Kendate. Abortions are carried out by mothers for several reasons: 1). During pregnancy, the mother often fights with her husband, resulting in the wife having an abortion to avenge her husband's behavior because she is unable to do so with violence against her husband's behavior; 2). Still breastfeeding their children, they continue to get pregnant again, coupled with the large number of children, so the mother has an abortion because according to the story, the traditional birth attendant is busy taking care of her young child and continues to take care of another baby. Moi people in Kendate perform abortion by: 1). Standing in a high place and then jumping down, usually using a table. This is done repeatedly until bleeding occurs; 2). Using young pineapple ingredients as much as 10 to 15 pieces are burned until cooked and then eaten.

3.3.3. Give birth to a baby

Views on Birth

Birth is seen as an economic, social and religious advantage. From an economic point of view, there is an increase in one worker who will later help economically in the family, especially if it is a daughter because she can support the improvement of family welfare through her assistance in economic activities such as gardening and selling garden products, and getting a dowry. Socially beneficial because birth can be a symbol of good kinship and wider social relations, such as kinship between husband's brothers and wife's brothers. Religiously because the birth of a human being is a blessing and God's love given to the family. When a mother gives birth, she does not give birth to one human being but 3 births, namely the first birth is kaka or they call it Sotbutu because he is the first to come out of the mother's genitals (amniotic fluid). The second human is the placenta even though it comes out later but for the Kendate it is the second person after the membranes and the smallest is the baby. The signs that a mother is about to give birth according to the Moi people in Kendate are pain throughout the body, as well as the waist and buttocks, there is movement or kicking in the stomach, and the amniotic fluid ruptures and stomach pain is like having to defecate.

Preparation for Childbirth and Place of Birth

Before the mother gives birth, the father has prepared all the needs of the mother and the child to be born. The items prepared are hot water, cold water, a bucket or pan for bathing mother, and mother's clothes. Includes baby clothes and all supplies for bathing baby and mother. Also firewood, and sago palm are all stored in the kitchen so that husband and wife don't have to work hard anymore to prepare food. The place of birth for the

Moi is at home. For them, the house provides more emotional peace because the mother is cared for by relatives and the place is not foreign to the mother and family. They did not choose to give birth at the Puskesmas because according to them being outside the home made the mother feel uneasy even though there was a family taking care of it. If there are obstacles in the birth process at home such as obstructed labor, bleeding, entanglement in the umbilical cord, prolonged labor, then the husband takes his wife to the Puskesmas or Hospital in Jayapura. In the past, when a birth occurred, usually the husband and the man at home went far from home because they were not allowed to see or touch the blood from childbirth. According to them, men who see blood or are exposed to the blood of childbirth will have bad luck looking for food. At the present time there are also men who still believe in the concept of bad luck if they are at home when a woman gives birth, so that some leave their wives or don't wait for their wives when their wives give birth. The Moi people in Kendate are familiar with the herbs used to speed up the birth process. Mothers who will give birth when they are in bed, their stomachs are smeared with this mixture and some are drunk to the mother as much as three teaspoons. The ingredient in question is a mixture of coconut oil with free-range chicken eggs.

Witnesses, Helpers and People Involved in Childbirth

Before the traditional birth attendant helps the mother give birth, a prayer is usually held with the female daikon (church assembly/priest) and her family in front of the bed of the mother who will give birth, after which the shaman will help with the delivery. The birth management process, according to traditional birth attendants, stated that the handling of labor begins with first removing the baby and then placing it on a cloth. The blood from the birth process is given out and cleaned. The baby's umbilical cord is cut by first tying the baby's umbilical cord with thread, then the umbilical cord is cut using a cutting tool in the form of a knife / razor or bamboo. The next process is that the baby is bathed in warm water and then cleans the mucus in his mouth by using his little finger which has been wrapped with a clean cloth, powdered and clothed by the traditional birth attendant. After that, bathe the mother with hot water, put on clothes, then the mother is seated next to the baby. Furthermore, the placenta is taken out for burial, previously washed clean. Usually it is the traditional birth attendant and other family members who assist in the delivery. People who help mothers during childbirth are close people or close relatives of mothers such as in-laws, mothers and traditional healers who help directly. Meanwhile, male relatives such as her husband, father-in-law, and men at home prepare all the necessities needed by mothers and traditional healers such as hot water, clothes, cloth and maternity equipment such as umbilical cord cutters.

Childbirth Position

The position of the mother during childbirth is lying on the bed while holding the rope that has been tied on the roof of the house, then the mother continues to push while the dukun stabs the mother from the shoulder. The second position known or carried out by mothers giving birth is a squatting position while sitting on a small chair like the position of a person defecating. According to traditional birth attendants lying down is a better position than the squatting position. The lying position accelerates the birth of the baby, while the mother's squatting or sitting position will make it difficult for the baby to get out.

Umbilical cord cutting and tying

The cutting and tying of the umbilical cord is generally done by traditional healers. The trick is to tie the umbilical cord at the end and the base, then cut it between / in the middle of the two umbilical cord ties. The umbilical cord is heated over a fire until the umbilical cord is separated from the baby's stomach. The process of heating the umbilical cord, according to traditional birth attendants, takes 3-7 days until it is released from the baby's stomach. The umbilical cord is kept, in a crate and well cared for until the child grows up. According to the Moi people, a well-kept and well-maintained umbilical cord can make a child smarter in the future. In order for the shape of the baby's navel to be good or not prominent, usually every day the navel is massaged with Matoa wood twigs that have been cleaned.

Expulsion of the Placenta and Removal of the placenta

The process of removing the placenta from the mother's womb after the birth of the baby is carried out by laying the mother down, then squeezing the abdomen where the mother feels pain and lifting the mother's back and continuing to shake, after that the mother is seated. In a sitting position, the mother's stomach is squeezed again until the placenta falls. The placenta is cleaned and then wrapped with loyor (baby clothes), then wrapped again with used clothes. then buried near the house (home page). When burying the placenta, do not put it on the ground, but face it up, because according to the Moi belief, a mother will never get pregnant or have another child if she is exposed to the ground. The person who plays a role in helping the burial of the placenta is the mother, mother-in-law or the woman in the family. Places to bury the placenta is a place where rainwater falls such as in the corner of the house or where the sun rises. According to them, by burying the placenta like that, the baby will later become a good person and be liked by people. In the past, the buried placenta had to be protected, because often it would be stolen by men in the village. According to traditional birth attendants, the placenta will usually be fed to dogs. According to them, if the dog eats the placenta, the dog will be good at hunting animals.

Immediate Care for Mother and Child after Childbirth

Mothers who have just given birth generally experience a tear in the vagina so that it becomes a wound, as well as the womb. The treatment for this infection is with the mother being massaged with hot ashes to clean the dirt that is still left in the womb, then the mother is given a drink made from boiled milk bark. Drying the infection on the mother's genitals is done by means of a clean cloth soaked in hot water and then slowly attached to the mother's genitals in the morning and evening until the infection in the mother's genitals dries. Another way: boiled several pieces of betel leaf and then the water is poured into a basin when the boiled water is warm, the mother is told to sit in the basin for a few minutes. This is done a few days until the infection in the genitals dries up. To clean the contents: mash the ginger (Mitiek) until smooth, add warm water and then give the mother a drink.

3.3.4. Unusual and Difficult Birth

Explanation of the Long and Difficult Birth Process

According to the Moi community in Kendate, the long and difficult birth process is caused by mistakes between husband and wife or wives with other people that have not been resolved, so husband and wife must confess all mistakes made to other people or between husband and wife. After that the baby can be born immediately. To help mothers who have difficulty giving birth, according to traditional birth attendants, usually mothers are rushed to the sub-district health center because the people in Kendate do not know how to help mothers who were born long and difficult.

Abnormal Birth

Births that occur abnormally such as obstructed labor, bleeding in the kendate generally cannot be treated with the help of a traditional healer. The family will take him to the Puskesmas in Depapre or the Hospital in Jayapura. But if the baby is in the wrong position in the mother's womb, the mother usually feels sick to her stomach until she can't work. If this happens, the husband will call the dukun to massage the mother's stomach to restore the baby's position. According to the Moi people in Kendate, the cause of abnormal births, such as bleeding, is because the mother has slept or had sex with a man other than her husband.

Twin Birth

According to the Moi community in Kendate, twin births occur because in the family there are twins, so that when the offspring give birth, there will be twins. In general, mothers in Kendate do not want to be born with twins because the time of giving birth is half-dead (difficult) and taking care of them is more complicated than single births.

3.3.5. Treatment After Childbirth

Treatment of Newborn Mothers During the Recovery Period

After the mother gives birth, she will be treated to recover infections that occur in the genitals and womb (medical therapy for the mother, see the explanation of Immediate Care for Mother and Child after Childbirth). Meanwhile, the treatment of the family and society towards the mother after giving birth is that she is subject to several taboos such as not being allowed to cook because the mother is considered dirty (blood that comes out during childbirth is considered dirty), will weaken her husband in seeking. She is also not allowed to leave the house until the recovery period ends (waiting for the infection in the genitals and uterus to dry – usually 3-7 days) before she can go out to do various activities such as when she has not given birth.

Adoption

Adoption is also common among the Moi community in Kendate. The adoption of the child was done for various reasons. The usual reasons are because the family does not have children, or does not have a son, has not paid a dowry so that the child born is taken by the father-in-law and because the father or mother of the adopted child dies. The following case example is told by YW in Kendate as follows “... *I adopted my younger sister's daughter because her husband had died. Because later my little sister will find it difficult to feed her and her*

next life, so I asked her to take her child. He agreed and since then I have brought this child to my house. I took this child when he was 3 years old, now I have taken care of him until he has entered the 3rd grade of elementary school...”. Especially for the cause of adopting a child because they have not paid the dowry in full, usually when the child will be adopted a ceremony called Dop Pia must be held. The Dop Pia ceremony is held at the time of handing over a son to a daughter-in-law. all relatives from both husband and wife's side are invited to witness the handover. Boys are usually 3 months old and are handed over to the wife's parents. In this ceremony the husband and the husband's family must prepare food to feed the guests or people who come to witness the delivery of this child to her husband's in-laws. After that guests are served food to eat together.

3.4. Purity and Pollution in Reproductive Health of MOI Tribe Women

Socio-cultural is a factor that is not considered in handling maternal and child health problems. Cross-sector work to address Socio-Cultural Problems in Maternal and Child Health is very important to note. The failure of health services due to lack of attention to socio-cultural issues as shown in the following table is not only the responsibility of the health sector but other sectors are also seriously paying attention to this.

Table 1

Indicator	National Target (%)	Province Coverage (%)	Achieved/Unreached
Percentage of pregnant women who received 4th antenatal care (K4)	78	40.7	Not achieved
Percentage of deliveries in health facilities (PF)	82	45.7	Not achieved
Percentage of First Neonatal Visits (KN1)	85	53.3	Not achieved
Percentage of Puskesmas that carry out health screening for grade 1 students	65	36.8	Not achieved
Percentage of Puskesmas that carry out health screening for students in grades 7 and 10	50	29.7	Not achieved
Percentage of Puskesmas that organize Youth Health activities	40	20.8	Not achieved
Percentage of Health Centers that carry out classes for pregnant women	84	39.5	Not achieved
Percentage of Puskesmas that orientate the Delivery Planning and Complications Prevention Program (P4K)	95	48.8	Not achieved

Source: Papua Provincial Health Office report at the UNICEF “Situation analysis of children, adolescents and women in Indonesia” meeting, July 1-3 2019 in Makassar.

Socio-cultural factors do not directly measure the health status of mothers and children, except in a broad sense.

These factors show their influence on the advancement of health aspects from outside the health sector. Socio-cultural factors are very important in interpreting the problem of complications during pregnancy, childbirth, postpartum and low birth weight babies and the provision of health services. The most frequent causes of maternal and child mortality what happens is bleeding, infection, pregnancy poisoning and obstructed labor. This all happened because of the delay in handling health services due to socio-cultural factors. There are 3 socio-cultural factors that indirectly affect maternal and child health services, namely: 1). Predisposing Factor: Includes individual knowledge, attitudes, beliefs, traditions, norms, and other elements contained in individuals and society regarding maternal and child health; 2). Supporting Factors (Enabling Factors) include the availability of health service facilities and the ease of achieving them; 3). Reinforcing Factors include attitudes and behavior of health workers. While the problems that always occur in maternal and child health services are: 1). Gender issues such as issues of subordination, different types of work, workload, workplace, access and control between women and men, including women in pregnancy, childbirth and postpartum conditions; 2). Health service problems such as the absence of health workers, access to health facilities and the quality of health services, medical equipment; 3). Socio-cultural issues such as value systems, taboos, pregnancy behavior, childbirth and postpartum behavior, baby care behavior, knowledge about antenatal care, pregnancy, childbirth and postpartum, belief in menstrual blood and childbirth blood; 4). Maternal and infant nutrition problems such as dietary restrictions, knowledge of food for infants and pregnant women, availability of nutritious food. Although there are many factors and problems in the health of mothers and children in the Moi people as mentioned above, what is at the center of the problems in the health of mothers and children in the Moi Kendate community is the concept of "dirty blood" which is imposed on women as polluted. how the Moi Kendate people give meaning to their reality and how this reality is expressed by their cultural symbols. Humans actively create meaning in their social life to sustain their society. In the moi kendate society which is a patriarchal society defines people about polluted or polluted and argues that polluted or polluted plays an important role in social sustaining. In the Moi kendate culture, people have rules to protect themselves from what they define as contaminated eg menstrual blood and childbirth blood are classified as "dirty/polluted". Women who are menstruating or giving birth are considered "dirty/polluted" so that they are subject to various prohibitions or taboos so as not to pollute the men around them, violating the prohibition has a negative effect on the men around them. The concept of 'dirty blood' as tainted imposed on women makes them have to comply with cultural restrictions imposed on them. This cultural prohibition is mainly to protect men from losing their virility or masculinity. This concept of course has an impact on women's health because 'women who experience 'dirty blood' are ostracized from men as a result they have to struggle on their own to overcome the birth process.

4. Conclusion

Moi ethnic women whose residential locations are not far from health service centers have not fully utilized these service centers. This is due to the factor of public trust in the forces of nature which is still strong. In the behavior of traditional medicine, they often find the fact that their treatment can cure the disease they are suffering from. However, if you pay close attention, not all traditional medicine can successfully cure the disease suffered by the community. The low average level of education of the Moi population causes an understanding of the causes of the emergence of a disease. The traditional treatment process which is carried out gradually from the family and the traditional healer causes the patient to be in a severe condition because the

traditional treatment time is relatively long. As a result, when the patient is brought to the health care center, sometimes it cannot be helped. This condition then strengthens their belief that diseases caused by magic or "hex" cannot be treated by modern medicine. The shamans who still practice for a fee, often convince the population that the occurrence of a disease is caused by some natural force or "witchcraft" sent by someone else. Shamans generally come from the local area so that they know exactly the condition of the community so that they are always associated with disease. Health education has an important role in changing and strengthening the three groups of factors so that they are in line with the objectives of the activity so as to cause positive behavior from the community towards the program; for example the program to achieve the targets set as above. It is necessary to find a "model" of working linkages between the health sector and institutions in the non-health sector such as education, women's empowerment, agriculture and social science experts in universities such as anthropology, sociology, and social welfare as well as civil society. Utilizing the potential of the community in the health service area to mobilize them in overcoming socio-cultural problems related to maternal and child health services. Mapping the socio-cultural factors that affect maternal and child health services in each health service and then making the right health service strategy.

References

- [1] Ministry of Health of the Republic of Indonesia. Indonesia Health Profile 2019 [Internet]. Jakarta: Ministry of Health; 2020 [cited 2020 June 21]. Available from: <https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-indonesia-2019.pdf>
- [2] Papua Provincial Health Office. Papua Health Profile 2019 [Internet]. Jayapura: 2020 [cited 2020 June 21]. Available from: <https://dinkes.papua.go.id/informasi-publik/informasi-berkala/>
- [3] World Health Organization. Maternal mortality [Internet]. Geneva; 2019 [cited 2020 June 26]. Available from: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
- [4] UNICEF. Levels and trends in child mortality, Report 2015. In: Fund UNCs, editor. New York: 2015.
- [5] World Health Organization. WHO checklist targets major causes of maternal and newborn deaths in health facilities. 2016.
- [6] Syafrudin and Hamidah. Community Midwifery. Jakarta: EGC, 2009.
- [7] Papua Provincial Health Office. Papua Health Profile 2015. Jayapura: 2016
- [8] Jayapura District Health Office. Jayapura District Health Profile 2018. Sentani: 2019