



Myths of Obstructed Labor and the Effect on Confinement Favor Seeking Effort Among Sasak Communities in the Lombok Island

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Abstract

The maternal mortality rate (MMR) is still a public health problem, especially in developing countries like in Africa, South Asia and Southeast Asia at present. Indonesia is still a country that has the highest maternal mortality rate in Southeast Asia. Results Demographic and Health Survey Indonesia 2012 showed AKI Indonesia reached 359 / 100,000 live births. While AKI in Nusa Tenggara Barat in 2012 to 370 / 100,000 live births. This research was conducted in Central Lombok Barat Indonesian province of East Nusa Tenggara. The purpose of this study was to explore the extent of social and cultural factors, especially the trust of society affect people's behavior Sasak tribe in seeking aid delivery (health care-seeking behavior). This research method is a method of qualitative ethnographic approach. The results of this study indicate that in fact people have the notion that the Sasak tribe delivery loss (obstructed labor) caused by supernatural factors of *sekancing* earth and sky. *Sekancing* intention is locked out of the cervix or the vaginal opening by an evil spirit that resides either on earth or in heaven. The myth that often affects people Sasak seek relief deliveries to the shaman. They believe that only the shaman who has magical power to open this *sekancing*.

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From these results it can be concluded that the existence of this myth causes delays for referring patients to health facilities so that it can trigger a maternal mortality.

Keywords: Myth; behavior; maternal deaths; shaman.

1. Introduction

Indonesia has a lot of government efforts to reduce maternal mortality, but until now the maternal mortality rate remains high. According to the demographic and health survey results Indonesia [1], maternal mortality rate in Indonesia reached 359 / 100,000 live births. This figure is much higher when compared with the results of the 2007 Demographic and Health Survey in which the current maternal mortality rate of 228 / 100,000 live births [2]. If we examine carefully, the government's efforts to address the high maternal mortality is still focused on health efforts in the handling of the direct causal factors (direct cause) of maternal deaths. As a result of intervention by the government is still in the form of development of biomedical health facilities, provision of adequate midwives, procurement logistics and medical equipment as well as the provision of adequate funding to implement security programs of delivery. Whereas the direct causal factor preceded by indirect factor that generally are on the socio-cultural sphere. Like what is proposed by Gonsalez, Portino and Ruiz [3], that access to health care facilities is an important one to reduce maternal mortality. But if we just stuck to the clinical or biomedical factors are still considered to be a contributing factor to maternal mortality, then we will not be able to see the cause of the problem that comes from sociocultural, economic and political. As a result, the efforts made to overcome these circumstances cannot be exhaustive (comprehensible).

We ourselves understand that health problems are complex and multidimensional. Health problems cannot be viewed from the aspect of biomedical alone but should be viewed in terms of social and cultural. As said by Mekonnen and Mekonnen [4], as well as by Magadi, Diamond and Madise [5] that the behavior of public health and maternal health in developing countries is much influenced by sociocultural factors and demographics.

The high rate of maternal morbidity and mortality in the countries of sub-Saharan Africa are many related sociocultural factors, such as the public trust that is a myth concerning the meaning of bleeding during pregnancy and childbirth that causes patients to experience bleeding is not immediately brought to the health care facilities [6]. Health Behavioral cannot be separated from the culture and customs of people in an area. In connection with integrity with the culture, the behavior of a person's health is closely related to the elements present in the culture itself, such as beliefs, knowledge, customs, values and norms in a social environment. As said by Kalangie [7], culture and behavior, cannot be separated. Basically the concept of culture is not the behavior, but such behavior is a logical consequence of the oneness that cannot be separated from the culture. In other words, human behavior is a product of culture.

The number of pregnant women outside the maternity health facilities not solely because of the access to or the availability of funds, but also due to socio-cultural factors. According to the research results Okolocha, and his colleagues [8] in the semi-urban communities in the southern part of Nigeria, found that sociocultural factors are determinant for maternal morbidity and mortality. This sociocultural factors closely related to local belief about

bleeding during childbirth. They especially traditional herbalists believe that bleeding can occur at any time during pregnancy or childbirth. Bleeding is spending effort impure blood to clean the blood replaced. So they assume that bleeding during pregnancy or childbirth is not anything harmful.

They also believe that the modern health sector will not be able to handle the complications caused by the consumption of sweet foods (sweet food), against evil (evil force). With this kind of belief pregnant women will stick to traditional healers despite signs of danger continued to threaten them. For example, when bleeding occurs, pregnant women cannot directly refer to a specific ritual before by traditional healers, because they still believe that bleeding would be overcome through the rituals of healing by shamans. This situation causes more severe bleeding that causes of maternal mortality. From the research Okolocha and his colleagues [8] suggested that the local government to consider factors beyond the context of the hospital (biomedical) to understand the issue further, maternal morbidity and mortality. Such confidence can occur everywhere, especially in third world countries. For example in Central Lombok regency, West Nusa Tenggara Province Eastern Indonesia, people still believe that many supernatural factors play a role in the delivery process. Their beliefs or myths of this kind causes many pregnant women who had antenatal checked and deliveries in the TBA. They tend to choose the TBA to be delivered in connection with beliefs or myths they believe. From the results of Indonesia Demographic and Health Survey [1] deliveries in health facilities in Indonesia reached 63%. Meanwhile, in the province of West Nusa Tenggara (NTB) reached 74.3%, so it is still about 25.7% of pregnant women in maternity NTB outside the health facility attended by TBA [1].

2. Materials and methods

This is a qualitative research with an ethnographic approach. Selection techniques informants and subjects of research conducted snow ball. Criteria for the determination of informants by the credibility and understanding of beliefs, norms and customs that are still practiced in connection with maternal health issues. They consist of elders (community), TBA, and officers and cadres. While the subjects of the study are fairly mature mothers who understand the social and cultural factors (norm or belief) that are related to pregnancy and childbirth. In-depth interviews to community leaders, officers and health workers, as well as the mothers are already quite old about their beliefs or myths that developed in the community surrounding maternal health (pregnancy and childbirth). Depth interviews were also conducted to the TBAs, they are considered the most understand these myths, so that the information obtained can deepen our understanding about the myths that developed would be likely to affect people's behavior in the search for aid delivery. Data and information collected, analyzed continuously from beginning to end execution of the study. The data collected is sorted by category. From the results of this categorization is determined themes that will be elaborated to answer the research objectives.

3. Research results

From the results of this study found the themes as follows:

1. Perceptions of the surrounding pregnancy and childbirth
2. Overview about *sekancing*

3. Various *sekancing* based on symptoms
4. How shamans diagnose and opened *sekancing*
5. Implications This myth against seeking behaviors delivery Views of the surrounding Ad.1 Childbirth

Depth interviews with community leaders and mothers who are already adults said that pregnancy and childbirth is a normal thing experienced by a woman who are married, it is common and is not a thing that is very harmful to the pregnant mother. However, many women who give birth have difficulty giving birth, for example, the occurrence of cases of confinement. This occurs because, according to their belief that the predicament of childbirth are caused by supernatural good power or evil spirit that comes from the sky as well as roaming in the earth. Evil spirits are locked cervical or vaginal opening childbirth. Events for the locked cervix or vagina in Sasak language called "*sekancing*". Based on the origin of evil spirits who do *sekancing*, then *sekancing* is divided into two *sekancing*; earth and sky. Told *sekancing* earth when the event is done by the evil spirit that comes from the earth. Told *sekancing* sky, when such events do oeh an evil spirit came from the sky. The existence of demons that perform well *sekancing* cervix or opening the vagina be the cause of obstructed labor. According to public perception Sasak obstructed labor can harm soul pregnant women if they are not helped by the shaman. Because only TBAs who can open this *sekancing* spells or supernatural powers that they have. This incident cannot be helped by a midwife or doctor for midwives and doctors do not have supernatural powers to expel evil spirits.

Overview Ad.2 Regarding *Sekancing*

As mentioned previously, obstructed labor or *parturition kasep* caused by *sekancing gumi* or *sekancing sky*. Even this *Sekancing* has various forms, according to them only healer who can diagnose this condition. According to one of the shaman said that obstructed happened a lot.

From interviews with a health worker who is the son of a shaman say that beliefs about the factors of complications in childbirth has been in effect since hereditary. Before my mother passed away, I have been taught about the science of shamanism, but I never been practiced. I was taught how to perform a ritual when attending births including spells and incantations needed to help labor.

I sometimes help pregnant women if any abnormalities are felt by giving drugs or *jejampian* accordance with disorders that he faced, but I do not want to if asked to help delivery because I have long been Posyandu cadre with my husband. Even today I am busy helping take care of population identity for pregnant women who do not have identity cards at the Civil Registration Office as one of the requirements to take care of BPJS card so that they can get free delivery care through the national health insurance program.

Regarding the trust of the complicating factors in labor thus causing delivery jammed or obstructed labor, the cadres mother said:

..... "Beliefs about the causes of the occult comes from the earth and the sky has long been believed by the public to date, especially the people who live in the village. Factors complicating the stretcher is called *sekancing*. As its origins then there called *sekancing sky* and called *sekancing gumi* (the earth).

Furthermore, he said that according to their beliefs, it is expected to pregnant women in order to keep secret gestation. If anyone had asked how her pregnancy ?, then the answer should pregnant women do not remember, because we do not know the intentions of others to ask, lest willing harmed using black to be exposed so that there delivery sekancing jammed or obstructed labor. This is what the trust model is still believed by the Sasak people of Lombok Nusa Tenggara Barat. People put *sekancing* in pregnant women caused by several things, such as courtship formerly been let down or perhaps because it lost in competing for marrying her. At the time of a woman who never let her down will give birth, the person asking for the help of a psychic or paranormal to invite evil spirits to lock in the cervix or in the vaginal opening of the woman in labor resulting in obstructed labor. That is why according to the beliefs of *Sasak* people, why pregnant women were told to hide or conceal her pregnancy when she would give birth.

Then he said: "There are other strange things have occurred in pregnant women. Never happen a friend of mine as health cadres in *Posyandu*, where the fetus disappeared at the age of 9 months ie just before the birth of his child. If you do not believe, let me invite to his house, he said ".

The cadre mother took me to his home to prove the truth of the story. So according to the cadre mother, evil spirits roaming in the heavens and on earth not only can lock the cervix or the vaginal opening to complicate the process of childbirth, but may steal the fetus is still in the mother's womb.

According to one of a midwife who was a senior at Central Lombok others say:

..... "Sekancing occurrence in pregnant women who give birth do not always through the intermediary of the normal, it could be bad spirit comes by itself without having been invited, who knew there was not only a sekancing or TBAs have been provided science to cope with it ".

Therefore, according to the psychic if there is a pregnant woman who was about to ask for help delivery, should be examined first whether there sekancing or not. If there should be opened first

Ad.3 various Sekancing Based on Symptoms

In outline there are two types of sekancing namely *sekancing gumi* (the earth) and *sekancing sky*. This division is based on the origin or source of evil spirits or spirits that caused it. According to one of the shaman said that based on symptoms sekancing subdivided into several sections as follows:

1. *Sekancing air* (water). Sekancing is characterized by presence of water coming out of the vaginal opening in a certain amount but not the liquid that is generally out of the uterus during labor.
2. *Sekancing fire*. This Sekancing heating effect on the stomach mothers who give birth, the burning sensation spread to the genitals. This Sekancing often make a pregnant woman screaming to feel the heat as if there was a fire that was burning in his stomach.

3. *Sekancing awun-awun* (fog). Sekancing is characterized by the gas erupted from the vaginal opening. Based on the position sekancing divided into two, namely:

1. Sekancing outside. Sekancing is characterized by the presence of a lock on the vaginal opening (the vaginal opening is closed) while the cervix to open.
2. Sekancing in. Sekancing This is the opposite of sekancing outside, where the cervix is locked (closed) was open the vaginal opening. Each type has a sekancing spell or incantation of its own to overcome. As said by a shaman as follows:

..... "Before the rescue, the shaman must first find out (diagnose) sekancing kind suffered by pregnant women, new ritual determined to solve it". The division of sekancing on each shaman is also different. According to them depends on people who inherit it. Each shaman predecessor teach different things on his successor. The same is simply their perception of the existence of evil spirits as the cause of obstructed labor.

Ad.4 How Shaman diagnose and opening *Sekancing*

From interviews with one of the shaman said, that it is important to know the condition of pregnant women beforehand what there *sekancing* or not before providing help delivery. Mother shaman it identifies that a way to diagnose the presence / absence *sekancing* by way of fingering vagina of pregnant women who give birth. When the vagina is not palpable or clogged then obviously there *sekancing*. I as a researcher asked again to him, why vagina does not exist or to not palpable ? He replied: "Her pussy was not palpable because it has been moved by supernatural beings. Sometimes pussy for a while kept for a while in places such as in the trees. Or pussy stuck. That is what needs to be restored or unlocked position by herbalists to use the name "magic mas". Such a process cannot be done by a midwife or doctor".

Yet another medicine man I interviewed, told how to open *sekancing* between each TBA is not always the same. So between each shaman does not have the same standards in addressing this *sekancing*. Shaman said:

..... If I find prolonged labor (jammed) while helping delivery then I opened her womb by taking 3 peppercorns cavities (holes pepper). I read the spell and then chew it. After that I spray exactly in the navel of pregnant women who give birth. This pepper will be strengthening the abdominal contraction mother, causing decay or in the *Sasak* language called *seluntur*. So the mantra is called mantra *seluntur*".

There is also a shaman who opens this *sekancing* by providing maternity pregnant women will be water brown sugar, honey and egg, then recited a prayer to plead with the Lord Almighty that patients who helped give birth soon.

The implications of this myth Ad.5 To Conduct Searches Delivery Assistance

Their belief in the myth of obstructed labor is caused *Sasak* people until now they are still searching for deliveries in the TBA. This happens because they believe that only shaman who has supernatural powers to open *sekancing* affecting pregnant women. These events often lead to 3 late (three delays delivery system) in the process of referral of pregnant women to health-care facilities. Whereas pregnant mother's condition worsened real desperately need medical care right away.

As said by health workers at the General Praya Hospital, Lombok: "In 2014 there were 14 cases of maternal death in this hospital. Everything since late referenced by the shaman. They were referred after bleeding. Many also of maternal mortality in the hospital emergency room before getting help officers. This kind of death is not counted as maternal mortality in the hospital because they died before handled by officers. Even many who died on the way, because before entering the ER, we check it turns out the patient has died".

4. Discussion

Trust that owned person or society will be incentive for a person or a community to act. Trust is one of the predisposing factors that will determine the behavior of an individual or society [9]. West Nusa Tenggara (NTB) has a population of about 5 million people, as much as 2/3 of the population NTB, on the island of Lombok which is Sasak. Sasak has called merarik traditional wedding or elopement (elopement). Merarik According to custom, the girl who will serve as the bride to be stolen or taken at night without the knowledge and consent of parents. Because it's a lot going on early marriage. According to local newspapers, namely Radar Lombok on 26 April 2015, states that the proportion of early marriages in West Nusa Tenggara province reached 51% and largely occurred in the Sasak on Lombok Island.

Senayake [10] says that obstructed labor (obstructed labor) often occur in childbirth early age. This happens because they are still immature posture (small, short, narrow pelvis). This condition can be a complicating factor in the delivery process so much going on prolonged labor or obstructed labor. But because of their perception of obstructed labor is caused by the supernatural factors, then their emotional attachment with a traditional midwife during labor is very high. This is one reason why the Sasak tribe is still much to quack maternity marched despite their midst has provided the maternity clinic [11]. According to health workers (midwives and nurses) were interviewed said that in Central Lombok is a lot of bleeding due to prolonged labor / jammed attended by TBA. Patients who have experienced bleeding not immediately refer to the maternity clinic or to the nearest health center. The reason the shaman did not immediately refer for pregnant women suffer from *sekancing* that require a long time to open.

After bleeding the more severe the patient's family then decided to refer to health care facilities. This is the cause of frequent occurrence 3 LATE. Generally delays T1 is delayed taking a decision. After the bleeding was very severe and the patient's condition is very critical not referred. No wonder so many of the women who referred to previously have been helped by these shamans died in the journey to the nearest hospital or health center. The myth in various parts of the world especially in third world countries affect the occurrence of "3 LATE". Myths about post-partum hemorrhage in society Malabar Bangladesh, also affect labor seeking behaviors. The dangers of post-partum hemorrhage least not be seen from the volume of the blood out. But seen from the color of the blood out. Myth is pointed out as the cause of the three late (3T) which increase the chances of maternal death [12]. The same thing happened to the people in Nigeria. People in Nigeria believe that bleeding during pregnancy or childbirth is not anything harmful. They also believe that the modern health sector will not be able to handle the complications caused by the consumption of sweet foods (sweet food) and against evil (evil force). With this kind of trust cause pregnant women to stick to the TBA despite signs of

danger continued to threaten them [8, 13,14]

5. Conclusion

From these results it can be concluded:

1. The myth that developed in the Sasak community related to pregnancy and childbirth influential effect on seeking behaviors childbirth so many Sasak people especially those living in rural maternity TBA although it has provided the maternity clinic in every village.
2. The myth about *sekancing* (the lock on the cervix or the vaginal opening) that cause obstructed labor can affect the occurrence of "3 TERLABAT".
3. Occurrence 3 T result in high maternal mortality rate in Central Lombok regency of West Nusa Tenggara.

6. Suggestion

1. Need for guidance and empowerment to the public good through education and guidance to community groups such as the class of the mother in order to change their mindset so they can think more rationally.
2. Keep work together religious leaders, because only with the teachings of religion that can eliminate the things that are myths or superstitions that still shackles of religious communities to this day, so that they can choose the ways that rational based on religious norms and rules of science to healthy behavior according to the principles of health.

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