



"BAJO" Tribe in Maternal Health Care Perspective in Bone District of South Sulawesi Province (A Health Ethnography Analysis)

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Abstract

This study aimed to identify socio-cultural system of bajo tribe for Maternal Health Services. The research type was qualitative research with an ethnographic paradigm. The results showed that mothers in the tribe already knew the signs of pregnancy and childbirth, the importance of antenatal care, and postpartum care. However, mothers perceived that health of pregnancy and childbirth was still not important compared to the period of labor. There was a belief about dietary restrictions during pregnancy and abstinence before labor. The Bajo people were mostly fishermen with an average income less than regional minimum wages. On the other hand, there was a shifting Culture of medicine from traditional medicine to medical treatment. Mother's decision making was dominated by her parents, followed by her husband and family. The role of community leaders does not give a big influence, while role of health workers had been optimum, however fundamental changes of modern health services was insufficient. It was recommended to optimize the role of community leaders and health workers to be more active in disseminating information on maternal health during pregnancy, delivery and postpartum care.

Keywords: Bajo; Tribe; Maternal Health Services; Ethnography; Analysis.

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1. Introduction

Various Indonesian ethnic cultures, which spread throughout Indonesia influenced health services. Health services included either conventional or traditional and complementary services such as preventive, promotive, curative, and rehabilitative activities. Therefore, understanding maternal and child health problems in socio-cultural perspectives required in-depth and specific analysis of each particular ethnic. The culture perspectives could be ideas, innovations, values, norms, rules, etc., were often known as customs. Other cultures included social systems, such as activities and human patterned actions in society. The cultures could also be any associated objects that could be seen, touched, and photographed. It was called physical results of activities, actions and works such as circumcision tools, herbal medicine pounders, and so forth. Therefore, cultures were reflected to culture and social identities of the people [1].

Now, it was more realized that culture could not be ignored in related with public health status. Therefore, research on culture-related public health to improve health status was very important. Logically, various Indonesian cultures required careful understanding for each region. Specific understanding of culture with exploring local wisdom would be used as a strategies base for health services [2].

Objectively, each community group had different perception of health (health and illness concept). This was determined by local cultures. Self treatment and seeking health workers were the ways to overcome health problems. In health seeking behaviors, it seemed that every sick person would look for healing ways by himself. This culture was unique life characteristics, and then it became a hereditary tradition. This had a great influence both negative and positive influences. Understanding public health status based on culture was a fundamental knowledge to improve health status itself [3].

One of important health care programs recently was maternal and child health. Maternal and child health in Indonesia could not be separated from the cultural influences of society. Behaviors around pre-pregnancy, pregnancy, childbirth, family planning (KB), and child care were different in each culture, even though they had one concept, which focused on health and safety of mothers and children. Each traditional culture also had a unique concept of health and pain which frequently conflicted with professional medical concept. Strong influences of traditional cultures were reflected in selection of medical personnel. In the context of MCH in some traditional cultures, professional medical systems (such as village midwives, nurses in health centre and Posyandu) competed with traditional medical systems (traditional birth attendants) in care of pregnancy, labor and childbirth. For this reason, one of the important indicators of quality of health services and public health status in a region was Mortality Rate of Mother (AKI) or Maternal Mortality Rate (MMR) or Infant Mortality Rate (IMR) [4].

Traditional treatment (Batantra) was a traditional treatment in developing and developed countries. Tendency to use traditional medicine was due to changes in environment and development of patterns of disease [5]. Self-medication when sick in certain diseases through traditional medicine was still a part of life of some Indonesian people. While, modern medicine focused on medical aspects as well as being a choice for community, both being the main or secondary reference. However, the relationship between a patient with a traditional attendan

was often closer compared with a professional health worker. People considered traditional birth attendant was someone who was able to understand problems in a cultural perspective, spoke in the same language and had the same view about health issues [5].

Knowledge of community on disease could influence seeking behaviors in morbidity. Community understanding on treatment was sometimes influenced by beliefs that were difficult to be accepted logically. If community understanding of traditional medicine was not together with modern knowledge, a negative effect on patient would be worse. There was an excessive tendency toward traditional methods of treatment because old perspective ignored new discoveries in medicine. This was based on a principle that a thousand diseases had a thousand medicines. There was no disease that could not be cured, so that every disease, especially wound, was always to be treated on its own way in traditional medicine [6].

In Indonesia, the health status of community was illustrated through mortality rate, nutritional status, human development index including life expectancy, morbidity rates, under-five morbidity rate and adult morbidity rate. In spite of health services and availability of health resources factors, community health status was determined based on economic, education, social environment factors. Besides that maternal mortality rate was still quite high. Maternal mortality was the death of women during pregnancy or death within 42 days of termination of pregnancy regardless of period of pregnancy or places of labor, as the death caused by pregnancy or delivery management, except other death causes such as accidents, falls [7].

Based on Millennium Development Goals (MDGs) stated that out of eight MDGs, the fifth objective was to improve maternal health, with a target of reducing the maternal mortality rate by three quarters or 102 deaths per 100,000 live births targeted between 1990-2015, then MDGs term was changed to Sustainable Development Goals (SDGs) that lead to sustainable development goals, which implementation of maternal health was included in the third goal, namely good health and well-being and the fifth goal was gender equality. However in reality, based on the Indonesian Demographic and Health Survey (IDHS) and in South Sulawesi survey, it illustrated that maternal and child health services (KIA) were still far from the expectations or targets of MDGs. Specifically, based on South Sulawesi Health Profile 2016, Bone district had maternal death rate reached 91.5 per 100,000 live deliveries in 2014 and 93.12 per 100,000 live deliveries in 2015. It showed that maternal health services in Bone district were still far from the target of achievement and still need more attention in improving maternal and child health services [8].

In this study, the object or target of the study was Bajo people in Bone Regency. The Bajo people still had different understanding sickness concept of compared with other communities and health service providers. The tribe of Bajo who lived in Bajoe sub-district of Bone district was a minority tribe dominated Moslem, however traditional beliefs was still strong [9].

Some ethnographic research on maternal and child health had been carried out quite a lot in several ethnic communities in Indonesia. Some examples were studies of maternal views and behaviors during pregnancy and their effects on infant mortality in West Java [10]. pregnancy and birth treatment in Bajo people in Kendari 30, taboos for pregnant women and maternity care in North Sulawesi 50, research on infant births and deaths in

isolated communities in South Sulawesi, and many other ethno-health studies [11].

Based on description above, exploration of treatment in seeking behaviors for Maternal Health services in Bajo Tribe in Bone District through Ethnographic Study as a baseline and strategic topic of research that had to be examined more deeply in related with medical search studies from socio-cultural perspective. As a result, the author was interested in conducting an in-depth study on socio-cultural system in Maternal Health Services of Bajo Tribe in Bone district, South Sulawesi Province. The purpose of this study was to examine/identify socio-cultural system of the Bajo tribe in seeking maternal health services in Bone District

2. Materials and Method

2.1. Research design

This study used a qualitative approach. The approach emphasized on a breakdown of observed phenomenon and the context of surrounded relativity meanings. The qualitative approach took place in a natural setting, the researcher was the main instrument, the descriptive data was collected which emphasized on a process rather than the results, and used inductive data analysis [12].

2.2. Research Location

This research was conducted in Bajo Village, Bajoe Sub-District, Bone District, which was a place where Bajo Tribe lived.

2.3. Research subject

The selection of respondents used Purposive Sampling technique that selecte informants who knew the problem clearly, could be trusted to be a good source of data, was willing and able to express opinions properly and correctly. The participated informants in this study were 21 people.

The informants in this study were as follows: 1). Mothers who had children aged 0-24 months and could provide information related to maternal health services, 2). Community leaders such as mosque imams, head of village, head of sub-district, Indigenous leaders who could provide information related to maternal health services, 3). Health workers such as midwives as providers of family planning programs in district dan sub-district and could provide information related to maternal health services, 4) Traditional birth attendants who had the ability to help mothers in the care of pregnancy, childbirth assistance, and postpartum care.

2.4. Data collection

Library research was carried out as secondary data, specifically regarding basic concepts or theories relating to object of study and field research and also researchers went directly to the object of research that had been determined in order to collect primary data. Therefore, a set of instruments was used, such as observation, interviews and data collection using a triangulation method, namely in-depth interviews, observations and

document review.

2.5. Data analysis

Data analysis used in this study was Qualitative Analysis Techniques to discuss maternal problems descriptively. This technique emphasized more on analysis of inferring process dynamics among observed phenomenons, logical, formal and argumentative ways of thinking [13]. The data of this study were presented in narrative explanations.

3. Results and Discussion

3.1. Knowledge of pregnancy

Pregnancy was a normal and natural process that begun with growth and development of the itrauterine fetus and started from conception to labor. Signs and symptoms of pregnancy could be detected from a woman's physical body changes, especially in enlarged breast changes, nausea and vomiting, dizziness, increased urinary frequency, and changes in body weight. From the results of interviews to several informants, some interviews quoted were obtained as follows:

"Pregnancy signs were changes in body shape, especially in the breast, swollen breast, sometimes nausea and dizziness, sometimes ill feel of smell food or others" (SR, 29 yo)

Based on the interview, it was found that mothers already knew about pregnancy signs such as nausea and dizziness. This meant that mother had a response and stimulus when something happened and changed body condition during pregnancy. The Bajo people in general had received information about an importance of prenatal care by health workers but in reality, there were still many mothers who did not checked pregnancy as there was no problem raised during pregnancy at all. Most of the Bajo people relied on care of traditional birth attendant as a habit of community in the district. Some of interviews quoted from the mothers were obtained as follows:

"When I was pregnant I seldom checked my pregnancy, sometimes I was treated with traditional birth attendant only, if I got sick with my stomach, went to Sanro, sometimes within 3 days with traditional birth attendant " (HR, 27 yo)

"I usually went to traditional birth attendant only, never went to the health center to check" (RN, 22 yo)

Based on the above quotation, informants generally did not really consider the importance of prenatal care because it was found from the results of interviews that mothers were rarely and reluctant to check their pregnancies to health services.

Mothers preferred went to traditional birth attendant rather than health workers and it did not mean that medical treatment was abandoned at all.

3.2. Knowledge of Labor

Labor was a process by which the baby, placenta and membranes emerged from the mother's uterus. Labor was considered normal if the process occurred at term of pregnancy (after 37 weeks) without complications. Most of people of the Bajo knew signs of labor such as regular heartburn occurred more frequently and long, out mucus mixed with blood from the birth canal, out amniotic fluid, difficulty sleeping and frequency of urination increased. Based on this, the interview quoted could be seen as follows:

"If I the birth signs, I didn't know because there was only one of my child, but now I already knew, the sign was that if you want to give birth you could not move, pain stomach and felt like defecated" (FR, 21 yo)

"The signs when you want to give birth, you usually got amniotic fluid, urinated frequently and there was mucus mixed with blood too" (NR, 37 yo)

In the case of delivery assistance, maternal health were carried out in health care facilities and assisted by trained health personnel and carried out. However, in reality, the Bajo people preferred seeking help from traditional birth attendant. This could be seen from the interview quoted as follows:

"So far, I had been helped by traditional birth attendant only, all of my six children helped by traditional birth attendant" (NR, 37, yo)

"My two sons were helped by traditional birth attendant but the last one was helped by with a midwife, as there was a problem with my pregnancy, traditional birth attendant asked me to see a midwife. The good thing was traditional birth attendant also accompanied me to go there" (HR, 27 yo)

3.3. Knowledge of Postpartum Period

One of the goals of care given to postpartum mothers was solely to improve physical and psychological well-being for mothers and babies, prevented early diagnosis and treatment of complications in mother, and increased a good relationship between mother and child. In the context of social culture and habits, the people of Bajo tribe related with treatment of postpartum and newborns were sometimes carried out in the Health Service and also in traditional birth attendant. Based on this, there were several excerpts from ordinary informant interviewed as follows:

"I seldom had given birth in a health center or to a midwife, if I had given birth I usually went to traditional birth attendant, sometimes treated for 3 consecutive days, some people also treated up to 7 days, the same as my baby" (HA, 30 yo)

"If the midwife knew that we already had given birth, sometimes she came to see us, administered drugs and injected, babies were also immunized" (MN, 31 yo)

Based on the interview quoted above, it was found that mothers in general after giving birth needed postpartum

care, some mothers still preferred seeking treatment at home where they were still handled by traditional birth attendant as the reason was restriction for not leaving home for 40 days after giving birth. This was the reason the mother preferred traditional birth attendant rather than midwives during postpartum care. Traditional birth attendant usually made traditional medicine for washing genital of mother during urination. Besides of traditional medicine, a traditional birth attendant usually bathed the mother and massaged to returning the position uterus to its original position. The treatment process by the traditional birth attendant was carried out within 3 days, 7 days and even 40 days depended on request of mother.

3.4. Perception of Pregnancy

Pregnancy care was one of the important factors to prevent complications and death during labor, as well as to maintain fetal growth and health. Understanding antenatal care was important to know health effects of baby and mother. In fact, various mothers of Bajo still considered pregnancy to be normal and natural. The mother felt that they did not need to be routinely examined by a midwife or doctor. This was illustrated by the following quotations from ordinary informant interviewed:

"So far I had never check pregnancy to a midwife or doctor, if I felt pain in my stomach, I went to a traditional birth attendant to improve my fetus position" (FR, 21 yo)

"Pregnant was a normal for me, as this was the 6th child I gave birth to, during my pregnancy, I seldom check my pregnancy as I could treat myself too" (NR, 37 yo)

3.5. Perception of Childbirth Period

The period of labor was a most worried time for prospective mothers, so that Bajo people preferred seeking labor assistance in traditional way (non-medical) or with the help of a traditional birth attendant. The interviews quoted from some informants were as follows:

"So far, I had been helped by traditional birth attendant only, all of my children were 6 people with a traditional birth attendant" (NR, 37yo)

"My two of sons were helped by a traditional birth attendant, but the last one was helped by a midwife" (HR, 27 yo)

3.6. Perception of Postpartum Period

Postpartum period was the period after delivery and the birth of baby. This period was an important period to keep monitored by health workers as if it was not an optimum care, mothers could experienced various problems and impact the health of babies. Care after childbirth was perceived as something normal and did not need to be conducted by health workers (midwives) as well as the care of newborns. The Bajo mothers were more likely care of postpartum helped by traditional birth attendant. The citations of interview informants were as follows:

"I was treated by traditional birth attendant only, I never went to health care, as traditional birth attendant helped me in very good care, were massaged and bathed in genital area, there were spells which were used to clean the birth canal, as well as care for baby too, bathed and massaged the baby for 3 or 7 days, or as many days we wanted to care for "(SR, 29 yo)

3.7. Experience

Experience was something that could not be separated from life of Bajo people. Experience was also very valuable for every human being, and could also be given to anyone and to be used as a guideline and learning maternal care for Bajo people, especially in terms of prenatal care, childbirth assistance and postpartum care.

Experiences of Bajo people in related with pregnancy care were rarely carried out, eventhough some had carried out examinations to health personnel. Community preferred to care of traditional birth attendant. The following were interviews quotes of informant interviewed as follows:

"During this time, it was rare to check my pregnancy at a doctor or midwife, because I had never had a problem during pregnancy, at least if I had a stomach ache, I went to traditional birth attendant" (NR, 37 yo)

"As long as I was pregnant, I checked to traditional birth attendant only ..." (RN, 22 yo)

In terms of childbirth assistance, Bajo people had a tradition of the ancient on childbirth assistance which had been helped by traditional birth attendant. From the interviews, most of Bajo people had experienced and preferred helped by traditional birth attendant as some reasons such as accustomed giving birth at home, urgent labor, economic factors, no fetus problems and a kinship with traditional birth attendant.

One of the factors for the mother preferred assistance of traditional birth attendant was economic factor. The traditional birth attendant never asked to be paid. Most of Bajo people had not been covered by health insurance yet. The following was an interview quoted by ordinary informants as follows:

"I was help by a traditional birth attendant as my neighbors' experience of normal giving birth" (AR, 25 yo)

" I was helped by traditional birth attendant as there was no payment, moreover, our income was not enough if giving birth in health center,as I did not have JKN (insurance) card" (HA, 30 yo)

"I was helped by traditional birth attendant only, as she was my aunt" (SR, 29 yo)

Most mothers never went to health workers or midwives related with after childbirth care (postpartum period), although some went health personnel or midwives. However, mothers preferred care of traditional birth attendant. This was due to first experience with traditional birth attendant from since pregnancy, labor until post partum. The following was an interview quoted by ordinary informants as follows:

"I was treated by traditional birth attendant only, I never went to health care, as traditional birth attendant helped me in very good care, were massaged and bathed in genital area, there were spells which were used to clean the

birth canal, as well as care for baby too, bathed and massged the baby for 3 or 7 days, or as many days we wanted to care for "(SR, 29 yo)

3.8. Beliefs

Beliefs of Bajo people was dominated by factors which were related to food restrictions and deeds. Abstinence associated with pregnant women included dietary and behavior restrictions. Restrictions were not eating much during pregnancy, not eating meat, squid, crabs, shrimp, stingrays, and cere fish (no tongue fish) as afraid of labor difficulty and abnormal baby. Besides that, community also prohibited eating pineapple, mango and durian as those would affect to condition of fetus. It also prohibited consuming moringa fruits (kelor) and seaweed as afraid of labor difficulty. The quotations from several informants interviewed were as follows:

"Usually prohibited food during pregnancy were meat, squid, crabs because baby's could be abnormal" (FR, 21 yo)

"When I was pregnant, it was prohibited eating seaweed and also moringa fruit (kelor) because of labor difficulty" (SR, 29 yo)

"It is not permissible to eat pineapple, mango and durian because the fruits contained heat effects and resulted to miscarriage later" (HA, 30 yo)

While abstinence during pregnancy according to Bajo tribe included was activities that should not be carried out by a husband or pregnant wife. Activities that should not be carried out by a wife such as sitting in the middle of a lawang (Door), sitting in a chair, sewing, putting a towel on her shoulder or neckline, wrapped around her hair, taking a shower in the evening or night, going out at night and waking up late. While activities that should not be carried out by the husband were installing trawls (nets to catch fish), installing lanes (fishing rods), patching boats, killing animals and cutting fish. The reasons for the abstinenes in order to mother could labor smoothly. This information was based on the interview informant quoted as follows:

"When I was pregnant, I was prohibited to install a towel on my shoulder, it should not be wrapped around my hair, I woke up too late, I didn't go out at night. I also prohibited to sew a pillow. While my husband, it was usually forbidden to install nets, to stick leaked boats, to kill animals. "(HR, 27 yo)

Previous research conducted by Suprabowo (2006) showed that there was similarity of beliefs during pregnancy in Sanggau Dayak Tribe included restricted and recommended activities [16].

Beliefs of community about abstinence and advice at the time of labor was not as many as during pregnancy. There was no food prohibition when wife delivered. Abstinence was usually for the husband, which was the same as abstinenes during pregnancy of wife. The advice that was believed had to be done was to open anything that was clogged or closed, such as opening doors, windows and cabinets or objects that were locked in the house. The aim of abstinence was labor process would be smooth as stated by the informant as follows:

" there was no food restrictions as during pregnancy, only parents advised that when it would deliver baby, husband was told to open all closed objects, such as windows, doors and cabinets" (HA, 30 yo)

During labor, advice was only for husband in order to process of delivery was smooth. Abstinence during labor did not have a direct impact on maternal health. Traditional birth attendant would asked whether abuses were committed by the husband during pregnancy and labor. If this occurred, the husband was obliged to eliminate it, for example, dismantled patches on boat. Another obligation of husband was to accompany his wife during labor as it would relieve wife's psychological burden, so wife felt more calmed. This was supported by previous research of Suprobawo (2006) which stated that abstinence during pregnancy was also in husband, so husband could not violate restrictions [16].

Beliefs about abstinence and an advice after delivery baby were also given. Many dietary restrictions such as not eating meat, crabs, shrimp, and seaweed, eating spicy and sour food as quoted by the informant as follows:

"prohibited foods such as eating meat, crabs, shrimp, squid, lawns and food were also not allowed to be eaten as being told were not eating spicy and sour foods" (NS, 29 yo)

3.9. Livelihood

In general, the Bajo people were fishermen. Men worked as fishermen for daily lives. They went to catch fish for 3 or 7 days at sea until they got fish and then sold it to fulfill their daily lives. They sometimes did not get fish. When catching fish, they were helped by their own relatives or sons. The following were the results of in-depth interviews as follows:

"People worked here were average fishermen as we lived near sea, sometimes when they left today, would come home tomorrow ... sometimes they only got little bit fishes. Some left for 3 days, some left for 7 days or 1 week. Usually used big ships. Then fish were sold to collectors. The money would used for daily needs "(NR, 37 yo)

In addition, income obtained by fishermen for a month was uncertain as depending on amount of caught fish. The range monthly income of Bajo people was generally from Rp. 500.000 - 1,000,000 rupiahs. The income was sometimes insufficient to meet daily life for a month. As a result, seeking health services was very limited as most people could not covered by national health insurance (JKN-KIS). This could be seen from interview informants as follows:

"income as a fisherman depend on number of fish cacted, it was uncertain.... sometimes 500 thousand sometimes also 1 million, and even it was still lacked, not enough in 1 month. If you seek treatment, sometimes we treated ourselves because there was no money especially if we don't have a JKN card, so we went to traditional birth attendant as she would not be paid"(FR 21 yo, RN 22 yo)

"I had JKN card, sometimes I used it for treatment, but when I got pregnant, I rarely went to check, so I was helped by traditional birth attendant here and it was not too expensive, in addition my mother told me to give birth helped by traditional birth attendant" (HR, 27 yo)

3.10. Culture of Care During Pregnancy

Care for pregnancy was one of the factors that really needs to be considered to prevent complications and death during labor, as well as to maintain fetal health and maintain growth. Understanding pregnancy care was important to know effects to health of baby and mother. Mothers in Bajo tribes were not fully participated in antenatal care as they were reluctant to check their pregnancy and felt no any pregnancy problem. There also did not carry out pregnancy examination as it influenced by neighbor`s experiences as stated by informants as follows:

"When I was pregnant, I never took a check, sometimes if there was a posyandu, midwife used to remind me to have a routine check, but I never checked it because there was no problem I felt in my stomach" (HR, 27 yo)

"I went to check once, when entered eighth month of my pregnancy, I never check at the first pregnancy. When eighth month pregnancy I often felt sick in my stomach so I was taken to midwife for check" (FR, 21 yo)

3.11. Culture of Care during Labor

Entering labor was a critical period for pregnant women because all possibilities could occur before ending safely or with death. Trust degree of Bajo people to health workers was still relatively low as Bajo people still trusted and more likely to seek treatment and ask for help from traditional birth attendant in assisting labor because of high kinship relationship with local community. The quotations of ordinary informant interviews were as follows:

"Initially I was treated with traditional birth attendant when I wanted to give a birth as I often checked my condition since beginning of my pregnancy However, When I would give a birth, there was a problem with my pregnancy, so I was taken to midwife" (FR, 21 yo)

"If I used to give a birth to traditional birth attendant, and parents also told me to see traditional birth attendant only, and traditional birth attendant was also still my relative and many of labor were safe too" (SR, 29 yo)

"All of my children were born helped with traditional birth attendant only" (HA, 30 yo)

During labor, many cultural practices endangered health of mother and baby. Traditional birth attendant was chosen as she always be available when it was needed. Labor helped by traditional birth attendant would certainly got high risk of maternal mortality. Although it had been trained, help of traditional birth attendant had been proven not reduce maternal mortality (WHO, 2004). In fact, Bajo people still used cultural practices during labor when taken care of traditional birth attendant. This was supported by previous research conducted by Suprabowo (2006) which stated that the practice of traditional birth attendant was still dominated since the period of pregnancy, delivery assistance and the post partum. In addition, a study conducted by Giay (2004) also showed that some of mothers in Jayapura district asked for childbirth assistance from traditional birth attendant and peers.

3.12. Culture of Care in Postpartum Period

In general, postpartum care for Bajo people carried out used traditional methods and helped by a traditional birth attendant. Mother who were helped in labor by traditional birth attendant would be also cared in postpartum period. In addition, people who were assisted by health workers would also be will also treated by traditional birth attendant. During postpartum care, Bajo people were usually treated for 3-7 days or even up to 40 days by traditional birth attendant. It was the same treatment also care for the newborn baby, as traditional birth attendant would give a bath, massages and giving incantations as quoted of informant interview as follows:

"So far, when I had given a birth, I woul be treated by traditional birth attendant only as she treated me properly, it was taken a bath and had massages in order to return position of uterus as a normal" (SR, 29 yo)

"Treated by traditional birth attendant, I was washed from the top to bottom of my body, there was also given spell water that she told me to use genital area, she also treated my baby such as taken a bath and had massages so that the baby slepts well and was not sick" (AR 25 yo, NS 29 yo)

3.13. Decision-Making

Family support and those around maternal health services were determinant factor for pregnant women seeking help and determine what kind of health care needs for prenatal care, labor and post partum care. Decision making in family related to selection of treatment method of Bajo people was through family consultations. Generally decision making was determined by head of family or respected person at home, household, especially from mother-in-law or biological mother of the prospective mother as following interview quoted as follows:

"It was considered from at family, husband, mother and father-in-law as well ..." (NR, 37 yo)

"Because I lived with my parents, so decision was from parents, I just agreed with my parents to give a birth helped by traditional birth attendant" (RN, 22 yo)

In general, the Bajo people still considered that pregnancy check was not important, but in fact, health condition of fetus would be considered. Community still went to traditional birth attendants to carry out prenatal checks or treatment because of sequential care and incantations. community still considered that if pregnancy was safe, they still went to traditional birth attendants, but if the condition of the pregnancy wass taken seriously problems, relatives would gather together to express concerns and moral support and material assistance to the family then decided what actions to be taken next. The family would ask traditional birth attendants directly, what should be done, whether it should be taken to the midwife or not. If traditional birth attendants stated that condition of pregnant woman could be handled by herself, family would not bring the pregnant women to a health center. This case was also taken place during labor.

Fatimah Muis (1996) in her research reported that parents/parents-in-law had important roles in determining, advising and suggesting mothers to check for pregnancy to midwives [18]. Then, their decision also had great

influence mother or family to choose traditional birth attendants as a delivery helper. Previous study results of Sutrisno (1997) in Purworejo District stated that husbands, parents and parents in-laws were members of reference group who played important roles in choosing labor assistants [19]. Others were health cadres and traditional birth attendants were the groups who gave advice in selecting birth attendants.

3.14. Role of Community Leaders

Role of community leaders in Bajo community, including head of sub-district, traditional leaders and respected people were had big influences in process of pregnancy, labor and postpartum care. Community leaders in Bajo tribe provided information on how to maintain pregnancy until treatment during pregnancy although the pregnant mother was a person who knew more on her pregnancy or place where they would deliver. As the results of interview quoted were as follows:

"As long as I was pregnant, there was always available information from community leaders, if I walked and passed in front of leader's house, sometimes he asked to stop at his house and he usually gave advice about pregnancy" (FR, 21 yo)

"If pregnancy problem was arised, our parents or neighbors remind us of the pregnancy problem of " (HR, 27 yo)

As stated by the informants, this was also emphasized by community leaders including head of sub-district that information gave any information regarding how to carry out an appropriate pregnancy medical up and how postpartum care to Bajo people. The interview quote could be seen as follows:

"Even though I was a new head of sub-district task, but I knew that the previous head of community leader was a role model in this area, he was very concerned about its citizens including health issues especially examination of pregnant women, good delivery and postpartum care" (KD, 56 yo)

3.15. Family Support

Pregnancy and childbirth were crisis stages for family that could be followed by stress and anxiety. Changes and adaptations during pregnancy were not only felt by the pregnant mother but also felt by other family members. Therefore, family members had to be involved during pregnancy. Support and affection from family members could provide a feeling of comfort and safety when pregnant mother felt scared and worried about her pregnancy. The following were the interview quotes as follows:

"If I play a role here huh ... I was alone, but sometimes I discussed with my husband too (SR, 29 yo)

"During my pregnancy, I had one relative who asked me to go to a midwife or traditional birth attendants, she also accompanied me, because she said she was like that with her parents too" (FR, 21 yo)

"my husband advised me to go, but I was never been accompanied by him, only my mother who a person

accompanied me" (HR, 27 yo)

Based on the above quotation, support and participation of family during pregnancy increased readiness of pregnant women during pregnancy and childbirth and even could be trigger in breast milk production. The task of the family such as parents or husband was giving attention and good relations with pregnant woman, so that the pregnant women would consult her pregnancy problem. Based on the results of this study, it was found that family support had great influences to care of the pregnancy, especially mother and / or mother-in-law and husband. They were always ready to take pregnant mother in examinations both to traditional and medical care. Even during labor, family was always on standby to deliver and accompany pregnant woman until birth process had taken place. In postpartum period or after giving birth, the family was always there to help mothers took care especially for mothers and babies, including providing nutritious food for postpartum mothers and baby care. This was the same with previous research of Rahmayani (2016) which stated that pregnant mothers felt comfortable with family support so they were more motivated in seeking treatment during pregnancy.

3.16. Role Of Health Care Personnel

Role of Midwives in Bajo community provided a positive picture of demand and willingness of community to check pregnancy until time of delivery, but a few also still went to traditional birth attendant. Role of midwives was functioned well, at least pregnant mother had been visited by health workers in Bajo community. Some mothers had pregnancy check up at midwife, but some also still went to traditional birth attendant. In general, pregnancy mothers usually checked their pregnancies to midwife, but during labor process, they preferred asking help of traditional birth attendant. As the results of interview quoted as follows:

"traditional birth attendants often came along during posyandu activities, sometimes if someone was pregnant, she would also monitor pregnancy." (HR, 27 yo)

" a midwife who told me to check my pregnancy, but only twice, if did not go to her place, sometimes she came here to see me" (HA, 30 yo)

"a midwife visited me, but sometimes I went to traditional birth attendant too, I was helped by traditional birth attendant when I was giving birth in the past" (NS, 29 yo)

Midwives had also conducted their roles according to standard rules of midwifery care, but obstacle was still exist as there was a culture that pregnant mothers would not to leave house during pregnancy, so that midwives had to visit their homes for carrying out antenatal care. This was confirmed by the following interview excerpt:

"So far, we had carried out our duties as midwives well and we even went to their homes, but their acceptances during visiting were not warm, especially if there was a posyandu activity, usually only a few would come, it could be counted by finger, and even they were forced asked by posyandu cadres" (BS , 52 yo)

"Some Bajo people already understood that pregnancy check had to go to midwives or health workers, but some still went to traditional birth attendant to check their pregnancies, until they gave birth, they were also helped by

traditional birth attendant " (BA, 27 yo)

3.17. Seeking Care during Pregnancy

traditional birth attendant or Sanro played significant role during pregnancy, including conducted massages of maternal abdominal into a correct fetus's position. Traditional birth attendant also made herbs medicine keep healthy condition of pregnant women and fetus. Even traditional birth attendant was the first person to get advices related to pregnancy.

Recently, when midwives came in village, mothers were more likely to care for their pregnancies helped by midwives at Posyandu or maternity clinic or delivery helped by midwives,. However, for cases where there was a disposition of fetus, pregnant women preferred to traditional birth attendant to care for it. The womb massages were still carried out. Mostly pregnant women came to a traditional birth attendant asked for advice about the pregnancy, and then traditional birth attendant would rub the stomach and gave advice related with restricted dietary or activities that should be avoided by the mother or husband. A traditional birth attendant usually also recommended the pregnant mother went to midwife for check up and got pills and healthy injections for pregnant mother. Although traditional birth attendant gave advice to conduct a prenatal check-up in midwives, however in reality, Bajo people still acted passively. Many of them did not carry out prenatal checks in health center and tended to have their pregnancies checked to traditional birth attendant as experienced by family, neighbors and other relatives who had no serious problems and complaints of pregnancy until labor process. Pregnant mothers would check their pregnancies if there were serious pregnancy problems.

3.18. Seeking Care during Labor

Bajo people generally had labor helped by traditional birth attendant. According to traditional birth attendant, pregnant women who requested labor because of advice from parents, having a good relationship with traditional birth attendant, a near by home of traditional birth attendant home, experienced and trained traditional birth attendant mindset, low cost and a kinship with traditional birth attendant.

Although there was a midwife who worked in village, however midwife did not live in the area so access for care was still limited. Midwife only came for work in the area only during service hours or until afternoon, and even her visit in the area was not every day. Midwife visited only if there were posyandu activities or a call for labor or postpartum care. If midwife was not available or could not be contacted, people would ask for help of traditional birth attendant. On the other hand, traditional birth attendant was always available so Bajo people could come at any time.

The results of a previous study conducted by Mara Ipa (2015) stated that selection of place of labor was very situational, depending on a presence of pregnant mother when she was about to give birth at home or in Saung (house near Huma) [20]. Likewise, Indian society in Punjab region apart from being one of the most prosperous and educated region in India, however unsafe labor at home was still high. Punjab rural area data showed significant unsafe home labor was mostly in aged and less educated women. This was related to general psychosocial and cultural beliefs of village [21]. Sanggau Dayak tribe chose a place of home labor (bedroom or

kitchen) because they thought that they were more familiar the setting of room and did not have to bother bringing the pregnant mothers out of the house [22]. Communities in Jayapura and Puncak Jaya carried out home labor mind set of difficulty to bring out of pregnant women from house and help would be more from other family members at home [23].

3.19. Seeking Care during Postpartum Period

Length of postpartum care given by a traditional birth attendant depended on request of mother who was gave a birth. Mother and baby care could be for 3 to 7 days or several days and even until cord was released or for 40 days. Care until the release of umbilical cord could be done daily in the morning and evening visits. In addition, traditional birth attendant was not only helped caring, bathing and taking care of baby and also also of mother. A traditional birth attendant usually made incantations from mixed water and herbs ingredients from local area, then gave to mother and baby. Mothers were also encouraged to use octopus liked-linen (a cloth wrapped around abdomen of delivered mother) so that shape of abdomen returned like before pregnancy. In maternal care, a traditional birth attendant also performed massages on mother's body and regulated tposition of uterus afer 40 days after labor.

Care for selection of postpartum care and infant care were carried out becauset they had already been helped by traditional birth attendant during labor. In addition, there was a belief that mothers who had just given birth were not recommended to leave home before 40 days, so that they could not be treated for postpartum care from health personnel. Based on that, most postpartum care in Bajo community carried out maternal and infant care helped by traditional birth attendant. They also carried out on the basis of family's wishes and previous experience previously from other Bajo people.

4. Conclusion

Social system in terms of maternal knowledge, perception, experience and biliefs and employments implicated to limited pregnancy care for Mothers. There was a shift culture from traditional medicine to (modern) medical care. Decision making was dominated by parents, followed by husband and other family members. Decision making for maternal carusually focuses on maternal care emphized on labor assistance but does not mean neglecting care of pregnancy and postpartum. Shifthing paradigm from traditional medicine to medical treatment because some mothers in Bajo tribe carried out prenatal checks and post-partum visits to health center and even more birth assistances had been carried out by village midwives.

5. Recommendation

It was recommended to optimize the role of community leaders and health workers to be more active in disseminating information on maternal health during pregnancy, delivery and postpartum care.

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Footnote

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