

Original Research Report

## Banjarese Cultural Traditions During Pregnancy and After Childbirth in South Kalimantan: A Semi-Qualitative Descriptive

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**Abstract:** The matter of inequality in context of health status is reflected in the high differences in maternal mortality rates in several countries. Often health information is ignored because of differences in understanding the needs of women and their families. This becomes a communication barrier between health care providers and families in selecting and making emergency decisions that may arise during pregnancy, childbirth, and the puerperium. This study aims to describe the habits and traditions of women during pregnancy and after childbirth in maternal health care. This research uses descriptive analysis method with a case study approach. The study sample consisted of four postpartum mothers with criteria of normal conditions without complications since the third trimester of pregnancy, and the similarity of Banjar ethnic characteristics. The illustration of the results shows that four research subjects carried out the habits of the prevailing tradition, including self-perception; services received from attendants, places and types of care; taboo on food and medicine; suggestion about food and medicine; and rituals in the form of ceremonies and salvation prayers together with maternal health care from midwives, nurses at midwife clinics and Puskesmas. Our research findings confirm that Banjar people are accustomed to using cultural traditions that are integrated into their families and communities and health care services in available and affordable facilities in the area.

**Keywords:** Banjarese Community, Childbirth, Habits and Cultural, Pregnancy.



## 1. Introduction

Socio-demographic and cultural factors are one of the determinants of maternal mortality in Indonesia. The problem of inequality in the context of health status is reflected in the high differences in maternal mortality rates in some countries [1]. Often health information is ignored because of differences in understanding the needs of women and families. This is a communication barrier between health workers and families in choosing and making emergency management decisions that may arise during pregnancy, childbirth, and the postpartum period [2]. This behavior shapes and influences the attitudes, responses, perceptions, and perspectives of individuals, social groups in meeting health needs in the form of efforts to prevent disease and heal themselves from disease through different norms, values, cultures and traditions. These things have developed and passed down from generation to generation [3].

Several studies in Asian countries, in China according to Kartchner & Callister [4], 2003 in Callister et al (2011), show that cultural, environmental, and religious heritage affects Chinese women in China. Chinese women who immigrate to other countries also experience conflicts of belief and the assumption that they will not follow local cultural practices, especially those related to the birthing phase [4].

Most Asian women continue to practice traditional habits, abstinence, and advice during pregnancy. Thus, women's solutions for choosing and making decisions are also supported by husbands, parents, and families while continuing to recognize and respect local beliefs, including the competencies of labor assistants [5].

Qualitative studies in Indonesia, show that most women including Javanese, Banjar, and Dayak ethnic groups consider pregnancy to be a normal experience and happiness, not considered an illness or an abnormal condition. Emergency events and even death are considered as unforeseen and without danger. Then, from the three phases, labor is considered a very dangerous condition because at any time there is bleeding, elongated of labor, and eclampsia convulsions [6].

Based on the stated background, women's cultural habits and traditions practiced during pregnancy and after childbirth has adverse or beneficial effects on the condition of the pregnancy and the baby. So, researchers are interested in conducting research aimed at obtaining an image of Banjar community habits during pregnancy and after childbirth in mother's health care.

## 2. Literature Review

Various beliefs and customs concerning health, dating back to the time of primitive tribes is come up because of the emergence the human instinct to protect life. These beliefs have been transferred from generation to generation as a component of the social and cultural structure, despite innovations in science and technology. Traditional health practices are observed in every region of the world with varying frequency [7].

Knowledge of traditional beliefs and widely implemented social customs will enable the correction of those that might be harmful, and will increase the quality of care by recognizing harmless rituals with respect and understanding of the patient's beliefs [8]. When viewed from this perspective, improving women's health is directly related to being knowledgeable about traditional practices concerning pregnancy, birth, and the postpartum period. Sources related to improving the quality of obstetric healthcare emphasize the importance of providing care that is sensitive to a woman's cultural background [9] [10]. When harmless customs are seen and esteemed as components of traditional richness, a mutual relationship between health workers and women based on trust and respect can be established more easily.

## 3. Methodology

This research uses descriptive and semi-qualitative analysis, through a case study approach. This design is used to determine the culture and habits of the Banjar people during pregnancy and after childbirth, by exploring five sub-themes, namely self-perception, service access, taboo, suggestion, and ritual ceremonies. The study setting was to manage qualitative data collected in the Public Health Center area in Banjar District, South Kalimantan Province.

The informants consisted of four postpartum mothers who were selected using purposive sampling technique, and criteria for the normal condition without complications since the third trimester of pregnancy, childbirth, and postpartum period, and have the same characteristics as the Banjar tribe.

#### 4. Finding and Discussion

Based on government regulations is Peraturan Pemerintah Republik Indonesia No. 103 in 2014, traditional medicines are ingredients or ingredients in the form of plant material, animal ingredients, norm materials that apply in the community. This natural material made from a wet or dry form called *Simplicia* can be in the form of rhizomes, roots, herbs, leaves, stems, flowers and fruit. Medicinal plants contain various types of chemical compounds that can function to treat various diseases and also various types of enzymes [11]. In the tradition of the Banjar tribe, the custom of early pregnancy is first access to the shaman in health terms is traditional birth attendant (TBA), massaging the stomach, traditional ceremonies, and then health workers. While abstinence for pregnant women and postpartum is abstinence from behavior, food, and ingredients. For the Banjar Hulu Sungai community, in particular, it is assumed that odd numbers such as 3, 7, and 9 for pregnant women are sacred habits.

According to the belief that *kapuhunan* (evil demons) and ghosts disturb the mother and baby in the womb [12]. *Kapuhunan* myth is interpreted as an event that occurs when a person in his body is possessed or disturbed by a tree watchman who causes the person to behave inappropriately [13]. 3-month pregnant women smell nice, so this sacred myth impedes pregnant women's access to leave home to the health center for an examination. Then, a routine bathing ceremony as known as *of batapung tawar tian* or *mandi-mandi batian* (three months pregnancy), *Tian Madaring* (seven months pregnancy), and the uniqueness of the recitation mantra led by shamans or as known as *nini panimungan* and the other *tuan guru*. They are figures believed to be an expert in healing and ritual ceremonies. This custom is influenced by ethnic Arab traditions because of mixed marriages with Banjarese people. The assumption was as a figure who has the ability to lead Arab prayers that are believed to be able to ward off evil demons and prevent several diseases [14].

Table 1. Summary of the Research Results

Habits	Respondent			
	R1	R2	R3	R4
<b>Self-Perception</b>				
<i>During pregnancy</i>				
When did you first expect to be pregnant?	Not menstruation, stomach enlargement	Nauseous vomit, not menstruation	Not menstruation	Not menstruation,
When does a pregnancy check start?	After three months	Immediately after knowing pregnant	After three months	After three months
<i>After childbirth</i>				
Family support	Remind taboo and suggest recovery, dominant mother-in-law	Give rewards and more attention to the baby, the dominant husband	Remind taboo and suggest recovery, dominant mother-in-law	Remind taboo and suggest recovery, dominant mother-in-law
Attendant support	More to TBA: recovery of the womb and rituals	Midwife: regular counseling and check-ups	More to TBA: recovery of the womb and rituals	More to TBA: recovery of the wor and rituals
<b>Services Access</b>				
<i>During pregnancy</i>				
Attendant	Midwife and TBA	Midwife, without a TBA	Midwife, due to pregnancy to TBA	Midwife and TBA
Serving place	More often at home, if abnormal signs arise, will control to the health center	At the midwife clinic, occasionally go to obstetrician	To the scheduled health center, at home more often with TBA	At the midwife's clinic and at home with the TBA
Care	Abdominal massage (TBA)	Services according to the KIA handbook	Abdominal massage (TBA)	Abdominal massage (TBA)
<i>After childbirth</i>				
Attendant	Midwife together TBA, have authority in	Midwife, Nurse	Midwife together TBA have	Midwife together TBA, TBA have

	ceremonial rituals		authority in ceremonial rituals	authority in ceremonial rituals
Serving place	At home	At clinic	At home	At home
Care	TBA: Abdominal massage, applying root mixture, plant stems	Puerperal control for two weeks	TBA: Abdominal massage, applying root mixture, "babat" tie up the abdomen	TBA: Abdominal massage, Applying root mixture, plant stems
<b>Taboo</b>				
During pregnancy	Food: pineapple, acidic, fishy; cannot leave before three months	No restrictions	Red beef, acidic, red beef and fishy, cannot leave before three months	pineapple, acidic, spicy and sea fish fishy
After childbirth	Spicy food, cannot leave the house before 40 days	No restrictions	Spicy food, fishy Cannot leave the house before 40 days	Spicy food, cannot leave the house before two weeks
<b>Suggestions</b>				
During pregnancy	Trout, vegetable medical drugs	Trout, fishy, vegetables & others medical drugs	Trout, vegetables medical drugs	Trout, vegetables medical drugs
After childbirth	Trout, vegetables Medical drugs are still taken, plus herbs and roots	Trout, fishy, vegetables & others Medical drugs	Trout, vegetables Medical drugs are still taken, plus herbs and roots	Trout, vegetables Medical drugs are still taken, plus herbs and roots
<b>Ritual</b>				
During pregnancy Bathing ceremony	Batapung tawar tian in 3 monthly and tian madaring in 7 monthly	7 monthly in Javanese tradition	Batapung tawar tian in 3 monthly and tian madaring in 7 monthly	Tian madaring in 7 monthly

Notes: R1, R2, R3, R4 = initial sample name

Base on Table 1, showed the research subjects were 4 women who were interviewed, the four were Banjar ethnic groups, and 1 respondent R2 was married to Javanese. In the aspect of knowledge about getting pregnant for the first time all respondents recognized the usual signs of symptoms that are not menstruation and nausea and vomiting. Three respondents are R1, R3 and R4 have the same habit characteristics which state the first visite with the midwife after 3 months of gestational age, use ritual ceremonies also at the age of 3 months and 7 months, prohibition and advice for utilizing foods and herbs ingredients that are useful for pregnancy, labor and recovery after the baby is born. However, 1 respondent was that R2 only utilized health care facilities from professional attendant. Three respondents consistently utilized health workers together with TBA both in the pregnancy period and after delivery. From the assumption they believe that TBA is more dominant in serving traditional rituals and healing after giving birth. While midwives, more care services according to the field of maternal and infant health.

Furthermore, that the customs and traditions prevailing in the Banjar ethnicity, a mixture of ethnic Meratus Dayak marriages, Javanese and other tribes have experienced a lot of positive modernization and enculturation. Having a good balance, besides accepting the utilization of health services, it also utilizes traditional resources from local wisdom that are available and rich in the Kalimantan region. Most people assume that pregnancy and the puerperium are natural and normal processes in a woman's life cycle. Meanwhile, during childbirth is a dangerous and life-threatening moment for mothers and their babies who often experience bleeding, prolonged labor, and sudden shock or eclampsia seizures. In line with Green's conceptual theory (1991), that the science of community

behavior is influenced by three factors including predisposing, enabling and reinforcing. The relevance of this study is supported by aspects of individual, family and community knowledge, the availability of personnel and the type of health services provided and the most decisive aspects are the values, norms, and beliefs of a cultural and religious tradition that prevails in the community [15].

Likewise, the Gravita study (2015), shows the use of natural ingredients, spices, roots, leaves and stems of plants such as the turmeric rhizome, tamarind acid, garlic and sugarcane stem water as traditional medicines that are beneficial for the smooth delivery of labor and recovery after childbirth by the Dayak tribe. Medicinal materials are processed into ingredients that have also been packaged in a synthetic form and practical use *Argyrea nervosa* (Burm.f.) Bojer (bilaran hirang), *Mussaenda frondosa* L (balik angin), *Aglaonema simplex* Blume (pelusur sawa) dan *Aglaonema nebulosum* N.E.Br. (pelusur sawa) among others, efficacious to prevent bleeding during pregnancy and childbirth, birth canal scars quickly dry, odorless and fishy blood, restore the condition of the uterus, and increase breast milk [16]. And several other benefits of herbs or extracts that are beneficial for patient recovery, is the provision of snakehead fish extract (Pujimin Plus) which can increase albumin levels and protein intake in hypoalbuminemia sufferers [17].

Utilization of health facilities and attendants, both professional and traditional, is influenced by socio-cultural behavior because the views of most people are two determinants be an obstacle or bolster being able to access and obtain comprehensive maternal health services. Research in Nigeria revealed a significant correlation between the role, support, and permission of a husband provides limited discretion for women in deciding where to give birth and who their helpers and caregivers of mother and baby after giving birth [18]. Besides that, as long as cultural traditions and practices such as ritual ceremonies, reading prayers, taboo on types of food, drink, and medicine and ingredients herbs are taken can reduce barriers to obtaining health services [19] [20].

In general, the perception of a person will suspect that he is sick, or even in women who during pregnancy experience physical and psychological symptoms and complaints, will tend to try to overcome them through self-healing. Meanwhile, individuals, families, and close relatives will ask for and give each other advice, suggestions, and support from several parties who are considered important to obtain recognition (legitimacy) of the sick condition as demands and obedience in the line of traditions and culture prevailing in a place [21]. Furthermore, it is emphasized on aspects of access to services to whom, where, and when is the right time to ask for services with health authorities and get treatment or help. As in the answers of the informants, besides requiring access to health services, it also prioritizes using traditional habits that are believed to have been long ago and proven to be beneficial for the recovery of one's body condition. In line with the study of Amiruddin, et al (2018), which revealed that the habits, ceremonies, and social traditions of pregnant women and community groups have a beneficial and beneficial impact so that they can increase the knowledge, attitudes, and behavior of mothers for antenatal care services and competence of midwives in Jeneponto [22].

This phenomenon still applies to the Banjar people who are dominant in seeking traditional help and treatment before seeking access to health services, if their conditions and complaints have not been cured or resolved. Likewise, the opinion of the community prioritizes that whoever is assisting in childbirth, which is no less important is where they give birth or the house as a comfortable place for prenatal care and delivery. And, the choice of a dukun will always be there during the mother's period during pregnancy and after delivery. This is in line with a previous study by Widodo, (2007), that "if you can still give birth at home, why do you have to go to a health center if you can still be helped by a shaman, why do you have to call a midwife? [23].

## 5. Conclusion

Our research findings confirm that the Banjar community during pregnancy and after childbirth are accustomed to making integrated use of traditions and cultural prevailing in their families and communities and health care / services in available and affordable facilities in the district. And, the picture of the impact of this practice aspects of cultural traditions is preserved and has many benefits for the rehabilitative of normal conditions of reproductive health of mothers after birth of their babies.

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