

SOCIAL SUPPORT IN THE TRADITION FOR PREGNANT MOTHER CARE IN EAST NUSA TENGGARA

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SOCIAL SUPPORT IN THE TRADITION FOR PREGNANT MOTHER CARE IN EAST NUSA TENGGARA

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ABSTRACT

Introduction: The Se'i Tradition was considered to contribute highly to the high maternal mortality rate in South Amanuban, East Nusa Tenggara. This tradition is still preserved due to the social support that has influenced the decision to carry out the Se'i to pregnant women and post-partum women. The purpose of this study is to analyze this social support towards the Se'i Tradition on pregnant women in East Nusa Tenggara. **Methodology:** this research was an explorative study with in-depth interviews, observations, and focus group discussions (FGD) in collecting the data. **Results:** This study showed that emotional support towards Se'i was commonly given by families, specifically by the mother-in laws. Instrumental support was shown by the husbands and the traditional midwives who helped delivered the babies. Informational support was found on the pregnant women and their mother-in laws. Appraisal support was given by all the neighbors and relatives of the pregnant women by telling how comfortable it was to go through this tradition which eventually affected those women to carry it out themselves. **Discussion:** The Se'i Tradition is still carried out and mostly supported by the relatives of the pregnant women. The first recommendation of this study is to suggest people to only follow the suggestions from the local health staff to give birth in the local health centers and not to do the tradition anymore. The second recommendation is to urge the government to give support in the form of transportation facilities for pregnant women to reach the local health staff.

Keywords: The Se' i Tradition, social support, pregnant women, maternal mortality, post-partum women

INTRODUCTION

Social support is undeniably an important factor in public health. This support can affect someone's decision on matters related to their own or their families' health issues. Social support can also affect mothers who have given birth. One phenomenon that is still common in Indonesia is various traditions that are carried out by people relating to the treatment of postnatal women. It is thought that these traditions have contributed to the high mortality rates of mothers or MMR (Maternal Mortality Rate) in Indonesia, which is about 359 incidents every 100 thousand births. This fact has made maternal healthcare become a priority in Indonesia and social behaviors relating to the high MMR in Indonesia was the topic of this research. This high MMR was caused by many factors, medically related or not medically related, which were blamed to be the causes of about 90% of mothers' deaths during pregnancy (Depkes.RI, 2007). Data from Riskesdas (2007) stated that post-partum periods (30%), post-partum complications (18%), and eclampsia (17%) were the most common causes of maternal mortalities (Djaja dan Afifah, 2011). This had even become the world's attention. Improvements in maternal health was the fifth goal of the *Millenium Development Goals* (or MDGs) (WHO, 2005).

Preventive actions to assure maternal health had also been stated in Indonesia's Law No 36 of 2009 article 126 paragraphs 1-4 on health. Nonetheless, although it has been stipulated by the law, MMR in Indonesia is still the highest among ASEAN countries. Mothers' lack of knowledge, poverty, and culture are thought to be the contributing factors on the failure of maternal health programs in Indonesia. The variety of cultures has made it difficult to promote preventive actions for maternal health. Beliefs, myths, and values of the local people are norms that have to be obeyed by mothers, even though they are in opposition against information provided by the local health providers. This really indicates that the influence of people around is very vital for the preventive actions for mothers and the improvement of maternal health in Indonesia.

One region that still strongly upholds tradition for the treatment of post-partum women in Indonesia is the East Nusa Tenggara, or NTT. This tradition is called Se'i. The Se'i Tradition is a traditional belief of heating mothers in the so-called smoke house for 40 days after giving birth (Soerachman dan Wiryana, 2011). The local people believe that this tradition will strengthen the mother's body, speed up the drying up of the post-partum blood, and make the womb close more rapidly (Handayani, 2012). This behavior of course has worsened the mother's wellbeing which eventually becomes the cause of high MMR in the area. This is worsened by the urge from people for the mother to undergo this tradition.

Se'i has actually been banned by the local government for it has also caused air pollution due to the smoking process. Another danger of Se'i is the emergence of respiratory problems for both the mother and the baby. This is worsened by the prohibition of no eating fish, meat, and eggs, which has caused malnourishment for the mother (Soerachman dan Wiryana, 2011). Despite the ban, local people still carry it out, due to their strong belief in this tradition. This has become the background of this study which wanted to find out more about the role of social supports in a mother's decision in taking the Se'i Tradition in the East Nusa Tenggara. This study was conducted to identify and comprehend the social supports received by pregnant mothers to carry out the Se'i Tradition after they gave birth. By doing so, it was hoped to give ways to health providers to do some preventive actions before the tradition was carried out.

METHODS AND INSTRUMENTS

This research is a quantitative one in which the data were taken through observations, focus group discussions and in-depth interviews with people and 2 health centers. There were ten people interviewed, consisting of people around the pregnant women such as the mothers, fathers, husbands or other family members living in the same houses, and neighbors. In the focus group discussions (FGD), the participants consisted of local leaders, such as head of the village, religious leaders, health staff and other notable local figures. One FGD consisted of 5 health staff, one caretaker of the local service post, one head of neighborhood and one respected elderly. As with the observations, they were carried out in the houses and on tools used during the Se'i Tradition. Questions during the interviews were directed towards digging out deep information about the tradition at the targeted village. They were formulated in such a way that the informants could understand them. If the informants did not understand Indonesian, a local translator was used.

This research was carried out at the villages of Pollo and Bena, the work area of Penite Public Health Center in the District of South Amanuban, the Regency of Southern Central Timor, East Nusa Tenggara Province. These two villages were adjacent and connected with roads. A number of people in both villages still held strong this Se'i Tradition. The whole process of this research took five months to accomplish (June 2014 until November 2014).

The instruments used were interview, observation and FGD guidances, sound recorders and cameras. The interview guidance covered the four types of supports: emotional, instrumentanl, informational and appraisal. Data taken from the interviews, observations, and FGDs were obtained through systematic tracing and arrangement processes of the field notes, references, and other materials. The analysis involved data organization, separation, process, and synthesis, as well as pattern searches, important detail revelations, and report decisions.

RESULTS

The Se'i Tradition for people in the East Nusa Tenggara has become a norm for the healing process of a mother who has just given birth. In this tradition, wood lit with fire is put under the bed of a mother and her newborn baby. The fire should last for fifty days and nights continuously. The fire is put exactly under the mother's lower body part and the mother should not wear anything to make it easy for her dirty blood to excrete from her body. For these forty days and nights, the mother is not allowed to go out of the baby, even going to the toilet. For a total of four days, the mother should be in bed, and on the fifth day she is allowed to get up, eat porridge, take a bath, and has hot water compress (a *Totobi* custom). During the Se'i procedure, the mother is only allowed to eat *bose* (mashed corn) without vegetables nor nuts. She is not allowed to eat meat either, fearing that her baby will have pus coming out from his ears.

Based on the observations, the tradition has now actually changed a lot from what happened in the past. That time, Se'i was carried out a round house which was also the

family's living place. The husband was the one who made the fire under the bed and he made sure that the fire would stay for forty days and nights. The mother and the baby slept in a wooden bed and other members of the family lived in other parts of the house. The mother was still allowed to leave the bed to take a bath and to go to the round house to do the *Totobi*, an additional tradition where the mother bathed with hot water to speed up the healing process.

The round house was made from dry palm leaves and only had one door half the height of an adult which was the only access to the house. This round house had two parts, the upper part to store food and the lower for kitchen and bed.

According to M (52 years old), a health staffer, wooden logs around the bed should not be touched by the husband to prevent the woman from being pregnant again. During the delivery process, the husband was only allowed to wear a towel or to be naked. If this was not obeyed, the delivery process was believed to be difficult. The baby then was wrapped with an old cloth only because it was thought to still be dirty. After forty days, the baby then was allowed to wear nice clothes. The baby was smoked with *ganoak* (local wood) and sharp objects were put around to keep spirits away. The mother bathed with spices to prevent from these spirits and not to smell blood. The baby was breastfed. If the breastmilk did not come out, the mother was allowed to ask neighbors to breastfeed the baby. The sign indicating that the post partum period had finished was when the baby was given food by a priest.

From an interview with the local public health center, it was found that the government had actually banned the Se'i Tradition due to the bad effects on health, such as breathing difficulties, air pollution, and malnutrition for the mother. Despite all this, there were still many people who carried it out, due to supports from relatives and other people around them.

Emotional support for the pregnant women to undergo the tradition came from the parents where the pregnant women live together. From the interviews and FGDs, a woman would leave her house to follow her husband. An established couple would live in their own house. But, most couples would live in the same houses with their parents. This had contributed in the decision to carry out the Se'i Tradition which came from the husband's mother (mother-in-law). It is true that the Se'i tradition had probably been introduced by the mother of the pregnant woman to her daughter, but when she lived in the house of her husband's parents, it could be ascertained that the decision was made by the mother-in-law. This was also strengthened by the support from people around, especially from the local influential figures, such as religious leaders and community elders.

Instrumental support related to the Se'i covered the supply of all materials needed during the process. This was mostly gotten from the husband, the traditional midwife who helped the delivery process, and people around who together supplied the wood and water for Se'i and Totobi. It was the husband's duty to keep the fire always on. Cooking and other household chores were also done by the husband or other family members who lived in the same house.

Informational support mostly came from both the mother of the woman and her mother-in-law who had undergone the tradition before. The Se'i Tradition which had existed for a very long time was believed to bring a lot of benefits to both the mother and her baby. Various personal accounts from the pregnant woman's mother or her mother-in-law were passed on to their children or grandchildren, so they also understood about the benefits of the tradition and could carry it on when the time came for them to be mothers and fathers as well.

Appraisal support was mostly gotten from the neighbors nearby who had also gone through the tradition and thought that they experienced the positive benefits. The quick recovery after the delivery and the comfortable feeling of having 'the dirty blood' coming out of their bodies had strengthened their belief towards the benefits of Se'i for post partum women.

The accumulation of these experiences and the comparisons of the effects between those taking the tradition and those not taking it had strengthened the decision process of undergoing the Se'i Tradition.

DISCUSSION

According to the Se'i Tradition, if a post-partum woman was put in a traditional house (called *ume khubu*) which was heated and smoked for forty days, it could strengthen her body, speed up the drying of the post-partum blood, and help make her womb close faster (Soerachman and Wiryana, 2011; Handayani, 2012). In this process, the

woman received several types of support to carry out the tradition: *emotional support*, *instrumental support*, *informational support*, and *appraisal support*. These supports came from religious leaders, local figures, traditional leaders, the community, family, and neighbors in those villages of Pollo and Bena. Handayani (2012) added that actually during the process of Se'i, the post-partum mother had several health problems, such as swollen eyes and difficulty in breathing due to the smoke.

If in the past, Se'i was carried out in a round house which was also a living place with only one door, now it is practiced in the bedroom of a house that has windows, doors, a living room, and bedrooms. Round houses are now used only for a kitchen and a food storage. The mother and her baby undergo Se'i in their bedroom using ember. The log used is no longer pine wood or casuarina wood like the olden days, but only sandalwood or ganoak wood (a local wood). The use of ganoak or sandalwood is believed to be able to prevent the mother and her baby from the disturbances of bad spirits.

The smoke coming out from the flame underneath the bed is believed to help excrete dirty blood from the mother which eventually will speed up the healing process after giving birth. The smoke is also believed to make the baby's body stronger. Another effect of the smoke is also to preserve food, which is corn, the main food for the mother.

The local people believed that when a woman had just given birth, her dirty blood had to be excreted immediately. If not, this blood would stay in the body and turn into a disease which could lead to death. Another belief was that the blood would turn into another baby. Se'i was believed to prevent white blood to go up to the head which could cause mental illnesses.

Informational Support for the Se'i Tradition was introduced mostly by the parents or parents-in-law of the woman who live with them. The mother-in-law or the mother told their daughter about the benefits of Se'i and asked her to do it after giving birth. The mother-in-law believed and expressed what she experienced herself with Se'i. She, for example, told how on the third day of the process, there was a big gulp of blood the size of a baby came out of her body. After that, she said that she felt healthier and stronger. Due to this personal experience, this mother-in-law had to make sure that her daughter-in-law do it also, even though a health staffer had advised her not to do it.

Instrumental support is in the form of materials that are needed for the mother and the baby during the procession. The wood was gotten from the forest. The husbands went to the forest to seek for logs that were then burnt to produce ember to be put underneath the bed of the mother and her baby. The traditional midwife helped by providing logs, water, and rice. In the two villages, there were only two trained midwives and around ten untrained midwives.

Informational support besides gotten from the mother of the woman, was also from the midwife who helped the delivery process. Her service was needed before the delivery process by massaging the pregnant woman. The massage was done to fix the position of the baby in the womb. During the delivery, there were four people needed to help: one holding the legs, one holding the head, one helping the baby to come out (the midwife), and the husband. Many pregnant women still gave birth at their homes because they reasoned that there was no time to go to the local health center since the pain appeared very suddenly.

Appraisal support was gotten from the stories of people around the pregnant women. Besides their own experiences, they also told the stories their relatives and neighbors about the benefits of Se'i. The comparisons between the effects of doing Se'i and not doing it had also affected the decision to undergo it themselves.

Various efforts have been done by the local government to ban Se'i, starting from issuing a regional regulation, disseminating information, to giving fines to those who did it. According to a health staff, B (42 years old), the way to monitor pregnant women was by giving them flags and stickers. If they went to an integrated service post (*posyandu*), they were given red books which indicated that those mothers had been monitored. According to another staffer, M (52 yo), the government had also given training about post-partum treatment. In trimesters 3 and 4, the mothers were given training and information about cleaning nipples, about nutrition, house visits by health staff, motivation to visit *posyandu* or a local public health center.

If they did not visit *posyandu*, they would be fined Rp 2500 per month. This money would then be used for *posyandu*. The local public health center had also trained some traditional midwives to follow the guidances from the health staff. Trained midwives would direct the families of pregnant women to take them to the health center. With this new regulation, traditional midwives were no longer allowed to assist the delivery process because they would be fined Rp 300,000 by the village apparatus if they did so. This fine

would be born by the family of the pregnant women in the amount of Rp 150,000 and by the midwives themselves Rp 150,000. This amount of money was apparently quite a lot for people there, so many people started to have baby delivery processes at the local public health center. The same amount of fine would be charged to a pregnant woman if she did not undergo routine check ups at the health center. These fines were managed by the village treasurer to provide transportation for pregnant women. There was also a regulation that stated that if a pregnant woman delivered at home, besides being fined, she would not receive services from the health center either. The ban would be lifted once the woman had paid the fine, written an apology letter, and promised not to provoke other pregnant women.

For women giving birth at the health center, they were given information by the nurses and midwives to not undergo Se'i because it would harm them. The center had also given enough medicine for the post-partum period. This condition had limited the number of women who still did Se'i even though they had their check ups at the center.

Besides a regional regulation, the government had also allocated money in the amount of Rp. 1,200,000 per person per year for the so called health cadres. There were five cadres who received this salary every year.

The regional regulation that banned Se'i can be found in the Regional Regulation Number 6 Year 2013 article 18.

An interview with MB (37 yo), 7 days before giving birth, a mother could wait in a waiting house without being charged anything as long as they had BPJS Card (national health insurance system). This house was located near the local public health center. Out of 30 centers under the regional health office, there were 14 waiting houses. After there were women who had given birth, the village heads and midwives in their areas would be informed by the local figures and religious leaders. The mother-in laws, who were quite dominant in the Se'i Tradition, also went to the *posyandu* so that they could be exposed with the right information about post-partum treatment. Besides that, health cadres went from one house to another to disseminate health.

According to the head of the local Public Health Center, there was already a decree letter from the head of the district to form the so-called BKMP (*Badan Kemitraan Masyarakat dan Puskesmas*) or Board of Partnership between the People and the Health Center whose duty was to make sure that pregnant women could get to the Center. With this, it was hoped that they could give birth in a normal way.

"With the existence of BKMP, it is hoped that the mother's condition is normal when she returns home," says the Head.

The Head of the Public Health Center further stated that infant mortality rate occurred the highest at the ages of 0-28 days. In 2013, there were 26 babies who died due to Low Birth Weight and due to the mothers' lack of protein. According to the health center, routine check ups done by post-partum mothers could also reduce the risks of acute upper respiratory infections on their babies and post-partum infections on the mothers. With routine check ups, these mother had to go out from their houses to the health center within 40 days after giving birth to reduce the chance of undergoing the Se'i Tradition that could cause the respiratory infections.

These various ways that had been conducted were able to lower the mother and infant mortality rates. Even though it was not yet 100% eliminated, they were hoped to make people able to leave the tradition behind. One obstacle for mothers to visit the health center was the lack of transportation which had made these mothers dependent on their families to take them to the health center.

CONCLUSIONS AND RECOMMENDATIONS

Emotional support towards pregnant women connected to the necessity to undergo the Se'i Tradition in the District of South Amanuban, the Regency of Southern Central Timor, East Nusa Tenggara Province, was still shown strongly by the local people, especially by the mothers-in law. *Instrumental support*, on the other hand, was shown by the husbands and the traditional midwives who helped with the babies' delivery. As with *Informational support*, it came from both the mothers and mothers-in law of the pregnant women. Lastly, *Appraisal support* came from all the neighbors and relatives of the pregnant women, by telling them how comfortable it would be after undergoing the tradition, and this eventually had affected the pregnant women to decide to do the same thing.

Therefore, this study recommended that people always obey the advice from the local health staff to give birth at the nearby local health center and not undergo the tradition anymore. The second recommendation is that the government should support by providing

transportation that would allow the pregnant women to access local health services more easily.

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