TINGKEBAN, BROKOHAND, SELAPANAN
JAVANESE CARE AND RITUALS DURING PREGNANCY, CHILDBIRTH AND POSTPARTUM IN KALISARI, BOJONEGORO, EAST JAVA, INDONESIA

Thesis submitted for the Master's Degree

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EXECUTIVE SUMMARY

The purpose of the study is exploring perception, meaning and practices related to pregnancy, childbirth and postpartum in a rural community in Kalisari, Bojonegoro, East Java, Indonesia. I focus my study on rites of passage performed during these periods, and also on the role of *dukun bayi* in this process. Particular attention is given to beliefs, rituals and practices during those periods.

The participants of this study were three young mothers between ages twenty and thirty five years, and two (old) mothers who are more than fifty years old. It was necessary to get different perspectives, and to compare their experiences during pregnancy, childbirth, and postpartum. Two *dukun bayi* also partook in the research.

This is a descriptive study which is presented in qualitative data. The data was collected by conducting semi structured and in-depth interviews, and focus group discussion. Using observational methods, analytic principle from cognitive symbolic perspectives is applied to draw the significance of doing traditions related to beliefs of villagers during the pregnancy, and postpartum.

Women in Kalisari, Bojonegoro, East Java, still practice customs during pregnancy, childbirth and postpartum that they believe as their heritage culture. Besides they use *dukun bayi* almost exclusively during pregnancy and postpartum.

Their beliefs and practices are based on sociocultural and economic factors. Considering sociocultural factors, the village women perceive that all practices, customs or traditions should be those of their parents. This is done out of respect. Sometimes they believe something may happen if they ignore them.

The village women that I interviewed believe that pregnancy, childbirth and postpartum are critical periods. They said that *barang halus* (evil spirit) likes to bother pregnant women, babies and women at ‘nifas’ (postpartum) periods. It is a really dangerous time
so that the villagers have a lot of rituals to protect mother and baby from evil spirits. The core of the ritual is 'slametan' (communal meal). They have it many times and call it by different names, starting at four months’ pregnancy until forty days after delivery. Slametan tingkeban is as announcement ritual held at fourth or fifth month of pregnancy. Slametan brokohan is held immediately when the baby was born, or when the umbilical cord falls off and the baby name giving rituals. When a woman releases from postpartum period, slametan selapanan is performed. It symbolizes the purification and acceptance a ‘new mother’ and her baby into society. The rituals are performed in religious (Islamic) context: their prayer is adopted from Koranic verses. Another practices during pregnancy, childbirth and postpartum are food restriction and avoiding taboos. The Kalisari women still perceive that breaking these practices has consequences to both mother and her baby. Other practices are ‘pijet’ (massage) and drinking ‘jamu’ (herb).

Dukun bayi can detect the age of the pregnancy and the position of the baby in mother’s womb by touching her belly and using her ‘natural’ sense or feeling. Both the dukun bayi I interviewed said that they don’t know where their talent to detect the pregnancy is from, but they can tell where the buttocks or the head of the baby in the womb. This is one of the skills that obstetric midwives do not have. Their touch and patience make the expectant mother feel comfortable. One of my participants said that if the baby is not in a good position, the dukun bayi can make turn it to a better position with a gentle massage (di elus, di giring), but obstetrical midwives always advise having a caesarian section. It is scary for the women and their family, of course, because of the cost and the transportation.

All the participants consult dukun bayi during pregnancy, childbirth and postpartum, but I found two of them consult both dukun bayi and obstetrical midwives periodically during pregnancy, and childbirth. They give birth with obstetrical midwives assisted by dukun bayi, because they have a high risk. One had high blood pressure, and the other had bleeding and a handicapped baby, which unfortunately died.
The village women are aware of the risk in childbirth; they said that delivery is ‘taruhan nyowo, antarane urip lan mati’, (soul sacrificing, between life and death). Because of those beliefs and also information which has come to the village through television, midwives, radio, the local public health centre and others, the village women in the last 5 years like to consult obstetrical midwives in giving birth. Basically they have home based delivery. They will come to the clinic accompanied by the dukun bayi if the dukun bayi suspects there may be a high risk in delivery. Usually the dukun bayi knows the signs of a high risk in an expectant mother, such as a pale face or swollen legs, or if the baby in the womb is not normal (small), or the position of the baby cannot be changed.

The mother will breast feed just after the milk is produced, but commonly the first milk which is yellowish (Colestrum) is thrown away. They believe it is dirty and it can make the baby have gas. The baby will be kept in the house for 40 days, and sometimes until it is three months old. If the baby is brought out of the house before those periods, it may cause the baby ‘sawanen’ (bothered by evil spirit so that the baby will keep crying or weaning, and getting fever without any visible reason). If it happens, only dukun bayi or kyai (Moslem scholar) can recover the baby by giving holy water to him/her (umben-umben).

The whole process of pregnancy, birth and subsequent rites has great symbolic meaning for both mother and her baby. The rituals are clearly presented the separation, transition and incorporation process.
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CHAPTER I
INTRODUCTION

Background

Pregnancy and childbirth are viewed as very important events for Javanese people, because being pregnant is a sign of fertility and giving birth to a child, especially a male child, is viewed as an increase in wealth. A woman with many children is envied; a barren woman is pitied (Geertz 1961:83), and having a baby is considered as necessary for creating a complete and perfect household and family. Different authors (Kang-Wang 1980; Rice 1995; Jennaway 1996) state that the birth of a first child, whether both boy and girl, is critical since it alters a woman's status within the family, ensuring the continuity of the lineage. Women gain status when they bear children, or secure their personal status within their husband's lineage, because of their success in producing a child from their own body for the patriline of the husband (Rice and Manderson 1996: 8), either a girl or boy.

The birth of a baby is welcomed with great happiness and many rituals in Javanese society because the newborn has a high value in the family. The value of children is expressed in practical terms: “When you are old, your children will care for you. Even if you are very rich, the kind of care your children give you cannot be bought.” (Koentjaraningrat 1985: 83). Boys are in particular expected to continue family life, to preserve (budaya) (culture/local customs), such as being participants in important rituals, and being a head of the household. They are expected to protect the family's property, such as the rice fields, and cattle. The desire to have children in Javanese families is, according to Koentjaraningrat (1985), related to a need to secure care for the parents in old age, or simply because Javanese elderly feel more secure and confident surrounded by family and offspring (Ibid: 100).

Although children are welcomed, pregnancy and childbirth are seen as potentially dangerous in Javanese society and it involves a wide array of indigenous beliefs and

1 This is a personal comment that I often heard from Javanese families, especially villagers. The male child is expected to help his family work in the field, to help raise the family's income.
practices related to the periods of pregnancy, childbirth and postpartum. Most important is the pursuit of safety in life and protection of the soul.

In anthropology pregnancy, childbirth and the period until a newborn is introduced into society are seen as periods of transition or *liminal* phases. According to van Gennep (1960) transition forms the in-between stage of rites of passage. During transition the person does not have her previous status anymore, but she has not achieved her new status either. The child a mother-to-be is expecting, is also in-between the world of the spiritual and the living. During this stage the person involved usually has to follow a wide range of proscriptions and taboos and often is seen as in a position of learning to equip herself for her new role and responsibilities. Transition is assumed to be dangerous and the people who are in this *liminal* phase are viewed as vulnerable. They and/or their kin perform many kinds of rituals in order to pass through the period safely.

This is the case in relation to the indigenous rites which are performed by the people in Kalisari, a small village located at the edge of the Solo River in Bojonegoro, East Java, during pregnancy, childbirth and postpartum. As an example, the ritual at the fourth month stage of pregnancy is called *tingkeban*. It is a public announcement of the pregnancy and impending birth. This is also the beginning of the rite of the passage. Here people believe that a four-month-old fetus has a soul, whose security should be celebrated. The essences of the rites involve “*slametan*” (ritual gathering with meals and religious prayers) and are held as a token of gratitude for surviving the initial danger of pregnancy for the mother-to-be and of the unborn child in the womb. Javanese people consider the periods of pregnancy and childbirth as a very important and critical period.

The pregnant woman will become a mother and the pregnancy is now seen as viable because the unborn will probably survive to birth. Yet, the process of change is still seen as potentially dangerous and open to possible bad luck. The rite is aimed at countering this and ensuring divine blessing. It is also aimed to seek material and spiritual salvation for the expectant mother, unborn child and the whole family. During this period, certain specialists have a role to play in the protection and safe deliverance of mother and baby. One such person is the indigenous birth attendant or *dukun bayi*. She has a social and spiritual
function in the community. The *dukun bayi* has to be skillful not only in helping with labor, treating the baby and the mother with indigenous medicine and magical words, but also in practicing many rituals. As Koentjaraningrat says

In her work at childbirth, a *dukun bayi* midwife has to have knowledge of many ceremonies, magical spells, and native medicine for the treatment of the baby and the mother after the delivery. Several of the ceremonies have practical purposes, but most have merely symbolic meanings. (Koentjaraningrat 1985: 103).

One of the *dukun bayi* whom I interviewed, Rohimah, has such “magical spell”, but I would rather call it “*wirid*”. She learned it from a Moslem scholar. “I have to practice it after praying five times a day”, she said. The *wirid* is taken from the Koran, *Surah Hasr* the last verses. It reads as follows:

\[ \text{Huwallaahul khaaliqul baariul mushawwiru lahul asmaaul husnaa} \\
\text{Yusabbikhulahuu maa fissamaawati wal ardli} \\
\text{Wahuwal ‘aziizul hakiim} \]

Him...God (Allah) who creates and has good names
Him ...who is the most pure on the earth and in heaven
And Him... who is the most just

It seems that she has a spiritual power in order to encounter “life crisis” or a “danger” during the periods of pregnancy, childbirth and postpartum. One of her clients, Rohani said, “When I am pregnant and give birth, I feel more comfortable to be assisted by the *dukun bayi* who is able to spell verses of Koran. I feel safe”. Her statement shows the important role of the *dukun bayi*, who is equipped with spiritual power and knowledge.

In Kalisari, there are two *dukun bayi* or indigenous traditional birth attendants (this is not a TBA as defined by the WHO and UNICEF) who are often mediators of transition; women prefer to use them during pregnancy and postpartum. Their presence becomes very important because their “whole services” or holistic approach are convincing and reassuring to their clients. These whole services include massaging, bathing, and most

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2 *Wirid* is an Arabic word. It means performing a ritual by spelling a piece of Koran verses which is done for a certain periods and a certain times. Sometimes it must be practiced for forty days continuously after praying five times a day.
importantly, spiritual support (their wirid/prayer). The clients also take the dukun bayi’s behavior (politeness, softness and patience) into consideration. In other words, dukun bayi’s services can dispel both physical and spiritual danger.

Both dukun bayi in Kalisari have other skills rather than just wirid. They are able to detect the baby in the womb by touching the mother’s belly. Their capabilities are based on their “feelings”. Although village women prefer consulting the dukun bayi during their pregnancies, childbirth and postpartum, they will not ignore the dukun bayi’s advice to consult obstetrical midwives (bidan), if there may be a ‘problem’ with either the mother or the unborn child.

Statement of the problem

Causes of maternal death often relate to women’s reproductive functions including gynecological infections, chronic anemia and malnourishment that contribute to pregnancy complications, maternal and neonatal death. The high maternal mortality rate is also associated with the lack of obstetrical birth attendants or midwives, especially in rural areas. In Kalisari, apparently, there is no obstetrical midwife (bidan) who is officially placed in that village. There is one bidan who lives in the next village, because she is married to a local man. She has a clinic and it is equipped with simple tools. Unfortunately, village women are less inclined to consult her, because of her lack of empathy. Therefore, again, the dukun bayi is preferred. The dukun bayi sometimes has lack of knowledge which deals with pregnancy, childbirth and postpartum. For example, she cannot distinguish between normal bleeding and abnormal bleeding after delivery.

According to Rahrujo (1997), the use of indigenous traditional midwives might negatively affect women’s health, for example the perception of postpartum haemorrhage, the traditional midwives perceived that it is bad blood and it is better to flow out. Yet women prefer to use them in what is seen as a potentially dangerous period. Rahrujo conducted a study among West Javanese women and argues that another traditional practices deals with beliefs which contributes the negative effect of women’s health is performing dietary habits. In addition, Rahrujo stated that women need more nutritious food, especially during
pregnancy and breast-feeding, but iron deficiency is chronic among Indonesian women of reproductive age (Raharjo 1997: 175).

To improve and assist with the shortages in obstetrical midwives in rural areas, many developing countries have trained traditional birth attendants since the early 1970s (Asghar 1999). The aim was to equip the TBA's with primary obstetrical knowledge of cleanliness, washing of the hands and clean or sterile cord-cutting procedures, especially to assist in delivery. In Indonesia, the trained indigenous birth attendants are called dukan bayi terlatih (Trained TBAs). They are expected to return to their communities, armed with better knowledge, and to continue assisting in births as volunteers (Pigg in Floyd and Carolyn 1997: 240). As a matter of fact, both dukan bayi, in Kalisari received an intensive course on how to assist in delivery using a basic medical procedure. After training they are equipped with a delivery kit: scissors, alcohol, bandage, a placenta container, brush for washing hands, and plastic gloves. Whereas they received this training, it is very basic and not as recommended by the standards of the WHO for TBA's (see annex III: Sample of training module).

Ideally, according to Wastidar Musbir, chairperson of IBI (Central board of Indonesia Midwives Association), there should be one obstetrical midwife in each village. Instead, in some countries, for example Papua, one obstetrical midwife is responsible for four villages (Sinar Harapan Newsletter, 2003). As a result, this can be seen as one of the reasons why pregnant women and mothers of newborns consult indigenous birth attendants (dukan bayi) who are established and trusted in facilitating pregnancy, childbirth and postpartum periods in the community setting. Other factors, including economic and sociocultural factors, may lead to dukan bayi services being preferred; as well as the value of respect (hormat) and harmony (rukun), and obedience to parents. For most people in Java pregnancy, childbirth and the postpartum period, the choices made in relation to the choice of specialist to support this process, to control and guide it, involve a complex intersection of all spiritual, economical, emotional and kinship factors mentioned. Rohani, one of participants in this study, said she never asked her parents why she should do like her mother did, she just followed her advice. Sometimes she did not even know the meaning of any of the practices during pregnancy, childbirth, and postpartum. It was 'traditional' and the way things should be done.
These might influence a woman’s choices or the decisions made on her behalf during pregnancy and after the birth of the child. As indicated above, pregnancy, childbirth and postpartum are seen as potentially dangerous periods and dukun bayi are viewed as skilled and knowledgeable in practices, magic and rituals related to it. All my participants declared that they had performed indigenous rituals during pregnancy, childbirth and postpartum, because it was recommended by their parents. There was a “fear” of not following the rituals, out of respect for their parents, but also because of the consequences of ignoring such inherited customs and beliefs. All my participants observed that if they had problems during pregnancy, childbirth and postpartum, such as obstruction during the delivery, or bleeding, they would suspect that they had not carried out recommended rituals or customs, such as slametan, and had transgressed taboos. One of my participants, Arroh, says:

I have five children, I am very happy that I never had any problems during my pregnancy, childbirth and postpartum. As I know that there are various problems during those periods, such as obstruction, bleeding and handicapped children. Thank God... I never had such scary problems. I believe that as long as I obey my parents to do our customs, and behave well to everybody, I will deliver easily and nothing may happen with my child and me. I never ignore the customs... massaging, drinking jamu, food restrictions and slametan.

I noticed that the villagers strongly believe in, trust and are adherent to the indigenous customs during pregnancy, childbirth and postpartum. This notion attracted me to study it in order to gain the women’s understanding of the beliefs and practices during pregnancy, childbirth and postpartum. In addition this study will explore the role of the dukun bayi during pregnancy and postpartum, and then attempt to understand why women appear to prefer the assistance of obstetrical midwives (bidan) during delivery.

Objectives of the Study

- General objective
This study explored perceptions, meanings and practices related to pregnancy, childbirth and postpartum in a rural community in Kalisari, Bojonegoro, East Java, Indonesia. The focus of the study was to examine rites of passage performed during these periods, and to
explore the role of the *dukun bayi* in this process. Particular attention is given to beliefs, rituals and practices during those periods. For this purpose I will approach the *dukun bayi* as ritual specialists and mediators in a process of transition for the woman and unborn child as they move through the different stages and are finally reincorporated into society.

- **Specific objectives**
  
  a. To gain an understanding of rites and ceremonies during pregnancy, childbirth and postpartum periods as perceived by women (expectant mother, her mother, and indigenous TBAs) in a rural community.
  
  b. To describe women’s perception related to the *dukun bayi*
  
  c. To identify and describe the relationship of sociocultural factors with women’s perception of performing rites and practices which resonate with local beliefs and meanings during pregnancy, childbirth and postpartum periods.

**Literature review**

In this section I will give an overview of literature related to cultural understandings, assumptions and practices related to pregnancy, birth, neonatal care, and postpartum.

**Pregnancy and childbirth**

Grossman, Eichler and Winickoff (1980) argue that pregnancy and childbirth are considered as psychological, physiological and sociocultural changes. They present Freud’s theory that pregnancy and childbearing optimize maturity of the maternal orientation. Once achieved this orientation, as they quoted from Freud, becomes the hallmark of a healthy feminine sexual identity (Grossman, *et al.* 1980: 13). In this approach the psychological dimension of pregnancy and childbirth is understood more in relation to medical knowledge than in relation to its meaning for women. Grossman *et al* also explore ideas about sociocultural dimensions that can influence the outcomes of pregnancy and childbirth, such as lifestyle, socioeconomic situation and age. They view pregnancy and childbirth as a time of normal developmental crisis that is a turning point in the life of a woman and her family (Ibid. 1980: 12)
Literature on pregnancy is often informed by medicine. For example, according to Trujillo
and Higgins (1989) a woman realizes that she is pregnant through the changes not only of
her body, but also her emotions, fatigue, mood swings, and sexual activity (Trujillo and
Higgins in Stern 1989: 31). Wolkind (1981) says that many women also know they are
pregnant when they suffer from morning sickness and vomiting. He generalizes that nausea
is popularly viewed as perhaps the most noticeable feature of early stage of pregnancy. This
represents an instance in which lay and medical opinions coincide and, in many textbooks
of obstetrics, nausea is discussed not with the complications of pregnancy, but in the
chapter dealing with its early sign and recognition. The usual pattern of nausea described
would be for the woman to experience, during the first two to three months of pregnancy, a
feeling of sickness (nausea) often accompanied by a sensation of fullness in the abdomen.
This would occur most often just after rising in the morning, and in many cases would be
followed by actual vomiting (Wolkind 1981:75). Javanese women in my surroundings also
get morning sickness. It is seen both as a sign of pregnancy and an indication of pregnancy.
It often happens that if one female family member suddenly has morning sickness, she
will be suspected of being pregnant. It does not matter whether she has a husband or not. Thus,
this is a biomedical view of the signs of pregnancy are also accepted at the local cultural
level.

As Browner and Sargent indicate, reproduction is a biological as well as a socio cultural
process. Pregnancy is one of physiological human reproductive process, but also involves
socially and culturally constructed notions and practices that shape maternal roles,
childbirth, and related reproductive activities and link culturally constituted notions of
femininity and maternal behavior (Browner and Sargent 1990).

Cosminsky (1982) argues that pregnancy is also culturally shaped, and women’s
knowledge, beliefs and behavior are involved in this context. Not all women will
experience the above ‘classical’ symptoms of early pregnancy, and even if they are
nauseous, this might not be seen as indicative of pregnancy. In many cultural settings
pregnancy is also viewed as a “natural” state, normal rather than pathological, one which
needs supervision but usually not medical care (Cosminsky 1982 quoted in Rice and
Manderson 1996: 3). All of these might influence the decision to use a TBA or a dukun bayi.

Unlike medical texts, anthropological literature on pregnancy, childbirth and postpartum are focused more closely on the socio-cultural factors. In this respect, the work of Clifford Geertz, (1961), Koentjaraningrat (1985) and Jay (1969) has been very influential. These sources give a great deal of attention to related beliefs and rituals. In Java According to Geertz (1961:85) Javanese women usually recognize that a woman is pregnant when she has a sudden intense desire for extremely peppery food, especially salad-like rujak which is later served to neighbors and friends at the ritual meal celebrating the seventh month of the first pregnancy. This event is called mitoni (Koentjaraningrat 1985: 101), or tingkeban (Jay 1969:30). The mitoni celebration during the first pregnancy is usually bigger than in the following ones.

According to Koentjaraningrat (1985) mitoni has an ambivalent meaning. On the one hand the celebration is aimed at announcing the pregnancy or impending birth, but on the other hand it also includes elements that stress the dangers of childbirth. This is symbolized by the food which is prepared for the sacred communal meal and also from the taboos to be observed by the prospective mother and father. These are apparent, symbolic attempts to neutralize such dangers, and to protect not only the prospective mother and child, but also the rest of the family (Ibid.101). The ritual meals or slametan which is held in the seventh month of pregnancy means to safeguard, but it is not the only thing that a pregnant woman and her husband must practice. Actually, everything a person does is viewed in the light of its possible consequences for the baby (Geertz 1961: 87). For instance, a pregnant woman must be careful not to be angry or nasty to anyone, whatever they do; otherwise the baby may be affected. Likewise, the pregnant woman should not stand in the doorway because it may cause the obstruction of birth.

Everything a pregnant woman, impending father and dukun bayi does is viewed in the light of its possible consequences for the baby (Geertz 1961: 87). It is believed that if a pregnant woman or her husband breaks the rule or “taboos”, it will have an effect on their baby. This concern also refers to behavior and its potential impact on the unborn child.
Other customs include being massaged and drinking herbs or jamu. Massage is usually done by the dukun bayi at least once during the pregnancy to detect the position of the baby. Drinking jamu is for health reasons.

When the baby is born, the immediate smaller communal ritual or slametan is held as soon as possible by serving very simple food; the meal is not the same as mitoni, which is aimed to announce the safe passage of pregnancy and to ask for safe birth of a new baby and to express thanksgiving. After the baby is born, the husband has a task, which only he may perform: to bury the placenta somewhere around the house, usually in the front yard and put a light. Javanese believes that the placenta is the supernatural ‘younger brother’ of the baby. The permanent burial and giving of light are aimed to keep the power of the spirit of the after-birth under control and not cause sickness to the infant. The husband’s final task is to wash off the blood from the clothes that his wife has used. If he is not present at the birth, near kin of the new mother can perform this duty. However it cannot be someone from the parental generation (Geertz 1961: 88).

Both Koentjaraningrat (1985) and Geertz (1961) emphasize the importance of social relationships in childbirth, such as holding jagong bayi (though not so often today) which is a social event carried out by the father and an adult members of the house, and sometimes with the neighbors who stay awake until midnight to share the joys and worries of the family concerned. It is held every night until the umbilical cord has fallen off. Slametan is held again when naming the baby, seven days after birth or sometimes when the umbilical cord has fallen off.

Neo-natal care

Anthropological literature shows that the care given to the new mother and her baby, firstly involves physical assistance, as in the care with bathing the baby with warm water immediately in order to clean up the blood, or helping the mother to sit up or senden (Geertz 1961: 88), leaning her against a specially built backrest, surrounded by pillows. She must never lie down not even to sleep. In this respect the dukun bayi seems to play an important role in bringing the mother back to her ‘normal’ state. Sitting the mother up is
aimed at allowing the blood to flow out as fast as possible so that she will be clean again. The neighbors usually come to visit to welcome the new baby and congratulate the new mother as an appreciation of happiness and safety. As Jay states

A continuous body of visitors is present, and this is felt to be an important part of the security with which a newborn child is surrounded. The mere presence of a guest is therefore important (Jay 1969: 31).

Once more the seemingly everyday happenings are informed by symbolic meaning and are aimed at also preparing mother and baby for the ‘entrance’ into everyday life. Such treatments, such as bathing the baby and new mother, is performed by dukun bayi every day for the first thirty-five days. The baby must be massaged twice a day during the first five days. Its purpose is to shape the body properly and to exercise it so that it is soft and not stiff. It is called dadah. The mother is also massaged which is called dadah wulik, which means “to massage back to the original state” (Geertz 1961: 90). Thus the dukun bayi has an important role to play in preparing the baby for life and for assisting the mother to return back to being an ‘ordinary’ woman, albeit mother of a newborn.

Postpartum period (mifas/ngedah)

The postpartum period lasts for thirty-five to forty days after giving birth. The customs of treating the mother in the postpartum period is from both outside and inside the body. The external treatments include bathing, massage, applying herbs and other traditional recipes made by dukun bayi on the body, as Geertz (1961) called tapel for the abdomen, bobok for all over the body and pilis for the forehead (Ibid: 90). The internal treatments involve drinking jamu and consuming certain foods or keeping some taboos. The dukun bayi makes jamu from herbs and many other ingredients for the new mother in order to make her feel good, “cool” and to make her milk taste good and flow copiously, because the mother immediately nurses the baby when the milk is produced.

During postpartum periods some restrictions should be practiced. The new mother is not allowed to walk fast. She must sleep in the sitting up position, peppery and iced food should be avoided, and sexual intercourse is prohibited (Koentjaraningrat 1985: 106). It will have an unfavorable effect on the newborn baby, or on the flow of the mother’s milk.
All those restrictions are mainly aimed to “shape” the new mother’s body back properly and healthily. For example, in providing care of the mother after delivery, indigenous TBAs in Madura, Indonesia apply a bandage around the abdomen. This bandage consists of a long piece of cloth (bangkong) which is wrapped tightly around the mother’s waist and belly “so that she is hardly able to walk. The intention is to restore the body’s shape (Lafeber 1994: 55) to what it was before pregnancy. All of these practices are aimed at preparing the mother and baby for the final stage in this long rite of passage when they are reincorporated into society.

When the new Javanese mother completes the nifas/ngedah period (postpartum), she has to take a shower. It means symbolically that she is clean again; she is released from many kinds of restrictions, and takes on the care of the baby, such as bathing, massage, and feeding. Many families give a name on the day the baby is born, an event which is celebrated with a communal meal called slametan brokohan. Others, however, do not consider this ceremony a name-giving one, but only one to celebrate the birth. But generally Javanese have a name-giving ceremony on the seventh day after birth. Before 40 days the baby is still considered very vulnerable to environment or evil spirits. Bad ‘things’ will easily contaminate the baby. Javanese mothers generally call this ‘sawanen’. Therefore, the baby cannot be taken out of the house, but after 40 days, the baby is considered strong enough and he/she can be introduced to the outside environment, and taken out of the house. This is the reintroduction of the mother to society and is also the recognition of the child as a new member of society.

The Role of the Dukun bayi

Indigenous traditional birth attendants are often established care-giving and ritual specialist in rural communities. They perform examinations whenever pregnant women consult them. They take care of the women from the first pregnancy, delivery, preparing herbal medicine, conducting rituals after childbirth and caring for a new mother during the postpartum period. Local customs or practices during pregnancy cannot be separated from childbirth and postpartum periods. Indigenous practices, which are usually followed, include taking
herbal medicines, massages, food restrictions, and other taboos, and it indicates that the role of indigenous traditional birth attendants cannot be ignored.

The use of herbal medicine is very common in many countries. The purposes are for treating abdominal pain, preventing abortion, ensuring a safe pregnancy, keeping the fetus slim, making the pregnant women strong, enlarging the birth canal, inducing stronger constructions during labour, ensuring a strong child, preventing maternal oedema or the presence of vernix on the newborn or they may facilitate placental delivery (Lefeber and Voorhoeve 1998: 22). In Indonesia the herbal medicine is called 'jamu'. The specialist who usually prepares it is the dukun bayi.

Massage during pregnancy is also common and is practiced by traditional midwives or preferably a traditional birth attendant or dukun bayi. In west Sumatra, Indonesia, indigenous midwives may apply massage to the abdomen during the first three months of pregnancy if the unborn child is considered to be malformed (which may happen if the mother is injured, or in case of witchcraft). The massage is applied to "cure" the malformed fetus. In addition during this first period of pregnancy an abortion may be brought about by strong massage of the abdomen (or by herbal drinks) (Lefeber 1994: 31). Massage will continue in the eight month of pregnancy to check the position of the fetus (Lefeber 1994: 41).

Pregnant women need a balance of different nutritious foods for each period of life. Food taboos and/or food recommendations during pregnancy and after delivery may nevertheless lead to a deficiency in nutrients. As I mentioned in the previous passage some of the causes of death among women is malnourishment, due to dietary restrictions during pregnancy. It is suspected to relate to traditional beliefs and practices. Yet not all food taboos are necessarily bad, but rather relate to wider beliefs about the need to keep a balance in the body between 'hot' and 'cold' elements. In this regard Lefeber and Voorhoeve (1998) found that food taboos during the antenatal period in West Sumatra, Indonesia includes women not being allowed to consume pineapple and durian, which are, viewed as hot food and believed to cause a miscarriage, while fats and oils may cause the child to grow too big (Lefeber and Voorhoeve 1998:16-18).
In rural areas, the *dukun bayi* has an important and vital role. Ideally biomedical recommendations and practices related to pregnancy include recommended routine visits to an antenatal clinic. In this regard Dasvarma quotes from Pachauri (1997:256) that adequate maternal health care during pregnancy (antenatal care) should consist of four visits to an antenatal clinic, with at least one visit in every trimester of the pregnancy. These visits are necessary to provide advice on nutrition, to give the needed doses of tetanus toxoid injection and to check for and treat any abnormality in pregnancy or identify possible complication for referral. At the same time women often seek antenatal care for reassurance, rather than for medical reasons, and attendance at antenatal clinics has ritual rather than clinical significance for such women (Crouch and Manderson 1993 quoted in Rice and Manderson 1996:4). The women are thus looking for more than just medical antenatal care.

Because of a shortage in medically trained staff, as well as people's concern for more than just medical care, the use of traditional birth attendants' services in many countries is preferred. A report of the World Health Organization in 1978 (cited in Helman 1990 quoted in Rice and Manderson 1996) indicated that worldwide, two-thirds of babies are delivered by traditional midwives. This phenomenon is also happening in Java, Indonesia, as Paton's (1988) work in central Java provides further examples from Asia of the important role that older women, who are often also birth attendants, play in providing health care and social support for the pregnant, parturient, and newly delivered mother. These findings echo the representation of the traditional midwife's role as an 'expanded role, part of a support system that includes social, ritual and psychological components in the care of childbearing women'. (Cosminsky 1982)

The actions of the indigenous TBA's (as opposed to trained TBA's) relate very closely to local beliefs about health and ill health. For example, according to Lefeber and Voorhoeve (1998) in relation to postpartum haemorrhage, indigenous TBAs, (as opposed to trained TBA’s), believe that if the blood loss is excessive it is because “the mother has too much blood in her”. They consider postpartum hemorrhage to be ‘bad (menstrual) blood’ that has not been evacuated for nine months. Due to this belief postpartum hemorrhage is not thought to be alarming and active management is not initiated by them. They might even
encourage the flow of ‘bad’ blood. In Indonesia indigenous TBAs may also treat postpartum haemorrhage with herbs, herbal teas or massage (Lefeber and Voorhoeve 1998: 47).

**Rites of passage**

This research explores and describes the lay people’s beliefs and practices which are related to the rituals during pregnancy, childbirth and post partum. I found their rituals full of symbolic meanings; therefore I use cognitive/symbolic theory and combine it with liminality theory in analyzing my findings. The works of Douglas, Van Gennep and Turner inspire me to do the same thing in analyzing my own and thus Javanese culture. The concepts used by the above authors are about rites of passage, although they use different terminology to articulate their ideas. Van Gennep has the concept of *rites de passage*. His popular phases are rites of separation, rites of transition and rites of incorporation (Daryl Forde, Meyer Fortes, Max Gluckman, Victor W. Turner 1962: 2). Meanwhile, Turner would rather say *liminality*. It is considered a “life crisis” whereas Douglas stresses “pollution and danger”.

A rite of passage, which marks a time when a person reaches a new different roles/status and significant change in his/her life, is something that nearly all societies recognize. Most rites of passage involves three main phases, mainly separation, transition, and incorporation. Taking a person away from one familiar environment and former roles, and entering into a very different and sometimes foreign routine indicate the separation phase. A rite that can be identified in this phase would be birth. The transition phase is the time when a person enters a new stage and learns the appropriate behavior. This phase could be pregnancy. The pregnancy can also involve rites of incorporation, because the pregnant woman takes very a new and different role, from a single girl to an expectant mother (Arnold van Gennep 1960). Giving birth and the postpartum rituals symbolize the process of reincorporation into a new status, duties, and roles.

According to Kimbali (1960) van Gennep’s work and the analysis of ceremonies accompanying an individual’s “life crisis” which are called *rites de passage* is usually
considered to be his unique contribution to anthropological theory. Passage is a process of “transition”; involving what van Genep calls a schema, or “pattern”. Turner uses the notion of “liminality” to articulate the transition period. He argues that the person, things or group in a liminal state may be perceived as dangerous, taboo, sacred, or possessed by special powers, or a combination of those things. His concept of liminality provides us with a framework in which all of these dimensions of magico-ritual-religious systems may be analyzed in terms of unified theory. The work of Douglas is also important in this regard. According to her people and things that are in-between stages or categories are anomalous and must be moved to new statuses through rituals (rites of passage). For example someone being initiated or married is not yet one type of person but also no longer another. They are anomalous, out of place and potentially polluting or open to pollution—thus not fitting into any clear category and thus dangerous or endangered. She says that the rite of passage enables people to avoid potential confusion; rituals “purify” people who have been exposed to pollution, as a result of confusion of categories (Douglas 1966).

In marking rites of passage during pregnancy, childbirth, and postpartum, Javanese people have some typical ceremonies. These ceremonies involve the following: a communal meal ‘slametan’, a rite of seventh month pregnancy (mitoni/tingkehan), rites during birth and a rite for naming the baby seven days after birth (brokohan). The mother and newborn are also ritually incorporated into ordinary life. The rites are meaningful and the dukun bayi who is considered an ‘expert’ in conducting rituals, is often involved in these rituals.

Therefore, I will look at the role of dukun bayi as ‘caretakers’ and specialists in the rite of passage of pregnancy, childbirth and postpartum when the status and function of the woman and unborn are in transformation. For example, pregnant women are perceived as being in a vulnerable period. They are not girls anymore, but also not totally mothers yet and if they are already mothers, they are not the mothers of this particular child yet—in many countries a women’s status also increases if she has more than one child, so additional children can heighten her status as well. Mother and baby are in a liminal period, and many kinds of rituals, included avoiding taboos are included, in order to pass through the period safely. Childbirth and postpartum are believed to be a period of transformation.
from one state into another. In the 1960s, Victor Turner posited that rituals that often hold central position in all cultures have an element of liminality about them.

Liminality, marginality, and structural inferiority are conditions in which are frequently generated myths, symbols, rituals, philosophical systems, and works of art. These cultural forms provide people with a set of templates or models, which are, at one level, periodical reclassifications of reality and human relationship to society, nature, and culture. But they are more than classifications, since they incite people to action as well as to think. Each of these productions has a multivocal character, having many meanings, and each is capable of moving people at many psychobiological levels simultaneously (Turner 1967).

**Thesis outline**

This thesis consists of five chapters. The first chapter is introduction which consists of the background of the study, problem statement, objectives of the study, and literature review. Chapter two is methodology, which involves location and participants' profile, theoretical framework, study type and design, and ethical consideration. The next chapter is about pregnancy and childbirth. This chapter explores the importance of pregnancy, recognition of pregnancy, taboos(tarak), slametan tingkeban, massage and hurag, drinking jamu, childbirth and the placenta, bergodog and slametan brokohan. The fourth chapter is about postpartum/nifas. The role of dukun bayi is discussed in chapter five, and the last chapter is conclusions and recommendations.
CHAPTER II
METHODOLOGY

Location

Kalisari is a small village, which is located at the edge of Solo River. It is the longest river in Java. The district is Bojonegoro, East Java province. The width of the village is about 181 square kilometer with 2935 people. The number of illiterate people is 1897. More than 50% of the population cannot read and write, but they can read the Koran. There are 365 children under age five. The birth rate is not recorded. The village is led by Lurah (village leader) who was elected directly by the people. Most of the people are “blantik” (broker in Cow market), but sometimes they also work in the field that belong to their rich neighbors. Their income is very low: on average three hundred thousands rupiah per month (35 USD). All the women are housewives; only sometimes they help their husbands work in rice field. They are all Moslem. They practice it very well. They always go to mosque every praying time. Women and men have their own mosque, although the women’s mosque is smaller.

The health facility in the village is only one local primary health care or clinic with one paramedic in charge of it. He provides the services, such as contraceptive tools: pill or injection, although once in every two weeks he is assisted by bidan from another village. The presence of the bidan is expected to assist the people in the village in seeking health care included updating the information about health issues.

Means of transportation to reach the village is by motorcycle or small boat passing along the Solo River. It takes fifteen minutes from the bigger village nearby. From a distance bamboo trees surround the village; the village cannot be viewed clearly. It seems very quiet and peaceful. The village is really in a remote area; however the people are very friendly and helpful. They know every person in the village very well, although they live far from their houses. This is an easy way to do the research there. The research was held over six weeks, which I considered a very short time. Fortunately, I speak Javanese that is as the first language of the people in the village, and I stayed in a bigger village half an hour away from them, because I need an access, such as telephone, which does not exist in Kalisari. I
found it easy to obtain the information I needed that related to my research themes. As a result I could do the research as scheduled.

Participants' profiles

People who participated in this research are three young mothers between age twenty and thirty five years and two (old) mothers who are more than fifty years old. It was necessary to get different perspectives among them, and to compare their experiences during pregnancy, childbirth and postpartum. Two dukun bayi also partook in the research: one is the junior (not more than fifteen years experience), and the other is senior (more than thirty years experience), two men who are forty and sixty five years old who have experiences in assisting in their wives’ labor were also involved

The educational level of the participants is quite varied. All the young mothers graduated from senior high school, but the old mothers are uneducated. One of dukun bayi graduated from junior high school, but the older is uneducated; she is illiterate. Both men graduated from junior high school. As a matter of fact, they can communicate very well and are able to interpret all my questions without any difficulties. They are open enough; sometimes during the interview they consult their problems related to the topics, such as misunderstanding about colestrum, or whether it is good to give food to the newborn baby. They clarify those issues, because they got different information about them.

Among the female participants, one has twelve children. All the others have five children. I ignored the family planning program, because it is not my topic. However, informally I ask if they followed the family planning program. Generally they are afraid of using contraceptive tools (pills or injection), because they perceive that it has side effects, such as gaining weight, menstruation stopping, getting black spot on the face, and dizziness.

Village women have their own perceptions about pregnancy, childbirth, and postpartum. They practice rituals and use symbolic things during those periods. Their beliefs and practices during those periods are inherited from their ancestors. Sometime they do not
know when the ritual begins and what the meaning of doing it is. It cannot therefore be avoided that there may be different perception among the villagers about the same rite.

Pregnancy, childbirth, and postpartum periods are viewed as very important events for villagers. Particularly for those who are living in Javanese society where culturally informed local beliefs are still dominant in everyday lives. Javanese people have many rituals and practices related to especially life changing phases and events related to reproduction. The main idea of practicing these traditions is to make both mother and baby safe and healthy. The aim is to foster equilibrium between needs of the body and the soul.

**Study Type and Design**

This is a descriptive study and attempts to give a clear picture of the problem stated above. The study is of a qualitative nature and the data is collected with the following stated methods:

The use of a semi structured interview schedule was facilitated with three women between the ages of 20/35 throughout their pregnancies, childbirth and postpartum period. This interview provides information about recognition of being pregnant, the meaning of being pregnant, the knowledge of duration, health care during pregnancy and postpartum, perception of risk especially related to birth, diet and food restrictions. This method is also used to explore respondents’ ideas about “risk and life crisis” in childbirth, rituals, and ceremonies.

Interviews with two older women (possibly the mothers of the younger women) was aimed at collecting information about the interpretation of beliefs and practices during pregnancy, childbirth and postpartum, and to provide an explanation about the role of the dukun bayi.

Then, in-depth interviews were conducted with two dukun bayi. These interviews gave information about the practices and the assistance they render to the women during their pregnancies and postpartum.
Focus group discussion with village leader and his staffs, two mothers, two husbands, and medical staff in that village, was also conducted in order to get general picture of the village, health facilities, health care services, and also people's view about health.

Lastly, an interview with one of the obstetrical midwives was held to collect data about the general view of giving birth in clinic. Using observational methods, analytic principle from cognitive symbolic perspectives is applied to draw the significance of doing traditions related to beliefs of villagers during the pregnancy and postpartum. Findings will be presented in qualitative data.

**Ethical consideration**

*Lurah* (village leader) has the authority in giving permission for any kind or research. I have to inform him of my presence, and all the things that related to my research, including the participants and the duration of the research. He reported it to the sub-district leader (*Camat*) and asked for his approval. I undertook to keep the identity of the participants, confidential informed consent from the participants and their names will have been changed.
CHAPTER III
PREGNANCY AND CHILDBIRTH

Introduction

Javanese people perceive that pregnancy and childbirth as very important moments to be dealt with through rituals or ceremonies. If a woman is pregnant, the members of the family will be happy, and proudly prepare the usual ceremonies to be performed. It is started at the fourth month of the pregnancy and called *slametan tingkeban*. From the beginning of her pregnancy the pregnant woman has to practice indigenous customs, such as *tarak* (food and behavior taboos), *hurag* (massage) and drinking *jamu*. The indigenous customs are performed in order to safeguard the mother and her baby, or to avoid negative effects: evil spirits, handicapped babies, obstruction during labor, and many other unwanted consequences. Therefore, rituals are performed not only during the pregnancy, but during childbirth as well.

The post-childbirth rituals begin immediately after the baby is born: making red porridge (*bubur abang*), the ceremony of burying the placenta, bathing the baby and her mother, *slametan brokohan*, and massaging the new mother (*bergodog*). It seems that the rituals during pregnancy and childbirth are a unification of the ceremonies which have been performed continually up till then. In this case van Gennep argues that:

> The ceremonies of pregnancy and childbirth together generally constitute a whole. Often the first rites performed separate the pregnant woman from society, from her family group, and sometimes even from her sex. They are followed by rites pertaining to pregnancy itself, which is a transitional period. Finally come the rites of childbirth intended to reintegrate the woman into the groups to which she previously belonged, or to establish her new position in society as a mother, especially if she has given birth to her first child or to a son. (Arnold van Gennep 1960: 41)

As a consequence, this chapter will explore the beliefs and practices during pregnancy and childbirth among village women in Kalisari.

The importance of pregnancy

To become pregnant is the main objective of getting married. All my participants considered it a common idea and as undebtable. Pregnancy can raise a women’s status in
her husband’s family and also in society. Pregnancy or ‘mbobot’ means to be qualified. Woman is considered to be like a ‘rice field’ (sawah). She has to reproduce and give inheritance. If she can do so, it means that she is qualified physically and socially. She will have a high value, because she is fertile (subur). One of my participants, Yatni, 62 years old, states that pregnancy is ‘wiji thukul’ (growing seeds); it means that the woman is fertile. She added, if the woman does not have ‘wiji’ (infertile) she will be worthless in a family and society. Anawiyah, 35 years old, argues that the presence of the baby may become ‘perekat’ (a bond, connection) between two families. In her case, she made a commitment to her husband before they married that if after one year of marriage she was not pregnant, they would get divorced. Then she starts to tell her story and of its outcome.

She married when she was 18 years old and her husband was 28. She graduated from junior high school. When she fell in love with Abdurrahim (her husband now), her parents did not agree. The reason was they did not like him personally. She kept trying to convince her parents to let her marry him. Finally her parents agreed to let them get married. After they married, she lived in her mother-in-law’s house. It was stressful, she said. Thank God, it was not long, after three months of their marriage, she got pregnant. The relation between her husband and her parents improved a little bit. She felt that their relationship was much better after she had her first baby. Everything was changed. Her father came to her house to pick up her son, and he brought him back when it was breast feeding time. ‘Communication between my parents and my husband was better,’ she said. “I feel that pregnancy and having a baby is really meaningful, and it is true that it is the main purpose of getting married”. Now she has five children and they live in a house her parents gave her, next door to them.

Recognition of pregnancy

As the above story of Anawiyah shows, pregnancy and childbirth is steeped in symbolic meaning. A fertile woman is “qualified”, she is the reproducer of future generations and by giving birth she creates a new relationship between two family groups. The newborn symbolizes this bond and brings about not only a change in the way in which the new
mother is regarded as worthy but solidifies all other kinship connections. The first indication of pregnancy is thus eagerly awaited. van Gennep argues that

  Becoming a mother raises her moral and social position; instead of being just a woman she is now a matron; instead of being a slave or concubine she is an equal of free women and legitimate wives (van Gennep 1960: 48).

The first sign of being pregnant is recognized by not having a monthly period. My participants call it ‘mandeg’, ‘nggak bulanan’ (stop menstruation) after ‘kumpul dengan suami’ (together with husband means having sex). They get that knowledge about pregnancy from their mothers, mostly from their friends and from informal religious school (mengaji). In the past, parents did not send their children to formal school, but they would rather send them to kiyai (Moslem scholar) or guru ngaji (religious teacher) to study religion. It involves reciting Koran.

Literature on pregnancy is often informed by medicine. For example, according to Trujillo and Higgins (1989) a woman realizes that she is pregnant through the changes not only of her body but also her emotion, fatigue, mood swings, and sexual activity (Trujillo and Higgins in Stern 1989: 31). Wolkind (1981) says that many women also know they are pregnant when they suffer from morning sickness and vomiting. He generalizes that nausea is popularly viewed as perhaps the most noticeable feature of early pregnancy. This represents an instance in which lay and medical opinions coincide and, in many texts books of obstetrics, nausea is discussed not with the complications of pregnancy, but in the chapter dealing with its early sign and recognition. The usual pattern of nausea described would be for the woman to experience, during the first two to three months of pregnancy, a feeling of sickness (nausea) often accompanied by a sensation of fullness in the abdomen. This would occur most often just after rising in the morning and in many cases would be followed by actual vomiting (Wolkind 1981:75).

The women in Kalisari have their own perception of being pregnant and know the signs of pregnancy. I notice that they believe in and followed practices during pregnancy that indicate biological and sociocultural process, that it is seen as a complex process involving maturity and fertility.
Pregnancy is one of physiological human reproductive process, and socially and culturally constructed forces that shape maternal roles, childbirth, and related reproductive activities and that link culturally constituted notions of femininity and maternal behavior (Browner and Sargent 1990).

The Kalisari women are aware of the consequences of being pregnant and what they should do during their pregnancy. Once a woman marries she is mature enough to be a mother. As respectful woman she is guided by her and her husband’s parents and also by social convention. Women indicate their maturity by their readiness to be pregnant and become ‘qualified’. For example, Rohani had her first pregnancy at the age of 22. She said that “I am ready to be pregnant; I know the consequences and the risks of being a mother. I am ready physically and mentally.” Another participant, Muhayyaroh, had her first pregnancy at the age of 14. According to her she was not quite mature enough to be pregnant. She said that she was not ready yet to be pregnant, or to be a mother. “My feeling was mixed: happy, worried, doubt and scared, but I could do nothing. I just accepted what happened to me”, she said. This acceptance (pasrah, narimo) is a Javanese cultural notion which can be applied to many things including the biological changes during pregnancy, the signs of pregnancy: nausea, vomiting, morning sickness, dizzy, no appetite and weakness which they perceive as natural and call it “gawan bayi” (something which is brought about by the baby). Some of my participants said that when they were pregnant, for example they wanted to eat certain food which was very difficult to find. They had strange desires. They called these ‘symptom’ ‘ngidam’. Their husbands had to find the food. If their ngidam is not fulfilled, the baby may suffer. At this early stage the need to protect both baby and mother is already stressed. At the same time pregnancy and its symptoms are also viewed as a “natural”, normal rather than pathological, one which needs supervision but usually not medical care (Cosminsky 1982 quoted in Rice and Manderson 1996: 3). The village women do not feel suffering from those signs. They assumed that was the way the pregnancy progressed.

The village women also get morning sickness. It is seen both as a sign of pregnancy and an indication of pregnancy. It often happens that if a married woman suddenly has morning
sickness, she will be suspected of being pregnant. Thus, this is a biomedical view of the signs of pregnancy which is also accepted at the local cultural level. My participants have different experiences related to the signs of pregnancy. Two of them had nausea, morning sickness, and no appetite for nine months of her pregnancy. The others had those signs only the first three month of their pregnancy.

Mostly the village women feel nausea, morning sickness, get dizzy, and have little appetite. Two of my participants said that during their pregnancy that they did not eat rice and fish, except certain fruits or small amount of other food that they really expected. This happened right through the nine months of pregnancy. It was suffering. One of the husbands said that he could not see his wife just lying in bed and getting skinny. He tried to get everything she wanted, but still she did not eat. Although pregnancy was a very hard time and made them suffer it did not dissuade them from having such large families

Taboos: Tarak

Village women have strong beliefs that a pregnant woman is in a critical period. They said a pregnant woman is ‘lemah’ (weak), and can be easily entered ‘barang halus’ (evil spirit). Everything she and her husband do may affect her and her baby. Therefore, they have to prevent the transgression of taboos during her pregnancy. It is expected that by avoiding taboos an expectant mother and her baby will be safe and normal (not handicapped). Certain taboos relate to consuming foods, the other relates to behavior.

Some foods, which cannot be consumed by expectant mother during her pregnancy include the following:

<table>
<thead>
<tr>
<th>Kinds of Food</th>
<th>The effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice and syrup or too sweet food</td>
<td>- The baby will be big in the womb: difficult to give birth</td>
</tr>
<tr>
<td></td>
<td>- Bleeding in delivery</td>
</tr>
<tr>
<td>spicy food</td>
<td>- Eyes of the baby will be irritated (they call it ‘mblobok’)</td>
</tr>
</tbody>
</table>

26
<table>
<thead>
<tr>
<th><strong>Kinds of behavior</strong></th>
<th><strong>The effect</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant woman may not sit or stand on ‘lagur’ (the doorway)</td>
<td>- obstruction</td>
</tr>
<tr>
<td>- sit on ‘lumpang’ (a big mortar)</td>
<td>- the mother will lose bowel control when she is delivering</td>
</tr>
<tr>
<td>- be outside the house when the sun sets</td>
<td>- ‘Sandhek olo’ she will be easily entered by evil spirit that likes to come out at the sunset time</td>
</tr>
<tr>
<td>- put the wood on the fire using her feet</td>
<td>- Difficulties in delivery, the legs of the baby will come out first (not in good position)/ breach birth</td>
</tr>
<tr>
<td>- open ‘pepesan’ (wrapped fish) carelessly</td>
<td>- If the baby born is a girl, she will have an misformed vagina</td>
</tr>
<tr>
<td>- put on button</td>
<td>- obstruction of birth</td>
</tr>
<tr>
<td>- be close to buffalo skat</td>
<td>- The placenta will be as big as it</td>
</tr>
<tr>
<td>Her husband may not kill any kind of animals</td>
<td>- The baby will be handicapped</td>
</tr>
<tr>
<td>- Tighten something or put towel /cloth on his neck</td>
<td>- Uterus will be round on the baby’s neck</td>
</tr>
<tr>
<td>- fold something</td>
<td>- The baby will be handicapped</td>
</tr>
<tr>
<td>- close any hole</td>
<td>- Obstruction of birth</td>
</tr>
</tbody>
</table>

- mother will have diarrhea
- The baby born will have ‘benjolan’ (bump) on his/her head
- (they don’t know its effect, but it is forbidden)
When the expectant mother or her husband does forbidden things, she or he has to 'nyambat' (call) by saying 'amit-amit jabang bayi...' (Excuse me, baby...). All my participants believe that if you ignore these customs there will be consequences. They claim they have evidence through their experience. As an example, Karim, almost 70 years old, told me that when his wife was pregnant with their fourth baby, he killed a mouse with a metal stick on its head. When he realized it he said 'amit-amit jabang bayi, aku gak mateni bayi cuma tikus' (excuse me, I am not killing the baby, but a mouse). As a matter of fact, when the baby was born, he had a dent on his head. 'You see, if we do not believe it, it is proved, so I really believe it', he added.

In this case, both my male participants stated that when their wives are pregnant they should behave more carefully and always remember that whatever they do may affect their wives and babies. The knowledge of what is taboo and what to do when a taboo is broken are introduced by dukun bayi and parents.

**Slametan Tingkeban**

The word *slametan* or *selametan* originally is taken from the Arabic word *salam* which means peace. Within the process of creolisation of Javanese languages this Arabic word entered into the Javanese language to become slamet or selamet, which literally means saved and guarded (Beatty 1999: 3). *Slametan* is very important occasion in Java both from a social as well as from a religious point of view, in other words in both the domestic and public spheres, and can be given in response to almost any occurrence one wishes to celebrate, or to ameliorate or sanctify. In addition, *slametan* is a core of ritual in Javanese society. Javanese people carry out *slametan* in various occasions: pregnancy, birth, circumcision, name-giving, moving house, harvest, marriage, death, illness and sorcery.

Javanese *selametan* can be devided into two types: one category serves to ensure harmony on an individual level as well as on social/communal level and concerns the whole community. The other category includes rituals and ceremonies marking one's life cycle. (Malefijt 1963, van Wengen 1975: 11-23, Beatty 1999: 25). The 'slametan' which is generally held at the fourth or fifth month of pregnancy is called 'tingkeban' (Jay 1969:30).
This rite can be meant both sympathetic ally as well as a rite of protection (Arnold van Gennep 19960: 42). As indicated above, pregnant women are perceived as being in a vulnerable period. They are in a transitional period, and they avoid taboo foods and behaviour and undergo or perform many kinds of rituals in order to pass through the period safely.

Slametan tingkeban is meant to safeguard mother, baby and all members of the family, but it is not the only thing that a pregnant woman and her husband must practice. Actually, everything a person does is viewed in the light of its possible consequences for the baby (Geertz 1961: 87). The mitoni or tingkeban celebration during the first pregnancy is usually bigger than in the following ones, but I found one of my participants, Anawiyah, held the same 'tingkeban' for her five pregnancies. She said that she could not do things differently for her children, as all have the same rights.

According to Koentjaraningrat (1985) mitoni (tingkeban) has an ambivalent meaning. On the one hand the celebration is aimed at announcing the pregnancy or impending birth, but on the other hand it also includes elements that stress the dangers of childbirth. This is symbolized by the food which is prepared for the sacred communal meal and also from the taboos to be observed by the prospective mother and father. These are apparent, symbolic attempts to neutralize such dangers, and to protect not only the prospective mother and child, but also the rest of the family (Ibid.101).

The 'tingkeban' is very costly, but villagers are willing to spend their money on it rather than on consulting a gynecologist. It was found when I asked my participants about the expenses for 'tingkeban' and for consulting the specialist, they said 'tingkeban' is a must and it is more important than visiting a gynecologist about their pregnancy. They expressed a fear that if they neglected this important custom, or the life of the mother and unborn child will be in jeopardy.

When the pregnancy is four months along, village women believe that the baby has a soul. They will announce it by having 'Slametan tingkeban', especially during the first pregnancy. They invite their neighbors, and their relatives to pray together in order to
obtain a safeguard from ‘Allah’ for both the expectant mothers and their babies. In ‘slametan tingkeban’ (communal meal) rice and many kinds of dishes are the basic foods to be served. In ‘tingkeban’ there are other specific foods for completion (finishing touch) which have meanings. They are:

- ‘rujak uni’ (rujak is kind of mixed fruit salad and uni means a wish). It means that pregnant women and a whole family wish the best things for the entire lives of the expectant mothers and their babies.

- ‘Polo pendem’ (consisting of cassava, sweet potato, and talas). The baby is associated with those root vegetables. When we harvest them, they will be easily pulled. By serving ‘polo pendem’, they will deliver easily.

- ‘Procot’ (sticky rice which is rolled with banana leaf) means easily come out. It symbolizes easy delivery.

- ‘Kupat lepet’ (a set of foods made of rice wrapped with coconut leaves and in different shaped. ‘kupat’ is square, but ‘lepet’ is long). It symbolizes a couple: father and mother. They are served in order to wish a harmonious couple and happy family.

I had a chance to participate in slametan tingkeban which was held by one of my participants. I observed from the preparation until the performing of the ritual. I noticed that there was a strong social relationship involved in the slametan tingkeban. The concept of Javanese society: harmony and respect can be seen clearly when the people have ceremonies for marriage, pregnancy, childbirth or others. Sometime the quality of the social relation among villagers is measured by their obedience of the invitation to this communal meal. The absence of people during the communal meal will be questioned. Mostly women, relatives and neighbors, are involved in preparing foods. They worked together voluntarily. The participants of the slametan tingkeban I observed, were males, about one hundred men who dressed neatly as they do when praying in the mosque: wearing sarong (sarung), long sleeves shirt and cap (peci). They were sitting around on the floor which was covered with mat. They sat with their legs folded (bersila)
The religious leader called modin was invited to lead the ritual and pray to Allah to guard the safety of the expectant mother, the unborn baby and the family. Usually the host tells the modin about the reason for the ritual:

_\textit{Pak modin, kulo bade ngersakaken damel, ningkepi anak kulo kulo nyuwun dipun dongakaken mugi-mugi kandungane sehat ibuke sehat, anakke dateng kandungan sehat lan slamet ngantos babaran mugi-mugi keluarga di paringi kekuatan lan kesehatan, slamet donya akhirat}_

Sir, I would like to celebrate tingkeban, my daughter’s pregnancy
I ask your favor to pray for the mother and her baby, hope she is healthy, and so is the baby in the womb, and he or she will be safely delivered
Hope the whole family get the strengths and healthy on the earth and in heaven

Afterwards the modin led the ceremony by asking all the participants to read fatihah (the first chapter of Koran). He continued praying by reading combined verses of the Koran whose meanings related to the wish and all the participants responded by saying “\textit{Amiin}” (May God accept all our wishes) until he finished. I could understand the meaning of the prayer in general. Principally, the content of the ceremony was asking for safeguards from Allah for the mother, the baby and all members of the family. At the end of the ceremony the modin also prays for all the participants in order to gain safety on earth and in heaven.

When the prayer was over, the food was served. It consisted of staple foods: rice and dishes: chicken curry and vegetables. This food was not a requirement, but the participants would take home the recommended food for slametan tingkeban as I mentioned above.

The holding of slametan tingkeban, is changing nowadays, and not only males are invited to participate. Rohani told me that she would carry out slametan tingkeban for her fifth pregnancy, but she would like to invite her female friends to participate in her simple ceremony of twenty five participants. She believed that females are also able to pray the same way as males. They recognize very well which Koranic verses are to be read. Related
to the participants of the *slametan* in general the pregnant woman usually discusses with their family who will be invited. She may invite friends (female) to pray together and appoint one of them to lead the prayer. However, the essence of the ritual: ceremonial and symbolic remains. *Slametan tingkeban* is a sympathetic rite involving an announcement of pregnancy, the sharing of happiness, and it is also considered a transitional rite, that indicates a change of social status from a *woman* to a *pregnant woman*. This changed status is a highly valued among villagers, as I mentioned in the previous chapter.

Not all the food for the ceremony was served completely as at the previous celebration. Yet if the family could afford to prepare a complete array of recommended food, it would have been better. Nowadays the villagers will serve a complete array of recommended food for the first pregnancy only. They will hold a big ceremony with more than one hundred participants and serve all food as recommended. For the next pregnancy they only have a simple ceremony with fewer participants and not all recommended food. As Aroh indicates for the second, the third pregnancy and subsequent pregnancies, it is not necessary to hold a big *slametan tingkeban*. The reason is economical, as each pregnancy means more expenses. Usually the ceremony of the fourth or fifth month of the second or the third pregnancy and so on, is signed by making *procot* (sticky rice which is rolled with banana leave). In Javanese *procot* means come out easily, and it symbolizes easy delivery. This practice is called *procotan* instead of *slametan tingkeban*.

Rohani shared with me her experience in carrying out a big complete *slametan tingkeban*.

I held big *slametan tingkeban* for my first pregnancy with one hundred participants, and served all recommended food. It was a joyful, because I could afford to prepare everything as the requirement of the *slametan tingkeban*. I had a hope that my baby would be safe and healthy... By the time of delivery I consult *dukuin bayi* to detect the condition of my baby, she recommended consulting obstetrical midwife (*bidan*)... she suspected there was something wrong.. then the she referred me to gynecologist at health centre in closest area... He checked my pregnancy and he said that my baby died three days ago. There was no movement in my womb... and he referred me the gynecologist in bigger hospital with complete tools. I was supposed to be operated. Actually I had felt it ... I had suspected.... but I tried to manage my
feeling as relax a possible... I did not want to be bothered with my uncertain feeling.... I was so shocked ... nothing to do except cry and pray. I surrendered...

Although it was detected that my baby died the gynecologist in the hospital asked me to go home and back to the hospital on the next day... My feeling was mixed: sad, disappointed, and scared of being operated...confused how to get the money for operation. It was complicated... But...early in the morning before I left to the hospital, suddenly I delivered my dead baby without operation. It was a miracle. I felt very sad because I lost my expected baby...but I was happy because I was safe and there was no big expense for the operation.

One year later I got my second child and two years after that I got my third child. At my second and third pregnancy I did not hold *slametan tingkeban*... I just made procot...They were born safely and healthy... three years after my third child, I was pregnant for my fourth child... I had enough money at that time so that I would like to hold a big complete *slametan tingkeban*... I could afford to do it again... with the same hope I had strong confidence to have my fourth child as safe and healthy as the second and the third child... but ironically... my fourth baby died when he was born and... The condition that made me more shocked was I had a handicapped baby. His legs were folded... and my condition was very weak...I was bleeding as well. At that time I blamed myself... and questioned whether I did something wrong during my pregnancy... why it happened to me... I performed rituals *slametan tingkeban* as recommended ... why it still happened... It was ironic... twice holding big complete *slametan tingkeban*, twice loosing my babies.

Observer: So... you do not believe in *slametan tingkeban* anymore?
Rohani: No... I am traumatized...

Observer: Do you blame God (spiritual power)?
Rohani: No...no... I never blame anything or anyone...but I am very traumatized doing *slametan tingkeban*.

Observer: So... you think that the cause of your babies died is *slametan tingkeban*?
Rohani: No...it is not like that... I had big hope when I was pregnant... and express my happiness by holding big ceremony...but finally I still lost my babies,
and I compared with my other pregnancy without big slametan tingkeban...only small and simple ceremony...my babies were safe and growing very well. I will not perform big slametan tingkeban anymore for my following pregnancy...I am traumatic.

Rohani’s perception shows people put all their hopes into the necessary rituals. By performing it they hope to have a safe and successful pregnancy and healthy baby. Experiences may drive the changing patterns in holding slametan tingkeban. Although there is individual variation, all my participants believed that performing rituals of praying was more important than the food which was served, or the number of people who are invited to the ceremony. The most important symbolic food, procot, was always induced and was used on its own when the ceremony was done for a fourth or fifth month of pregnancy. Every woman had her own experiences in holding slametan tingkeban. Anawiyah held big complete slametan tingkeban for the safety of her children. She said that she had to treat her babies equally.

As I mentioned before, the core of practice during pregnancy, childbirth and postpartum is ‘Slametan’ (communal ritual meal). Expectant mothers also perform other personal practices which are aimed to prepare giving birth, such as massage, drinking ‘jamu’ and regular medical checks with midwives. I will try to systematically describe the practices of village women during pregnancy.

After realizing that menstruation has stopped and also when feeling nausea, dizziness, morning sickness and so on, village women will consult a ‘dukun bayi’ to make sure that they are pregnant. Once they knew they were pregnant, three of my participants went to obstetrical midwives for medical consultations and asked for the card to check their pregnancy periodically for medical recommendations. They said that they felt comfortable consulting both ‘dukun bayi’ and obstetrical midwives, because they get ‘complete’ services. On the other hand the medical obstetrical services are seen as only related to the physical outcome and safety of the pregnancy but not to its social and spiritual aspects. It also does not attend to all the expectations of physical care during pregnancy. The ‘Dukun bayi’ gives a gentle massage (touching) on their belly (dielus) and blows enchanted air on
One expectant mother said ‘pokoke aku marem nek wis di cekel dukun bayi’ (Basically, I feel comfortable after being touched by a ‘dukun bayi’). Obstetrical midwives will give vitamins which are useful for pregnant women who have problems in consuming foods during their pregnancy.

In the following section I will focus on practices such as massage and the drinking of herbs. Birth and subsequent rituals will also be discussed.

**Massage and Hurag**

Massage (pijet) is common among the Javanese. It is performed generally in order to soften stiff muscles which cause tiredness, and it can be for putting back the muscle which causes keseleo (a sprain). Obviously, one who only has expertise in massaging is called dukun pijet (massager). It is different with dukun bayi who have expertise both in massaging and assisting delivery. The dukun pijet and dukun bayi start their massages for tiredness from the toe and move up to the head. They will make the lower part of the body soft first, then move up to the body and end in the head part. Sometime they will ask if the client is willing to be massaged on the belly, it is optional. If the client feels her/his abdomen uncomfortable, or she has bad appetite, the dukun pijet or dukun bayi will massage the abdomen part (dibenakke). Massaging the abdomen is always at the last phase of the entire massage process. However, the dukun pijet is not allowed to give massage to a pregnant woman or a woman who just gave birth. The dukun bayi is a specialist in this case. She can practice massaging anybody: male, female, pregnant woman, new mother and baby. The name of the massage given to the clients is different; it depends on the needs of the client: pijet biasa (usual massage) is usually for tiredness, bergodog is for women after delivery, and hurag is for women during her pregnancy.

*Hurag* is a gentle massage to put the baby in the womb into the right position. During pregnancy, a village woman consults the dukun bayi if she feels that her belly is not fine. If the dukun bayi detects that the baby is not in a good position then she will give a gentle massage which is called ‘*hurag*’. It is done three times during pregnancy. Sometimes the expectant mother asks for a massage for all over her body if she feels tired. Rohani, 31
years old, had a massage twice a month during her pregnancy. She said that ‘during my pregnancy I always feel tired, then I consult dukun bayi to massage me. I feel fresh after that and my body is fine’. I also asked for ‘hurag’ three times during my pregnancy’. ‘Hurag’ is very common among pregnant women in that village. Almost every pregnant woman gets ‘hurag’ at least once during her pregnancy. Only the dukun bayi can give it.

**Drinking Jamu (herbs)**

Drinking *jamu* is one of the indigenous customs of Javanese. *Jamu* is made of herbs, leaves and plants which can be boiled or extracted. Most Javanese are able to make *jamu* in very basic recipe, such as *beras kencur* (mixture of rice, sugar, and root crop resembling ginger), *temu lawak* (curcuma), and *kunyit asam* (mixture of saffron, tamarind and palm sugar). That *jamu* are basically for increasing appetite, easing the blood flow, and for tiredness. At the past time, parents make their own *jamu* from the herbs which are planted in their house yard. The skills of making various recipe of *jamu* belong to old people, such as *dukun bayi* who have practiced for forty or fifty years.

*Jamu* is not only for sick people but also for healthy people. Its functions are for maintaining stamina and for recovering from sickness. My participants were told to drink certain *jamu* during their pregnancy, and that they could buy it at any *jamu* shop. Many kinds of instant *Jamu* exist: in powder, pill or syrup form are available and ready to drink. *Dukun bayi* usually suggests that the pregnant women to drink ‘*beras kencur*’ in order to increase their appetite, or ‘*temu ireng* (a black curcuma) and coconut oil’ in order to ease delivery. Basically the pregnant woman is allowed to drink *jamu* only with a basic recipe.

Rohani shared with me her experience in drinking *jamu* during her first pregnancy.

When I had my first pregnancy, I consumed *jamu* in order to recover from coughing and *encok* (rheumatism). It was strange...I got two sicknesses during my pregnancy...I never had before... I consulted *bidan*, and also to doctor, but I was not better...I speculated and followed my parents suggestion to drink *jamu* ‘Jaya Dipa’ which was very popular and the advertising attracted me very much ... I did not know what the ingredient of that *jamu* was... as long as it was extracted from traditional herbs I felt safe...Unfortunately I never recovered from my sicknesses...
until I delivered, but my baby died, at that time my sicknesses has gone automatically. I believe that my sicknesses were basically gawan bayi (brought by the baby). I never suspect that my baby died because of jamu or somethins else. I believe that jamu does not have side effect, because jamu is made of herbs, and plants which are from nature... anyway, jamu is very useful for my health... I still consume it until now.

Drinking jamu seems to be an indigenous custom which cannot separated from the daily life of Javanese. Jamu is popular among youngsters and elderly. The Javanese perceive jamu as low dosage and safe medicine so they can consume it anytime. Jamu which is commonly consumed by Javanese are for pain, headache, toothache, stomached, cough, and low appetite.

**Childbirth : Babaran**

Childbirth (babaran) is seen as a critical period. A woman who dies in childbirth is believed to go directly to heaven. A stillborn baby is still pure and therefore also goes to heaven. The process of childbirth is nevertheless seen as not only physically dangerous, but also involves a great spiritual struggle. Babaran is associated with the word bar-baran meaning ‘finished’. This event can be meant that the pregnant woman has passed through the dangerous period: delivery. When the baby is born, the mother seems to finish this critical process. As some of my participants say, delivery is ‘taruhan nyowo’ (sacrificing the soul), and the others say ‘antarane urip lan mati’ (between life and death).

The village woman believes that giving birth is a very critical period; therefore, only closed family and the ritual specialist can accompany her in delivery. Rohimah, the dukun bayi, said that

Kulo langkung remen tulung tiang babaran piyambakan
menawi wonten tiang lintu malah gugup, kecuali tiang sing tatag
kulo mboten saget konsentrasi, soale kulo sambi moco-moco
nopo malih nek pas bayi sungangs, kulo butuh waktu lan konsentrasi
I would rather assist the delivery by myself
If there is somebody else I become nervous, except the one who is brave enough
I cannot concentrate, because I always recite Koranic verses/wirid, while assisting
the labor
Moreover if there is obstruction due to the incorrect position of the baby
I need time and more concentration
Assisting labor should be serious ...and no doubt

Physical problems will bring young mothers to consult an obstetrical midwife (bidan),
although she still consults the dukun bayi to assist her in delivery. The young mother, Ani,
argued that the bidan has complete tools and gives injections if she feels pain. I found three
mothers who consulted both dukun bayi and bidan, because they had medical problems.
One had high blood pressure which was known a few hours before delivery; the others had
bleeding before delivery. They believe that having high blood pressure was because of
eating something forbidden, food or thinking too much, and bleeding before delivery was
suspected to be from drinking ice during pregnancy. I asked one of them why she still
consulted a dukun bayi during delivery, she said, “I feel uncomfortable with the dukun bayi
if I don’t invite her, because after delivery I will ask her to take care of me and my baby. It
is a custom (‘kebiasaan’).”

The other mother, Aroh, said that she consulted both the dukun bayi and bidan during
pregnancy, but delivered with the dukun bayi. She believed that if there was no problem
with her baby in the womb as the dukun bayi and bidan had said, she would rather deliver
with the dukun bayi. “It is cheaper”, she argues. There is no tariff for dukun bayi, but
300,000 Rupiah (30 Euro) for bidan. It is a large amount of money for villagers and farmers
to spend.

Home-based delivery is still common in Kalisari. Only if there is a problem the dukun bayi
will refer the expectant mother to a midwife clinic. As one of the dukun bayi whom I
interviewed, Rohimah, said that she often brings her clients to midwife’s clinic when they
have problems, such as high blood pressure, bleeding, or obstruction. She got that knowledge after attending the intensive course which is held by the sub-district health office, as it is recommended by the health provincial office, Arifin (Village leader) said.

Usually the mother or husband is allowed to enter the room and assist the *dukun bayi*. They are only allowed to encourage the expectant mother to push her baby ("uwat"). Another practice which is done by a member of the family (usually the mother of expectant mother) is opening a rice container. It symbolizes the opening of the womb and hope for easy delivery. Most mothers nevertheless said that they couldn’t see their daughters in painful labor. They would panic. They would rather pray outside the room.

One of my participants said (with a high sense of humor, but seriously) that delivery should be silent, do not let anyone know, or making them panic, because we are silent when we are making love. Therefore, her husband helped her deliver her three children by himself, and then called the *dukun bayi* when the baby had already come out. Her husband said helping her delivery is his obligation. "I have to do that, it is a must, because I feel satisfied when I see my wife and her baby safe and healthy. I am proud of being a father", he said.

Unfortunately, I did not have a chance to observe the *dukun bayi* when she was helping with delivery, but she told me how she performs it. The *Dukun bayi* asks the expectant mother to lie down with folded legs on the bed and starts to observe the baby in womb by touching the belly of the expectant mother. If her feeling says that everything is fine with the baby, she starts to lead ("menggiring") the baby to be on its way. If the baby is already in vagina space, she asks the expectant mother to contract ("uwat") and take a deep breath. While she keeps praying or spelling, slowly but surely the baby is born. *Dukun bayi* sometimes gives *umben-umben* (blessed water to drink) to an expectant mother to ease delivery.

*Kakang kawah adi ari-ari* (the placenta)

Immediately when the baby is born the *dukun bayi* cuts the umbilical cord with a new Gillette blade and wraps it with a bandage dipped in alcohol. Childbirth is a separation
phase. It symbolizes the taking away from one familiar environment and former role and entering a very different and sometimes foreign routine. The principal separation, van Gennep said, is expressed in the cutting of the umbilical cord and in the rites surrounding the portion which dries and falls off by itself at the end of variable numbers of days (Arnold van Gennep 1960).

The *dukun bayi* takes care of the baby first by quickly bathing and putting it on a cloth and wrapping in cloths in order to make the baby warm. Anthropological literature shows that the care given to the new mother and her baby, firstly involves physical assistance, as in the care with bathing the baby with warm water immediately in order to clean up the blood both a rite of purification and what is categorized by van Gennep as part of the rite of separation.

While rites such as the first bath, the washing of the head, the rubbing of the child have hygienic purposes, they seem at the same time to be rites of purification falling into category of rites of separation from the mother (Arnold van Gennep 1960: 52)

The newborn baby will be given drops of honey and on the second day will be fed with *pisang hijau* (long green soft banana) for three or four days. For the next day the baby will be fed banana mixed with soft rice until the baby does not want to eat anymore. The mother will breastfeed just after the milk is produced, but commonly the first milk which is yellowish (Colestrum) is thrown away. They believe it is dirty and it can make the baby have gas. The baby will be kept in the house for forty days, sometimes until it is three months old. If the baby is brought out of the house before those periods, it may cause the baby to be ‘sawanen’ (bothered by evil spirit so that the baby will keep crying or weaning, and getting fever without any visible reason). If it happens, only the *dukun bayi* or *kyai* (Moslem scholar) can recover the baby by giving holy water to him/her (*umben-umben*).

Another physical care after delivery is helping the mother sitting up or *senden* (Geertz 1961: 88), leaning her against a specially built backrest, surrounded by pillows, never lying down not even to sleep. This practice is not found anymore in Kalisari. One mother said when she had her twelve deliveries her mother asked to do so, but she felt pain in her back. Therefore, she recommends her daughters not to do so. They may sleep as comfortably as
possible, but the legs remain straight. Based on parents’ experience, the customs have changed a little bit. Another example, after delivery is that the new mother was not allowed to drink too much water, because the womb would not get dry (recover) fast. Nowadays, the *dukun bayi* advises the new mother to drink a lot of water in order to ‘recover’ soon. *Dukun bayi*, Rohimah: “I drank a lot of water after my six deliveries, although my mother warned me....in fact, nothing happened. My body felt fresh and better....that’s why I always advise my client to do so, because I can feel its benefit”.

In this case, some (old) mothers still hold the customs that drinking too much water is not allowed. This phenomenon is confusing for young mothers, which customs they should follow.

Rohani: “I am confused with such different customs. If I follow the *dukun bayi’s* advice my mother will be insulted and consider me disrespectful daughter. As a daughter I have to respect my parents.....frankly speaking, everything I do during my pregnancy and childbirth, even in postpartum is following what my parents did. I am afraid that something may happen if I disobey them. Although nothing happened with me during my four deliveries, who knows...”. (When I was interviewing her, she was pregnant with her fifth child).

After the placenta comes out, the *dukun bayi* takes care of the mother. If the mother is in a good condition she bathes her, but if the mother looks weak she just washes her body with a piece of cloth and warm water. Immediately after the baby is born, she/he will be given a drop of honey. Breast feeding will be given after milk is produced. The first milk which is yellowish (colestrum) is thrown away, because it is believed it can give the baby gas.

After taking care of the baby and the mother, *dukun bayi* washes the placenta until it is really clean (‘suci’). Then she puts it in a clay bowl (‘kendil’), and on top of it she will put:

- Any kind of flowers: this is meant to give the baby a fragrant body
- 5, 7, 9, or 11 needles (the boy gets more needles than the girl): It symbolizes sharpness. It is hoped that the child will become smart and clever.
- A handful of rice: symbolizing livelihood, and welfare
- Salt (more salt is better): The taste of salt is salty ('Asin'), and is associated with the word 'Istn' (shy). It is hoped that the child will not be aggressive or the child will be too shy to do negative things.
- A pencil: It is hoped the child will be encouraged to study
- A piece of paper with short verses of Koran: The child is hoped to have a skill in reading Koran or studying religion.

After everything is complete she covers it with ‘Waru’ leaves and puts on the lid.

The father of the baby or another close relative is allowed to bury the placenta. The placenta of the girl baby will be buried in the kitchen, while the boy baby’s placenta will be buried outside the house. It is meant to keep the girl inside the house, but to let the boy go everywhere. The placenta that is buried should be surrounded with a bamboo fence or other things to protect it from animals and given a light in order to light the way for the baby in the future. If the hole for the cord is too deep, the teeth of the baby will grow late.

The placenta is believed to be kakang kawah adi ari-ari (the brother or sister of the baby). Therefore it should be taken care of as well as the baby. If it is buried without anything as mentioned above, the baby will feel the effect of this carelessness. As dukun bayi, Rohimah, shared with me her experience with the placenta.

It was midnight when she was helping a delivery in another village. The father of the baby was going to Mecca for a pilgrimage. No one could find completion for the placenta, so she asked someone to bury the placenta without anything. She thought nothing would happen, because all the members of the family are able to read the Koran and the father of the baby is also a Moslem scholar. She tried to convince the expectant mother that everything would be fine without ingredients for the placenta. After the placenta had been buried, something happened. The baby kept crying without any visible reason, he could not sleep for three nights. She tried to find the cause of it. Finally she assumed that it was because of the placenta which was buried without any completion; flowers and other things. She asked someone to dig up the placenta and take care of it as usual, and buried it again. Dramatically, the baby stopped crying and could sleep very well.
**Bergodog**

Common practice in Kalisari performed by the *dukan bayi* is bathing the baby and new mother twice a day for the first fifteen or twenty days. The mother must be massaged just after the delivery and after the umbilical cord of the baby falls off. Its purpose is to shape the body properly and to exercise it so that it is soft and not stiff. This is called *bergodog*.

*Bergodok* is performed in order to restore the womb or to put the womb back into the right position. "It is not allowed to be performed if the mother has a 'weak womb', Rohimah said". She can detect the womb by touching the mother's belly and pushing it. If the womb is soft it means it is weak; a hard womb means everything is all right. Her argumentation is based on her experience. *Dukan bayi*, Rohimah, is not willing to do *bergodog* to a woman who has a weak womb. It will be bleeding if I massage a weak womb, she said. Her skill in identifying the womb is based on her feelings.

Rohimah: "I just notice if I touch the belly and I feel inside (the womb) is soft, it is absolutely weak womb, and I do not want to do *bergodog*...but if the womb is hard, it is good, I will continue...".

The skills in assisting the client based on 'feeling' belong to the *dukan bayi*, Rohimah and mbah Ten.

Mbah Ten: "I don't know where I get my knowledge in helping delivery and massaging. Suddenly I can. It's just my feeling to detect the baby...I don't know...principally I say *Bismillah* and *Sholawat*...(By the name of Allah and pray for prophet Muhammad)*.

Rohimah: "The first time I assisted my client in delivery I was doubtful...but after I know that my client really needed my help, because she was very poor...I was encouraged to help. I followed my feeling to ensure the condition of the baby or the mother...nobody aught me...Basically I kept praying and asking for help to Allah..."
They have high self-confidence and put their hopes in their "prayer" or "spell" that had the desired results. Their experiences in assisting their clients are expressed by using their "spiritual power" which Douglas classifies as an external symbol.

The spiritual powers which human action can unleash can roughly be divided into two classes: internal and external. The first reside within the psyche of the agent, such as evil eye, witchcraft, gifts of vision of prophecy. The second are external symbols on which the agent must consciously work: spells, blessings, curses, charms and formulas and invocations. These powers require actions by which spiritual power is discharged (Mary Douglas 1966: 98).

Another practice which is immediately performed is making ‘bubur abang’ (red porridge: sticky rice porridge with palm sugar). Red porridge symbolizes dirty blood. This is similar to Turner's research on the classification of color in ritual among the Ndembu society (Turner 1967: 59). In Kalisari, the villagers classify symbolic color into two: white and red which are interpreted as "bad" and "good". This practice is meant to let all the evil, or bad things flow together with the delivery of blood. If the family can afford to serve rice and many kinds of dishes, ‘slametan brokohan’ is held. This is to express the happiness and as thanksgiving for the safe and healthy mother and her baby.

**Slametan Brokohan**

In kalisari *slametan brokohan* is held on the first day of childbirth or when naming the baby, seven days after birth or sometimes when the umbilical cord has fallen off. It depends on the financial situation of the family. They invite their relatives, and neighbors to pray together by reading some verses of the Koran. They eat together (there is no special dish for brokohan) and get some food to bring home. In this case Yatni commented that when there are not sufficient finances, she prepares the food and distributes them to her closed neighbors. This way is simple and does not need much expense. Principally, the *slametan brokohan* must be held as a sign that the baby was born and has a name. It is aimed to announce that the woman has passed the transition period which was full of danger and
vulnerability: delivery, and to introduce the baby into his/her new society. *Brokohan* can be meant as a rite of transition for the mother because she obtains a new status as a mother while the newborn baby is considered “sacred”. Van Gennep argues that ceremonies for the newborn child again involve a sequence of rites of separation, transition, and incorporation (van Gennep 1960: 50)

In *slametan brokohan*, a religious leader (he can be *modin* or *kiyai*) leads the ceremony by reciting *Fatihah* (the first chapter of Koran) and continuing reading *sholawat* (prayer for Prophet Mohammad) which contains the admiration of Prophet Muhammad. This symbolic ritual is to gain his help as a messenger who is close to God (Allah), so that Allah may approve all the wishes. All the participants are sitting around on the floor which is covered with mats, but in the middle of the ritual there is a phase where the participants standing while reading *sholawat*. The baby is passed around by the participants of the *slametan*. This symbolizes introducing the baby to her/his ‘new world’: social and religious atmosphere, and as well as showing that the baby was born safely. This can be meant sharing the happiness and joyful. The closing of the ritual is when the religious leader prays to Allah and the participants reply by saying ‘Aamiin’ (May Allah approve the wishes).

The involvement of *modin* or *kiyai* in every ritual is a must. He is the only one who officiate the rituals. This notion is also shown in many kinds of rituals in different countries. Turner (1967) and van Gennep (1960) showed that every ritual involve a group of people (mostly men) and a leader who perform the rituals. He is skillful and considered a messenger and mediator to the spiritual power.

Another important social relationship which is symbolically stressed with a newborn baby, is indicated by the neighbors who visit to welcome the new baby and congratulate the new mother as an appreciation of happiness and safety. As Jay states

> A continuous body of visitors is present, and this is felt to be an important part of the security with which a newborn child is surrounded. The mere presence of a guest is therefore important (Jay 1969: 31).

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3 *Modin* and *Kiyai* are both religious leaders. *Modin* is acknowledge as local religious leader, but *kiyai* is usually called Moslem scholar. *Kiyai* has higher religious knowledge than *modin*.
Both Koentjaraningrat (1985) and Geertz (1961) emphasize the importance of social relationships in childbirth, such as holding *jagong bayi* (though rarely today) a social event carried out by the father and all adult members of the house, and sometimes with the neighbors who stay awake until midnight to share the joys and worries of the family concerned. It is held every night until the umbilical cord has fallen off.

As a matter of fact, in Kalisari social relationship in childbirth are shown by visiting the new mother and her baby and giving sort of gifts: rice, sugar, soap, or other things which may be useful for the mother or the baby. In turn, the surrounding people: neighbors, relatives, will be invited to attend *slametan brokohan* and they will be given foods and meals. This is not the last *slametan*, there will be another *slametan* which is held after releasing from postpartum period.

**Conclusions:**

In this chapter I discussed the most important rituals of pregnancy and childbirth. The *dukun bayi* plays an important role, as does the religious leader. All the taboos and rituals are aimed at protecting the health and souls of the mother and child and to ritually guide them into their new statuses and roles.
CHAPTER IV
POSTPARTUM/NIFAS

Introduction

Even after giving birth, a woman is not yet completely reincorporated into society. The next phase which is considered important is nifas. The village women consider nifas to be a ‘dirty’ and dangerous period. They call it ‘hadats’. This is more a religious notion. If women have ‘hadats’ (menstruation and nifas), they are not allowed to pray or recite Koran not even a small verse. Nor is she allowed to be outside of the house when the sun sets (sandhek olo means closed to bad things). It is believed that evil spirits come out at that time and will easily enter a “dirty body” because they do not have any means to protect themselves which they usually do by reciting Koran verses.

Beliefs and practices

Nifas is a pollution and reincorporation period for a young mother and her husband has to stay away from her. They are not allowed to sleep together, or to have sex. As a matter of fact, she is also in a dangerous time, where the evil spirit can easily enter her body. Consequently, the mother of the young mother usually accompanies her until she leaves the postpartum period. It is also usual to put a broom (from coconut leaves) or a little knife close to her. People believe that evil spirits are also afraid of those things.

During the nifas period the woman is still polluted as well as ‘weak’, she has not yet been released from a big struggle (delivery). Rohani said that giving birth is like breaking thousands of muscles (‘Otot sewu pedhot kabe’), therefore she is told not to do anything by herself. There should be someone who always serves her during this period.

During nifas a woman is not allowed to do anything other than to breastfeed. She has to keep her legs straight all day long. This is to improve the blood flow and for all muscles to return to a good position. To shape back the muscles around her abdomen, the woman should wear a bandage around it. This is called ‘bengkung’ (a long piece of cloth) which is wrapped tightly around the mother’s waist and belly.
Another practice during nifas which is aimed to get back good stamina is drinking jamu. This is a must. Nowadays, jamu for nifas is available in drugstores or jamu shops and consists of instant jamu to drink or a form to apply to the surface of the body, such as 'tapel', 'pilis', and 'parem'. Tapel is applied to the abdomen in order to make it warm, while pilis is applied to the forehead to make the mother's face fresh and to keep her awake during the day. Parem is applied on legs to make them warm and to release them from pain. All my participants used those forms of instant jamu; they never make them by themselves. The dukun bayi also suggested doing so.

Besides drinking jamu during nifas, the woman also refrain from eating certain restricted foods: timun (cucumber), waluh (marshmallow), daun kelor (kind of vegetables), nanas (pineapple), lombok (chile, spice). They can cause 'kematus' a kind of disease that makes a person suddenly skinny, cough and die. The postpartum period usually lasts forty days. Anawiyah, who has five children, had a postpartum period for sixty days. The village women consider the different periods of postpartum a normal thing. Unfortunately, they do not always know if postpartum blood flow is abnormal or not. Usually the dukun bayi will inform them whether or not they are bleeding too much. The dukun bayi says that the normal blood after delivery is red to blackish and it is very stiff (like jelly)), whereas abnormal blood is bright red, fresh and its volume is much more like the normal blood.

After being released from nifas, the mother should take a shower as a sign of "purification". Something called "suer". She has to make her body really clean. The ritual is interpreted as entering a "new world". She succeeds in passing any dangerous, dirty, and vulnerable stages and starts to live with her new status in society as a mother of a child, and as a "perfect housewife". She does not need to follow any restrictions or taboos and can return to a "normal" life. She can bring the baby out of the house to introduce it to the world. The village women believe that after nifas, the mother and the baby are strong enough physically to be outside of the house. The mother has "recovered" from her "illness", so it will be difficult for an evil spirit to enter her body. However, the baby has to be accompanied, never left alone, until he/she is at least six months old.
Slametan selapanan

The ritual which follows nifas is *slametan selapanan*. Usually it is served with sticky rice and boiled eggs which are given out to the neighbors. If the family has enough money, a larger *slametan* will be held. Some men in the neighborhood may be invited and rice served with many kinds of dish. The basic meal is rice; there is no special food which symbolizes the ritual. The villagers consider a “ceremony” more important. One of my participant stated that “*sing penting dongane*” (prayer is more important), but not offerings. Therefore the ceremony is varied, and it does not make a difference as far as the ritual is concerned if it is a boy or a girl. As one of my participants stated: “*sing penting dongane*” (prayer is more important). The *slametan selapanan* is aimed to announce that a single woman has become a mother and asks for acceptance of her status into her ‘new society’. Usually, the older generation organizes *slametan selapanan* for their children. Taking a shower is the purity ritual for the new mother, shaving hair, or giving a name is the purity ritual for the baby. It is assumed that the baby has entered his/her new world and to be accepted by society so that she/he has to leave or separate from his/her ‘old’ world. At the same time the baby girls’ ears are pierced.

*Slametan selapanan* ceremony is similar with *slametan brokohan*. The content of the ritual is basically to safeguard the new mother, the baby and all members of the family. However, the acceptance of the mother and the baby into their new society is important in *slametan selapanan*. This is signed by bringing the baby out of the house and introducing it to neighbors and relatives who live near by. At that time the baby is perceived as strong enough, and allowed to be taken out. Generally the villager will bring the baby out when she/he is at least four month old. However, the villager still perceives that the baby is still pure (*suci*) and vulnerable (*lemah*), she/he will be easily contaminated by her/his surroundings. Therefore the baby should be accompanied with ‘weapon’, such as small knife, small scissors, or small nail cutter as ‘*tolak balak*’ (prevent from the bad things).

*Slametan selapanan* is the last ritual for the mother, but not for the baby. Other rituals for the baby in particular will be held, such as circumcision.
Conclusions

Even after giving birth neither mother nor baby is completely part of 'normal' society yet. The mother is considered to be "weak", and like a menstruating woman, she is polluted. When postpartum bleeding stops, the mother has recovered and the baby is seen as less vulnerable. The final reincorporation of the mother happens and the baby is brought outside, into its new social world.
CHAPTER V

DUKUN BAYI

Introduction

The word *dukun* originally means traditional healer. The *dukun* is a specialist in one field or another. Every *dukun* is a healer, both on a physical as well as a spiritual level. The specialization of healing involves *dukun pijet* (massager), *dukun bayi* (traditional birth attendant), and *dukun* (read general practitioner) who can heal patients or clients by using various traditional therapy or medicine. Moreover, every individual *dukun* has his/her own specialization, usually learnt from a parent or grandparent.

The *dukun bayi* in particular is assisting in all aspects of reproductive health care: menstruation, pregnancy, giving birth (van Wengen 1974: 24-29), and generally the *dukun bayi* is female. The villagers prefer to consult the *dukun bayi* during pregnancy and postpartum periods, because she is well behaved and gives complete or holistic services, such as assisting in delivery, massaging, bathing, and giving advice. She has an important role, both socially and economically, during the periods.

Role of Dukun Bayi

It seems to me that the *dukun bayi* has an important role during pregnancy, childbirth and postpartum. They assist the clients from the beginning of pregnancy, even in detecting the pregnancy, until the end of the postpartum period. This is not a short time to be a “caretaker”, therefore their presence in the community is really needed. Moreover the people are poor and have a low income. Basically, being *dukun bayi* is an unpaid specialization. They intend to help people who need them. I can give an illustration about their experiences in assisting with the delivery as both *dukun bayi* said.

Observer: When did you assist delivery for the first time?
mbah Ten: I don’t know when...It was long time ago.
Observer: You do not remember at all?
mbah Ten: yach...I remember...at that time when I was in my husband’s village I was going out with my daughter to watch a play.
Suddenly my husband came to me and told me that one of my neighbors was in labor. He asked me to help her, because nobody was there...and it was night...She was poor...she could not afford to pay a bidan or such to deliver. My husband forced me to help her...I said “no, I can’t...why should I? And my husband convinced me: “Please...you can do that!”

Then...I went to her house...when I saw her in pain...I felt pity for her...I just said “bismillaahirrohmaanirrohiim”, I touched her belly while praying...and then the baby was born safely...But I got confused...what should I cut the umbilical cord with? I had no tools...and I asked my husband to sharpen a small piece of bamboo...and thank God I could do it.

Observer: Then...you became “dukun bayi”?  
mbah Ten: no... no... no... that is not my intention...I never dreamt about becoming a “dukun bayi”. It came very naturally... You know that we live in a small village...whatever you do, everyone will know...the news that I could assist in delivery was spread throughout all the over villages and neighborhoods... So when there is woman in labor they call me... It continuous to happen until now... It has been more than fifty years. I am ninety years old now.

Observer: Are you still willing, and strong enough to assist delivery or massage?  
mbah Ten: If the client stays near my house I can help, but if it is far... no I can’t I have rheumatism in my legs...I can’t walk too far

Observer: What about the skill in massage?  
mbah Ten: I do not know... it happens together with my ability to assist in delivery... I do not know who taught me...It is my feeling

Observer: How do you know about the womb and the baby?  
mbah Ten: I can feel it... I can feel it...!

Observer: Have you ever found difficulties or problems with delivery since the first time you assisted your client?
mbah Ten: No...never, thank God that the mother and the baby are always safe, even when they twin. Assisting woman in labor requires patience... I wait for the baby to be on the right position of the birth canal so it can be delivered... usually I give soft massage (dielus) on the woman’s back and her belly... softly....slowly... and praying of course... and if the head of the baby is already in its place (read vaginal space), I ask the woman to push (uwat), and... the baby is born easily.

Mbah Ten is one of the oldest dukun bayi in the village. She is very skilful not only in massaging but assisting in delivery as well. She massaged me twice during my research. It was good, and I could feel my body was fresher. She also touched (read soft massage) my belly to make sure if my womb is on the right position. While massaging, she advised me about health care and life as well. This is her typical way of helping people; therefore the people prefer to consult her either in delivery or massage. She is able to massage the people (man, woman and baby) with the muscle problems. She is very popular in the entire village and other villages. Another dukun bayi, Rohimah, who is younger than mbah Ten, also told me how she became a dukun bayi.

Observer: Can you tell me your experience when assisting in delivery for the first time?

Rohimah: Sure...! At that time one of my neighbors was in labor. Her husband came to me and asked if I could help his wife to deliver their sixth child. He persuaded. I knew that he was very poor with five children. I could not help...but I came to his house just the same when I saw his wife in pain...his children were lying down on the floor...it was ten o’clock in the morning, but they had not eaten anything yet...I was so sad... so I suggested he bring his wife to the bidan or dukun bayi. He didn’t want to because he didn’t have any money for it...even he couldn’t afford to buy food for his children on that day.

Observer: Then...what happened?

Rohimah: I felt pressured. I would have liked to give them money, but I didn’t have any either. In my purse only had ten thousand rupiah (=one
Euro now). So I just said..."OK...I’ll help your wife...and here is the money...please buy rice for your children and one new Gillette". I tried to help her while I kept praying... asking for help from God... Hoping she and her baby would be safe... for me their safety was important, at that time I was afraid of being malpractice, because I didn’t have a license to assist in delivery...and I was not a dukun bayi... I might be suspected and sent to jail... I just prayed and prayed.... Finally, the baby was born but then I got nervous how to cut the umbilical cord... I tied up the uterus with thread and...bismillaha-irrahimaanirrahim (By the name of Allah Almighty and the most merciful)...I cut the umbilical cord with the gillette blade.

After that event, the news about her was, like Mbah Ten, spread out all over the village. She was asked to attend the intensive training on pregnancy and delivery issues after she had assisted twenty eight clients. She does not really want to be a dukun bayi, the situation made her become a dukun bayi. She was aware that she had skill in delivery; she came to a Moslem scholar to equip her with such a suitable prayer (wirid). She thought it was very important, because in assisting delivery she has to save “two souls”.

Now she is able to detect whether the pregnant woman has anemia, eclampsia, or malnourishment. “I got that knowledge after attending the training which was held by the district health office.” If she has a client with such a critical problem, she will bring her to the midwife’s clinic. However, she still continues to assist her client in delivery in the clinic. Her position now is as midwife’s assistant.

Based on the illustration above, it is apparent the role of the dukun bayi who is rooted in the community, is very big. They can be a caretaker, mediator and transformer. As a caretaker, especially during pregnancy, childbirth and postpartum, they are very generous and help the poor people without demanding any fee. They are aware of safety and health as being important for all people: rich or poor, therefore they emphasize safety and health when they help people in labor. They do not mind to help people whenever, wherever, and however
they can. They even suggest every client to keep healthy, and to live in harmony. They care about everything related to social behavior.

As a mediator, they are able to mediate between client and supernatural power (vertical) using their spells (wirid), and also between client and biomedical staff (horizontal): bidan. They never stop praying when they assist the clients, and they refer them to bidan if there is a serious problem. Both poles, vertical and horizontal, supernatural and physical, are very important in order to pass through the dangerous passage, such as pregnancy, childbirth and postpartum. As Rohimah says: “We have to ikhtiar (make an effort) to get safe and healthy life: praying to God is ikhtiar, going to an expert, like bidan, is also ikhtiar.” Their role is very prominent among the poor. They can negotiate the cost with a professional obstetrical midwife as well. It is very helpful.

The dukun bayi is also a transformer. In particular the one who has been trained medically, she is able to transform their knowledge especially about health and health care to their clients (read biomedical notion). She may correct the “wrong” perception about food restriction during pregnancy, and postpartum, included doing taboos. The dukun bayi, Rohimah, suggests: “If you are in doubt about doing something, don’t do it, but if you are not...just do it!” It is also related to practice taboos or food restriction. Principally, she said, there is no food restriction during pregnancy, childbirth or postpartum. It is because of the beliefs, so that it is happened.

Although the dukun bayi informs the villagers about biomedical notions concerning food restriction and taboos, the villagers still have choices in performing their customs which is dealing with their beliefs. The dukun bayi never force her clients to do what she herself believes it right. In fact, the villagers in Kalisari still prefer to practice what they believe; however they still respect one into another.
Conclusions:

In this chapter I gave attention to the *dukun bayi* herself and highlighted her practices and role as mediator. She is not only skilled in massage, dietary rules and recognizing excessive bleeding, but plays a spiritual role as well. The *dukun bayi* is affordable, accessible and is seen as a caretaker of two souls in a period of danger.
CHAPTER VI
CONCLUSIONS AND RECOMMENDATIONS

While emphasis is put on ensuring the physical safety of woman and unborn during pregnancy, childbirth and its aftermath, the spiritual can never be neglected and as has been described, has to be sustained throughout this process. The physical process of pregnancy and delivery, the breaking of a ‘thousand muscles’, is supported with massages, healing drinks and the avoidance of taboo foods. The spiritual aspect, which can never be separated from the physical, is an intense struggle involving “sacrificing the soul” and the vulnerable woman and unborn child has to be protected and guarded with prayers, rituals and spells of mediators such as dukun bayi.

In this thesis I showed that pregnancy, birthing and the postpartum period can be analyzed as important rite of passage or period of transition. When a woman publicly announces her pregnancy a ceremony is held (tingkeban) which symbolizes the separation of the woman from her previous status. She and her unborn child now enter a dangerous in between stage where all kinds of taboos must be strictly adhered to and the physical and spiritual health of the mother-to-be and the unborn must be protected.

This stage is dangerous also because pregnancy itself falls between categories. The expecting woman is not a mother yet but she is not a girl either. The unborn already has a soul, but the soul has not been born yet. The dukun bayi is one of the most important birthing ritual and mediatory specialists to assist a woman during this time.

Birth itself is viewed as a struggle of the soul, a struggle to release the unborn soul of the child into the world, and also to preserve the soul of the birthing woman herself. Thus birthing is called taruhan nyowo, antarane urip lan mati.

The dukun bayi does not only serve as a midwife to the birth of a new soul but struggles to protect it, as well as the soul of the mother (who might die). To do this she needs to focus also on her spiritual role and power or concentrate on the magical prayers she needs to recite all the time.
The birthing process itself, like menstruation, is seen as very polluting. The new mother and baby are separated from the community for forty days. During this period her body is open and she can easily get sick through the penetration of spirits or illness. Great effort is made to protect the spiritual safety of the mother and she is prepared through massages, drinking *jamu*, and food restriction to assist the closing of her body and its return to its ‘natural’ state.

The final rite of reincorporation for the mothers is the ritual purification, after which she ceremoniously returns to the community and takes her new role and status as mother of the newborn child.

From the above, it is clear that women in Kalisari, Bojonegoro, East Java still practice customs during pregnancy, child birth and postpartum that they believe to be part of their cultural heritage. In addition they use the service of a *dukun bayi* almost exclusively during pregnancy and postpartum.

Their practices are based on sociocultural beliefs and customs and economic factors. Considering sociocultural factors, the village women believe that all practices, customs or traditions of their parents and ancestors should be honored and respected. They believe something bad may happen if they ignore them.

The village women that I interviewed believe that pregnancy, childbirth and postpartum are critical periods. They said that ‘*barang halus*’ (evil spirit) likes to bother pregnant women, babies and women during ‘*nifas*’ (postpartum) periods. It is a really dangerous time and villagers have a lot of rituals to protect mother and baby from evil spirits. The core of the ritual is ‘*slametan*’ (communal meal). They have it many times and call it by different names, starting at four months’ pregnancy until forty days after delivery. In *slametan* there must be offering consisting of many kinds of symbolical food, in particular in *slametan tingkeban*. It seems that Javanese rituals and offering are an important part of indigenous customs. The villagers also respect taboos in order to ensure a safe delivery and to get a
‘normal’ and healthy baby. Other practices include ‘pifet’ (massage) and drinking ‘jamu’ (herb).

The dukun bayi can detect the stage of the pregnancy and the position of the baby in the mother’s womb by touching her belly and using her ‘natural’ sense or feeling. Both the dukun bayi I interviewed said that they don’t know where their talent to detect the pregnancy came from, but they can locate the buttocks or the head of the baby in the womb. This is one of the skills that obstetric midwives do not have. Their touch and patience make the expectant mother feel comfortable. One of my participants said that if the baby is not in a good position, the dukun bayi can turn it into a better position with a gentle massage (di elus, di giring), whereas obstetrical midwives always advise having a caesarian section. It is scary for the women and their family, of course, because of the cost and the transportation.

All the participants consult a dukun bayi during pregnancy, childbirth and postpartum, but I found two of them consult both a dukun bayi and obstetrical midwives periodically during pregnancy, and childbirth. They give birth with obstetrical midwives assisted by the dukun bayi, because they are a high risk. One had high blood pressure, and the other had bleeding and a handicapped baby, which unfortunately died.

I notice that the villagers consider every stage during pregnancy, childbirth and post partum are dangerous and very risky which is reflected by them doing many different rituals. The essence of the ritual is a wish. Prayer is the core of any kinds of communal meal ceremony (slametan). They put all their hopes into supernatural power, but they also have many practices as their own effort: avoidance taboos or food restrictions, in order to protect both the pregnant woman and her baby.

Because of those beliefs and also the information which has come to the village through television, midwives, radio, the local public health centre and others, the village women in the last 5 years prefer to also consult obstetrical midwives in giving birth. Basically they have home based delivery. They will come to the clinic accompanied by the dukun bayi if the dukun bayi suspects there may be a high risk in delivery. Usually the dukun bayi knows the signs of a high risk in an expectant mother, such as a pale face or swollen legs, or if the
baby in the womb is not normal (small), or the position of the baby cannot be changed. The dukun bayi gets the basic biomedical knowledge related to pregnancy, childbirth and postpartum after attending training which is recommended by local health office, and mostly based on her experience by noticing the “symptoms” of her clients. Their role is prominent among the poor, either as caretaker, mediator, or transformer.

The presence of dukun bayi may not be ignored. They are, however, able to support woman’s health and health care. Moreover, their presence in a poor village, people make them honoured among the villagers. Unfortunately, woman does not want to be dukun bayi anymore in Kalisari. Only one dukun bayi is currently active and able to assist in delivery. The other one, who is more preferred, is already 90 years old.

The whole process of pregnancy, birth and subsequent rites also has great symbolic meaning for the baby. As discussed in the thesis, at about four months of pregnancy the child is seen as essentially as unborn soul to be protected, returned and brought to life. Birth is considered as separation from mother’s body and also as a spiritual separation which is symbolized by cutting the umbilical cord, washing the baby, and burying the placenta. The baby is also still in a liminal state, she/he is not spiritually attached to his/her body yet, she/he remains in seclusion and not everyone can touch the baby whose body is still open to pollution. Reincorporation happens with name-giving and introducing the baby into society after forty days.
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GLOSSARY

Babaran : give birth
Barang halus : evil spirits
Bidan : Obstetrical midwife
Blantik : Cow marketing broker
Bengkung : Bandage consists of a long piece of cloth which is wrapped tightly around the abdomen after giving birth
Bergodog, Dadah/dadah walik : Soft massage which is performed after giving birth
Bubur abang : Red porridge which is made of sticky rice, coconut milk and palm sugar
Dukun : Javanese traditional healer
dukun bayi : Indigenous traditional birth attendant
dukun bayi terlatih : Trained traditional birth attendant
dukun pijet : Traditional massager
Ental : Palm fruit
Gawan bayi : something brought about by the baby
Hormat : respect
Hurag : soft massage which is usually performed during pregnancy
Ikhtiar : great effort
Jagong bayi : Stay awake to guide the newborn baby
Jamu : Herbal medicine
-beras kencur : Jamu to increase appetite
-temu lawak : Jamu to increase appetite also to ease the delivery
-tapel : Jamu applied on women’s abdomen after giving birth in order to make it warm
-pilis : Jamu applied on women’s forehead after giving birth in order to make her stay awake in the afternoon

Annex I
-bobok/parem: Jamu applied on the whole of the body to reduce painful muscle tension

Kakang kawah-adi ari ari: little sibling/Placenta

Kendil: Clay bowl to keep the placenta

Kematus: kind of disease which makes the people suddenly skinny, coughs, and dies

Lagur: doorway

Lumpang: big mortar

Lurah: village leader

Mitoni: A ritual held in seven month of pregnancy

Modin: informal religious leader in local area

Nifas: postpartum period

Ngidam: desire to eat or to do a certain thing caused by pregnancy

Nyambat: call, say

Pasrah/narimo: surrender, accept

Rajungan: A kind of crab/seafood

Rujak: Fruits salad with dressing made of palm sugar, spicy, and tamarind

Rukan: Harmony

Sawah: rice field

Sandhek olo: close to bad invisible things/evil spirits

Sawanen: easily contaminated

Ssenden: sit up

Slamet: Safe and guarded

Slametan: Javanese communal meal as a core of ritual (Geertz)

: The religious sacrificial meal (van wengen)

: Ritual feast (Beatty)

Slametan brokohan: Slametan which is held after giving birth or when umbilical cord falls off

Slametan selapanan: Slametan which is held after releasing from postpartum period

Slametan tingkeban: Slametan which is held to announce pregnancy
| Subur    | : Fertile          |
| Tarak    | : Food restrictions, taboos |
| Wiji thukul | : growing seeds   |
| Wirid    | : Spelling Koranic verses in a certain time and a certain amount |
INTERVIEW GUIDE LINE

PERCEPTION

➢ Pregnancy:
  • How old was the woman when she had her first pregnancy?
  • How does the woman know if she is pregnant?
  • Are there any signs of being pregnant?
  • How does the woman feel when she finds herself pregnant?
  • What is the conception of pregnancy?
  • How do they get the information about pregnancy?
  • Where does the woman seek the health care during pregnancy? Why?
  • How far is the role of dukun bayi during the pregnancy?

➢ Childbirth
  • How does the woman feel when she has a birth?
  • What does she perceive about giving birth and being a mother?
  • Are there any different feelings before and after having a baby?
  • What does her family perceive about her delivery?
  • What does she perceive about obstetrical midwife?
  • What does she perceive about giving birth in clinic?

➢ Postpartum
  • What does the woman perceive about postpartum period (nifas)?
  • Is there any notion about ‘dirty and clean’ related to nifas?
  • How do they deal with the conception?
  • How long does postpartum take time?
  • Does he know the difference between normal blood and haemorrhage?
  • How do they deal with haemorrhage?
  • What does she perceive about haemorrhage?

BELIEFS AND PRACTICES

➢ Pregnancy
  • How old should a woman have a baby?
  • Are there different beliefs for first or subsequent pregnancies?
  • Are there food restrictions? What are they? And why?
  • Are there taboo activities for pregnant woman and/or her husband? What kinds of activities? Why?
  • Are there special rites during pregnancy? What are they? How and what are the meanings?
  • What treatments/services does the pregnant woman have during her pregnancy from dukun bayi? And how?
  • Why does the woman consult dukun bayi during pregnancy?
• What the advantages of getting treatment from *dukun bayi*?

➤ **Giving birth**
  • What does the woman prepare for her delivery?
  • What does she believe in giving birth and how does she feel facing the birth phase?
  • What is the best environment for a delivery? (Location, people present or intimacy).
  • What are the causes of labour and delivery delays or complications?
  • Are there special treatments or rites during her labour? How and why?
  • Is clinic birthing with obstetrical midwife a statement of ‘safe delivery’? Compare to home birthing assisted by ‘*dukun bayi*’.
  • What care needs to be given to the placenta?
  • What care needs to be given to the new baby born?
  • What care needs to be given to the ‘new mother’?

➤ **Postpartum**
  • Are there special treatments to be used? What are they? How and what are the meaning?
  • Who give the treatments and cares to the baby and the mother?
  • How does *dukun bayi* treat the baby and the mother?
  • Why does the new mother consult *dukun bayi*?
  • Are there food restrictions? What kinds and why?
  • Are there taboo activities? What are they and why?
  • Are there special rites? How and what are the meanings?
  • Who take care of the baby and the mother?
ANNEX III

SAMPLE OF TRAINING MODULE FOR DUKUN BAYI
TANDA-TANDA KEHAMILAN
HAMIL MUDA

MUNTAH MUNTAH

PUSING KEPALA

PERUT MEMBESAR
PERIKSA PANDANG

MUKA PUCAT

PUTING SUSU TERTARIK KEDALAM

PERUT MEMBENGKAK SESUAI DENGAN UMUR KEHAMILAN

KAKI MEMBENGKAK
PERIKSA RABA

LETAK KEPALA?
PERAWATAN PAYUDARA WAKTU HAMIL

TANGAN DIMINYAKI

DIURUT DARI PANGKAL KEARAH PUTING SUSU

AIR SUSU DIPIJAT KELUAR

PUTING SUSU DITARIK TARIK KELUAR DAN DIPUTAR PUTAR
KELAINAN-KELAINAN KEHAMILAN

MATA TIDAK PUCAT

MATA PUCAT

LIDAH BIBIR TIDAK PUCAT

LIDAH BIBIR PUCAT

SEHAT

KURANG DARAH
KEHAMILAN DENGAN RESIKO TINGGI

IBU YANG SUDAH MELAHIRKAN UNTUK KELIMA KALINYA ATAU LEBIH
KEHAMILAN DENGAN RESIKO TINGGI

PUSKESMAS

TUBUH SANGAT PENDEK <140 CM
KELAINAN-KELAINAN KEHAMILAN YANG HARUS DIRUJUK

PUSKESMAS

perut bawah

+ 

perut depan

kendala anak melahirkan

kaki bengkak

pubis krepis

kerasik krepis melembutkan

menghubungi Puskesmas
BAHAN BAHAN MAKANAN YANG SEIMBANG
TANDA-TANDA PERSALINAN

HIS TERATUR PINGGANG NYERI
RESIKO TINGGI WAKTU PERSALINAN

PUSKESMAS

.headache

.postpartum bleeding

.headache

.postpartum bleeding

.headache

.postpartum bleeding

.headache

.postpartum bleeding
CARA CUCI TANGAN

LAMA CUCI TANGAN 10 MENIT
SEPENGINANGAN ATAU SEPEROKOK
TINDAKAN-TINDAKAN TERLARANG

JANGAN MENDORONG DORONG PUNCAK RAHIM
TINDAKAN-TINDAKAN TERLARANG

JANGAN MENARIK ARI ARI
TINDAKAN-TINDAKAN TERLARANG

JANGAN PERIKSA DALAM
CARA MERAWAT TALI PUSAT

TALI PUSAT DIGUNTING ANTARA 2 IKATAN

TALI PUSAT DIIKAT UNTUK KEDUA KALINYA

TALI PUSAT DIOLES OBAT MERAH
ANNEX IV
PICTURES
Mbah Ten... the portrait of the *dukun bayi* in Kalisari (above)
The delivery KIT which is belonged to *dukun bayi* (below)
The *dukun bayi* is performing ‘*hurag*’: to detect the position and the age of the baby (above) *Sapu kebas* (the broom from coconut leaves) is put near by in order to protect the baby from *barang halus* (evil spirits) (below)
Bubur Abang (red porridge) is ready to distribute to the neighbors: the sign of childbirth (above)

This placenta is buried, protected by putting ‘cage’ and given the light (below)