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Research Article

The Cultural Habits and Traditions During Pregnancy and After Childbirth of the Banjar Tribe in South Kalimantan: Semi-Qualitative Descriptive

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Abstract.
Inequality is reflected in the high differences in maternal mortality rates in several countries. Health information is often inaccessible for some communities because the differences in the needs of different women and their families were not accounted for. This becomes a communication barrier between healthcare providers and families in selecting and making emergency decisions that may arise during pregnancy, childbirth, and postpartum. This study aimed to describe the habits and traditions of women during pregnancy and after birth in maternal health care. The method used is the descriptive semi-qualitative method with a case study approach. The research sample consisted of four Banjarese postpartum mothers with no complications from the third trimester of pregnancy until delivery. The results showed that the four research subjects carried out the prevailing traditional customs, including self-perception, services received from officers, places, and types of care, taboos about food and medicine, advice on food and medicine and rituals of safety ceremonies and prayers together with maternal health services from midwives and nurses. The findings of our study confirmed that the Banjar people are accustomed to using cultural traditions that apply to their families and communities, including who makes decisions about what health services and which facilities they need as long as they are available and affordable in the area.

Keywords: Culture and Habits, Pregnancy and Childbirth, Banjarese Tribe

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1. Introduction

Socio-demographic and cultural factors are one of the determinants of maternal mortality in Indonesia. The problem of inequality in the context of health status is reflected in the high differences in maternal mortality rates in some countries [1]. Often health information is ignored because of differences in understanding the needs of women and families. This is a communication barrier between health workers and families in

choosing and making emergency management decisions that may arise during pregnancy, childbirth, and the postpartum period [2]. This behavior shapes and influences the attitudes, responses, perceptions, and perspectives of individuals, and social groups in meeting health needs in the form of efforts to prevent disease and heal themselves from disease through different norms, values, cultures, and traditions. These things have developed and passed down from generation to generation [3].

Several studies in Asian countries, in China according to Kartchner & Callister, 2003 in Callister et al (2011), show that cultural, environmental, and religious heritage affects Chinese women in China. Chinese women who immigrate to other countries also experience conflicts of belief and the assumption that they will not follow local cultural practices, especially those related to the birthing phase [4]. Most Asian women continue to practice traditional habits, abstinence, and advice during pregnancy. Thus, women's solutions for choosing and making decisions are also supported by husbands, parents, and families while continuing to recognize and respect local beliefs, including the competencies of labor assistants [5].

Qualitative studies in Indonesia, show that most women including Javanese, Banjar, and Dayak ethnic groups consider pregnancy to be a normal experience and happiness, not considered an illness or an abnormal condition. Emergency events and even death are considered as unforeseen and without danger. Then, from the three phases, labor is considered a very dangerous condition because at any time there is bleeding, elongated of labor, and eclampsia convulsions [6]. Based on the stated background, women's cultural habits and traditions practiced during pregnancy and after childbirth has adverse or beneficial effects on the condition of the pregnancy and the baby. So, researchers are interested in conducting research aimed at obtaining an image of Banjar community habits during pregnancy and after childbirth in mother's health care.

2. Materials And Method

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

District, South Kalimantan Province. The informants consisted of four postpartum mothers who were selected using purposive sampling technique, and criteria for the normal condition without complications since the third trimester of pregnancy, childbirth, and postpartum period, and have the same characteristics as the Banjar tribe in **Table 1**.

3. Results and Discussion

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

According to the belief that *kapuhunan* (evil demons) and ghosts disturb the mother and baby in the womb [8]. *Kapuhunan* myth is interpreted as an event that occurs when a person in his body is possessed or disturbed by a tree watchman who causes the person to behave inappropriately [9]. 3-month pregnant women smell nice, so this sacred myth impedes pregnant women's access to leave home to the health center for an examination. Then, a routine bathing ceremony as known as of *batapung tawar tian* or *mandi-mandi batian* (three months pregnancy), Tian Madaring (seven months pregnancy), and the uniqueness of the recitation mantra led by shamans or as known as *nini panimungan* and the other *tuan guru*. They are figures believed to be an expert in healing and ritual ceremonies. This custom is influenced by ethnic Arab traditions because of mixed marriages with Banjarese people. The assumption was as a figure who has the ability to lead Arab prayers that are believed to be able to ward off evil demons and prevent several diseases [8].

Base on table 1, showed the research subjects were 4 women who were interviewed, the four were Banjar ethnic groups, and 1 respondent R2 was married to Javanese.

Table 1: Summary of research results.

Habits	Respondent			
	R1	R2	R3	R4
Self-Perception				
During pregnancy				
When did you first expect to be pregnant?	Not menstruation, stomach enlargement	Nauseous vomit, not menstruation	Not menstruation	Not menstruation,
When does a pregnancy check start?	After three months	Immediately after knowing pregnant	After three months	After three months
After childbirth				
Family support	Remind taboo and suggest recovery, dominant mother-in-law	Give rewards and more attention to the baby, the dominant husband	Remind taboo and suggest recovery, dominant mother-in-law	Remind taboo and suggest recovery, dominant mother-in-law
Attendant support	More to TBA: recovery of the womb and rituals	Midwife: regular counseling and check-ups	More to TBA: recovery of the womb and rituals	More to TBA: recovery of the womb and rituals
Services Access				
During pregnancy				
Attendant	Midwife and TBA	Midwife, without a TBA	Midwife, due to pregnancy to TBA	Midwife and TBA
Serving place	More often at home, if abnormal signs arise, will control to the health center	At the midwife clinic, occasionally go to obstetrician	To the scheduled health center, at home more often with TBA	At the midwife's clinic and at home with the TBA
Care	Abdominal massage (TBA)	Services according to the KIA handbook	Abdominal massage (TBA)	Abdominal massage (TBA)
After childbirth				
Attendant	Midwife together TBA, have authority in ceremonial rituals	Midwife, Nurse	Midwife together TBA have authority in ceremonial rituals	Midwife together TBA, TBA have authority in ceremonial rituals
Serving place	At home	At clinic	At home	At home
Care	TBA: Abdominal massage, applying root mixture, plant stems	Puerperal control for two weeks	TBA: Abdominal massage, applying root mixture, "babat" tie up the abdomen	TBA: Abdominal massage, Applying root mixture, plant stems
Taboo				
During pregnancy	Food: pineapple, acidic, fishy; cannot leave before three months	No restrictions	Red beef, acidic, red beef and fishy, cannot leave before three months	pineapple, acidic, spicy and sea fish fishy
After childbirth	Spicy food, cannot leave the house before 40 days	No restrictions	Spicy food, fishy Cannot leave the house before 40 days	Spicy food, cannot leave the house before two weeks

In the aspect of knowledge about getting pregnant for the first time all respondents recognized the usual signs of symptoms that are not menstruation and nausea and

Table 1: (Continued)

Habits	Respondent			
	R1	R2	R3	R4
Suggestions				
During pregnancy	Trout, vegetable medical drugs	Trout, fishy, vegetables & others medical drugs	Trout, vegetables medical drugs	Trout, vegetables medical drugs
After childbirth	Trout, vegetables Medical drugs are still taken, plus herbs and roots	Trout, fishy, vegetables & others Medical drugs	Trout, vegetables Medical drugs are still taken, plus herbs and roots	Trout, vegetables Medical drugs are still taken, plus herbs and roots
Ritual				
During pregnancy Bathing ceremony	Batapung tawar tian in 3 monthly and tian madaring in 7 monthly	7 monthly in Javanese tradition	Batapung tawar tian in 3 monthly and tian madaring in 7 monthly	Tian madaring in 7 monthly

Notes: R1, R2, R3, R4 = R: respondent

vomiting. Three respondents are R1, R3 and R4 have the same habit characteristics which state the first visite with the midwife after 3 months of gestational age, use ritual ceremonies also at the age of 3 months and 7 months, prohibition and advice for utilizing foods and herbs ingredients that are useful for pregnancy, labor and recovery after the baby is born. However, 1 respondent was that R2 only utilized health care facilities from professional attendant. Three respondents consistently utilized health workers together with TBA both in the pregnancy period and after delivery. From the assumption they believe that TBA is more dominant in serving traditional rituals and healing after giving birth. While midwives, more care services according to the field of maternal and infant health.

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

provided and the most decisive aspects are the values, norms, and beliefs of a cultural and religious tradition that prevails in the community [10].

Likewise, the Gravita study (2015), shows the use of natural ingredients, spices, roots, leaves and stems of plants such as the turmeric rhizome, tamarind acid, garlic and sugarcane stem water as traditional medicines that are beneficial for the smooth delivery of labor and recovery after childbirth by the Dayak tribe. Medicinal materials are processed into ingredients that have also been packaged in a synthetic form and practical use Argyreia nervosa (Burm.f.) Bojer *(bilaran hirang)*, Mussaenda frondosa L *(balik angin)*, Aglaonema simplex Blume *(pelusur sawa)* dan Aglaonema nebulosum N.E.Br. *(pelusur sawa)* among others, efficacious to prevent bleeding during pregnancy and childbirth, birth canal scars quickly dry, odorless and fishy blood, restore the condition of the uterus, and increase breast milk [11]. And several other benefits of herbs or extracts that are beneficial for patient recovery, is the provision of snakehead fish extract (Pujimin Plus) which can increase albumin levels and protein intake in hypoalbuminemia sufferers [12].

The utilization of health facilities and helpers, both skilled and traditional, influenced by socio-cultural behavior can be an obstacle or proponent for accessing health services. Research in Nigeria, has a significant correlation between roles, and husband's permission gives women limited flexibility in deciding where to give birth and who the caregivers of the mother and baby are after giving birth [13]. In addition, during traditions and practices such as ritual ceremonies, prayer readings, taboos on the types of food, drinks, and medicines and herbal concoctions consumed can reduce barriers to obtaining health services [14], [15]. Regarding taboos, in Northern Laos, about strict postnatal dietary restrictions. The lack of variety in food and high food insecurity allows micronutrient deficiencies to occur which have an important impact on the success of exclusive breastfeeding. A cultural approach strategy should be considered to increase micronutrient intake [16].

Altogether, a person's perception will suspect that he is sick, even women during pregnancy experience physical and psychological complaints, tend to try to overcome them through self-healing. Meanwhile, among women, family, and close relatives will ask each other and give advice to obtain recognition (legitimacy) of illness as a demand and obedience to traditions and culture prevailing in one place [17]. Furthermore, it is emphasized on access to services to whom, where, and when is the right time to request services from health workers, as the informants' answers, in addition to requiring

access to health services, also prioritize traditional habits which are believed to have been around for a long time and have proven beneficial for the recovery of one's body condition. Amiruddin et al. (2018) study reveals that the habits, ceremonies, and social traditions of pregnant women and community groups have an impact on increasing the knowledge, attitudes, and behavior of pregnant women in Jeneponto [18].

This phenomenon is also still valid in the Banjar community, who predominantly seek traditional treatment before seeking access to health services, if their condition and complaints are still sick [19]. Likewise, public opinion regarding the choice of traditional birth attendants will always exist during the period of pregnant women and after giving birth. A study by Widodo, (2017) conveys, *that "if you can still give birth at home, why do you have to go to a health center if you can still be helped by a shaman, why do you have to call a midwife?*[20]. This gives us an understanding of how knowledge and experience of indigenous practices have influenced postpartum care practices for decades. Then, in a study in Bangladesh, most rural women follow traditional postnatal cultural practices because they are be induced [21], [22].

More about tradition, it is part of a holistic human identity[23]. Awareness of increasing social justice, such as human rights in health care and aspects of cultural identity, is considered important and should not be neglected [24]. Therefore, it is also necessary to respect each other's views in the attitude interaction between health provider and women and their families. In line with Ngotie et al. (2022), required collaboration and high concern from the health provider [25]. Increased cultural sensitivity can reduce disparities in women's needs and expectations [26].

4. Conclusion

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

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