

Report on postpartum traditional habits in West Timor of Republic of Indonesia

インドネシア共和国西ティモールにおける産後の伝統的習慣について

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Abstract

We, including UKSW stuffs, conducted a survey on traditional postpartum habits in Binaus village, West Timor, Republic of Indonesia. Local research took place over eight days from 6-13 October 2016. The postpartum traditional habit is “the habit whereby a newly born child and its mother spend in a special house outside of the main home for 40 days. Questionnaires were given to medical practitioners and health promoting volunteer concerning their experience of postpartum traditional habits in order to understand the reality of conditions in Binaus Village. Moreover, attitude surveys were conducted on women in the village to understand their lived experiences of medical treatment and daily life including traditional habits. Data was gathered from village elders on their attitudes towards gender and decision-making power within the home.

As a result, those who feel that traditional customs still exist and there is consciousness trying to change them. However, the traditional postpartum habits were related not only to the physical and mental care of postpartum women but also to social needs, which proved to be a habit that cannot easily be denied. Especially, in order to converge traditional health customs, the relationship of trust with the villagers and the puskesmas established in the village for only two years is an important factor, but it has not been established yet.

How will the traditional postpartum habits of this village assimilate in the face of modernization? Surely this is a matter for puskesmas staff to discuss with all members of the village until everybody is in agreement. An external party will surely play the role of giving them the opportunity to discuss.

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1. Introduction

My first encounter with West Timor of the Republic of Indonesia was in 2009. Charles Darwin University (Australia) held a joint study with three Indonesian universities on provincial settlement development, in which I participated as a part-time lecturer at Satya Wacana Christian University (abbreviated as UKSW). My role was to advise nursing students at UKSW on their dissertations. I later joined the study again in 2011. On both occasions, the primary focus of the studies was to conduct a survey of basic living conditions in Linammutu Village by examining economic and nutritional conditions and the use of water, meaning questions concerning medical treatment were limited. Attitude surveys were conducted on children to ask them about their values, and the results were written up in Volume 2 of the Sapporo University of Health Sciences Journal. Since 2013, UKSW has been sending surveyors (the graduates under dissertation advisement in 2009) to live in Binaus Village in order to establish mutual trust with village locals, and is implementing a full-scale medical treatment survey of the region¹⁾. The decision to change from Linammutu to Binaus Village was made for reasons not only of sanitation and safety, but also of the remarkable postpartum traditional habits that exist in Binaus Village. Huts built for the month following a delivery (known henceforth as *Rumah Bura*) can be found in almost every garden of the homes in the village. A basic survey was conducted on all homes in Binaus Village in 2013, in which I took part. Two interesting discoveries were made during the survey, one of which was the fact that almost all villagers experienced home delivery. Yet, a law was passed in the region in 2014 that prohibits home delivery, and a health centre (known

henceforth as *puskesmas*) was established there in the same year.



Rumah Bura

The postpartum traditional habit is “the habit whereby a newly born child and its mother spend in a special house outside of main home for about 40 days.” This tradition is believed to have existed on islands near the Setouchi region of Japan until the beginning of the 20th century²⁾. Similar traditions exist across the Asian continent: in Turkey, in the first forty days following a delivery, it is traditionally forbidden for a mother to (1) do housework, (2) leave the home and (3) look in a mirror, and they customarily reside in a designated area³⁾. Meanwhile, in Bhutan, it is the tradition for expectant mothers to take themselves to a shed near their homes when they are about to give delivery, delivery the child alone, and live there with their newborn⁴⁾. I had the opportunity to study the postpartum traditional habits of Bhutan at Exeter University of U.K., but was unfortunately unable to make a detailed investigation due to the political situation in Bhutan. Having understood that this tradition still exists today in Binaus Village, I wondered how it was responded to and assimilated into modern society, and felt the need to examine the advantages and disadvantages of such a process from a public health perspective.

This report is confined to a research report primarily centred on descriptive statistics. I plan to publish it in related international academic journals in the following year as an original submission, after combining a detailed analysis of workshop discussions and interviews, an analysis of the questionnaire given to women in the village, and the results of my visit in the following year.

1. Region overview

West Timor is part of the province of East Nusa Tenggara (Nusa Tenggara Timur: abbreviated as NTT) in the Republic of Indonesia; its provincial capital is Kupang. The province of NTT comprises 566 islands, of which the main islands are Flores, Sumba and the western portion of Timor, while the eastern half of Timor is an independent country. More than 90% of the region's population are Christian, and it is a place of refuge for Christian asylum seekers who have fled from religious conflict within Indonesia⁵⁾.

A lack of safe water, public health, and sanitary facilities has resulted in an infant malnutrition rate of 41.07% in 2006, while the infant mortality rate (60 out of every 1000 in 2005) is one of the highest in the whole of Indonesia⁵⁾. The literacy rate between 2013-2015 was 10.13%, which is extremely low in comparison to the national average of 94.98%⁶⁾. The proportion of the Indonesian population living below the poverty line is on average 13.3% but 23.0% in NTT, making it the 4th poorest out of 33 provinces in Indonesia⁷⁾.

Binaus Village, the subject of this survey, is part of the region of Molo in the prefecture of South Central Timor (a province in NTT), and its seat of its prefectural government is in Soe. The community is situated in a mountainous area, and its principal economic activity is

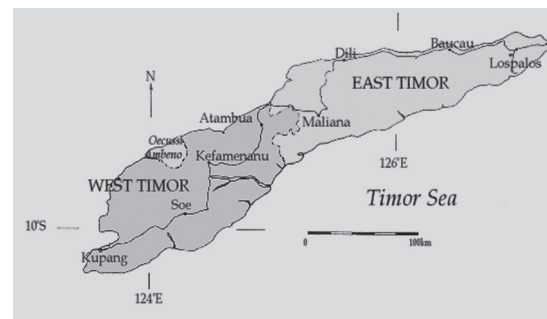
subsistence farming. Binaus Village is situated at an altitude of 500-1090m, with a total area of 14.76km². The village population was 1,039 in 2015 with 254 households, with an average household size of 4.09. In 2015, 16 children were born, with no reported infant or maternal mortalities⁸⁾. The prefecture's GINI coefficient is 0.23 and much lower than the Indonesian average of 0.41, although this is more due to the poverty of the region than income inequality.

Whole Indonesia



By Free world maps net

Timor Island



By Wikipedia

2. Overview of research activity

Local research took place over eight days from 6-13 October 2016. However, UKSW-contracted staff was in place from 28 September to prepare for the survey, which included acquiring permission from the local authorities, making adjustments to the survey schedule and setting up. While the survey was for the most part conducted in Binaus Village as previously mentioned, it was also carried out in Soe City for purposes of comparison.

The collaborative study was carried out by two lecturers from UKSW, a staff contracted by UKSW(UKSW graduates local to the area), and a graduate student(total 4 persons). Survey participants were (1) respondents to a questionnaire on postpartum traditional habits, (2) respondents to a questionnaire on lifestyle and social consciousness including traditional habits in Binaus Village, (3) heads of household participating in a focus group discussion, (4) health promoting volunteers (known henceforth as kadar) participating in a workshop, (5) married village elders and (6) married church leaders. The activities of the local study are shown in Table 1.

II. Purpose

Questionnaires were given to medical practitioners concerning their experience of postpartum traditional habits in order to understand the reality of conditions in Binaus Village. Moreover, attitude surveys were conducted on women in the village to understand their lived experiences of medical treatment and daily life including traditional habits. Data was gathered from village elders on their attitudes towards gender and decision-making power within the home.

This information was used as a foundation to work with Indonesian universities to investigate the best way to assimilate postpartum traditional habits in the future, and to work out what direction this would take. During our visit next year, I plan to use the results of my survey of the village people and staff at the puskesmas to suggest future forms of medical treatment.

Table 1 Survey schedule and activities

Date		
2016.10.6	a.m	Arrived in the capital city of Kupang
Friday	p.m	Meeting with UKSW
2016.10.7	a.m	Travel to Binaus via Soe
Saturday	p.m	Arrived Binaus village. Greeting to the village district director etc.
2016.10.8	a.m	Participated in church service. Greeting to the villagers.
Sunday	p.m	Questionnaire survey for adult women at church.
2016.10.9	a.,m	Visiting to Puskesmas in Binaus village
Monday	p.m	Questionnaire survey for adult women (door to door visit)
2016.10.10	a.m	Visiting to Puskesmas in Soe city
Tuesday	p.m	Walking around Soe city for confirmation of Rumah Bura
2016.10.11	a.m.	Attendance at the regular meeting of the house head
Wednesday	p.m.	Questionnaire survey for adult women (door to door visit)
2016.10.12	a.m.	Visiting to Puskesmas in Binaus village
Thursday	p.m.	Participated in Kadar's regular workshops
2016.10.13	a.m.	Visiting to Puskesmas in Binaus village
Friday	p.m.	Travel to KUpang via Soe

III. Method

1. Survey categories and methodology

- 1) The questionnaire on postpartum traditional habits was taken by 31 participants working as midwives and nurses in *puskesmas* in Binaus Village and Soe City, or as *kadar* in Binaus Village. In each location the participants were given an overview of the survey and then asked for their cooperation in completing the questionnaire. The survey was in an anonymous open-ended format, and was collected the following day along with the participants' written consent forms.
- 2) The questionnaire on lifestyle and social consciousness including traditional habits in Binaus Village was taken by 80 adult females in the village, and also took an anonymous open-ended format. The participants were given an overview of the survey after the village's church service, and then asked for their cooperation in completing the questionnaire. A collection box was placed in the entrance to the church, and collected the next day along with written consent forms. Only 44 responses were collected from the church box, and the researchers thus made home visits to explain the surveys to women individually, followed by a request for them to complete the questionnaire. The contents of the questionnaire included eight questions concerning the participant's background: age, age at first marriage, academic background, occupation, average monthly income, marital history, number of children and religion. There were 18 questions on village life focusing on economic conditions, traditional culture, response to emergencies during pregnancy and their relationships with medical institutions. This report will introduce some of the findings from the

surveys.

3) Focus Group Discussion (FGD)

FGD was led by the village elders, who held a routine meeting of heads of household. Any member of the village was able to attend. The theme of the focus group was gender awareness and decision-making power within the home, and it took place in the form of a discussion. However, the focus group was conducted in the local dialect rather than in Bahasa Indonesia, making it necessary to attend with an interpreter.

4) The focus group of *kadar*

The focus group workshop of *kadar* took place from morning. At the end of the workshop, the head of village madam (Mama desa) chaired the gathering to hold discussions on the response of *puskesmas* during pregnancy and childbirth.

2. Ethical consideration

The questionnaire about postpartum traditional habits was reviewed and approved by the Ethics Review Committee of Sapporo University of Health Sciences (Approval No.016003). And the whole study plan was reviewed and approved by the Ethics Committee of South East Timor regional government. (Approval No.Kesbangpolsandi 18.02/983/IX/TTS/2016 & 5330.05/291/2016).

IV. Results and Analysis

1. Questionnaire on postpartum traditional habits

The researchers asked 11 *puskesmas* staff (midwives and nurses, known henceforth as *bidden*) in Binaus Village to complete the survey, and received responses from 8. The average age of the participants was 42.5. All of the participants were married, and had an

average of 3.2 children. Their places of delivery were medical institutions such as *puskesmas* and individual clinics. The participants had an average of 4.4 years of working experience, and worked for 46.9 hours in the week preceding the study.

For purposes of comparison, 13 *bidan* in Soe City were also asked to complete the survey, with 10 responses. The average age was 42.5. Nine of the participants were married and one widowed, and on average had 4.1 children. Their places of delivery were medical institutions (excluding *puskesmas*). The participants had an average of 5.0 years of working experience, and worked for 44.4 hours in the week preceding the study.

Moreover, 13 *kadar* in Binaus Village were asked to complete a slightly modified version of the questionnaire (some subjects of the

question were changed from *Bidan* to *Kadaru*), with 13 responses returned (including two male). The average age was 48.3, and all of the participants were married. Their places of delivery varied: two were born in medical institutions (not *puskesmas*), three in *puskesmas*/at home, and six at home.

A comparison of the three groups reveals no great variation in average age or marital history, but does demonstrate a clear difference in place of delivery. Moreover, the two groups of *bidan* had the similar experience and working hours.

There were 18 questions in the questionnaire regarding awareness and knowledge of postpartum traditional habits. The main results are shown in Table 2.

The *bidan* in both Binaus Village and Soe demonstrated a negative response to the need to visit the homes of the village people. This

	1	2	3	4	5	6	7	9	10	11	13	14	15
	Necessity of Bidan	Necessity for Bidan (Kadar) to visit a house	Necessity for Bidan(Kadar) to cooperate with women	Necessity of prenatal care for Bidan (Kadar)	Necessity of postpartum care for Bidan (Kadar)	Maternal death does not include death after 42 hours	Maternal death is up to 3 months pregnant	70% or more mothers give birth at home	Traditional midwife are safe to give birth	Giving birth alone is honorable	I've heard the traditional habits remained	There are still remained traditional habits	Bidan (Kadar) motivate people to modify this custom
Binaus 1	5	1	2	5	5	4	5	4	1	5	2	4	3
Binaus 2	5	2	4	5	5	4	2	5	1	4	2	4	5
Binaus 3	5	2	5	5	5	5	4	2	2	2	2	1	1
Binaus 4	5	1	4	5	5	4	2	5	1	4	2	4	5
Binaus 5	5	2	2	5	5	4	4	4	2	2	1	n	n
Binaus 6	5	2	2	5	5	4	4	4	2	2	1	n	n
Binaus 7	4	2	2	5	5	4	n	4	2	2	1	n	n
Binaus 8	4	2	2	5	5	4	3	4	2	2	1	n	n
average	4.8	1.8	2.9	5.0	5.0	4.1	3.4	4.0	1.6	2.9	1.5	3.3	3.5
Soe 1	5	1	5	5	5	1	5	4	1	2	2	5	5
Soe 2	5	1	4	4	4	1	5	4	1	2	2	5	5
Soe3	4	2	4	4	4	4	4	3	2	3	n	4	4
Soe 4	5	2	4	4	4	4	4	4	2	3	2	4	4
Soe 5	5	2	5	5	5	4	4	n	n	n	1	n	n
Soe6	5	1	5	5	5	4	5	4	2	5	2	4	2
Soe7	5	5	5	5	5	5	5	4	5	5	2	5	5
Soe8	5	2	2	5	5	3	2	2	2	2	2	4	2
Soe9	5	5	5	5	5	4	2	2	2	5	2	4	4
Soe10	5	2	4	5	5	2	4	1	1	3	1	n	n
average	4.9	2.3	4.3	4.7	4.7	3.2	4.0	3.1	2.0	3.3	1.8	4.4	3.9
kadar in binaus 1	5	5	5	2	2	2	1	2	2	5	2	2	5
kadar in binaus 2	4	5	2	4	4	2	3	5	3	5	2	2	4
kadar in binaus 3	4	4	4	5	5	2	4	4	2	3	2	4	4
kadar in binaus 4	5	5	5	5	5	2	4	4	4	5	2	4	4
kadar in binaus 5	4	2	4	4	4	4	2	5	5	4	2	4	4
kadar in binaus 6	4	2	4	4	4	4	2	4	2	4	2	4	4
kadar in binaus 7	4	2	4	4	4	4	2	4	2	4	2	4	4
kadar in binaus 8	4	n	4	4	4	4	5	1	1	3	2	4	4
kadar in binaus 9	5	4	4	4	4	4	4	1	1	3	2	4	4
kadar in binaus 10	4	5	5	5	5	4	1	2	1	3	2	2	4
kadar in binaus 11	2	4	4	2	3	1	3	4	4	4	2	4	4
kadar in binaus 12	4	2	2	5	4	4	2	4	3	3	2	2	2
kadar in binaus 13	5	4	4	4	4	4	2	4	4	4	2	4	4
average	4.2	3.7	3.9	4.0	4.0	3.2	2.7	3.4	2.6	3.8	2.0	3.4	3.9

Table 2 Results of survey for midwives and kadar (1:strong disagree-5 strong agree) about their work and traditional custom.

attitude was particularly prevalent in Binaus, where no single positive answer was given. Most *bidan* in Binaus Village had a negative attitude concerning the need to work with women in the village, while conversely most *bidan* in Soe had a positive attitude on the same issue. This demonstrates the lack of positive contact between *bidan* and the village people. It was clear in both institutions that *bidan* focused on prenatal and postpartum care.

It would be natural to assume that the responses from the *kadar* would reflect positive contact with the village people given the nature of their work. Although they were not as positive as the *bidan* in terms of prenatal and postpartum care, there were few negative responses.

The results from the two questions regarding knowledge of maternal death demonstrated sufficient knowledge in all three parties.

The questionnaire elicited a fairly interesting result from a question on whether the participant thought more than 70% of delivery still took place in the home: while the *bidan* were strongly aware of the conditions surrounding home delivery, the *kadar* held the similar levels of awareness regarding delivery in medical institutions. On a question regarding perceptions of the safety of traditional midwife-assisted delivery, the *kadar* strongly perceived it to be safe. The *kadar* also felt a strong sense of honour for women giving delivery alone.

In response to a question asking if they had heard of traditional habits still existing in the village, half of the *bidan* in Binaus responded negatively. This result suggests that a degree of indifference to life in the village. Moreover, it was highly interesting to see that the *kadar* were split in terms of their awareness of traditional habits in the village. An attitude

of wanting to change traditional habits was noted among both *bidan* and *kadar*.

A generalised summary of the questionnaire results would suggest that there are several gaps about health consciousness and traditional habits between the puskesmas and village people.

2. Questionnaire on lifestyle and social consciousness including traditional habits in Binaus Village

The average age of the 80 adult women in the village is 35.8 (ranging from 22 to 49). Moreover, the average age at first marriage is 23.8 (ranging from 15 to 38). There are 61 housewives, and 10 employed as teachers or a similar profession. The remainder are either self-employed or work as maids. In terms of education history, 37 had completed elementary school, most of the remainder had completed junior school, and 7 had attended higher education institutions (graduating from junior college or higher). The average monthly household salary is 3,370 yen (conversion rate 100RP=¥1). The average number of children per household is 2.43. Of the 80 women, 63 have been or are married. Eight women responded that they were unmarried, although seven have children and husbands. This is due to the fact that under traditional culture a marriage is not recognised in the village unless a wedding ceremony takes place in the bridegroom's family home, the wife's family home, and the church, leading to some couples forgoing the wedding ceremony for economic reasons and living together in a common-law marriage. During my stay, I attended a village wedding ceremony held at the bridegroom's family home; the couple had been living together under common-law marriage for twelve years and their economic circumstances finally made

it possible for them to hold the ceremony and legally become man and wife. The results of the questionnaire on life in the village ((1) access to *puskesmas*, (2) trust in the skill of *puskesmas* staff, (3) under-18 marriage and (4) traditional massage customs during pregnancy) are shown in the report (Figure 1-4). The results showed that *puskesmas* were seen as places that were easy to use, and had a high degree of trust. Moreover, while many held doubts about traditional habits, people were still fastidious about traditional culture, and led me to feel the need to find opportunities to understand the relationship between traditional culture and health.

3. FGD

Results of discussions concerning gender awareness and decision-making powers in the home.

Because of a FGD assembly, we expected only men to attend, but in actuality 10 of the 35 participants were women. Small-scale crop work requires men and women to work equally alongside each other. Moreover, a lack of opportunities to find work paying in money outside of the village has meant there are few roles performed by men alone. While it is women who usually collect the water and prepare meals, the area as a whole has low levels of gender awareness. When it came to decision-making within the home, all speakers respected the opinions of their family members and did

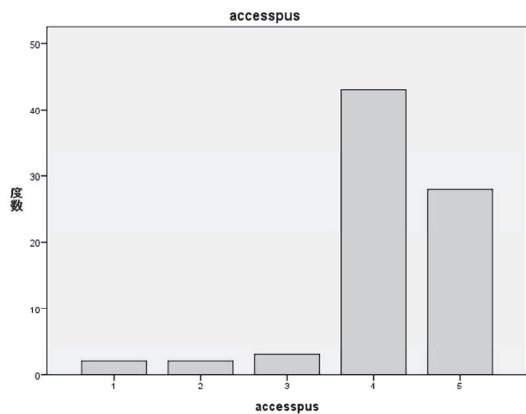


Figure 1 Accessibility to *puskesmas* in Binaus (1:bad -5 good)

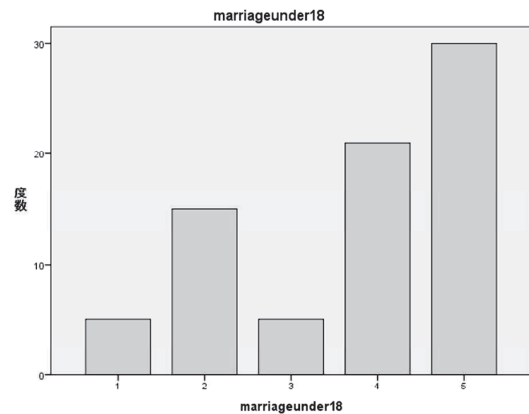


Figure 3 Marriage under 18 is not a good traditional custom. (1strong disagree-5strong agree)

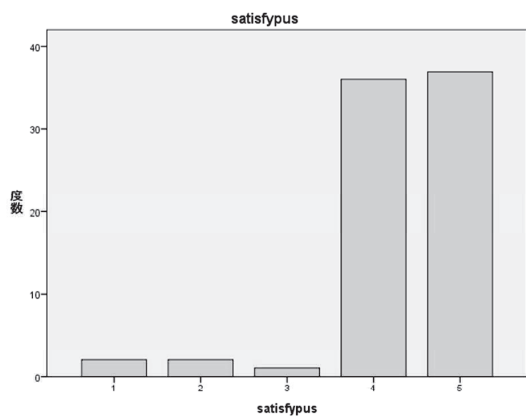


Figure 2 Satisfied with the technology of *puskesmas* staff in Binaus (1:bad-5 good)

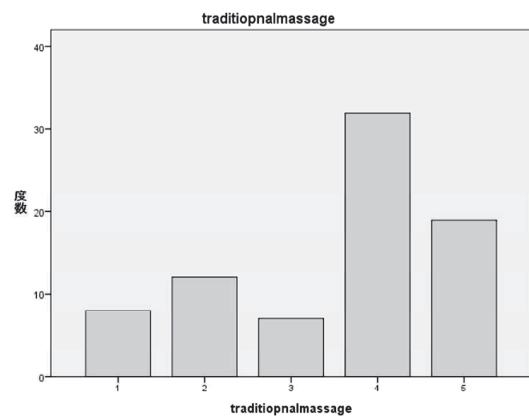


Figure 4 Traditional massage is not good for pregnancy. (1strong disagree-5strong agree)

not make decisions only by the head of household.

4. The focus group of *kadar*. Results of discussions concerning *puskesmas* activities during pregnancy and parturition.

It was possible to feel many *kadar* had a negative impression for *puskesmas* from the atmosphere of the discussions. Concrete examples of this impression include (1) that the cooperation of midwives is only needed at times of emergency during pregnancies, (2) that cars do not need to be sent from the *puskesmas* when a pregnant woman suddenly goes into labour and (3) that the *kadar* instruct the women to staying their home after delivery with her child, and would like them *puskesmas* to leave it up to them. These comments demonstrates the lack of trust between *kadar* and *puskesmas*. However, several also said that they want *puskesmas* staff to live in the village.

V. Conclusion

There is no clear definition of postpartum care. However, it can be seen to encompass not only the physical and mental needs of the mother after delivery, but societal needs as well ⁹⁾.

Extant postpartum traditional habits in Binaus Village, the subject of this study, have been shown to have a clear relationship with societal requirements. Soe City, which was chosen for purposes of comparison, lies 30km away from Binaus Village. Before the new road was built five years ago, it took an hour to cross the mountain pass by car. However, since the new road has been built, it has become possible to make the journey to Soe City in 20 minutes. Any Rumah Bura are not found in Soe City; in other words, the

traditional postpartum habit does not exist. This tradition, now confined to the villages, is surely a response to distinct societal needs.

During staying there, we talked about transition as a key word of this study. Several years ago, the village successfully gained access to water from the mountain, which is drawn once a week. As a result, village people stopped going to the mountain to collect water. Moreover, an electricity cable has been brought to the centre of the village. However, families with small cash incomes are bypassed by the electricity cable that passes by their homes. The *puskesmas* was set up two years ago. Its staff come to work every day by car from Soe City. While there are tens of bicycles in the village, only the pastor possesses a car.

As modern civilisation draws ever closer, Rumah Bura in the gardens is perhaps part of the identity of the village people. Most of villagers may have been born in it themselves. It is left in the strong impression that a woman in her twenties told that Rumah Bura may not be used in the future as a place to hide for the month following child delivery, but will be used as a storehouse for foods. If lighting was installed and hygienic adjustments made in Rumah Bura, it could even be used as a place to stay when it is cold at night. We have seen the elderly using them for warmth. UKSW is currently attempting to build a modern Rumah Bura ¹⁾. How will the traditional postpartum habits of this village assimilate in the face of modernisation? Surely this is a matter for *puskesmas* staff to discuss with all members of the village until everybody is in agreement. An external party will surely play the role of giving them the opportunity to discuss.

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