

The Role of Traditional Sharmon and Birth Ritual: The Case of Oinlasi Community

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Abstract: Oinlasi Village is one of the South Central Timor Regency villages with a high mother and newborn mortality rate due to a strong belief in the utilization of birth attendant services for birthing aid. The purpose of this study is to learn more about the process of aid provided by traditional sharmon to pregnant women during labor and to understand the many reasons that inspire pregnant women to seek traditional sharmon services. This study use qualitative descriptive method. In-depth interviews, FGDs, and documentation were use to collect data. Rosenstock's Health Trust Model hypothesis serves as the foundation for this study. The results show that the residents of Oinlasi Village no longer rely on birth attendant services; nonetheless, some pregnant women still seek the services of untrained traditional sharmon. People continue to use traditional sharmon services because medical personnel's services to the community are unevenly influenced by the patient's residence being far from the community health center, lacking of health workers and transportation in health services, economic conditions, low levels of community education, and a high level of public trust in traditional sharmon. The government should give socialization to the public in order to pay more attention for the health of mothers in labor and prefer labor assistance by medical personnel than the help of traditional healers. The need for openness from Local governments and village governments in order to convey new information related to trainings to maternal and Child Health as well as the awareness of the traditional sharmon service.

Key Words: The Role of Traditional Sharmon, Birth Attendant, Local Community, Local Regulation (KIBBLA), Pregnant Women.

1. Introduction

Rosenstock(1982), in Nurullaili & Tanoto (2021), states that the health aspect of a behavior change requires a behavior adjustment that will later affect health changes.In

the behavioral model of health, an individual's behavior is determined by his motives and beliefs, regardless of whether or not those motives and beliefs correspond to reality or to the views of others about what is good for the individual. The health belief model is essential to distinguishing between objective and subjective health needs. Objective health needs are those identified by health workers based on their professional assessment, namely the presence of symptoms that can interfere with or endanger the health of the individual. In contrast to subjective health needs, individuals determine for themselves whether they contain a disease based on their own feelings and judgments. This opinion or belief can be in accordance with reality, but it can also be different from the reality seen by others.

The concept of the health trust model is a configuration related to individual trust in performing health behaviors (Conner and Norman, 2006). The health belief model is a model that perceives an individual cognitively applying healthy behavior or to obtain health or recover from illness based on individual beliefs (Abraham and Sheeran, 2015; Jones, C.L. et al., 2015; Purwodiharjo and Suryani, 2020).

The health belief model explains the reasons individuals make decisions to do or not do healthy behaviors. Variables were assessed about the desire of the individual to avoid the disease as well as the confidence of the individual to do prevention against the disease. The health belief model serves to describe healthy behavior that is determined by the individual's belief in healthy living behavior, and then the individual will implement healthy behavior in disease prevention measures using available health facilities. The Health Belief Model is used to predict individual actions related to health (Siddiqui, T.R. et al., 2016; Letter, J.S. et al., 2018).

Understanding the individual will affect decision-making. In the health aspect, if the individual obtains accurate information about something that threatens his health, it will form a behavior that refers to prevention and treatment efforts for his body. His health-protecting behavior is driven by the individual's beliefs regarding a disease or ways to reduce the occurrence of the disease. This reality is also influenced by the demographic and psychological conditions of the individual.

Health services in Indonesia have grown and evolved since the emergence of social life within society. The increased availability of information on traditional childbirth services in people's lives reflects this. Traditional childbirth services are sometimes known as alternative services. In general, society learned about traditional delivery services by observing cultural trends and gathering current local information. As a result, efforts to provide community-owned health services vary from traditional or alternative medical system health services to modern medical system health services.

Maternal mortality rate is a success indicator of health advancement. The number of maternal deaths related with pregnancy, childbirth, and the puerperium is referred to as AKI. The maternal and infant mortality rate in TTS Regency is high, as

evidenced by data from 2010 of 125 per 100,000 live births (Data from Regional Government of Timor Tengah Selatan). It is considered that one of the causes is the method of childbirth help that does not follow the principles of Health and the extent of traditional delivery shaman or traditional childbirth practice. The phenomena of using of birth attendant services in diverse communities that can be clearly articulated about people's lives through knowledge and experience become a benchmark for people to comprehend the meaning of Health for them. The availability of birth attendant services in the community is still widely seen as a source of spiritual strength for expectant mothers. First aid to the mother in labor by traditional traditionalsharmon or traditional traditionalsharmon cannot be isolated from the impact caused to the mother in labor, especially the high maternal death rate.

Oinlasi village is one of the communities in TTS Regency with a high mother and newborn mortality rate due to the high level of belief in traditional healers' services for delivery help. The government has made significant efforts to address these issues, including the implementation of a maternal and child health revolution program (KIA Revolution) in East Nusa Tenggara, which was established through East Nusa Tenggara Governor Regulation Number 42 of 2009 with the motto "all pregnant women give birth in adequate health facilities." This is backed by the Minister of Health of the Republic of Indonesia's decree No. HK.02.02/MENKES/117 / 2015 on health target population data for 2015-2019, one of which is connected to pregnant women and birthing data. However, not all villages in Timor Tengah Selatan Regency implement this regulation, one of which is in Oinlasi Village, Kie District, South Central Timor Regency, where, according to preliminary research data, there are still quite a large number of traditional sharmon and childbirth assistance to mothers in childbirth. As a result, it is required to undertake a study in the village of Oinlasi, which already has midwives, but the use of birth attendant services is still fairly high.

2. Concepts

1. Traditional Sharmon

Traditional Sharmon are those who provide assistance at birth or in matters related to birth assistance, such as bathing babies, stepping on the ground, and other ceremonial ceremonies. At the birth of a child, the traditional sharmon, who is usually an experienced old woman, helps to give birth and leads the ceremony associated with the birth. (Koentjaraningrat, 1992: 205). The traditional sharmon always helps during pregnancy, accompanies the woman in labor until the delivery is complete, and takes care of the mother and baby in the puerperium. The traditional sharmon is a member of the community, generally a woman who is 40 years old and above, appointed based on the beliefs of the local community and has the skills to help traditional childbirth and acquire these skills by hereditary way from mother to child or from other close relatives, learn practical or other ways that lead to the improvement of these skills and through health workers. (Prawirahardjo Sarwono, 2001). What is meant by the

traditional sharmon in this study is a mother who helps and provides assistance to maternity mothers who still need traditional maternity shamans.

2. How to help baby with quick labor.

No different from a midwife, traditional maternity herbalists perform pregnancy checks through the sense of touch (palpation). Usually pregnant women, from craving to childbirth, always consult a shaman. The difference is that pregnant women's midwives come to the midwife's practice to consult. While the shaman herself goes from door to door, examining pregnant women. From the gestational age of 7 months, control is carried out more often. Shamans also take care if there are disturbances, both physical and non-physical, to the mother and fetus. In order for the fetus to be born normally, traditional healers usually change the position of the fetus in the womb by means of abdominal rotation (sorted). The future mother receives special care; in addition to stroking her stomach, her body is also massaged from head to toe.

3. The role of the traditional sharmon

The role of a traditional sharmon or maternity Shaman has a long span of time in dealing with her patients, ranging from giving suggestions to explain what should be done and what should not be violated by pregnant women, including foods that are recommended and that are placed because they affect the fetus in the womb. Generally, traditional shamons are used as a medium for consultation by mothers who are pregnant, from cravings to childbirth. Division of traditional shamons: according to MOHRI 1994, traditional shamons are divided into 2 categories, namely: a. Trained traditional sharmon: a traditional sharmon who has been trained by health workers who passed b. The traditional sharmon is not trained, is a traditional sharmon who has never been trained by health workers, or is a traditional sharmon who is being trained but has not passed.

4. Childbirth

According to Mochtar (1998), childbirth is a process of expulsion of the results of conception (fetus and placenta), which can live in the outside world, from the uterus through the birth canal or by other means. Prawirohardjo (2005) defines labor as the process of dispensing the results of conception that can live from the uterus through the vagina to the outside world. According to Varney (2007), childbirth is a series of processes that end with the expulsion of the results of conception by the mother. This process begins with true labor contractions and ends with the delivery of the placenta. Barbara (2009) Labor is a process when the fetus and the product of conception are expelled as a result of regular, progressive, frequent, and strong contractions. Manuaba (2008) says that childbirth is the climax of pregnancy, where various seemingly unrelated systems work in harmony to give birth to a baby. What is

meant by childbirth in this study is a process of childbirth or childbirth by pregnant women who are still using the services of a maternity shaman (traditional maternity shaman).

5. Health.

The definition of health according to the Basic Law of Health No. 9 of 1960 in Chapter I, Article 2, is a state that includes health (physical), spiritual (mental), and social, and not just a state free from disease and weakness. Health, according to WHO 1947, is a perfect state, both physically, mentally, and socially, and not only free from disease or weakness. On the other hand, some sources mention the definition of health according to the World Health Organization (WHO): health is a condition that is free from all kinds of diseases, both physical, mental, and social. According to Law No. 23 of 1992, health includes four aspects, namely physical or bodily, mental, social, and economic. What is meant by health in this study is the condition of physical and psychological health of mothers in the village who are still being helped by maternity herbalists.

6. Culture.

The word culture comes from (Sanskrit) buddhayah, which is the plural form of the word "buddhi," which means mind or intellect. Culture is defined as things that are concerned with the mind or intellect. In other words, it is learned from normative patterns of behavior. That is, it includes all ways or patterns of thinking, feeling, and acting. Selo Soemardjan and Soelaeman Soemardi define culture as all the work, taste, and creativity of society. (Soerjono Soekanto 2006: 151). E.B. Taylor was an anthropologist who gave a systematic and scientific definition of culture in the book entitled "Primitive Culture." He said that culture is a complex whole in which other sciences are contained, as well as habits acquired by humans as members of society. Prof. Dr. Koentjaraningrat said that culture is the whole of human behavior and the result of behavior that is organized by the behavior that must be obtained by learning and which is all organized in community life. What is meant by culture in this study is a culture or habit in childbirth where the process of childbirth is assisted or assisted by the shaman maternity.

3. Method

This study employs qualitative approaches from the perspective of Rosenstock's Health Belief Model. Qualitative research is defined as research that seeks to understand the phenomenon of what research subjects experience holistically, through description in the form of words and language, in a natural context, and through the use of various natural methods (Moleong, 2005). Because this study attempts to understand the social phenomena that occur from the perspective of the subject of research in the usage of traditional healers' services, qualitative research was

used. In this study, the Health belief model theory is used to understand how an individual's behavior is determined by his motives and beliefs, regardless of whether these motives and beliefs are compatible with reality or with the views of others about what is good for the individual.

Research informants are chosen with certain criteria in order to offer data that meets the needs of the research objectives. The study's informants included people who were involved in and understood traditional childbirth, such as traditional sharmon, pregnant women and childbirth, village cadres, village administrators, and medical staff. Techniques for gathering data include in-depth interviews, observations, and documentation. In this study, interviews were conducted to establish the extent to which birth attendant's aid in childbirth in Oinlasi village, as well as the influence and perceptions of maternity mothers toward traditional sharmon. Interviews were conducted with 13 research informants aimed to understand the role of traditional sharmon in helping childbirth and the perception of maternity mothers about traditional sharmon. Observation techniques are used to understand the family background, and socioeconomic conditions of the family of mothers-maternity as well as the impact on pregnant women after childbirth. Its dimensions focus on the impact on high maternal and infant mortality rates in Oinlasi Village. Documentation is used for document review and overview of Oinlasi Village.

Then, as part of this study, FGDs were conducted on research informants to gain a better knowledge of the situations in Oinlasi Village related to the presence of birth attendant with children. Analysis of qualitative data using an interactive models. In general, this method consists of three steps: data reduction, data display, and conclusion. The findings of this data analysis form the foundation for a complete knowledge of the impact of labor aid via typical maternity care. Triangulation of data sources is used to validate data gathered from interviews, surveys, in-depth observations, and other documentation.

4. Results And Discussion

The Practices of Traditional Sharmon

The use of traditional sharmon services by the people of Oinlasi Village in the absence of South Central Timor Regional Regulation No. 6 year 2013 about maternal health, newborns, infants and toddlers (KIBBLA) is a childbirth process by pregnant women who are in the process of childbirth is still being helped by shamans childbirth. Although Local Regulation No. 6 of 2013 has not yet been adopted, most people prefer the services of shaman's childbirth to those of medical experts. This fact alerts the government that using traditional healers during childbirth is extremely harmful. The utilization of community-based child services can have an impact on undesirable outcomes such as maternal mortality, newborn mortality, premature babies, and even babies born with disabilities. However, public awareness is still so

low that many people are uninformed of issues concerning the health of mothers and newborns.

The regulation of South Central Timor Regency number 6 of 2013 on Maternal, Newborn, Infant and toddler Health (KIBBLA) was issued by the local government in 2013. This local regulation was implemented for the people of Oinlasi Village in 2014. At the time the rules were implemented, not all people obey the rules, and there are even people who still use the services of shamans. To tighten the existing rules, the village government together with the medics and their cadres made a rule that “if there are people who are still in Labor supported and unwanted things appear then the shaman must be fined five hundred thousand if the baby is born normally, but if one becomes a victim then the shaman carries the entire burden. The rules that were tightened by the village government in 2015 made people afraid and starting in 2017 the community eliminated the habit of using the services of child shamans in the community. The village government's tightening of the rules in 2015 made people fearful, and beginning in 2017, the community stopped using the services of shamans. The utilization of shaman services for the inhabitants of Oinlasi Village is no longer relied on, but some pregnant women continue to seek the services of untrained shamans. Sometimes the services offered by medical people to the community are unequal because they are influenced by numerous factors, such as the patient's house being far from the health center, a lack of health workers, and a lack of transportation in place of Health Services.

The Existence of Traditional Sharmon(dukunberanak)

The traditional sharmon is usually woman over the age of 40. This work is inherited in the family or because she feels compelled to do so. Because of her knowledge of the physiological and pathological aspects of pregnancy, labor, and puerperium is limited, she is unable to overcome obstacles and is unaware of the repercussions; the shaman assists solely on experience and lack of professional knowledge. Various cases frequently afflict a mother or her infant, ranging from the baby's impairment to the mother and child's death. Traditional sharmon in Oinlasi village were initially appointed based on the trust of the local community. There were numerous shamans in this region at the time, but when the local rules on KIBBLA in Oinlasi village began to be implemented, these shamans began to disappear one by one until they vanished completely. For the time being, only one person survives as a shaman at this location. Birth attendant services in Oinlasi village began in 1982, with the community appointing a shaman. For the time being, only one person survives as a shaman at this location. Birth attendant services in Oinlasi village began in 1982, with the community appointing a shaman. When she first started working, she frequently assisted and cared for pregnant women who sought her assistance with deliveries. Even so, she continued to do it whenever people needed it until the local regulations governing the health of mothers, newborns, babies, and toddlers (KIBBLA) were

implemented. At the time, her ministry activity and duty began to diverge from the existing KIBBLA local laws.

Factors that encourage pregnant women to use the services of Traditional Sharmon

The factors that affect pregnant women and childbirth continue to use the services of traditional healers due to an insufficient number of health workers available, economic factors of people who come from the lower middle class so they tend to ask for help in childbirth by traditional healers because the cost is less expensive compared to the health center. The distance factor also has a significant impact on the community's preference for shaman birthing over health center or hospital birth. Areas that are far from crowds, transportation that is not smooth and the road through damaged or inadequate will be the main factors for people in the village of Oinlasi to choose traditional sharmon as a place to give birth. It is usually difficult for rural people to choose to take the person who is going to give birth to the hospital for this reason. The distance from the hospital is also a concern, as is the lack of transportation, which leads people to select shamans for birthing. Cultural factors also play a role in this, where the people in the village of Oinlasi still believe in the existence of childless shamans rather than midwives or doctors like parents used to be. The fear of entering the hospital or health center is still very high mostly in women. Even if the death of the mother or the death of the baby they accept as a disaster that is not determined by humans. The culture of society that is still inherent such as public trust and knowledge of the conceptions of various restrictions, cause-and-effect relationships between food, habits and other prohibitions often have both positive and negative impacts on the health of mothers and children. For example, cultural factors at the time of pregnancy, the fact is that pregnant women should not bathe at night, pregnant women should not go into the forest, pregnant women should not walk with the night, and pregnant women should not consume vegetables derived from coconut milk. Besides that, there are also cultural factors at the time of delivery of the diet, for example, the basic fact is that it is one of the human tastes where the role of culture is quite large. It is seen in the village community Oinlasi that every mother who breastfeeds a baby should not eat foods that smell fishy and should not consume vegetables made from coconut milk.

The process of assistance provided by the Traditional Sharmons services against pregnant women and childbirth

The process of childbirth assistance provided by the shaman of childbirth is not much different from the process of assistance provided by midwives. There are several ways of Labor assistance provided by the traditional sharmon to the mother at the time of delivery, namely:

- a. The process of assistance during pregnancy the process of assistance provided by the shaman at the time of examination during pregnancy is only one or two

months, with the shaman simply performing the examination by rubbing the mother's belly oil and stroking. If the age of the mother's womb has reached seven to nine months, the mother must control the content continuously so that there is no interference with the mother and fetus during childbirth. So that everything goes well during delivery and the baby is born normally, shamans usually create changes in position in the womb through abdominal rotation or in succession, so that nothing untoward happens during delivery.

- b. The process of assistance provided during childbirth. The process of childbirth assistance provided by the traditional shaman is also not much different from during pregnancy. If there are already signs of childbirth such as the mother's stomach hurts or other signs begin to appear. One of the families immediately contacted the shaman to come and do an examination. The traditional shaman service conducts the examination by rubbing the oil and stroking the mother's belly. The purpose of this examination is to comfort the mother and find out the position of the baby in the mother's womb whether the baby's position is normal or not. In order for the baby to be born normally, the shaman usually makes changes in position in the womb by turning the stomach or in sequence, so that nothing unwanted happens in the course of the labor process. When the water has broken and the fetus is always moving in the mother's womb, the shaman must massage and stroke the mother's stomach continuously while keeping the mother and motivating the mother to stay strong and keep the spirit so that the baby is born quickly.
- c. The process of assistance provided after childbirth
 1. After the mother gives birth, the Shaman will take the baby to cut the umbilical cord. The equipment used to cut the baby's umbilical cord is still improvised with a tool constructed of a bamboo blade shaped like a knife.
 2. Following the birth, the birth attendant service will bathe both the mother and the infant in hot water. The water used to bathe the infant should only be warm, while the water used to bathe the mother should be hot from the first to the fourth day in a succession, and then allowed to be warm.
 3. After that the mother and Baby bake the fire. The wood used is either kusambior cassowary wood. Wood that has been burned and turn into charcoal will be placed under the bed. The purpose is for mothers and babies to bake their bodies for the health of mothers and babies especially for the health of mothers in the puerperium.

The local government's response is related to the existence of Traditional Sharmons services

Supervision is a type of duty and authority in which someone or several persons are directed to constantly do an action based on honesty and truth. Power in supervision is an ability to change or determine the ability of other people's behavior

towards the better, so that in order to smooth the implementation of authority and supervisory duties required a clear power. Being a demand in the life of the community is the supervision carried out strictly by setting a rule, such as local regulations that have been applied to the community about KIBBLA. However, there is a lack of monitoring from the local authorities over the practice of using shamans to give birth, thus people continue to give birth with the traditional sharmon services. With the regional rule on KIBBLA, the local village government requires community monitoring and control in order for the community to transition from traditional health care to contemporary health services as they are today. For the time being, the average individual is familiar with modern health services and has begun to gradually erase the habits that are still associated with the birth attendant service. The local village administration's response to the residents of Oinlasi village using shaman services was due to a lack of control by the village government at a time when there was no local legislation on KIBBLA. However, for now there are local regulations that are applied in the community so that people also have awareness about it. Currently, the average local community prefers the services of medical personnel in the appeal of the use of the services of child shamans. From the above, the local village government is very happy and their hope is that with these local regulations, the community will continue to.

5. Conclusions

Although there is already a regional regulation on regional regulation of South Central Timor Regency No. 6 of 2013 on Maternal Health, newborns, infants and toddlers (KIBBLA) but there are still people in the village of Oinlasi who use the services of traditional healers in childbirth assistance. Factors that affect pregnant women and childbirth are still using the services of traditional healers because of the inadequate number of available health workers, economic factors of people who come from the lower middle class so they tend to ask for help childbirth by traditional healers because the cost is more affordable than to the health center. The distance factor also greatly affects the community tends to prefer traditional sharmon from the health center or hospital as a place to give birth. The role of traditional sharmon service is currently undergoing a shift since the existence of KIBBLA is to help care for pregnant women and childbirth and refer to the help of childbirth by medical personnel. Need to provide socialization to the public in order to pay more attention to health, especially for the health of mothers in labor and prefer labor assistance by medical personnel than the help of traditional healers. The need for openness from Local governments and village governments in order to convey new information related to trainings related to maternal and Child Health as well as the awareness of the traditional sharmon service who still has a role in helping pregnant women in the community that due with the local regulations on KIBBLA in force then as a birth

attendant service must understand and, and also be able to follow and receive any training provided as well as new information related to maternal and Child Health.

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Statement and Declarations

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Conflict of Interests

The Author(s) declare(s) that there are no competing interests to declare. "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

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References

1. Abraham, C. & Sheeran, P. (2015). The health belief model, *Cambridge handbook of psychology, health and medicine*, second edition, (June 2015):97–102
2. Benih, Ade. (2014). *Sociology of Health*. Terbitan Nuha Medika. Yogyakarta. (In Indonesian)
3. Conner, M. & Norman, P. (2006). *Predicting Health Behaviour: Research and Practice With Social Cognition Model*, *Predicting Health Behaviour*.
4. The Ministry of Health of the Republic of Indonesia. 1994. *Guidelines for the Supervision of Baby Shamans*. Jakarta
5. Jones, C. L. Et al. (2015). The Health Belief Model As An Explanatory Framework In Communication Research: Exploring Parallel, Serial, And Moderated Mediation, *Artnodes*, 30(6):566–576
6. Nurullaili & Tanoto, W. (2021) *Community Health Belief Model On The Implementation Of The Covid-19 Vaccine*. *Jurnal Ilmiah Kesehatan Keperawatan Edisi Khusus Covid-19*, 17(3):198–207. (In Indonesia)
7. Prasetyo, Bambang et al. 2005. *Quantitative Research Methods "Theory And Applications"*. Jakarta: PT Raja Grafindo Persada

8. Rahardjo. (1890). Introduction to Rural and Agricultural Sociology. Yogyakarta: Hak Penerbitan Gadjah Mada University Press
9. Setiadi, Elly & Kolip Usman. (2010). Pengantar Sosiologi "Pemahaman Fakta dan Gejala Sosial :Teori, Aplikasi dan Pemecahan". Jakarta: Kencana Prenadamedia group
10. Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *health education monographs*, 2: 354-386
11. Sarwono, Solita. (2004). *Sosiologi Kesehatan "Beberapa Konsep Beserta Aplikasinya"*. Yogyakarta: Gadjah Mada University Press
12. Siddiqui, T. R. Et al. (2016). Use Of The Health Belief Model For The Assessment Of Public Knowledge And Household Preventive Practices In Karachi, Pakistan, A Dengue endemic City, *plos neglected tropical diseases*, 10(11): pp. 1-15
13. Sofia, Kartika. (2004). *Kerja Sama Dukun dan Bidan untuk Menekan AKI dan AKB*. Jakarta
14. Suyanto, B. & S. (2015). *Metode Penelitian Sosial Berbagai Alternatif Pendekatan*. Jakarta: Prenadamedia Group
15. Walyani, et al. 2015. *Asuhan Persalinan dan Bayi Baru Lahir*. Yogyakarta: Pustaka Baru Press