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Socio-Cultural Role in Practice Antenatal care, Delivery Process and Postnatal Care (Studies in Turatea Sub District Jeneponto District)

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Abstract
Reproductive health is focusing on the reproductive aspect of women which are considerable problems on sexuality and reproduction, such as ante-natal care, delivery process, postnatal care etc. Maternal mortality rate and infant mortality rate are some indicators of reproductive health, where in Indonesia those rate are still high rather than some neighboring countries. Previous research showed that socio-cultural and demographic factors influence the high maternal and infant mortality rate. The purpose of this study was to describe sociocultural aspect towards ante-natal care, delivery process and post – partum treatment in Jeneponto District. The design study was observational with cross sectional approach. The research took place in Jeneponto District, South Sulawesi. The population study were all pregnant women (290 people) in Turatea Sub District. All the population taken by census. Data obtained through direct interviews and observations by using a questionnaire. Socio-cultural factors Data were collected through interviews with health care providers, such as doctors, midwives and community leaders, religious leaders. The study found that practice of antenatal care, delivery care and postnatal care at the study site has a lot of support reproductive health efforts include: Antenatal care (ANC). Midwives are the first choice as birth attendants, but TBAs also still in demand. Fairly prominent role of the husband during pregnancy, childbirth and post-partum baby. Makassar cultural traditions such as avoidance of certain foods, fitness for mothers after childbirth still they run. Makassar cultural nuances are reflected in various cultural rituals colored by religion (Islam) that is started from the ceremony seven monthly (Appassili), Sapu Battang, ba'da Korong, and aqiqah/Gamakki since pregnancy until post-partum period.

Keywords: *Socio Cultural, Antenatal care, Delivery, Postpartum.*

I. INTRODUCTION

The high maternal mortality rate related to pregnancy, delivery and postpartum influenced by inside and outside factors of health/medical. Obstetric care appropriate and adequate when available can not guarantee their use by the public for their barriers of distance, cost and culture. Knowledge and awareness for introduction of the danger signs and search for professional help is often inadequate. In many developing countries still found access barriers are powerlessness of women in decision-making while husband role, or mother in law is very dominant and many other factors that cause delays in referrals.

Based on results evaluation (Thaddeus S 1994, A.M. Okour 2012, Vivi Yulaswati 2013) obtained information that generally causes of high maternal mortality is handling three are: 1) late to bring to the health facilities, 2) late diagnosis, and 3) delayed treatment or refer in health facilities. There are clinical problem such as bleeding (20.4%), eclampsia (16.2%), hypertension (9.2%) and abortion (4.1%). Other causes are the lack of adequate for home delivery (63.2%) and the lack of medical personnel and home health care facilities. In addition, the difficulty of access to location, so that pregnancy and postpartum visits are not running, especially in isolated areas. There are also the problems of administration and human resources such as low capacity of health workers, lack of training, lack of supporting facilities, salaries are not smooth, inadequate incentives, security issues, and so forth. In addition, non-medical causes, such as cultural, education levels, costs, knowledge, and so forth.

The high delivery are assisted by a shaman, became an important warning about the risk of maternal mortality. In fact, care during delivery and pregnancy will reduce the maternal mortality of 50 to 80%, improvement of clinical management would prevent maternal mortality to 36% and attention as well as improvements to cultural aspects and role of husband/family member will press the maternal mortality to 64% (Hasnah, 2003). Social and cultural conditions (customs) and environment (geographical conditions) affects reproductive health. The situation in this case cultural customs of this time is not conducive to seeking help behavior in reproductive health issues in Indonesia (Muhammad, 1996). This was stated by reality, that Indonesian people in general had become accustomed to that pregnancy is a natural thing that does not require antenal care. This of course also relates about knowledge and

understanding of importance antenal care and other reproductive health care. The high maternal and infant mortality rate as well as a contributing factor in terms of both health/medical and outside health prompted the authors to examine how to practice of prenatal care, delivery and post-partum as well as social and cultural descriptions. Because of the breadth field of reproductive health, the study in this paper is limited during pregnancy are prenatal care, delivery and postpartum care.

II. RESEARCH METHODS

A. Location of Research

Research carried out in Turatea Sub-District, Jeneponto District, and South Sulawesi Province, Indonesia in 2015. Jeneponto is one of five districts in South Sulawesi Province which is designated as the District Focus with problem of high maternal mortality rate (MMR).

B. Design, population, and sample

This study is an observational study with cross-sectional approach. The population was all pregnant women (290 people). No samples were taken in this study, because all of the population is taken as respondents.

C. Data Collection and Analysis

The primary data obtained from interviews with respondents by using questionnaire and indepth interview guidelines. They obtained from the Health Department of Jeneponto District in 2015. Then, the data were analyzed descriptively and presented in the form of a frequency distribution. To get description data of socio-cultural background of pregnancy behavior and delivery used indepth interviews. Indepth interviews to six health workers and family planning at district level and village (1 midwife clinic, 4 midwives, 1 PLKB) and 6 community leader and religion leader at the village level. The results of qualitative data analysis are presented in narrative form.

III. RESULTS

This research was conducted in Turatea sub district, Jeneponto district. Based on the results of the data analysis, presented the following information:

Table 1: *Characteristics of Subjects*

Characteristics of Pregnant Women	**Total**	
	N=290	**%**
Age Groups		
<20	26	9.0
20-35	230	79.3
>35	34	11.7
Education Level of Pregnant Women		
Never Schooled	12	4.1
Elementary School	191	65.9
Secondary School	43	14.8
High School	30	10.3
College	14	4.9
Level of Family Income		
<2.000.000	265	91.4
≥2.000.000	25	8.6

Table 2: *Practice of Antenatal Care (ANC)*

Practice of Antenatal Care (ANC)	Yes		No	
	N	%	N	%
Mother ever antenatal care	279	96.20	11	3.79
Place ANC is health centre	266	91.7	24	8.26
In the first 3 months of pregnancy, the mother once during their pregnancy (K1)	133	45.86	157	54.14
There are those who advocate mother checked the womb	263	90.67	27	9.31
, husband and family planning pregnancy	146	50.34	144	49.66
Mother saving for the cost of labor	204	70.34	86	29.67
Mother in preparation for delivery	205	70.68	85	29.31
Mother prepares prospective blood donors	76	26.20	214	73.79
Mother setting up transportation for delivery	229	78.96	61	21.03
Access easy transport to health facilities	152	52.41	138	47.59
Mother ever participated in the extension of planning pregnancy and childbirth safer for covering signs of labor	49	16.89	241	83.19
Drinking iron tablet regularly	246	84.82	44	15.17
Eating nutritious foods	261	90.00	29	10.00
Not smoking and drinking alcoholic beverages	122	42.07	168	57.93
Not doing harm to pregnancy	106	36.56	184	63.45
Exercising	45	15.51	245	84.48
Enough rest	99	34.14	191	65.86
Mother did the hard work during pregnancy	117	40.34	173	59.66
Mother restricting food during pregnancy	24	8.27	266	91.73
Mother never participated in the extension of the introduction of the danger signs of pregnancy. Source: Village Midwife	7	2.41	283	97.59
Whether the mother had read the information about the danger signs of pregnancy in the book KIA	34	11.72	256	88.28
Mother immediately conduct investigation into the doctor / midwife if you experience signs of pregnancy danger	138	47.58	152	52.42

Tabel 3*: Practices of Delivery Care*

Practices of Delivery Care	Yes		No	
	N	%	N	%
Births assisted by skilled birth attendant (SBA)	192	66.20	98	33.8
Husband participate in welcoming the birth of a baby	263	90.67	27	9.3

Tabel 4: Practice of Postnatal Care (PNC)

Practice of Postnatal Care (PNC)	Yes		No	
	N	%	N	%
Mother intend to examine postnatal care to midwife/doctor after delivery	240	82.75	50	17.25
Mother wants/intends to conduct postpartum visits I (KF1) is 6 hours 3 days after delivery	223	76.89	67	23.10
Mother wants / intends to conduct postpartum visits II (KF2) ie 4 days-28 days after delivery	17	5.87	273	94.13
Mother wants / intends to conduct postpartum visits III	2	0.68	288	99.32

(KF3) is 29 days-42 days after delivery				
Mother eating nutritious foods during the post natal period	223	76.89	67	23.10
Mother reducing food intake during the post natal period	17	5.87	273	94.13
Mother shower and wash your hair every day for personal hygiene during the post natal period	2	0.68	288	99.32

Sumber: Data Primer

IV. DISCUSSION

A. Practice of Antenatal Care

The results showed that almost all respondents answered have done antenatal care (96.2%) with went to health worker (midwife/doctor) (100%), place check in the clinic/pustu 91.7%. 45.6% had ever during their pregnancy in the first 3 months of pregnancy (K1) other states sometimes. If there are complaints when pregnant amounted to 44.4%. According to Health Department (1998) frequency ANC is recommended at least four times during pregnancy are: at least 1 time in the first trimester, minimum 1 times in the second trimester and at least 2 times on third trimester.

The results showed 40.3% Capital to perform hard labor during pregnancy form of carrying rice, water lifting, lifting, and plant rice. A total of 8.27% of respondents did abstain from certain foods because it is expected to interfere with themselves and the fetus such as Moringa leaves, meat, noodles, and stingray. Husband's involvement in obstetric ie 48.27%.

Research has found that involvement/participation husband during the wife's pregnancy big enough like drove wife to check pregnancy to midwife/doctor, trying to fulfill the wishes of his wife being reminded that his wife's cravings and eating more nutritious foods. Husbands especially educated tend to prohibit high enough when she abstained from certain foods. In their view, all the pregnant women who eat a healthy and nutritious meet the criteria for both mother and baby it is not justified to abstain even though the local community still apply restrictions to eat certain foods or behave in particular when his wife became pregnant.

Muis (1996), in Semarang city said that the parents/in-laws was instrumental in determining, counsel and advise her son/daughter's pregnancy check the midwife or choose TBAs as a birth attendant. Sutrisno (1997) in research in Purworejo also revealed that husband, parents and in-laws is a member of the reference group most often suggests to choose birth attendants. Susilowati (2001) in research in Semarang district also found that the husband is very dominant in decision making everyday household, but in determining birth attendants and the dominant place of birth are the parents and in-laws. In face of labor is still required medical problems the family council to refer maternity hospital.

B. Practice of Delivery Care

Midwives most preferred by respondents as a birth attendant (66.2%) followed by TBAs (23.8%). Some of the reasons offered by respondents to the birth attendant is work experience factors (33.3%), competent in the field (30%), while 35% have an excuse experience delivery assistance before, a full service and reason the location where the services are close to the residence as well as equipment complete and most skilled workers is the reason why they chose service facilities. Almost all respondents (93.4%) stated that their husbands participate in welcoming the birth of their baby.

In the case of pregnancy and delivery care communities still use the services of sanro or shaman. Sanro which helps in childbirth called “sanro pammana" (TBAs). Usually sanro pammana "This also helps during pregnancy care. During pregnancy care sanro pammana prepared oil that will be used to massage pregnant women at gestational ages of seven and nine months. It is of course different from the performance of health workers, especially midwives.

There are still many people in the research sites that require TBAs. According to respondents, the perceived TBAs have several advantages compared than a midwife/doctor that TBAs are able to provide complete services ranging from deliveries to preside over the ceremony to help the baby's birth. TBAs are also ready at any time required, provide a sense of comfort and security as they are mostly elder, as well as family relationships, making the presence of TBAs in some tough replaced by a midwife. Head of Puskesmas and midwives as well as field officers interviewed were aware that TBAs are still needed by the community, therefore training of TBAs and coaching as well as mentoring by a center midwife program continues to run. On the other hand they strive to increase the role of midwives and village midwife (BDD), but see to it that no new birth TBAs for their specific coverage of ANC targets and delivery by health

personnel as well as elimination of neonatal tetanus (ETN) that should be pursued into zeroes. Cutting and cord care were not clean and sterile is one of the main causes of the neonatal tetanus. Shamans who have been trained are often cutting and cord care is not hygienic as given turmeric or APU (chalk limestone wet), but today it is almost never met because all TBAs in the research locations have been trained by the health center.

In the past, women Jeneponto did not have much choice to whom and where they will give birth. But this time, over the times and open horizons of information and knowledge about health, pregnant women no longer stay away from medical personnel (midwives). Nowadays mothers entrust his health just to midwife. The reason is fairly uniform, according to them, during their pregnancy and maternal and child health in midwife more secure and quality from the service side when compared with shaman. In terms of cost, treatment and birth in midwife does not require huge costs. In addition, recommendation to consult at an early stage, namely when mother began to feel signs of pregnancy until delivery has been delivered before midwife through outreach to community that pregnant women immediately get care from health workers (Yusriani, 2015)

C. Practice of Postnatal Care (PNC)

In terms of care practices during the postnatal (after mother gave birth up to around 35 to 40 days) some data can be presented. 82.7% of mothers intend to perform checks on during childbirth. Mother wants/ intends to conduct postpartum visits I (KF1) is 6 hours and 3 days after birth is 76.89%, mom wants/intends to conduct postpartum visits II (KF2) ie 4 days-28 days after delivery is only 5.87%, mom wants / intends conduct postpartum visits III (KF3) is 29 days-42 days after delivery is only 0.68%. During postnatal majority of respondents (3.45%) abstain from eating meat and food spicy. Body therapy for back in shape after childbirth is done by 83.3% of respondents. Mother shower and wash your hair every day for personal hygiene during post natal period amounted to 70.7%.

According to respondent's community leaders and religious leaders, birth of a baby is an event that needs to be celebrated with a certain ceremony. Community of Jeneponto that majority Muslim used to do a series of events ranging from a reading azan in the right ear of the baby shortly after birth, followed by washing the placenta or afterbirth, by prayer and and put in a sealed container made of clay or coconut and were given rice, sugars, acids, etc., and was buried in front of the house/terrace. The results showed that behavior is less support for post partum abstinence are certain foods that are more associated with baby among others so that milk does not smell fishy include meat and fish. Less good habits which still exist which digedhong babies or babies with a batik sarong wrap so that the baby warm and silent. When this is done continuously will affect the baby's activity and bone growth. The results also showed that there is only trust in form of abstinence. No rituals or ceremonies to be performed by postpartum mothers. Just as abstinence during pregnancy, most people also do not undergo taboos during childbirth. Mothers should not do heavy work until postpartum period is over, the mother should not be associated with her husband until the puerperal period ends. And in society there is a belief that puerperal women should be eating more vegetables and peanuts Moringa leaves are believed to augment breast milk.

At the time of parturition is usually performed ceremonies for newborns, since society is a society almost entirely Jeneponto who converted to Islam, then for this baby ceremony following the custom of Muslims in general. This ceremony is a ceremony that was held after the baby aqiqah approximately the age of 7 days. Symbolically, the event is done cutting ceremony aqiqah goats that number is adjusted to the sex of baby. If the baby is female goats were cut by one tail, while for a baby boy who was cut goats 2 tails. Usually in this event also will be cut baby hair. For rural communities, then the event aqiqah is fairly costly big enough. For each goat now the price ranges in the figure of one million rupiah. Not to mention that there will be additional costs for the food they need to provide to guests who were invited, let alone usually in the village if there is an event then owner of the event shall invite the public one village or even invite relatives outside the village and in the village around. In society, if it is unable to hold aqiqah, as they relate to the amount of fees that had been explained above, there are other rituals that are thought to replace event that an event called Gamakki. The difference with aqiqah, Gamakki ceremony does not have to cut a goat and families only need to provide a banana or dumplings are placed in a tray.

D. Description of local socio-cultural conditions

Society has a culture that includes rules, norms, and world view referenced in regulating behavior of social life. Socio-cultural background in Turatea and Jeneponto District is a tribal society Makassar. In Makassar tribe people who embrace patrilineal lineage patterns in the customs of the family, the role of husband/father is very influential. Father/husband as head of household is an intermediary in self-determination, including the control of economic resources families (Herkovits in Susilowati, 2001).

Associated with traditions, rituals or certain beliefs concerning mothers and children health, from pregnancy up until after giving birth, some people Jeneponto still do, while others already do not do anymore. For those who still carry mostly live in belief that if you later do not do so will incur a result which is not good for a mother or prospective child or children, but some are still execute it not for that reason but because it is already a tradition passed down from generation to generation, which will be felt there are "less" if it does not implement them. In a society Makassar tribe pregnancy (and after childbirth) is an important event in the life cycle of man. Therefore, mothers and families perform a series of rituals to welcome activity. Factors kinship (husband, parents, grandmother) still provides an important role in the actions of the mother is associated with pregnancy, childbirth and postpartum, both in giving advice (because they are already experienced undergo such events) as well as decision-making who birth attendants and service facility is to be used.

During pregnancy, usually the mother will make efforts so that mother and baby are healthy and can delivery safely, normal and not disabled. Most people still abstain from eating certain foods. Food abstain from the class of animals, like shrimp is prohibited because it is believed to be resulting in the baby's position on the skids of birth canal and cause difficulty at time of delivery, do not eat the spicy and marine fish especially toka-toka (fish pari) as mushy invertebrates associated with children who will also be weak spineless at birth so that the child is difficult to start running, and squid was banned because it was believed her unborn child will be black, while the food taboos of class vegetable oils such as papaya because it is believed that pregnant women will experience abdominal pain that is long at the moment of delivery, Moringa leaves are prohibited because they contain latex spicy which will cause pain in the birth process known as "gatta kelorang" and pineapple forbidden because it can cause early contractions and miscarriage, it is prohibited to drink ice because it is believed will lead to the large size of baby's head in stomach that can cause birth later in time will be difficult to remove. Although according to health of certain dietary restrictions are not justified especially if food is nutritious.

During pregnancy there are also restrictions that should be considered mother and father eg certain myths about pregnancy also still entrenched among pregnant mothers in the district of Myth Turatea include pregnant women should not stand in front of the door because it would deprive delivery, In addition, the Precepts such as banned bath too late because it is believed to cause the amniotic fluid is excessive labor, forbidden to drink tablets blood booster because it can cause a child's head is great, forbidden to eat wearing a large plate because it will have a placenta that is large and can complicate childbirth, the husband should not kill and do the cutting, for example, cut fish, cut hair, cut nails, etc. because it is believed to result in the child becoming disabled, pregnant women are prohibited from bed in the morning because it was believed to be causing a lot of blood coming out when the next delivery, the husband whose wife was pregnant prohibited do the work of making a hole, for example, emboss/pierce wood and so forth because it was believed led to children born with facial clefts, pregnant women should eat on a plate which is small in size because it was believed later the mouth of the baby will be wide, it should not lift anything heavy and did not go to the garden for later disturbed demon which can be life-threatening pregnant women.

According to (Ari Subowo 2008), the main cause of high rate of anemia in pregnant women due to a lack of nutrients needed for blood formation. Actual dietary restrictions are needed by pregnant women would have a negative impact on health of the mother and fetus. The informant/respondent from community leaders, religious leaders and field officers explained that most of people at the ceremony commemorating Jeneponto still 7 month old baby in the womb, especially for the first child called Appassili, including the majority of respondents mothers were interviewed. Based on observations, Appassili ceremony is a traditional ceremony which is often done by generations for pregnant women at the age of seven months of pregnancy and especially for the first child. In a traditional ceremony that pregnant women do a series of specific ritual led by TBAs (sanro Pamana) is bathed in water that has been mixed with betel leaf as much as 9 sheets, then hair given coconut had previously treated with chewed the term"dilaangiri", pregnant women bathed with water splashing in the water with a flower or some leaves to a specific body part, starting from the top of the head, shoulders, then down to the stomach. Shoulder symbolize that children have a great responsibility in his life. Similarly, the procedure of the sprinkling of water on top of head down to the stomach, was to make his future can glide like water, is born and lives smoothly like water.

After the bath, followed by a ceremony holding or stroking abdomen, prayed, and sorted to improve position/location of fetal head phrase "Napaulu son", as well as over the abdomen of pregnant women sown rice, then taken a chicken that pecks of rice. Trinkets complement this ceremony more festive again coupled with a wide variety of snacks, each of which has a specific symbol. Comestible among others, are in the form of traditional pastries such sweet dumplings, Cucuru, cangkuning, Baje, made of glutinous equipped with plantains and fruits are sour or pickles are considered

favored by pregnant women. All dishes are served on pa'tapi (tray) with the hope of expelled all evil spirits that can be bad for pregnancy. The ceremony is usually led by a sanro (shaman) who read a prayer for safety. The final stage of this ceremony was a mouthful when sores are conducted by a shaman or religious leader to the second pair (as a candidate for father and mother. The aim passili is to waged process of pregnancy and childbirth.

In addition, there is a ritual called "Ba'da Korong" is to hit pan with a sharp object as a symbol for easy at first childbirth. Benefits granted to sanro pammana consists of "Ja'jakkang" of rice stored in the basin when the ritual passili, "kasalingang" namely batik sarongs, kebaya fabric and veils, and "dijamakki" ie given the money according to ability of pregnant women.

V. CONCLUSION

The practice of antenatal care, delivery care and postnatal care in the study site has a lot of support reproductive health efforts include: pregnancy check. Midwives are the first choice as birth attendants, but TBAs also still in demand. Fairly prominent role of the husband during pregnancy, childbirth and post-partum baby. Makassar cultural traditions such as avoidance of certain foods, fitness for mothers after childbirth still they run. Makassar cultural are reflected in various cultural rituals colored by religion (Islam) that is started from the ceremony seven monthly (Appassili), Sapu Battang, ba'da Korong, and aqiqah/Gamakki. Still needed KIE (Communication, Information, and Education) are continuously aiming to maintain positive practices and reduce/eliminate understanding of values that do not support reproductive health.

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