

## Social Cultural Aspects During Childbirth of Coastal Community Mamuju Regency

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### ABSTRACT

**Background:** Pregnancy and birth experience is essentially a social construction shaped by cultural perceptions and practices. It is crucial for healthcare professionals to identify the most common practices in their environment to improve the concept of care for the patients. This study aimed to determine the socio-cultural aspects of childbirth care in the coastal area of Mamuju (Karampuang and Beru-Beru villages), Mamuju Regency. **Methods:** This study use a qualitative research method with a phenomenological approach. The subjects of this study consisted of the primary informants, the mothers in labor, and supporting informants, the village midwives, shamans, and community leaders. **Results:** It showed that the socio-cultural aspects during childbirth were in the form of myths or beliefs related to specific behaviors and rituals. The behavior is a form of symbolic language containing the meaning of merit or to ease the labor process. From a health perspective, these myths do not have a direct negative impact on health status. However, some myths can maintain and improve maternal health if adequately supervised. **Conclusion:** Healthcare professionals need a synergistically and sustainably practical communication approach to change attitudes and behavior related to childbirth care with an adaptive approach while respecting the good values in every aspect of culture.



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## INTRODUCTION

Maternal mortality remains a critical global health challenge. According to the World Health Organization, over 700 women died every day in 2023 from preventable causes linked to pregnancy and childbirth, with countless others suffering severe, long-term complications. This means roughly one woman died every two minutes (WHO, 2023). This pregnancy complication continues to be one of the leading causes of death for women of reproductive age at the age of 15-49 years.

While childbirth is a biological process, the experience of pregnancy and birth is profoundly shaped by cultural beliefs and practices (Kaphle, Hancock, & Newman, 2013). Medical viewpoints often overlook these traditional influences, creating a disconnect between formal healthcare services and the needs of mothers (Haines, Pallant, Karlström, & Hildingsson, 2011; Sawyer et al., 2011; Withers, Kharazmi, & Lim, 2018). This gap can lead to lower utilization of essential maternal health services, as cultural norms dictate beliefs about food taboos, birth positions, and decision-making within the family (Withers et al., 2018).

To improve the quality of care, it's crucial for healthcare providers to identify and understand the common cultural practices and beliefs in their community. By encouraging open dialogue with expectant mothers and their families about their experiences and expectations, providers can empower the mother and increase her self-confidence. This approach helps align medical services with the mother's needs and priorities, and can also help dispel the misconception that professional healthcare is only necessary for complications (Ashriady, Mariana, Tiyas, & Supriadi, 2022a; Withers et al., 2018).

In addition to engaging mothers, it is important to understand the role of men in the childbirth process. Research from Nepal suggests that while men may want to be involved in maternal care, they often face cultural stigma that limits their participation (Brunson, 2010). This highlights a key area for exploration: the influence of male roles on childbirth practices. Our study, therefore, will also examine the perceptions and involvement of men within the socio-cultural framework of the Mamuju community, as understanding their role is a critical component of identifying the full range of childbirth-related beliefs and practices.

Despite progress, specific cultural obstacles continue to impede maternal health efforts, particularly in communities where traditional beliefs persist against the backdrop of national health campaigns. The coastal community of Mamuju Regency, with its population of nearly 300,000, is a critical case study of this challenge. The regency is a blend of coastal and rural life, and while the majority of the population is Muslim, an underlying layer of animistic beliefs and local wisdom (Mamuju and Mandar) profoundly influences daily life and key life events, including childbirth (BPS Kabupaten Mamuju, 2024). Here, the government's Delivery Planning and Complications Prevention Program (P4K) is directly undermined by a deeply ingrained local myth. The community's rejection of preparing prospective blood donors—a life-saving measure to prevent postpartum hemorrhage—is based on the belief that it is 'preceding fate' and will invite an unfortunate outcome (Ashriady, Mariana, Tiyas, & Supriadi, 2022b). This cultural barrier is a stark illustration of the conflict between traditional wisdom and modern medical science. A detailed, in-depth understanding of these specific socio-cultural beliefs and local wisdom is what is currently missing. It is not enough to know that cultural beliefs exist; to effect real change, we must understand their specific form and function within a given community like Mamuju.

Therefore, this study aims to conduct a specific and in-depth investigation into the socio-cultural aspects of childbirth within the coastal community of Mamuju Regency. By exploring the local wisdom, traditional practices, and beliefs at each stage of the life cycle, this research seeks to provide a comprehensive description of these cultural characteristics. The findings will not only fill a significant knowledge gap but also offer valuable insights that can contribute to the development of culturally sensitive maternal healthcare policies and interventions tailored to the specific needs of this community.

## **METHODS**

This study used a descriptive qualitative approach with a phenomenological design. This method was chosen because it is uniquely suited to explore the lived experiences and subjective meanings individuals attach to their experiences with childbirth (Sugiarto, 2017). By focusing on the justifications and interpretations of mothers, fathers, and other community members, this approach enabled us to move beyond simply describing practices to understanding why these socio-cultural beliefs are so deeply ingrained and meaningful to the coastal community of Mamuju Regency. It is the ideal method for uncovering the complex and deeply-rooted local wisdom that

shapes childbirth in this specific context. The research was conducted from February to November 2021 at Karampuang Village and Beru-Beru Village, both of which are coastal areas of Mamuju Regency.

The general population for this study is all residents of Mamuju Regency, which, according to the 2020 Census, has a total population of 278,764 people. From this population, the subjects of this study were selected using purposive sampling. This technique was chosen to ensure the selection of key informants who could provide rich, in-depth information about the socio-cultural aspects of childbirth. The primary informants were childbearing mothers from the Mamuju coastal community. The criteria for their inclusion were that they were native to the area, could speak Indonesian fluently, and were free of any physical or mental disabilities that would prevent them from participating. Supporting informants included village midwives, community leaders, shamans, and health cadres who had lived in the research location for more than two years and were trusted to understand local cultural values. Informant selection was not based on social or economic status.

Researchers acted as the main instrument, responsible for planning, setting the focus, and analyzing the data. Data were collected through method triangulation, a combination of in-depth interviews, participant observation, and documentation to ensure the richness and validity of the findings. The interviews were semi-structured, allowing researchers to follow a guide while remaining flexible to explore emergent themes. To understand the cultural context firsthand, researchers engaged in participant observation, actively taking part in community activities and documenting observations in detailed field notes. Additionally, documentation, such as local records and folklore, was reviewed to provide supplementary information.

Data were analyzed using a thematic analysis approach. This systematic process involved several stages to interpret and explain the experiences of the informants. First, researchers systematically searched and compiled all data obtained from in-depth interviews, participant observation, and documentation. This involved transcribing audio recordings and reviewing field notes and other relevant documents.

Next, the data were organized into categories. We began with initial coding, where we labeled segments of the data with descriptive codes. These codes were then defined and grouped into broader, overarching themes by synthesizing the codes and arranging them into patterns. This process allowed us to identify the most important and frequently occurring cultural beliefs and practices related to childbirth.

Finally, we systematically examined the relevance of the data by reviewing its composition and connecting the identified themes to the study's research objectives. The final themes were then used to structure the findings section of this report. This method allowed for a comprehensive interpretation of the socio-cultural aspects of childbirth within the Mamuju community, enabling researchers and others to easily understand the core findings.

This study received a letter of ethical clearance from the Health Research Ethics Commission of Makassar Health Polytechnic (No.: 00772 / KEPK-PTKMKS/ XII /2020). To protect the rights and welfare of our participants, informed consent was obtained from every individual before their involvement. Researchers fully explained the study's purpose, procedures, and the right to withdraw at any time without penalty. To ensure confidentiality and anonymity, all data were handled with the utmost care. Audio recordings and transcripts were stored securely on a password-protected computer, and participants' names and any identifying details were replaced with pseudonyms in all research materials and the final report.

## RESULT

### The Husband's Role: A Symbolic Ritual

The cultural values of a society are obtained from generation to generation, described in the form of myths, whether taboos or advice. During the delivery process, we found several myths related to behavioral aspects, usually done by the husbands, mothers, or the family.

Husbands are trusted to carry out the behavior of taking off their pants and only wearing sarongs when their wives are in the process of giving birth. The purpose of the actions is a form of hope that the wife will find it easier to give birth. The results of in-depth interviews with several informants related to this information are as follows:

*"...open the clothes (husband), only wearing a sarong. It is still often done here, said to accelerate..." (Informant 1)*

*"..If you want to give birth, your husband is told to take off his pants. Yes, I just do not know what the reason is, people here are all like that..." (Informant 5).*

*"...Ha, that is funny. If the wife is giving birth, the tradition is that the husband must wear a sarong and cannot wear pants. So that it is not difficult for their children to come out, the elders said that...." (Informant 6).*

*"..Yes, the clothes too (opened), just wear a sarong. So it is easy for the baby to come out .." (Informant 8).*

*"..Here (hum), the elder says if the wife wants to give birth, the husband cannot wear pants. He has to wear a sarong; if not, it will be hard for the child to come out... do not know what the effect is on his husband being told to take off his pants (laughs)." (Informant 10).*

*"..Open pants. Yes, and husband wear a sarong. First, help with childbirth, and I am thinking why are the husbands wearing a sarong? Hahaha he said if you have coitus you do not wear pants, hahaha.." (Informant 11).*

Some informants said that only the husband's pants had to be opened, and he could still wear the shirt. This behavior corresponds with the statement of the informant:

*"...Just wear clothes but don't wear pants. Anyway, don't wear pants, just wear a sarong so that his wife gives birth easily, poor thing." (Informant 4)*

*"..Yes there is (husband takes off his pants when his wife gives birth). It's just pants I saw that person. So the baby easy to come out .." (Informant 7)*

*"..Only pants, just pants and keep wearing sarrong..." (Informant 9)*

*"..Oo, yes, that's right, wearing a sarong while wearing a shirt, you can't wear pants, so that his wife gave birth well..." (Informant 12)*

From the explanation by the informant, when the husband is wandering out of the region, they are called by phone to take off the pants regardless of where he is, as stated by the informant:

*"...If her husband isn't there, just take off his pants from there. Once my son called, my wife will give birth but I didn't have time to go there. I said, it's okay just stay there, but don't wear pants there, take off your pants.." (Informant 4)*

### **Traditional Concoctions and Remedies**

Aside from the husband, the mothers do some actions believed to facilitate the delivery process as recommended by the elders, such as drinking the prayer recited water from the shaman, drinking oil, drinking Asam mangga water (i.e some vinegar made from mango), and biting the stems of plants. Based on information obtained from informants, prayer recited water is for encouraging mothers in the labor process.

*"...I also did blows out the water..." (Informant 1)*

*"..At least it's just plain water that already recited pray and blows out by the shaman, that's all.." (Informant 11)*

*"... Ordinary water, recited pray for it and give it to drink..." (Informant 12)*

*"...It's also a myth that when they give birth, mostly drink cooking oil, so they are slippery (birth passage)..." (Informant 3)*

*"...some person is using oil (drinking)." (informant 8)*

*"...Usually, the placenta is mostly sticky, it's usually people here, what was it again..., Asam mangga. Crushed and then drunk, it's when the baby came out, but the placenta was still inside..." (Informant 10)*

*"...what is the name of the seed, there are also those who bite the stem. So the mother will be strong and smooth (the delivery), the elders said." (Informant 1)*

*"... If it's me to encourage the mother, then I will ask her if there is a request, it's okay, drink prayer recited water, yes, it's to encourage the mother..." (Informant 1)*

### **Stimulation and Symbolic Actions**

Traditional birth attendants or shamans stimulate the gag reflex of the mother as a practice with the purpose for easy delivery.

*"...There's also that if the long hair is done like this (the hair put into the mouth), the hair is like this and the just 'eek' given 'eekkk' (stimulates the gag reflex). It usually comes out on its own, the placenta comes out, the reflex he pushes out is 'eekkk' so that it comes out from that place, the techniques are shaman's..." (Informant 10)*

Of the several aspects of behavior recommended to childbirth mothers, some also contain symbols of kindness, such as giving Fatimah grass where flowers bloom and unlocking all furniture, windows, and door, wishing that labor will go smoothly.

*"..Oh it's normal here, Fatimah grass. Yes, the shaman (given by the shaman) but not for drinking, just put it in the water, a sign, they said that if the Fatimah flower*

*blooms, it means that the delivery can go smoothly." (Informant 1)*

*"..Yes, I still see it, that thing wore by the mothers. Fatimah grass, but this is not drinking." (Informant 11)*

*"..Yes, it was opened, don't lock the cupboard anything else, all of the keys have to be opened. Wide open if you want to give birth.." (Informant 12)*

Childbirth mothers are advised to sprinkle a mixture of salt and lime around the house to avoid disturbances or as a protector from harm.

*".. Put the salt and lime around. It scattered around the house, in front of, and inside. When the mother arrives, you usually take salt and lime, and sprinkle it around the house as soon as possible. Recited prayer to salt and lime. So that there are no disorders, if there is none, there will be no barrier." (Informant 12)*

## DISCUSSION

### **Myths for husband to take off their pants during delivery process**

In the coastal community of Mamuju Regency, it is recommended that husbands take off their pants while their wives are in labor, hoping their wives can go through the delivery process smoothly and safely. This is what defines by value in behavior. According to (Roccas & Sagiv, 2017), values involve feelings about what is desired, what should or should not be done, and something that is expected or not expected.

The husband's involvement in the delivery process is something that is expected. According to (Eka Noviana & Puspitasari, 2016), husbands are the strongest candidates to accompany mothers during childbirth because of the strong emotional bond between husband and wife compared to other family members. The husband's desire to take off his pants following the advice of community leaders (shamans) is a form of the husband's concern and support for his wife. This support can be directed to positive behaviors such as paying attention to the wife, providing a sense of security and comfort, reducing maternal anxiety, and improving emotional conditions.

Based on the study's results (Yulizar & Zuhrotunida, 2018), childbirth mothers who accompany by their husbands will bring peace to the mother during the delivery process. The conditions in the coastal community of Mamuju Regency are similar to those in Bone Regency, South Sulawesi. When the husband was about to go to bed, he had to open his pants, which were done on the bed and then intended as medicine (*pappilolo sikamula*).

This condition has relevance to the findings (Hairiansyah et al., 2021), which show that one of the habits of the Dayak tribe in Kalimantan when building houses in the fields is that husbands make prerequisites for houses in the form of goods. The goods are taken to their fields when they arrive, saying, *"whatever I do today; tying, cutting, hitting, whatever it is, do not let it affect the children and wife."* Furthermore, the items were stored without being known to others. When the wife is about to give birth, this item is taken back and immediately opened to make it easier for the wife to give birth.

These parallels suggest that the belief in a husband's ritualistic role is a deeply ingrained cultural value across various Indonesian communities.

### **Drinking prayer recited water, oil or, Asam Mangga from Shaman**

During delivery, the ritual of pregnant women in the coastal community of Mamuju Regency is to drink the water of prayers from the shaman in the hope that the delivery process will run smoothly. This condition is similar to those in the Japura Kidul Community, Astanajapura District, Cirebon Regency, where the provision of water given a prayer (jampe) by Paraji is a form of hope, a prayer offered by the mother to God. This action is a form of hope for the easy delivery process; the mother was fine, and the baby was born safely into the world without any shortcomings (Sanusi, 2020).

Drinking oil, drinking Asam Mangga, and biting plant stems are forms of behavior that are part of a measure to expedite the labor process. According to the shaman's assumption that it is from nature that humans get food, then from nature, humans will also get medicine when they are sick.

Scientifically giving oil is done to prevent the occurrence of prolonged labor, namely as an effort to increase the energy of the mother through food supplements. The purpose of providing supplements is to prevent a decrease in the quality of nutrients for the body and to meet the body's needs for nutritional components in the form of carbohydrates, proteins, amino acids, water, vitamins, minerals, enzymes, antioxidants, and fats. The oil content given contains fat, especially coconut oil which is often used as food for health. According to Awogbemi et al. (2019) dan Septhiani dan Nursa'adah (2019) in the Demak community, there is a recommendation to consume one tablespoon of coconut oil to ease the delivery process. Coconut oil contains Medium Chain Fatty Acid, steroid hormones, and prostaglandins that are converted into energy quickly for uterine contractions and strength to push.

### **Shamans stimulate gag reflex using the hair of the child birthing mother**

Traditional birth attendants or shamans stimulate the gag reflex of the mother as a practice with the purpose for easy delivery. The involuntary reflex known as the gag reflex, also called the pharyngeal reflex, causes the soft palate to rise and bilateral pharyngeal muscle contraction. Stimulation of the tonsillar region, base of the tongue, or posterior pharyngeal wall can all trigger this reaction. It is thought that the gag reflex originated as an evolutionary defense mechanism to stop choking and swallowing foreign items (Sivakumar & Prabhu, 2020). The traditional birth attendants or shamans believe this practice can accelerate the delivery process.

There is another practice in Shama district, Guinea. Traditional birth attendants or shamans putting wooden ladle into the throat to induce gag reflex or by using the herbs. But they usually use this practice when plasenta retained (Otoo, Habib, & Ankomah, 2015). This practice is also carried out in Nepal, if the placenta remains, the woman is made to vomit and the placenta is expelled (Sharma, van Teijlingen, Hundley, Angell, & Simkhada, 2016).

Somehow, it offers a sense of action and control. When a birth is prolonged or facing complications, both the family and the traditional healer feel a need to *do something*. This ritual provides a tangible action to address the problem, filling a void that might otherwise be seen as inaction or helplessness.

This practice is risky because the woman can vomit, which will leads to depleted energy, or dehydration. This practice also didn't paying attention to the mother's condition and does not carry out the mother loving care.

### **The Shamans give blooming Fatimah Grass Flowers and Advice to unlock all furniture, windows, and door**

Giving blooming Fatimah grass flowers (*Labisia Pumila*) and unlocking cupboards (household furniture) by the coastal community of Mamuju Regency before giving birth are symbolic languages that contain the meaning of goodness to ease the delivery process. This conduct is similar to the people of Bone Regency, South Sulawesi, where husbands are advised to walk. If they find wood that is in a transverse position blocking a road (Mallawa), then the wood should be moved to its position in the direction of the road (*Ipa Ngoloi*) (Ridha, A, Kadir, & Sudirman, 2000).

According to (Mariati, 2017; Noviyanti, Herman, & Serudji, 2017), Fatimah grass, known to the Indonesian people for generations, is used to speed up childbirth. Fatimah Grass is usually soaked in warm water, and the childbirth mother drinks the water. Fatimah grass contains natural flavonoid phytochemicals with a structure similar to estradiol, showing estrogenic activity. Nevertheless, this practice is not recommended because the community does not know the exact dose to be consumed. If it is consumed more than allowed, it could cause hypertonic uterine (Astutik, Santoso, & Agil, 2020).

Based on the results of this study, the researcher assumes that the views of the coastal community of Mamuju Regency about the benefits of Fatimah grass in childbirth are positive. However, it is necessary to provide a correct understanding of the content of the Fatimah grass, so their perception will change from just believing it as a symbol of goodness to knowing the benefits and effects of Fatimah grass. This finding is in line with the results of research (Harefa, Paninsari, Nasution, Harahap, & Damaiyanti, 2021), which shows that some pregnant women in the third trimester do not know about the benefits of Fatimah grass and drink it simply because it is advice passed down from generation to generation. These beliefs and rituals persist because they provide a sense of control and hope in an otherwise unpredictable situation.

### **Sprinkle mixture of salt and lime around the house**

The mixture of salt and lime sprinkled around the homes of childbirth mothers in the coastal community of Mamuju Regency is an effort to protect mothers in labor from disturbance by spirits or as protection from harm. This condition is similar to the behavior carried out by the community in Talang Perapat Village, West Seluma District, Seluma Regency, where the shaman cuts a lime into three parts that had been given a spell and then rubbed it on the mother's forehead. According to research (Heriadi, 2020), it is believed to protect mothers from disturbances by spirits. Research (Inayah, 2020) in Banjarmasin also shows rituals like reciting the Adzan for the newborn baby. The purpose is to protect the baby from disturbance by spirits, placing objects such as Surah Yasiin, lime, and mirrors as well as burning materials such as Jeriangau leaves, a clove of onion, and soursop leaves (Serapangan) at dusk.

Since ancient times, in Indonesia, lime has been believed by the community to be able to repel spirits, and usually, Shamans read mantras into it. Lime is also believed to have extraordinary properties because of the function of being able to prevent various diseases. In addition, lime is a fruit that contains lots of vitamin C. According to the author, the viewpoint of the coastal community of Mamuju Regency on the benefits of lime can be directed to more positive things. The ability to protect against disturbances from spirits and the content of lime holds many benefits. For example, a study shows that an alternative lime can be used to remove stretch marks (*Striae Gravidarum*) after delivery by adding slaked lime and eucalyptus oil, applied topically evenly every day after bathing (Puspadewi & Chasanah, 2014; Suryana,

2018). Lime spread is also very effective in slimming the stomach in postpartum mothers with proper and regular administration (Puspawati & Chasanah, 2014).

### **The persistence of the myths**

The persistence of these deeply ingrained traditions in the Mamuju coastal community is not random; it's a complex issue driven by several interconnected factors that provide social, psychological, and practical benefits.

One major factor is the limited access to and affordability of modern healthcare. Coastal communities in Mamuju often face economic challenges, and low income levels make it difficult to afford transportation and hospital fees. This makes traditional birth attendants (shamans) a more accessible and affordable option. These shamans are trusted community figures who are always available and often provide care for free or with flexible payment arrangements, which directly addresses a major barrier to seeking formal medical care (Lestari, 2017).

Furthermore, these practices are deeply tied to community identity and social cohesion. They provide a sense of shared purpose and cultural continuity that formal healthcare services often fail to provide (Chand, 2016). By participating in these rituals, community members feel a sense of collective responsibility and shared experience. This social support is a vital component of maternal care that cannot be replaced by a purely clinical approach.

A final, crucial factor is the deep-seated trust in traditional knowledge. In these communities, shamans and elders are not just healers; they are revered community figures whose authority comes from a source deeply familiar with the community's culture, beliefs, and history. Their advice is followed without question because their methods are interwoven with local proverbs, rituals, and the collective memory of successful births.

This reliance on a holistic and natural worldview means that many practices are not viewed as "superstitions" but as logical and proven ways to navigate the uncertainties of childbirth. This is in sharp contrast to a modern medical professional, who may be seen as a stranger and whose advice can feel impersonal, clinical, and detached from the spiritual and social aspects of birth. The strong relationship built on trust with a traditional healer often outweighs the advice of an unfamiliar doctor, strengthening the community's reliance on traditional practices and making them a practical and trusted choice (Moerad, Sholahuddin, & Sadhana, 2019; Ningrum & Soraya, 2024).

## **CONCLUSION**

This study revealed that the socio-cultural landscape of childbirth in the coastal community of Mamuju Regency is profoundly shaped by deeply held myths and beliefs, which manifest as specific symbolic rituals. The most significant of these include the husband removing his pants as a symbolic act of support, the consumption of traditional remedies like blessed water and coconut oil, and protective rituals such as unlocking all doors and sprinkling salt and lime to ward off evil spirits. These practices are not mere superstitions; they are an integral part of the community's culture, providing a sense of control, hope, and social support.

Based on these findings, it is crucial for healthcare providers to adopt a practical and culturally sensitive communication approach. Instead of simply rejecting these myths, professionals must first acknowledge and respect the symbolic meaning behind each belief. By understanding the positive values embedded in these traditions, such as the husband's desire to support his wife or the community's need for protection, healthcare workers can align modern medical practices with these cultural values. This

requires a synergistic and sustained effort to increase the competence of health workers in effective communication, building the public trust necessary to educate families on which traditions are medically safe and which should be adapted. By doing so, healthcare providers can offer specific, tailored suggestions, such as encouraging a supportive husband to stay by his wife's side during labor or educating mothers on the nutritional benefits of lime, to successfully integrate cultural awareness into maternal care and improve health outcomes.

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