

Final_Version_,Manan_pregnan cy_in_Aceh_fi.docx

by

Submission date: 02-Aug-2021 05:53PM (UTC+0700)

Submission ID: 1626936026

File name: Final_Version_,Manan_pregnancy_in_Aceh_fi.docx (146.88K)

Word count: 8477

Character count: 45012

Pregnancy and Childbearing in Aceh, Indonesia: An Ethnographic Study

Abdul Manan

Universitas Islam Negeri Ar-Raniry, Indonesia

* Associate Professor, Department of Islamic History and Culture, Adab and Humanities Faculty, Universitas Islam Negeri Ar-Raniry, 23111 Banda Aceh, Indonesia; email: abdul.manan@ar-raniry.ac.id

This study describes the pregnancy and childbearing rituals of the Acehnese people living in South Aceh, Indonesia. It was done as an ethnographic study to reveal the sequence of rituals along with their traditional meanings and modern medical considerations. The data were collected by field observation, interviews, and document studies. Miles and Huberman's theory — data reduction, data display, and conclusion drawing — brought the result that among the people living in that area, the period of pregnancy was accompanied by several traditions and rituals while labor and childbirth were usually assisted by a traditional midwife. Several traditions like avoidance of certain foods, bringing *ceunicah* (fruit salad), cutting the umbilical cord, bathing the baby, burying the placenta, and warming the mother were also observed after childbearing. Those rituals served specific meanings within the Acehnese community in South Aceh. Although some rituals, for example cutting the umbilical cord and warming the mother, had medical implications, people still practice them for the sake of preserving the tradition.

Key Words: Pregnancy, Ritual, Childbearing, Ethnography, Aceh, Indonesia

Pregnancy and birth are the start of all human life and therefore have special significance for communities all over the world. Hence, studies of the customs and rituals surrounding pregnancy and childbirth have special significance for the study of traditional societies. Although these processes are occasions for celebration, they also present potential dangers for the prospective mother and her newborn; traditional societies were well aware of this. Although government funded and run health centers and mother-and-baby clinics are gradually expanding their services to cover even the remotest villages, the traditional rituals described in this paper are still likely to survive. This is because, although the health center can provide safer maternity and obstetric care, the traditional rituals and ceremonies provide a framework for continuity and social bonding which is needed in the traditional village communities and which the government health centers with their temporary postings of staff cannot provide. Society sees traditional rituals as the core of social identity of all communities, and as a form of communication about shared values, norms, and relationships (Durkheim & Swain, 2008). In addition, communities see traditional rituals as a way of preserving ancestors' legacy, especially when it requires consultation of traditional healers in order to find out any complication related to pregnancy (Tamuno et al., 2010).

Management of the pregnancy is one of the important factors to be considered to prevent the occurrence of complications and deaths during childbirth, as well as to maintain fetal growth and health.

Understanding the behaviors associated with indigenous antenatal care is important because of their possible effects on the health of the baby and the mother. People in traditional societies worry about pregnancy and childbirth. Malinowski (1927) describes pregnancy and labor to be a very important focus of attention. Pregnant women and those giving birth are protected by custom, religion, and morals, which aim to maintain the health of mother and baby. This time is considered a critical period during which the pregnant mother and her fetus or baby are considered vulnerable. As safeguards during this period, many societies performed traditional ceremonies and offerings, and observed customary restrictions.

In all societies, childbearing is not merely a biological process. It is also endowed with political and social meanings (Behruzi et al., 2013). Social and cultural perspectives shape people's understanding and valuation of the major transitions in human life, including pregnancy and childbearing (Barraud & Platenkamp, 1990).

As civilizations developed and diverged, the treatment of pregnant women also diverged due to many factors, as claimed by Roudsari et al. (2015). As an example, in stratified modern or modernizing societies, women of different social classes tend to act differently when faced with pregnancy and childbearing. Women from middle and upper classes will seek more modern medical treatment while lower-class women will settle for traditional ways. Those different perspectives may be affected by many factors, including education and surrounding neighborhood, which can powerfully shape the understanding and attitudes of women toward the phenomena. Besides, in accordance to Alor (2015), traditional treatment comes very cheap because it is administered by non-professionals.

As social phenomena, pregnancy and childbearing are influenced by the culture and tradition in which a woman lives. Beliefs and traditional practices of Asian women received much attention in the last few decades (McClain, 1975; Pillsbury, 1978; Rice, 2000). It was interesting to understand the way of Asian people, particularly how women valued their bodies. Communities across Asia had certain ways to value their body as they respected the body as not merely 'flesh and bone', but as having essence and meaning beyond it (Turner, 2010). The traditional beliefs and rituals regarding women, including during maternity and labor, were considered a way to respect and to value the body; for communities in Asia, each belief and ritual practice gave transcendent meaning to the body.

This is also the case in Acehnese communities. Acehnese people have distinctive traditions and cultures, which encompass all aspects of human existence and human experience including pregnancy and childbearing. In the modern era, the traditional rituals and ceremonies are still well maintained and preserved by Acehnese people. Furthermore, social features related to pregnancy and childbearing, including cultural ideas and social support systems, have an important impact on birth practices within Acehnese communities. However, this can also be a cause of concern when traditions and beliefs related to labor and childbearing may cause harm for mothers and babies, since some of them are contrary to modern medicine. In more extreme cases, pregnant and childbearing women in traditional communities will even be controlled by the traditions and cultures, and will be reprimanded and tabooed for the modern medical treatments that they seek and that are given to them.

Even worse, some traditional rituals and ceremonies may harm the pregnant or childbearing mother. As an example, Gatrad (2004) mentioned a Hindu tradition where abstention from certain kinds of food may possibly cause malnutrition of the mother after birth. Regrettably, such traditions are still practiced even though modern medical practices have been promoted by the government. Traditions involving certain dietary restrictions also existed among Chinese people. Yeo (2013) reported that in Cantonese tradition, it was prohibited for pregnant women to eat mutton. These people also believed that certain foods would be beneficial for pregnant mothers, such as Gingko fruits, which would bring fair complexion upon the baby. The existence of such traditions shows the need to study and to investigate the meaning, as well as the benefit, behind each tradition.

Although some beliefs and traditions related to pregnancy and childbirth might bring harm, it is interesting to investigate the meaning behind the traditional rituals and customs, as it shows how people viewed themselves within their communities. Such beliefs and rituals helped them defining their position within the community (Roudsari et al., 2015). Therefore, the emerging notion relating to this issue is that there is value in the preservation of good and relevant beliefs and cultural practices related to pregnancy, labor, and childbirth. Much of these developed to assist mothers, to enhance the health of newborn babies and mothers (Lewallen, 2011).

Various beliefs, ceremonies, and rituals exist in traditional societies worldwide. Also the Acehnese people have distinctive beliefs, rituals, and ceremonies regarding pregnant and childbearing women. Several of these are still preserved, while others have vanished due to transitions in society, particularly due to the introduction of science-based medicine, which is widely accepted by the people as it is considered to be safer. Thus, it is important to investigate the surviving traditions as a way to describe the unique Acehnese culture. The existences of local woman elders and midwives who support the tradition plays a significant role to preserve the customs. Yet the tendency of young parents to pick the modern treatment rather than the traditional one, particularly in big towns in Aceh Province, poses a threat to the teaching and sustainability of the tradition. This spread of modernization from urban to rural areas may affect the tradition.

The possibility for continuing traditional practices that are not in conflict with modern preventive medicine and medical treatment also needs to be discussed as a way to maintain the identity of individuals as members of the Acehnese community. Hence, this article discusses the existing beliefs, rituals, and ceremonies surrounding pregnancy and childbearing of Acehnese people, specifically people living in Blangporoh, South Aceh. Attention will be given to positive and negative interactions with the perspectives of modern medical science and social science. The studied community is typical of traditional communities in Aceh as it still practiced the traditional beliefs, customs and rituals regarding childbearing.

Methodology

The fieldwork was done in Blangporoh village in South Aceh during the year of 2019. It used a qualitative approach. The data were gathered using field observation and interviews, complemented by the study of documents relating to the traditions upon pregnancy and childbearing. Triangulation was done for the data collected from these methods. Analysis was done based on Miles and Huberman's principles of qualitative data analysis: data reduction, data display, and drawing conclusions (Miles & Huberman, 1994). As an ethnographical study, ethics was an important consideration during the entire data collection. Thus, the study had been approved by local as well as traditional authorities in the area of data collection. The participant observations were done with the permission of the informants; the informants were informed of the purpose of the study, and data collection was contingent on their consent.

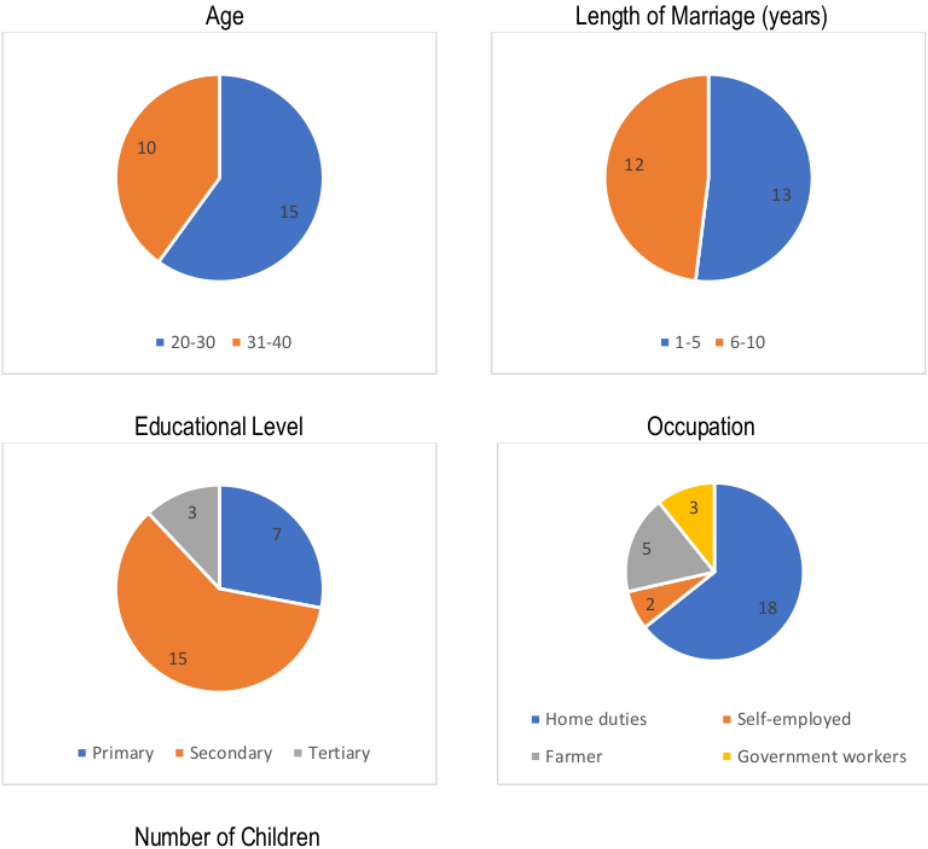
Research Findings

Social and Demographic Facts

The people living in South Aceh are predominantly Aneuk Jamee, a sub-ethnic of Malay with close relationship to the Minang ethnic in West Sumatra. However, the intertwining with the tradition of Aceh in general has made this ethnic distinctive. Thus, the Aneuk Jamee, as the majority ethnic living in the area of southern Aceh, had specific traditions and culture which differ from those of the people of Aceh in general (Manan, 2015). This was the case also in the area of data collection, where the inhabitants were dominated by the sub-ethnic of Aneuk Jamee.

Geographically, the area is flanked by mountain and sea and has great potential for fishery and plantation. The inhabitants worked as fishermen or farmers, growing particularly nutmeg. As the majority of people started working from an early age, formal education was not a priority among them. Furthermore, since the Islamic tradition is rooted strongly in this community, the traditional Islamic education, so-called *dayah*, was the main option for children and youth. They would go to *dayah* until 15 years old, then after accomplishing the study, they would work and marry.

Inevitably, the socio-demographic facts relating to this area reflected the way of living of the inhabitants within the area of data collection. The bond with Islamic tradition shaped their way of life; many traditions and rituals were infused with Islamic tenets. As the educational background of most inhabitants came from *dayah*, the bond with tradition and Islamic tenets was still strong; *dayah* played an important role in preserving and maintaining the Islamic tradition among the people. The demographic characteristics of the sample are summarized in Figure 1.



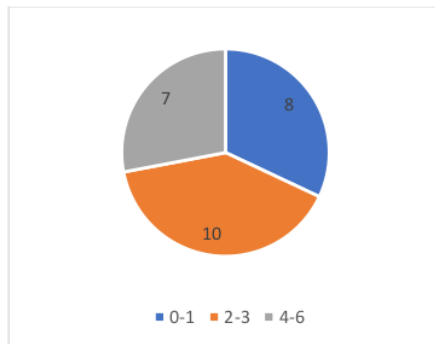


Figure 1. Demographic composition of the study sample (N = 25)

We can see that respondents were young adults who had been married for more than 1 year. They came from different education backgrounds, yet the majority was secondary, or senior high school graduates. The data also shows that the majority of respondents had experienced the birth of one or more children before. All respondents were married women living within the area of study.

The Adat (Traditions) at the Time of Pregnancy

In Acèhnese, a pregnant woman was called *meu mee*, which recalls the state of the rice plants when their seeds first start to swell in their sheaths. During this early stage of pregnancy, the mother is often characterized as having a strong desire to eat sour food, especially ripe fruit (Acèhnese: *bòh kayée muda*); she behaves strangely, has “strange feelings”, and “strange anxieties or cravings”. Thus, a woman experiencing food cravings is taken as an indication that she is pregnant, although another interpretation is that she wishes to become so.

To celebrate this event, and at the same time, hoping for the well-being of both the pregnant mother and the potential child in the womb, the *adat* of ‘bringing fruit’ (Acèhnese: *ba bòh kayée*), to eat as fruit salad (Acèhnese: *nicah bòh kayée*), is performed because the fourth month of pregnancy has arrived. In some areas of Acèh, this *adat* is called *ba meulineum* or *ba meulicah*. As a form of respect and love, the husband’s mother (Acèhnese: *mak tuan*) has to bring various fruit for her daughter-in-law and sometimes a kind of protecting talisman (Acèhnese: *pageu droe*) is also given to her. The pregnant woman enjoys the fruit salad called *cinicah* with a pungent dressing, e.g. ripe mango with a tangy sauce or fruit salad with a sweet sauce. It is said that *cinicah* is served as a reminder to both the expectant parents and to society. *Cinicah* is composed of various fruits and spices, with the whole range of flavors: sour, sweet, spicy hot, salty, bitter, and astringent. When properly mixed, it is delicious. People who eat *cinicah* will savor all tastes.

In the fifth month of pregnancy, they believe, the flesh-clot will become an embryo that will develop into the various parts of the body. At this moment, again a group of female neighbors led by the husband’s mother must bring ordinary cooked rice (Acèhnese: *ba bu* or *mè bu*) to the daughter in law’s house, with various kinds of side dishes and various cakes which are sometimes placed in a basket made of rattan called a *katéng*.

The next ceremony is the bathing ceremony in the seventh month of pregnancy. At this stage, it is said that the pregnancy of a woman begins to resemble a rice plant, which nearly bears its blooms from its stem (Acèhnese: *ka rap roh*). The pregnant woman is bathed in front of her house by her traditional midwife (*bideun*) with water in which have been boiled ninety-nine kinds of leaves (Acèhnese: *ie reuboh sikureuengploh sikureueng macan on kayée*). If her midwife is not available, this task is given to a

respected older village woman who is pious, religious and wise, preferably a good woman with high social status who has successfully raised many children and become wealthy, who is knowledgeable about how to perform this *adat*.

Pantangan: Rules of Avoidance

After 120 days or in the fourth month of pregnancy, both the pregnant woman and her husband must observe certain rules of avoidance (Acèhnese: *pantangan*) more carefully. People believe that if those rules are transgressed it may cause distress to the pregnant mother and to her child; for instance, it could be difficult to give birth or the baby could have physical or mental disabilities. To avoid these consequences, the pregnant woman does not go out at night and during the day when it is hot and drizzly at the same time. Most important is the precept that the pregnant woman does not bathe at sunset. Not only could she be disturbed by 'malevolent jinn' (some say Satan), she could also expose herself to malevolent "souls" because at this time they go out and roam around and can be harmful to both the pregnant woman and her fetus.

The tasks of the unborn child's father are also clearly articulated. When a husband goes out for an evening either in the village or outside the village, he may not return directly to the house, but must first go and sit a moment at a mosque or 'prayer house' (Acèhnese: *meunasah*). If the house is far from the place of worship, he must stand for a moment in front of the house and perform ablutions (Acèhnese: *tueng ie seumayang*). Should he neglect this rule, "malevolent jinn" may follow him into the house.

The Adat of Childbirth

When the mother feels the first labor pains or "stomach-ache" announcing that the moment of delivery is approaching, the traditional midwife is called. The traditional midwife has magic knowledge as well as a healer's knowledge inherited from her mother and her mother's mother. She prepares thread, bamboo, knife, turmeric and 'ripe *ranub*' (a complete betel vine). A woman usually gives birth on the back verandah. She lies down on the floor which is covered with *pandan* mats (Acèhnese: *ingka seuké*) or *barom* mats (Acèhnese: *ingka barom*). The traditional midwife, the mother's mother and female married siblings are allowed to be present. The husband waits at the room for bride and groom, used as the master bedroom (Acèhnese: *juree*). Religion and *adat* make a woman feel embarrassed if her husband sees her giving birth.

The traditional midwife starts performing her tasks by reciting a certain incantation slowly, which is hardly audible. If the baby is in a difficult birthing position (Acèhnese: *meularat*), the traditional midwife makes use of the healer's knowledge, which is very secret. One of the incantations recited over the water, as exposed during intensive interview with a traditional midwife, is as in the following. This is only a part of it; the rest was too long to be written here.

Sir Allāh sir Muḥammad
Asai mula sir menjadi nur
menjadi anja harsyém
teubuka pinto tauhid
teubuka pinto makrifat
teubuka pinto rahím
teubuka pinto hikmah
dalam batang tuboh si anu
Allāh yang buka, Muḥammad yang buka
Allāhlah yang buka..hāh!

Oh Allāh, Oh Muḥammad
Your origin is from light
A unity of both
Open the door of unity of Allah
Open the door of divine knowledge
Open the door of the womb
Open the door of wisdom
In the body of ... (pregnant person's name)
Allah who opens, Muḥammad who opens
Allāh who opens...open!

One of the respondents explained the remaining sequence of the traditional ritual. The traditional midwife then blows air over the water in the bowl slowly. This prayer considered to 'open something closed' and the so-called *tangkai seulusōh* or prayer of *seulusōh* and the blown water is called the water of *seulusōh* (*ie seulusōh*). The traditional midwife wipes some of the *ie seulusōh* from the face to the vagina of 'the pregnant lady' (the mother-to-be) and the rest is drunk by her. The function of *ie seulusōh* is also to give energy to the pregnant woman, to open what is closed, and to clear away all hindrances.

If the fetus still does not come out at this stage, the next step is that the midwife recommends her to ask the forgiveness of her husband. She has probably made mistakes that offended her husband so that her delivery does not progress. The husband then goes from the *jurée* of the main house to his wife on the back verandah and she says to her husband, "Forgive me". (Acèhnese: *peme'ah lon*). The husband then steps backwards and forwards (Acèhnese: *lingkeue*) over his wife's body from left to right three times while uttering the words, "Although it is painful, please come out." (Acèhnese: *bah tat sakét jak laju uluwa*). Then the husband blows hard through his fist onto her fontanel (Acèhnese: *mbok-mbok*), a spot just above his wife's forehead seven times with the words, "Like the strength of a storm as a friend of the child-birth." (Acèhnese: *paki bha badée ngon ke lahé*).

The husband's behavior is symbolic of opening the 'door', meanwhile blowing on the spot above her forehead is symbolic of giving encouragement to his wife. Therefore, her husband's symbolic behavior has a magic power, which is deemed to help speed up the delivery. Should *ie seulusōh* and asking forgiveness from her husband be of no avail, an *imām* whose prayers are known to be efficacious is called upon to charm some water with his prayers, and then the charmed water is given to the pregnant woman.

Placenta

It is believed that the placenta and the baby have a mysterious relationship, for they are at first in the same womb and through it, the fetus got 'food'. The relationship between the placenta and the baby is hierarchical. The placenta is called *kakak* (elder sibling) and the baby is called *adiak* (younger sibling). The word *adiak* in Acèhnese refers to *adék* and *kakak* refers to *aduen* (elder sibling). The placenta must be very clean. If not, the baby can get a stomachache. Salt and sawdust that have been filtered are then mixed with the placenta. The *bideun* chews several pieces of betel vine, turmeric, several black peppers, gambier (an ingredient used in chewing betel), several small cultivated plants from the ginger family used as medicine, areca nut, lime for chewing with betel vine, and tobacco. Then the mixed betel juice is sprayed onto the placenta. This mixed juice is called *sembō* or *senembō*. After that, they are mixed with the placenta in order that it can be dried and will shrink and will not decay or go moldy. The placenta must have a hole in the bottom and is buried approximately 30 cm under the earth. The baby's father then burns wood over it, called *tot apui*, for seven days at sunset.

Warming

Seven days after giving birth, the baby's mother undergoes a period of confinement known as *madeueng* or 'warming', or 'drying herself over the fire' called *ureueng didapu* (one that lies close to the hearth). This lasts until the forty-fourth day as the birth renders the mother's body cold. Therefore, the baby's mother needs to be warmed to make her body 'light' (Acèhnese: *apōng*). Sweating is one of the purposes of the period of *madeueng*. It is regarded as a means of relieving the body of illness and recovering to a state of health (Manan, 2020). During this time, both the mother and the baby are usually confined to the back verandah of the house to restore her 'warmth'. Here the mother is required to lie and sit with her back towards an open log fire, which is kept burning day and night under the

house. It is here that the mother and child eat and sleep. A wide, long cloth called a *tirèe* is lowered from the ceiling so that she cannot be seen by people who go to the house. A small fence (Acèhnese: *pageu*) is often created around the fire to prevent her from accidentally burning herself in her sleep.

On every other day during confinement, the mother's body is massaged (Acèhnese: *diurôt*) by the midwife. She allows some sugarcane and pineapple to be chewed in order to help the rest of the blood leave her uterus and to stimulate lactation. She is not allowed to drink ordinary water drawn from the well. Instead, she is given an infusion of warm boiled water and ginger to drink. Ginger is associated with warmth and in this connection is overtly identified with *asap* (smoke).

Beyond Rituals; Meaning of Traditional Pregnancy and Childbearing Practices in Aceh

In its allegorical meaning, as soon as a woman bears a child and becomes a mother and as soon as a man becomes a father, they are considered fully functional as social beings. They have various tasks and responsibilities to carry out in their own households and for society; they are at the same time parents, guardians, teachers, food providers, protectors, and members of society (Muhaimin, 2004). They will eventually experience a great variety of emotions and feelings as indicated by the *rujak* itself: sadness, gladness, happiness, grief, dissent, annoyance, cheerfulness, pleasure, displeasure and so on. These emotions all have the potential to cause problems; yet, if handled wisely and generously, delicacy and happiness are gained as implied in the *rujak* (Indonesian: spicy fruit salad) ceremony.

There is, however, a belief that if the various kinds of fruit are not brought by the husband's mother at the time of pregnancy, the baby will often dribble as if it wants something to eat. This is because the wish of the baby's mother was not fulfilled when she was pregnant. In other words, women believe the desire to consume various fruit has an influence on the fetus. Just as the prayer (*do'a*) influences the object prayed over, the woman's mouth might water with desire for fruit, which could cause her child to be a dribbler. If we follow the study of Wessing (1978) on similar beliefs in Java, it has meaning as a reflection of love and respect. In the past, the *adat* of bringing *bôh kayêe* to the pregnant woman was performed by a traditional midwife (Acèhnese: *bideun*) or female teacher of the Qur'ân (Acèhnese: *teungku ineung*) (Siegel, 1969), but now it is done by the husband's mother or the potential grandmother (Acèhnese: *nek nong*) or some other old, respected woman from the village.

In the fifth month of pregnancy, a group of female neighbors led by the husband's mother must bring ordinary cooked rice along with various kinds of side dishes and cakes. This is done because of the local perception that the pregnant woman is a "sick person", so delicious food must be given to her as a special treat. At this ceremony, the bride's mother or the pregnant woman's mother invites a midwife called *meurôh* and offers *ranub bate*, which contains ingredients for chewing betel as a sign of her request (Acèhnese: *meulakêe*) to the midwife for help with the delivery later. She is escorted to the ceremony of "giving" and "receiving" in the house of the pregnant woman's mother.

Furthermore, the bathing of the pregnant woman is initiated by using a water dipper, taking the water from a big bucket, and pouring it onto the pregnant woman's head. As said, the aim of this bathing is to ensure the safety of the mother and the potential child in the womb, but also so that the pregnant woman's "soul and mind" will not easily be disturbed by Satan and her body will remain strong at the time of birth. In addition, in Acèh Besar Regency, this bathing is also performed for girls who have difficulty to marry, in order to prevent bad luck and to call back the "soul" (Acèhnese: *seumangat*) which has gone from their bodies (Hasan, 1977). This is, however, currently no longer practiced in Blangporoh village.

In terms of rules, the pregnant woman does not go out at night and during the day when it is hot and drizzly at the same time. Most important is the precept that the pregnant woman does not bathe at sunset. Not only could she be disturbed by 'malevolent jinn', she could also expose herself to

malevolent “souls” because at this time they go out and roam around and can be harmful to both the pregnant woman and her fetus. In the same way, a pregnant woman in Laos must refrain from eating certain types of bananas, nor should she leave the pestle in the mortar after the rice has been ground or a spoon in a bowl after having completed a meal.

Other rules pertain to the future destiny of the child itself. After having been used, household utensils must be cleaned carefully, so that the child will be handsome and be spared future illnesses (Platenkamp, 2010). Further, there are prohibitions referring to activities that, by analogy, may deform the child’s body or face, even by speaking of specific things like animals. This was found in the study of Yusuf and Yusuf (2014), where a pregnant woman in Bireuen Regency, Aceh Province, found her newborn resembling the face of a monkey for several months due to mentioning to her friend “monkey” during the pregnancy. Accordingly, the pregnant mother may not see monkeys for fear the child should resemble them (Hurgonje, 1906). Forth (1980) and Geinart-Martin (1992), in addition, revealed that an unborn child’s father may not cut the ear of an animal as a mark of ownership while his wife is pregnant because the child may be born with split ears. In addition, the pregnant woman may not sit at the top of the steps leading up to the house (Acèhnese: *bak ulée reunyeuen*), which could make her labor difficult. Eastern Sumba people also believe that a pregnant woman should avoid dispositions or actions that the child might imitate. If the pregnant woman sits in a doorway, for instance, the child will have difficulty emerging from the womb (Forth, 1980).

Also the tasks of the unborn child’s father are clearly articulated. Whatever the husband brings home at night may not be given directly to his wife, but must first be placed somewhere out of the room because Satan can hang on the husband’s hand and can disturb the child in the womb; for example, bringing fish home at night. It is better for him to take a piece and throw it away for the ‘malevolent jinn’ before entering the house. In addition, the unborn child’s father who returns at night must walk around his house three times or circle his right heel in the earth seven times before entering (Hasan, 1977).

In addition to the *adat* of childbirth, after the fetus is born safely, the baby is placed on a dry stem and midrib from the areca nut palm tree (Acèhnese: *situek*) and is bathed together with its placenta by the midwife. A sharpened blade of split bamboo (Acèhnese: *teumen* or *seumilu*) is used to cut the umbilical cord (Acèhnese: *talòe pusat*, ‘navel’) at a length of two finger joints (5 centimeters) from the baby’s body to separate the placenta (Acèhnese: *adoe*) from the baby to prevent infection.

The way to cut is by fastening both ends of the umbilical cord with threads dipped in turmeric (Acèhnese: *kunyet*). The wound on the cut umbilical cord is sprayed with turmeric powder (Acèhnese: *deudak kunyek*). In the past, for noble families the cut umbilical cord was sprayed with turmeric powder mixed with powdered gold (Acèhnese: *serbok meueh*) (Hasan, 1977). The yellow color of the gold powder is said to be a symbol of a noble character. The rest of the umbilical cord will then dry out and drop off naturally (usually three to five days after the birth) from the baby’s navel. It is often preserved by the parents to be ready to be used to solve some later problems the child might have and may even serve as part of a medicine whenever the baby is ill. The same idea is found in Tabelo, North Moluccas, Indonesia (Platenkamp, 1988).

After the baby has been washed with warm water, it is then sprayed (Acèhnese: *disembō*) with the juice from chewed betel nut. It is deemed that this juice has a divine power that can be used as a talisman (Acèhnese: *sinangkai*) to protect against Satan (Acèhnese: *syétan*) as well as to provide strength for the baby (Manan, 2019). After being swathed or swaddled in cloth, the newborn baby is handed to its father by the midwife to receive ‘the call to prayer’ (Arabic *azan*) into the right ear of the newborn male child and “the call to begin prayer” (Arabic *iqamah*) in his left ear. If it is a female child, only the recitation of “the call to begin prayer” into both ears is performed. This existing tradition can be clearly seen as an integrative process, which entails the transfer of the social attributes from close relatives, neighbors, and more distant bilateral kin to the baby.

Regarding the placenta, it is believed that the placenta and the baby have a mysterious relationship, for they are at first in the same womb and through it, the fetus got “food” which, of course, it did. The placenta of a male baby is buried where the water flows from a roof thatched with palm leaves (Acèhnese: *seurayueng*) while the placenta from a female baby is buried under the stairs (Acèhnese: *reunyen*) of the house. In Java, however, a placenta from a female baby is usually buried behind the house so that she will stay close to home. A boy’s placenta may be placed in the river. This is to encourage the boy to travel and gain experiences (Wessing, 1978). The place where the placenta is buried is linked to the position of the male as the person who takes care of the necessities of life (Acèhnese: *nafakah*) and the function of the female as the woman in charge of the household.

The burning of wood seven times at sunset where the placenta has been buried is said to prevent disturbances from a *jinn*. If the placenta is disturbed, the baby will also automatically be disturbed. It is also said to prevent unexpected things from happening; for instance, the black magic healer could make use of it to do bad things. However, according to *bideun* Maryam in Blangporoh, burning wood where the placenta was buried is also important in order to warm the placenta as if it were still in the womb. If wood is not burnt over the buried placenta, then the jinns will come, disturb and even “lick” the placenta. As a result, the baby will get a “disease” in which it stares wide-eyed called *peunyakét dro*. In order to cure this disease, the midwife digs the placenta out, takes a small part, and mixes it with the rest of the umbilical cord she saved with some water. The baby is then wiped with the water from head to toe to meet the placenta again. After doing so, if Allāh wills (Arabic: *insya Allāh*), the baby will get well again.

Seven days after delivery, the baby’s mother undergoes a period of confinement known as *madeueng* or “warming”. The idea is that besides making the body hot by drinking ginger, the heat and smoke from the *madeueng* itself will counteract the dampness in the woman’s body and will assist her to quickly restore her figure to its former shape. Failure to heat the mother’s body, or to observe the other rules connected with childbirth, particularly the dietary taboos, is said will cause the woman to become weak (Acèhnese: *leumoh*) and pale (Acèhnese: *layè*). Her mind may also be affected. She may feel giddy (Acèhnese: *peuneng*), become forgetful (Acèhnese: *teumeuwo*) and may have difficulty in seeing properly (Acèhnese: *payah keumalon*).

The practice of the *madeueng* tradition is now no longer found in Blangporoh village. A number of women nowadays travel to the government clinic called Puskesmas (*pusat kesehatan masyarakat* or local health center) in Blangkejèrèn, the capital city of West Labuhan Haji, for pre-natal examinations, and some stay there for their delivery. However, the medicinal treatment of stone (Acèhnese: *pengobatan batèe*) is still practiced instead of the *madeueng* tradition. The use of the heated stone can reduce the size of the mother’s uterus and promote blood flow. When the baby’s mother is lying on the bed to sleep, the stone, which is wrapped by sarong to reduce the heat, is placed over her belly. This practice depends on the wishes and the health of the baby’s mother. The heated stone is sometimes used until the forty-fourth day after childbirth and can be stopped if she is sick. After using the heated stone, the wife continues drinking the water boiled with forty-four kinds of plants, which is called *ie seueh peuet ploh peuet*. The boiled water with these plants in it is good for the mother as a natural medicine (Zainuddin, 1961), or “water from nature”. It is kept warm on top of a stove in a corner of the back verandah (Acèhnese: *seuramòe likôt*), from which the mother, as well as other visiting women of childbearing age, take sips regularly. The heated stone and drinking the water boiled with the plants is still practiced by a number of town women to restore themselves after delivery.

According to *adat* law, a husband is not allowed to sleep with his wife until the forty-fourth day after childbirth. This period is called “the period of avoidance”. Islamic religion prohibits the husband from having sexual intercourse with his wife during this period because the wife still has *hadas besar* (major state of uncleanness). The wife sleeps with her mother and other female family members on the back verandah and the husband sleeps in the “parents’ room” (Acèhnese: *rumoh inong*) of the main house

(Acehnese: *rumoh tunggai*). In addition, the wife must refrain from doing hard work, eating hot spicy dishes, and eating food that has a strong pungent smell. During this period, the husband can hardly be seen.

Preserving Traditions, Defining Identity

The existing traditions within communities, inevitably, become part of their identity. It means that whoever wants to be identified as a member of the community has to adopt and practice the existing rituals. This is also the case with existing traditions and rituals about pregnant women. The majority of respondents admitted that they still practiced the rituals because their parents and neighbors suggested it. One of them stated: *Saya ikut saja yang dikatakan mak Saya* (I only obey my mother's suggestion). This was confirmed by another respondent by saying: *Kata orang tua gini, ya ginilah kami buat* (we do as the elderly said). This supports Barraud and Platenkamp's (1990) conclusion that practicing certain rituals and ceremonies integrates a person into his or her society.

Our respondents' opinion regarding the existing tradition confirmed the notion that they performed the rituals because they wanted to be identified as part of an Acehnese community. They did it because the elderly suggested them to do it. Nevertheless, during the rituals, the involved elderly people explained the meaning of rituals, as one of the respondents said: *Pas ba cicah, ada dikasih tau mamak maksudnya apa* (When the ritual of *bringing spicy fruit salad* was done, my mother told me the meaning about it).

The interesting part was their opinion regarding the rituals and their health. One of the respondents said: *Waktu pengobatan batu yang dipanasin itu, saya rasa segar badan saya* (I felt fresh when I got the hot-stone treatment). Another respondent also claimed a similar effect: *Minum jamu (ie seueh peuet ploh peuet.) saya rasa agak enak badan saya* (Drinking the herbal concoctions made my body healthy).

Based on the explanations of respondents, they performed the traditions and rituals for two reasons. The first was the rituals as identity. Here, it was inevitable that the Acehnese women performed the rituals as they thought that it was an obligation, being part of the community. They preserved it to maintain their standing as member of the community. The second reason were the perceived health benefits of traditional rituals. Undeniably, most of them felt better as they did the traditional rituals or consumed the traditional concoctions. These subjective experiences made the existence of beliefs and rituals comprehensible. Even though their medical benefits are uncertain, the people perform these traditional practices due to their feelings: the sense of identity and a sense of well-being they experienced upon the rituals.

Conflict with Modern Medicine and Future Maintenance of Rituals upon Pregnancy and Childbearing

The Indonesian maternal mortality rate is considered high among Southeast Asian countries, with 305 per 100.000 births. Seventy-five percent of the cases are caused by infection and serious bleeding after delivery (Achadi, 2019). This is so although the government had produced regulations through the Health Ministerial Decree, No. 97 of 2014 stating that the delivery must be carried out in a health facility to enable a quick response in case of emergency (Kementerian Kesehatan, 2013). Moreover, the statistic showed that more than ten percent of Indonesian women still preferred to **give birth at home assisted by traditional birth attendants** (Kementerian Kesehatan, 2016). In addition, the use of bamboo knife as cord cutting tool (33/1000 deliveries), and traditional substances such as *sirih* leaf mixture (30.4/1000 deliveries) applied to their umbilical cord stump contributed to neonatal tetanus mortality. Here, the important part was the use of sterilized utensils to ensure the safety of mother and baby.

However, in Acehese practices relating to childbearing, sanitation and sterilization are still questionable, as also in the rituals of hot stone.

Culture and tradition play an important role for whether or not the woman will give birth assisted by traditional birth attendants or trained midwives at the facility. The decision about location of delivery is not fully controlled by the parturient woman. It rather involves many actors' inputs including elder women, family members, husband and neighbors. In addition, birthing is described as a normal or routine event so that it is irrational to deliver a baby at the facility unless complications arise or there have been previous obstetric complications (Bohren et al., 2014). This is the case also in Aceh, where most mothers chose to deliver their baby at home. This is especially risky in areas of Aceh considered remote, where health facilities are hard to reach. Likewise, Berkat (2019) showed that neonates who were born at home have a 1.2 times greater risk of death than those who were born in health facilities.

Despite the controversies surrounding traditional beliefs and rituals upon pregnancy and childbearing, benefits of traditional practices were felt by the Acehese women. As stated previously, some mothers felt comfortable with traditional rituals and concoctions they had during the time of childbearing. The rituals performed during pregnancy and childbirth are not merely a sustained practice of the ancestral heritage, but express an awareness within the community of the importance of food intake for the potential mother. It is obvious that inadequate nutrition during pregnancy can contribute to low birth weight, a risk factor for morbidity or mortality (Berkat, 2019). However, the local community is bounded by these customs. This is how it was in the area of study, where the respondents admitted that they had no choice although modern medicine was available. One of respondents confessed: *Bagaimana lagi, memang sudah demikian tradisi kami, ada pergi ke Posyandu, tapi ya adat diikuti.* (It is our tradition, we went to the public health service, yet, we also did the rituals.)

Several cultures know taboo foods, such as turtle eggs, that the prospective mother should avoid in order to prevent amniotic membrane thickening, which can cause difficulty during birth (Fauziah, 2009). However, Chahyanto and Wulansari (2018) state that turtle egg is perfect for the diets of pregnant women due to its high content of protein, oleic acid, phosphorus, vitamins A, D, E, K and B₁₂, and iron. These various kinds of nutrients, consumed in accordance to the stage of the pregnancy, represent a balanced and adequate diet to meet the increased needs of the mother (Rahmawati & Setyani, 2019).

However, in Acehese tradition, the pregnant mother's food intake was regulated by certain rituals, where nutritious foods were ensured by existing traditions, as in the seventh month ritual of *mee buu* explained before. This tradition was a way to regulate the mother's food intake. One of the respondents said: *Ada kami makan yang dibilang sama orang tua, yang dilarang juga ngga kami makan.* (We ate and we avoided food as the elders said). This ritual provided the pregnant mother with food that is considered nutritious and commendable for pregnant women according to current medical knowledge. This is in addition to its role in preserving the cultural traditions of the Acehese people, and to strengthen friendship between family members and people who participated in the visit, which can also enhance a sense of unity in a local society (Santriani, 2018).

Despite pros and cons relating to the beliefs and rituals toward pregnant and childbearing mothers, it is obvious that these had meaningful benefits for both social cohesion and health. Here, the key is that when studying beliefs and rituals of this nature, it is important to consider both kinds of potential benefits, those for health, and those for social cohesion and community life. Furthermore, it was also considered important to gather information about traditional medical knowledge and beliefs, such as information about possible medical benefits from traditional concoctions and herbs for the childbearing mother. Finally, this study should be seen as part of a larger project aimed at gaining a more complete understanding of local wisdom and the feasibility of its maintenance in the future.

Conclusion

Acehnese people have distinctive traditions, ceremonies, and rituals relating to pregnancy and childbearing. These extend from early pregnancy until the baby is born. Among the people of Blangporoh, the traditions are not merely practices; they serve to tie the baby into the community from the earliest age. These traditions integrate the new baby into a progressively expanding set of kinship, quasi-kinship, and other types of social relationships. Furthermore, the people believe that the traditions serve certain meanings and express traditional values, which must be preserved despite the development of modern medical treatment. This study was done considering the question of what benefits (if any) these beliefs and rituals had and still have for the people. Its key aim was to understand what these benefits may be.

This study examined some specific implications surrounding the traditional rituals. Other related aspects of the lifeway of the Acehnese people today, including economy, health care facilities and education, may showcase various reasons why these traditions are maintained. Such factors are essential to consider because the development of modern ways of life is corrosive to local traditions. Thus, future studies should focus on those factors that are important for the preservation of traditional rituals and customs. Comparison of the changes that take place in the wake of modernization in different provinces or countries may provide a better understanding of why certain customs but not others are maintained, and what external conditions are favorable for the preservation of these traditions.

Acknowledgement: I would like to thank Prof. Dr. J.D.M. Platenkamp and Prof. Dr. Guido Sprenger for the perceptive critical comments put forwards in several discussions.

References

- Achadi, E.L. (2019). *Kematian maternal dan neonatal di Indonesia*.
[https://www.kemkes.go.id/resources/download/info-terkini/rakerkesnas-2019/SESI I/Kelompok 1/1-Kematian-Maternal-dan-Neonatal-di-Indonesia.pdf](https://www.kemkes.go.id/resources/download/info-terkini/rakerkesnas-2019/SESI%20I/Kelompok%201/1-Kematian-Maternal-dan-Neonatal-di-Indonesia.pdf)
- Alor, S.K. (2015). *The use of traditional medicine among pregnant women in Agotime-Ziope District* [Master thesis, University of Ghana]. <http://197.255.68.203/handle/123456789/8576>
- Barraud, C. & Platenkamp, J.D.M. (1990). Rituals and the comparison of societies. *Bijdragen Tot de Taal-, Land- en Volkenkunde / Journal of the Humanities and Social Sciences of Southeast Asia* 146(1): 103-124. <https://doi.org/10.1163/22134379-90003230>
- Behruzi, R., Hatem, M., Goulet, L., Fraser, W. & Misago, C. (2013). Understanding childbirth practices as an organizational cultural phenomenon: A conceptual framework. *BMC Pregnancy and Childbirth* 13: 205. <https://doi.org/10.1186/1471-2393-13-205>
- Berkat, S. (2019). The influence of maternal and child health services on neonatal death of low birth weight neonates in Aceh Province. *Malaysian Journal of Public Health Medicine* 19(1): 15-24. <https://doi.org/10.37268/mjphm/vol.19/no.1/art.82>
- Bohren, M.A., Hunter, E.C., Munthe-Kaas, H.M., Souza, J.P., Vogel, J.P. & Gülmezoglu, A.M. (2014). Facilitators and barriers to facility-based delivery in low- and middle-income countries: A qualitative evidence synthesis. *Reproductive Health* 11: 71. <https://doi.org/10.1186/1742-4755-11-71>
- Chahyanto, B.A. & Wulansari, A. (2018). Aspek gizi dan makna simbolis tabu makanan ibu hamil di Indonesia. *Jurnal Ekologi Kesehatan* 17(1): 52-63. <https://doi.org/10.22435/jek.17.1.140.52-63>

- Durkheim, E. & Swain, J.W. (2008). *The Elementary Forms of Religious Life*. New York: Dover Publications, Inc.
- Fauziah, C.A. (2009). *Mitos tentang kehamilan*. Aceh Research Training Institute, 199–211.
- Forth, G.L. (1980). *Rindi: An ethnographic study of a traditional domain in Eastern Sumba* [Doctoral dissertation, University of Oxford].
- Gatrad, A.R. (2004). Hindu birth customs. *Archives of Disease in Childhood* 89: 1094-1097. <https://doi.org/10.1136/ad.2004.050591>
- Geirnaert-Martin, D.C. (1992). *The Woven Land of Laboya, Socio-Cosmic Ideas and Values in West Sumba*. Leiden: Leiden University.
- Hasan, C. (1977). *Kelahiran dan pengasuhan anak di pedesaan Aceh Besar*. In *Segi-segi Sosial Masyarakat Aceh*. Banda Aceh: LP3ES.
- Hurgronje, C.S. (1906). *The Achehnese*, 1st ed. Leiden: Brill.
- Kementerian Kesehatan, R.I. (2014). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 97 Tahun 2014 tentang Pelayanan Kesehatan Masa Sebelum Hamil*.
- Kementerian Kesehatan, R.I. (2016). *Data dan Informasi 2015*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Lewallen, L.P. (2011). The importance of culture in childbearing. *Journal of Obstetric, Gynecologic & Neonatal Nursing* 40(1): 4-8. <https://doi.org/10.1111/j.1552-6909.2010.01209.x>
- Malinowski, B. (1927). *Sex and Repression in Savage Society*. London: Routledge & Kegan Paul.
- Manan, A. (2015). *The Ritual Calendar of South Aceh, Indonesia*. Wissenschaftliche Schriften der WWU Münster.
- Manan, A. (2019). The ritual of first infant bathing in Aceh: An ethnographic study in West Labuhan Haji, South Aceh. *Journal of Contemporary Islam and Muslim Societies* 3(2): 128-148. <https://doi.org/10.30821/jcims.v3i2.5466>
- Manan, A. (2020). Islamic educational values in life-cycle rituals. In: M. Huda, J. Safar, A.K. Mohamed, K.A. Jasmi & B. Basiron (eds.), *Global Perspectives on Teaching and Learning Paths in Islamic Education*, pp. 118-134. Hershey: IGI Global. <https://doi.org/10.4018/978-1-5225-8528-2.ch007>
- McClain, C. (1975). Ethno-obstetrics in Ajijic. *Anthropological Quarterly* 48(1): 38-56. <https://doi.org/10.2307/3316856>
- Miles, M.B. & Huberman, A.M. (1994). *An Expanded Sourcebook: Qualitative Data Analysis*, 2nd ed. California: SAGE Publishing.
- Muhaimin, A.G. (2004). *The Islamic Traditions of Cirebon, Ibadat and Adat among Javanese Muslims*. Jakarta: Departement Agama.
- Pillsbury, B.L.K. (1978). Doing the month: Confinement and convalescence of Chinese women after childbirth. *Social Science & Medicine B: Medical Anthropology* 12: 11-22. [https://doi.org/10.1016/0160-7987\(78\)90003-0](https://doi.org/10.1016/0160-7987(78)90003-0)
- Platenkamp, J.D.M. (1988). *Tabelo, Ideas and Values of a North Moluccan society*. Leiden: Leiden University.
- Platenkamp, J.D.M. (2010). Becoming a Lao person: Rituals of birth and socialization in Luang Prabang, Laos. In: P. Berger, R. Hardenberg & G. Pfeffer (eds.), *The Anthropology of Values, Essays in Honour of Georg Pfeffer*, pp. 180-200. New York: Pearson.

- Rahmawati, R. & Setyani, T. (2019). Serat tata cara: The function of ubarampe nourishment in pregnancy ritual as Javanese ancestral heritage. *Proceedings of the 2nd Workshop on Language, Literature and Society for Education*. <https://doi.org/10.4108/eai.21-12-2018.2282745>
- Rice, P.L. (2000). Nyo dua hli – 30 days confinement: Traditions and changed childbearing beliefs and practices among Hmong women in Australia. *Midwifery* 16(1): 22-34.
<https://doi.org/10.1054/midw.1999.0180>
- Roudsari, R.L., Zakerihamidi, M. & Khoei, E.M. (2015). Socio-cultural beliefs, values and traditions regarding women's preferred mode of birth in the North of Iran. *International Journal of Community Based Nursing and Midwifery* 3(3): 165-176.
- Santriani, E. (2018). *Tradisi Mee Buu Pandangan Masyarakat Trienggadeng dalam Konteks Budaya dan Agama*. Undergraduate thesis, Universitas Islam Negery Ar-Raniry.
- Siegel, J.T. (1969). *The Rope of the God*. California: University of California Press.
- Tamuno, I., Omole-Ohonsi, A. & Fader, J.J. (2010). Use of herbal medicine among pregnant women attending a tertiary hospital in Northern Nigeria. *Internet Journal of Gynecology and Obstetrics* 15(2): 1-8.
- Turner, T. (2010). Bodiliness: The body beyond the body: Social, material and spiritual dimensions of bodiliness. In: F.E. Mascia-Lees (ed.), *A Companion to the Anthropology of the Body and Embodiment*, pp. 102-118. West Sussex: Blackwell Publishing Ltd.
- Wessing, R. (1978). *Cosmology and Social Behavior in a West Javanese Settlement*. *International Studies Southeast Asia Series*. Ohio: Ohio University.
- Yeo, T.R. (2013). Chinese birth rituals. *Singapore Infopedia*.
https://eresources.nlb.gov.sg/infopedia/articles/SIP_2013-05-14_113920.html
- Yusuf, Y.Q. & Yusuf, Q. (2014). Contemporary Acehese cultural prohibitions and the practice of mystical threats. *Kemanusiaan: Asian Journal of Humanities* 21(2): 21-53.
- Zainuddin, H.M. (1961). *Tarich Atjeh dan Nusantara*. Banda Aceh: Iskandar Muda.

ORIGINALITY REPORT

5%

SIMILARITY INDEX

4%

INTERNET SOURCES

1%

PUBLICATIONS

1%

STUDENT PAPERS

PRIMARY SOURCES

1

epress.anu.edu.au

Internet Source

2%

2

repository.ar-raniry.ac.id

Internet Source

<1%

3

Submitted to Syiah Kuala University

Student Paper

<1%

4

Liamputtong, P.. "Traditional beliefs about pregnancy and child birth among women from Chiang Mai, Northern Thailand", Midwifery, 200506

Publication

<1%

5

repository.unair.ac.id

Internet Source

<1%

6

Submitted to University of North Texas

Student Paper

<1%

7

link.springer.com

Internet Source

<1%

8

Abdul Manan. "chapter 7 Islamic Educational Values in Life-Cycle Rituals", IGI Global, 2020

Publication

<1%

9

Takashi Sugishima. "Double descent, alliance, and botanical metaphors among the Lionese of Central Flores", *Bijdragen tot de taal-, land- en volkenkunde / Journal of the Humanities and Social Sciences of Southeast Asia*, 1994

Publication

<1 %

10

Janice M. Morse. "Cultural variation in behavioral response to parturition: Childbirth in Fiji", *Medical Anthropology*, 1989

Publication

<1 %

11

[dokumen.pub](#)

Internet Source

<1 %

12

[journal.scadindependent.org](#)

Internet Source

<1 %

13

[www.journalstudiesanthropology.ro](#)

Internet Source

<1 %

14

[sloap.org](#)

Internet Source

<1 %

15

J.D.M. Platenkamp. "The severance of the origin'; A ritual of the Tobelo of North Halmahera", *Bijdragen tot de taal-, land- en volkenkunde / Journal of the Humanities and Social Sciences of Southeast Asia*, 1990

Publication

<1 %

Exclude quotes On

Exclude matches Off

Exclude bibliography On