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Tatobi Panggang as a Postpartum Traditional Care of Timor Tribe in Bello Village

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ABSTRACT

Fifty percent of maternal deaths occur within the first 24 hours of delivery. Furthermore, 30 percent of the population still practices traditional treatments for a mother in their postpartum period. Timor tribe in Nusa Tenggara Timur (NTT) has culturally distinctive practices for a mother in their postpartum period, called as *tatobi* and *panggang*. These two practices put the health at serious risk. For this reason the present research aims to further investigate such cultural practices of the Timor concerning the postpartum care (*tatobi* and *panggang*) in Bello village, Maulafa distric. This present research was qualitative employing phenomenological research design. The sample was determined by employing purposive sampling method. The results show that the mother, during their postpartum period, chose to do *tatobi* and *panggang* because such practices are believed to be able to help the mother for the post-pregnancy recovery. However, in the actual practices they often caused excessive bleeding leading to a higher risk of suffering from infections and postpartum anemia. Some conclusions can be drawn; such cultural practices, *tatobi* and *panggang*, are seriously risky for the postnatal mother, but they are beneficial, on the other hand, to improve blood circulation and promote exclusive breast milk.

Keywords: Culture, Postpartum, Timor tribe

INTRODUCTION

Maternal mortality and morbidity have been considered as a major problem in every country, particularly as problems of the developing world.⁽¹⁾ The maternal mortality ratio (MMR) for Indonesia fluctuates by an estimated 390 maternal deaths in 1991, which then decreased in 2007 and 2010 to 220 and then increased in 2012 to 359.⁽²⁾ This number is still far off the 2030 SDGs' target aiming an estimated 70 maternal deaths per 100.000 live births. This condition is also prevalent in the eastern Indonesia province of Nusa Tenggara Timur (NTT), one of the provinces in Indonesia which has the highest maternal deaths. The MMR for NTT province declined from 227 in 2010 to 153 in 2013. This number increased with MMR of 169 in 2014 and declined again in 2015 to 135; however, it is still below the target set by SDGs for 2030 of 70.⁽³⁾

Gabrysch and Campbell (in Belton, 2013) assert that in addition to the three types of delays there are 20 determinants of the utilization of maternal health services which are then categorized into four factors: "socio-cultural factors, perceived benefit/need, economic accessibility, and physical accessibility". Moreover, they also investigate that the delay in the decision to seek maternal health care is caused by socio-cultural factors while the delay to reach health facilities is strongly determined by economic and geographic factors.⁽⁴⁾

The maternal death is a complex issue influenced by a number of causes including both direct and indirect factors. The immediate factors associated with the maternal deaths are obstetric complications such as severe bleeding, preeclampsia and eclampsia, and infections. The indirect factors, on the other hand, include maternal health status, reproductive status, and access to health care; it is also influenced by educational, social, cultural, and economy factors.⁽⁵⁾ In addition, it is estimated that about 60 percent of maternal deaths occurs following childbirth and 50 percent of these deaths occur within the first 24 hours of delivery. Therefore, postpartum care is required in this period as it is a critical period for the mother and the newborn.⁽¹⁾

The postpartum period is the period when a woman experiences a period of restoration of the genitourinary system after delivery which lasts for 6 to 8 weeks after giving birth.⁽⁶⁾ The postpartum care is essential for both the mother and the baby. This postpartum care provides an opportunity to receive medical treatments regarding complications that arise in labor and to provide important information to the mother about how to take care of

herself and her baby.⁽²⁾ This period is a critical period for a mother because there are many emergencies occurring during this period such as infections so that the health personnel need to take immediate actions to prevent the infections and help the mother accelerate postpartum recovery.⁽⁷⁾

Concerning such conditions, about 20 to 30 percent of maternal deaths can be reduced by providing services of skilled delivery attendance by health personnel.⁽⁸⁾ This aligns with an analysis of maternal deaths conducted by the Directorate of Maternal Health in 2010 revealing that maternal mortality is closely related to access to health facilities. If a mother gets good access to health care then it will reduce the risk of maternal deaths.⁽⁹⁾

Nevertheless, Indonesia's society is multi-ethnically diverse, with different cultural backgrounds that greatly affect the behavior of people's lives including their health behaviors. There are many cultural practices that impose negative impacts on the public health behaviors leading to maternal deaths due to a higher risk of infections. The people's perceptions of maternal deaths are densely colored by nonmedical beliefs such as religions, superstitions, and supernatural factors.⁽¹⁰⁾

Related to access to maternal health services, it is outlined in the coverage of birth attendance by health workers (linakes). Based on data of Riskesdas, 82.2% of deliveries were helped by the health personnel. However, there is still a disparity between those of rural (72.5%) and urban (91.4%) areas. This shows that there are still many people in rural areas who do not make the use of health care facilities. It is evident as only 55% of deliveries occurred in the health center and 43.2% of deliveries at home. Concerning the home deliveries, 51.9% of them were assisted by midwives and 40.2% by traditional midwives.⁽⁹⁾

The NTT province is one of the provinces having Linakes coverage in the third lowest position of 37 provinces in Indonesia, at 74.08 % while the national target is 89 %.⁽³⁾ Kupang is a city in NTT that has Linakes coverage at 78%, below the national target. Kupang has six districts: Maulafa, Kelapa Lima, Oebobo, Kota Lama, and Kota Raja. Maulafa district has the highest MMR compared to other districts, with 7 maternal deaths in 2013, and Linakes coverage at 70 %.⁽¹¹⁾ This shows that there are still 30 % of people who still perform traditional care during pregnancy, childbirth and postpartum period.

The largest tribes who reside in this district are well-known as Timor and Helong. The Timor tribe in Maulafa holds special cultural practices to be done on a postpartum period of mothers, namely *tatobi* and *panggang*. These two distinctive practices put the mothers' health at serious risk. However, such cultural practices are still tightly held. Therefore, this study aims to examine the cultural practices of the Timor tribe in Bello village, Maulafa district related to the postpartum period.

METHODS

This present research was qualitative employing phenomenological research design. To collect the data, an observational method was chosen in which participant observation was employed by directly observing the mothers who still practiced *tatobi* and *panggang* in their postpartum period in Bello village, Kupang city. This study was implemented from March to November 2017. The village was purposively sampled. The data in this research come from indepth interview and observation. Data was analyzed by thematic content analysis.

RESULTS

Bello village is located in the northern part of Kupang city and is adjacent to Kupang regency. The people in Bello village are mostly farmers and civil servants. Corn and rice are the main food consumed by Bello people and the population in this village is dominated by Timor tribe.

The informants who participated in the study consisted of 4 women in their postpartum period and still practiced traditional postpartum care adhering to the Timor's cultures. Some characteristics were set to govern the research: all informants are housewives, with the age of 21 to 36; their partus varies between one and seven; the last child, when they performed *tatobi* and *panggang*, was at the age of one week to one month.

To ensure the objectivity of the results of this study, the researcher also elicited information from the families, the traditional midwives, and the village leaders through a focus group discussion (FGD) regarding the traditional childbirth care. The results of this study will be outlined in three themes: perceptions of the Timor regarding the postpartum period, traditional herbs for the postpartum period, and dietary restrictions for postpartum mothers.

Theme 1: Perceptions of the Timor Regarding the Postpartum Period

The postpartum period is known by the people in Bello village as the period after childbirth extending for 40 days. At this time they believe the pregnant women are "cold" so that it is essential to balance the condition of the mother undergoing in this period by "heating" them through "*panggang*" and "*tatobi*".

Panggang means that a mother, during their postpartum period, should lie on a bamboo couch, 80 cm to 1 m in height, covered with a mat of pandan leaves. The woman should lie on their stomach (*matono*) for 15 minutes

and beneath the couch is a pile of embers from kesambi wood made by the husband. The goal is to warm the whole body of the woman so that the blood circulation improves and the woman is no longer in the "cold" condition. After having *panggang*, the woman will feel that her body is light since lots of blood clots flush out. It is believed to be "dirty blood" or toxins that need cleansing.

Tatobi is an activity to heat the body of the postpartum mother by compressing it with boiling hot water that has been mixed with particular herbs (known as *aksikam* and *tastasi*). Previously, the woman's body should have been smeared with coconut oil. *Tatobi* is done in the entire part of the body, especially in the abdomen. In this abdomen "*mama dukun*" (traditional midwives) will massage the stomach down, especially in the uterus. They believe that it is able to strengthen the uterus and cleanse the blood. The mother should do *tatobi* and *panggang* twice a day, in the morning and in the evening. This treatment is done by the mother in "*dapur tua*" (a separate building or a kitchen where there is a fireplace and earthen floor). Due to the belief that the postpartum period places the mother in "cold" conditions, the mother, therefore, is not allowed to drink cold water or bathe with cold water. The mother routinely does *tatobi* and *panggang* for 40 days.

"Panggang is done for 40 days. The couch is 80 cm to 1 m in height with a pile of embers beneath. For tatobi: the couch is covered with pandan mat and the mother lies on the couch with the embers beneath" (an interview with Informant 2, July 12th 2016).

"The mother is in the kitchen for tatobi and panggang only. For tatobi the stomach should be strongly pressed to flush out the blood or toxins" (an interview with Informant 4, July 20th 2016).

Based on the results of the FGD, following statements are presented:

"Well... We are the Timor so we believe that after giving birth the mother gets weaker. We have to make them strong again by doing tatobi and panggan."(FGD, August 20th 2016).

Theme 2: Traditional Herbs for Postnatal Mothers

After doing *tatobi* and *panggang*, the mother should drink potions during their postpartum period. The ingredients consist of roots of kula tree (*akleg*), bark of cucumber tree (*a'timo*), betel leaves (*mamitu*), yellowroots (*aubak molo*), white turmeric or "buffalo turmeric" (*kunyit mai/huki bijael*), roots of ironwood (*aknamo*), pepper, nutmeg and cloves. All of these ingredients are used for a week and boiled in a soil pot and the mother should drink them during their postpartum period. These herbs are also believed by the community as sacred plants. Therefore, that they should not be thrown away after the people make use of them because they believe that it will disrupt the health of the mother and the baby later.

"All potions should not be littered. They are sacred. After making the best use of them, the concoction should be thrown in running water. If you litter them carelessly and they get burnt, the baby will be sick." (an interview with Informant 4, July 28th 2016)

Theme 3: Dietary Restrictions for Postnatal Mothers

The postpartum mothers in Bello village have some dietary restrictions and this is generally associated with maternal and child health. The mother may only eat porridge with side dish toppings of vegetables and *abon* (fibers of meat); the *abon* might not be made of processed meat. Moreover, the mother should not eat spicy food, eggs and fish. This is so, for they are worried that such foods will affect the quality of the mother's breast milk, which consequently make the baby suffer from digestive problems. The last thing is that the mother may not consume salty food and drink cold water because they believe it can make the baby's stomach become bloated. It can be seen from the excerpt taken from the interview below:

"When the infant's umbilical chord stump is not cut yet, the mother may not eat spicy and salty food. It can make the baby sick. When the stump dries, it is permitted to eat salt but a little amount of chillies. Spicy food can hurt the baby" (an interview with Informant 3, July 28th 2016).

"Following the delivery, the mother may eat only porridge and should consume less salty food and processed meat. It is forbidden to eat eggs and fish for they will make the breast milk have a fishy smell. The mother should eat more peanuts to increase their milk breast production." (FGD, August 13rd 2016).

DISCUSSION

Postpartum period begins immediately after a birth of placenta and ends when the mother's reproductive system returns to its pre-pregnancy state. This period lasts for approximately six weeks. During this time, the mother undergoes some physiological and psychological changes, including physical changes, uterus involution, lactation, body system and mental changes.⁽⁷⁾ To gain well postnatal recovery, the mother needs to receive good postpartum care to fulfill her nutrition and fluid needs. After giving birth to the baby, the postnatal mother needs: (1) additional 500 mg calories/day, (2) fluid need of 3 liters/day, (3) vitamin A 200.000, IU (4) early ambulation, (5) personal hygiene, and (6) adequate rest. Sexual intercourse can only be done if the mother condition is physically ready and recovered.⁽¹²⁾

Based on the research results, the people in Bello Village have two traditional ways of postpartum care: *panggang* and *tatobi*. These people believe that these treatment processes can help the mother regain the strength or condition as those of her normal pre-pregnant state. The treatments are done by placing embers beneath the bed where the mother sleeps (*panggang*) to heat her body, and bathing with hot water and applying hot compress to mother's body with a hot towel (*tatobi*). The mother does these treatments in the morning and afternoon during the postpartum period for about 40 days. Many mothers who have performed these treatments admitted that they felt satisfied and relieved, for they felt that their body is less-heavy due to lots of blood flushed out as a way of detoxification. These traditional treatments also forbid the postnatal mother to drink cold water and eat fish, salty and spicy foods, for it is believed that those foods can give a negative impact on baby's health. The mother may only eat porridge, processed meats, and eggs. In addition, the mother is obliged to drink herbal drinks which are believed to be able to return the mother's condition to her pre-pregnant state. To produce more breast milks, the tradition also recommends the mother to eat roasted peanuts.

Based on the research findings, the researchers found that the practice of traditional postpartum care, *panggang* and *tatobi*, in Bello Village is highly risky for the mother, for it can potentially injure the mother with burns. Moreover, excessive bleeding is really dangerous for the mother because it can cause anemia. However, for exclusive breastfeeding, the researchers support the tradition. Moreover, roasted peanuts are evidently good for the mother to facilitate and increase her milk production. In addition, the dietary recommendations included in Bello village tradition are balanced to fulfill the mother's nutrition needs. For instance, to fulfill the carbohydrate needs, the cultural practices recommend the mother to eat porridge while to fulfill protein needs, the tradition recommends the mother to eat eggs and processed meats.

CONCLUSION

The people in Bello village has two traditional postpartum care: *panggang* and *tatobi*. The people in Bello village believe that these traditional treatments can help the mother regain the strength or condition as those of their normal pre-pregnancy state. The treatments are done by placing the embers under the bed where the mother sleeps (*panggang*), and bathing with hot water and applying hot compress to mother's body with a hot towel (*tatobi*). The mother performs these treatments in the morning and afternoon during the postpartum period. Both of these treatments are deemed to be successful if the mother feels their body is lighter and during the postpartum period, the traditional practices forbid the mother to drink cold water. The mother can only eat porridge, eggs, processed meats and vegetables, but they are prohibited to eat fish, salty and spicy foods since it is believed that those foods can give a negative impact on baby's health. In addition, the mother is obliged to drink herbal drinks which are believed to enable the mother to regain her condition to pre-pregnancy state. Moreover, to produce more breast milks, the tradition recommends the mother to eat roasted peanuts.

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