Immersing in traditional cultures

by Elizabeth Thomas

In the Kampung community of Merjosari in East Java there are a number of options which exist for women who are giving birth.

During my one-month stay in the community I talked with women who had given birth at the public hospital or at two private *bidan* (state-certified midwife) clinics which are located close to the community. Women may also visit the *puskesmas* (village government health clinics) for prenatal tetanus shots or postnatal health problems.

In addition, living within the community is a *dukun bayi*, a traditional midwife who in this case differs from the *bidan* in that she has chosen not to undergo state training and certification. Whereas a *bidan* might rely on western medicines -- pills and injections -- a *dukun bayi* relies on other forms of care including *jamu* (herbal medicine), bathing, and therapeutic massage. In addition, the *dukun bayi* is said to incorporate ritual and magic into her practice.

The *dukun bayi* in the community where I was is Mbok Mi. Now in her late sixties, she has been a *dukun bayi* for twenty-five years and is now the only one in that community. While presently almost all women deliver at the *bidan* or at the hospital, every woman I spoke with had additionally received Mbok Mi's care for herself and her child. Mbok Mi's practice in the community extends far beyond assisting in the occasional delivery of a baby in the woman's home.

Probably the greatest portion of her time is spent in caring for babies after the birth. Mbok Mi visits a new mother and baby twice a day for thirty-six days. Each morning and afternoon she bathes and massages the baby. This routine has little variation. Mbok Mi also provides continuing care for babies and general care for the community.

Throughout Javanese culture there are many kinds of *dukun*; one of their main roles is to lead *selamatan*, rituals for safety and health which vary according to the occasion. Many people outside of the community with whom I spoke mentioned to me that *dukun bayi* lead the ritual *selamatan* for the baby on three occasions: at birth, when the umbilical stump falls off, and on the fortieth day of life.

When I came to the community I asked about *selamatan*. Whenever I asked, Mbok Mi and others affirmed that there are *selamatan* on these occasions. This ritual was explained by a pregnant woman who

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said that there would be a *selamatan* but *sedikit-sedikit,* a little one. In a community where many are children born and money is limited, *selamatan* seems to be a very simple occasion attended only by the family.

In considering this practice, I searched for a medical distinction more satisfactory than East/West or traditional/modern. The first I believe is inaccurate nowadays as western medicine has fully pervaded the East and is practiced by and relied upon by many Asians. With regard to the second distinction, I am cautious of the assumptions often inherent in the term "traditional" - primitive, culturally laden, physiologically less effective, and the term "modern" - foolproof, the best available, practiced by dispassionate, educated people.

Instead I wish to make the distinction between medicine that is historically and presently of the community (intra-community) and that which is introduced from outside the community (extra-community). Intra-community health care in this case takes place in an informal system which is based upon the needs of individuals within the community -- needs both physical and economic.

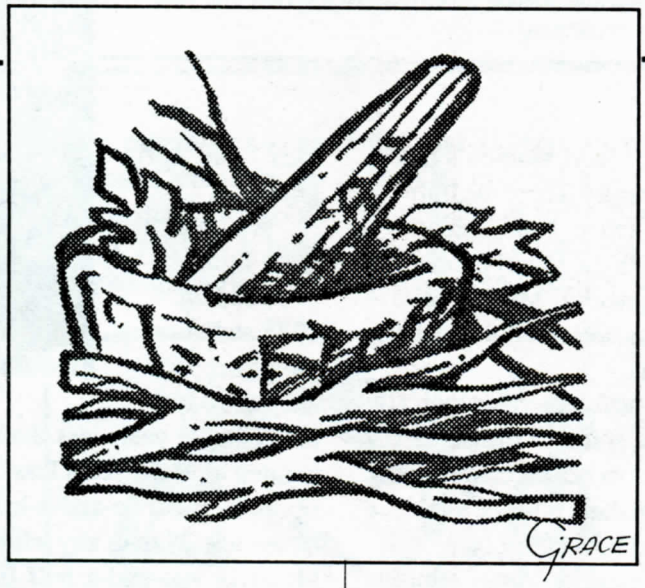
A reflection of this is that Mbok Mi charges for her care based upon her need for a living wage - her fee does not reflect charges for drug companies, clinic overhead, salaries for employees, or even substantial profit. Indeed, Mbok Mi is recognized to be one of the economically poorer members of the community - she lives in a dirt floor, bamboo-walled house with one kerosene lamp and cooks her food over a wood fire. When she does not have a baby to care for she gathers wild growing greens from the rice fields and sells them at the market. She falls below the economic standard of the community she cares for.

The nature of Mbok Mi's practice and her location within the community enable her to serve a very important role in preventive care as well. During her twice daily visits to the mother and child Mbok Mi notices any small problem before it becomes a large one.

And, in a climate where cleanliness is one of the most important practical steps to the prevention of illness, Mbok Mi establishes the routine of twice daily bathing the baby, a practice which the mother continues.

In addition, the open nature of village life means that Mbok Mi can always be reached. In the event of a

Traditional midwifery and community health care in East Java



problem a neighbor of Mbok Mi will always know where she is.

More and more it seems that women in the community take advantage of both intra- and extra-community health care. If they can afford it, women want to give birth at the bidan's clinic: one woman told me it was *terjamin*, more reliable, another said it was *cocok*, that it fit her needs.

Women I spoke with who gave birth at the hospital did so because they had a C-section or a tubal ligation following the birth. Unless there are complications or outstanding factors it is unusual for women to go to the hospital to deliver. Yet, wherever they deliver, all women still want Mbok Mi's care after the birth.

Even Mbok Mi incorporates some aspects of extra-community health care such as giving women vitamin E from the *puskesmas* or using the *bidan's* medicine on the baby's navel. One little girl told me, "If you don't have any money you have the baby with Mbok Mi."

Yet the motivation to use Mbok Mi is not solely economic, there are other factors such as trust and convenience. It seems to vary by instance - if a woman has a sick child she may choose to visit Mbok Mi or she may go to the *puskesmas* or the *bidan*. I believe that most women would feel more comfortable expressing their needs to Mbok Mi and this too must influence their decision.

The best analysis of Mbok Mi's practice and role as a health care provider can be seen by looking at her community. During my stay I was impressed by the general good health I saw around me -- most of the children were clean, bright-eyed and energetic.

A strong, experienced health care provider is an essential ingredient in the good health of a community. In Mbok Mi the community of Merjosari has a health care provider whom they trust and respect -- the results of such a relationship are apparent.

About the author: *Elizabeth Thomas is a graduate student of International Policy at the University of Chicago, Illinois, USA. She served a six-week internship program with Isis International-Manila from January to February 1992. Her article is based on field work in Indonesia.*