

Jurnal Aisyah: Jurnal Ilmu Kesehatan

Volume 6, Issue 4, December 2021, p. 609–616 ISSN 2502-4825 (print), ISSN 2502-9495 (online)

# Health Belief Model of Buton's Ethnic Migration Population the Birthplace Selection in South Buru Island's

# Asriadi<sup>1</sup>; Usman<sup>1\*</sup>); Rohmansyah Wahyu Nurindra<sup>2</sup>

<sup>1</sup> Polytechnic of Baubau

<sup>2</sup> Research Agency of The Ministry of Health Pangandaran

# ARTICLE INFO

# ABSTRACT

*Article history:* Received 11 June 2021 Accepted 21 October 2021 Published 10 December 2021

Keyword:

Ethnografi Birthplace Health Belief Model Birthplace can be influenced the social and cultural background of the Butonese women. Traditions, customs, and socio-cultural hereditary are maintained when facing childbirth at home. This study aims to explore the socio-cultural aspects of the Butonese ethnicity in the choice of place of delivery in Waesama District, Kepala Madan District, and Leksula District in South Buru Regency. This method uses a type of qualitative research with an ethnographic design, conducted in-depth interviews with 17 informants obtained by purposive sampling. From the results of the study, it was shown that from a social aspect, Butonese women gave birth in a health facility, the disgrace of their family and private parts would be seen and known by others, so they should give birth at home because we have separate treatments that cannot be done by health workers. The cultural aspects of the tradition that are maintained are in the form of ritual confessions and predictions for the birth of a baby. The rituals are in the form of Piago between husband and wife, Piago using Kabenci, Prayer, Kotika, waiting for the tides and low tides, and Pikilala.

This open access article is under the CC–BY-SA license.

Kata kunci:

Etnografi Tempat bersalin Health Belief Model

\*) corresponding author

Polytechnic of Baubau Jl. Lakarambau Kota Baubau, Southeast Sulawesi – Indonesia 93721

Email: jovialusman@gmail.com

DOI: 10.30604/jika.v6i4.810

## ABSTRAK

Tempat bersalin dapat dipengaruhi oleh latar belakang sosial dan budaya perempuan etnis Buton. Tradisi, adat istiadat, dan sosial budaya secara turun temurun tetap terjaga saat menghadapi persalinan dirumah. Penelitian ini bertujuan untuk mengeksplorasi aspek sosial budaya etnis Buton dalam pemilihan tempat bersalin di Kecamatan Waesama, Kecamatan Kepala Madan, dan Kecamatan Leksula di Kabupaten Buru Selatan. Metode ini menggunakan jenis penelitian kualitatif dengan rancangan Etnografi, dilakukan wawancara mendalam terhadap17 informan yang didapatkan dengan purposive sampling. Dari hasil penelitian menunjukkan perempuan Buton dari aspek sosial, persalinan di fasilitas kesehatan maka aib keluarga dan aurat mereka akan terlihat dan diketahui oleh orang lain, hendaklah bersalin di rumah karena kita mempunyai penanganan tersendiri yang tidak bisa dilakukan oleh tenaga kesehatan. Aspek budaya dari tradisi yang dijaga yaitu berupa ritual pengakuan dosa dan ramalan terhadap kelahiran seorang bayi. Ritual tersebut berupa Piago antar suami istri, Piago menggunakan Kabenci, baca doa, Kotika, menunggu air pasang dan surut, dan Pikilala.

This open access article is under the CC–BY-SA license.



 $\odot$ 

# INTRODUCTION

Efforts to accelerate the reduction of Maternal Mortality Rate (MMR) can be done by ensure that every mother is able to access quality maternal health services, such as health services for pregnant women, delivery assistance by trained health workers in health care facilities, postnatal care for mothers and babies, special care and referrals in case of complications or prevention of the risk of preeclampsia and eclampsia, ease of obtaining maternity and maternity leave, family planning services, and comprehensive national health insurance (Kemenkes RI, 2019; Pribadi, 2021).

The Sustainable Development Goals (SDG's) targets to be achieved are to reduce the global MMR to below 70 of 100,000 live births, and to reduce the global infant mortality rate to 12 of 1000 live births by 2030 (WHO, 2018). In Indonesia, it is estimated that in 2024 the MMR in Indonesia will fall to 183/100,000 live births and in 2030 it will decrease to 131 of 100,000 live births. It should be noted that the maternal mortality rate decreased from 4,999 in 2015 to 4912 in 2016 and in 2017 (first semester) as many as 1712 cases, the main causes of maternal death were bleeding, infection, preeclampsia/eclampsia and obstructed labor (Kemenkes RI, 2019; KPP, Ministry of Development Planning, 2017).

The Maternal Mortality Rate (MMR) in Maluku Province in the last two years, namely in 2018 there were 61 AKI/100,000 KH, and in 2019 there were 52 AKI/100,000 KH, the cause of maternal death was 44.23% bleeding, and other causes 30,76 (Ministry of Health RI, 2019). Meanwhile in South Buru Regency, in 2020 there were 4 cases of maternal death, and in the second quarter of 2021 there were 7 cases of maternal death, the main cause of maternal death was bleeding, most deliveries were still carried out in non health facilities. The population of this ethnic Buton migration is still strong on customs and customs (Health Office South Buru Island's Regency, 2021). Based on the results of observations obtained from the Waipandan Health Center of Kepala Madan District in 2020 the number of deliveries carried out in health facilities did not exist until this research took place in 2021, Leksula District was still 21.5% and Waesama District was 42.5%.

The birth process is a condition that is influenced by the socio-economic and cultural background of the local community and affects the decision-making process in finding and determining health efforts for the mother. Butonese women have a habit of giving birth at home, this is due to a perception, if the delivery is carried out in a health facility, it means that the mother has complications so that she has to give birth at a health facility. In addition, the habit of giving birth at home because mothers feel more comfortable giving birth at home than in health facilities, the habit of giving birth at home is obtained from ancestors who think that parents used to give birth at home nothing happened, and it's safe. Likewise, East Manggarai has a strong belief in undergoing childbirth, choosing a *pande* as their helper (Banul & Halu, 2020).

The relation between culture and health is very close, simple village communities can still survive with certain medical methods according to their traditions. Culture or culture can shape habits and responses to health and disease in all societies regardless of level. Likewise, the idioms and ideologies found in the Karbi tribe in India, the diet of pregnant women contains the values of their beliefs from generation to generation (Goswami & Thakur, 2019). With the number of cases of death that occurred in South Buru Regency, the author intends to describe the aspects of values and culture as determinants of home delivery.

# METHOD

The type of research used in this study is a qualitative research type with ethnographic design. The data in this study were sourced from informants from the District Waesama, District Kepala Madan and District Leksula in South Buru Regency with research informants as many as 17 participants who were obtained purposively sampling. Participants are people who are culturally involved and have an influence on health both in terms of health workers, influential figures and everyone which can provide information related to this research topic. Collection technique the data in this study are in-depth interviews. To guarantee and reflecting the accuracy of the information collected, the researcher uses triangulation of sources (Kusumawardani et al., 2015). Analysis of the data obtained from the results of in-depth interviews with qualitative data processing instructions. Processing data with Atlas.ti 9, then writing the results of observations, the results of interviews are then classified, interpreted and finally presented in narrative form.

# **RESULT AND DISCUSSION**

The natural wealth of the sea and natural products that promise the South Buru Island's to be a place for the Butonese ethnic migration to continue their life, the distribution of the Butonese community is almost all dominated by the ethnic group on the island of South Buru. The focus areas of this research include the Kepala Madan District (Waepandan Village, and Pasir Putih Village), Leksula District (Nalbesi Village and Waemala Village), and Waesama District (Waeteba Village and Simi Village). All of these villages still uphold the traditional values and culture of Buton, and are villages that are still very strong with customs and traditions. One of the traditions and culture that is still maintained today is Pitonda (seclusion).

The pitonda process is carried out for several days, adjusted to the time the girl will be secluded and her parents. Pitonda which was held for 4 days consisted of several stages, the first stage was for 2 days the girls would be applied with red powder. Red powder is made from grated turmeric and mixed with whiting. After 2 days, white powder will be applied. White powder is made from mashed rice so that it becomes rice flour, after that it is ground again and mixed with 7 types of plants. During seclusion, girls should not be exposed to sunlight because it is believed that their skin will burn, they should not be exposed to rain, and they should not be seen by boys. After the 4 days of seclusion is over, the girl will be bathed in water that has been given prayer.

The Pitonda process is intended to make the girl more focused in dealing with spiritual guidance, advice, and other moral messages. Including knowledge about marriage and how to build a good household. After the child has grown up, parents play an important role in maintaining and educating children so that they can grow into better individuals. Parents will continue to give advice so that their daughter does not fall into promiscuity. Because if you fall into promiscuity that can damage morals, and will have an impact when the child has a family and lives a household life. When the child is an adult, and married, they will have children. During pregnancy, there is a plan from prospective parents to determine the place of delivery. Butonnese ethnicity on the island of South Buru carry out the birth process at home, this is because in these villages they still believe in some traditions or customs that are still related to childbirth process. The tradition that is still maintained today is read the prayer, *Piago* between husband and wife, *Piago* uses *Kabenci*, *Pikilala*, *Kotika*, and waits for the sea to recede and plug in the determination of the birth of the baby.

The results of observations for a period of 8 months were obtained through interviews, observations, and interviews documentation. The self-concept of the Butonese ethnicity is determined by the level of satisfaction or dissatisfaction they feel towards themselves when facing childbirth, especially to show himself to others.

"In the beginning, we had pain in the delivery process, backache, stomach ache, and then a long time later if for me not long after the amniotic fluid comes out through the street giving birth, then not long after that the pain immediately came out of the baby" (Wa "A", 33 years old)

"We give birth to this baby, we give it out through our genitals, but first we get a sign, like mucus mixed with blood, then a good position head down, that's the baby we've been carrying for 9 months" (Wa "E", 30 years old)

The labor process is the expenditure of the products of conception conceived during 37-42 weeks, with presentation behind the head, through the birth canal that begins with the onset of looking for the lower abdomen and ran back, accompanied by the discharge of mucus mixed with blood (Zong et al., 2021). The level of satisfaction with the delivery process carried out at home has its own comfort, because it is supported by family, in a known, where they feel they have control over their bodies. This psychosocialshape the mother's experience in dealing with childbirth in a comfortable and safe (McKelvin et al., 2020).

"Yes, I'm satisfied, the first reason is that I feel comfortable with the people I work with home and when I gave birth there was Pande, so that nothing would happen" (Wa "M", 27 years old)

"Yes, I am satisfied because I am more comfortable, .... not that we want to beg for this. Usually Pande (traditional birth attendant) can do things that cannot be done by the midwife." (Wa "A", 19 years old)

"... besides because of us, Pande can set the time the baby is born, and always the baby was born at the exact time that was said to be pande." (Wa "N", 27 years old)

The situation in the home environment itself creates a sense of calm and peace in the mother who give birth to. This is based on a comparison of mothers who gave birth at home and at home hospitals or other health facilities that lack a personal touch. In addition, society has its own treatment that cannot be because the process of giving birth at home means that the delivery is considered normal, so if someone gives birth in a health facility, it means that the delivery is complicated, and the complications occur because "there is a problem in the household". In addition, the house is considered a place to carry out all activities, so that the house is arranged as well as possible, so that every activity can be carried out comfortably. The assumption that the child is first conceived at home, so that when the child is born into the world must be at home too.

Butonnese ethnic traditions are transmitted or passed down from the past to the present, and the cultural values prevailing in this society greatly influence the behavior of their descendants. Where *Pande* (traditional birth attendant) and mother elaborate on the tradition of giving birth at home. The *Piago* confession ritual between husband and wife is carried out if they know the *Batata* (speech) of a mistake made by shaking hands or using water stored in a container in the form of a bowl which is then held by water in the container and then it is intended for the mistakes that have been made. Then after the ritual is complete the water that has been held will be thrown into the ground because they believe the mistakes have been dissolved with the water and if thrown away the water will be absorbed by the soil and plant roots.

#### "Paiago between husband and wife (Batata) to make it easier for us as we want to give birth quickly" (Wa "A", 33 years old)

Piago's use of Kabenci is one of the rituals of confession of prayer, but it is different from Piago between husband and wife, because Piago's ritual of using Kabenci uses tools and materials in the form of corn leaves, cotton, areca nut and betel nut. The following is the result of an interview regarding Piago's goals and procedures for using Kabenci.

"Piago uses Kabenci, the goal is for us to let all of our thoughts out, mistakes, basically, all our actions that are not good, we have to let them out, because if we don't give them out, it can be a problem, especially if we want to give birth, that's usually the case. After all, it is difficult for us to give birth, so we are required to be open to each other between husband and wife. Tell us what's in our hearts, it's our fault" (Wa "I", 32 years old)

"...Haaaa...Later, my husband told me that I was like this (cheating), there I immediately told my mother and then I called the person who was the piago so that they made a mistake earlier. Soon after, we finished the deal. earlier, he was born poor. Because indeed we are here, if the fetus (placenta) was not born, it means that from his actions the first child to plant was from his father. Then if the old baby is just born, it means it's his mother. (W "A", 19 Years)

The pray is one of the rituals of confession, but the ritual of pray, the procedure for its implementation is different from other confession rituals.

"If we pray, we pass the prayer, there we tell all the mistakes we have made. Then, the prayer will pray it and ask to God to accept it, so that it is a mistake to be forgiven." (Wa "I", 32 years)

Kotika is the determination of the time of the birth of a baby. The determination of *Kotika* is different every day, as stated by the informant Wa "N" and the pande (traditional birth attendant) Nalbesi.

"If the kotika is a kind of estimation, for example, like on Monday, when I get a sign that I'm going to give birth there, Pande sees what time the kotika" (Wa "N", 27 years old) Knowledge possessed by a traditional birth attendant who is able to determine the time of delivery according to the day and hour. The sea tides compare for the birth of a baby. High tide is a good time for the time of birth because it is related to the age and fortune of the baby.

"If you want to give birth, we also look at sea, rising sea has not yet given birth, meaning it's not the time yet. No one gives birth during the fall of the sea. Sometimes the sea water is also rising, and the water begins to rise before giving birth. If the sea descends, the child cannot (died) or is born, he dies quickly. (Pande Pasir Putih, 60 Years Old)

"Then if it's sea water, oohh, Pande and I saw this, he said when the sea water receded, it means he first rose the sea water before he could be born, this is a baby, and I feel that" (Wa "I" 32 Years)

The purpose of this tradition is an effort from the community so that the delivery process undertaken by the mother does not occur complications, so that the delivery process runs smoothly. Pikilala aims to see something that is hidden or that has been forgotten.

"Pikilala is like fortune-telling, so parents can make predictions so he can see if it's the cause or the mistake that we have made, the mistakes that we are not aware of or that we have forgotten." (Wa "I", 32 years)

The social and cultural order of Butonese women, even though they are overseas, is still maintained and wrapped in a circle of life that is imprinted in their civilized life, such as the pattern of childbirth to postpartum care. Their responses to home births have been passed down from generation to generation. The self concept referred to in this study is the level of understanding of the informants about the delivery process and the place of delivery. According to Walyani, (2015) normal delivery, also called spontaneous parturition, is the process of the birth of a baby, on the back of the head with the mother's own power, without the help of tools and does not injure the mother and baby which generally lasts less than 24 hours. Labor begins (inpartu) when the uterus contracts and causes changes in the cervix (opening and thinning) and ends with the birth of the placenta (Flanagan & Mann, 2020). In this study, information was obtained about understanding childbirth, with different meanings, because what they said was in accordance with what they experienced and their experiences, this can be seen in the excerpts of the interviews. From the differences in the understanding of the informants, the researcher concluded that the differences in the understanding of the labor process were influenced by the level of knowledge they had.

The satisfied perception of Butonese women is a specific observation that comes from the cognitive component which is influenced by factors of experience, learning process, habits, beliefs and knowledge, they observe an object specifically with their own perspective which is colored by their personality values which ultimately become a benchmark for their satisfaction (Riskiyani et al., 2016; Bazant & Koenig, 2009). In terms of satisfaction with the delivery process carried out at home, all of the informants said they were satisfied, their main reason was the level of comfort because if the mother gave birth at home with the closest person or family, in addition to being embarrassed when giving birth in a health facility, because they thought if they give birth in a health facility, their shame and aurat will be seen and known by others, in addition, so that people choose to give birth at home because they have their own treatment that cannot be done by health workers. This is in line with the findings of Tarar et al., (2021) where an understanding of social support and the nature of the family affects the mental health of the mother during childbirth and the postpartum period.

Family is a unit that grows and develops and is influenced by the social environment, an important element because only with family can we feel comfortable because it is the family who really understands what we want. The image of an individual is strongly influenced by the coexistence of groups that are passed down from their ancestors which cannot be denied (Peter Loizos, 2021). Butonnese ethnic women have a habit of using the services of traditional healers, which will affect the behavior of their children in seeking medical help when they are married. Based on the results of interviews, the birth process carried out at home has been around for a long time, in addition to Pamali's assumption that if the first child is born and sheds the first blood to give birth at a health facility. A fetus whose fertilization process is carried out at home so that when the child is born, it must be born at home as well besides that because it follows the family or parents who give birth at home and there are no problems, so it has become a tradition for those who are used as an excuse to continue giving birth at home. House. Tradition is everything that is transmitted or passed down from the past to the present and is also an excuse among the community until now, including after facing childbirth accompanied by in-laws who have an understanding that facilitates cultural practices from ancestors (Munkhondya et al., 2020). From this description, it shows that the tradition they adhere to is still strong and cannot be changed or eliminated. Because they believe that when giving birth in a health facility, it means that the delivery has experienced complications.

Ethnocentric attitude is an attitude that views that the group culture is the best, when compared to the culture of other parties. Based on the results of interviews, the informants said that giving birth at home was the best choice, because they thought that if you gave birth in a health facility, it meant that your delivery had experienced complications, so you had to get special treatment and you should be referred to a health facility. These complications are associated with household problems (between husband and wife). If there is a problem in the household and it is not resolved then it can be a trigger or obstacle in the delivery process. In addition, there is an understanding that while still in normal condition, delivery is carried out at home. In addition, the house is a witness to a birth and death.

Based on the results of interviews regarding their understanding, they do not yet know the impact that may occur if they carry out the delivery process at home and the consequences if the mother is late in getting treatment, this is due to lack of knowledge about the benefits of giving birth in health facilities. So it is necessary to develop active and regular interpersonal communication between mother and midwife with empathy, confidentiality, comfort and support during pregnancy checkups, involving mothers and families in decision-making in childbirth and healthy postpartum (Nair et al., 2014). Tradition is everything something that is passed on or passed down from the past to the present or present. Values prevailing in society affect the health behavior and individual behavior of the community (Jensen, 2004). Butonnese women have a tradition in the form of rituals when giving birth at home and predictions about the time of birth of a baby and the cause of the length of time a

baby is born. At the time the delivery process experienced obstacles or the mother experienced complications, they had their own way or effort to find out the cause of these complications. The efforts and ways they do it through several rituals.

Piago between husband and wife is carried out if the husband and wife know the procedures of the Piago. But Paigo between husband and wife is a little different. Where in this ritual is done by shaking hands, or better by using water that is poured in a bowl. Because water is considered a solvent from the mistakes that have been made, and these mistakes can muk with the water. This ritual is carried out by both parties or husband and wife by holding water in a bowl. then they start to say (talk) all the mistakes that have been made and admit it. In accordance with the intention and batata (talk) to the mistakes that have been made and acknowledged. After Piago is finished, the water used earlier will be removed so that it can be absorbed by the soil, plant roots and these mistakes can also be absorbed.

The Panguripan concept is the concept of water as a part of human life, the word water as a "source of urip" or the source of everything to stay alive, so that it is understood the importance of water for humans and the environment. The representation of the source of this urip is the growth of myths, legends, which tell of the "benefits" of water for all purposes, such as medicine, purification, and as a means to request something (Bazant & Koenig, 2009). This can be seen as a cultural reality that is present from generation to generation and grows into a collective unconscious.

Piago is one of the rituals to apologize and admit all the mistakes that have been made by the party who made the mistake, because confession from both husband and wife can affect the smoothness of the delivery process. Kabenci is in the form of tools and materials used as a bridge or intermediary for the admission of guilt. Piago's ritual using Kabenci is done after both parties admit all mistakes, then tell the story to the parents, then the parents will call the Pikilala craftsman to perform the ritual. Kabenci is in the form of corn leaves containing cotton, tobacco, betel leaf, areca nut. Then also provided incense (gum benzoin) to be burned. Then the Kabenci will be held by the Pikilala builder and husband and wife, then they will say (talk) all these mistakes while burning incense in the fire that has been provided.

The ritual of pray using incense is burned, the purpose of this ritual is the same as piago, only the implementation is different. Where this ritual uses tools and materials in the form of incense, embers and a glass of water. In reading the prayer are said the Prophet's Shalawat, the holy verses of the Qur'an with the aim that the confession can be accepted and forgiven by the creator. This practice is also found among Ghanaian women who are believed to play an important role in recovery during the postpartum period, where priests perform spiritual interventions or prayers in the hope of bringing revelations, reversing negative dreams, followed by the tradition of curing which is equipped with offerings consisting of oil, blessed water, white handkerchief, blessed sand, Bible and Rosary (Aziato et al., 2016; Crowther & Hall, 2015). The mistakes that have been made will become Kakanu (innate) for the baby. Kakanu will be the cause of the baby will become sick if both parents of the baby repeat the mistakes that have been made before. The study from Beauchaine et al., (2005) revealed that the relationship between certain dimensions of parenting patterns greatly determines the psychopathology of their children, but conflicting father behaviors that cause children to get sick still need further research, but it would be very interesting if the risk of parental behavior was transmitted in the family to further development research model.

Another very interesting information obtained is related to placental retention. Retention of the placenta is the retention or not delivery of the placenta until or more than 30 minutes after the baby is born (Favilli et al., 2021). Butonnese elders and descendants have the perception that if a mother gives birth and after the baby is safe and the placenta is not born, it happens because of the husband's fault. Based on data obtained from the coordinating midwife on duty in Waesama District in 2020, there were 8 cases of retained placenta that ended in bleeding, which previously underwent a delivery process carried out at home. From this case, the importance of antenatal care checks, because the mother has the potential to experience anemia, severe hyperemesis and have very serious health conditions that require special treatment, the same thing is experienced by Somali immigrant women who are a vulnerable group and are not caught in the surveillance system so that they end up with cesarean section. and risk of fetal death (Small et al., 2008; Flanagan & Mann, 2020).

Kotika is a time setting for the birth of a baby. Kotika from Monday to Sunday is different. This knowledge was obtained from parents who were formerly Pande (traditional birth attendants). Sea water is one of the benchmarks for the community towards the birth of a baby. Where people assume that, mothers who will give birth will not give birth if the water is low, and the right time for the mother to give birth is at high tide. If a baby is born at high tide, then the baby will have a long life, and the fortune is abundant, on the contrary, born at low tide, the baby will not have a long life or be born dead. Every birth is a unique experience for a mother and the whole family, it is this that develops that the experience of giving birth has long-term implications for a mother's life, and personally plays a major role in determining these implications, this is a belief that is considered to be true (Ghanbari-Homaie et al., 2021; Uusitalo, 2021).

Pikilala is a prophecy made by people who have the advantage to see something hidden, where this prophecy uses the power of the human senses. Pikilala is done when the mistakes that have been made have been forgotten. So in order to find out the error again, Pikilala did it. Based on the description above, both the ritual and the prophecy were obtained from their ancestors and passed on to their children and grandchildren. The results of observations show that the traditions that are carried out and carried out are still maintained because their belief in the results of the predictions and rituals never deviates from the life they live. The sympathetic emotional development of Butonese women shows that the culture of society, which has been passed down from generation to generation from their families and communities, is an evolution for 7 million years, this is how the basic biological resilience of the Butonese ethnicity must be understood (UNESCO, 2009; Goswami & Thakur, 2019). Observation results with health workers, the obstacles when referring patients to give birth at health facilities are the traditions that are still being carried out and implemented. But we must still respect the traditions that they have carried out for a long time, because with these traditions they can still survive until now. However, the weight of bleeding during delivery cannot be ignored, so it is necessary to conduct a breakthrough in effective cultural competency training, in creating space for the desired needs of mothers and understanding or increasing the satisfaction felt with maternity services by health workers (MartínezGaliano et al., 2020; Yamagiwa, 2020; and Cheboi et al., 2021).

#### CONCLUSION AND SUGGESTION

Information about Self Concept in the Buton ethnic group, they feel satisfied if they give birth at home because it is comfortable and in a familiar environment, where they feel they have control over their body and over all about the group image that the habits of the closest people or family who give birth at home. It is very influential on the people around them. Overall regarding Ethnocentris that they consider home delivery is the best choice, and if they give birth in it avoid complications, and they are afraid and ashamed of their nakedness and shame will be known by many people if they give birth in health facilities. Regarding the cultural traditions of Butonese and the prophecies that are carried out and carried out are Piago using Kabenci, Piago between husband and wife, Prayer, Kotika, and Pikilala. Birth predictions according to high and low tides are still a reference until now. Improving the quality of care for the migratory population of ethnic Butonese requires concerted efforts among health care organizations, health care providers, policy makers, and researchers in developing and implementing more culturally relevant maternity care policies and management interventions.

#### **Funding Statement**

The authors did not receive support from any organization for the submitted work and No funding was received to assist with the preparation of this manuscript.

## **Conflict of Interest statement**

The author declares that there is no potential conflict of interest in relation to the authorship and publication of this article.

#### REFERENCES

- Aziato, L., Odai, P. N. A., & Omenyo, C. N. (2016). Religious beliefs and practices in pregnancy and labour: an inductive qualitative study among post-partum women in Ghana. *BMC Pregnancy* and *Childbirth*, *16*(1), 138. https://doi.org/10.1186/s12884-016-0920-1
- Banul, M. S., & Halu, S. A. N. (2020). *Analysis of Abdominal Massage Practice Performed by Traditional Birth Attendants in Mamba Community Health Center , East Nusa Tenggara.* 05, 715–724.
- Bazant, E. V. A. S., & Koenig, M. A. (2009). Women 's satisfaction with delivery care in Nairobi 's informal settlements. 21(2), 79–86.
- Beauchaine, T. P., Webster-Stratton, C., & Reid, M. J. (2005). Mediators, moderators, and predictors of 1-year outcomes among children treated for early-onset conduct problems: a latent growth curve analysis. *Journal of Consulting and Clinical Psychology*, 73(3), 371–388. https://doi.org/10.1037/0022-006X.73.3.371
- Cheboi, S. K., Rucha, K. K., Kimeu, A. N., & Kithuka, P. (2021). Impact of Cultural Competence Intervention on Satisfaction with Maternity Services among Women of Reproductive Age

*in Rural Kenya. 33*(4), 35–48. https://doi.org/10.9734/JAMMR/2021/v33i430832

- Crowther, S., & Hall, J. (2015). Spirituality and spiritual care in and around childbirth. *Women and Birth: Journal of the Australian College of Midwives*, *28*(2), 173–178. https://doi.org/10.1016/j.wombi.2015.01.001
- Favilli, A., Tosto, V., Ceccobelli, M., Parazzini, F., Franchi, M., Bini, V., & Gerli, S. (2021). Risk factors for non-adherent retained placenta after vaginal delivery: a systematic review. *BMC Pregnancy and Childbirth, 21*(1), 268. https://doi.org/10.1186/s12884-021-03721-9
- Flanagan, J., & Mann, S. (2020). Beginning to Optimize Peripartum Care for Somalia-Born Women by Evaluating Labor, Postpartum and Neonatal Outcomes in the Somali Population Delivering at a Tertiary Care Center in Vermont. *Journal of Immigrant and Minority Health*, *22*(5), 1017–1022. https://doi.org/10.1007/s10903-020-01008-3
- Ghanbari-Homaie, S., Meedya, S., Mohammad-Alizadeh-Charandabi, S., Jafarabadi, M. A., Mohammadi, E., & Mirghafourvand, M. (2021). Recommendations for improving primiparous women's childbirth experience: results from a multiphase study in Iran. *Reproductive Health*, *18*(1), 146. https://doi.org/10.1186/s12978-021-01196-7
- Goswami, R. G., & Thakur, M. B. (2019). *Folk beliefs of food avoidance and prescription among menstruating and pregnant Karbi women of Kamrup district , Assam. 7*, 1–7.
- Health Office South Buru Island's Regency, P. (2021). *Profil Dinas Kesehatan, Pengendalian Pendudu, dan Keluarga Berencana Kabupaten Buru Selatan Tahun 2021.*
- Jensen, D. (2004). *The Culture of Make Believe*. Library of Congress Cataloging in Publication Data.
- Kemenkes RI. (2019). Laporan Nasional Riskesdas 2019.
- KPP, Ministry of Development Planning, (BAPPENAS) Badan Perencanaan Pembangunan Nasional. (2017). NARASI TUNGGAL: Capaian Kinerja Kemenkes RI Tahun 2015-2017.
- Kusumawardani, N., Laksono, A., Soerachman, R., Indrawati, L., Hidayangsih, P., & Paramita, A. (2015). *Penelitian Kualitatif di Bidang Kesehatan*.
- Martínez-Galiano, J. M., Martinez-Vazquez, S., Rodríguez-Almagro, J., & Hernández-Martinez, A. (2020). The magnitude of the problem of obstetric violence and its associated factors: A cross-sectional study. *Women and Birth : Journal* of the Australian College of Midwives. https://doi.org/10.1016/j.wombi.2020.10.002
- McKelvin, G., Thomson, G., & Downe, S. (2020). The childbirth experience: A systematic review of predictors and outcomes. *Women* and Birth. https://doi.org/https://doi.org/10.1016/j.wombi.2020.09.021
- Munkhondya, B. M. J., Ethel, T., Msiska, G., Kabuluzi, E., Yao, J., & Wang, H. (2020). International Journal of Nursing Sciences A qualitative study of childbirth fear and preparation among primigravid women : The blind spot of antenatal care in Lilongwe , Malawi. *International Journal of Nursing Sciences*, 7(3), 303–312. https://doi.org/10.1016/j.ijnss.2020.05.003
- Nair, M., Yoshida, S., Lambrechts, T., Boschi-pinto, C., Bose, K., Mason, E. M., & Mathai, M. (2014). *Facilitators and barriers to quality of care in maternal , newborn and child health : a global situational analysis through metareview.* https://doi.org/10.1136/bmjopen-2013-004749
- Peter Loizos, P. H. (2021). *Conceiving Persons: Ethnographies of Procreation, Fertility and Growth* (1st Editio). Routledge. https://doi.org/org/10.4324/9781003136286

- Pribadi, A. (2021). Zero mother mortality preeclampsia program: Opportunity for a rapid acceleration in the decline of maternal mortality rate in Indonesia. *International Journal of Women's Health and Reproduction Sciences*, *9*(3), 160–163. https://doi.org/10.15296/ijwhr.2021.30
- Riskiyani, S., Jannah, M., & Rahman, A. (2016). Aspek Sosial Budaya Pada Konsumsi Minuman Beralkohol (Tuak) di Kabupaten Toraja Utara. *Media Kesehatan Masyarakat Indonesia*, *11*(2), 76–85. https://journal.unhas.ac.id/index.php/mkmi/article/view/520
- Small, R., Gagnon, A., Gissler, M., Zeitlin, J., Bennis, M., Glazier, R., Haelterman, E., Martens, G., McDermott, S., Urquia, M., & Vangen, S. (2008). Somali women and their pregnancy outcomes postmigration: data from six receiving countries. *BJOG : An International Journal of Obstetrics and Gynaecology,* 115(13), 1630–1640. https://doi.org/10.1111/j.1471-0528.2008.01942.x
- Tarar, A., Ijaz, M., Tarar, M., & Batool, M. (2021). POSTPARTUMDEPRESSION: ASSESSMENT OF CULTURAL RISK FACTORS.PAFMJ,71(Suppl-1SE-OriginalArticles).https://doi.org/10.51253/pafmj.v71iSuppl-1.5443
- UNESCO. (2009). Investing in cultural diversity and intercultural dialogue. In *UNESCO World Report*.
- Uusitalo, L. (2021). Understanding the Constitutive Elements of Negative and Positive Childbirth Experiences in Finnish Birth Care.
- Walyani, E. S. (2015). *Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Pustaka Baru Press.
- Yamagiwa, J. (2020). Resilient Features Which Humans Inherited from Common Ancestors with Great Apes and Strengthened. In Y. Nara & T. Inamura (Eds.), *Resilience and Human History: Multidisciplinary Approaches and Challenges for a Sustainable Future* (pp. 1–11). Springer Singapore. https://doi.org/10.1007/978-981-15-4091-2\_1
- Zong, X.-N., Li, H., Zhang, Y.-Q., Wu, H.-H., Zhao, G.-L., Li, H., Zhang, Y.-Q., Zong, X.-N., Wu, H.-H., Zhao, G.-L., Feng, Q., Wang, D.-H., Pan, Y., Yang, H.-J., Lu, B.-Z., Guo, Y.-J., Xiang, X.-M., Dong, M., Zhang, J., ... Yue, S.-J. (2021). Construction of China national newborn growth standards based on a large low-risk sample. *Scientific Reports*, *11*(1), 1–12. https://doi.org/10.1038/s41598-021-94606-6