Sando Pea: Between Tradition and Health Challenge among Kaluppini Indigenous People

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Abstract

Sando pea was a name for traditional birth attendants among Kaluppini people of South Sulawesi, Indonesia. The presence of traditional birth attendants was considered one of the factors that cause delays in accessing health facilities for mothers. It resulted in high maternal mortality rate, especially in developing countries, including Indonesia. The study aimed to explore and describe the role of traditional birth attendants among Kaluppini people and the health challenges faced by this community in accessing health facilities. Using qualitative approach, data were collected through in-depth interviews and focus group discussions. A total of 6 sando peas and 67 mothers were involved in this study as informants. Sando pea played a crucial role both in the indigenous health system, particularly in maternal-child health care, and customary rituals. Mothers preferred delivery at home assisted by sando pea for several reasons. In addition to their traditional beliefs, they also felt ashamed to have childbirth at health facilities. Difficult access to health facilities and a lack of available midwife also made sando pea more accessible, even becomes the only choice. The role of sando pea was still dominant in assisting mothers’ delivery among Kaluppini people. A good understanding of the complexities of their tradition was necessary to engage with Kaluppini mothers and raise their awareness of giving birth healthy and safely.

Keywords: indigenous people; Kaluppini; maternal health; traditional birth attendant.

Introduction

One of the big homework of the Indonesian government concerning health issues was to reduce the maternal mortality rate (MMR) which was still high according to the World Health Organization (WHO). In 2013, WHO reported that Indonesia managed to reduce the MMR by only 56% from the target of 75% under the MDGs. This progress was considerably slower compared to other countries in Southeast Asia (Cameron & Cornwell, 2015).

The Indonesian government through the Regulation of the Minister of Health No. 97 of 2014 or PMK 97/2014 regulates health services for women, including services for before pregnancy, during pregnancy, delivery, and the postpartum period, as well as contraceptive and sexual health services. The government has responsibility to ensure these services implemented well. The services aim to ensure that every mother can give birth to a healthy and good quality generation. This regulation materialized the government’s commitment in its efforts to reduce maternal and newborn death (PMK 97/2014).

The Indonesian government encouraged the utilization of skilled birth
attendants as the core strategy for saving lives of the pregnant women and their children. It was considered as an indicator of the progress of the maternal mortality reduction program. Utilizing skilled birth attendants means pregnant women assisted by health workers such as doctors or midwives for childbirth at health facilities. Although the government regulates that all pregnant mothers must deliver at health facilities and assist by skilled health workers, mothers, especially in the rural and indigenous communities, continue to deliver at home and assisted by traditional birth attendants (TBAs) (Titaley et al., 2010).

Basic Health Survey (Riset Kesehatan Dasar) 2018 stated that about 10.9% of mothers were assisted by TBA during delivery (Kemenkes RI, 2018). Some regions, such as Maluku, West and Southeast Sulawesi, even have up to three times higher percentage in utilizing TBA compared to the national level. Mothers, especially in the indigenous community and in rural areas, still prefer delivery at home and assisted by TBA (Pyone et al., 2014). Studies found that difficult access and financial limitation were some of the major barriers that prevent them to access and utilize a trained midwife and public health service center (Ramli & Purwita, 2018).

In general, traditional healers or traditional birth attendants are people who are trusted by the community to traditionally examine their health problems. WHO defined TBA as a traditional, independent healer with non-formal training who provides care during pregnancy, childbirth, and the postnatal period (Thatte et al., 2010). They have detailed knowledge of community norms and traditionally practice them.

Kaluppini was an indigenous community that lived in a rural area in the Enrekang District. Kaluppini people were still carrying out their tradition, including their belief in TBA. They have their own beliefs related to rituals and traditional practices concerning mother and child health. They observed rituals that reflect the process of human life and involve the role of the TBA.

The role of TBA is crucial among Indonesian communities, especially among indigenous communities who still cling to beliefs and customs that have been passed from generation to generation. Kaluppini people called TBA as *sando pea*. TBA play an important role during the childbirth process within the community. The primary aim of this research was to understand the role of *sando pea* among Kaluppini people concerning maternal health and health challenges they faced.

**Methods**

This study used a qualitative explorative research design to explore the role of *sando pea* and the health challenges faced by Kaluppini people. It was carried out in the Kaluppini customary area, *Tanah Onko Sa’pulo Tallu*, located in Enrekang district, South Sulawesi, Indonesia. The customary area covered five villages, namely Kaluppini, Lembang, Rossoan, Tobalu, and Tokkonan. The access from Kaluppini to other villages and vice versa was difficult due to the road’s heavily damaged conditions. We should walk along the footpath in a forest and pass the riverbeds to reach the villages.

Kaluppini people were well known as one of the oldest indigenous communities in South Sulawesi. They have been performing their customary law,
tradition, and rituals for years. This study applied semi-structured in-depth interviews (IDIs) and focus group discussions (FGDs) to gather information from mothers as the main informants. Each interview took 60 to 90 minutes. Interviews were conducted after providing brief information about the purpose of the study and after obtaining participants’ informed consent. IDIs and FGDs were carried out both in the Indonesian and local language.

We strived to recruit a maximum variation of informants to include as diverse experiences as possible. The participants in this study were TBAs and mothers who live in the Kaluppini area during data collection. Their participation was voluntary. Written consent was obtained from each of them. As an informant, they have to have a self-identification as Kaluppini people. It was to ensure that the data collected was genuine information from Kaluppini people. Participants were recruited using purposive and snowball technique. The confidentiality of the participants' data in this research was maintained by not including their real names.

The study was conducted from January to May 2018. Preliminary analysis was carried out during the data collection process at the research location. It aimed to summarize and identify all necessary information. It also served as an evaluation material for subsequent interviews. All interviews were audio-recorded and transcribed in Indonesian language by research assistants. The transcriptions were organized and coded based on the study’s objectives. After the coding process, emerging themes were identified. Themes formed the basis for further data synthesis and inference. Data analysis was carried out using Dedoose, a web-based application for qualitative analysis.

This study obtained ethical approval from the Health Research Ethics Committee of the Health Polytechnic of Makassar.

**Results and Discussion**

A total of 33 interviews and 6 FGDs were conducted, involving a total of 67 participants. The 33 interviews included 6 sando peas and 25 mothers. We had six FGDs with equally distributed participants with various characteristics. Mothers’ age was between 15–49 year old, while sando peas reported being aged between 60–90 year old with 20–50 years of experience. Compared to TBAs in Nepal, the age of TBAs in Kaluppini was older and their work experience was longer. A study in Nepal found that the age of TBAs was between 35 and 60 year old with 5 to 45 years of experience. Thatte et al., 2010.

In general, those who become TBAs mostly were elderly women aged more than 50 year old (Crivelli, 2013). On the contrary, the TBAs of Kaluppini community were mostly elderly men. Five out of six sando peas interviewed were male. There was only one female sando pea interviewed. It was because the male sando pea in the village has died and there was no regeneration for male sando pea at the time.
TBAs do not only help the delivery and childcare process. Although *sando peas* do not include in the customary leadership structure of Kaluppini, called *Tau Appa’* (Chandra, 2016), they have a more sacred role in the community, for they have responsibility in leading certain rituals and giving wise advice to the community in matters concerning the relations between humans, nature, and the Creator (Tumanggor, 2017). TBAs involve in some customary rituals, especially rituals related to mothers and children. Most of the indigenous peoples perform rituals and live their life based on their customary laws and traditional beliefs (Nurbaya, 2017).

Kaluppini people had two kinds of rituals, i.e. *Rombu tuka* and *Rombu solo*. *Rombu tuka* includes all rituals related to life and happiness. Conversely, *Rombu solo* includes all rituals related to death and sadness. Some of these rituals were conducted annually; some incidentally, particularly *Rombu solo*. *Sando peas* involve in rituals of *ma’cera ba’tan*, *ma’paka’tan*, and *ma’cera* (Nurbaya, 2018)—they are rituals related to mother and child’s life and classified as *Rombu tuka*. *Sando peas* are recognized as informal leaders who have respected power and authority in the community (Anggorodi, 2009).

‘The ritual of *ma’cera ba’tan* aims to pray for the salvation of the children in the womb. We invite the *sando pea* and reading pray for us.’ (Mother, 38 year old, IDI)

*Ma’cera ba’tan* is held when a pregnant mother had reached 7 or 8 months of gestational age. They held the ritual at the mother’s house. Studies mentioned that performing rituals is very important in traditional health aspects. The ritual or ceremony related to health is a manifestation of the continuity of health and balance between humans, culture, and nature to indigenous people. The existence of cultural continuity through the implementation of rituals has a positive impact on the health and welfare of indigenous peoples (Auger, 2016).

The traditional medicinal practices are carried out side by side with the implementation of rituals as an integrated health promotion system (Koithan & Farrell, 2010). These cultural beliefs and attitudes then influence women’s reproductive health preferences and practices. This has become a tradition that has been passed down from generation to generation. At the moment of *ma’cera ba’tan*, the expectant mother or the family representative would speak to the *sando pea* and ask for his willingness to assisting in her childbirth later.

‘We hold a ritual of *ma’cera ba’tan* at the 7 or 8 months of pregnancy. At this moment, I and mother invited *sando pea* and asked for his willingness to become my birth attendant and
help me during childbirth.’
(Mother, 41 year old, IDI)

After giving his willingness, the *sando pea* would usually massage the womb of the pregnant woman in a traditional way. This process is called *manguru*. During the *manguru*, the *sando pea* checks the position of the fetus in the mother’s womb to ensure that the fetus is in a normal position. If he found that the fetus’ position was not proper, he would massage the belly of the mother for up to three times or until he was sure that the fetus position had been right.

“I go to *sando pea* to massage my belly because my mother said that fetus’s position in my womb is not appropriate” (Mother, 25 year old, FGD)

“If the position of the fetus is good, I usually do *manguru* only once. But if the fetus’ position is reversed, sometimes up to seven times until the fetus’ position is good. I usually start doing *manguru* at 6 or 7 months.”
(Sando pea, male, 55 year old)

On the contrary, if *sando pea* found that the fetus’ position was proper, he would not do anything to the mother. He would only give *wai pejappi*—water, accompanied by a recital of a prayer, blown by the *sando pea* to the expectant mother. According to Kaluppini’s belief, the purpose of *wai pejappi* is to make the labor process easier. The Kendari community of Southeast Sulawesi also recognizes similar thing whose purpose is the same as that of *wei pejappi*—they call it *jampe-jampe*. The goal is to provide positive suggestions so that mothers can give birth smoothly (Anggororodi, 2009). TBAs are believed to be able to provide concoctions such as *wai pejappi* or *jampe-

*Sandra pea* gives birth smoothly by giving ABs. Women who are believed to be able to provide positive suggestions so that mothers can give birth smoothly (Anggororodi, 2009). TBAs are believed to be able to provide concoctions such as *wai pejappi* or *jampe-*
Others served all expectant mothers who come to ask for their help. They will help mothers during their pregnancy, delivery, and afterward.

Homebirth was common among Kaluppini people, despite the government regulation on maternal care stated that all expectant mothers must give birth at health facilities and must be assisted by trained health workers such as midwives. Available evidence showed that despite the availability of primary health care centers in the area, most mothers preferring *sando pea* for delivery.

Kaluppini mothers still have a strong belief in *sando pea* rather than childbirth at the public health sub-center (Pustu) or hospital. The majority of mothers stated that they preferred homebirth, helped by *sando pea*. Even though the midwife still gave assistance, together with the TBA, during the delivery but the mother felt safer and more relaxed when they have childbirth at home assisted by the TBA. It became challenging, then, for health workers to engage with the community to promote safe reproductive health care.

‘I gave birth at home because it was safer. It is difficult for childbirth at Pustu because it is far. There are no vehicles to use. Moreover, there is also *sando pea* who helps me give birth. I felt safer.’ (Mother, 35 year old, IDI)

This research finding is in line with a study conducted in West Sumatra that showed that traditional hereditary beliefs were the dominant factor that influenced mothers’ preference to *dulkan* as their birth attendants (Agus, Horiuchi, & Porter, 2012). Some studies argued that pregnant women feel more comfortable being helped by a TBA because he gives quality time to them (Agus & Horiuchi, 2012).

This finding also revealed that mothers felt more confident delivering at home because they considered it as a private space. They felt ashamed of childbirth at Pustu because it was considered as a public space where many people may easily know that they were going to make delivery.

‘We feel ashamed of giving birth in Pustu. Many people will know that we are going to give birth. We feel ashamed if many to see us. At home, there are only mother and *sando pea*. And it is closed too, so not many know.’ (Mother, 35 year old, FGD)

Another study argued that mothers preferred to give birth at home because they were closed to their family at the roundhouses. It is a place that houses heirlooms and also considered as women’s domain where they feel comfortable. TBA and family members were often present during the labor. Their presence provided positive support for the mother during the postpartum period, for an instance, by preparing special food for the mother (Belton, Myers, & Ngana, 2014). The postpartum care was also carried out, including washing clothes from maternal puerperal blood and bathing the newborn baby (Anggorodi, 2009).

In addition to cultural reasons discussed above, the far distance and difficult access to reach Pustu was another reason for mothers and their family deciding to have childbirth at home assisted by *sando pea*.

‘I bear my baby at home. Only my family and *sando* who help me. It was night and it was difficult to go to the Pustu. We don’t have a vehicle. And
no midwife was available at the time.’ (Mother, 28 year old, FGD)

There were two Pustus within the Kaluppini customary area, but they were difficult to access due to damaged roads and remote location. At the same time, the number of TBA was far more numerous. They were also always available and the cost was relatively cheaper compared to midwife-assisted childbirth (Thatte et al., 2010). Moreover, the available midwives were relatively young in age so that they were considered as inexperienced; therefore, it was difficult for them to gain public trust (Tim BASICS, 2014). The absence of transportation and the far distance to the public health center (Puskesmas) exacerbated the situation, making it more difficult for indigenous people to access appropriate health services (Titaley et al., 2010).

In Kaluppini, midwives were available to accompany the sando pea in helping childbirth at home. They may work together to save the mother and her baby during childbirth. But this study revealed that most mothers were helped by sando pea rather than assisted by a midwife.

‘Sando pea assisted me giving childbirth at home because the midwife came one day after I gave birth.’ (Mother, food insecure, IDI)

Another task of sando pea is cutting the umbilical cord. It is not less important than assisting the delivery process. The sando pea will cut the baby’s umbilical cord soon after it was born. The sando pea will do it after making sure that the mother is in good condition. It is to ensure that the mother is not endangered by a bleeding.

‘When the child is born, I first must confirm the condition of the mother. If she is good then I immediately cut the baby's umbilical cord using turmeric and bilah.’ (Sando pea, female, IDI)

The process of cutting umbilical cord has its own procedure. Sando pea will look carefully at the markers and the umbilical cord line that must be cut. The process of cutting it uses three main tools, namely turmeric, owan, and bilah (blade of split bamboo). The care practices for the newborn were quite similar among TBAs in Asian countries (Withers, Kharazmi, & Lim, 2018). TBAs believed that cutting the cord before the delivery of the placenta would cause the cord to get stuck inside the mother and can endanger the mother’s life. Studies found that few TBAs applied mustard seed oil to the umbilicus immediately after cutting the umbilical cord. They applied oil to the umbilicus during full-body oil massage after bathing instead (Thatte et al., 2010).

However, despite these positive attributes to the sando pea, some routine TBA practices were potentially harmful to the pregnant women and their baby. Some practices, especially massaging the womb and cutting the umbilical cord with inadequate tools and environmental hygiene, could bring harm. Massaging the womb could cause uterine rupture, hemorrhage, stillbirth, fetal distress, rupture of the placenta, and even maternal death (Bayou & Gacho, 2013).

When labor complications occur at home, arranging referral and transport to the nearest health facility is challenging. It
could delay mothers’ chance to receive emergency care and even potentially cause death (Byrne et al., 2016). Many factors can act as barriers to accessing emergency maternal care. The major factors are known as ‘Three Delays.’ The first delay is in deciding to seek care. The delay is mostly determined by socio-cultural factors of the community. The second delay is in reaching a health facility. It is strongly influenced by economic and geographic factors such as in a rural area. The third delay is in the provision of adequate emergency care at the health facilities (Belton, Myers, & Ngana, 2014). The same situation also faced by the Kaluppini people.

Traditional health practices among Kaluppini people were so deeply rooted in their local culture. The results of this study have implications for health promotion and reproductive health policy for the indigenous people. Therefore, health policymakers should consider traditional cultural beliefs and practices as the important factors that healthcare practitioners should focus on.

**Conclusion**

TBAs played a major role in assisting childbirth in community. Belief, customs, and the role of *sando pea* significantly influenced the practice of caring for mothers and children of the indigenous Kaluppini community. It was a challenge for health workers in taking innovative and more effective approaches to promote health and nutrition while respecting traditions and customs of indigenous peoples. They should acknowledge and consider the traditional cultural role of TBAs and the sensitivity of women's preferences in order to effectively engage with them in safe reproductive health care.

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