science, engineering and health studies

Research Article

Science, Engineering and Health Studies
https://lio1.tci-thaijo.org/index.php/sehs
ISSN (Online): 2630-0087

Perspectives of pregnancy care in rural areas by pregnant women of Bugis ethnicity

Suriah Suriah and Suci Adriani*

Department of Health Promotion and Behavioral Science, Faculty of Public Health, Hasanuddin University, Makassar 90245, Indonesia

***Corresponding author**:
Suriah Suriah
suriah_74@yahoo.com

Received: *28 November 2020*
Revised: *14 March 2021*
Accepted: *22 March 2021*
Published: *25 July 2022*

Citation:
Suriah, S., and Adriani, S. (2022). Perspectives of pregnancy care in rural areas by pregnant women of Bugis ethnicity. Science, Engineering and Health Studies, 16, 22050006.

ABSTRACT

The cultural context in the form of habit patterns determines the viewing perspective of pregnancy care by various Indonesian ethnicities. In addition, the viewpoint of pregnant women in the Bugis ethnicity triggers a care pattern assumed to be culturally appropriate and in harmony with the local community. The aim of this study, therefore, was to explore the perspectives of Bugis ethnic pregnant women in rural areas regarding the care provided during pregnancy. This involved a qualitative approach with ethnographic design, while the obtained research was traced using in-depth interview techniques on five pregnant women, five close families, a shaman and a village midwife. Furthermore, the informants were determined through a snowballing technique, initiated with information collected from midwives. The results were then analyzed and the perspectives were presented using a cultural theme model, comprising the patterned cultural beliefs and habits. These viewpoints were manifested in the form of early and late pregnancy care. In the early care, all participants continued to obtain care with the shaman, and followed the procession termed makkatenni *sanro*. While in the late phase, all pregnant women usually hold an event called maccera' *wettang* when entering the third trimester. In addition, the shaman and the family played closely related roles, as observed in the aspect of regulating food and taboo behavior during pregnancy. Therefore, cultural communication approach is required to serve as a behavioral referral in relation to pregnant women in rural areas such as shamans and families. This tactic is needed to improve individual perspectives on care provided, and is also considered to be in line with the health context.

Keywords: pregnancy care; perspective; Buginese ethnicity; rural area

1. INTRODUCTION

It is difficult to separate people's perspective on pregnancy care from the cultural aspects surrounding the respective habits exhibited. These perceptions include the viewpoints of various ethnic groups in Indonesia (520), which become a treasure enriching the possibly diversified community's local wisdom (Brata, 2016).

In addition, a woman's pregnancy is culturally accepted as natural (Handayani, 2010), and this perspective is formed based on the community norms and values. This condition is considered as one of the maternal health risks, despite the popular attribution as a natural phenomenon (Ketut and Mubasyiroh, 2019; Suryawati, 2007). Therefore, these forms of assumption highlight the need to integrate pregnancy care into the woman's personal business. Based on the perception of Amongme and Kamoro people in the ethnic groups of Timika Papua, this approach ought not to be exaggerated, and sufficiently handled by fellow women. The men in this culture are not interested in the details, hence

the zeal to provide help is not mandatory. Therefore, the pregnant mother is entirely responsible for choices regarding the need for a shaman or a health worker (Alwi, 2007). Furthermore, pregnancy is usually viewed in India as a normal physiological phenomenon, where interventions by health workers are not required. However, health information is only sought in instances of complications. This potentially fatalistic perception initiates the train of thought, indicating the possession of little or no personal power over pregnancies (Indian ethnicity and background, 2011).

The Bugis ethnic community in rural areas perceive the need for behavioral patterns and habits during pregnancy and delivery to be based on recommendations by shamans (*sanro*). These suggestions include care in the early and late stages of pregnancy, and sufficient adherence is assumed to ensure to goodness and safety during childbirth. The early pregnancy traditions practiced by the Bugis ethnic group are characterized by *makkatenni sanro* ritual procession, as a delivery ceremony to a shaman, selected based on a family agreement. Furthermore, *mappanre to mangideng* procession is performed in the early months, especially during certain food cravings. The advice rendered during this phase includes abstinence from certain foods and behaviors by both mother and father to be.

Kasnodihardjo and Kristiana, (2013) reported on the cultural perspectives, beliefs and concepts, alongside the traditional knowledge underlying people's attitudes and behaviors in relation to pregnancy care. These viewpoints sometimes have a positive or negative impact on maternal health.

The perspectives and beliefs of pregnant women in rural areas are influenced by the important people around them, such as their families and traditional healers. Sometimes, these essential people suggest pregnancy care that can affect pregnant women's health; therefore, it is imperative to research pregnancy care from ethnic-based pregnant women, especially in rural areas.

The aim of this study, therefore, was to explore the perspectives of pregnant women in the Bugis ethnicity rural areas, in an attempt to reveal the nature of care provided during pregnancy. Also, the people nearby, assumed to form these perceptions, were reviewed.

2. MATERIALS AND METHODS

2.1. Materials

The instruments used during data collection included interview guides, recording devices, stationery, notebooks and digital cameras. Particularly, the interview guide comprised the question moderator, in relation to data collection, with in-depth techniques. In addition, the questions presented were flexible and aimed at obtaining data, as several of the queries were complemented by information extraction. These were predominantly related to pregnancy care during the early and late periods, alongside dietary restrictions and abstinence behaviors. The researcher was considered the main instrument used in data collection, due to the role played in capturing the expressions and accompanying the informants' statements.

2.2 Methods

This study involved a qualitative method with an ethnographic approach. The design was aimed at describing and analyzing the culture and perspective of the studied population, in relation to daily life. Moreover, the ethnographic characteristics were comprehensive as well as in-depth, and consequently used to capture the Bugis ethnic group's perspective at Amessangeng village, Bone regency, in 2019. This rapid assessment was performed based on the researcher's status, as part of an ethnic group good understanding of both the language and the subject's interactions. In addition, information was sourced from some actors in the context of pregnancy care, including five pregnant women, five close relatives, a shaman and a village midwife. The informants were determined through snowballing technique (Figure 1).

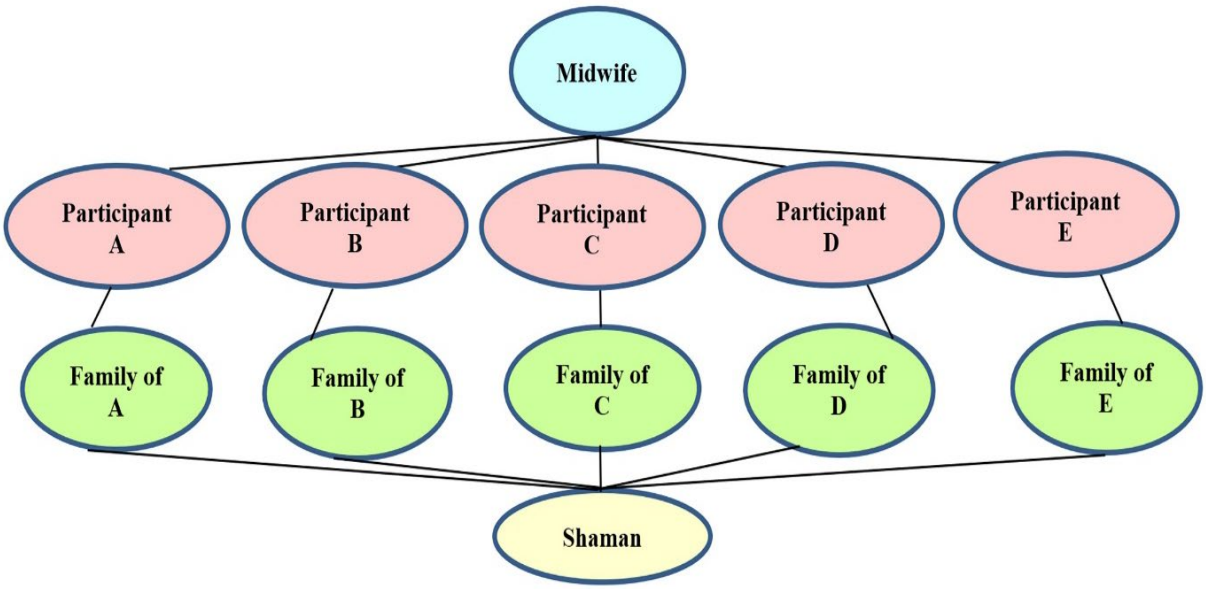

Figure 1. Informant determination using snowballing technique

The first participant encountered amongst the Bugis ethnic group was the village midwife. This individual provided the names of ten pregnant women in the area estimated to have had pregnancy check-ups within the last month. Consequently, only five granted the willingness to participate and appointed a close family member required to provide explanations related to pregnancy care. Furthermore, all pregnant women and families mentioned a shaman as a reference for the relevant rituals.

The reason for choosing the village midwife as the key informant was that she was the only health worker domiciled at the village level. The selection of close family members to participate in this study explained the pregnancy care they know to be the closest people around pregnant women. Meanwhile, the shaman was chosen as the key figure in this study because all pregnant women appointed one traditional healer whom they used to reference behavior in their pregnancy care.

The interview results were thematically analyzed and presented in the form of a narrative, scheme and table. This model was considered appropriate for the presentation of cultural themes, particularly regarding the information obtained in relation to the perspective of Bugis ethnic community. Therefore, validation was performed by triangulation between informants.

3. RESULTS

3.1. Participant profile

The research subjects included a total of five pregnant women. These comprised of indigenous Bugis ethnic people in the Amessangeng village of Bone regency, South Sulawesi.

Participant A: 21 years old, pregnant with the first child, and gestational age of five months, completed junior high school education level, housewife, with a husband working as a farmer. In addition, A lived at home with parents-in-law and two brothers-in-law. The subject had only performed a pregnancy check with the midwife once and visited the shaman more often, based on the in-law's suggestion. Moreover, A had plans to give birth at home with the assistance of a midwife, accompanied by a shaman, at the in-law's request.

Participant B: Graduated from high school, 33 years old, trades in the market, pregnant with the third child, where the first and second were 8 and 5 years old, respectively, and the husband worked as an honorary teacher at Islamic elementary school. Moreover, B lived with biological mother, helping to cater for the other children in her absence while at work. The gestational age was 7 months, and the midwife had already performed two checks, at 3 and 5 months. However, visits to the shaman were more often, as performed during her first and second pregnancy. The birth plan was to be executed at home with the assistance of a midwife and accompanied by a shaman.

Participant C: 2 months pregnant with second child, 26 years old, works as a kindergarten teacher, graduated with a bachelor's degree, and her husband was a policeman. The grandmother was entrusted with her 3 years old child while at work. In addition, consultations with the midwife and shaman have been performed once and twice, respectively, and the birth plans were scheduled at a private midwife clinic in the city, based on the husband's desire.

Participant D: 42 years old, works as a banana chips craftsman in the village, and had not completed elementary school. In addition, the husband was employed as a gardener, and D was pregnant with the fifth child, while the others were aged 18, 15, 10, and 6 years. The current was approximately eight months, and a check with the midwife was performed at 7 months. This was due to the recommendation by a neighbor, being a cadre of Integrated Healthcare Center. Furthermore, regular visits with a shaman were reported, due to a greater feeling of comfort, as performed previously with the other four children. Despite being in the third trimester, D continued to work routinely, in order to help support the family. The decisions on where to give birth and the need to be assisted by a midwife have not been made, due to the cost. However, D was hesitant to use a shaman, because of the information circulating about the discontinuation of shaman handling childbirth.

Participant E: pregnant with second child, graduated from high school education level, 23 years of age and works as an employee at a grocery store. The pregnancy was currently entering the end of the first trimester (3 months or more). In addition, the first child was only 2 years old, and was usually entrusted to her mother living next door before leaving for work. The husband also works as a grocery store employee at a different location. Moreover, pregnancy check-up with a midwife have been performed only once, and without the knowledge of her mother, who was defiant about this practice, and insisted on childbirth with a shaman. However, in agreement with the husband, D had decided to engage in the delivery process with a midwife, despite the mother's advice.

Asides the five pregnant women as the main subjects, information was also obtained from close family members, to provide explanations regarding pregnancy care within the Bugis ethnic community. Table 1 shows the relationship between pregnant women and families involved in this study.

Table 1. Relationship between pregnant women and family Participants

Participant code	Relationship with the pregnant women
Family A	Mother-in-law of participant A
Family B	Biological mother of participant B
Family C	Grandmother of participant C
Family D	Biological sister of participant D
Family E	Biological mother of participant E

All pregnant women mentioned a specific shaman (F), considered to have an in-depth understanding of pregnancy care processes. In addition F was currently 68 years old, and has served as a childbirth helper in the village for over 30 years. The agreement rule with midwifes indicated the retrieval of permissions for shaman to assist in childbirth, hence the role of F was changed to labor assistant. During her daily life, F was often asked by the families of pregnant women to perform a ritual termed *makketenni sanro* (executed in early pregnancy aimed at entrusting the shaman with pregnancy safety) and *maccera' wettang* (rituals of salvation performed in the seventh month).

Furthermore, some of the data presented in relation to midwife services were clarified by a village midwife G (31 years old), who served as the entry point for the research

informants. This healthcare provider has worked for 7 years in Amessangeng village, and was an ethnic of the Bugis community, born in Bone regency. According to G, the acceptance of non-ethnic midwives was difficult for residents, resulting from the poor understanding of the language and customs.

3.2 The analysis results of cultural themes

The results showed several perspectives on pregnancy care revealed from the interview results with five pregnant women, five close families, the shaman and village midwife.

3.2.1 Care in early pregnancy

A total of four pregnant participants met with a midwife after two months of gestation, while only one performed this activity after the seventh month. In addition, participants A and E were unaware of the pregnancy prior to checking with a midwife after feeling unwell. Following the declaration of a viable pregnancy, all participants continued to obtain care with the shaman, and followed the procession termed *makkatenni sanro*. This ritual was aimed at entrusting the shaman to accompany the pregnancy to childbirth safely. In addition, the shaman provided a sense of calmness to the pregnant women and other family members.

The *makkatenni sanro* ritual was usually performed in a simple custom attended by the close family members of pregnant mothers. In addition, the guide for this procession was a shaman.

Asides the traditional ritual, participants A, B and D stipulated the absence of any activities outside the home, until entering the 4th month of pregnancy. This was due to the beliefs relating the establishment of a spirit in the fetus at this time. Hence, it was essential to ensure adequate maintenance of the fetus and pregnancy. The village midwife confirmed the absence of any visit for check-ups on the fourth month of pregnancy. Meanwhile, the shaman stipulated the need for pregnant women estimated to have excelled in the *makkatenni sanro* ritual and entering the fourth month of pregnancy to visit her house and perform the *seula babua*. This ritual entailed stroking and feeling the individual's stomach while praying in order to keep the healthy fetus safe after the spirit was blown.

The midwife reported on the need to pay attention on midwife or doctor visit during early pregnancy. Also, it was considered essential to obtain pregnancy care services at least once in the first trimester, although being fine was paramount. The *makkatenni sanro* and *seula babua* rituals were performed in an effort to ensure mental calmness, following the assistance by a shaman, and protection by the Almighty. The following is a scheme (Figure 2) related to early pregnancy care, based on the participants' perspective.

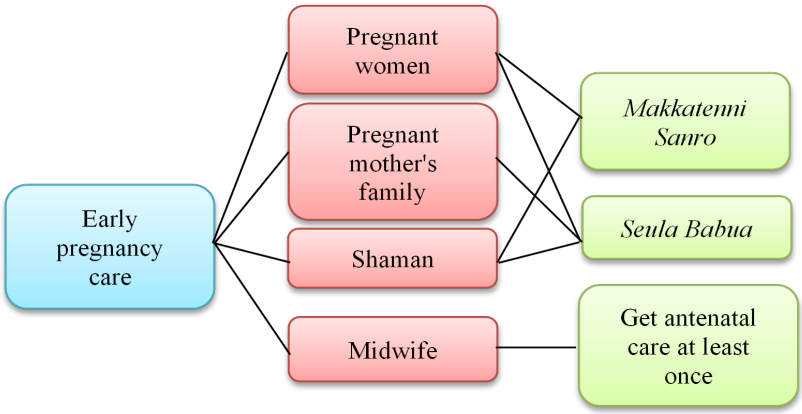

Figure 2. Participants' perspectives on care in early pregnancy

3.2.2 Restricted food during pregnancy

The shaman provided assistance by determining the forbidden foods. Some of the restricted foods were highlighted in this study; crab, shrimp, duck eggs, moringa leaves, eggplant, bamboo shoots, fermented food, young pineapple, durian and mango.

Table 2 shows certain forbidden foods with reasons. In addition, the village midwife clarified this information, by defining stipulating the information provided by pregnant women during visits. The data showed all types of seafood, colored vegetables, especially the green variants, are good for consumption during pregnancy. Hence, pregnant women should not avoid crab, shrimp and vegetables. The midwife also advised avoiding certain foods and fruits, particularly fermented foods, young pineapple, durian and mango. This was due to the harmful effects of fermented foods and gas on both the mother and the fetus.

3.2.3 Taboo activities not to be performed during pregnancy

Asides avoiding certain foods, pregnant women in Amessangeng village were also expected to refrain from some influential behaviors. These include sleep at dusk, obtaining a hair cut, sitting at the door, eating with a large plate, and the husband is not expected to slaughter or kill animals during the stipulated period. Furthermore, this information has been transmitted from families and the shaman over the generations. The high level of compliance further results from the desire to not be hit by disaster upon breaking the taboo.

Table 3 describes some abstinence behaviors during pregnancy and the perceived consequences after potential violation. Furthermore, the village midwife stipulated the perception of these behaviors as taboo in the Bugis ethnic group of Amessangeng village to actually be a symbol of family concern. This indicated the desire

for healthy and safe delivery by close family members. In addition, these behaviors were assumed to be more concerned about cultural ethics, as observed with sitting at the door, which certainly prevented physical movements. Similarly, the requirement that husbands should not kill animals was undoubtedly ethical. The village midwives did not focus on information about taboo activities during medical checks, but more on the essential actions to be performed, including walking in the morning, light movements or other special exercises. However, there have been challenges in ensuring the pregnant women understand the concept of physical activity because most families tended to prohibit participation.

Table 2. Forbidden foods for pregnant women and the reasons, according to the shaman

Food	Reason
Crab	– It is believed to cause babies to be born with incomplete fingers like crab claws
Shrimp	– Assumed to instigate difficulties during labor, as the baby is assumed to move back and forth like a shrimp
Duck egg	– Birth difficulties
Duck	– Babies are born with webbed fingers similar to duck toes
Moringa leaves	– The sap is estimated to cause great pain during delivery
Eggplant	– This is implicated in itching of babies as the skin is anticipated to turn red like prickly heat
Bamboo shoot	– It is believed to cause the birth of hairy babies
Twin bananas	– Avoid this on instances where the birth of twins is undesirable, for fear of difficulties during labor
Fermented food, young pineapple, durian, mango	– Believed to cause miscarriage

Table 3. Taboo behavior and the consequences perceived after a violation

Taboo behavior	Consequences
Sleep at the dusk	– Believed to cause birth difficulties as the fetus becomes too big
Haircut	– Babies will be born with defects
Sit at the door	– Birth challenges caused by settling in the birth canal and difficult transit
Eat on a large plate	– Difficult delivery because the fetus and placenta will be anticipated to be big and dilated
Husbands are not allow to slaughter or kill animals	– This is assumed to imply child disability or death

4. DISCUSSION

The current study demonstrated the participant's perspective on pregnancy care, and was considered to promote behaviors significantly characterized by cultural aspects. These included those estimated to prioritize the *makkatenni sanro* traditional ritual over contacting health workers. In addition, the perception and handling ought to be executed through socio-cultural means, and also from various viewpoints. This practice is to ensure proper supported together with the surrounding individuals (Tinago et al., 2018). Moreover, it is impossible to separate the perspective of pregnant women from the referrals nearby, including close family members and the shamans. This research further showed the role of families in shaping the individual's pregnancy care perspectives and behaviors. This outcome was congruent with the study performed in Madurese culture, where parents, in-laws and grandmothers had a significant influence. The pregnant women are not expected to violate existing taboos because the care behaviors are accepted as correct and have proven to be effective through the generations (Devi et al., 2011).

One of the prioritized treatments in the early stages of pregnancy at Amessangeng village is performed on the fourth month. This gestational age is believed to be the time where the fetus is blown by the spirit. Therefore, pregnant women are highly cared for by family members, and are not allowed to leave the house or engage in hardwork. Therefore, the performance of a cultural ritual termed *seula babua* is necessary. The activities conducted during this process include the shaman touching and massaging the belly while praying for health and safety of the fetus up to the birth because of the spirit present. This ceremony is termed *opat bulanan* in Karangsari village, Garut regency, and is usually attended by family and close neighbors (Juariah, 2018). Moreover, the people of Kaliori village, Banyumas, term the traditional ceremony as *ngupati*, marked by the provision of food with *ketupat* (compressed rice) as one of the menus (Murniasih et al., 2016). The care rendered during this period is also promoted by the Baduy ethnic group, in Kanekes Lebak village, Banten, where the *neundeun seupaheun* procession is guided by a shaman (paraji). These rituals are aimed at preventing spiritual disturbances as well as other culturally perceived dangers during pregnancy. Furthermore, the demonstration involves providing the *kapuru* (strands of white thread) already prayed upon by the *kokolot* (traditional leaders) for three nights. These are subsequently tied around the pregnant woman's left wrist (Kartika et al., 2019).

The findings of this study are different from those of Amongme and the Kamoro ethnic group in Timika Papua,

where pregnant women are not prohibited from leaving the house or working during the second trimester. The perspective in this area considers the need for individuals in later stages to increase activities and work hard as a means to facilitate the delivery process (Alwi, 2007).

Moreover, healthy and safe births are paramount in any ethnicity. This hope is strengthened after reaching the final phase or third trimester, and is celebrated culturally by various groups. The Inner Baduy tribe marks the entry into the seventh month by performing a *kendit procession* (Ipa et al., 2016). This ritual has similar indications as the *maccera' wettang* held by the people of Bugis. In addition, the Makassar ethnicity in Bululoe village, Jeneponto regency termed this specific traditional care as *appassili'*, which is accompanied by compliance with the recommendations and abstinence during the final phase of pregnancy (Wahyuni et al., 2013). The people of Gampong Lam Ujong, Aceh Besar regency engage in the procession of *mée bu* (Maulida, 2016), while the residents of Kaliori village, Banyumas, practice a traditional Javanese greeting during the 7 month, called *mitoni*. This indicates *pitu*, which means *pitulungan*, or to ask God for blessings and the safety of prospective parents and children (Murniasih et al., 2016). Moreover, this welcoming ceremony is also held in a religious aspect, as observed in the *tingkeban* tradition of residents in Srondol Kulon, Semarang (Fitroh, 2014).

The research showed similarities between some foods prohibited for pregnant women in Bugis and Madurese ethnicity, including eggs, pineapple and eggplant. The Madurese people in Tambak and Rapalaok villages believe that pineapples have the capacity to induce heat and trigger miscarriage (Devi et al., 2011). In addition, the dietary practices in India are based on the belief stipulating 'hot' foods as harmful, and 'cold' as beneficial, because pregnancy is considered a hot condition. The affected individuals are, therefore, advised to maintain a balance by abiding with the recommendations. Particularly, cold foods are suggested in early pregnancy to avoid miscarriages, while hot foods are required during the last stages to facilitate labor (Health, 2011). Meanwhile, pregnant women in Percut village, Deli Serdang regency generally exhibit confidence by obtaining advices related to abstinence or commendations and also perform the prescribed ceremonies (Pasaribu et al., 2014). The ultimate goal of adherence is to ensure the health and safety of mothers, easy delivery and prevent breech births (Rofi'i, 2013).

Furthermore, food taboo behaviors among pregnant women are currently widely believed and practiced by various ethnic groups in Indonesia. The consumption of squid, as well as catfish, was considered the most tabbed, resulting from considerations on the increased propensity for childbirth difficulties. In terms of nutrition, animals are recommended as side dishes to increase the protein intake required for fetal growth and maternal health (Chahyanto and Wulansari, 2018). In addition, some of the food taboos behavior have led to the ingestion of limited varieties during the pregnancy period. The African American women are particularly prone to poor eating habits, hence efforts are needed to promote optimal nutrition (Hill et al., 2020).

Furthermore, some behavioral restrictions revealed include avoiding sitting by the door, as this is believed to cause birth problems. This discipline is also observed in the cultural practices of Karangsari village community, Garut (Juariah, 2018) and the Sanggau Dayak ethnic group in Kalimantan (Suprabowo, 2006). Several other forbidden practices include wearing torn clothes (the babies are believed to be born with defects), wrapping a towel around the neck (the baby is anticipated to be entangled in the umbilical cord/placenta) and sitting on a rock (this practice potentially hinders the delivery process) (Juariah, 2018). Moreover, the Sanggau Dayak ethnic group demonstrated several other similar taboos, comprising the prohibitions from sitting on stairs, sewing pillows, soaking clothes, and sitting on a mortar. Therefore, possible violators are expected to anticipated a hit by *badi* (*kualat* or the impact of violating abstinence) (Suprabowo, 2006). The Hatam and Sough ethnic groups in Papua consider pregnancy as a natural symptom and not a disease. Consequently, it is important for pregnant women to obey customary taboos as violations have been affiliated with some suffering (Dumatubun, 2002).

These prohibited behaviors are practiced by the pregnant women of the Bugis ethnicity in Amessangeng village, and the husbands are also expected to avoid certain behaviors within this period, including the slaughter or killing of animals. In addition, a similar prohibition is enforced at the Atoni ethnic community in Bello village, East Nusa Tenggara (Kencanawati, 2016), as this action is believed to prompt the birth of deformed or dead babies.

Despite the checks conducted by midwives in the Amessangeng village, pregnant women preferably entrust their pregnancies to the shaman, who is then responsible for providing care in the form of massage/abdominal massage to correct the fetus position. This activity was also observed in Atoni ethnic group of Bello village, East Nusa Tenggara (Kencanawati, 2016). The *sanro* plays a significant role in shaping the perspective and actions performed during pregnancy. This study showed the requisition for *sanro* at the inception to the delivery process. The individual serves as a caregiver, companion, and a guide during the rituals at early and late stages. Also, the shaman is a source of information related to relevant diet and abstinence behavior.

The study's findings provide new insights regarding pregnancy care performed by pregnant women in rural areas that are rarely in the broader community's spotlight. This information can be used as a reference for health workers, especially midwives in villages, to provide proper health literacy to pregnant women, their families and embrace traditional healers not to provide pregnancy care services that do not adhere to health recommendations for pregnant women.

5. CONCLUSION

The pregnancy care perspective of Bugis ethnic pregnancy women in Amessangeng village includes care in the early and late stages of pregnancy, as well as the observation of certain dietary and behavioral restrictions. These viewpoints are significantly influenced by close family members and the shaman. A cultural communication approach is needed to direct the women's perspective in rural areas. This is required to facilitate focus on maternal care required to support health. In addition, these efforts are possibly achieved through the entry points of opinion leaders in the community, close family, shaman and the

village midwives, as key figures to ensure potential modifications. As a practical implication, the study's results can be used as a reference in the formulation of a partnership program for midwives and traditional healers at the village level. It can overcome the gaps in pregnant women and families who are wrong in pregnancy care and monitor the traditional birth attendant's service activities to remain following the health service that should be.

REFERENCES

Alwi, Q. (2007). Cultural themes behind the behavior of indigenous mothers in maternity care and childbirth in Mimika regency. *Buletin Penelitian Kesehatan*, 35(3), 137-147. [in Indonesian]

Brata, I. (2016). Local cultural wisdom adhesives national identity. *Jurnal Bakti Saraswati*, 5(1), 9-16. [in Indonesian]

Chahyanto, B. A., and Wulansari, A. (2018). Nutritional aspects and the symbolic meaning of food taboos for pregnant women in Indonesia. *Jurnal Ekologi Kesehatan*, 17(1), 52-63. [in Indonesian]

Devi, S. R., Haryanto, S., Hakimci, M., Prabandari, Y. S., and Mardikanto, T. (2011). Pregnancy care in the perspective of Madurese culture in Tambak Village and Rapalaok Village, Omben Sub-District. *Jurnal Promosi Kesehatan*, 1(1), 50-62. [in Indonesian]

Dumatubun, A. E. (2002). Culture, health of Papuans in health anthropology perspective. *Antropologi Papua*, 1(1), 1-20. [in Indonesian]

Fitroh, N. (2014). *Tingkeban ritual in the perspective of Islamic Aqeedah*. Master's thesis. Universitas Islam Negeri Walisongo, Indonesia. [in Indonesian]

Handayani, S. (2010). Socio-cultural aspects of pregnancy, childbirth and postpartum in Indonesia. *Infokes*, 1(2), 21-27. [in Indonesian]

Hill, A. M., Nunnery, D. L., Ammerman, A., and Dharod, J. M. (2020). Racial/ethnic differences in diet quality and eating habits among WIC pregnant women: implications for policy and practice. *American Journal of Health Promotion*, 34(2), 169-176.

Indian Ethnicity and Background. (2011). [Online URL: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.qld.gov.au/__data/assets/pdf_file/0023/159611/malaysian-preg-prof.pdf] accessed on March 18, 2020.

Ipa, M., Prasetyo, D. A., and Kasnodihardjo, K. (2016). Cultural practices of nursing in pregnancy, childbirth and postpartum on the inner Baduy Ethnic. *Jurnal Kesehatan Reproduksi*, 7(1), 26-36. [in Indonesian]

Juariah. (2018). Cultural beliefs and Practices during pregnancy of the Karangsari village community, Garut regency. *Sosiohumaniora*, 20(2), 162-167. [in Indonesian]

Kartika, V., Agustiya, R. I., Kusnali, A., Humaniora, P., Litbangkes, B., and Kesehatan, K. (2019). Culture of pregnancy and childbirth in the Baduy community, in Lebak regency, 2018. *Buletin Penelitian Sistem Kesehatan*, 22(3), 192-199. [in Indonesian]

Kasnodihardjo, K., and Kristiana, L. (2013). Cultural practices of pregnancy care in Gadingsari village, Yogyakarta. *Jurnal Kesehatan Reproduksi*, 4(3), 113-123. [in Indonesian]

Kencanawati, D. A. P. M. (2016). Pregnancy in Timorese cultural perspective ATONI. *Info Kesehatan*, 14(12), 1195-1206. [in Indonesian]

Ketut, N., and Mubasyiroh, R. (2019). The role of culture in the utilization of maternal health services. *Kementerian Kesehatan RI*, 11, 7. [in Indonesian]

Maulida, R. (2016). *Mumee's customs and the trust of the Acehnese people*. Master's thesis. Ar-Raniry State Islamic University Banda Aceh, Indonesia. [in Indonesian]

Murniasih, N. P., Masfiah, S., and Hariyadi, B. (2016). Pregnancy care behavior in Javanese cultural perspective in Kaliori village, Kalibagor sub-district. *Jurnal Kesmas Indonesia*, 8(1), 56-66. [in Indonesian]

Pasaribu, R. D., Setia, T. F., and Gultom, L. (2014). Social, cultural and knowledge of pregnant women which is not support a healthy pregnancy. *Jurnal Ilmiah PANNMED*, 9(1), 72-78. [in Indonesian]

Rofi'i, M. (2013). Javanese women's beliefs about suggested and prohibited behaviors or habits during pregnancy. In *Proceedings National Conference of PPNI Central Java*, pp. 116-120. Jakarta, Indonesia. [in Indonesian]

Suprabowo, E. (2006). Cultural practices in pregnancy, childbirth and postpartum on the Sanggau Dayak tribe. *Kesmas National Public Health Journal*, 1(3), 112-121. [in Indonesian]

Suryawati, C. (2007). Socio-cultural factors in pregnancy, childbirth, and postpartum care practices study in Bangsri sub-district, Jepara Regency. *Jurnal Promosi Kesehatan Indonesia*, 2(1), 21-31. [in Indonesian]

Tinago, C. B., Ingram, L. A., Frongillo, E. A., Blake, C. E., Engelsmann, B., and Simmons, D. (2018). Understanding conceptualizations of pregnancy and planning for pregnancy among adolescent girls and young women in Harare, Zimbabwe. *Qualitative Health Research*, 28(9), 1509-1519.

Wahyuni, S., Thaha, R. M., and Suriah. (2013). *Makassar ethnic pregnancy care concept in Jeneponto regency*. Hasanuddin University Repository. [Online URL: https://core.ac.uk/download/pdf/25491058.pdf] accessed on March 18, 2020.