

# LOCAL COMMUNITY KNOWLEDGE OF TRADITIONAL ANTENATAL AND POSTPARTUM HEALTH CARE IN DAIK LINGGA

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**Abstract** *In the midst of the development of science and technology era, local knowledge of the community through the role of traditional midwives in antenatal care and postpartum care is still believed and needed by the community. This study aims to describe local knowledge of the community through the role of traditional midwives in traditional health care during pregnancy and postpartum period in Daik Lingga. This study uses a qualitative method with a descriptive approach. Data collection was carried out using in-depth interview techniques and secondary data sources to support the credibility of primary data sources. Informants were determined based on key informants, namely two traditional midwives in Daik Lingga and three residents of Daik Lingga. The results of the study showed that the source of local knowledge of traditional midwives was obtained through hereditary factors. The process of traditional pregnancy and postpartum period health care is divided into two aspects, namely antenatal care and postpartum care with the aim of maintaining and improving the mother and neonatal health. A series of uses of traditional herbal medicines from various medicinal plants and traditional ritual ceremonies are carried out. The tradition of taboos is also believed by the community. This shows that local community knowledge through the role of traditional midwives is still utilized and needed by the Daik Lingga community in antenatal care and postpartum care.*

## **Keyword:**

*Local knowledge, traditional midwives, caring, antenatal care, postpartum care*

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## **1. Introduction**

Local knowledge is the concept of all symptoms of aspects of life that are seen, felt, experienced, and thought that are processed according to the way and thinking patterns of a community group (Rosyadi, 2014). This explains that a group has its own way of understanding the surrounding environmental, cultural, and social settings in order to face challenges and develop sustainably. The results of local knowledge are shaped and practiced through various cultural elements and are inherited by the next generation.

The process of forming local knowledge also occurs in the health system. In accordance

with the statement of Foster & Anderson (2016), that humans have discovered and developed a vast and complex knowledge to deal with diseases. One of the knowledge related to the health system is how to maintain and improve mother and neonatal health from pregnancy period to the return of the health of the women's reproductive organs as before pregnancy. Society and families have an important role to maintain the mother and neonatal health.

In the Malay community, there is someone who has a role to carry out traditional mother and neonatal health care services based on their knowledge and skills. In general, this role is carried out by women out of concern for others and their responsibility as family caregivers (Alesich, 2008). Various previous studies have used the term *midwife* to refer to this role, such as in the *Adat Istiadat Daerah Riau* (Mantra et al., 1977) with the term *midwife* which is in line with the term of *dukun beranak*, *Pengobatan Tradisional pada Masyarakat Pedesaan Daerah Riau* (Muhammad et al., 1990) with the term *bidan beranak*, *Upacara Tradisional/Daur Hidup Daerah Riau* (Kadir et al., 1985) with the term *Mak Bidan*, *Dukun Melayu Rantau Kuantan Riau* (Hamidy, 1985) with the title *traditional midwife* or *bidan kampung* (traditional), *Upacara Tradisional Melayu Siak* (Rohana, 2008) with the title *midwife*, and *Penetapan WBTb 2019* (Prabawa et al., 2019) with the title *traditional midwife* or *bidan kampung* in Lingga.

Similar to health workers, *traditional midwives* provide traditional maternity services for mothers and babies. In the case of COVID-19, midwives continue to strive to provide maternity care (Hazfiarini et al., 2022). This is similar to the role of *traditional midwives*, who are ready to assist with childbirth at any time (Alesich, 2008). According to Hamidy (1985: 49), *traditional midwife* in the Malay community is part of the role of support science who has skills and expertise in traditional massage, helping and caring for mother and neonatal health, as well as the service of medicinal herbs. This opinion has been widely proven through relevant previous research, such as the *Adat Istiadat Daerah Riau* by Mantra et al. (1977) which is located in the core of the Siak Sri Indrapura Kingdom and the Malay legal unitary area, *Upacara Tradisional/Daur Hidup Daerah Riau* by Kadir et al. (1985) which are located on Penyengat Island as representatives of the *Melayu Riau Lautan*, and *Upacara Tradisional Melayu Siak* by Rohana (2008).

The three studies focused on the ritual traditions culture of life cycles of the Malay community. The tradition antenatal health care carried out during pregnancy period is that pregnant women will *menempah bidan* when the pregnancy is seven months old. This tradition is to bind relationships and give responsibility to the *traditional midwife* to help and care for pregnant women during antenatal to postpartum traditionally. *Memapas* and spells the limes by the *traditional midwife* is also done to bathe for three days. In postpartum care, many materials are provided to support all needs during treatment. Various tasks were carried out by the *traditional midwife*, such as cleaning and burying *tembuni*, making medicinal herbs for treatment, wearing *gurita*, bathing the baby, and carrying out the tradition of *basuh lantai*.

Research from various regions also describes similar roles and practices of *traditional midwife*, such as: First, *Analisis Ritual Tradisi Tuang Minyak pada Wanita Hamil Etnis Melayu di Desa Berlimang Kabupaten Sambas* by Ramadhan et al. (2024) which describes the tradition *tuang minyak* on pregnant women in the form of traditional massage to improve the position of the fetus, *berlenggang* to loosen the uterus, and the part of *bepappas* with *tolak bala* water for easy maternity. The tradition is carried out with the role of *village labai* and *dukun beranak*. Second, *Pengetahuan Lokal Dukun Kampung dalam Merawat Pasien Pasca Persalinan di Kabupaten Kubu Raya* by Lestari et al. (2024) which requires *dukun kampung* to carry out traditional medicine in the form of medicinal herbs and traditional massage for postpartum care. Neonatal care is also carried out in the form of the traditional care of ari-ari, the use of

spices water for bathing, and the use of spells.

Third, *Perawatan Kesehatan Ibu Postpartum Bentan Pada Orang Melayu di Pontianak* by Yuniantini (2021) which explains the tradition of postpartum health care in Pontianak. The series of treatments is carried out with the help of trusted shamans, such as *bejah*, drinking herbal medicine and stews, wearing *bengkung*, traditional massage the whole body, doing *ngapoh* and *ngangkil* when *bentan* problems, as well as taboos and recommendations that must be followed. Various studies show that *traditional midwife* have a wide range of knowledge, namely health care during pregnancy and postpartum period, traditional medicine with medicinal herbs and traditional massage, and understanding the traditions of rite rites

Mother and neonatal health care has traditionally been related to the importance of understanding cultural background by those who play a role in the provision of mother and neonatal health services. One of the parties who can play a role in providing these services is the *traditional midwife*. *Traditional midwife* are members of the community who mingle and interact with the local community (Jamal et al., 2021), and have the same traditions and language. With the background of knowledge and skills possessed, *traditional midwife* have a role to helping and caring for mother and neonatal health.

Traditional medicine is a healing process by way of beliefs that are inherited to next generation and are different from medical science (Muhammad et al., 1990). In fact, the treatment of disease is based on belief in the origin of disease to determine a logical and appropriate way of treatment. This is referred to as the etiology of the disease. Foster & Anderson (2016: 63-65) stated that the etiology of disease can be divided into two aspects, namely naturalistic etiology and personalistic etiology. Naturalistic etiology is seen as a result of the disruption of the balance system in the human body. Other with a personalistic etiology that sees disease as caused by the intervention or interference of an active agent, it can be in the form of supernatural beings, non-human beings, or human beings. Traditional medicine also aligns with indigenous healing knowledge conveyed by Bennett (2017) through the practices of Sasak midwives. Healers must recognize and adapt to the patient's unique physical characteristics, geographic and spiritual orientations, in reproductive health care.

This is similar to the Malay community's perspective on the meaning of disease. According to them, diseases are not only caused by imbalances in the body, but also diseases can be caused by the intervention of active agents. One of the efforts to cure a personalistic illness is through spells or *mantra tawar*, or it can be used prayers poured through herbs from medicinal plants or directly to the diseased part of the body. By definition, a *mantra* is a collection of phrases that are considered to have magical power with the aim of fighting other magical forces to achieve a certain goal according to the type of *mantra* by a certain person. This definition is similar to the opinions of previous researchers, such as Piliang et al. (2022) and Fariani (2019).

*Traditional midwife* also has the knowledge and role in carrying out traditional ritual ceremonies related to traditional antenatal and postpartum health care. Based on its definition, the tradition of rite ceremonies has its own meaning that is interrelated. Tradition is a custom that is inherited to the next generation. Then for the rite ceremony, Febriyandi (2017) explained and distinguished between the two aspects. The ceremony is a series of patterned actions as a form of recognition, determination, or commemoration in the life cycle of humans and society profanely and spiritually. Meanwhile, rites are special acts with various provisions that must be fulfilled based on beliefs related to supernatural powers. One of the ritual ceremonies that continues to be preserved is the life cycle rite ceremony.

The implementation of the ritual tradition from pregnancy to postpartum period is part of efforts to maintain mother and neonatal health and avoid danger. The basis of this belief is

one of the reasons why the existence of the ritual tradition still exists. However, apart from the belief factor, tradition has and contains the historical value of a nation (Arlis, 2021). This is because tradition is part of cultural heritage from the past to the present that can form a habit in society.

Nowadays, the development of science and technology as well as government regulations in welcoming birth have begun to shift the role and practice of *traditional midwife*. This phenomenon also occurs in the midst of the Malay community in Daik Village, Lingga District, Lingga Regency, Kepulauan Riau Province. Daik Lingga already has the Encik Maryam Hospital and the Puskesmas Daik which provide health services for antenatal care, maternity care, postpartum care, and neonatal care with based standards on government regulations (Profil Kesehatan Kepri 2022 & LPPD Kab. Lingga 2023). Coupled with the village midwife programme since 1989 which has successfully reached rural areas to reduce maternal mortality by handling deliveries by trained professionals (Hatt et al., 2007), as well as *Peraturan Bupati Lingga Nomor 8 Tahun 2022 Tentang Persalinan Melalui Tenaga Kesehatan Dan Fasilitas Kesehatan* in article 3 which states that every pregnant woman must maternity period with health workers and in health facilities. Therefore, helping maternity process has been carried out in many medical places.

To respond this phenomenon, basically the government has made efforts in recording culture to maintain and strengthen the noble values contained in it through research projects and government regulations. Based on previous cultural research and records that focus on ritual ceremonial traditions related to traditional mother and neonatal health care, no research has been found that focuses on local knowledge of the community through the role of *traditional midwife* in traditional antenatal and postpartum health care in Daik Lingga. In addition to preserving culture, this research aims to maintain the existence of *traditional midwife* who have a role as guardians of cultural, historical, and spiritual heritage (A'la, 2024).

## 2. Method

This study uses a qualitative research method with a descriptive approach. This research focuses on knowing and explaining the local knowledge of the community through the role of *traditional midwife* in antenatal and postpartum health care in Daik Village, Lingga District, Lingga Regency, Kepulauan Riau Province or can be called Daik Lingga. The data sources of this research are divided into two aspects, namely primary and secondary data. The primary data source was obtained through in-depth interviews with *traditional midwife* in Daik Lingga and Daik Lingga residents who had experienced the services of *traditional midwife*.

For a month in November 2024, researcher conducted semi-structured approaches and interviews to find out and understand local knowledge about antenatal and postpartum health care in Daik Lingga. After that, keep the relationship going through cell phone communication. The main informants obtained were two Daik Lingga *traditional midwives* with the initials Mak M and Mak T, as well as three Daik Lingga residents as key informants. Getting information about *traditional midwives* as key informants was sourced from the initial survey. It was found that Daik Lingga had two *traditional midwives* who were still trusted by the community.

Secondary data sources are also needed to further support the credibility of interview results with documents related to the focus of the research (Nasution, 2023). This secondary data source is in the form of literature studies and audio video materials related to previous research about antenatal and postpartum health care traditionally services for the Malay community in general and the Lingga community in particular. Secondary data also became the basic model of the questions in semi-structured interviews. During the interview process,

probing techniques were also carried out to dig deeper information from the questions asked and the answers given.

The data analysis process takes place in an interaction or simultaneously between components. Various stages are carried out to process, analyze, and find the initial to the final conclusion, namely 1) preparation before going to the field by approaching with research; 2) conducting data acquisition through in-depth interviews in the form of interview transcripts and document data; 3) analyze data into the essence through coding and data matrix; 4) disclose data in accordance with the consent of the researcher in various forms; and 5) final conclusion.

### 3. Result and Discussion

#### 3.1 Sources of Traditional Health Care Knowledge

The people of Daik Village, Lingga District, Lingga Regency, Kepulauan Riau Province or referred to as Daik Lingga are still close to someone who has a role to provide traditional antenatal and postpartum health care services based on their knowledge and skills. The people of Daik Lingga call her a *bidan kampung* or *traditional midwife*. This designation is not the same as the name of midwife as a profession, they call it a *bidan rumah sakit* or *professional midwife*. Usually, the *traditional midwife* does not make her role the main livelihood. Basically, the fulfillment of the profession is driven by the call of the heart to help the surrounding community with their skills and abilities. Yusuf (1989) also argues that there are reasons that encourage a person to appear as a *dukun bayi*, namely hereditary factors to continue the role and knowledge taught by previous *dukun bayi*, socialization, and spiritual calling.

The background of the two *traditional midwives* in Daik Lingga with the initials Mak M and Mak T is in line with the inheritance of local knowledge and traditional health care science for mother and neonatal based on heredity. The two *traditional midwives* come from families that have a role in traditional health care services. Usually, they often help their mother or grandmother who plays the role of *traditional midwives* from an early age. Directly and indirectly, they have learned and practiced traditional health care knowledge for mother and neonatal. Therefore, the knowledge of *traditional midwives* is inherited through hereditary factors.

Even so, no one forced and asked to become and continue the role of *traditional midwife*. By having knowledge and based on the decisions made, Mak M and Mak T are driven by the call of the heart to help the surrounding community with their knowledge and expertise, such as traditional mother and neonatal health care, making medicinal herbs, and traditional massage.

Lestari & Agustina (2018) explain the characteristics of a *dukun beranak* or *traditional midwife*. The community views the *traditional midwife* as a figure who is elderly, trusted, and has closeness to the surrounding community. This is in line with the view of the Daik Lingga people towards *traditional midwives*. Mak M and Mak T are members of the community who are given the role of helpers and nurses of mother and neonatal health care. This is based on the community's trust in knowledge that has been practiced from an early age to help the previous *traditional midwives*. Finally, the role of the *traditional midwives* is increasingly trusted and considered an expert because they are old and experienced—usually over the age of 40.

Nowadays, Daik Lingga as the capital of Lingga Regency is equipped with various health service facilities for mother and neonatal with standardization based on government regulations. In addition, the ease of access and development of science and technology are also driving factors for people to use health facilities. Therefore, helping maternity process has been carried out in many medical places.

The development of society towards modern medical practice has influenced the

dynamics of the role and practice of *traditional midwives*. One of them was shown to the *traditional midwives* Daik Lingga who rarely or no longer performs helping maternity process at home. They are only companions for patients during maternity process in the hospital. This also shows that culture will undergo changes and shifts according to the development of community conditions, but some things are still maintained (Juariah, 2018).

Even though now Daik Linggas *traditional midwives* does not help with maternity process, various skills and roles are still preserved by the community. The Daik Lingga community still believes in *traditional midwives* to carry out traditional mother and neonatal health care, traditional medicine through medicinal herbs and spells or *mantra tawar*, and *traditional midwives* to be leaders in carrying out and preserving the tradition of rite ceremonies.

### 3.2 Traditional Antenatal Health Care

Antenatal care has the goal of ensuring the health of the mother. Pregnant period is the time to be used to learn and understand how to take care of babies, strive to achieve normal maternity, maintain childrens health, and reduce mother and infant mortality in the maternity process (Junitia & Jonyanis, 2017). Meanwhile, according to Kemenkes RI (2018), antenatal care is a form of pregnancy examination to improve the physical and psychological health of pregnant women optimally, and later be able to face the maternity period, postpartum care, preparation for exclusive breastfeeding, to the return of the health of the reproductive organs in a healthy and gradual manner.

Good antenatal care standards are characterized by proper care from an early age so that complications do not occur that can lead to the mother and infant mortality (Kasmiati et al., 2023: 1). During pregnancy, fetal growth can be affected by various things, one of which is changes and adaptations of the bodys anatomical and physiological systems, as well as psychological changes in pregnant women. Therefore, the health of the mother and fetus must be paid attention to and taken care of properly from the time of pregnancy period. At this stage, the *traditional midwives* has a role in maintaining the health of the mother and fetus in a traditional way.

*Traditional midwives* have the knowledge to prepare and welcome the birth of the baby customarily, culturally, mentally, spiritually, and materially. In the Daik Lingga community, pregnant women will be cared for by a *traditional midwives* to carry out traditional health care during pregnancy and postpartum period. All the processes that are passed contain the meaning of knowledge, language, society, traditional technology, and religion. Traditional antenatal health care aims to maintain the health of the mother and fetus, and seeks to facilitate the maternity process.

*Menempah bidan* is a tradition that is carried out for traditional antenatal health care. *Nempah bidan* is the process of choosing and forming a traditional bond with the *traditional midwives* to accept the responsibility to help and treat the pregnancy until postpartum period. This tradition is also referred to as *meminang bidan* with the same meaning. *Menempah bidan* is done when the pregnancy is seven months old. By this month, the physical formation of the fetus has reached its perfect shape (Barakbah, 2007: 57).

Traditionally, the families of pregnant women bring *tepak sirih* and *pulut kuning* as a symbol of joy and gratitude. They will go to *traditional midwives* by prioritizing the language to convey the goal agreement. However, the tradition can also be carried out at the patients home if it is carried out in conjunction with other treatment processes in the form of *kenduri*. Nowadays, there are also those who can contact through mobile communication to *menempah bidan* according to Mak Ts experience.

In the process, the *tepak sirih* consisting of five betel leaves, slaked lime, gambir, areca nut, and tobacco is given to the *traditional midwives*. Betel leaves are placed in a stack and the leaf heads are placed face to face the *traditional midwives* and face up as a symbol of a baby born with a head first. Then, betel leaves are folded on both sides following the middle bone of the leaf and given to pregnant women with their heads towards pregnant women to eat. The *traditional midwives* will also eat the betel leaf as a symbol of the smooth maternity process.

The implementation of the tradition of *menempah bidan* can be carried out separately or at the same time as the traditional antenatal health care, namely *mapas* the limes, giving *selusuh* water, and *membetulkan perut*. Later, all traditional antenatal health care can be carried out many times, according to the physical condition and beliefs of the pregnant woman.

First, the *mapas* the limes for *mandi limau* is a procession of *mapas* the limes while being given a prayer by the *traditional midwives* which will be used to bathe for three consecutive days by pregnant women. Lime or *limau nipis* is believed to be a form of medicine and a repellent of supernatural creatures. Its implementation can only be carried out on certain days, namely on the date of after the full moon according to the hijriah calendar. This time requirement is meaningful as a symbol of easy maternity process.

In practice, the family of pregnant women brings three limes. *Mapas* the limes while reciting prayers three times in the breath by the *traditional midwives*. When used for bathing, a *mandi limau* will be carried out after the pregnant woman has cleaned the body with clean water. After that, the bath is covered with a *mandi limau*. Previously, lime water had been mixed with *selusuh* water and clean flowing water. Through it, the body is moistened from head to toe. After the *mandi limau*, the lime peel is thrown back without turning back. This procession means to cleanse oneself to be protected from all dangers and to let go of all the bad things in the past for a better future.

Second, *selusuh* or *pelonggar* is water that is prayed for by *traditional midwives* with the aim of making maternity process easier. *Selusuh* water can be combined with a *mandi limau* and/or drink. To be combined in the *mandi limau* procession, the pregnant woman's family will also bring a bottle of water that will be prayed for by the *traditional midwives*. Later, the use of water will be divided into three parts for three baths.

Prayer is a healing agent related to health problems (Hasbi, 2023: 21). In the practice of *traditional midwives*, prayers are delivered through verses of the Quran and or *mantra tawar*. Based on the language, *mantra* come from Sanskrit, namely *man* which means mind and *tra* which means tool. This means, *mantra* means tool of the mind. Just like literary works of poetry and poetry, *mantra* are a form of prayer that is secret and is believed to contain mystical powers (Hamidy, 1985: 98-99). One type of spell is a *mantra tawar* for treatment or healing.

If described, *mantra* have several elements that are peculiar to them, namely 1) the assumption that they contain magical powers that can be activated by people who understand and master a supernatural science; 2) it is analogous to being arranged as a body, namely bismillah as the opening head, a statement about something as a body, a request for blessings from the Creator as a foot, and an *ikhtiar* as a spirit that moves the inner power; and 3) to achieve the goal, the recitation of *mantra* uses the local language with the aim of weakening the strength of the cause of the disease or using Arabic to tell the meaning of the verse. Sometimes, the language used is a figurative word that is sometimes difficult to interpret so that it can evoke a sacred atmosphere (Piliang et al., 2022).

In practice, Mak T recites prayers through the prayer of the prophet Yusuf for *selusuh* water. The prayer is recited three times in a breath. Meanwhile, Mak M recites prayers through a *mantra tawar* for *selusuh* water.

*Pelonggar or Selusuh*  
*Bismillahirrahmanirrahim*  
*Sirih rimbe, pinang rawe, berulam jantung gambe secebes*  
*Aku longa siAnu..... (her name that gave birth)*  
*Mengale deras seperti ae terjon*  
*Yang sungsang kau perbetolkan*  
*Yang elok kau lancarkan*  
*Kuuuusmangat aku deraskan segale bise*  
*Aku tawakan yang mengeniaye*  
*Dengan berkat Doa Lailahailallah Muhammad Rasulullah*

Third, *membetulkan perut* is a traditional treatment that functions to correct the position of the fetus in the womb. In practice, the *traditional midwives* knows the condition of the fetus by feeling the pregnant womans belly. Previously, the *traditional midwives* knew various positions of the fetus that were not suitable, such as fetuses that descended, transverse, or stood. This abnormality in the position of the fetus can affect the comfort felt by pregnant women, such as abdominal pain and appetite disorders. After that, the *traditional midwives* gave advice so that the position of the fetus remains in the appropriate position.

In the Daik Lingga community, it is also known that the tradition of abstinence is prohibited during the traditional antenatal health care. According to Junitia & Jonyanis (2017), taboos is a means of delivering advice as a way for the community to overcome problems. During pregnancy, prohibitions are applied with the aim of maintaining the health of the mother and fetus according to beliefs. Various attitudes and behaviors for pregnant women and husbands are traditionally regulated, such as being at home in the evening, not wrapping anything around the neck as a symbol of the umbilical cord wrapped around the fetus, and helping to clear obstacles in the way as a symbol to facilitate the maternity process.

### 3.3 Traditional Postpartum Health Care

After going through the normal maternity process, the mother enters the postpartum health care stage. Postpartum or puerperium is a crucial period and prone to complications that can harm a womans physical and psychological condition (Yuniantini, 2021). This stage lasts from the removal of the placenta until the reproductive organs return to their original state of pregnancies within six weeks or 42 days. During her recovery period, the mother who has just given birth can feel various changes and adaptations in herself, such as changes in the reproductive system, digestive system, urination system, changes in vital signs, psychological changes, and so on (Kemenkes RI, 2019).

*Traditional midwives* have knowledge in carrying out postpartum care for the recovery and healing of womens health. Traditionally, this treatment process is carried out for 44 days. All traditional medicine and various taboos must be passed, such as cleaning the *tembuni*, traditional massage, wearing *bengkung*, using internal and external medicines, and also taking neonatal care until loose the umbilical cord. Neonatal care services aim to maintain healthy growth. Usually, the responsibility of the *traditional midwives* to take care of them directly is only carried out until the baby loose the umbilical cord.

#### 3.3.1 Postpartum Care

After a normal maternity process, the position of the uterus or *peranakan* will come out of place due to weak veins. Therefore, the traditional massage of *angkat peranakan* or *sengkek perut* must be done by the *traditional midwives* to correct the position of the uterus. This process



also aims to make the abdominal veins organize and return to their original state, and can improve blood circulation. In its stages, *angkat peranakan* is carried out the day after maternity process for three consecutive days. This massage is carried out in the morning before the mothers postpartum breakfast.

Traditional massage on the entire body of the postpartum mother can also be done after the *angkat peranakan* is completed. Traditional massage has various benefits for restoring physical health, such as reducing postpartum muscle pain and tension, improving posture, improving blood circulation, relieving anxiety and stress, relaxing physically and psychologically, and helping to increase *air susu ibu* (ASI) production (Lestari et al., 2024). One of these traditional treatments is done by massaging gently and directed. Certain oils are also used to smooth out massage movements, such as coconut oil, olive oil, or lam oil.

After that, the Malay community has a tradition of bending or *membengkung* the mothers belly after normal maternity process. Wearing *bengkung* with a cloth has the purpose of warming the body as well as shrinking and flattening the abdomen as before pregnancy. It begins with the *traditional midwives* smearing the mothers abdomen with a belly poultice made of tamarind, lime, and ash left over from heated burning. Then, wearing *bengkung*. In the past, babies were also wearing *gurita* to avoid bloating. However, this tradition began to be abandoned because the use of *gurita* risked interfering with the babys breathing process (Nababan et al., 2024).

Consuming traditional medicinal herbs is also one of the efforts to treat and restore the condition of the postpartum. Until now, the existence of traditional medicinal herbs still survives because of their production materials that are easy to find, have affordable prices, and are considered relatively safe (Jamal et al., 2021). In its manufacture, medicinal herbs can use various spices, seeds, roots, stems, leaves, fruits, berries, and tubers in the form of powders or decoctions.

During the traditional postpartum health care period of 44 days, postpartum mothers will use internal medicine and external medicine. The medicine in the form of *minum lam* and *cencang rebus*. Meanwhile, external medicines are in the form of *param* and *pilis*. Various recipes for medicinal plants can vary depending on the reference that the healer has.



Source: Researcher Documentation (2024)

Figure 1. Minum Lam

*Traditional midwives* have expertise in making postpartum medicinal herbs. For internal medicine, Mak M made a *minum lam* herb from turmeric mixed with sand ginger. Postpartum mothers should *minum lam* three times a day. Meanwhile, Mak T concocted a *minum lam* herb from a mixture of turmeric, manjakani seeds, bonot seeds, and centella which will be consumed twice a day. This herb aims to soften and smooth postpartum blood, nourish the postpartum body, and heal female reproductive wounds.



Source: Researcher Documentation (2024)

Figure 2. Cencang Rebus

Postpartum mothers also consume *cencang rebus* herbs with benefits to heal postpartum female reproductive wounds. In addition, *cencang rebus* herb can be used as a medication for stomach ache. This medicine is composed of spices and wood roots that are finely blended, cut into small pieces, dried, mixed together, and drunk from boiled water. Various spices and wood roots are used, namely lapes antidote root, sappanwood, magenta lilly pily, fagraea acuminatissima root, downy myrtle, malayan teak, sow thistle, cloves, star anise, chili pepper, beard lichen, coriander, durian root, black root (WBTb 2020). In practice, the ingredients of the spices are not always the same, depending on the knowledge of the healer has.



Source: Researcher Documentation (2024)

Figure 3. Param

For external medicine, postpartum mothers can use *param* and *pilis* during the 44-day recovery period. To make *pilis*, Mak M makes powder from sappanwood which will be smeared on the forehead to restore the strength of the eye veins and so that postpartum mothers do not feel dizzy. Meanwhile, the manufacture of *param* is sourced from white rice that is ground with the sand ginger. *Param* will be smeared on the body after bathing. *Param* has the benefit of bringing a fragrant aroma to the body, brightening the skin, and tightening pores to avoid colds. The production of *param* and *pilis* slightly different from Mak T. Mak T unites the manufacture of *param* and *pilis*. The manufacture of *param* and *pilis* medicine is sourced from rice that is soaked and ground until smooth, then mixed with sand ginger, turmeric, and alba.



Source: Researcher Documentation (2024)

Figure 4. *Pilis*

Nowadays, traditional postpartum medicine has been widely produced and sold commercially. This causes Mak M and Mak T to only make traditional medicinal herbs at a certain time or in the period of time they are taking care of their postpartum mother. The *traditional midwives* will also concoct medicinal herbs if there are people who ask for them. Therefore, in addition to carrying out the role of *traditional midwives* and concocting traditional medicinal herbs, Mak M and Mak T also channel their knowledge and expertise as traditional massagers.

### 3.3.2 Neonatal Care

In the normal maternity process, the placenta or *tembuni* will come out naturally after a while the baby has come out. By definition, normal maternity is the process of spontaneous excretion of the fetus (Yulizawati et al., 2019). This also applies to the process of issuing *tembuni*. *Traditional midwives* can help the process of producing *tembuni*. The *traditional midwives* pulls the umbilical cord and massages the abdomen slowly so that *tembuni* can be born.

Linguistically, *tembuni* comes from the word *tembus ini*. This word means that the baby must pass through a layer to be born into the world. *Tembuni* is also believed to be the older brother who has sacrificed for the baby's life. Therefore, *tembuni* must be respected and treated well. The treatment of *tembuni* is also based on trust so it is believed to affect the health and hygiene of the baby. The treatment of *tembuni* which is poured in the tradition of *bersih tembuni* has a sequence that must be passed shortly after *tembuni* is born.

The treatment of *tembuni* begins with a *traditional midwives* who cleans the *tembuni* with flowing water. When it is clean, the *tembuni* will be coated with tamarind and salt to neutralize the fishy smell. On top of that, it can also be added with objects that symbolize the baby's hope as an adult. This behavior varies, depending on the beliefs of the person who is playing a role in cleaning the *tembuni*. For Mak M, she will add flower to the baby girls *tembuni* in the hope that everyone will like the child. As for Mak T, he did not add any objects. Usually, the *traditional midwives* also places nail and candlenut. These two objects symbolize determination, tenacity, and readiness to overcome any obstacle. In addition, nail and candlenut are also believed to protect *tembuni* from wild animals and the interference of supernatural creatures. After that, the *tembuni* is coated in a white cloth. The community also put it back into a topong.

The treatment ends with burying *tembuni* while praying. Burying *tembuni* is done according to community beliefs, between being burying, washed away, or placed behind the kitchen of the house. Burying *tembuni* has several things that must be considered, namely being planted near the house and having to pay attention to the cleanliness of the *tembuni*. *Tembuni* should not be exposed to dirt. This is meaningful and symbolizes the cleanliness of the baby. After burying, there is further treatment. For Mak M, she will insert a pipe using an air funnel for *tembuni*. As for Mak T, she only burying *tembuni* without any additional treatment.

During the postpartum care period, the *traditional midwives* also helps to neonatal care. The *traditional midwives* bathes the baby with warm water only in the morning. After that, the baby will be swaddled. When the umbilical cord has been loosened, the *traditional midwives* will give medicinal herbs to the baby's abdomen from young morinda leaves that have been wiped and applied with tilan oil. This procession aims to keep the baby's abdomen warm so that it does not get sick.

When the baby has reached the central disconnect stage, it means that the implementation of the responsibility of the *traditional midwives* has been completed. This stage is referred to as *balik asam garam*. The *traditional midwives* will be given salt and tamarind, some cloth, and money according to the family's ability. After that, the postpartum mother will be cared for by the family. If something is needed, the family can call again a *traditional midwives* to accompany them.

### 3.3.3 Taboos and Recommendations

*Berasuh* with a *traditional midwives* during antenatal care and postpartum care is one of the taboos that must be followed. *Traditional midwives* pay attention to the healing process from all aspects, from physical, psychological, to spiritual aspects. Traditional health care for *traditional midwives* is not only for momentary health, but can affect women's long-term health. All treatment processions aim to maintain health from pregnancy period, accelerate the healing period so that they can return to their pre-pregnancy condition, while still being able to provide good intake for the baby.

Then, food abstinence is also considered as a source of energy and nutrition for the healing and development of mothers and babies. Postpartum mothers are encouraged to consume *jantung pisang* vegetables and katuk leaf vegetables to stimulate ASI production. In addition, various ways of consuming are also regulated. Postpartum mothers are recommended to 1) not eat oily or fried foods; 2) not eating fruits and something fatty because it is believed to nourish the uterus; 3) do not consume stinging fish; 4) consuming *sayur bening*; 5) consume honey and egg yolks as natural vitamins in the morning; and so on. All sources of nutrition are believed to speed up the healing process and affect the quality of ASI so that babies will get good nutrition.

When the postpartum period of 44 days is over, the postpartum mother is considered pure and free from all taboos. Based on religious beliefs, postpartum mothers must clean themselves so that they are pure and holy again. The cleansing and purification procession is also carried out to all families and the surrounding environment in a traditional manner. Therefore, a *basuh lantai* ritual will be held after 44 days after postpartum care completely cleanse oneself and the environment, a form of gratitude, and an effort to avoid the catastrophe of supernatural powers. *Basuh lantai* procession will be led by a *traditional midwives*. However, the tradition of *basuh lantai* has begun to be abandoned in the present day. This is because the tradition of *basuh lantai* will be carried out at the location of the maternity place. Meanwhile, the people of Daik Lingga have carried out many maternity processes at health facilities. As a responsive step, the Lingga Regency Cultural Office has documented the tradition through WBTb 2019.

#### 4. Conclusion

Amidst the development of medical science and technology, *traditional midwives* as traditional providers of maternity care for mothers and babies have an important role in the Daik Lingga community. Based on the knowledge and expertise inherited through the female line, they strive to assist the local community in maintaining healthy pregnancy and postpartum care. Traditional antenatal health care aims to maintain the health of the mother and fetus, and seeks to facilitate childbirth. The series of treatments includes *menempah bidan* when the pregnancy is seven months old, *memapas limau* and *mandi limau* at specific times, making *selusuh* water for bathing and drinking, *membetulkan perut* for improve the fetus's position in the womb, and implementing taboos that are believed to affect the health of mother and fetus.

Furthermore, *traditional midwives* also have knowledge in providing normal postpartum care to restore reproductive health in 44 days. Traditional postpartum health care is provided for both mother and baby. Postpartum care includes *angkat peranakan* massage, traditional massage for the whole body, abdominal bending, and the use of traditional medicine herbs. Neonatal care includes *bersih tembuni* and bathing the baby until the umbilical cord breaks. Postpartum period taboos is also carried out and closed with the tradition of *basuh lantai*. To reward the *traditional midwives* services, the tradition of *balik asam garam* is carried out.

Although various research and recordings have been carried out, real action is still needed in maintaining the existence of local knowledge of the community through the role of *traditional midwives*. *Traditional midwives* also play a role as guardians of cultural heritage that contains historical values and the identity of a nation. Therefore, it is appropriate for the Lingga Regency Government to respect and support the preservation of local knowledge of the community through the role of *traditional midwives* by providing legally support through government policies and regulations, infrastructure assistance, and so on. In addition, the community's local knowledge through the role of *traditional midwives* can be integrated with the national health system and cooperation with surrounding health facilities. This is to implement a modern health system while preserving culture as a community identity that is appropriate today.

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