

## ***Tingkeban: Javanese Ritual During Pregnancy in Kalisari, Bojonegoro, East Java***

### ***Tingkeban: Ritual Orang Jawa Dalam Masa Kehamilan di Kalisari, Bojonegoro, Jawa Timur***

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#### **ABSTRACT**

Pregnancy is viewed as very important event for Javanese people, because being pregnant is a sign of fertility, especially a male child, is viewed as an increase in wealth. A woman with many children is envied; a barren woman is pitied (Geertz 1961:8), and having a baby is considered as necessary for creating a complete and perfect household and family. Pregnancy is also seen as potentially dangerous in Javanese society, and it involves a wide array of indigenous beliefs and practices to the periods of pregnancy. Therefore, this study explored perception, meanings and practices related to pregnancy of the people in Kalisari, Bojonegoro, East Java. The focus of the study will examine rites of passage performed during pregnancy. This study is a descriptive study and attempt to give a clear picture of the problem. The study is of a qualitative nature, and it showed that pregnancy period can be analyzed as important rite of passage or period of transition. When a woman publicly announces her pregnancy a ceremony is held (*tingkeban*) which symbolizes the separation of the woman from her previous status.

**Keywords:** *tingkeban, ritual, pregnancy*

## ABSTRAK

Kehamilan dipandang sebagai kejadian yang penting bagi Masyarakat Jawa, sebab hamil adalah suatu tanda kesuburan, khususnya hamil anak laki-laki yang di anggap dapat menambah kemakmuran. Seorang Wanita yang memiliki banyak anak membuat iri orang lain, tetapi wanita mandul sangat dikasihani (Geertz 1961:8), dan memiliki seorang bayi dianggap sebagai kewajiban dalam rangka membentuk suatu keluarga yang lengkap dan sempurna. Kehamilan juga dianggap berpotensi membahayakan bagi masyarakat Jawa, sehingga berdasarkan keyakinan asli/kuno, maka masyarakat melakukan praktek-praktek atau ritual selama periode kehamilan. Oleh karena itu, Study ini mengeksplorasi persepsi, makna dan praktek-praktek yang berhubungan dengan kehamilan oleh masyarakat di kalisari, Bojonegoro, Jawa Timur. Fokus dari Studi ini adalah menguji ritual peralihan yang dilakukan selama kehamilan. Studi ini adalah sebuah Deskripsi dan ditujukan untuk memberikan gambaran yang jelas dari permasalahan. Studi ini disajikan secara Qualitative, dan menunjukkan bahwa Periode Kehamilan dianalisa sebagai Ritual Peralihan yang penting atau periode transisi. Ketika seorang Perempuan hamil maka akan diumumkan secara luas dengan mengadakan Tingkeban sebagai simbol pergantian status dari seorang Perempuan.

**Kata kunci:** *tingkeban, ritual, kehamilan*

## Introduction

Women in Kalisari, Bojonegoro, East Java, still practice customs during pregnancy that they believe as their heritage culture. Besides they use *dukun bayi* almost exclusively during pregnancy and postpartum. Their beliefs and practices are based on sociocultural and economic factors. Considering sociocultural factors, the village women perceive that all practices, customs or traditions should be those of their parents. This is done out of respect. Sometimes they believe something may happen if they ignore them.

The village women that I interviewed believe that pregnancy is critical periods. They said that "*barang halus*" (evil spirit) likes to bother pregnant women. It is really dangerous time. So that the villagers have a lot of rituals to protect mother and baby from evil spirits. The core of rituals is "*Slametan*" (communal meal). It is called "*Slametan Tingkeban*" which is held at fourth or fifth month of pregnancy. The ritual are performed in religious (islamic) context: Their prayer is adopted from Koranic verses. Another practices during pregnancy are food restrictions and avoiding taboos. The Kalisari women still perceive that breaking these practices has consequences to both mother and her baby. Other practices are "*pijet*" (massage) and drinking "*jamu*" (herb).

In Anthropology pregnancy, childbirth and the period until a newborn is introduced into society are seen as periods of transition or liminal phases. According

to van Gennep (1960) transition forms the in-between stage of rites of passage. During transition the person does not have her previous status anymore, but she has not achieved her new status either. The child a mother-to-be is expecting, is also in-between the world of the spiritual and the living. During this stage the person involved usually has to follow a wide range of proscriptions and taboos and often is seen as in a position of learning to equip herself for her new role and responsibilities. Transition is assumed to be dangerous and the people who are in this liminal phase are viewed as vulnerable. They and/or their kin perform many kinds of rituals in order to pass through the period safely.

This is the case in relation to the indigenous rites which are performed by the people in Kalisari, a small village located at the edge of the Bengawan Solo River in Bojonegoro, East Java, during pregnancy. As an example, the ritual at the fourth month stage of pregnancy which is called *tingkeban*. It is a public announcement of the pregnancy and impending birth. This is also the beginning of the rite of the passage. Here people believe that a four-month-old fetus has a soul, whose security should be celebrated. The essences of the rites involve "*slametan*" (ritual gathering with meals and religious prayers) and are held as a token of gratitude for surviving the initial danger of pregnancy for the mother-to-be and of the unborn child in the womb. Javanese people consider the periods of pregnancy and childbirth as a very important and critical period.

The pregnant woman will become a mother and the pregnancy is now seen as viable because the unborn will probably survive to birth. Yet, the process of change is still seen as potentially dangerous and open to possible bad luck. The rite is aimed at countering this and ensuring divine blessing. It is also aimed to seek material and spiritual salvation for the expectant mother, unborn child and the whole family. During this period, certain specialists have a role to play in the protection and safe deliverance of mother and baby. One such person is the indigenous birth attendant or *dukun bayi*. She has a social and spiritual function in the community. The *dukun bayi* has to be skillful not only in helping with labor, treating the baby and the mother with indigenous medicine and magical words, but also in practicing many rituals. As Koentjaningrat says:

In her work at childbirth, a *dukun bayi* midwife has to have knowledge of many ceremonies, magical spells, and native medicine for the treatment of the baby and the mother after the delivery. Several of the ceremonies have practical purposes, but most have merely symbolic meanings (Koentjaningrat 1985: 103).

One of the *dukun bayi* whom I interviewed, Rohimah, has such "magical spell", but I would rather call it "wirid". She learned it from a Moslem scholar. "I have to practice it after praying five times a day", she said. The *wirid* is taken from the Koran, *Surah Hasr* the last verses. It reads as follows:

*Huwallaahul khaaliqul baariul mushawwiru lahul asmaaul husnaa..Yusabbikhulahuu maafissamaawai wal ardii Wahuwal 'azizul hakiim.*

Him God (Allah) who creates and has good names  
Him... who is the most pure on the earth and in heaven  
And, Him...who is the most just

It seems that she has a spiritual power in order to encounter “life crisis” or a “danger” during the periods of pregnancy, childbirth and postpartum. One of her clients, Rohani said, “When I am pregnant and give birth, I feel more comfortable to be assisted by the *dukun bayi* who is able to spell verses of Koran. I feel safe”. Her statement shows the important role of the *dukun bayi*, who is equipped with spiritual power and knowledge.

### **The problem and objective of the study**

One of the problems in women’s reproductive health is the high Maternal Mortality Rate (MMR) in Indonesia: according to WHO and UNICEF, 650 per 100,000 live births in 1994. Causes of maternal death often relate to women’s reproductive functions including gynecological infections, chronic anemia and malnourishment that contribute to pregnancy complications, maternal and neonatal death. The high maternal mortality rate is also associated with the lack of obstetrical birth attendants or midwives, especially in rural areas. In Kalisari, apparently, there is no obstetrical midwife (*bidan*) who is officially placed in that village. There is one *bidan* who lives in the next village, because she is married to a local man. She has a clinic and it is equipped with simple tools. Unfortunately, village women are less inclined to consult her, because of her lack of empathy. Therefore, again, the *dukun bayi* is preferred.

According to Raharjo (1997), the use of indigenous traditional midwives might negatively affect women’s health, for example the perception of postpartum haemorrhage, the traditional midwives perceived that it is bad blood and it is better to flow out. Yet women prefer to use them in what is seen as a potentially dangerous period. Raharjo conducted a study among West Javanese women and argues that another traditional practices deals with beliefs which contributes the negative effect of women’s health is performing dietary habits. In addition, Raharjo stated that women need more nutritious food, especially during pregnancy and breast-feeding, but iron deficiency is chronic among Indonesian women of reproductive age (Raharjo 1997: 175).

All my participants observed that if they had problems during pregnancy, such as obstruction during the delivery, or bleeding, they would suspect that they had not carried out recommended rituals or customs, such as *slametan*, and had transgressed taboos. One of my participants, Arroh, says:

I have five children, I am very happy that I never had any problems during my pregnancy. As I know that there are various problems during those periods, such as obstruction, bleeding and handicapped children. Thanks God... I never had such scary problems. I believe that as long as I obey my parents to do our customs, and behave well to everybody, I will deliver easily and nothing may happen with my child and me. I never ignore the customs... massaging, drinking *jamu*, food restrictions and *slametan*.

I noticed that the villagers strongly believe in, trust and are adherent to the indigenous customs during pregnancy. This notion attracted me to study it in order

to gain the women's understanding of the beliefs and practices during pregnancy. In addition this study will explore the role of the *dukun bayi* during pregnancy and postpartum, and then attempt to understand why women appear to prefer the assistance of obstetrical midwives (*bidan*) during delivery.

This study explored perceptions, meanings and practices related to pregnancy in a rural community in Kalisari, Bojonegoro, East Java, Indonesia. The focus of the study was to examine rites of passage performed during this period, and to explore the role of the *dukun bayi* in this process. Particular attention is given to beliefs, rituals and practices during this period. For this purpose I will approach the *dukun bayi* as ritual specialists and mediators in a process of transition for the woman and unborn child as they move through the different stages and are finally reincorporated into society. Specifically, this study aims:

1. To gain an understanding of beliefs and practices during pregnancy, periods as perceived by women (expectant mother, her mother, and indigenous TBAs) in a rural community.
2. To describe women's perception related to the *dukun bayi*
3. To identify and describe the relationship of sociocultural factors with women's perception of performing rites and practices which resonate with local beliefs and meanings during pregnancy.

### **Pregnancy: literature review**

In this section I will give an overview of literature related to cultural understandings, assumptions and practices related to pregnancy and Childbirth, and the role of *Dukun Bayi*.

Grossman, Eichler and Winickoff (1980) argue that pregnancy and childbirth are considered as psychological, physiological and sociocultural changes. They present Freud's theory that pregnancy and childbearing optimize maturity of the maternal orientation. Once achieved this orientation, as they quoted from Freud, becomes the hallmark of a healthy feminine sexual identity (Grossman, *et al.* 1980: 13). In this approach the psychological dimension of pregnancy and childbirth is understood more in relation to medical knowledge than in relation to its meaning for women. Grossman et al also explore ideas about sociocultural dimensions that can influence the outcomes of pregnancy and childbirth, such as lifestyle, socioeconomic situation and age. They view pregnancy and childbirth as a time of normal developmental crisis that is a turning point in the life of a woman and her family (Ibid. 1980: 12).

As Browner and Sargent indicate, reproduction is a biological as well as a socio cultural process. Pregnancy is one of physiological human reproductive process, but also involves socially and culturally constructed notions and practices that shape maternal roles, childbirth, and related reproductive activities and link culturally constituted notions of femininity and maternal behavior (Browner 1990).

Cosminsky (1982) argues that pregnancy is also culturally shaped, and women's knowledge, beliefs and behavior are involved in this context. Not all women will experience the above 'classical' symptoms of early pregnancy, and



even if they are nauseous, this might not be seen as indicative of pregnancy. In many cultural settings pregnancy is also viewed as a “natural” state, normal rather than pathological, one which needs supervision but usually not medical care (Cosminsky 1982 quoted in Rice and Manderson 1996: 3). All of these might influence the decision to use a TBA or a *dukun bayi*.

Unlike medical texts, anthropological literature on pregnancy are focused more closely on the socio-cultural factors. In this respect, the work of Clifford Geertz, (1961), Koentjaraningrat (1985) and Jay (1969) has been very influential. These sources give a great deal of attention to related beliefs and rituals. In Java According to Geertz (1961:85) Javanese women usually recognize that a woman is pregnant when she has a sudden intense desire for extremely peppery food, especially salad-like *rujak* which is later served to neighbors and friends at the ritual meal celebrating the seventh month of the first pregnancy. This event is called *mitoni* (Koentjaraningrat 1985: 101), or *tingkeban* (Jay 1969:30). The *mitoni* celebration during the first pregnancy is usually bigger than in the following ones.

According to Koentjaraningrat (1985) *mitoni* has an ambivalent meaning. On the one hand the celebration is aimed at announcing the pregnancy or impending birth, but on the other hand it also includes elements that stress the dangers of childbirth. This is symbolized by the food which is prepared for the sacred communal meal and also from the taboos to be observed by the prospective mother and father. These are apparent, symbolic attempts to neutralize such dangers, and to protect not only the prospective mother and child, but also the rest of the family (Ibid. 101). The ritual meals or *slametan* which is held in the seventh month of pregnancy means to safeguard, but it is not the only thing that a pregnant woman and her husband must practice. Actually, everything a person does is viewed in the light of its possible consequences for the baby (Geertz 1961: 87). For instance, a pregnant woman must be careful not to be angry or nasty to anyone, whatever they do; otherwise the baby may be affected. Likewise, the pregnant woman should not stand in the doorway because it may cause the obstruction of birth. Everything a pregnant woman, impending father and *dukun bayi* does is viewed in the light of its possible consequences for the baby (Geertz 1961:87). It is believed that if a pregnant woman or her husband breaks the rule or “taboos”, it will have an effect on their baby. This concern also refers to behavior and its potential impact on the unborn child.

Other customs include being massaged and drinking herbs or *jamu*. Massage is usually done by the *dukun bayi* at least once during the pregnancy to detect the position of the baby. Drinking *jamu* is for health reasons.

The use of herbal medicine is very common in many countries. The purposes are for treating abdominal pain, preventing abortion, ensuring a safe pregnancy, keeping the fetus slim, making the pregnant women strong, enlarging the birth canal, inducing stronger constructions during labour, ensuring a strong child, preventing maternal oedema or the presence of vernix on the newborn or they may facilitate placental delivery (Lefebvre and Voorhoeve 1998:22). In Indonesia the herbal medicine is called ‘*jamu*’. The specialist who usually prepares it is the

*dukun bayi*.

Massage during pregnancy is also common and is practiced by traditional midwives or preferably a traditional birth attendant or *dukun bayi*. In west Sumatra, Indonesia, indigenous midwives may apply massage to the abdomen during the first three months of pregnancy if the unborn child is considered to be malformed (which may happen if the mother is injured, or in case of witchcraft). The massage is applied to “cure” the malformed fetus. In addition during this first period of pregnancy an abortion may be brought about by strong massage of the abdomen (or by herbal drinks) (Lefebber 1994: 31). Massage will continue in the eight month of pregnancy to check the position Of the fetus (Lefebber 1994: 41).

Pregnant women need a balance of different nutritious foods for each period of life. Food taboos and/or food recommendations during pregnancy and after delivery may nevertheless lead to a deficiency in nutrients. Some of the causes of death among women is malnourishment, due to dietary restrictions during pregnancy. It is suspected to relate to traditional beliefs and practices. Yet not all food taboos are necessarily bad, but rather relate to wider beliefs about the need to keep a balance in the body between ‘hot’ and ‘cold’ elements. In this regard Lefebber and Voorhoeve (1998) found that food taboos during the antenatal period in West Sumatra, Indonesia includes women not being allowed to consume pineapple and *durian*, which are, viewed as hot food and believed to cause a miscarriage, while fats and oils may cause the child to grow too big (Lefebber and Voorhoeve 1998:16-18).

## Method

This is a descriptive study and attempts to give a clear picture of the problem stated above. The study is of a qualitative nature and the data is collected with the following stated methods:

The use of a semi structured interview schedule was facilitated with three women between the ages of 20/35 throughout their pregnancies, childbirth and postpartum period. This interview provides information about recognition of being pregnant, the meaning of being pregnant, the knowledge of duration, health care during pregnancy and postpartum, perception of risk especially related to birth, diet and food restrictions. This method is also used to explore respondents’ ideas about “risk and life crisis” in childbirth.

Interviews with two older women (possibly the mothers of the younger women) was aimed at collecting information about the interpretation of beliefs and practices during pregnancy, childbirth and postpartum, and to provide an explanation about the role of the *dukun bayi*.

Then, in-depth interviews were conducted with two *dukun bayi*. These interviews gave information about the practices and the assistance they render to the women during their pregnancies and postpartum.

Focus group discussion with village leader and his staffs, two mothers, two husbands, and medical staff in that village, was also conducted in order to get general picture of the village, health facilities, health care services, and also

people's view about health.

Lastly, an interview with one of the obstetrical midwives was held to collect data about the general view of giving birth in clinic. Using observational methods, analytic principle from cognitive symbolic perspectives is applied to draw the significance of doing traditions related to beliefs of villagers during the pregnancy and postpartum. Findings will be presented in qualitative data.

## Discussion

Javanese people perceive that pregnancy and childbirth as very important moments to be dealt with through rituals or ceremonies. If a woman is pregnant, the members of the family will be happy, and proudly prepare the usual ceremonies to be performed. It is started at the fourth month of the pregnancy and called *slametan tingkeban*. From the beginning of her pregnancy the pregnant woman has to practice indigenous customs, such as *tarak* (food and behavior taboos), *hurag* (massage) and drinking *jamu*. The indigenous customs are performed in order to safeguard the mother and her baby, or to avoid negative effects: evil spirits, handicapped babies, obstruction during labor, and many other unwanted consequences. Therefore, rituals are performed not only during the pregnancy, but during childbirth as well.

The post-childbirth rituals begin immediately after the baby is born: making red porridge (*bubur abang*), the ceremony of burying the placenta, bathing the baby and her mother, *slametan brokohan*, and massaging the new mother (*bergodog*). It seems that the rituals during pregnancy and childbirth are a unification of the ceremonies which have been performed continually up till then. In this case van Genneep argues that:

The ceremonies of pregnancy and childbirth together generally constitute a whole. Often the first rites performed separate the pregnant woman from society, from her family group, and sometimes even from her sex. They are followed by rites pertaining to pregnancy itself, which is a transitional period. Finally come the rites of childbirth intended to reintegrate the woman into the groups to which she previously belonged, or to establish her new position in society as a mother, especially if she has given birth to her first child or to a son (Arnold van Genneep 1960: 41).

### The importance of pregnancy

To become pregnant is the main objective of getting married. All my participants considered it a common idea and as undebatable. Pregnancy can raise a women's status in her husband's family and also in society. Pregnancy or '*mbobot*' means to be qualified. Woman is considered to be like a 'rice field' (*sawah*). She has to reproduce and give inheritance. If she can do so, it means that she is qualified physically and socially. She will have a high value, because she is fertile (*subur*). One of my participants, Yatni, 62 years old, states that pregnancy is '*wiji thukul*' (growing seeds); it means that the woman is fertile. She added, if the woman does not have '*wiji*' (infertile) she will be worthless in a family and society. Anawiyah, 35 years old, argues that the presence of the baby may become '*perekat*' (a bond, connection) between two families. In her case, she made a commitment



to her husband before they married that if after one year of marriage she was not pregnant, they would get divorced. Luckily, She was pregnant and she said. "I feel that pregnancy and having a baby is really meaningful, and it is true that it is the main purpose of getting married". Now she has five children and they live in a house her parents gave her, next door to them.

### Recognition of pregnancy

As the above story of Anawiyah shows, pregnancy and childbirth is steeped in symbolic meaning. A fertile woman is "qualified", she is the reproducer of future generations and by giving birth she creates a new relationship between two family groups. The newborn symbolizes this bond and brings about not only a change in the way in which the new mother is regarded as worthy but solidifies all other kinship connections. The first indication of pregnancy is thus eagerly awaited. van Genneep argues that:

Becoming a mother raises her moral and social position; instead of being just a woman she is now a matron; instead of being a slave or concubine she is an equal of free women and legitimate wives (van Genneep 1960:48).

The first sign of being pregnant is recognized by not having a monthly period. My participants call it '*mandeg*', '*nggak bulanan*' (stop menstruation) after '*kumpul dengan suami*' (together with husband means having sex). They get that knowledge about pregnancy from their mothers, mostly from their friends and from informal religious school (*mengaji*). In the past, parents did not send their children to formal school, but they would rather send them to *kiyai* (Moslem scholar) or *guru ngaji* (religious teacher) to study religion. It involves reciting Koran.

The women in Kalisari have their perception of being pregnant and know the signs of pregnancy. I notice that they believe in and followed practices during pregnancy that indicate biological and sociocultural process, that it is seen as a complex process involving maturity and fertility.

The Kalisari women are aware of the consequences of being pregnant and what they should do during their pregnancy. Once a woman marries she is mature enough to be a mother. As respectful woman she is guided by her and her husband's parents and also by social convention. Women indicate their maturity by their readiness to be pregnant and become 'qualified'. For example, Rohani had her first pregnancy at the age of 22. She said that "I am ready to be pregnant; I know the consequences and the risks of being a mother. I am ready physically and mentally." Another participant, Muhayyaroh, had her first pregnancy at the age of 14. According to her she was not quite mature enough to be pregnant. She said that she was not ready yet to be pregnant, or to be a mother. "My feeling was mixed: happy, worried, doubt and scared, but I could do nothing. I just accepted what happened to me", she said. This acceptance (*pasrah, narimo*) is a Javanese cultural notion which can be applied to many things including the biological changes during pregnancy, the signs of pregnancy: nausea, vomiting, morning sickness, dizzy, no appetite and weakness which they perceive as natural and call it "*gawan bayi*" (something which is brought about by the baby).

### Taboos : *Tarak*

Village women have strong beliefs that a pregnant woman is in a critical period. They said a pregnant woman is '*lemah*' (weak), and can be easily entered '*barang halus*' (evil spirit). Everything she and her husband do may affect her and her baby. Therefore, they have to prevent the transgression of taboos during her pregnancy. It is expected that by avoiding taboos an expectant mother and her baby will be safe and normal (not handicapped). Certain taboos relate to consuming foods, the other relates to behavior.

Some foods and behaviors, which cannot be consumed and done by expectant mother (and her husband) during her pregnancy include the following:

**Table 1**  
**Kinds of Taboo and the Effects**

Kinds of taboo (food & behavior)	The effect
Ice and syrup or too sweet food	The baby will be big in the womb: difficult to give birth.
Spicy food	<ul style="list-style-type: none"> <li>Bleeding in delivery.</li> <li>Eyes of the baby will be irritated (they call it '<i>mblobok</i>')</li> </ul>
Ental (palm fruit)	The baby born will have ' <i>benjolan</i> ' (bump) on his/her head.
Rajungan (kind of seafood)	(they don't know its effect, but it is forbidden)
<b>Pregnant woman may not:</b>	
<ul style="list-style-type: none"> <li>sit or stand on '<i>lagur</i>' (the door way);</li> </ul>	<ul style="list-style-type: none"> <li>obstruction.</li> </ul>
<ul style="list-style-type: none"> <li>sit on '<i>lumpang</i>' ( a big mortar);</li> </ul>	<ul style="list-style-type: none"> <li>the mother will lose bowel control when she is delivering.</li> </ul>
<ul style="list-style-type: none"> <li>be outside the house when the sun sets ('<i>sandhek</i>');</li> </ul>	<ul style="list-style-type: none"> <li>she will be easily entered by evil spirit that likes to come out at the sunset time.</li> </ul>
<ul style="list-style-type: none"> <li>put the wood on the fire using her feet;</li> </ul>	<ul style="list-style-type: none"> <li>difficulties in delivery, the legs of the baby will come out first (not in good osition)/breach birth.</li> </ul>
<ul style="list-style-type: none"> <li>open '<i>pepesan</i>' (wrapped fish) carelessly;</li> </ul>	<ul style="list-style-type: none"> <li>if the baby born is a girl, she will have an misformed vagina.</li> </ul>
<ul style="list-style-type: none"> <li>put on button;</li> </ul>	<ul style="list-style-type: none"> <li>obstruction of birth.</li> </ul>
<ul style="list-style-type: none"> <li>be close to buffalo skat.</li> </ul>	<ul style="list-style-type: none"> <li>the placenta will be as big as it.</li> </ul>
<b>Her husband may not:</b>	
<ul style="list-style-type: none"> <li>kill any kind of animals;</li> </ul>	<ul style="list-style-type: none"> <li>the baby will be handicapped.</li> </ul>
<ul style="list-style-type: none"> <li>tighten something orput towel /cloth on his neck;</li> </ul>	<ul style="list-style-type: none"> <li>uterus will be round on the baby's neck.</li> </ul>
<ul style="list-style-type: none"> <li>fold something;</li> </ul>	<ul style="list-style-type: none"> <li>the baby will be handicapped.</li> </ul>
<ul style="list-style-type: none"> <li>close any hole.</li> </ul>	<ul style="list-style-type: none"> <li>obstruction of birth.</li> </ul>

**Source:** reseracher's fieldnote.

When the expectant mother or her husband does forbidden things, she or he has to '*nyambat*' (call) by saying '*amit-amit jabang bayi...*' (Excuse me, baby...). All my participants believe that if you ignore these customs there will be consequences.

In this case, both my male participants stated that when their wives are

pregnant they should behave more carefully and always remember that whatever they do may affect their wives and babies. The knowledge of what is taboo and what to do when a taboo is broken are introduced by *dukun bayi* and parents.

### **Slametan Tingkeban**

The word *slametan* or *selametan* originally is taken from the Arabic word *salam* which means peace. Within the process of creolisation of Javanese languages this Arabic word entered into the Javanese language to become *slamet* or *selamet*, which literally means saved and guarded (Beatty 1999:3). *Slametan* is very important occasion in Java both from a social as well as from a religious point of view, in other words in both the domestic and public spheres, and can be given in response to almost any occurrence one wishes to celebrate, or to ameliorate or sanctify. In addition, *slametan* is a core of ritual in Javanese society. Javanese people carry out *slametan* in various occasions: pregnancy, birth, circumcision, name-giving, moving house, harvest, marriage, death, illness and sorcery.

Javanese *selametan* can be divided into two types: one category serves to ensure harmony on an individual level as well as on social/communal level and concerns the whole community. The other category includes rituals and ceremonies marking one's life cycle. (Malefijt 1963, van Wengen 1975: 11-23, Beatty 1999: 25). The '*slametan*' which is generally held at the fourth or fifth month of pregnancy is called '*tingkeban*' (Jay 1969:30). This rite can be meant both sympathetic ally as well as a rite of protection (Arnold van Gennep 19960: 42). As indicated above, pregnant women are perceived as being in a vulnerable period. They are in a *transitional* period, and they avoid taboo foods and behaviour and undergo or perform many kinds of rituals in order to pass through the period safely.

*Slametan tingkeban* is meant to safeguard mother, baby and all members of the family, but it is not the only thing that a pregnant woman and her husband must practice. Actually, everything a person does is viewed in the light of its possible consequences for the baby (Geertz 1961: 87). The *mitoni* or *tingkeban* celebration during the first pregnancy is usually bigger than in the following ones, but I found one of my participants, Anawiyah, held the same '*tingkeban*' for her five pregnancies. She said that she could not do things differently for her children, as all have the same rights.

The '*tingkeban*' is very costly, but villagers are willing to spend their money on it rather than on consulting a gynecologist. It was found when I asked my participants about the expenses for '*tingkeban*' and for consulting the specialist, they said '*tingkeban*' is a must and it is more important than visiting a gynecologist about their pregnancy. They expressed a fear that if they neglected this important custom, or the life of the mother and unborn child will be in jeopardy

When the pregnancy is four months along, village women believe that the baby has a soul. They will announce it by having '*Slametan tingkeban*', especially during the first pregnancy. They invite their neighbors, and their relatives to pray together in order to obtain a safeguard from 'Allah' for both the expectant mothers and their babies. In '*slametan tingkeban*' (communal meal) rice and many kinds of

dishes are the basic foods to be served. In '*tingkeban*' there are other specific foods for completion (finishing touch) which have meanings. They are:

- '*rujak uni*' (*rujak* is kind of mixed fruit salad and *uni* means a wish). It means that pregnant women and a whole family wish the best things for the entire lives of the expectant mothers and their babies.
- '*Polo pendem*' (consisting of cassava, sweet potato, and *talas*). The baby is associated with those root vegetables. When we harvest them, they will be easily pulled. By serving '*polo pendem*', they will deliver easily.
- '*Procot*' (sticky rice which is rolled with banana leaf) means easily come out. It symbolizes easy delivery.
- '*Kupat lepet*' (a set of foods made of rice wrapped with coconut leaves and in different shaped. '*kupat*' is square, but '*lepet*' is long). It symbolizes a couple: father and mother. They are served in order to wish a harmonious couple and happy family.

The religious leader called *modin* was invited to lead the ritual and pray to Allah to guard the safety of the expectant mother, the unborn baby and the family. Usually the host tells the *modin* about the reason for the ritual.

Afterwards the *modin* led the ceremony by asking all the participants to read *fatihah* (the first chapter of Koran). He continued praying by reading combined verses of the Koran whose meanings related to the wish and all the participants responded by saying "*Amiin*" (May God accept all our wishes) until he finished. I could understand the meaning of the prayer in general. Principally, the content of the ceremony was asking for safeguards from Allah for the mother, the baby and all members of the family. At the end of the ceremony the *modin* also prays for all the participants in order to gain safety on earth and in heaven.

When the prayer was over, the food was served. It consisted of staple foods: rice and dishes: chicken curry and vegetables. This food was not a requirement, but the participants would take home the recommended food for *slametan tingkeban* as I mentioned above. For the next pregnancy they only have a simple ceremony with fewer participants and not all recommended food. As Aroh indicates for the second, the third pregnancy and subsequent pregnancies, it is not necessary to hold a big *slametan tingkeban*. The reason is economical, as each pregnancy means more expenses. Usually the ceremony of the fourth or fifth month of the second or the third pregnancy and so on, is signed by making *procot* (sticky rice which is rolled with banana leave). In Javanese *procot* means come out easily, and it symbolizes easy delivery. This practice is called *procotan* instead of *slametan tingkeban*.

As I mentioned before, the core of practice during pregnancy is '*Slametan*' (communal ritual meal). Expectant mothers also perform other personal practices which are aimed to prepare giving birth, such as massage, drinking '*jamu*' and regular medical checks with midwives. I will try to systematically describe the practices of village women during pregnancy.

After realizing that menstruation has stopped and also when feeling nausea, dizziness, morning sickness and so on, village women will consult a '*dukun bayi*' to make sure that they are pregnant. The '*Dukun bayi*' gives a gentle massage (touching)



on their belly (*dielus*) and blows enchanted air on it. One expectant mother said 'pokoke aku marem nek wis di cekel dukun bayi ' (Basically, I feel comfortable after being touched by a 'dukun bayi').

### Massage and Hurag

Massage (*pijet*) is common among the Javanese. It is performed generally in order to soften stiff muscles which cause tiredness, and it can be for putting back the muscle which causes *keseleo* (a sprain). Obviously, one who only has expertise in massaging is called *dukun pijet* (massager). It is different with *dukun bayi* who have expertise both in massaging and assisting delivery. The *dukun pijet* and *dukun bayi* start their massages for tiredness from the toe and move up to the head. They will make the lower part of the body soft first, then move up to the body and end in the head part. Sometime they will ask if the client is willing to be massaged on the belly, it is optional. If the client feels her/his abdomen uncomfortable, or she has bad appetite, the *dukun pijet* or *dukun bayi* will massage the abdomen part (*dibenakke*). Massaging the abdomen is always at the last phase of the entire massage process. However, the *dukun pijet* is not allowed to give massage to a pregnant woman or a woman who just gave birth. The *dukun bayi* is a specialist in this case. She can practice massaging anybody: male, female, pregnant woman, new mother and baby. The name of the massage given to the clients is different; it depends on the needs of the client: *pijet biasa* (usual massage) is usually for tiredness, *bergodog* is for women after delivery, and *hurag* is for women during her pregnancy.

*Hurag* is a gentle massage to put the baby in the womb into the right position. During pregnancy, a village woman consults the *dukun bayi* if she feels that her belly is not fine. If the *dukun bayi* detects that the baby is not in a good position then she will give a gentle massage which is called 'hurag'. It is done three times during pregnancy. Sometimes the expectant mother asks for a massage for all over her body if she feels tired. Rohani, 31 years old, had a massage twice a month during her pregnancy. She said that 'during my pregnancy I always feel tired, then I consult dukun bayi to massage me. I feel fresh after that and my body is fine'. I also asked for 'hurag' three times during my pregnancy'. 'Hurag' is very common among pregnant women in that village. Almost every pregnant woman gets 'hurag' at least once during her pregnancy. Only the *dukun bayi* can give it.

### Drinking Jamu (herbs)

Drinking *jamu* is one of the indigenous customs of Javanese. *Jamu* is made of herbs, leaves and plants which can be boiled or extracted. Most Javanese are able to make *jamu* in very basic recipe, such as *beras kencur* (mixture of rice, sugar, and root crop resembling ginger), *temu lawak* (curcuma), and *kunyit asam* (mixture of saffron, tamarind and palm sugar). That *jamu* are basically for increasing appetite, easing the blood flow, and for tiredness. At the past time, parents make their own *jamu* from the herbs which are planted in their house yard. The skills of making various recipe of *jamu* belong to old people, such as *dukun bayi* who have practiced for forty or fifty years.



*Jamu* is not only for sick people but also for healthy people. Its functions are for maintaining stamina and for recovering from sickness. My participants were told to drink certain *jamu* during their pregnancy, and that they could buy it at any *jamu* shop. Many kinds of instant *Jamu* exist: in powder, pill or syrup form are available and ready to drink. *Dukun bayi* usually suggests that the pregnant women to drink 'beras kencur' in order to increase their appetite, or 'temu ireng (a black curcuma) and coconut oil' in order to ease delivery. Basically the pregnant woman is allowed to drink *jamu* only with a basic recipe.

Drinking *jamu* seems to be an indigenous custom which cannot separated from the daily life of Javanese. *Jamu* is popular among youngsters and elderly. The Javanese perceive *jamu* as low dosage and safe medicine so they can consume it anytime. *Jamu* which is commonly consumed by Javanese are for pain, headache, toothache, stomachache, cough, and low appetite.

### Conclusions

While emphasis is put on ensuring the physical safety of woman and unborn during pregnancy, childbirth and its aftermath, the spiritual can never be neglected and as has been described, has to be sustained throughout this process. The physical process of pregnancy and delivery, the breaking of a 'thousand muscles', is supported with massages, healing drinks and the avoidance of taboo foods. The spiritual aspect, which can never be separated from the physical, is an intense struggle involving "sacrificing the soul" and the vulnerable woman and unborn child has to be protected and guarded with prayers, rituals and spells of mediators such as *dukun bayi*.

In this study I showed that pregnancy period can be analyzed as important rite of passage or period of transition. When a woman publicly announces her pregnancy a ceremony is held (*tingkeban*) which symbolizes the separation of the woman from her previous status. She and her unborn child now enter a dangerous in between stage where all kinds of taboos must be strictly adhered to and the physical and spiritual health of the mother-to-be and the unborn must be protected.

This stage is dangerous also because pregnancy itself falls between categories. The expecting woman is not a mother yet but she is not a girl either. The unborn already has a soul, but the soul has not been born yet. The *dukun bayi* is one of the most important birthing ritual and mediatory specialists to assist a woman during this time.

The *dukun bayi* does not only serve as a midwife to the birth of a new soul but struggles to protect it, as well as the soul of the mother (who might die). To do this she needs to focus also on her spiritual role and power or concentrate on the magical prayers she needs to recite all the time.

The birthing process itself, like menstruation, is seen as very polluting. The new mother and baby are separated from the community for forty days. During this period her body is open and she can easily get sick through the penetration of spirits or illness. Great effort is made to protect the spiritual safety of the mother and she is prepared through massages, drinking *jamu*, and food restriction to assist

the closing of her body and its return to its 'natural' state.

The final rite of reincorporation for the mothers is the ritual purification, after which she ceremoniously returns to the community and takes her new role and status as mother of the newborn child.

From the above, it is clear that women in Kalisari, Bojonegoro, East Java still practice customs during pregnancy that they believe to be part of their cultural heritage. In addition they use the service of a *dukun bayi* almost exclusively during pregnancy and childbirth.

The practices which are performed by the villagers are based on sociocultural beliefs and customs and economic factors. Considering sociocultural factors, the village women believe that all practices, customs or traditions of their parents and ancestors should be honored and respected. They believe something bad may happen if they ignore them.

The village women that I interviewed believe that pregnancy is critical periods. They said that '*barang halus*' (evil spirit) likes to bother pregnant women. It is a really dangerous time and villagers have a lot of rituals to protect mother and baby from evil spirits. The core of the ritual is '*slametan*' (communal meal). They have it many times and call it by different names, starting at four months' pregnancy until forty days after delivery. In *slametan* there must be offering consisting of many kinds of symbolical food, in particular in *slametan tingkeban*. It seems that Javanese rituals and offering are an important part of indigenous customs. The villagers also respect taboos in order to ensure a safe delivery and to get a '*normal*' and healthy baby. Other practices include '*pijet*' (massage) and drinking '*jamu*' (herb).

I notice that the villagers consider every stage during pregnancy is dangerous and very risky which is reflected by them doing many different rituals. The essence of the ritual is a wish. Prayer is the core of any kinds of communal meal ceremony (*slamtetan*). They put all their hopes into supernatural power, but they also have many practices as their own effort: avoidance taboos or food restrictions, in order to protect both the pregnant woman and her baby.

Because of those beliefs and also the information which has come to the village through television, midwives, radio, the local public health centre and others, the village women in the last 5 years prefer to also consult obstetrical midwives in giving birth. Basically they have home based delivery. They will come to the clinic accompanied by the *dukun bayi* if the *dukun bayi* suspects there may be a high risk in delivery. Usually the *dukun bayi* knows the signs of a high risk in an expectant mother, such as a pale face or swollen legs, or if the baby in the womb is not normal (small), or the position of the baby cannot be changed. 'The *dukun bayi* gets the basic knowledge related to pregnancy after attending training which is recommended by local health office, and mostly based on her experience by noticing the "symptoms" of her clients. Her role is prominent among the poor, either as caretaker, mediator, or transformer. The presence of *dukun bayi* may not be ignored.

The whole process of pregnancy, birth and subsequent rites also has great symbolic meaning for the baby. As discussed in this study, at about four months of pregnancy the child is seen as essentially as unborn soul to be protected, returned

and brought to life. Birth is considered as separation from mother's body and also as a spiritual separation which is symbolized by cutting the umbilical cord, washing the baby, and burying the placenta. \*The baby is also still in a liminal state, she/he is not spiritually attached to his/her body yet, she/he remains in seclusion and not everyone can touch the baby whose body is still open to pollution. Reincorporation happens with name- giving and introducing the baby into society after forty days.

## Bibliography

- Asghar, Rana Jawad. 1999. Obstetric Complications and Role of Traditional Birth Attendants in Developing Countries. In *Journal of College of Physicians and Surgeons*. Vol. 9 (1): 55-57.
- Beatty, Andrew. 1999. *Varieties of Javanese religion: An anthropological Account*. Cambridge: Cambridge University Press.
- Browner, C and Sargent, C. 1990. Anthropology and the Studies of Human Reproduction. In *Medical Anthropology: Contemporary Theory and Method* (eds. Johnson and Sargent) . Praeger: 217 - 229.
- Dasvarma, G.L. 1997. Health and Mortality, Fertility, and Family Planning. In *Indonesia As-sessment: Population and Human Resources* (eds. Gavin W. Jones and Terence H.Hull). Canberra: Research school of Pacific and Asian studies, Australian National University. pp: 256-263
- Douglas, Mary. 1966. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. New York: Frederick A. Praeger.
- Geertz, H. 1961. *The Javanese Family: A Study of Kinship and Socialitation*. New York: The Free Press of Glencoe, Inc.
- Gennep, A. Van. 1960. *The Rites of Passage*. Phoenix Books: The University of Chicago press.
- Grossman, Frances Kapla; Lois S. Eichleé, Susan A. Winickoff. 1980. *Pregnancy, Birth, and Parenthood*. Washington: Jossey-Bass.
- Hunter, Cynthia L. 1996. Women as "Good Citizen": Maternal and Child Health in a Sasak Village. In *Maternity and Reproductive Health in Asian Society* (eds. Rice and Mander-son). London: Harwood Academic.
- Iskandar, Meiwita B. 1998. *Health and Mortality*. In *Indonesia Assessment: Population and Human Resources* (eds. Gavin W. Jones and Terence H.Hull). Canberra: Research school of Pacific and Asian studies, Australian National University. pp 205-231.
- Jennaway, M. 1996. Of Blood and Fetuses: Female Fertility and Women's Reproductive Health in a North Balinese Village. In *Maternity and Reproductive Health in Asian Society* (eds. Rice and Manderson). Harwood academic publisher United Kingdom
- Koentjaraningrat. 1985. *Javanese Culture*. Oxford: Oxford University Press.
- Laderman, C. 1983. *Wives and Midwives: Childbirth and Nutrition in Rural Malaysia*. London: University Of California Press.
- Lefebber Y., and Voorhoeve, Henk W. A.1998. *Indigenous Customs in Childbirth and Child Care*. Van Gorcum, The Netherlands.
- Lefebber, Y. 1994. *Midwives Training: Practices and Beliefs of Traditional Birth Attendants*. The Netherlands.
- Pigg, L. Stacy. 1997. Authority in Translation: Finding, Knowing, Naming, and Training 'Traditional Birth Attendants' in Nepal. In *Child Birth and Authoritative*

- Knowledge; Cross Cultural Perspectives* (eds. Robbie E. Davis-Floyd and Carolyn F. Sargent). Los Angeles: University of California Press. pp. 233-262.
- Raharjo, Y. 1999. Women's Role in Demographic Transition and Human Resources Development. In *Indonesia Assessment: Population and Human Resources* (eds. Gavin W. Jones and Terrence L. Hull). Canberra: Research school of Pasific and Asian studies, Australian National University. pp 167 – 180.
- Trujillo, B. G., and Higgins, P. G. 1989. Sexual Intercourse and Parenting. In *Pregnancy and Parenting* (eds. Stem, P. N.). New York: Hemisphere Publishing Corporation.
- Turner, Victor. 1967. *The Forest of Symbols: Aspects of Ndembu Ritual*. London: Cornell University Press.
- UNFPA. 1995. *The Right to Choose: Reproductive Rights and Reproductive Health*. New York: UNFPA
- Whittaker, A. 2000. White Blood and Falling Wombs: Ethnogynaecology in Northeast Thailand. In *Maternity and Reproductive Health in Asian Society* (eds. Rice and Manderson). London: Harwood Academic Publisher.
- Wolkind, S. 1981. Nausea and Vomiting of Pregnancy. In *Pregnancy: a Psychological and Social Study* (eds. Wolkind, S. and Zajicek, E). London: Academic Press.