KNOWLEDGE CONTESTATION OF MIDWIVES AND TBAS: STUDY OF PATTERNS OF DOMINATION, HYBRIDIZATION, AND COEXISTENCE IN CHILDBIRTH

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ABSTRACT

Purpose: This study aims to analyze the contestation between the medical knowledge of midwives and the local knowledge of traditional birth attendants in accompanying pregnant women to delivery in the Gowa Regency. We also investigate the contestation between the medical knowledge of midwives and the local knowledge of traditional birth attendants in postnatal and infant care.

Method: The research method uses a qualitative approach with case studies and data collection through interviews, observation, and documentation.

Results and conclusion: The results identified three patterns of knowledge contestation between midwives and shaman uncles, namely domination, hybridization, and coexistence. Domination occurs in the context of pregnancy, where the knowledge of the shaman Pamana dominates the midwife, while hybridization occurs during the delivery process with collaboration between the midwife and the shaman Pamana. The pattern of coexistence illustrates that the knowledge of midwives and shaman Pamana is present together without interfering with each other in postnatal care.

Research implications: This research is relevant to the maternal and newborn health system in Gowa Regency with the following implications: 1) Integration of medical and local knowledge is needed in the practice of midwives and birth attendants, emphasizing the need for holistic training for health service providers; 2) Collaboration between midwives and traditional birth attendants can improve the safety of mothers and babies; 3) Cultural awareness is important to improve quality of care; 4) Culturally sensitive practice guidelines are necessary for safe and effective practice; 5) Public advocacy and education can increase awareness of appropriate care.

Originality/value: This research reveals the dynamics of contestation between medical and local knowledge in maternal and neonatal health services, providing new insights into their interactions. These findings support the development of more effective interventions, contribute to the reproductive health literature, and provide insights for more inclusive policies.

Keywords: Knowledge Contest, Medical and Traditional Knowledge, Postpartum, Childbirth Period, Pregnant Mother Care.

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CONTESTAÇÃO DE CONHECIMENTOS DE PARTEIRAS E TBAS: ESTUDO DE PADRÕES DE DOMINAÇÃO, HIBRIDIZAÇÃO E COEXISTÊNCIA NO PARTO

RESUMO

Objetivo: Este estudo tem como objetivo analisar a contestação entre o saber médico das parteiras e o saber local das parteiras tradicionais no acompanhamento de gestantes ao parto na Regência de Gowa. Investigamos também a contestação entre o conhecimento médico das parteiras e o conhecimento local das parteiras tradicionais em cuidados pós-natais e infantis.

Método: O método de pesquisa utiliza abordagem qualitativa com estudos de caso e coleta de dados por meio de entrevistas, observação e documentação.

Resultados e conclusão: Os resultados identificaram três padrões de contestação de conhecimento entre parteiras e tios xamãs, nomeadamente dominação, hibridização e coexistência. A dominação ocorre no contexto da gravidez, onde o conhecimento da xamã Pamana domina a parteira, enquanto a hibridização ocorre durante o processo de parto com colaboração entre a parteira e a xamã Pamana. O padrão de convivência ilustra que os saberes das parteiras e da xamã Pamana estão presentes juntos sem interferir um no outro no cuidado pós-natal.

Implicações da pesquisa: Esta pesquisa é relevante para o sistema de saúde materna e neonatal na Regência de Gowa, com as seguintes implicações: 1) A integração do conhecimento médico e local é necessária na prática das parteiras e parteiras, enfatizando a necessidade de treinamento holístico para serviços de saúde fornecedores; 2) A colaboração entre parteiras e parteiras tradicionais pode melhorar a segurança das mães e dos bebês; 3) A consciência cultural é importante para melhorar a qualidade do atendimento; 4) Diretrizes práticas culturalmente sensíveis são necessárias para uma prática segura e eficaz; 5) A defesa pública e a educação podem aumentar a sensibilização para os cuidados apropriados.

Originalidade/valor: Esta pesquisa revela a dinâmica de contestação entre o conhecimento médico e o conhecimento local nos serviços de saúde materna e neonatal, fornecendo novos insights sobre suas interações. Estas conclusões apoiam o desenvolvimento de intervenções mais eficazes, contribuindo para a literatura sobre saúde reprodutiva e fornecendo informações para políticas inclusivas.

Palavras-chave: Concurso de Conhecimento, Conhecimento Médico e Tradicional, Pós-Parto, Período de Parto, Cuidados com a Mãe Grávida.

CONTESTACIÓN DE CONOCIMIENTOS DE PARTERAS Y TBAS: ESTUDIO DE PATRONES DE DOMINACIÓN, HIBRIDACIÓN Y COEXISTENCIA EN EL PARTO

RESUMEN

Propósito: Este estudio tiene como objetivo analizar la controversia entre el conocimiento médico de las parteras y el conocimiento local de las parteras tradicionales en el acompañamiento de las mujeres embarazadas al parto en Gowa Regency. También investigamos la impugnación entre el conocimiento médico de las parteras y el conocimiento local de las parteras tradicionales en la atención posnatal e infantil.

Método: El método de investigación utiliza un enfoque cualitativo con estudios de casos y recolección de datos a través de entrevistas, observación y documentación.

Resultados y conclusión: Los resultados identificaron tres patrones de disputa de conocimientos entre parteras y tios chamanes, a saber, dominación, hibridación y coexistencia. La dominación ocurre en el contexto del embarazo, donde el conocimiento del chamán Pamana domina a la partera, mientras que la hibridación ocurre durante el proceso del parto con la colaboración entre la partera y el chamán Pamana. El patrón de coexistencia ilustra que el conocimiento de las parteras y el chamán Pamana están presentes juntos sin interferir entre sí en la atención posnatal.

Implicaciones de la investigación: Esta investigación es relevante para el sistema de salud materna y neonatal en Gowa Regency con las siguientes implicaciones: 1) Se necesita la integración del conocimiento médico y local en la práctica de las parteras y parteras, enfatizando la necesidad de una capacitación integral para el servicio de salud, proveedores; 2) La colaboración entre las parteras y las parteras tradicionales puede mejorar la seguridad de las madres y los bebés; 3) La conciencia cultural es importante para mejorar la calidad de la atención; 4) Se necesitan
1 INTRODUCTION

From a medical perspective, improving maternal health involves reducing maternal mortality rates, increasing births attended by trained health workers, especially midwives, and striving for one midwife in every Indonesian village through the alert village concept (Keputusan Menteri Kesehatan Republik Indonesia Nomor: 564/Menkes/SK/VIII/2006 Pedoman Pelaksanaan Pengembangan Desa Siaga, 2006).

Balancing the policy between traditional birth attendants and midwives is essential, as local wisdom competes with medical expertise. Some areas rely on experienced midwives, while younger midwives may struggle to gain community trust.

To reduce maternal and infant mortality risks, cooperation between traditional birth attendants, midwives, and medical personnel is crucial. In 2005, Indonesia's healthcare-assisted delivery rate was only 66%, lagging behind countries like Malaysia, Thailand, and Sri Lanka, which reached 97% (World Health Organization, 2005). A 2007 WRI study across seven Indonesian districts found that some impoverished women still preferred traditional birth attendants, despite free health services. This trend persists in various areas, influenced by multiple factors (Wibisono, 2008).

In 2010, Tempo Interactive reported 1,226 births and 10 maternal deaths in Probolinggo Regency, where midwives and traditional birth attendants played significant roles due to cultural influences, as noted by the Probolinggo District Health Service (Priyasidharta, 2010). In the Surabaya area, a 2011 study found cases of unassisted births (Ni’ana, 2013).

In Gowa Regency, 75% to 80% of rural births are managed by traditional birth attendants, resulting in high maternal and newborn mortality and morbidity rates due to their
limited knowledge in identifying danger signs during childbirth (Dinas Kesehatan Kabupaten Gowa, 2016).

Midwives and traditional birth attendants collaborate successfully by referring pregnant and laboring women to midwives and assisting in post-delivery care. In return, midwives share a portion of their income from referred deliveries with the shaman, with the specific amount determined by their agreement.

The Shaman-Midwife Partnership Program aims to improve healthcare delivery by fostering collaboration based on openness, equality, and trust. Its primary goal is to transition the shaman's role during childbirth to postpartum care through mutual agreements among community stakeholders.

This study examines the roles of traditional birth attendants in ethnically dominant study areas, exploring the overlap of midwives and traditional birth attendants. It compares health services and delivery systems between village midwives and traditional birth attendants to enhance public health, particularly maternal and child welfare.

2 RESEARCH METHOD

This research will be conducted in Gowa Regency, chosen for its proximity to comprehensive health facilities in Makassar City. Despite the availability of free treatment programs for the underprivileged, 45.7% of births in Gowa Regency in 2021 were assisted by traditional birth attendants.

This qualitative case study employs a constructivist paradigm to gain a deeper understanding of unique social phenomena through interactions between researchers and subjects. It emphasizes the emergence of shared truths about social reality (Creswell & Creswell, 2017).

The study focuses on diverse rain-fed farming communities in Gowa Regency, involving key stakeholders such as traditional leaders and relevant institutions in interviews. Informants will be purposefully selected based on the research objectives.

This research utilizes two categories of data: primary and secondary. Primary data are collected from respondents using methods like in-depth interviews, participatory observation, documentation, and Focus Group Discussion (FGD). In-depth interviews serve as the primary method, complemented by freelance interviews for spontaneous data collection (Lincoln & Guba, 1985).
Secondary data are obtained from government agencies, traditional institutions, and written sources, including books, journals, and prior research.

Data analysis comprises three stages: data reduction, which involves selecting, simplifying, and transforming initial field notes to highlight relevant data aligned with the research focus, while excluding data that does not meet inclusion criteria.

The second stage, data presentation, organizes collected information into statements that facilitate drawing conclusions. Initially scattered and from diverse sources, the data is then categorized by themes and analytical requirements in narrative form.

The third stage entails drawing conclusions based on data reduction and presentation, progressing from general to specific conclusions. This iterative approach characterizes qualitative data analysis in this study (Miles & Huberman, 2021).

Data validity is assessed through four methods: credibility, transferability, dependability, and confirmability.

3 RESULTS AND DISCUSSION
3.1 CONTESTATION OF MEDICAL AND TRADITIONAL KNOWLEDGE DURING PREGNANCY

Here's a comparison of midwives and TBAs in pregnancy, childbirth, and post-natal care. Historically, 'sanro pamana' served as traditional birth attendants, but government regulations have since transferred their duties, including birthing, to midwives, as expressed by Dg. Baji:

...Currently, midwives handle the birthing process due to government regulations, but sanro pamana' can still be called upon if needed...(Interview, 24 October 2022)

Next, let's include the role of the Village Midwife:

... Certainly, sir. I am currently responsible for the birthing process, and sanro pamana' is not allowed to conduct births. Even nurses require specific permits. However, during my time as a midwife in Gowa, sanro's role was consistently involved in this process, and I frequently received assistance from sanro pamana'.... (Interview, 15 October 2022)

Midwives in Gowa were not intended to be rivals or detrimental to sanro pamana'. The midwife added:
... Although sanro pamana’ is not authorized to perform childbirth, if people request their presence during birth, I will permit it. The community also frequently requests sanro pamana’ to care for the baby after delivery...(Interview, 11 October 2022)

In Gowa, there is a single midwife known as ‘Midwife Isma’ to the Panciro residents. She is the only midwife responsible for deliveries in Gowa, but her presence is greatly appreciated by the community. Midwife NM (27 years) stated:

... I also conducted training sessions for the sanro-sanro pamana' here to enhance their knowledge in caring for pregnant women and babies. This includes improving their use of materials, such as recommending the use of betadine instead of bamboo for cutting the baby's umbilical cord...(Interview, 15 October 2022)

To reduce mortality in Gowa, sanro pamana’ and midwives have formed a strong cooperative partnership. The midwife has also involved sanro pamana’ in medical training and health programs organized by the local health center, focusing on safe and hygienic baby handling and delivery methods.

Makassarese birth ceremonies in Gowa are deeply rooted in ancestral traditions, evident in every stage of the pregnancy, birth, and post-birth ceremonies, with strong community support. Sanro pamana’ is a vital element in these rituals (Jecky, 2022).

As leaders of sanro pamana' rituals, they possess profound knowledge of customs and traditions associated with these ceremonies, including access to sacred prayers or "pakdoangang" in the Makassar language, believed to safeguard pregnant women and their babies from harm, as stated by Dg. Ngintang.

... In the appassili tradition, pregnancy is not just about the ritual; it often involves reciting a protective mantra. This precaution is taken to counteract potential jealousy and negative actions aimed at disrupting the expectant mother's happiness....(Interview, 21 October 2022)

As added by Dg. Baji:

...When someone becomes sanro pamana’, specific mantras are recited, but this knowledge is not widespread, sir, and only a few comprehend it...(Interview, 16 October 2022)

From the previous explanation, it's evident that sanro pamana' possess exclusive mantras for ceremonial rituals, known only to them. Nevertheless, in this study, some sanro pamana'...
were unable to provide the required mantras, whether during rituals or when giving massages to pregnant women and their babies. Dg. Ngintang also added:

...Sharing these mantras is challenging, but what's certain is that we begin with "Bismillahirrahmanirrahim” and seek Allah SWT's blessings and salvation through our recitations. All the mantras we recite are prayers we offer to Allah SWT...(Interview, 13 October 2022)

As explained by sanro pamana', each mantra they recite comprises prayer sentences with perceived supernatural and religious influence. These expressions are sincere prayers to Allah SWT, following the Islamic practice of starting with an intention and saying "Basmalah" before any action. This belief enhances the significance of sanro pamana’ in Gowa Regency.

The midwife's role during pregnancy includes conducting examinations, evaluating the pregnant woman's condition, estimating the time of delivery, assessing fetal health, and performing necessary lab tests (Kasmiati et al., 2023). In contrast, the midwife (sanro pamana’) provides counseling to pregnant women and their families, educating them about signs of labor, potential pregnancy danger signs, personal and environmental hygiene, as well as health and nutrition during pregnancy.

Midwives' competence in estimating gestational age and assessing fetal health is often considered less than that of traditional birth attendants, leading to greater community trust in the latter's knowledge and more frequent utilization of their services (Muzakkir, 2018).

In interviews with informant AN (23 years), it was disclosed that she occasionally undergoes pregnancy checks at health facilities like the Integrated Service Post. Additionally, she routinely checks her pregnancy with the assistance of a traditional birth attendant or sanro pamana’.

Village Midwife NM (27 years old) stated that pregnancy checks by midwives start when signs of pregnancy appear and continue until just before delivery. Although efforts have been made to encourage early pregnancy checks, with socialization campaigns, local communities are more inclined to use the services of traditional birth attendants for health examinations.

Sanro pamana’ (midwives) promote traditional prenatal care. Interviews with them revealed that pregnancy checks with a shaman typically occur between 4 to 9 months of gestation. During this stage, the shaman provides services such as stomach massages and ceremonies to exorcise evil spirits (parakang) through prayer recitations. Additionally, shamans are often involved in seven-month events (appassili). The knowledge that sanro...
pamana' possesses about the shaman's ability to ward off evil spirits through prayers is a significant reason why local people often prefer shamans over midwives for pregnancy care.

_Sanro pamana’_ knowledge of prayers to ward off evil spirits and the appassili ritual significantly influences their role in pregnancy care. This leads to a contestation of dominance, where two types of knowledge compete within the same context, with traditional birth attendants' (sanro pamana) knowledge dominating the field of maternity care (Syarif, 2021).

Midwives and traditional birth attendants have similar recommendations for foods like lemons, mangoes, bananas, and avocados during pregnancy (Moita & Sarpin, 2018). However, the difference lies in their understanding of the nutritional and vitamin content of these fruits. Midwives possess a deeper understanding of these nutritional aspects, while traditional healers have more limited knowledge in this regard.

Midwives lack expertise in massaging pregnant women, whereas traditional birth attendants, commonly found in the research location, are highly skilled in this area. For instance, Mrs. DN (31 years) experienced a breech position of her baby at 8 months of pregnancy. When she consulted a midwife, a caesarean section was suggested for the delivery. However, DN's mother sought assistance from sanro pamana' DK (56 years), who conducted three massages, successfully repositioning the baby from breech to normal. This highlights the critical role of sanro pamana' knowledge in massage techniques for correcting fetal positions and creates a distinct pattern of knowledge dominance during pregnancy (Moita & Sarpin, 2018).

### 3.2 CONTESTATION OF MEDICAL AND TRADITIONAL KNOWLEDGE DURING CHILDBIRTH

Assistance during childbirth in Gowa involves a hybrid collaboration between midwives and _sanro pamana’_. Midwives handle tasks like cutting the baby's placenta, while _sanro pamana’_ aids in pushing the baby out. Additionally, _sanro pamana’_ recites prayers over the water for the mother to drink, aiming for a smooth delivery process. Local people always include midwives in the birthing process to avoid a government fine of Rp. 500,000 for their absence.

While many opt for the services of both a midwife and _sanro pamana’_ during childbirth, some still choose to rely solely on _sanro pamana’_ for delivery. Even though giving birth at a health center or with a midwife is free with a Healthy Indonesia Card or Family Card, certain individuals prefer _sanro pamana’_ due to their perceived friendliness and informal nature. This
preference for sanro pamana' during the delivery process is expressed by sanro pamana' DS (45 Years) and SW (50 Years):

...I don't specify an amount when called for assistance; it depends on their generosity. Some gave around IDR 150,000, others IDR 200,000, and so on. Midwives and health centers don't charge delivery fees if the patient has a Family Card. I never demand payment, and the wages I receive are entirely determined by the patients themselves...(Interview, 15 June 2022).

In traditional Makassar birth ceremonies, especially in Gowa, sanro pamana' plays a crucial role, participating in various stages like appassili, tappu pocci'na (nibajak), and akcaru-caru (aqiqah). To analyze the role of sanro pamana' in the context of medical treatment, researchers applied Lévi-Strauss (2021) theory of structure and transformation.

In Gowa, numerous active sanro pamana' are involved in pregnancy and birth ceremonies, performing various related rituals. To utilize their services, people must follow specific steps to call or request their assistance, as explained by Harina Dg. Kenna.

...To seek assistance from sanro pamana', one cannot directly contact them. Instead, there is a process called "annyampa sanro," where someone must visit the sanro's house when the pregnancy reaches five months. During these visits, people typically bring money, betel leaves, and rice as a sign of respect and a request for help...(Interview, 12 October 2022)

As explained in the previous interview by Dg. Kenna and confirmed by sanro pamana' Dg. Tacos, to engage the services of sanro pamana', individuals cannot directly contact them. Instead, there is a community tradition called "annyampa sanro," where people must bring money, betel leaves, and rice as part of the process to request assistance.

... When seeking assistance from sanro pamana', some individuals bring money, betel leaves, and rice as a request, while others may only bring money. Sanro pamana' often purchase the betel leaves themselves...(Interview, 12 October 2022)

From the interview, it's clear that the community seeks sanro pamana's assistance as a companion in various pregnancy and post-birth rituals. During these visits, people commonly express their appreciation by bringing rice, betel leaves, and money.

...Typically, they offer money and rice, not as a bribe but as a longstanding tradition passed down through generations in our society... (Interview, 12 October 2022)
The tradition of giving to sanro has been passed down through generations since our ancestors' time and continues in Gowa today. During the "annyampa sanro" process, the community discusses the custom of sanro in accompanying pregnancy and birth rituals. Following the "annyampa sanro" stage, there is a ritual known as appassili, typically performed when pregnant women reach their seventh month. However, it's important to note that the appassili ritual is not conducted for every pregnancy; it is specifically carried out for the first child, as expressed by sanro pamana' Dg. Baji.

...When someone seeks my assistance, I often inquire if this is their first pregnancy. This is because the appassili ritual is performed when a pregnant woman reaches her seventh month, but it is exclusive to first pregnancies...(Interview, 11 October 2022)

In Gowa, there is a ritual called appassili, primarily conducted for first-time pregnant women. Both the family and sanro pamana' are involved in its preparation, with the family providing the necessary equipment, as described by Iskandar (2019). During the ritual, pregnant women wear elegant attire and sit on the steps of the pa'makkang. Nearby, a jajjakkang is placed, containing rice, a red candle, a coconut with palm sugar, kale, and some money.

During the appassili ritual, once the pregnant woman is seated on the stairs, sanro pamana' conducts the ceremony by sprinkling water-soaked leaves from the prepared container. The selection of leaves for this ritual is specific and not random, as elucidated by Dg. Ngintang.

...In the appassili ritual, various types of leaves are used, including shame leaves, srikaya leaves, and mayang pinang leaves, as mentioned by the local community...(Interview, 12 October 2022)

All these various leaves are bundled together using either a rope or white thread and soaked in a container filled with water. Additionally, as part of the appassili ritual preparation, a type of incense is also readied. Once all the components for the appassili ritual are in place, a sanro pamana' recites a mantra while gently pouring rice over the pregnant woman.

...Prior to conducting the appassili ritual for a pregnant woman, the initial step I take is to recite a mantra while gently sprinkling rice. This action carries significance as an attempt to uplift the spirits of pregnant women...(Interview, 11 October 2022)

Following that, the candle placed in the jajjakkang is lit before the pregnant woman's face, symbolizing a guiding light. Subsequently, sanro pamana' proceeds to sprinkle the water-soaked leaves onto the pregnant woman's body, beginning with the head, then moving to the...
right shoulder, left shoulder, and finally the stomach. This sequence is repeated three times by sanro pamana'. Once the ritual is completed, the remaining water in the vessel used for appassili is discarded outside the door. The pregnant woman then takes a bath, and all the clothing worn during the ritual is given to her sanro pamana'. Throughout this process, prayers are recited to seek the safety of the pregnant woman and her unborn child.

After bathing, the pregnant woman dresses in bodo attire with a silk sarong and then settles into a prepared bed adorned with jajjakkang and traditional cakes for the ensuing ritual. Sanro pamana' once again recites mantras, sprinkles rice onto the pregnant woman's body, and ignites it with a candle. Subsequently, sanro pamana' provides the pregnant woman with nutritious traditional cakes like umba-umba cake, cucuru, sarikaya, and je'ne uring. These cakes are fed one by one to the pregnant woman, followed by offering drinking water. The remaining water is used to gently rub the pregnant woman's face and stomach while sanro pamana' continues reciting mantras. Finally, sanro pamana' proceeds to perform a stomach massage for the pregnant woman.

To conclude the ceremony, the pregnant woman is guided by sanro pamana' to the front door of the house, where she shakes off the bodo clothes and silk sarong she is wearing. This act symbolizes purification and protection against ill fortune or undesirable influences. After the appassili ceremony in the seventh month of pregnancy, until the pregnancy progresses, sanro pamana' typically only visits pregnant women when they express a need for a massage. The role of sanro pamana' in the birthing process today has evolved from its role in the past, as elucidated by sanro pamana' Dg. Baji.

...In the past, prior to the presence of midwives, I would typically visit the homes of women about to give birth, and there was no need to take them to a health center. However, nowadays, home births are prohibited, and the utilization of sanro pamana' services has also been restricted. Presently, the birthing process generally occurs at a midwife's residence or a community health center...(Interview, 12 September 2022)

From the interview results, it can be summarized that in the past in Gowa, sanro pamana' often conducted the birthing process at the pregnant mother's home. However, in current times, sanro pamana's role in the birthing process has evolved to supporting midwives. The actual birthing process is now typically handled by midwives, usually at the village midwife's facility. Nevertheless, the community in this village still contemplates engaging the services of sanro pamana' or seeking their assistance when a pregnant woman is about to give birth.
After the baby is born, sanro pamana' returns to the pregnant mother's home, carrying the baby's placenta, known as campugi in the Makassar language. This campugi is then placed in a jar and buried. Once the condition of the mother improves after childbirth, she and her baby return home. At home, both the mother and baby are bathed by sanro pamana'. Before the bath, warm water is applied to the mother's stomach using a coconut shell bucket. This practice aims to prevent the mother from experiencing bingkasak disease.

Following that, sanro pamana' bathes the baby while providing massages and care. The baby is positioned on a tray (kapparak) placed on sanro pamana's feet during the bathing and massage process. Subsequently, sanro pamana' alternates between massaging the mother and the baby. However, it's worth noting that presently, sanro pamana' is only permitted to bathe the baby once a day, in adherence to the regulations set by the midwife. This limitation was clarified by Dg. Taco.

...In the past, babies were typically bathed twice daily, in the morning and evening. Nevertheless, presently, babies are bathed just once a day, specifically in the morning, as midwives have prohibited bathing them twice daily. Sanro pamana' adheres to the instructions issued by the midwife...(Interview, 13 September 2022)

In the past, sanro pamana' used to bathe the babies twice a day, in the morning and evening. However, due to advice from midwives, they now bathe the babies only once a day, typically in the morning. Sanro pamana' follows these instructions.

Sanro pamana' bathes the baby until the umbilical cord is dry and ready to fall off, typically around seven days after birth, referred to as "tappu pocci'na" in Makassar language. Nowadays, they use scissors, betadine, and bandages for cutting the baby's umbilical cord, which is a departure from the traditional tools used in the past. Additionally, this ritual involves providing incense, a glass of water, and traditional cakes like umba-umba cake and je'ne uring, as explained by Dg. Baji:

...In the past, when the baby's umbilical cord dried, it was traditionally cut using a saule and treated with turmeric before being wrapped in cotton. However, the midwife now provides scissors, betadine, and bandages as using traditional tools like before is no longer allowed... (Interview, 12 September 2022)

Next, sanro pamana' recited a blessing and offered the baby traditional cakes, symbolizing good luck and happiness according to Gowa beliefs.
The final ritual for babies conducted by sanro pamana’ is the aqiqah ceremony, typically held on the eleventh day or before the baby reaches 40 days of age in Gowa. This aqiqah ceremony is known as akcaru-caru, combining religious requirements and family traditions, as described by Munadiyah & Hasaruddin (2019).

A few days prior to the aqiqah or akcaru-caru ceremony, parents typically designate a close relative to inform family and neighbors about the upcoming event. These individuals, known as appau-pau, play this role.

For the akcaru-caru ceremony, preparations are made at the baby's parents' house. These preparations include: 1) Bembe (goat): Two for boys and one for girls, following the sunnah of Rasulullah SAW, 2) Pakdupang (incense): Used to provide fragrance during the akcaru-caru procession, 3) Jajakkang: A ceremonial equipment filled in a basket or basin, consisting of a patang gantang (equal to sixteen litres) with tai bani (dried tai) over rice, along with some money, 4) Kaluku (coconut): One coconut tied with golla eja (brown sugar) and wrapped in cloth, as well as an easy coconut used in the hair-cutting ceremony. Coconut symbolizes hope for the child's usefulness and a sweet life, 5) Unti (banana) and doe' (money): Placed on a tray as offerings to supernatural beings for protection against negative influences, 6) Less (al-Qur'an), books, pens, gold, tasbih (prayer beads), and scissors, 7) Salama': Various types of food, including umba-umba, tumpi-tumpi, kanre patangrupa (four kinds of rice) consisting of songkolok kebok (cooked white sticky rice), songkolok lekleng (cooked black sticky rice), kanre eja (brown rice), kanre kebo' (white rice), and chicken eggs. These foods symbolize safety. These preparations contribute to the akcaru-caru ceremony's meaningful symbolism and significance.

In addition to the previously mentioned preparations, various types of cakes are also prepared for both the aqiqah and akcaru-caru ceremonies, as well as for entertaining the attending guests. These cakes include umba-umba, cucuru bayao, sarikaya, sponge cakes, and several other varieties. During the aqiqah ceremony, a goat is slaughtered, and the baby is given a name, as described by Henri (2018).

Additionally, there is a ceremony called Nisimba, where a sanro pamana’ dips a rosary into water and touches it to the baby's forehead as a symbol of emphasizing the importance of religious teachings in the baby's life. Following this, brown sugar and coconut are held in the right hand of the sanro pamana’, while the Al-Qur'an, books, and pens are sequentially held in the left hand. This ritual aims to instill the value of following the Qur'an in the baby's life and fostering a passion for acquiring knowledge, as explained by Dg. Baji.
... Al-Qur'an, books, and pens are used to encourage the baby to grow up to be diligent in reading the Qur'an and to make knowledge that benefits many people...(Interview, October 13, 2022)

In the Nisingkolo ceremony, sanro pamana' places a gold ring and kidong mangngali leaves into the baby's mouth to symbolize the significance of gold (Bulaeng) in the baby's life.

...Placing gold in a baby's mouth symbolizes the desire for the child to have valuable and friendly words when they grow up...(Interview, 15 October 2022)

Giving Kidong Mangngali leaves represents the hope that the baby will develop virtues such as kindness and good character as they grow up.

In the aktompolo birth ceremony, the baby's crown is covered with a special material called aktompolo, and the baby is held on the lap of sanro pamana' (Sari & Agussalim, 2020).

In the aktompolo birth ceremony, Sanro Pamana' applies the concoction to the baby's crown, symbolizing the value of his actions like gold. The parents, close relatives, and respected figures also participate in this procession with the intention that the child listens to their commands (Sari & Agussalim, 2020).

During the aktompolo procession, participants apply the ingredients to the baby's crown while reciting prayers, including Surah Al-Fatiha and Salawat, while expressing their hopes and blessings for the baby's future, as described by Dg. Jarre:

...During the aktompolo ceremony, Surah Al-Fatiha is recited along with Salawat as both are considered powerful prayers, according to Dg. Jarre...(Interview, 19 October 2022)

The aktompolo ceremony is performed to ensure the baby's safety during birth and protect the baby from supernatural interference, reflecting the essence of aqiqah. Following the aktompolo ceremony, sanro pamana' typically leaves the house, and the event proceeds with the akpabarajamak, a congregational prayer, and akkatterek, the hair-cutting ritual where a baby's hair is placed into a young coconut, symbolizing the hope for the baby's continued growth and prosperity. Finally, the Barasanji ceremony is conducted based on the family's wishes (Munadiyah & Hasaruddin, 2019).

After the aqiqah ceremony concludes, several family members will bring jajakkang to sanro pamana's house as a gesture of gratitude for his assistance in caring for the mother and baby. The jajakkang typically includes sixteen liters of rice and an amount of money based on
the family's sincerity. Additionally, they bring offerings such as songkolok, tumpi-tumpi, cooked goat meat, bananas, and various traditional cakes like umba-umba, cucuru bayao, serikaya, sponge cake, and other traditional delicacies. These preparations align with ancestral traditions that must be upheld, and there is no element of coercion; they are adjusted according to the family's capacity (Hasanah, 2021).

Besides their significant role in various birth ceremony rituals, sanro pamana also possesses the crucial ability to determine and correct the fetus's position in the womb if it is abnormal. They achieve this by gently massaging the pregnant woman's waist while reciting a mantra, guiding the fetus to the center. This process provides comfort and ease for pregnant women during childbirth, as explained by Dg. Baji.

...When a pregnant woman reaches seven or eight months of pregnancy, I provide massages to adjust the fetus's position if it's tilted, making childbirth easier. When a pregnant woman reaches the ninth month and begins to experience pain, I recite a mantra on her crown. If her navel opens or blooms, it's a sign that birth is imminent, and I advise her to go to the midwife immediately. However, if I recite the mantra but the navel remains closed, it means it's not yet time for childbirth, and I wait for the right moment before directing her to the midwife...(Interview, 15 September 2022)

Dg. Baji's explanation highlights the remarkable skill of sanro pamana' in massaging pregnant women at seven or eight months of pregnancy to optimize fetal positioning for a smoother delivery. Additionally, sanro pamana' can discern signs of imminent birth by observing the opening of the pregnant woman's umbilical cord after reciting a mantra on her crown.

Interviews with multiple sanro pamana' reveal that their presence in Gowa is highly esteemed and respected by the local community, extending beyond Gowa into nearby villages in South Bajeng District. These traditional birth attendants play a crucial role in safeguarding the health of pregnant women and their unborn children. Their responsibilities include massaging pregnant women's abdomens, imparting knowledge about cultural taboos, and crafting protective amulets infused with mantras to shield pregnant women from malevolent forces. Furthermore, they hold a significant role in traditional childbirth ceremonies.

The presence of sanro pamana' in Gowa can be attributed to a robust social network. This network has elevated the reputation and recognition of sanro pamana' to the extent that people continue to depend on their services. The strong bond between sanro pamana' and the Gowa community has been firmly established, which accounts for the persistence of this profession to this day.
Based on observations and interviews, sanro pamana' retains its structured role and preserves its traditional values and skills, including mantra chanting (pakdoangang) and massage techniques. These elements elucidate the continued existence of sanro pamana’, despite the presence of village midwives and nearby health centers in Gowa. This phenomenon can be analyzed through the lens of Lévi-Strauss (2021) theory of structural transformation, which delves into the interplay between structure and enduring characteristics within related systems and relationships.

In Gowa, efforts have been made to provide training for sanro pamana’ or traditional birth attendants, despite their continued presence in the modern era of medical treatment. This training is aimed at equipping them with new knowledge and ideas that they can share with and gain acceptance from the local community (Desika, 2021).

Sanro pamana's training focuses on enhancing shaman practices, encompassing guidance on pregnancy, safe childbirth, and addressing potential complications during delivery. This initiative is aimed at minimizing or averting maternal and infant mortality, as emphasized by Dg. Baji:

...I received training at a hotel covering childbirth, including umbilical cord cutting. The midwife leading the training stressed the significance of sanro pamana' in childbirth due to their mantras associated with blessings...(Interview, 12 October 2022)

Dg. Baji attended hotel-based training sessions to improve the care provided by sanro pamana’ to pregnant women. This illustrates that sanro pamana’ has adapted to modern practices, as evident in their use of scissors for umbilical cord cutting and betadine for sterilization, a reflection of structural transformation while maintaining their core practices (Lévi-Strauss, 2021).

In the modern era, sanro pamana’ remains highly regarded and essential for the people of Gowa, particularly in South Bajeng District, Gowa Regency, especially for pregnant women. Their role in conducting pregnancy and birth-related rituals is still deeply valued and trusted by the local community.

The people of Gowa uphold their ancestral values, customs, and traditions, including adhering to a series of interconnected stages in the pregnancy-to-birth ceremony within a religious and cultural framework among the Makassar ethnic community (Nurinsani, 2021).

Each of these stages holds profound significance for the Makassar tribal community, encompassing appassili, tappu pocci’na, and akcaru-caru (aktompolo, Nisimba, and Pabarajamak). Sanro pamana' assumes a pivotal role in several of these stages, actively
participating in *appassili*, *tappu pocci’na*, and performing crucial rituals such as *akcaru-caru*, *aktompolo*, and *nisimba*, as stated in the interview with Dg. Jarre:

...Sanro pamana' holds a highly significant role in the pregnancy and birth ceremony, serving as a crucial figure in numerous aspects. Traditionally, they are entrusted with important responsibilities related to pregnancy and childbirth. Beginning from the seven-month mark of pregnancy, they become companions during the appassili ceremony, participate in tappu pocci’na by assisting in cutting the umbilical cord and bathing the newborn, and lead the rituals of akcaru-caru, aktompolo, and nisimba, overseeing all these processes...(Interview, 25 October 2022)

Dg. Jarre emphasized that the pivotal role of *sanro pamana'* in ceremonial rituals underscores their undeniable significance within the community.

_Sanro pamana'* never seeks compensation for their services, as they prioritize mutual assistance and sincerity within the community. Monetary contributions from the people do not influence their commitment to helping pregnant women and babies, and they do not discriminate among those they assist, consistently prioritizing their roles as sanro pamana' above all else.

### 3.3 POSTPARTUM CONTESTATION OF MEDICAL AND TRADITIONAL KNOWLEDGE

The postnatal relationship between a new mother and a midwife extends beyond delivery. Midwives continue their duties with home visits, maintaining records like mother cards, mother cohorts, and mother and child health books, and administering vaccinations at the Integrated Service Post (Khairoh et al., 2019). In Gowa, mothers typically rely on midwives for baby vaccinations.

After childbirth, the connection between the mother and a *sanro pamana'* persists. *Sanro pamana'* frequently continues to provide care, such as massaging newborns, and they are readily available when a baby falls ill, as detailed by NH (42 years):

...In the past, when my child was sick, I would either call or take my child to sanro pamana. They possessed unique skills in reciting mantras and preparing powders or oils that would prevent my child from crying during treatment. This contrasted with the child’s reaction when given medicine by the midwife; the child would often cry... (Interview, 17 June 2022)
While *sanro pamana*’s official duties conclude after the *aqiqah* ceremony, the community continues to seek their services when their children fall ill. *Sanro pamana*’ also have the expertise to create traditional remedies like powders or oils for children. It's worth emphasizing that *sanro pamana* do not formulate remedies haphazardly. They conduct a thorough assessment of the child's condition by touching specific areas of the child's body, including the ears, palms, crown, and eyes, before administering any powders or oils.

The knowledge exchange between midwives and shaman uncles in postpartum care follows a coexistent pattern. Both midwives and shamans possess distinct fields of knowledge, and their expertise coexists without influencing one another.

The contestation of power and knowledge between *Dukun Beranak* and midwives (medical personnel) can lead to various interaction patterns. These patterns include: 1) "Zero-sum game": Competition occurs, resulting in the cancellation of each other's knowledge in the battle for supremacy, 2) "Hybridization": Knowledge from both parties mixes and creates new elements, leading to the reconstruction of knowledge, 3) "Coexistence": Knowledge from both parties exists together without influencing each other in rhetorical competition, 4) "Domination": One party succeeds in dominating and defeating the other party in the contestation. These patterns represent different ways in which power and knowledge are contested and negotiated in the context of childbirth practices (Foucault & Muzir, 2019; Ritzer & Santoso, 2015; Ritzer & Goodman, 2012; Purnomo & Dharmawan 2007)

Escobar (1999) employs the concept of hybridization to analyze the interaction between local knowledge and modern science within the framework of cultural values. Childbirth practices are culturally rich phenomena replete with symbolism, meanings, contradictions, interests, and power dynamics. In the context of the intersection of these two forms of knowledge, as Salman (2016) elucidates, the knowledge in use emanates not only from the local community but also from external sources. In such a scenario, diverse elements including cooperation, cross-referencing, competition, and conflict among various knowledge producers and carriers can emerge. This entire phenomenon is termed the "contestation of knowledge."

**4 CONCLUSIONS AND SUGGESTION**

Based on the research findings, three patterns of knowledge contestation between midwives and shamans (*Sanro Pamana*) can be identified: dominance, hybridization, and coexistence contestation patterns. The dominance contestation pattern occurs during pregnancy, with the shaman's knowledge taking precedence over that of the midwives. The hybridization
contestation pattern emerges during the delivery process, as midwives and shaman uncles collaborate and combine their knowledge. Meanwhile, the coexistence contestation pattern illustrates that midwives’ and shaman Pamana's knowledge coexists, with each having its distinct role in postnatal care without interfering with the other.

Based on the conclusions provided, the researcher recommends the following steps: 1) Promote mutual understanding and respect between traditional birth attendants’ knowledge and village midwives’ knowledge during pregnancy. This is aimed at fostering equal cooperation (hybridity) between the two, preventing one party from dominating, and ensuring that truth claims arise from both sides, 2) Maintain a pattern of hybridity contestation in the birthing process, where the knowledge of midwives and shaman uncles collaborates and complements each other. This can help achieve harmony in labor efforts and ensure the best care for expectant mothers, 3) Continue to maintain the coexistence contestation pattern, where the knowledge of midwives and shaman uncles coexists, with each having its role without interference in postnatal care. During this period, both parties should learn about the advantages of the knowledge system possessed by the other party to improve overall maternal and infant care.

REFERENCES


