

## POSTPARTUM MATERNAL CARE TRADITION AMONG TIMOR TRIBE IN TIMOR TENGAH SELATAN REGENCY NUSA TENGGARA TIMUR PROVINCE

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### ABSTRACT

**Background:** Indonesia consists of thousands of large and small islands inhabited by hundreds of ethnic groups with diverse cultures, has created a distinctive unique including in health efforts. Timor tribe is one of the tribes in Indonesia that has a culture in postpartum maternal care, which is called *Sei* tradition. The tradition of *sei* is a tradition of piling / warming up new mothers with their babies for 40 days in the round house "*ume kbubu*". This study aims to explore more information about the practice of postpartum maternal care in Timor Tribe in Timor Tengah Selatan District.

**Materials and Methods:** This research is a qualitative research with phenomenology design. Data collection was conducted through in-depth interviews with 12 postpartum mothers, traditional leaders and health workers in October 2018 until August 2019 in Mollo Utara sub-district, Timor Tengah Selatan District.

**Result:** The results showed that post partum maternal care was based on hereditary traditions, the types of care were fumigation of the mother and baby during puerperium, hot compresses (*tatobi*) using hot water, food restrictions and prohibitions on going out until a thanksgiving event called "*kon afu*".

**Conclusion:** The Timor community believes this practice makes mothers recover faster and babies are stronger but in terms of health this tradition has a negative impact on the health of postpartum mothers and newborns.

**Keywords:** Tradition, Postpartum Care, Timor Tribe, Maternal Care, Indonesia

## 1.0 Introduction

Indonesia consists of thousands of large and small islands which are inhabited by hundreds of ethnic groups with diverse cultures. The richness of Indonesian culture from various ethnic groups spread throughout Indonesia has colored the health efforts. Health efforts can be in the form of conventional or traditional and complementary services in the form of preventive, promotive, curative, and rehabilitative activities.

The basic pattern of public health is inseparable from local social, cultural and environmental problems. Cultural orientation describes attitudes, views, and perceptions of life issues including health, which can have positive or negative impacts on the general health status of the community. An understanding of community culture related to health issues is very important to consider as a determining factor towards the success of health programs aimed at improving the quality of life of individuals and communities (Agkasawati, Rahanto, & Wardani, 2015).

One of the health problems that is closely related to culture is the problem of maternal and child health. Maternal and child health problems are often specific local health problems related to local socio-culture, so it needs to be explored to find out the underlying problems so that cultural improvements or empowerment can be immediately impacted on that have a positive impact on health (Agkasawati et al., 2015).

According to the Indonesian Academy of Sciences (AIPI) through research conducted in June 2016 to March 2018 stated that the triggers for high maternal and newborn mortality rates in Indonesia are quality of health services, health referral systems, implementation of National Health Insurance, and related local government policies health. Besides these factors, there are also cultural factors where gender inequality is still a problem when women want to give birth. Some regions in Indonesia even still hold the principle that women are not entitled to determine their own labor processes (AIPI, 2018).

One of the ethnic groups in Indonesia that has a local culture in the pattern of postnatal care for mothers and newborns is the Timorese in Timor Tengah Selatan (TTS) District, Nusa Tenggara Timur (NTT) Province. The Timorese who live in TTS have a unique tradition of caring for new mothers and newborn babies. This tradition is called the *sei* tradition. *Sei* in the tradition means "roasting" a mother who has just given birth to her baby during childbirth treatment. This tradition requires the mother and baby to sit and lay down on bed with embers underneath. The fuel used is firewood. The husband or other family members will always provide firewood and keep the embers burning and smoke (Athena & Soerachman, 2014).

The *Sei* tradition is carried out in a traditional Timorese house called round house '*ume kbubu*'. *Ume kbubu* is a round-shaped building with a roof made of reeds material which almost touches the ground, a ground-based floor, has no windows or ventilation and is equipped with a fireplace inside, the construction of *ume kbubu* is designed by focusing smoke from cooking activities so that it does not come out through the door but directly to the storage of corn in *ume kbubu* so that air ventilation is only from the entrance. When cooking, usually the *ume kbubu* door is closed tightly so that the smoke only moves in the room (Nuban & Karwur, 2016).

During *sei*, mothers and babies will always breathe polluted air because the fuel used is biomass fuel (firewood). The results of incomplete combustion of biomass fuels (firewood, straw, charcoal) usually contain suspended particulate matter (SPM) that can enter the respiratory tract and gases such as carbon dioxide (CO<sub>2</sub>), formaldehyde (H<sub>2</sub>CO), nitrogen oxides (NO<sub>x</sub>), sulfur oxide (Sox). Exposure to pollutants resulting from incomplete combustion of biomass fuel can have a negative impact on health in the form of respiratory tract irritation to impaired lung function (Soerachman & Wiryawan, 2013).

Smoke from burning wood in a round house is very dangerous for the health of mother and baby because it causes interference to his health directly or indirectly. Directly cause headaches, shortness of breath and cough and irritation of the eyes, nose and throat. Indirectly cause lung disease, heart disease and lung cancer. Health problems due to the temperature in the house are too high because burning smoke in humans can cause lack of fluids and heat stroke. Home lighting that is too low due to the amount of wood burning smoke can affect eye damage (Prasodjo, Musadad, Muhidin, Pardosi & Silalahi 2015).

TTS District health profile data in 2017 shows that ARI ranks first in the pattern of 15 largest outpatient diseases, with a proportion of 36 percent, pneumonia ranks first in pattern 15 of the largest inpatient diseases with a proportion of 19 percent and the main cause of maternal death was bleeding (46%), where the diseases were thought to be related to smoke exposure and *sei* tradition. The purpose of this study is to explore the practice of *sei* tradition in postpartum maternal care in the Timorese community in Timor Tengah Selatan Regency.

## 2.0 Materials and Methods

This research is a qualitative research with phenomenology design. This research was conducted in Timor Tengah Selatan District (Mollo Utara Sub District, in Kokfeu Village, Sebot Village and Fatukoto Village). The study took place from October 2018 to August 2019.

The main informants in this study are mothers who are still or who have performed *sei* traditions in childbirth care. The method of selecting participants in this study is not directed at the number but based on the principle of appropriateness and adequacy until it reaches data saturation. The number of informants in this study were twelve people, consisting of six postpartum mothers who were doing *sei*, and six mothers who had experience doing *sei* and triangulation of traditional leaders, community leaders and health workers. The technique used is purposive sampling technique.

Data collection was conducted through in-depth interviews of mothers who are doing *sei* and Focus Group Discussion (FGD) of mothers who have ever conducted *sei*. The process of collecting researchers' data is done with the help of data collection tools in the form of interview guidelines that have been prepared by researchers before going to the field, a voice recording device using a cellphone to record conversations during the study, and the field notes of the researcher.

The stages of the data analysis process used are the steps of Colaizzi (1978) which can be described in the following scheme.

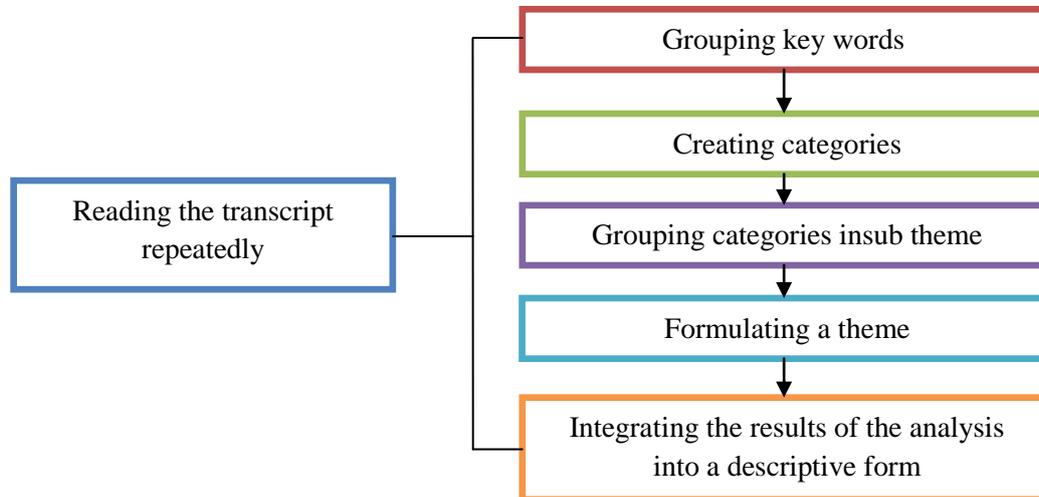


Figure 1. Data analysis technique

The validity of the data in this study is guaranteed by triangulation which includes: triangulation of sources that is cross-checking data with facts from different sources, triangulation of methods that is collecting data by several methods, in this study triangulation of in-depth interviews with observations and focus group discussions (FGD), triangulation of data analysis : conducting analysis with other people who are experts in qualitative research, and asking for feedback from informants if there are things that are unclear over the telephone.

### 3.0 Result

#### 3.1 Overview of Research Locations

Timor Tengah Selatan Regency is a regency in Nusa Tenggara Timur Province with a geographical location bordering: east of Malacca Regency, west of Kupang regency, north of Timor Tengah Utara Regency and south of the Timor Sea. In terms of topography, the condition of the land surface is mostly mountainous and hilly with an average slope of above 50 degrees. The climate of the TTS region is a cold climate that is influenced by monsoons with a long rainy season, around December to April, with temperatures ranging from 16<sup>0</sup> C to 25<sup>0</sup> C. Dry season around May to November. From June to August is the peak of winter, temperatures sometimes reach 12<sup>0</sup> C. From September to November temperatures range from 29.1<sup>0</sup> C to 33.4<sup>0</sup> C. According to government administration data, Timor Tengah Selatan Regency has an area of 3,995.56 km<sup>2</sup>, with the division of the sub-district government area into 32 sub-districts, the number of village office/villages of 278 which includes 12 village offices and 266 villages. The population is dominated by Timorese with a population of 463,980 people.

### 3.2 Sei Tradition Practice

The *sei* tradition is a tradition in post partum mothers care in the Timor Tribe. This tradition is carried out with the aim of restoring the health of new mothers and their babies by warming the body of the puerperal mother and her baby during the postpartum period.



Figure2. Ume kbubu (round house)

The Timorese have concept that mothers give birth is cold so it needs to be warmed up. The *sei* tradition is carried out in *ume kbubu* (figure 2). Placing postpartum mothers and their babies in *ume kbubu* with the aim that they are not exposed to cold due to the wind. The practice consists of roasting (*sei*), hot compresses (*tatobi*), as long as this practice is carried out there are food restrictions and prohibition to go out of the house until the event to dispose of ashes (*kon afu*).

#### 3.2.1 Roasting (*sei*)



Figure 3. *Sei* fireplace (left); Postpartum mothers and babies doing *sei* (right)

*Sei* tradition is carried out shortly after the delivery process. After the birth process, the mother and baby have been cleaned, then the husband prepares a fireplace. This fireplace consists of two stoves, one for cooking hot water for *tatobi* purposes and another for burning *sei* or roasted wood (figure 3. Left). Some of the ember from the fireplace was taken and placed under the mother and baby's bed. Thus there are three sources of heat in this tradition with their respective uses, namely: the first stove for the purpose of cooking *tatobi* water, the second stove to heat / roast the back, especially the waist of the puerperal mother, and the embers placed under the bed to bake part of the birth canal (perineum) of the mother and to warm the baby's body. According to the informant the reason for the perineum to be roasted is

to heal the wounds of the birth canal and restore the condition of the perineum which is swollen due *tomuku* (straining) during childbirth.

The puerperal mother is on the bed when doing the roast with his back to the fireplace to roast her back (figure 3. Right). The first four days must lie alone and should not get down at all from the bed except when *tatobi*. Timorese believe that the first four days postpartum are critical times for postpartum mothers so they must be properly cared for and cared for. The fires in the two stoves burn for twenty-four hours a day during the puerperium and the ash from the burning of the charcoal under the bed will be stacked and will not be disposed of until the informant's family conducts a thanksgiving event called *kon afu* (flushing ashes). They believe that removing the burning ashes before the mother and baby leave the house can be fatal to the health of the puerperal mother and her baby. Mother and baby will be sick. The disease which is believed to afflict her child is a *badan noe* (weak body / limp), bones are not strong even death.

### 3.2.2 Hot Compresses (*Tatobi*)



Figure4. Postpartum mothers doing *tatobi*

*Tatobi* is a type of care for post-partum mothers which is considered very good for health by the Timorese people. *Tatobi* is one of the main things in the practice of *sei* tradition and is as important as baking. Both *sei* and *tatobi* goal is also the same, namely to remove dirty blood from the uterus. The difference between the two is that it is roasted to make the body of the puerperal mother and baby strong, strong bones, no *noe* (limp) while *tatobi* keeps the body fresh and clean. *Sei* and *tatobi* are both principled to provide a warm effect on the puerperal mother. *Tatobi* is done first rather than grilled.

*Tatobi* is done by using two pieces of cloth shawl, one shawl placed on a plank to be occupied by the puerperal mother after dipping it in hot water without being squeezed first. This practice aims to compress the birth canal or maternal perineum. Other fabrics are used to compress other body parts, starting from the abdomen, the chest and breasts, then the back of the body starting from the back and waist. This cloth is also compressed without squeezing it first. To overcome this so that there is no damage to the skin such as blisters, hot water is dripped with pure coconut oil first or rub the coconut oil on the entire surface of the puerperal mother's skin. The frequency of *tatobi* practices in one day ranging from eight to a dozen times, from morning to night, hot water is always cooked after each *tatobi*. After the water boils the puerperal woman will be told to do *tatobi* even though she is resting or sleeping soundly at night.

### 3.2.3 Food Restrictions

During childbirth treatment, not all food can be consumed by postpartum mothers. There are certain foods that are forbidden to be consumed (table 1).

Type of food	The reason for not consuming
Salt	Can cause wounds in the uterus more severe and not heal.
Chilli	Resulting in baby diarrhea
Vegetable shoots of pumpkin	Pumpkin shoots are itchy because they are hairy so they can cause a baby to cough
Sweet potato	Causes baby's flatulence and diarrhea
Rice beans	Causes baby's stomach ache
Papaya leaf	It feels bitter so that it can make breast milk become bitter

Table 1. Food restrictions on puerperium mothers

The purpose of this food abstinence focuses on the health of babies not postpartum mothers. Postpartum mothers refrain from eating delicious food because they pay attention to the health of their babies. According to the Timorese people a variety of foods will make the baby sick. During the first few days after receiving what is considered a critical period, postpartum mothers only consume *bose*, peanuts and *bubur putih*. *Bose* contains crushed corn kernels and skin removed, cooked for hours until soft as porridge. *Bubur putih* is rice porridge that does not mix anything. Timorese people call it *skono* which means eating "empty". Food that is not mixed with anything. The next day postpartum mothers may consume a little vegetables, eggs and meat.

### 3.2.4 Prohibition on going out the house

During the postnatal care, in addition to restrictions on food, postpartum mothers are also prohibited from leaving the house. In the first four days after giving birth, postpartum mothers are not allowed to leave the house at all. As previously explained that the mother giving birth is only in bed. At this time postpartum mothers may only go out to urinate, even urinating is sometimes done in the house. After passing through the four days, postpartum mothers can get out, but only around the house. Apart from that, you can't go anywhere. This prohibition lasted during the postpartum period until a convention was held. Activities that can be done only routine activities of a mother in the kitchen.

The *kon afu* event is a forty day thanksgiving event for newborns. Forty days itself is only a term used by the Timorese people to name their thanksgiving program. In practice it is not really forty days but it can be done one month after the child is born or a few months later, meaning that it can be held in less than forty days or more than forty days, depending on the readiness of the family who will provide it. This event requires a large fee because it is a big party. At this event all the big families gather. Neighbors and friends who came to visit while in the postpartum care period were all invited. The issue of cost is often a barrier to holding such a conference immediately. During this time, the postpartum mother and baby waited to continue doing the entire set of traditional *sei* practices until the time for thanksgiving.

## 4.0 Discussion

This roasting practice for mothers and babies is based on the view of the Timorese people that mothers give birth that is cold so it needs to be warmed up. The cold condition in a person is identical with "sickness" in the Timorese perspective, so that everything that causes the "cold" condition is always avoided. Conditions such as being exposed to the wind, cold foods, colds and so on which according to them make a person "cold". Sei phenomenon also occurs in several regions and tribes in Indonesia such as the Batak tribe known as *mararang* or *marapi*. The *mararang* tradition is a tradition of postpartum care by roasting using charcoal fuel (Sitorus, 2017). The Gayo tribe in Aceh grills the post-partum mother, known as *bedaring*. The fireplace for the postpartum mother is called *bedaring* by the local community which means sitting near the fire. The post-partum mother sat with her back to the fire all day and night for 44 days (Fitrianti & Angkasawati, 2015). The tribes in other parts of Asia such as in China, Malaysia and India also found a similar phenomenon. Zuraidah, Asmiaty, Darlina and Saad (2018) stated that Chinese people also have a tradition of childbirth care that is principled to avoid mothers giving birth and newborns from the cold (wind). During the confinement period, the postpartum mother will not take a bath for several days or weeks (depending on the endurance of the postpartum mother, comfort). After a few weeks the mother may take a bath with warm, cool water without mixing hot water with cold water. It is strictly forbidden to wash your head for fear that she will get sick from the cold. Potions are also added to the belief that these herbs are good in preventing the body of the puerperal mother from the wind (cold), thus avoiding pain. This view can be rationalized from a biomedical point of view, that warm temperatures are very beneficial for postpartum mothers and newborns, warm temperatures can prevent hypothermia in infants which is often the cause of death in newborns. For postpartum mothers, the warmth makes blood vessels dilate so that blood circulation is smooth and the transport of oxygen in the organs of the body is good and is very helpful in wound healing. However, on the other hand, the roasting process of the post partum mother and her baby can also be detrimental to the health of the mother and baby by using wood fuel (biomass). Smoke from burning firewood (bio-mass) contains very fine dust particles (less than 10 microns) and air pollutants in the form of carbon dioxide (CO<sub>2</sub>), formaldehyde (H<sub>2</sub>CO), nitrogen oxides (NO<sub>x</sub>), sulfur oxides (Sox) (Rachmalina & Yuana, 2013).

Hot compresses can be useful to facilitate blood circulation, stretch stiff muscles after a tiring labor. It is also beneficial to refresh the body of the puerperal mother because it produces a relaxing effect, and can reduce pain due to childbirth (Wahyu, Febria-wati, Lina, Andri & Wulandari, 2019). Timorese people do *tatobi* with the intention that the mother's body is fresh, postpartum lochea smooth and clean and return the uterus / stomach to its original shape. *Tatobi* can also be a good way to meet the needs of breast care for postpartum mothers. At the beginning of breastfeeding, post partum mothers can experience blockage of breast milk and breast swelling, hot compresses can help relieve pain and overcome the blockage of breast milk. On the other hand, there are things that are detrimental to postpartum maternal health due to *tatobi* practices. Timorese do *tatobi* up to a dozen times from morning to night, this might be able to prevent postpartum mothers from reaching the need for rest and sleep which is actually an essential requirement for postpartum mothers. This phenomenon is also found in the Buton area (North Sulawesi). Buton women during the puerperium undergo a tradition of

care called *posoropu*. In the Posoropu tradition, hot compresses are carried out in two ways: to bathe the puerperal mother with hot water, the practice is the same as *tatobi* by dipping a cloth in hot water and then directly attached to the postpartum mother's body without being squeezed first, this hot shower is known *aspidaho wee musodo*. The benefit is to make the body fresh, clean, strong, healthy, painless body, sweat and dirty blood. Second, by using a hot compress using red coconut. Red coconut is heated then placed on the mother's stomach, the reason for using red coconut is because the mother gives birth associated with red blood (Usman, 2018).

Food abstinence during childbirth in the Timorese community is related to the process of restoration of the physical condition of the puerperal mother and the health of her baby. Postpartum mothers are restricted to eating only *bose* corn and *bubur putih* (white porridge) for the first four days on the grounds that the uterus is still injured, eating peanuts so that milk is smooth and plenty of it. Abstinence from other foods that are believed to cause the baby to get sick. Nutrition is one of the most important needs for postpartum mothers in the process of health recovery and ensuring adequate nutrition in breast milk in terms of both quantity and quality. The phenomenon of food restriction in postpartum mothers with food restrictions is also found in the Sabang (Aceh) community. Postpartum mothers are not recommended to eat fried foods, jackfruit, eggs, seafood, chili, pepper. In addition to restrictions on types, portions may not be in large quantities (Maryati & Tumansery, 2018). In the Pekalongan community, the practice of abstinence is referred to as "ngapiki" which is to limit the amount of food and drink, as well as the type of food that can be consumed by postpartum mothers during childbirth. Postpartum mothers only eat side dishes that contain vegetable protein such as tempeh and tofu that are steamed without seasoning. Mother can sprinkle salt after tofu or steamed tempeh. There are restrictions on eating time from five o'clock in the afternoon until five o'clock in the morning with the reason that the puerperal mother is not bloated and body condition quickly returns to its original shape (Widowati, Harnany, & Amirudin, 2016). Nutritional needs during childbirth, especially if breastfeeding will increase by 25 percent which is useful for the healing process after giving birth and to produce breast milk. Adult women need 2,200k calories, nursing mothers need the same calories as adult women + 700k calories in the first 6 months, then +500k calories the following month. A balanced diet that must be consumed includes adequate, regular portions, must also contain a source of energy, builders, and regulators / protectors and all of that is obtained by consuming a variety of foods (Walyani & Purwoastuti, 2015). Restricting food consumption by applying restrictions to certain foods will cause nutritional deficiencies in the mother and child.

Prohibition of leaving the house gives positive or negative benefits for the puerperal mother and her baby. Postpartum mothers who stay at home will have adequate rest time and can treat and give exclusive breastfeeding freely to their babies. But on the other hand, the prohibition of going out to the postpartum mother and baby can also be an obstacle to access to health services in terms of childbirth examination and immunization services to infants. In addition to obstacles to access to childbirth and immunization services, the prohibition of going out of

the house can also be an obstacle in fulfilling the needs for postpartum birth control mothers. Planning about family planning after giving birth is very important and is one of the needs of the puerperal mother because it can indirectly help mothers take care of their children well and rest their uterine devices. Prohibition of leaving the house during the puerperium whose time can even exceed two to three months can prevent postpartum mothers from accessing family planning needs.

## 5.0 Conclusion and recommendation

*Sei* tradition is a practice of postnatal care for mothers which is still widely practiced by the Timorese people. The results of this study indicate that tradition as a social determinant still strongly influences public health behavior. The types of care performed in the form of *sei* (grilled), *tatobi* (hot compresses), food restrictions and prohibition to leave the house until the baby's forty-day celebration event is called *kon afu* (throwing ashes). Even if it is done with the intention of striving for the health of the postpartum mother and her baby, in reality this tradition has great potential to cause health problems for both mother and baby. It is very important to develop health promotion of postnatal care for mothers and newborns carried out through a cultural approach to society in general and in particular to postpartum mothers and families.

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## Declaration

The authors declare that this article is our original work and has never been published before.

## Authors contribution

Author 1: Research concepts and designs, preparing research proposals, collecting data, analyzing data and writing manuscripts.

Author 2: Research concepts and designs, supervising the research process, actively involved in data analysis, reviewing manuscripts and final editing.

Author 3: Research concepts and designs, supervising the research process, actively involved in data analysis, reviewing manuscripts and final editing.

Author4: Supervising research, review manuscripts.

Author5: Supervising research, review manuscripts.

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