

Sando Mpoana (Traditional Midwife) In The Stream Of Midwifery Services In Kaili Ledo Community In Sigi Regency Of Central Sulawesi Province

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ABSTRACT: This article explains the efforts SandoMpoana (traditional midwife) to maintain her existence in midwifery servicing in KailiLedo community. This article is derived from a qualitative study with 21 SandoMpoana, 17 professional midwives, 24 pregnant and post-delivery mothers, and 5 public figures as informants for the study. Data were collected through observation and interviews and analysed inductively. The resistance of SandoMpoana in KailiLedo community is interpreted as a consequence of function transfer of midwifery service which in the first place has to be replaced by professional medical practice of midwifery. However, in practice, sandompoana as the main actor of the midwifery services still becomes the choice of pregnant and post-delivery mothers in KailiLedo community. The remedies taken to defend its place in the community are to provide complete services, spread nigogo issue, and strengthen kinship ties.

Index Terms: resistance, sandompoana, midwifery service medicalization

1. INTRODUCTION

Pregnancy and delivery periods in some areas in Indonesia are considered as a critical period for mother and her fetus because it is believed to be related to real things or supernatural. In the view of the community who believe that critical period involves a number of risks as a consequence of supernatural power intervention. This causes the family, relatives, and relations conduct ritual ceremonies (crisis rites) or rite de passage (transitional rites) [1]. SandoMpoana therefore plays an important role to repel supernatural threat endangering individuals and their environment. Kleinman states that there are two salient systems in relation to pregnancy and delivery, and the way to handle them: traditional medical care and professional medical care. Both services with each actor would not be a problem when the traditional midwife is involved in the delivery [2]. The traditional midwife can therefore cooperate with the professional midwife because she has similar understanding of the indications of pregnancy, its condition, fetus growth, delivery symptoms, delivery mechanism, and the causes of disease susceptible to the mother and her baby. The placement of professional midwives in several villages whose mother mortality rate and infant mortality rate are high is considered important to decrease those rates through delivery services in the health institution such as village health post.

Their remedy however has not yet shown significant results. According to WHO and Indonesia Health Department the decrease of both rates has not met the desirable target. The traditional midwives who had been trained to do the tasks resorted to their initial practice. According to Millennium Development goals, in 2015 Indonesia is expected to lower the infant mortality rate to 23 per 1000 living births and the mother mortality rate to 102 per 100,000 living births. This agreement is worthily acceptable as a great challenge for those who are responsible for mother and child care (KIA), particularly in changing the community's paradigm and behavior toward health leading to healthy life. In Central Sulawesi, infant mortality rate reaches 60 per 1000 living births and mother mortality rate 285 per 100,000 living births exceeding the decrease target set by MDGs [3]. The factors affecting the mother mortality rates are pregnancy complications, improper and late handling of delivery and post-delivery, bleeding, hypertension, infection, prolonging partus, and miscarriage. Meanwhile, the infant mortality rate is affected by infections and less birth weight. The delivery service by the unskillful midwives could intensify the risks of mother mortality in delivery. The delivery handled by the traditional midwives can also increase mother and infant mortality rates in delivery. Besides, no-libu culture (in Kaili Ledo meaning 'to negotiate' or 'to discuss') in the family causes the mother being too late to arrive in the health center, and too late to have medical services. Based on such assumptions, the government of Indonesia took several policies as national programs in terms of decreasing the mother and infant mortality rates, among others are 'Midwives Village Entrance (midwives go village)', 'Safe Motherhood', Making Pregnancy Safer (MPS), Alert Village (Standby Village), and Mothers movement (GSI) (Care for Mother Movement). There are also free delivery program of Public Health Insurance (Community Health Security) and (Free Delivery Security) these programs are intended to support the poor people to have access to professional medical services. The objective is to provide free medical services for delivery and post-delivery. Such programs in fact increase delivery practice by the midwives from 43% in 1997 to 70% in 2007

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despite the various delivery percentages in every region in Indonesia due to the factors such as midwives' competence and medical infrastructure as well as facilities. In the working area of Dolo Community Health Center, 64.8% of pregnant mothers and the delivering mothers was treated by professional midwives under Free Delivery Security. This means that there is 35.2% of those mothers uses sandompoana services to deliver their babies [4]. Those programs are the government's endeavor to make use of medicalization of midwifery services particularly in pregnancy and delivery matters. However due to the lack of appreciation towards the social and cultural aspects of professional pregnancy and delivery care system, sandompoana function should be more diminished. The fact, on the contrary, proves that sandompoana is still selected by the pregnant mothers and those who are to deliver a baby for their infant delivery services. Therefore the role and function of sandompoana are still available in the community of Kaili Ledo. The formulation of problem is: what are sandompoana's efforts to maintain her existence in the medicalization process in Kaili Ledo Community of Sigi Regency? The study aims to describe sandompoana's efforts to survive in the midwifery medicalization process in the community. Several studies related to traditional midwives indicate that the role of traditional midwives in the delivery process in Indonesia is significant particularly in the village community. The study carried out by [5] stated that traditional midwife's role in helping the delivery process has started since very long time ago until today and become the community's choice. About "Social capital and selecting traditional midwife in the delivery, is it still relevant? That the causes of the community's tendency to select the traditional midwife to help the delivery are the pray and incantations which have been previously familiarized through the community culture and tradition by both acculturation and enculturation [6]. Another study was done by [7], because there is no good relationship between the professional midwife and the traditional one, many traditional midwives serve mothers for the delivery alone without any assistance from the professional midwife. Parker [8], claims that most women in Bali would choose a safer place to deliver their babies into the world as long as it is not against the practice of delivery according to their local culture mechanism that is kandampat even if it is done in hospitals.

2. MATERIALS AND METHODS

Definitions and Data Collection

Traditional midwife according to WHO is a woman who helps a mother to deliver her infant and who obtains her skills from self-taught learning or from other traditional midwives [9]. Sandompoana widely known in Kaili Ledo community is one of the main actors in pregnancy and delivery care performed outside the professional health care sector with indigenous medicine (traditional medicine). A woman with over 50 years of age, expert in concocting traditional medicine to keep pregnant and post-delivery mothers healthy before and after delivery, fixing the fetus position in the womb, and caring the baby until the remain umbilical cord falls [10] Professional midwife is a dynamic profession and her task and function performance should be based on the view of science philosophy, work

procedure, standard procedure of service, and should comply with the standard of ethics. She is also an independent worker, collaborator, and an advisor on midwifery through consultation and references for high risk pregnant particularly in emergency [11]. In other words, the tasks and function are expected to improve the quality of medical services based on the competence and specified services for mother and infant health [9]. Midwifery paradigm is therefore to provide professional and holistic services in physical, psycho-social, biological, and cultural contexts. In the implementation of the role and function of professional midwife, effective strategic steps are needed to attain the set goals including identifying strategic issues to be faced in the external condition, opportunity, and threats [12, 13]. In the view of the traditional midwives, however, such steps are the causes for their resistance. They tried to resist so that they could survive. They resist because they feel unsatisfactory with the partnership with the professional midwives in which they have to pay fine when they practice midwifery alone. The description of various phenomena in this study focuses on the holistically integrative explanation of all life networks in the community with inductive analysis technique. The study location was determined in purposive manner and it was Dolo District, one of the 15 districts in Sigi Regency. The majority of the populations are Kaili Ledo ethnics who speak Kaili Ledo vernacular. Their occupations are rice farmers, coconut farmers, aquaculture farmers (goldfish, tilapia). The samples were 21 sandompoana; selected based on their skills: 14 sandompeonju is a person who performs massage and fixes broken bones, 4 sandombaso (healer), 3 mantale who performs the ritual ceremony, 17 professional midwives (11 state employees, and 6 temporary officials), 24 pregnant mothers and mothers who had delivered infants selected based on their choices of pregnancy and delivery services: sandompoana or professional midwives. The data were collected through interview and observation, then they were formulated and described, and the meaning and dynamics were interpreted by means of ethnographical method. The interviews were meant to seek for information from sandompoana on their resistance to provide midwifery services, the issues which constitute references for them to hold fast to their identity better than the professional midwives. The observation was to focus on the social condition and daily activities of the informants in their houses and outside. Documentary study was conducted to support the field data

3. RESULTS AND DISCUSSION

The strategic issues on the efforts of sandompoana to maintain their existence: 1) complete service; 2) strengthening kinship ties, and 3) 'nigogo' issue.

Complete Service

Complete service of sandompoana for her patients begins when detecting signs of pregnancy, during pregnancy when the fetus grows, when delivery symptoms appear, and finally mother and baby care. The traditional midwife has her own principles which might be slightly different with those of other traditional healers. However, when it is related to supernatural belief, symbolic and metaphorical meanings perceivable in their culture, there are similarities among their efforts.

Firstly, there is still a tradition among the mothers in Kaili Ledo community, when she feels that she is pregnant particularly the first child, she will go to sandompoana to examine her pregnancy particularly when there is a sign of abnormality. Sandompoana will examine her patient by touching tenderly at the abdomen, then massaging and fixing the fetus position in the uterus. The examination is usually at the sandompoana's house or at the mother's house. When the pregnant mothers feel that their pregnancies are normal, the regular examination is preferably conducted by sandompoana instead of professional midwives and the reasons are that the midwives are not always in their station; the cost of the professional midwife's service is more expensive than that of sandompoana. She is considered capable of handling normal pregnancy and of overcoming spiritual/mystical disturbances which commonly occur during pregnancy i.e. a belief that 'topeule' a mystical creature feeding on human heart in different language in the area also named parakangor poppo. To prevent the disturbance caused by the creature, as informant IH-KRT from Tulo Village said: in her experience when she was pregnant for her first child when examined by the midwife from that village she was given a piece of paper that the midwife wrote on it a prayer and she had to put it on the door of her bedroom in order to repel the topeule. The mother remark confirmed by the professional midwife BD-DSY on duty in the community health center of Tulo Village that such practice extremely hinder her effort to implement her task to control prenatal condition of the pregnant mother in one side but in other the professional midwife agreed that there was still a common mystical belief in the community of the existence of the spiritual creature topeule who would exist around the village health center for the heart of a newly-born baby. Similar opinion was also expressed by informant BD-YLC from Langaleso Village that to prevent topeule's attack the villagers should set a pile of wood on fire in three consecutive nights so the topeule would not come near the house where the baby stayed. This was confirmed by informant TM-ZND that such tradition has been going for a very long time until this very day.

Secondly, the ritual ceremony 'nolamatai' conducted when the pregnancy enters the 7th month is ritual aims to ask for safety of the infant in the womb since the term nolamatai is derived from the word 'nolama' which means safe and the word 'tai' which means belly or womb. The ceremony should be preceded by nomballogga tradition to smoothen the delivery process (nomballogga means 'loose'). According to informant SP-RST from Karawana Village that the nomballogga tradition has been practice for so long until today and the purpose is to smoothen the delivery process, a tradition that should not be neglected and which is believed if not performed will bring misfortune to the mother and her baby. This tradition is usually carried out at sandompoana's house or the mother's from 8 to 9 normally on Friday because it is believed to be a good day and the prayer said in such a day would be granted by God. The prays normally uttered are Surah Al-Fatiha, some wirid, and "shalawat" for the prophet (Peace Be upon Him). The ladle used to pour water to the mother is made from the coconut shell punctured at the base in order to make the water flow without obstacle as what will the delivery be. The prayers

will be followed by 'gane-gane' (spells) 'barimbakalulunumantanirebuvesiakalulu nunganamesuvu' which means the baby is expected to come out as easy as pulling offjungle grass (numanta). After bathing ceremony comes nolamatai, a very simple ceremony. The food prepared for it is only chicken and rice.

Thirdly, there are two interrelated post-delivery ceremonies: Mantale ceremony intended for newly-born child and Nopaso which means to pass sweat or natidapu' (steam bath) is for the mother in confinement. Mantaleritual is usually carried out at day 7 or 14 after the birth but to a poor family it may be postponed until post-cropping, depending on the family readiness. The types of food prepared are Tovaunitunu (barbecued goat), manunitunu (barbecued chicken), tabaronidange (cooked sago), Cucuru (a type of cake made from rice powder and brown sugar), Paepulu(sticky rice) with four different colours, lokanidaka (a bunch of boiled banana), Dale nitunu (roasted corn), kaluku (coconut). There are also Uwempoi (sour souce), Sambulugana (betel vine leaves, tobacco, "gambier", betel nut, and whiting), Tavanulokapagata (banana leaves), Dalalonu (traditional tray) filled with mbesa (traditional linen), doke (spear). Guma (gong). Sticky rice, banana, and cucuru are placed on dulangplangga (a tray) together with their accessories. The way the food is presented is as follows: first of all a sample is taken from each type of food and it was placed on kalibau (waru leaf) arranged on non-torn banana leaves (one or three leaves). Those samples are arranged into seven (sampapitu) or nine (sanjasasio) groups in cross-section position. The first offering is balenggantale (barbequed chicken and goat) placed on dalalonu (traditional tray), then the raw of banana leaves. On the first one are placed rice, chili, and salt placed side by side with tobacco, "gambier", betel nut, and whiting. On the second banana leaf are placed roasted corn, cucuru, and sago. Meanwhile, uwempoi (small stew) is placed on tuvu. To complete this ceremony, mbesa (traditional linen), doke (spear), and guma (gong) are placed on a traditional squared tray without leg (baki gala). White sticky rice, banana, cucuru are placed on a dulangpalangga and all the accessories such as rice, palm sugar, coconut, a bunch of banana. The ceremony starts with a call to the spiritual creature anitu, then the sando will cast spells. Later, she will splash water and yellow rice around the food, and finally, the barbequed goat and chicken are attached to the column of the house. Informant TM-DGM from Langaleso Village stated that mantale ceremony is still practiced in every village despite the differences in the type of food offered and the type of animal to be sacrificed. It has not only magical religious value but also social one because the food has to be distributed immediately to those who are present, it cannot be kept because it signifies emotional ties with the ancestors. The explanation proves that the offerings in mantale are magical and religious for it is related to the community's belief of supernatural forces. The aim of this is to repel curses and diseases. Every kind of food that goes along with it is sacred. Any single requirement is not met; it is believed that the baby will be sick for the rest of his/her life. The charms uttered by sando become the media of communication to ask for protection to the unseen from the world of spirits. In other words, all kinds of magic and religious ritual ceremonies encoded with

tradition are conducted for treatment and recovery, and to repel misfortune as well as malicious spirits which is part of Balia ritual. Mantale ritual has been through some changes since Kaili Ledo community started to embrace Islamic Religion. Adjustment and synergy have been made to the practice of the ritual with the practice of aqiqa of the Islamic ritual for newly-born baby. The prophet Muhammad (peace be upon him) requires us to sacrifice one goat or lamb for a baby girl and two goats or lambs for a baby boy. The mantale ritual is conducted normally from 9 to 11 and the followed by aqiqa ritual a pray for safety is recited barasanji (a laudation to the prophet (peace be upon him)). As a sign of the completion of matale ritual, the leader of the ritual will tie silver beads around her thumb of wrist. The purpose is to prevent the leader of the ritual from getting negative influence of nosimporoa from bad spirits summoned earlier in the ceremony. The ritual should not miss any of the requirements. A case in point: When the son of informant IH-Ylt from Tulo Village was 2 years old, he suffered from rash all over his body. He had been taken to health center and given some medicine for 2 months but the rash did not heal. After the family agreement, it was decided to that the mantale ritual should be performed again because they believed that the previous one was incomplete. SP-IDP from Tulo Village was recalled to lead the ritual. After the ritual the blood of the sacrificed goat was rubbed on the child's entire body. The rash healed and disappeared. When the writer met the child he was healthy.

Nopasoa Care is a treatment to post-partum mothers to recover their physical condition, remove impurities from their bodies, and they have to drink traditional tonic and herbs. This tradition is commonly called 'nopasoa' which literally means to pass sweat or also termed 'napidapu' which means 'steam bath'. The objective of this treatment is to achieve physical recovery or 'posirapauvapakangakaro' (fixing muscles and agility) as informant SP-IDS comment: ..that one of the requirements which the post-delivery mother has to go through is nopasoa ritual in every Friday morning for 3 Fridays. The water used for bathing should be lukewarm added with "pandan" leaves, lemon leaves, and lemon grass, and the mother will use the water for bathing to clean the remaining impurities. The menstrual blood that remains will be removed with traditional potion derived from sivulomboa leaves mixed with a pinch of salt and lemon taken for 3 consecutive days. A different way of nopasoa ritual was told by informant SP-ZMH from Kotarindau Village an ample stone was burnt when it is already hot, the stone will be placed between the mother's feet while standing and her body will be wrapped with cloth, and then water was poured to the hot stone so the steam would cause the mother to sweat. This was done three times consecutively to recover her physical condition. It was believed that this is to prevent the mother from 'nabantaa' blur vision and headache.

To strengthen Kinship Ties

To strengthen kinship ties refers to blood relation of those connected based on blood ties [14, 15]. Therefore boundaries of kinship are marked by principles of descent: patrilineal, matrilineal, bilineal, or bilareral. Kinship ties as a natural thing, like marriage, is considered as an important thing in someone's history of life as a part of a community.

The success of someone to maintain the unity of his family life in line with the prevailing cultural pattern in his community is a sign of successful kinship preservation. In the Kaili Ledo it is expressed as 'mompakaluopasalara' which means that marriage extends family ties or kinship. It implies that a person exists because of an earlier marriage and a marriage is to continue the existence of the family to pass on traditions from generations to generations. This relationship is unbreakable and is the basis for kinship ties which later to be extended in the community through the family line of father and mother in matrimonial family system as in Minangkabau or in patrimonial family system as in Batak. The family system in KailiLedo community is patrimonial [16]. Someone's status and position in the community is at stake due to his/her family ties. Family ties or kinship is important in the life cycle activities of the individual in a community such as wedding, funeral, birth, and thanksgiving ritual. In the life cycle activities, one has to invite close relatives from both sides husband's and wife's particularly of elder generation 'totuanuada' (traditional public figure) and 'totuanungata' (public figure of the village). They have made a lot of decisions in relation to pregnancy and delivery, as well as the selection of care needed. The necessity to attend or provide help is a social responsibility that contains a cultural value of gathering leading to a consensus (nolibu). The nucleus family who does not take part in 'nolunu' (similar meaning for sintuvu) will be isolated from the community. As an example, a ritual in relation to misfortune such as funeral, both sides of the family help each other by working out things together, providing material support as well as financial one for the ritual without strings attached. They name this mutual cooperation ("gotong royong") as one of the noble values in the communal unity called sintuvu or nolunu. "In my observation on attending funeral ritual of 7th, 40th, and 100th days, all the costs for the ritual were contributed by the relatives, members of the family kinship being obliged to assist according to their ability. Kinship is not limited only to marriage ritual despite the fact that marriage can strengthen kinship. This is because the implementation procedure is performed in intricate and detail stages of tight formalities. No-libu and sintuvu are also applied in nolamatai and mantale rituals which accentuate a kinship tie with the ancestor so as to escape from misfortune or disease and to maintain safety for the life of the baby as an offspring who must be protected from malice from 'anitu' or 'topeule'. Sandompoana has also an authority and influence on the lives of families as well as patients who have been her regular customers. In performing her practices, she is perceived as someone who has the ability to communicate with the world of spirits 'anitu' therefore in every village, any significant belief enacted by its community constitutes the belief of the group including magical religious rituals. For instance, when a pregnant mother is examined by sandompoana by rubbing her belly softly, it is believed that the baby will be brought into the world safely, and when being pregnant for the second time the sandompoana who helped her in the previous delivery will be chosen for the following delivery [2]. The grouping in kinship network is considered as reference by the individual and his/her family so the existence of sandompoana gains acclaim by the local population because of her expertise in helping delivery process and leading nolamatai and mantale. In fact, no

compromise if the patient will look for another sandompoana in place of the one who serve her earlier. Therefore, ritual ceremony in connection with pregnancy or delivery is attached to and follows the advice and direction of sandompoana as a public figure too.

An Informant from SP-IDP of Tulo Village said:

From the first to the third children delivery was performed alone without the help of a midwife. To confirm the informant's statement, one of her daughters IH-BDR, 38 years old, a junior high school leaver commented that from pregnancy to the delivery of the first, second, and third children only her mother alone who took care of the whole processes, even when in pregnancy she never took her to the professional midwife, grateful to Allah for all the children were safely born at home. Informant IH-SGR from Potoya Village stated that her first child was born through her mother's help. When she was pregnant with her first child, the delivery process was handled by her mother and when she was pregnant with her second child, she went to the professional midwife who said that she was three month pregnant. When asked whether she would go to professional midwife for the delivery. She answered that first child was handled by my mother, so was the second child, being afraid of the mother a 'sandompoana' who might considered her refusing the treatment moreover they share the same house. Those two informants implied that they maintain good and harmonious relationship in the nuclear family, between mother and child. The reason for maintaining intact kinship relation between sandompoana and her patients is because a contract has existed from generation to generation to perform nosuna (girl circumcision), ear piercing, "zakat fitrah", other ritual ceremonies.

To disseminate 'ni-gogo' issue.

The term ni-gogo is the practice of midwife to examine pregnancy condition by inserting finger into the cervix wearing rubber gloves. The purpose is to find out the time for partum after that the midwife will leave the patient, particularly when the examination is at home. This way is not against medical view. However, in sandompoana's view, it may cause psychological syndrome for the mother, fear, and worry and it is against the religious ethics what is more the examiner is a male obstetrician. This very issue is disseminated by sandompoana as the liability of the professional midwife to handle pregnant mothers and delivery. The complaint by the informant who had been referred to the hospital was the shifting of the person on guard. The patient examination ran according to the standard procedure including the examination by the obstetrician. Even though the delivery ran smoothly and the baby was fine, there was still a psychological problem concerning the unsympathetic, rough treatment of the midwife. If not because of complication symptoms the mothers would not deliver the babies in hospital. According to Parker [8], the bad treatment in hospital becomes the complaint of the patient, particularly about the expensive cost. Informant SP-NRM from Karawana Village upon reminding her children said that the mother who will deliver a baby should wear sarong or a house dress, the body parts should be kept hidden. There was a kind of inconvenient feeling against such condition, particularly

when it was the delivery of the first child. The husband himself was not allowed to attend the delivery. It was advisable not to tie hair approaching delivery because hair smell would signal approaching partum. The pregnant mother who was nombalangga and nopasoa bathed had to cover the breast down to the lower part of the body with sarong. The ni-gogo issue has an impact on other pregnant mothers who had initially decided to deliver the baby in the hospital to change their mind to deliver under the help of sandompoana. This decision is frequently considered as a safe and convenient choice. The ni-gogo issue circulating among the women in the village had created an impact on them. Informant IH-NIT of 28 years of age because of the issue spread by the family whose member experienced inconvenient treatment in the hospital or community health center stated: "koumiyuni-gogo, ni-gogo, ni-gogo" is the expression which confirms that it better to deliver your baby in the hand of sandompoana rather than that of the professional midwife. This is also confirmed by informant BP-AID stationed at the community health center of Karawana Village. The pregnant mothers were reluctant to deliver their babies in the community health center because of being afraid of ni-gogo when the delivery was handled by the professional midwife. In the view of informant SP-MRY on responding the ni-gogo issue, the patient who is claimed to have a normal pregnancy should not go through such treatment, unless if the infant had already come out of the womb and the placenta was still inside then ni-gogo was accepted. She assumed that the reason for the placenta delayed coming out is that the mother was asked to push not on the right time. The informant said further that another consequence that may appear was bleeding if the placenta had not fully come out. It posed a risk to the mother and her infant and it might lead to death. Therefore, preventive action to foreclose the bleeding was to perform popurura which simply means to prevent bleeding. The pray recited by the informant was the first ayah of the surah Al-lahab and ended with the words Amin ya Rabbal Alamiin. This prayer also could be recited to stop bleeding due to miscarriage or other diseases.

POSTSCRIPT

The efforts of sandompoana to survive with her identity over the authority of professional midwives in the delivery services are spreading throughout the village, including the villages in Sigi Regency. It is a challenge for sandompoana to convince the community particularly her customers by providing a complete and holistic service from pregnancy period, ritual ceremony of 7 month pregnancy (nolamatai), easing the delivery process (nombalangga), the first born ritual (mantale), and post-delivery care (nompasoa). Those kinds of care are performed by sandompoana based on custom and the tradition commonly practice in the community of KailiLedo from generation to generation which is still influenced by animism and mysticism belief. The impact of Islamic religion, advances in educational sector, and better health services cause the rituals to change in its meaning. The aqiqah ritual is synergized with mantale ritual and there is an obvious shift from traditional delivery service to modern one, despite being suboptimal. In fact the pregnant mothers still choose to deliver their babies with the help of sandompoana. The establishment of unity and wholeness in KailiLedo community is determined

by the social norms binding the relationship among the individuals as well as the groups. One manner formulated in nolibu is the selection of delivery place should involve the elderly in the decision making. All activities in relation to life cycle rituals like pregnancy and delivery should be decided with the involvement of both sides of the family in giving and receiving with no string attached. This is called sintuvuor nolunu which is still maintained today. In strengthening the kinship ties in nucleic, extended, and allied families, sandompoana's existence has to acquire recognition as a public figure whose advice is heard by the community, and who becomes role model of her community. They will strengthen the tie through the trust in the existence of anitu and topeule whose mischief could be tackled by sandompoana in order to assist the smoothness of the delivery process. The explanation above is an indication for the professional midwife to control and expand her responsibility even though she is still incapable of changing the pregnant mothers' as well as the delivery mothers' perception on the safe and convenient services. In fact, the practice of professional midwife results in a number of issues related to the liability of delivery handled by the professional midwife such as high cost, sanction for the delivery led by sandompoana without professional midwife's assistance and ni-gogo issue for the treatment of the midwife to her patients. Therefore the psychological syndrome of the pregnant and delivery mothers is decorated with dissatisfaction, disappointment, fear, and contradiction to tradition, social norms, and religious ethics. Sandompoana is capable of performing normal delivery without ni-gogo and difficult delivery without cesarean operation. When complication occurs to those who choose to deliver with the help of a professional midwife, they might face death as a risk due to late reference to the hospital.

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