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Rationalization of Health in Java : A Historical Portrait of Dukun Bayi in Java to the Present*

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Abstract

This study focuses on the process of rationalizing health in Java with the central issue of *dukun bayi* or traditional birth attendants from the colonial era to the present day. This research tries to explain how to integrate *dukun bayi* into modern medicine carried out by the Dutch colonial government and continued by the Indonesian government after independence. In Java since 1851, there has been an o cial attempt by the government to realize training for *dukun bayi* by establishing a training center for native midwives. Similar e orts was then continued after the Indonesia's independence through the training conducted by the Department of Health assisted by the local health center. The *dukun bayi*, played a significant role at the beginning of giving birth process but also has a powerful magical element, however, their role in this present days is reduced to being a baby masseur.

Keywords— *dukun bayi*, health, Indonesia, rationalization, Java

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Introduction

The *dukun bayi* have played important positions in Javanese society. They are not only expert in assisting childbirth, but also helps from pregnancy to postnatal care. This includes giving direction about *uborampe*, a list of necessity to celebrate the life cycle of humans and contributed significantly in the care of babies from bathing, to massaging during 35 days since the first day of its birth. Besides, *dukun bayi* also experience deflation in their roles as baby masseurs. Their magical role reduced due to various factors. One of them is the undeniable change in health discourse caused by the modernity movement.

The followings are some of the earlier works in the study of health in Indonesia. Liesbeth Hesselink in *Healers on the Colonial Market: Native Doctors and Midwives in the Dutch East Indies* narrates the hygiene and health discourse that is developed in the Dutch East Indies in the mid-19th century concerning the position of *dukun* in society (Hesselink, 2011). This study is one of the essential works to see how since 1851, there has been a shift in views from Javanese society about the position of *dukun*. The study that tries to uncover the shift in birth rituals in the Yogyakarta region was raised by Hyung-Jun Kim in *Reformist Muslims in a Yogyakarta Village: The Islamic Transformation of Contemporary Socio-Religious Life* (Hyung Jun, 2007). The shift was visible in the *brokohan*, *tetesan* and *tingkeban* that led by a dukun bayi must be in contact with elements of Islam since the decade of the 80s. Gani Achmad Jaelani (2017) in his dissertation entitled *La Question de Lhygiene aux Indes-Neerlandaises* examines the issue of hygiene in its relationship with colonialism. In the thesis of Martina Safitry entitled *Dukun dan Mantri Pes: Praktisi Kesehatan Lokal di Jawa pada Masa Epidemi Pes 1910-1942*, was able to explain the emergence of *mantri pes* (paramedics) who shifted the role of dukun in healing the bubonic plague, although Safitry has not focused on the discussion about *dukun bayi* (Safitry, 2016). Everett M. Rogers (1973) in *Traditional Midwives and Family Planning in Asia* explains the traditional medical institutions that developed in Asia, one of which is a dukun. Rogers uses the term "traditional midwife" to distinguish them from the medical figure "midwife-nurse" who trained for 8 to 14 years of informal education.

Since the mid-19th century, the Dutch East Indies government had arranged health services in Java. Some of the findings made by physicists and other medical workers made a significant contribution related to tropical medicine and hygiene. Notes written by J.L. Hydrick mentioned that in 1920, the Public Health Services Publication Division formed and distributed, films produced, posters and booklets but the program did not last long (hydrick, 1942). In 1926 the colonial government vigorously campaigned for the awareness of hygiene in society. The program included several actions such as house-to-house visits and awareness campaigns to avoid water and soil pollution. In 1851 the first native midwife school was established in Batavia to address the needs of medical personnel who possessed modern medical knowledge in handling the birth process (Hesselink, 2011 :154). *Dukun bayi* considered unhygienic because they use improper facilities and infrastructure when carrying out their duties.

Dukun Bayi's certification efforts continued even though the era and regime has changed. In 1994, the Indonesian Department of Health broadly launched the *dukun bayi* certification program throughout Indonesia. This program is carried out to align the Standards Operating Procedure (SOP) between midwives medical and *dukun bayi*. *Penyebar Semangat* (May 1996) in its main report mentions Dr. Haryono Suyono as chairman of the BKKBN (Indonesian population and family information network) said that the duty of midwives not only deals with births but also other concerns related to the health of mothers and babies. In more particular example, if people ask questions related to childbirth, midwives must be able to answer questions and provide information. This condition has the purpose of ensuring that midwives are health professionals worthy of trust. There are many Javanese who still use the services of *dukun bayi*. Although most have entrusted the birth process to medical

personnel, for matters of massaging babies (*dadah*), the *dukun bayi* is still the leading choice. The *Solopos* (25 April 2018) recorded that in Sragen sub-district there are still 18 *dukun bayi* who no longer help with childbirth. In the Condongcatur sub-district, Sleman Yogyakarta, there is currently only one *dukun bayi* left.[1]

The Terminology of *Dukun Bayi*

Wassink explains the terminology of dukun bayi in several regions. He stated that the *dukun bayi* had several similar meanings, namely the *paraji* in the Sunda area and the dukun beranak in the Pasuruan, East Java (Wassink, 1854: 78). Referring to Hesselink, *dukun bayi* are Javanese women who gain the trust of the community to help mothers and babies, who have inherited their knowledge from previous generations who usually still have blood ties, hold the principles of the old tradition which is the accumulation of the influence of animism, Hinduism, Buddhism and Islam (Hesselink, 2011: 160). *Sasradara*, published in 1903, shows the terminology of *dhukun branak* is to refer to the profession of Javanese midwives who have received a modern education, while *dhukun kampung* is what we understand today as *dukun bayi.*

Martina Safitry, citing etymological research conducted by Jennifer William Nourse that the word *dukun* means the villagers who own the land, people who have specialized knowledge and intelligence derived from the Persian language *dehqhan* (Safitry, 2016: 478). The word of *dukun* first appeared in Thomas Bowrey's English and Malay dictionaries in 1701 which means "Doctor, surgeon, and pharmacist." Martina further traced the concept of *dukun* in the *Encyclopedia van Nederlandsch-Indie* published in 1917 used to define indigenous medical practitioners (*ibid.*)

According to Koentjaraningrat, a *dukun bayi* is a person who provides birth assistance, such as bathing a baby, a ground tread ceremony (*tedak sithen*) and other traditional ceremonies. At the birth of a child, a *dukun* is usually an older woman who experienced, helps in childbirth and conducts traditional ceremonies that are in line with the birth (Koentjaraningrat, 1992:349-350). On the other hand, the terminology of *dukun bayi* issued by the Department of Health is people who are considered skilled and trusted by the community to help labor and care for mothers and children according to community needs.[2] In the Gayo region of Aceh Province, the *dukun bayi* is called *dukun kampong*, a woman who, because of her expertise, has a social duty as a traditional childbirth helper (Munawir, 1983). Her knowledge was not obtained from formal education but through the formation of social processes. In general, *dukun bayi* that found in various regions in Indonesia are women. Another case in Bali, dukun bayi called *Balian* bend is a male (Danandjaya, 1980; *tempo*, 1982: 79-80).

In order to understand the differences between dukun bayi and other types of dukun, it is necessary to look at the results of field research conducted by Boedihartono in the late 1970s in the Yogyakarta, Sidemen Bali, West Java, Indramayu, Palembang, Lampung and Jakarta areas. The data provided by Boedhihartono shows the diversity of dukun specialties as a traditional medical institution in Indonesia that can classified as follows:

Tabel 1. Types of dukun in Indonesia

No	Types of explanation	The explanation
1	Dukun bayi	A middle-aged woman who helps with the birth and in some cases receives an abortion for unintended pregnancies
2	Dukun pijat	A masseuse who can create a comfortable

[1] The dukun is named Mbah Wiryo who lives in Dabag Pringgolayan Hamlet. Author's field data in 2018.
[2] Definition issued by the Departement of Health of the Republic of Indonesia in1994.

		feeling for his patients through touching the limbs in a certain way
3	*Dukun sangkal putung*	An expert in correcting the position of bones, in Jakarta known as *dukun patah tulang*
4	*Dukun jamu*	An herbalist who sometimes grows his ingredients needed to produce artificial herbs, in addition to using plant materials sometimes also use certain body parts of animals such as crocodile penis, snake blood, and chicken eggs.
5	Dukun ramal	the necromancer who can predict the fate of a person is sometimes also able to determine or indicate the position of a lost item.
6	Dukun pawang	An expert who can control wild animals while being able to process them as medicine. For example, snake charmers are usually also experts in making antidotes for snakes.
7	Dukun sunat	Someone who acts as a circumcision expert or also called *dukun calar*
8	*Dukun Suwuk* dan *Dukun Sembur*	Terminology is used to refer to the work of a person who can heal a baby or child by spraying holy water from her mouth toward the patient. Usually, *dukun suwuk* and *dukun sembur* are women.
9	*Dukun jiwa*	A healer who acts like a psychiatrist. This type includes dukun pasung who usually binds his patient to bed during the healing procession.
10	*Dukun Pelet, Dukun Santet, Dukun Klenik, Dukun Tenung dan dukun sihir*	All of the terminologies refer to a dukun who is capable of creating black magic rather than healing people.
11	*Dukun Susuk*	This traditional practitioner believes that he is capable of inserting something into his/her patient's body for a specific purpose.
Sources: Boedihartono, 1982. "Current State and Future Prospects of Traditional Healers in Indonesia", Indonesia Medical Tradirtions: Bringing Together the Old and The New: Annual Indonesia Lecture Series, No. 7. Australia: Monash University Centre of South Asian Studies.		

Dukun bayi as Traditional Medical Institutions

Although *dukun bayi* have a fairly central role in Javanese society, aware-ness of the hygienic birth process has arisen, especially among *priyayi*. In the early 20th century, a Javanese journalist reported in an article entitled *Dhukun Kampung* stated that the existence of midwives and doctors who could be called to assist in childbirth. The article snippet is as below:

> "Indigenous people do not doubt, because midwives do not dis-criminate against someone. It is precisely those who feel di er-entiated are the people themselves, thinking that midwives are only for *priyayi*. Likewise, there are doctors related to child-birth, often providing help. Do not think that doctors do not deal with labor. Those who are unable to do midwives can ask for a doctor's help. However, most people often misunderstand that many people become afraid when doctors help."[3]

This contemporary fact illustrates the fact that doctors and midwives could not accept in the understanding of the general public at the begining of the 20th century. In the social structure, doctors and midwives were included in the category of bureaucratic *priyayi* engaged in the health sector, while *dukun bayi* were a part of the underprivileged social community despite their empowerment and authority. Doctors and paramedics were deliberately created by the Dutch colonial government to strengthen and guarantee the health sector for the European community. They occupied higher social structure than *dukun bayi* (Van niel, 1984:50). In addition to social classes that extend distance and feelings of shame (*ewuh-pekewuh*), it is difficult for people to be invited to move from *dukun bayi* due to cost issues and lack of familiarity with modern medical treatment.

It is important to note that the expertise of *dukun bayi* in rural areas is a form of gift or blessing derived from the power of the macrocosm (universe), not obtained through the modern educational path created by the colonial government. Interestingly, the ability that attaches to them is considered merely to be *nggaduh* or lent. The term *nggadhuh* is a consequence that must be obeyed by it. This rule states that the *dukun bayi* must not reject the "politics of reciprocity" to the owner for the "lent" expertise to oversee the process of childbirth preparation until the baby in its infancy.

In Javanese spiritual practice, the owner here is the community of its environment, which interpreted as a source of strength. *Dukun bayi* must be willing to *tetulung* or help residents as a form of reciprocity. Also, the meaning of *tetulung* implies the spirit of a *dukun bayi* based on *tepa slira* (tolerance), *welas asih* (love) and *kamanungsan* (sense of humanity). A series of elements in the face are taste nets that form empathy (Shindunata,1999). If this rule is not carried out, the dukun bayi must be prepared to reap the lousy image given by the local community due to violating the customs and culture that nurtures it.

This fact would have caused a variety of Javanese cultural professions, such as this *dukun*, to have an existence and to last a long time. However, *dukun* rarely emerges from a wealthy, well-to-do family, rich people, high social strata, or *priyayi* environment. Imam Budi Santoso (1999) who moved in several areas in Java, admitted that he had never met a *carik* (secretary of village o ce) wife who was a *dukun bayi*. Likewise, the family members of the *priyayi* and the teacher do not want to have a job as *dukun bayi* because the privilege of a *dukun* in the eyes of the elite above is considered incapable of hoisting the degrees and controlling personal prestige to a higher social ladder (Santoso, 1999).

Before I was determined to become a *dukun*, I realized that this work could not make me becoming rich. It because those who need my help are mostly the poor (*wong cilik*), those who are more capable, such as o ce worker, will prefer a doctor or a midwife. However, the latter are still

[3] Tetiyang pribumi sampun ngantos ngawontenaken manah ewed pakewed, awit menggahing dhukun branak

using my services such as *pijat* or massage after giving birth *(Ibid.)*. In addition to requiring real expertise in the process of childbirth and its various aspects that must mastered, *dukun bayi* must be able to receive *pulung* or revelation as a supernatural power in sustaining her duties as *dukun bayi* (Onghokham, 2003). The model of inheritance or regeneration of *dukun bayi* in rural areas is interesting to observe. Theoretically, the system pf public recognition of someone qualified as *dukun bayi* is based on aspects of heredity (ascribe) or personal ability (achievement). Previously in rural areas, it was easy to find *dukun bayi* who has blood relations with the local *dukun bayi*. She received a legacy of hereditary knowledge. However, it is di cult to find people who are not the descendants of a *dukun bayi* and also have claimed themselves as a *dukun bayi*—even though they are capable of proving their abilities. Apparently, this profession is similar to the mythology of a king's succession. It is as if a prospective dukun bayi has obtained the blessing of a senior *dukun bayi* who will retire. Very often, the *dukun bayi* who will retire convinced the public about the ability and character of the prospective *dukun* who was ready to replace her social position.

In traditional Javanese society, the institution of the *dukun bayi* was almost the same position as the tribal leader and *paranporo* or the older wise man. It became a reference for the opinion of the community. If the tribal leader is in charge and responsible for managing the life and relations between citizens, the *dukun bayi* should carry the task of regulating the vertical relationship between the community and the spiritual energy that is believed to be its protector. Individually, they also live and work as other villagers, such as farming, raising livestock, and trading. However, incidentally, they must also be willing to provide shamanism services to society. In other words, this work understood as a call to the soul or sacred duty.

From explanation above, it distinguished between *dukun bayi* with a paranormal or *dukun kampung* who specializes in caring for the sick or ac-cepting with the unseen world, not allowing the case of childbirth and the baby. In the *Darmokondo* newspaper (1915) titled "Doekoen Isteri" journalists report as follows: "*Soedah sementara hari di kampoeng Kestalan M.N. Moentjoel seorang doekoen isteri jang masih moeda remadja. Banjak tamoe jang meminta ini dan itoe, teroetama pada hari Kemis (malam Djoema-hat)."* The *doekoen istri* in this case, supports the *dukun bayi*. From this article we can found historical facts about *dukun bayi* not merely represent-ing middle-aged or older women, but it could also the young ones.

Part of the Debate

Some of the guidelines given by *dukun bayi* caused polemic in the early 20th century. A journalist underlined that according to a *dukun bayi* it would be perilous if the baby went hungry because nothing gets into the stomach except breast milk. *Dukun bayi* advises mothers to fed baby with rice that has been ground before, since from the beginning of its birth.[4] A century ago, there has been an interesting debate about the action of *dukun bayi* in the rural area, which is considered less qualified viewed from the perspective of modern medical knowledge. The debate through the printing media at the time seized the attention of the public specifically concerning the knowledge of the baby's life. The discussion was published in the *Sasradara* magazine published in 1903 and after it previously presented in the Kejawen magazine, which became a popular reading of the urban Javanese elite community:

> "*Salebetipun Kajawen ngrembag bab kirang prayogining tindakipun dhukun kampung, anyarengi kesundhul wonten pawartos ing bab tiyang manak nandhang kasusahan jalaran saking pitulungane-nipun dhukun kampung, kados ingkang kawrat ing pawartos warni-warni Kajawen nomer 3. Wewarah*

[4] dulang dublag, inggih punika andublag sêkulipun ulêg, larenipun ngantos kêtingal mêgap-mêgap, punika sêsagêd-sagêd sampun ngantos kêlampahan.

menggahing bab ki-ranging prayoginipun dhukun kampung, kados saya damel marem-ing galihipun para maos, awit tansah manggih tondha saksinipun."[5]

There are at least three essential facts obtained from contemporary in-formation. *First,* an accident that befell a woman contains a result of being handled by a *dukun bayi*. With this recurring case, emphasizing the *priyayi* who were knwoledgeable and part of the new elite, chose not to appoint a *dukun* when their family members want to give birth (Surjomihardjo, 2008).[6] *Secondly*, the editor of *Sasradara* republished the news of the failure of the *dukun bayi* from the *Kejawen* magazine. It shows how the issue of a *dukun bayi* was considered necessary by the wider community. *Third,* the public's response to the raising of the problem of the superficial knowledge possessed by *dukun bayi* in Java. The upper-middle class in the city seems to have long harbored a concern for the existence of a *dukun bayi*, whose ability is obtained by self-taught. This debate did not only led to the birth process but also other actions by the *dukun*.

"Ing Kajawen nomer 12 sampun ngandharaken bab wau, nanging prayogi dipun wewahi malih ing kawontenaning pitulunganipun dhukun kampung, ingkang taksih gegayutan kalihan kabetaha-nipun tiyang gadhah anak. Sayektosipun tindaking dhukun kam-pung tumrap tiyang manak punika ingkang ketingal namung nyamari, waton taksih anggarap inggih taksih kamoran mutawatos. Kados ing bab panggarapipun bayi, punika menggahing dhukun kampung tansah taksih mawi cara andadah, andulang, anjamp-eni bayi, kados tatacaranipun dhukun limrah."[7]

The *priyayi* in Java looked at the case of the lacked education of the *dukun*. As part of the modernity in the early 20th century, they published articles in the Kajawen magazine in 1938 to be read by a broader audience. The *Kajawen* distribution was not limited to the palace or *vorstenlanden*'s territoty but also extended to Batavia and East Java. Moreover, the problem of the *dukun bayi*'s education on only the responsibility of *priyayi* who live in *vorstenlanden*. In fact in East Java area precisely in Blitar since early 20th century there was a course for the *dukun bayi*.

"Cursus padhukunan bayi. Ing kitha-kitha dhistrik bawah Bli-tar dipun wontenaken cursus padhukunan bayi. Ingkang dados murid mendhet kenya-kenya ingkang sampun diwasa, gurunipun vroedvrouw ingkang anggadhahi diploma. Ing pangangkah supa-dos ingkang sami sinau wau ing tembe saged mitulungi dhateng tangga tepalihipun ing padhusunan."[8]

Nevertheless, the *dukun bayi* still refers to complicated behavior in gaining knowledge (*kawruh*). To make the difference clearer, it is necessary to expand the definition of *kawruh*. This term comes from *kaweruhan* (seen/known by witnesses), from the root of the word *eruh* (know) to the base word *weruh*. It contains the meaning of seeing or knowing or witness-ing something based on sensory

[5] In Kejawen, it explained the lack of understanding of the actions of the dhukun kampung. At the same time, the news about women giving birth was wretched as a result of the help of *dhukun kampung*, as contained in the colorful coverage of Kejawen number 3. It explained about the lack of knowledge of *dhukun kampung*.

[6] the printing media is an element indispensable of a modern and developped city.

[7] In Kajawen number 12, the problem has been described, but it would be nice to repeat the matter of the help of the *dhukun kampung*, who is still in contact with the needs of childbirth. The actions taken by the *dhukun kampung* against women who were about to give birth did look dangerous. Every practice often shows uncertainty, such as baby care. This case handled by the *dhukun kampung* still using the method of massaging, feeding, giving herbal medicine to the baby, like the dukun in general procedure.

[8] *Kajawen* Apr. 6, 1938. The *dukun bayi* course, in Blitar there is a *dukun bayi* course. The students are adult women, the teacher is a midwife who has a diploma certificate. With the aim that those who take the course in the future can help the societies.

information and life experience in this real world, which is processed, managed, developed with thought, if skilled and diligent in practical work. The di erence is with *ngelmu /elmu* (spiritual science that leads to the perfection of life and death by understanding the religion and the supernatural) which examines views about life and attitudes to life.

In the context of traditional Javanese society, what is understood as a form of science in modern epistemology is *ngelmu* in Javanese epistemology. In Indonesian, generally science approaches what is meant by knowledge in the Western-modern sense. *Stange1984-10* Whereas in Javanese, the term science is closer to the knowledge of mysticism and spiritualism which are not only intellectual but also intuitive. Another way to understand *ngelmu* is to involve the whole body and organs in it, not just the "mind" that "knows" (Thampi, 1965).

Van Buuren's Notes: Childbirth assisted by *dukun bayi*

One of the excellent and detailed reports in narrating the birth process with the help of *dukun bayi* is the writing of van Buuren, a Dutch doctor who conducted his research in Kediri East Java at the end of the 19th century. Van Buuren's report showed that almost all *dukun bayi* he encountered in Kediri was illiterate. Their knowledge related to the anatomy of the human body, pregnancy, birth, or post-birth for the health of infants and mothers was very minimal. If patient wants to call *dukun bayi* in order to help her deliver the baby, they were usually several conditions that must be fulfilled and obeyed relating to mystical matters. As a result, this encourages women to choose to be assisted by a midwife when giving birth (*Tidjschrift,* 1909:249).

In the delivery process assisted by *dukun bayi*, the conditions and obligations imposed on the patient have a dominant role. The work of a *dukun bayi* usually started when the gestation enters the seventh month, so the expectant mother (or in van Buuren's notes as victims) are given herbs to ward o constipation. The husband of the prospective mother made a big party (*selamatan*) consisting of o erings such as tobacco, rice and fruits. *Slametan* is addressed to Batara Kala, the god of destruction and misfor-tune to protect mother and baby.

From the notes made by van Buuren, we could obtain a description of the birth process assisted by *dukun bayi*. When giving birth, usually the family of the prospective mother immediately comes to the house of the *dukun bayi* to ask for help. When the pain that indicates the time of delivery will shortly appear, the *dukun bayi* puts the woman on a mat or bamboo halls (*dipan*) or even usually directly on the floor. A pillow supports her head; legs must be opened and pulled wide. Around the prospective mother's body in the upper abdomen given a loose bond with the intention that the position of the prospective baby stable. What was called a magical weapon by van Buuren or *sarat* that the *dukun bayi* proposed to the patient's family was placed on the head and on the lower abdomen to prevent a terrible condition.

The *dukun bayi* in van Buuren's notes urges the patient not to shout at all or show signs of pain. According to the *dukun bayi*, the patient should be ashamed of screaming because pregnancy is a consequence of sexual inter-course carried out in silence. Van Buuren said that he rarely or even never heard a indigenous women (Bumiputera) crying, despite seeing 243 women giving birth and some who had quite a dangerous pathology.

Van Buuren added that the *dukun bayi* would guide the patient's husband to look down on his wife so the patient could hold his head. *Dukun bayi* also does *suwuk* [9] with the aim that the baby will be quickly and success-fully delivered. It happened because, in Javanese belief, it is the child who moves actively while the mother is just passively waiting for the baby will come out. *Dukun bayi* will help the baby move actively out of the mother's body. *Dukun bayi* keeps massaging and pushing the stomach of

[9] Suwuk is an action usually performed by a dukun to pray for the patient through spells recited through the medium of water that sprayed towards the patient.

the patient by rubbing it, in order to push the baby comes out immediately. Beside the *dukun bayi*, there is usually a pail of water in containing turmeric and some coins. Water serves to wipe the genital and anal area, which is always done by hand. Then turmeric is used to cut the umbilical cord. Coins is used to lure unborn babies to get out of their mother's womb. The dierent methods of birth that were considered dangerous by van Buuren were the steps taken by the *dukun bayi* when facing a di cult birth. Shortly, after the baby comes out of the mother's abdomen, the *dukun bayi* not immediately cut the umbilical cord. The *dukun bayi* deliberately leaves the placenta cut while waiting for the placenta to be born. In fact, according to van Buuren, the *dukun bayi* that he studied gave a gesture of protest if anyone dared to cut the placenta before the placenta was born.

In a modern medical perspective, of course, it has consequences that en-danger the lives of babies and mothers. In Javanese mythology, the placenta is considered a *banyu kawah* or emphkakang kawah, which has the role of the baby's sister, while the placenta is the younger sister attached to the baby's body. (Budiharso,2016; Jun Hyung,2007) If the mother dies, then the new placenta can be cut because it considered that *kakang kawah* chooses to remain with the mother. In some cases, the mother dies due to cavity or the back of placenta is not coming out. The shape of the mother is then buried together with the *kakang kawah, adi ari-ari* (placenta), and also the baby. In van Buuren's observations, there was no attempt to save the baby's life even though it could. The belief held by some Javanese says that the baby chooses to remain with his mother and other siblings even in death (1909).

Dukun bayi also provided advice to their patients with the aim that birth procees goes smoothly. One piece of information recorded by van Buuren from a *dukun bayi* in Kediri is that expectant mothers must bathe or clean their bodies frequently. More sleep, rest, and not move her body frequently. The *dukun bayi* in van Buuren's notes also recommends to consume cold drinks and fruits and is prohibited from eating hot food.[10] It is also recommended to eat foods with yellow skin in the hope that the prospective child will have glowing skin (*langsat*). Reading from what van Buuren said can be seen as a negative assessment of the image of dukun bayi in the Javanese community. Even van Buuren, in his article *De verloskunhulge hulp voor inlander in Nederlandsch Indie*, said that they were Bumiputera's angels of death.[11] This statement based on his experience of seeing birth with a painful process experienced by women in Java caused by the inability of *dukun bayi* to assist in the delivery medically. On the other hand, one positive view of *dukun bayi* arises from Pauw Haga and Gersen as health workers who recognize the skills of *dukun bayi* in assisting healthy births. It said that childbirth assisted by *dukun bayi* did not cause fever during the puerperium, as is usually experienced by births assisted by midwife Bumiputera (Buuren: 556-561).

If the birth process is successful, after the child is born and cleaned, the *dukun bayi* then places it on a divan made from bamboo. This action is done to make a sound by kicking his hand next to the baby's ear.[12] *«Djabang bayi aja kaget«* is a spell uttered by dukun bayi in a kicking ritual that aims to reduce the e ects of surprise on a newborn baby (*Ibid. loc.cit*). We also found this in the *gebrag* ceremony performed by mbah Wiryo, a traditional midwife from Condongcatur Subdistrict Depok Yogyakarta. Mbah Wiryo threw a pillow under the baby's head. It is done so that the baby will not be easily shocked by objects that move around him/her.

The first days after giving birth, the primary family came to stay up all night (*lek-lekan*). Javanese believe that supernatural beings like babies, especially first-born babies. In this period the baby is given a name by his parents and then celebrated with *bancaan*.(*Tijdschrift*,1923:85-87). However, later on, if the child experiences misadventure accidents like endless pain (assuming it is caused by an evil

[10] "In de Duisternissen van het Bijgeloof", *Nieuwe Venlosche Courant* June 2, 1928.

[11] *Tijdschrift voor praktische verloskunde: hoofdzakelijk ten dienste van vroed-vrouwen 1909- 1910* 13.16, Dec. 15, 1909.

[12] "Het verloskundig Vraagstuk voor Nederlandsch-Indie".

spirit) then the name given by the parent can be changed. When a name has already given to the baby it means *lek-lek-an* finished. However, the *dukun bayi* still comes to the patient's house to massage both the baby and the mother.

The Role of Educational Institutions: Bumiputera Midwife School as a Solution

The need for midwives who possessed excellent technical and academic skills was so pressing until the beginning of the 20th century both in the Dutch East Indies and in the Netherlands itself. The *Nederlandsche Vroedvrouwen-vereeniging Department* or the Dutch Midwifery Department in Amsterdam and its surroundings gave an invitation to citizens of Amsterdam and surrounding areas who were interested in deepening their knowledge about midwifery to attend a «refresher course» guided by Dr. Meurer on January 5, 1910. The concerns about the quality of traditional medical institutions felt by van Buuren in his report reported in the newspaper Soerabaijasch Handelsblad in 1900.

He documented that there was an insucient number of qualified medical personnel to help the javanese women in Java. The best solution was to train indigenous women to become midwifes. Van Buuren further said that the most suitable indigenous women to receive medical training were *dukun bayi*. This decision was made since the community still put greater trust to *dukun bayi* than to the Dutch midwives. Furthermore, if the *dukun bayi* have received training on how to give birth in a Wesrtern medical prespective, they will be able to bridge the Javanese into getting the health service. Van Buuren stated that due to the ignorance of the *dukun bayi* about the medical science of childbirth, many mothers and children died.[13]

The collaboration between indigenous midwife and Dutch doctors was the first step to transfer knowledge to *dukun bayi* in Java.[14] Djasminten was a student of van Buuren who helped a lot with her approach to *dukun bayi*. By giving the in-dept information about the strong position of *dukun bayi* in the community from reports made by her and Tasminten. In this case Tasminten was eliminated from the list of van Buuren's and most likely because she cannot write and read. Nevertheless, she could communicate well in Dutch with van Burren and the latter also mentioned that she have a firm memory[15] Statistically speaking, Tasminten helped more birth process than Djasminten.[16]

Heretofore, we did not find any data that shows a European women in the mid 19th century to the 20th century using the help of *dukun bayi* when giving birth. Yet, an interesting fact was discovered about the birth of triplets in Batavia at the end of the 19th century, which had to bring in 15 *dukun bayi* to assist in their lineage.[17] This data was not written with certainty weather it was a Bumiputera or European woman who gave birth to triplets. However, if speculation is allowed, then this was the birth od a European women. Given to the circumstances of the time context, inviting 15 dukun bayi was undoubtedly di cult for indigenous women to do.

The efforts to improve health services that pioneered since the mid-19th century continued into the 20th century. A *dukun bayi* conference was held in the pavilion;s o cial residence of the Batu

[13] "Het verloskundig Vraagstuk voor Nederlandsch-Indie".
[14] "De doekoen in de Dessa," *Heldersche Courant*, July 27,1948.
[15] Hesselink, *Healers on the colonial market : native doctors and midwives in the Dutch East Indies*; "Het verloskundig Vraagstuk voor Nederlandsch-Indie", p. 245.
[16] see in A.A. Gersen. "Ook iets omtrent de Verloskundige Hulp in Nederlandsch-Indie". In: *Geneeskundig Tijdschrijft voor Nederlandsch-Indie* (Jan. 1, 1901), p. 542.
[17] Van Buuren. "Een jaar verder". In: *Soerabaijasch Handelsblad* (June 12, 1900).

Malang city assistant on 28 September 1930.[18] In the so-called *koempoelan*, all *dukun bayi* from all regions of Malang were gathered in the pavilion and were given directions and training by dr. Trisoeloe, a prominent doctor in Batu, deals with the process of childbirth. In the Batu region, there was no Bumiputera nor Dutch midwife assigned to assist in the birth. This circumstance encouraged most people to improve the capacity of *dukun bayi*. 76 *dukun bayi* in Malang, most of it was older women. The background of this training was to prevent and reduce maternal and infant mortality rates caused by the ignorance of *dukun bayi* regarding methods of assiting in safe births.

Dukun Bayi polemic until mid 20th century

The position of the *dukun bayi* in the community is not always secure. In 1928 in the Kuningan area, a *dukun bayi* refused to treat her old patients because they were considered beyond help and she could not face the harsh reality when her patient died.[19] The Kuningan residents claimed that the *dukun bayi* was viewed as the cause of death by giving magic to the patients that she rejected. In the end, the dukun bayi was killed and buried by the community as if nothing happened. These series of facts is about the two sides of the life of dukun bayi; as the help or a catastrophe for the community.

A di erent incident occurred in Sidorono, East Java, in 1935 when a *dukun bayi* with fifteen followers was arrested by the *wedana* and his assistant *wedana*. The *dukun bayi* was detained because she was considered to be carrying out activities which violated the rules in force at that time. The *dukun* claimed to be a *Ratu Adil* or Just King and had killed a woman and a man to increase her strengh.[20] Men and women were strangled to expel evil spirits from their bodies. During the search, the dukun's residence was confiscated in large numbers of axes, spears, bat, and weapons. In Kria a village of Parankradjan in East Java, there was a *dukun* who considered to have sorcery that killed a man and a women in order to gain more strengh and power.[21]

A *dukun bayi* was terrified to be blamed if the the baby and the mother died in his/her help. From an incident about the death of a newborn the dukun bayi who helped give birth was dragged to court. Hosselet as the head of *De Landraad te Jogja* or Judicial Board of Jogja *face-a-face* Bok Pawirohardjo about 50 years old who lived in Kesambi Ngaglik during 1937 trial in Yogyakarta (*Ibid*). Bok Pawirohardjo was accused of deliberately elimi-nating the lives of babies from her daughter named M. Belk. At first Bok Pawirohardjo denied of committing a crime and tried to blame Martokar-ijo as their *dukun bayi*. In the end, Bok Pawirohardjo could not avoid the judge's question and finally admitted that she killed the baby by trangling him after birth.[22]

Bok Martokarijo as *dukun bayi* also gave information which incriminated Bok Pawirohardjo that when the incident occurred, she did not see for sure because she was busy taking care of M. Belk who had just given birth. When Bok Martokarijo saw the baby from M. Belk, the baby showed no signs of life. From her experience as a *dukun bayi* bok Martokarijo saw that the death of the baby did not indicate natural death. The trial case was further complicated when the o cial report given by R. Poedjosoewarno as the doctor who examined the baby's corpse said that the baby showed no signs

[18] An attempt was made by Dutch medical personnel to learn the abilities possessed by traditional healers in treating their patients miraculously. As mentioned in the article written by Dr. L. Steiner entitled *Over Tug Oerat Tidor*, there illustrated how Steiner as a doctor invited to learn how the Javanese *dukun bayi* just by touching the neck of his patient was able to make him sleep soundly L Steiner. "Over pulling the tidor oerat". In: *Geneeskundig tijdschrift voor Nederlandsch-Indie* (Jan. 1, 1900), p. 238.

[19] Van Buuren. "Enn jaar verder III". in: *Soerabaijasch handelsblad* (June 11, 1900).

[20] *Alkmaarshe Courant*,Oct. 22, 1928, p. 7; "Een doekoen op Java vermoord. En in het geheim begraven", *Schager Courant*, Oct. 20, 1928.

[21] "De Gruwelijke a aire van een 'doekoen'", *Alkmaarsche courant*, June 29, 1935, p 8.

[22] "Har kleinkind vermoord", *Het nieuws van den dag voor Nederlandsch-Indië*, Jan. 9, 1937.

of violence. From R. Poedjosoewarno's report, Hoeselet as the head of the court decided that Bok Pawirohardjo sentenced to seven years in prison for this case.[23]

The position of the *dukun bayi* sometimes considered as being able to assist the police in investigating certain cases. In the article entitled *de doekoen als helper van de politie* (1933) mentioned two cases finally resolved through the help of a *dukun*. The first case was a problem of cigarettes and cloves theft reported by an Arab descendant to a *dukun*. The dukun used the nail and thumb of the child while reading a verse from the Koran aloud. The herbalist also asked his patient to focus on thinking of what he saw from the nail. Over time the faces or things could direct the investigation to the perpetrators.[24]

General description of *dukun bayi* in Java after independence

In 1979 in Maguwoharjo region, Yogyakarta, 80 per cent of child birth were delivered by a *dukun bayi*. This practice was not only known in remote villages that do not have a Maternal and Child Health Center (BKIA) or Community Health Center (Puskesmas) but other cities also showed a sim-ilar trend. The results of research on *dukun bayi* in the city of Jakarta are su cient to prove this argument which showed the fact that dukun bayi still had a significant role in society until the 1970s. (Sampoemo and Talogo, 1970:9) Rogers and Solomon mentioned that almost two-third of the total births in the world were helped by *dukun bayi*.[25]

The methods of childbirth performed by most of *dukun bayi* were still in the traditional ways, even though they attended midwifery courses or-ganized by the local BKIA. Those who attended training, they begun to abandon the traditional tools for cutting umbilical cord, instead they used a more advanced medicine to treat umbilical core sores and gave a little massage (handayani dan Yitno, 19790. While in some cases, traditional methods were used especially massage (*dadah*) by the *dukun bayi*, both the baby and the mother who hasjust given birth. The of the mother is done at least four times after delivery, until about 35 days afterward and it is possible to have additional massages depending on the patient's request.

The service of the *dukun bayi* have neven been carried out by midwives or doctors, so it is why *dukun bayi* are so prevalent in Yogyakarta society. Besides, viewed from socio-economic factors, the distance between the *dukun bayi* and the community is not too far, unlike midwives or doctors who educated, clean, and modern. Help done by *dukun bayi* is considered is considered socially a help done by one's community with the usual tools and methods (Chawla, 3003:41-62).[26]

Until the end of the 90s, the role of doctors and midwives in helping childbirth in Indonesia tended to be high. From a medical perspective, this is definitely a success considering in the last study conducted in 1986, the number of births in Indonesia reached 5.5 million births every year with around 20 per cent of births assisted by midwives, two percent by doctors and the rest were assisted by *dukun bayi*.[27] According to IBI advisors, the number of *dukun bayi* in Indonesia in 1989 was arround

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[23] Ibid.

[24] "De doekoens als helper van de politie",*Heldersche Courant*, Feb. 7, 1933.

[25] Everett M. Rogers and Douglas S. Solomon. "Traditional midwives as family plan-ning communicators in Asia". In: *East-West Communication Institute* (1975), his figure based on the estimation from the International Federation of Gynecology & Obstetrics and The International Confederation of Midwives Study Group together with the World Health Organization (WHO).

[26] The movement to integrate *dukun bayi* with modern medical institutions was also intensively carried out in India. For instance, at both countries, the birth assistant not immediately cut the umbilical cord and massage the mother's abdomen to bleed dirty blood. These methods of two di erent cultures were, in some ways, di erent from modern medical methods.

[27] *Antara*, Mar 23,1989. Statement of Samiarti Martosewoyo from the Advisory Board of Indonesian Midwives Association (IBI).

200.000. The esti-mation based on the calculation of the existence of one dukun bayi in each dukuh, whereas there are three dukuh in each village.

The estimated number of IBI advisors is higher than the data released by the Departement of Health. According to Samiarti Martosewoyo as an ad-visor of IBI, the number of *dukun bayi* reached 110 thousand people and 80 thousand of them had received childbirth assistance skills education. From the 80s to the 90s, it was a period when e orts to improve maternal and infant health services increased in Indonesia. For the Sleman regency, in Yogyakarta, there was also an intensive e ort topropagate the consump-tion of breast milk for babies up to the age of two years.[28] The activities undertaken were included lectures delivered by the Indonesian Midwives Association (IBI) via RRI Yogyakarta radio and TVRI Yogyakarta.

A report from Brotowasisto as an expert sta of the ministry of health in 1996 said that the maternal mortality rate (MMR) in 1996 was estimated at 420 per 100,000 live births and the infant mortality rate (IMR) was 58 per 1,000 births.[29] Towards the end of the 90s, the Indonesian government put their main concern on health services, procedures of childbirth according to modern medical conventions, and the attempts to improve the nutrition of pregnant women and infants. This fact confirmed by Ahmad Suyudi as the Minister of Health said that until the end of the 90s every village would receive three midwives to provide health services to the population while shifting the position of dukuns in the birth process.[30] From the interviews conducted by Tri Handayani, Widodo Talogo, Does Sampoerno and Soe-jatni, it is found that the sequential method was the most practiced method to heal patients by *dukun bayi* (Soepomo and Talogo; Handayani and Yitno; Soejatni,1971; Talogo, azwar and tulistini,1982)

The *dukun bayi* view of the familiy planning program

In general, there are two di erent forms of medical institution: (1) modern medical institutions which based on scientific medicine, doctors, nurses, clin-ics and hospitals, (2) traditional medical institutions that emphasize herbal medicine, herbalists, *dukun bayi*, mystics, massage, and herbal medicine. In this case, the two medical institutions seem to have no contact, but not in the Family Planning (KB) program. The role of *dukun bayi* had helped Indonesia in the 1960s to 1970s in the phase of forming and implementing family planning. For the wider community who still have both cultural and social closeness to the *dukun* of course sometimes listen more to what is advised by the *dukun bayi* as part of «what is considered right» .[31]

The Family Planning Program (KB) has started in Indonesia since 1957, which was initiated by the Indonesian Planned Parenthood Association (IPPA) in Jakarta as part of the International Planned Parenthood Federa-tion (IPPF).[32] Globally, birth control itself first arose from the initiative of a group of people who care about the health of mothers and babies. Among the first initiative actions was Maria Stopen (1880-1950) who advocated the regulation of pregnancy among the British workers. In America, Margareth Sanger (1883-1996) known for her birth control program, which was a pio-neer of modern family planning. In 1917 the National Birth Control League was founded, and in November

[28] "Menyebarluaskan penggunaan air susu ibu saat diare sampai anak 2 tahun", *Varia Sleman* III, Aug.1980, pp. 22–23.
[29] "Saben dina 75 ibu kang nglairke tinggal donyo", *Penyebar Semangat* 12, Mar. 23, 1996, p. 34.
[30] "Saben desa bakal nampa bidan cacah telu",*Penyebar Semangat* 14, May 14, 1996, p. 5.
[31] Pardoko and Soekanto Soemodinoto. *Dukun as referrer of Family planning acceptors: a study in East Java*. Jakarta: The National Institute of Public Health Surabaya and The National Family Planning Coordinator Board, 1972, p. 65.
[32] Ahmad Wajihuddin. "Fields structures in family planning". In: *Studies in Family Planning* 1 (Jan. 1971), pp. 6–13, For example, in a national survey in Pakistan, it was found that only about 10 percent of the population had established contact with a modern health clinic annually. Most of the rest of the population establish extensive contact with dukun bayi as part of traditional medical institutions.

1921 an American national conference on pregnancy control was held with Margareth Sanger as chairman.[33]

In the Indonesian context, the family planning program had been ini-tiated since the Sukarno period but was embedded during the Suharto era in 1967. In the same year, he signed the Declaration of World Population which contained awareness of the importance of determining and planning the number of children and birth interval in families. On September 7, 1968, Suharto published the Presidential instruction no. 26 of 1968 that addressed several suggestions related to Family Planning. The National Family Planning Institute (LKBN) was o cialy formed on October 1971, which was a semi-governmental institution, The process of institionalization of family planning programs in Indonesia had progressed with the establishment of National Family Planning Coordinating Board (BKKBN).[34]

As mentioned on the above that the family planning program was also di using the discourse for the society to not have too many children. Nonethe-less, the *dukun bayi* only considered to having six children as «many » and «four» as su cient.[35] The ideal birth interval is so it does not become a hassle in caring for children. Massage in conjunction with a massage im-mediately after giving birth or *pijit walik*.[36] Apart from the massage, inner fasting is also recommended as other traditional method for birth spacing, which is defined as not having sex (coitus interuptus). From the research conducted by Soejatni in Temanggung and Secang (1971), exciting facts found about the spacing births in Javanese society that were influenced by traditional birth attendants, as follows[37] :

> "Soejatni: why can't delay pregnancy?,
> *dukun bayi*: *Djalere mboten purun, dados paben*[38] ,
> Soejatni: Is it better to have too few children than too many?,
> *dukun bayi*: *Not too little but not too much, just enough"*

Research conducted by Pardoko and Soemodinoto, 127 dukun bayi showed that no *dukun bayi* one joined family planning program (KB).[39] One-third of the dukun bayi are aware that family planning program will have an im-pact on their monthly income. The records obtained from the clinic where this study took place stated that the number of new members supporting family planning program or acceptors coming from the dukun bayi was 200 per cent in the first two months of the study (1972). However, this trend experienced a sharp decline afterward. This setback is in parallel with the decrease in the number of *dukun bayi* attending training provided to them. Pardoko and Soemodinoto said that 83 per cent of the community visited by dukun bayi to become family planning acceptors said that they understood what the dukun bayi said.

The traditional birth attendant course: an effort to integrate the *dukun bayi* in modern medical institutions to today

[33] Margaret Serger. *The case birth control: a supplementary brief and statement of facts*. New York: Modern Art Print, 1917.
[34] https://www.bkkbn.go.id/pages/sejarah-bkkbn accessed on 8 Oktober 2018
[35] Handayani and Yitno, *Apa kata dukun bayi: rekaman wawancara di Ngaglik, Yogyakarta*.

[36] An 86-year-old grandmother who gave birth to her three children used the services of a dukun claimed that she was always massaged a few days after giving birth to space the birth of her children. Interview with Mbah Hadi from Condong Catur. July 10, 2018, at 08.00 WIB.
[37] Soejatni, *Laporan survey dukun bayi di dua kecamatan di Jara Tengah*.
[38] The husband does not want to, so we often bicker.
[39] Pardoko and Soemodinoto, *Dukun as referrer of Family planning acceptors: a study in East Java*, p. 66.

The attitude of the *dukun bayi* towards the midwifery courses or training given by BKIA generally not very positive. In a study conducted by Tri Handayani (1979) among 20 *dukun bayi* in Ngaglik District, Yogyakarta, only four people took the course. The reasons given were, illiteracy, feeling that they did not need a class, though they did not entirely work as *dukun bayi* (only part-time), were not resistant to drugs, were reluctant to go far away, because other *dukun bayi* did not attend courses and afraid of loosing a patient because it considered that when finished training the rates will be the same as midwives and doctors.(handayani and Yitno,1980:68).

The course program given to *dukun bayi* is part of an e ort to enhance the quality and expand health services to the community. Besides, the De-partement of Health of the Republic of Indonesia develops community health centers or *puskesmas* throughout the territory of Indonesia to expand the range of transfer of knowledge for traditional birth attendants within the modern medical framework. This development accelerated by the imple-mentation of Presidential Instruction No. 5/1974 and No. 7/1975. BKIA has developed since 1952, and at the end of 1975, there were 6801 units, of which 2163 groups had joined the *puskesmas*.[40] Even though not all BKIA joined the *puskesmas*, BKIA became an element of the *puskesmas*. In or-der to make *puskesmas* a meeting point between the community and the government in health services.

According to records,[41] it is known that the number of *dukun bayi* in Indonesia in 1973 was totaling of 62,570 people. If the number of villages throughout Indonesia is 57,801, then one or two *dukun bayi* are to be able to serve people who need the services. A condition related to the comparison of the number *dukun bayi* and the number of midwives, doctors, and nurses in all regions of Indonesia, reached 22,283. This data indicates the di er-ence between the *dukun bayi* as part of traditional medical institutions and doctors, midwives, and nurses in the context of modern medical institutions almost 1 in 4.

Until 1973, trends in society still showed a high interest in *dukun bayi*. The first reason is that the number of doctors, midwives, and nurses is still small compared to the number of *dukun bayi*. Second, infrastructure such as *puskesmas*, BKIA, and maternity hospitals is still minimal, so this was a driving factor for people to be comfortable giving birth in their homes by calling *dukun bayi*. Third, education and awareness of the hygienic discourse in the context of modern knowledge have not spread widely in society. This circumstance encourages them to be comfortable with simple equipment and rituals that have been passed down for generations. Fourth, 63 per cent of the population has farming livelihoods, and 81.3 per cent of the population lives in rural areas, this shows that economic factors are driving the community to choose the services of a *dukun* still.

For this reason, the government continues to strive to provide training to *dukun bayi* to reduce the risk of maternal and infant mortality. In five years (1969-1974), the East Java Provincial Health O ce trained 8,410 out of a total of 18,480 *dukun bayi* in East Java.[2] Until 1988, *dukun bayi* still showed an essential position in society. There are 2,437 *dukun bayi* in the entire Yogyakarta region with 2,309 dukun bayi trained and 128 untrained.[3] When compared to 1983, the number of *dukun bayi* in Yogyakarta increased by 223 people. It influenced by the process of regeneration of *dukun bayi* and their high needs in society. The number of *dukun bayi* who had received training from the health department rom 216 in 1983. On the other hand, *dukun bayi*, who never experienced training

[40] Subagyo Martodipuro. "Perawatan bayi baru lahir di Puskesmas". In: *Beberapa masalah perinatologi di Indonesia: kumpulan naskah seminar simposium neonatologi 15-16 july 1977*. Jakarta: Badan Kerjasama Neonatologi Indonesia Bagian Ilmu Kesehatan Anak Universitas Indonesia, 1977, p. 81.

[41] Pardoko and Soemodinoto, *Dukun as referrer of Family planning acceptors: a study in East Java*, p. 66.

[2] Wasito. "Problems and findings from the traditional birth attendants program in Indonesia". In: *Role of Traditional Birth Attendants in Family Planning: Proceedings of an International held in Bangkok and Kuala Lumpur 19-26 July 1974*. Bangkok, 1974, p. 65.

[3] Sri Endarini. "Pelaksanaan posyandu di propinsi Daerah Istimewa Yogyakarta". In: *Lokakarya kelangsungan hidup anak, Yogyakarta 6-18 June 1988*. 1988, p. 28.

decreased to 88 *dukun bayi* in the territory of Indonesia. There is an attempt by the government to increase collaboration between *dukun bayi* and health cadres to reduce child mortality below the age of 5 years.[4]

The last generation of *dukun bayi* in Yogyakarta

This research has conducted interviews with several *dukun bayi* in the Yo-gyakarta area. It found that the government through the Departement of Health since the late 1970s has been intensively providing training to *dukun bayi* supplies and knowledge on how to help and care for pregnant women and babies born according to modern health standards. The interviews also show that there is a unique transfer of knowledge process carried out by senior *dukun bayi* before the junior debuted as *dukun bayi*.

Djumirah, *dukun bayi* from Waringpring, Bambanglipuro Bantul, showed how the process of inheriting the profession of *dukun bayi* is not always of direct inheritance (in the sense of mother to daughter) but can also jump a generation afterward. Since young, Jumirah often invited by her grand-mother, who works as *dukun bayi* to learn the process of childbirth and care for the baby afterward. In 1979 a training program for *dukun bayi* began to appear in Pandak sub-district, Bantul. Jumirah as a young *dukun bayi* who is still in the apprenticeship status under the supervision of her grandmother as a senior *dukun bayi*.[5]

Djumirah explained that the training was running once every time (35 days), which fell on Friday Kliwon for two full years. The thirteen *dukun bayi* training participants given by midwives at the puskesmas, only five people passed the test, one of whom was Djumirah. When she was a young, Djumirah had received a will from her grandmother that she had to carry on her grandmother's footsteps as *dukun bayi*. This context became a major motivating factor in the future when Djumirah seriously pursued her role as *dukun bayi*. The material taugh by her grandmother starts from bathing the baby after birth, swaddling (*mbedong*), massage the mother's abdomen after giving birth, *niteni* or understand how the signs will give birth and the last is to help give birth.

Through this continuous learning, Djumirah was able to understand the role and duties of *dukun bayi* in assisting the birth of a baby. At the same time, the Indonesian government at the time of Soeharto was intensively conducting e orts to standardize *dukun bayi* and integrate them with mod-ern medical institutions. This fact brought Djumirah to the next formal training. The material taught in the training center was about maternal health since pregnancy, introducing scissors, sterilized threads, and other medical devices to replace welat as a means of cutting the baby's umbilical cord. Since 1998, Djumirah has been working with a village midwife named Yahya in the birth process. The collaboration implemented since 1994, Dju-mirah no longer have the right to help in labor. Her role as *dukun bayi* only helps to speed up the birth by waiting. If more than two hours since the contraction per minute occurs, Djumirah immediately calls Yahya for further treatment. In this context, Djumirah acts as a partner who helps when the baby is born safely.

In contrast to Djumirah, Kasiem, who was born in 1939 in Pandak Ban-tul District has been a *dukun bayi* since she was young. Her ability to become *dukun bayi* obtained from her biological mother, who also has a profession as *dukun bayi*. In the beginning, Kasiyem or commonly called Seti invited by her mother to help give birth and massage the stomach. If the patient is obese, Seti is only asked to sit and watch because there will be di culties with the energy of her children. Seti does not

[4] One of the main goals of Repelita IV in the health sector is to reduce the mortality rate, from around 90 per 1,000 live births to 70 per 1,000. So that the e orts include pro-viding dukun bayi's training, immunization, nutrition improvement, diarrhea prevention, and family planning programs Loehoer Widjajanto. "Documentattion of the immuniza-tion process". In: *Child survival workshop, Yogyakarta 6-18 June 1988*. UGM Population Research Center, 1988, p. 83.

[5] Interview with 79-year-old Jumirah in Pandak Bantul on July 7, 2018. At 13.30 WIB

remember precisely since what year she became *dukun bayi*, but she conveyed it began when the land was still rough and rocky in Pandak, she had become a *dukun bayi*.[6]

She told when got the knowledge as a *dukun bayi*, Seti experienced tremendous pain for 40 days. Seti then goes to Djojo Warsito (brother of his biological mother) who is also a dukun. From the results of the meeting, Djojo Warsito said that Seti would get a fortune delivered through the pain. Magical experience encompasses the process of inheriting the knowledge of the *dukun bayi*. Djojo Warsito suggested savory rice and a chicken (*ingkung suir*). Her magical experience closed with a 'flow of energy,' which she felt entered into her body after separating from Djojo Warsito.

After that experience, Seti did not want to study with anyone but would sleep or meditate at the grave of Mount Butak in the Rembang area of Central Java. This magical experience was still felt by Seti when she was in her hermitage on Mount Butak. When going to take a shower, suddenly the water reservoir, which was initially empty, was filled with water. Seti believes that there is only herself in that location so that no one helps fill it out. Seti shared the experience eaten by a giant snake until half of her body entered the body of the snake but vomited again. Seti also met people who had died from her village in Pandak. This experience gave Seti magical power after returning from Mount Butak.

An interview with Asmorejo or Jiyul, *dukun bayi* in Siluk Hamlet, Imogiri Bantul, shows that the inheritance process does not have to be from mother to child or grandmother to grandchild, but it can also be from in-law to her son-in-law. Jiyul claimed to get the ability as a *dukun bayi* from her mother-in-law by undergoing various ways. One of them is fasting (*puasa mutih*)[7] for 100 days, and not sleep in the house for 40 days,[8] Jiyul hard to remember precisely when attending the dukun bayi training conducted by the puskesmas Imogiri, but doubtless, it has done in the Soeharto era.

There are seven participants in the preparation; Jiyul is the only dukun bayi who pass the test. Among the seven dukun bayi include Saromah, Pailah, Prapto, Junatang, Nglantring, and Nawungan. In training, Jiyul was given the understanding to leave welat pringwulung as a knife to cut the baby's umbilical cord because it was considered not sterile. Jiyul and other training members received a provision of modern childbirth equipment.

During the first Susilo Bambang Yudhoyono era (2004-2009), Jiyul and other *dukun bayi* in Imogoro had banned from doing *dadah weteng* or post-partum abdomen massage. This fact is because in PKU Muhammadiyah Hospital in Bantul as a referral hospital found indications of mothers experiencing internal bleeding after being massaged by a dukun. Since then Jiyul and other *dukun bayi* have retired and only been working as dukun dadah or massage babies. Jiyul, while helping the process of birth and massage, still uses incantation. Spells used to support the birthing process are:

> *Bismilahirohmanirohim, sak njerone wangun sak njabane wan-gun, kyai mong sari, nyai mong sari, kyai prok, nyai prok, kyai bodo nyai bodo, kyai pindi nyai pindi, kula nulungi jabang bayi si A, nompo pasien e ng-Allah, sageto wilujeng sak ngajenge sak wingking e, kula sak derma nglantrahke. Diewang isih ono danyang tunggalan gunungan kalih njuro sageto mbantu ayom ayem tentrem, seko kersaneng ng-allah kakang kawah adi ari-ari, mangsa buda rinten lan dalu le momong jabang bayi si A, mang sisihke*

[6] Interview with Kasiyem or Seti in Pandak, Bantul, July 29, 2018, at 11:00 WIB

[7] Mutih fasting is a ritual of fasting by abstaining from eating and drinking anything except white rice and water. Usually this fast is known in the environment of followers of kejawen and supernatural practitioners with specific interests such as obtaining occult knowledge.

[8] Interview with Asmarejo or Jiyul in Siluk Bantul, 18 September, 13.00 WIB

godo mang cepakke rejekine widodari seketik kurang sakiji genepe mbah Jiyul, wonten pepakke kula nyuwun ngapun-ten, Amin.[9]

spell that is said when starting *dadah bayi* :

Bismillahirrahmanirohim, sesepuh dadah sirep-sirep seko nger-sane Allah, roso- roso lan rino roso ketiban mbaukucokro tak garap ambyar, tak demok luwar, sageto keli neng segoro kidul, sing momong jabang bayi, seminggiro mang sisihke godo mang cepakke rejekine sageto bergas waras sehat, kulo ndadak jabang bayi niki, kakang kawah adi ari-ari, mangsa buda rinten lan dalu, widadari sak kedik kurang sak iji genep e mbah jiyul. nek kula niku pas widadari ngedukke, kakang kawah kula jak, nek liyane mboten iso.[10]

Spell that said after a *dadah* bayi:

Bismillahirrahmanirrahin, kyai wasis nyai wasis kula ndadah ja-bang bayi niki, sageto bergas, waras, sehat, wilujeng sak nga-jenge, sak wingkinge, kulasak derma nglantarke, nek wonten lepat kula nyuwun pangapunten amin.[11]

It is interesting to see how the *dukun bayi* is still using the spell. Even if this spell seen contextually and textually, it shows how the inner life of *dukun bayi* in Java, especially Yogyakarta, is still influenced by Javanism. Javanism is a view of life that holds to Javanese cultural values which are an accumulation of animism, Buddhism, Hinduism, and Islam. The four *dukun bayi* that I interviewed, only one person was willing to mention what spell she was chanting.

Dientrok or struck is one thing that is forbidden when the partnership between the midwife and the *dukun* established. Djumirah said that after being crushed, a blood clot containing dirty blood would come out. This practice is carried out by lifting the body of the mother who has finished giving birth from behind with half stomped down. If Djumirah knows *di-entrok* or *ngentrokke*, then in Seti's terms there is a crank massage (*pijet engkuk-engkuk*) which aims to relax her patients. The massage is done with a sitting position and straight legs forward, then the *dukun bayi* massaging the patient's back while bathing it. The patient also banned from breast-feeding her baby because her hair was still wet from bathing and rubbing a cough. It intended that the baby does not catch colds and colds.

[9] Translation Bismislahirohmanirohim, from the inside, it is good (and) from the outside (it is also) good, kyai mong sari, nyai mong sari, kyai prok, nyai prok, kyai bodo nyai bodo, kyai pindi nyai pindi, I helped baby A (insert the name of baby), got Allah's patient. Hopefully, it can be smooth (massaging) at the beginning (and) at the end, I just run. Assisted (with) there is still (its) danyang tunggalan, gunungan kalih (hope) hopefully can help (make) peace of God's will. (To) kakang kawah, adi ari- ari, (in) time buda rinten and at night to take care of the baby A, (please) you keep the weapon, you prepare the fortune (of) a nymph (or) if it less than one, enough (for) mbah Jiyul (in massage), (now) there is enough, I apologize (if there is something wrong), Amen.

[10] Bismillahirrahmanirohim, Elders of massage science sirep-sirep" from Allah's will, many feelings (which) struck down "mbaukucokro, I deal with it destroyed; I hold de-stroyed. Hopefully, it can drift toward the South Sea, which nurtures a small baby, step aside, (help) you keep the weapons, you prepare the fortune. Hopefully, they can be fit and healthy; I massage the baby, kakang kawah adi ari-ari, waktu buda rinten and night time. Nymph (numbers) are few, less one (fairy), (and will be) fit (in the presence)) mbah Jiyul. When a nymph gives (help) kakang kawah I invite, while others not invited.

[11] Bismillahirrahmannirrahim, kyai (who is) expert, nyai (who is) expert, I massage this baby. Hopefully it can be fit, healed, healthy, be kind, and keep going in the future, in the past. I only deliver, if something goes wrong, I apologize. Amen

Conclusion

The rationalization of health is not new in Indonesia, especially about the position of *dukun bayi* in the community. This e ort was noted to have begun long in the mid-19th century with the opening of a Bumiputera mid-wife school that aims to train women Bumiputera to become a midwife. However, this research has not been able to trace how the health rational-ization e orts occurred during the Japanese occupation. Despite this, the actions still continued in the post-independence era. It still aims to inte-grate traditional birth attendants into modern health discourse which had been initiated during the Sukarno period and became massive during the Soeharto era until present day.

In the end, the *dukun bayi* position now on the same level as a team with modern medical sta such as midwives and doctors. They do not play a primary role as a mother's helper in the process of giving birth, but as a baby massager after the baby is born. This circumstance happened as a consequence of the health rationalization process in Java which beganin the mid- 19th century until today. *Dukun bayi*, as part of conventional medical institutions, must deal with modernity that has hygiene values and principles that are in some ways contrary to them. In this case, the method used to assist the birth of a baby, the equipment and the means used are considered dangerous and not by these values and principles. This fact has an impact on the position of *dukun bayi* in Java today, which has reduced the role and meaning in society.

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