

Pregnancy and Childbirth Care for the Muna Tribe in Muna Regency

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Abstract

This study aims to describe the pregnancy care of the Muna tribe in Muna Regency. The research method used is descriptive qualitative, to determine the informants using purposive sampling. The research was conducted in Muna Regency, Southeast Sulawesi. Data was collected through interviews, observation, and documentation. The results of this study indicate that the treatment carried out by the people of Muna Regency is very beneficial. Pregnancy treatment, which is commonly known as doforoghu mina or drinking oil, has an association with medical treatment because the oil used in the treatment of doforoghu mina is real coconut oil which has extraordinary benefits in health sciences such as anti-inflammatory. The doforoghu mina ritual is usually guided by sando, a person who is trusted to take care of pregnant women until the delivery process, sando is in charge of supervising the doforoghu mina ritual performed by pregnant women. The results of this study are expected to provide implications for the need for education from health workers about health for pregnant women with a special target, namely the Muna tribe. This research on prenatal care requires tripartite cooperation between the government, health workers and the community which must be improved and realized in all aspects. With the responsibility of all parties, pregnant women will get the special attention needed.

Keywords: Drinking oil (Doforoghu Mina), Pregnant Women, Pregnancy Care

Introduction

Muna Island was originally known by the name Wuna which means flower, where there was a stone found and shaped like a flower. The stone in the form of a cluster of flowers is located in an area called Bahutara. Currently, Muna is known as the name of an island and district in southeast Sulawesi. However, long ago the island of Muna was a kingdom with a royal system as well.

Lakilaponto was the seventh king of the Muna kingdom before he was appointed a king in Buton, so that he gave the mandate to his younger brother named la Pososau to become the king of Muna. Simultaneously with the transfer of power, the kingdom's territory was also divided as mentioned above. There are many stories that tell about the origin of the island of Muna being formed, many stories and books were obtained from the Butonese but this has not been confirmed because there is no further research on the formation of Muna Island. Based on

several stories, it is said that the island of Muna is a rock that was lifted up into the mainland after friction under the sea. Strong evidence of that is an area around the old Muna City where there is a stretch of rock which at certain times releases shoots like coral reefs on the seabed, but the color is slightly different, namely white (Couvreur, 2001).

The civilization and culture of the Muna people are still very traditional. At that time, the original inhabitants of Muna Island still inhabited the caves that were often found on Muna Island as their place of residence. The life of the Muna people at that time was still very dependent on nature, in fact many beliefs were taken based on what they saw in nature. The beliefs held by the Muna community from the past are still very attached to this day, especially the provisions for native Muna women and immigrants who live in Muna district. Beliefs and customs are still taught and passed on since a person grows up or reaches puberty, starting from seclusion, marriage, pregnancy and childbirth. The Muna people believe that if they violate things that have been believed since the time of their ancestors, bad things will happen.

Pregnant women in Muna Regency respond to pregnancy with various beliefs from their ancestors. Many things can be done to get a good pregnancy for them even though it is still regional. It is undeniable that in the current era of technology, there are already many medicines and examinations that can support the health of mothers and babies, even though they have gone through a research process with very sophisticated equipment, but many parts of the Muna community think that technology must have certain effects for the mother and the baby. Even though some of the Muna people have modern thoughts about prenatal care, for example checking midwives and even obstetricians, they can't let go of the culture that has been passed down from generation to generation during pregnancy to get a smooth delivery.

The Muna people believe that what their previous parents did was a good thing, especially the belief that the land they live in is a land of blessings from Allah swt. The customs that are still very attached to the life of the Muna people seem to describe a life that respects ancestors and how to respect each other to always remind each other of trust and kindness. Pregnancy is a condition in which a woman has a fetus in her womb due to fertilization by sperm (Kim et al., 2011; Zorn et al., 2003). Pregnancy usually lasts 42 weeks. Pregnancy care carried out during pregnancy is believed to provide tremendous benefits during the delivery process, for example the mother gets a fast opening and a fast and safe delivery process.

Based on the description above, the researcher is interested in conducting a study with the title of pregnancy and childbirth care in the Muna tribe in Muna Regency. This research will be carried out on the people of Muna Regency in order to reveal the things that are done and expected by the people of Muna Regency related to pregnancy and childbirth care carried out.

Methods

This study uses descriptive quality, intended to obtain more in-depth information on the care carried out by pregnant women in Muna Regency based on the phenomenon of the treatment carried out by the Muna Tribe in Muna Regency. This research was conducted in the city of Raha, Muna Regency, Southeast Sulawesi. specifically on women who carry out the doforoghu mina ritual. The research was conducted on several groups, namely pregnant women who performed the doforoghu mina ritual and other informants. There are two considerations: the location of the study is an area that performs the doforoghu mina ritual, secondly because according to the health data of the Southeast Sulawesi region in 2016, the complication rate in the Muna Regency area is very low.

Research informants include: (1) village elders who know the history and culture of the people of Muna Regency and the origin of the doforoghu mina ritual (2) Sando (traditional parents /

traditional birth attendants) is the person chosen by the family or pregnant women to care for women who are pregnant, sando usually has special advantages handed down by his ancestors to care for pregnant women, maternity, postpartum and babies, sando always accompanies and advises pregnant women to get treatment until delivery takes place according to expectations of pregnant women and their families (3) Mothers who have done doforoghu mina to be asked for information about what was done and felt while doing doforoghu mina (4) The mother's husband is an informant who will be asked for information regarding opinions about doforoghu mina and opinions about their wives who should do doforoghu mina when pregnant.

In determining the informants using purposive sampling technique (determination on purpose). The process begins with meeting with village elders, fortunately, they are asked for information about the history and culture of the Muna tribe and the origin of the doforoghu mina ritual, then they will take information from mothers who have done doforoghu mina treatment while interviewing in depth what Setra felt when doing the ritual, then interviewed the mother's husband about the opinion that can be expressed about the doforoghu mina made by his wife. After interviewing the mother who had done doforoghu mina and her husband, the researcher interviewed Sando, who treats and cares for pregnant women. So that researchers can make direct observations.

Primary data obtained through in-depth interviews with several informants by asking questions in the form of interview guidelines and intensively repeated, as well as the results of the researchers' observations on the mother's expression and behavior during the interview. Secondary data were obtained from reference books, journals and other documentation related to the focus of the problems discussed in this study. The data collected using interview guidelines include: (1) the history of the origin of the doforoghu mina ritual (2) the implementation of the doforoghu mina ritual and the dose to be taken by pregnant women (3) the materials used during the doforoghu mina (4) the impact or benefits felt by the mother who performs doforoghu mina (5) the duties and obligations carried out by sando in the care of pregnant women in Muna district (6) the statement made by the mother's husband about the ritual of doforoghu mina towards his wife.

The stages of research used in this study are (1) observation, the researcher observes directly on the research object or research location to see the reality in the research location or place (2) Interviews, which are conducted by researchers by asking some questions directly to informants. in order to get complete data. This interview was conducted repeatedly intensively. Researchers will interview village elders, mothers who have done doforoghu mina, mother's husband and sando to clarify the ritual procession of doforoghu mina (3) Libraries and documentation, researchers will collect data relating to the theoretical basis of research obtained from reference sources, books literature and electronic sources accompanied by documentation of research activities to describe the activities carried out during the research.

The data obtained in this study used the concept provided by the Miles and Huberman model. In this study, data analysis was carried out interactively and continued continuously until it was completed, so that the data was saturated. In data analysis, namely data reduction, data display, and conclusion drawing / verification. With components in data analysis, namely (1) data reduction obtained from the field quite a lot, for that it is necessary to record carefully and in detail. Reducing data means summarizing, choosing the main things, focusing on the things that are important, looking for themes and patterns. (2) The presentation of data in qualitative research is carried out in the form of brief descriptions, charts, relationships between categories, and the like. (3) Verification or data inference with the initial conclusions put forward are still temporary, and will change if strong evidence is found at a later stage. However, if the

conclusions raised at an early stage are supported by valid and consistent evidence when the researcher returns to the field to collect data, then the conclusions put forward are credible conclusions. Basically, the process of data analysis in this study runs concurrently with data collection. When the researcher completes the notes after making observations, at that time the researcher also analyzes the data.

To determine the validity of the findings, data examination techniques are needed. The data checking technique used in this research is triangulation technique. The researcher will re-check existing findings by comparing them with various sources, methods, or theories. For that, the researchers did it by way. There are 4 stages of researchers in examining the data, namely (1) by comparing the data from observations with the results of interviews; (2) compare what informants say in public and with what they do on a daily basis (3) compare back the information obtained from village elders and facts found in the field during the research process and (4) compare the results of interviews with the contents of a document related to history and culture.

With research ethics, all informants were given a detailed explanation regarding this research. If the informant agrees to participate in this research, then the informant will fill in his/her identity and sign the informed consent and agree to be interviewed, where all information and data in this study are only used for scientific purposes and the code and identity of research informants will be kept confidential

Results and Discussion

Overview of Research Locations

Southeast Sulawesi Province is located in an area that includes the southeastern peninsula of the island of Sulawesi and the surrounding large and small islands (Muna Island, Buton, Wawonii, Kabaena and Tukang Besi Islands in the Banda Sea). Based on data published by the Ministry of Home Affairs, Southeast Sulawesi has a land area of 38,067.70 km² or 3,067,700 ha and an estimated water area of 110,000 km² or 11,000,000 ha. Geographically, it is located in the southern part of the equator, extending from north to south between 02045'-06015' South Latitude and stretching from west to east between 120045'-124030' East Longitude. The province of Southeast Sulawesi as a whole is bordered by the northern part of the province of South Sulawesi and Central Sulawesi, the southern part of the province of NTT in the Flores Sea, the eastern part of the province of Maluku in the Banda Sea, the western part of the province of South Sulawesi in the Gulf of Bone.

The ongoing regional expansion policy has an impact on the increase in the number of districts, sub-districts, villages and sub-districts. Administratively, until 2017 Southeast Sulawesi Province consisted of 17 regencies/cities, namely Buton Regency, South Buton, Central Buton, Muna, West Muna, Konawe, Kolaka, South Konawe, Wakatobi, Bombana, North Kolaka, North Buton, Konawe North, East Kolaka and Konawe Islands, as well as two cities, namely Kendari City and Bau-Bau City. The number of sub-districts in Southeast Sulawesi is 217 sub-districts consisting of 1,933 villages and 375 urban villages (DEPKES SULTRA, 2018).

The topography of the land in Southeast Sulawesi Province generally has a mountainous, undulating and hilly surface. Between the mountains and hills lay plains that were fertile agricultural and plantation areas. Most of the population of Southeast Sulawesi Province live along the coastal areas with the main livelihood as fishermen and some others in the interior and work as farmers. This fact makes Southeast Sulawesi have a diversity of cultures and customs with different characteristics from one another, the diversity in various aspects also affects people's behavior towards health.

The land area of Muna Regency is 2,963.97 km² or 296,397 Ha. The area is divided into 33 sub-districts and 11 sub-districts are blooming, so that Muna district is divided into 22 sub-districts consisting of 205 villages, 31 sub-districts, and 3 (three) Transmigration Settlement Units (UPT). The Muna district is bordered by the northern part of the Spelman Strait, the eastern part of North Buton, the southern part of Central Buton Regency, the western part of West Muna.

Muna Regency is under the administration of Southeast Sulawesi Province. The capital city of Muna district is Raha which is the administrative center of Muna district before the division of the region, administratively Muna district consists of 29 sub-districts consisting of 247 villages, 39 sub-districts, 6 preparatory villages and 1 transmigration settlement unit. After the division, it was divided into 33 sub-districts, consisting of 205 villages, 31 urban villages, and 3 Transmigration Settlement Units located in Bone sub-district as many as 2 UPT and 1 UPT in South Wakorumba sub-district.

The total population of Muna district in 2018 was 221,343 people, while in 2014 279,471 people consisted of 132,133 men and 141,503 women. The population growth from 2000 to 2014 was an average of 1.36% per year. This growth is smaller than the population growth rate of Southeast Sulawesi, which is an average of 2.07 percent per year and smaller than Indonesia's population growth of 1.47 percent. per year in the same period.

Health Degree Situation

Public health efforts are every activity carried out by the government and or the community as well as the private sector, to maintain and improve health as well as prevent and overcome the emergence of health problems in the community. Public health efforts include health promotion efforts, health maintenance, eradication of infectious diseases, control of non-communicable diseases, environmental health and basic sanitation provision, improvement of public nutrition, mental health, security of pharmaceutical preparations and medical devices, safeguarding the use of additives in food and beverages. beverages, security for narcotics, psychotropic substances, additives and hazardous materials, as well as disaster management and humanitarian assistance.

Individual health efforts are every activity carried out by the government and or the community as well as the private sector, to maintain and improve health and prevent the spread of disease and restore individual health. Individual health efforts include health promotion efforts, disease prevention, outpatient treatment, inpatient treatment, limitation and recovery of disability aimed at individuals.

Based on the 2013 Indonesian Demographic and Health Survey, the maternal mortality rate (related to pregnancy, childbirth, and the postpartum period) was 359 per 100,000 live births. This figure is still quite high when compared to neighboring countries. In 2000, the Indonesian Ministry of Health strengthened its investment strategy in the health sector to address maternal mortality by launching the Making Pregnancy Safer strategy (DEPKES RI, 2016).

Efforts made by the government together with the community are also responsible for ensuring that every mother has access to quality maternal health services, starting from pregnancy, delivery assistance assisted by trained health personnel, and postnatal care for mothers and babies, special care and referrals. if complications occur.

Health services for pregnant women are realized through the provision of antenatal care at least 4 times during pregnancy, namely at least 1 time in the first trimester (0-12 weeks gestation),

at least 1 time in the second trimester (12-24 weeks gestation), at least 2 times in the third trimester (24 weeks-birth).

The standard time of service is recommended to ensure protection for pregnant women and fetuses, in the form of early detection of risk factors, prevention and early treatment of pregnancy complications. Antenatal services are strived to meet quality standards, namely, weighing and measuring height, measuring blood pressure, measuring Upper Arm Circumference (Lila), measuring the height of the uterine crest (fundus uteri), determining the status of tetanus immunization and administering tetanus toxoid immunization according to immunization status. , giving blood tablets plus at least 90 tablets during pregnancy, determining the percentage of the fetus and fetal heart rate, conducting interviews (providing interpersonal communication and counseling including family planning programs), simple laboratory test services, minimal hemoglobin (Hb) test, urine protein examination and blood group examination and case management.

Achievement of health services for pregnant women can be assessed using the K1 and K4 achievement indicators. K1 coverage is the number of pregnant women who have received antenatal care for the first time by health workers, compared to the target number of pregnant women in one work area within one year. Meanwhile, K4 coverage is the number of pregnant women who receive antenatal care according to the standard at least 4 times according to the recommended schedule.

The implementation of maternal health activities is focused on efforts to reduce MMR. In connection with these efforts, the priority activities are directed at: the percentage of pregnant women who have K4 with a target of 74%, delivery at health facilities (target 77%), Bufas services and the implementation of pregnant women's health (target 81%), and the implementation of P4K programs (target 83%).

When referring to the 2016 provincial target (74%), the K4 coverage of Southeast Sulawesi Province on average has not reached the target. It was recorded that 8 regions achieved and even exceeded the target, Kendari City is the area with the highest coverage of 94.24%, the lowest coverage is in South Konawe Regency which is only 54.90%, while Muna Regency, which includes the said regency/city, meets the criteria. K4 Southeast Sulawesi province, this proves that most of the people of Muna district are aware of the importance of health checks and the government's MMR reduction program in Indonesia. The increase in K4 coverage is expected to increase the coverage of deliveries by health workers, as well as reduce maternal and infant mortality.

The high maternal mortality rate in some regencies/cities is caused by various things, including remote conditions, lack of health personnel, limited transportation facilities and health facilities, making it difficult for people to access existing health facilities.

Efforts to improve health services to increase public access continue to be carried out, both recruiting new health workers, as well as repairing and adding existing health facilities. However, according to the data obtained, although Muna Regency is a small area, the MMR in Muna is quite low compared to other areas in Southeast Sulawesi, which is the second lowest after Kendari City. This happened because of the awareness of the people of Muna district and the importance of the government's role in overcoming AKI in Muna district.

Informant Data

In determining the informants using purposive sampling technique where the informants are determined by the researchers to conduct in-depth interviews and observations.

Table 1. As an informant

No.	Name	Age	Information
1	Mrs. Hani	72 years	Village elders
2	Mrs. Nia	54 years	Sando/ Parents
3	Mrs. Asti	45 years	Sando/ Parents
4	Mrs. Rina	31 years	Mothers who have been in labor
5	Mrs. Sinta	54 years	Mothers who have been in labor
6	Mrs. Ami	32 years	Mothers who have been in labor
7	Mrs. Ira	29 years	Mothers who have been in labor
8	Mrs. Ati	24 years	Mothers who have been in labor
9	Mr. Otis	24 years	Mother's husband who has <i>doforoghu mina</i>
10	Mr. Iman	34 years	Mother's husband who has been in <i>doforoghu mina</i>

History and Customs of the Muna Tribe

Muna Island long ago there were no buildings like today. It was only during the time of the military ruler Gortmans (1919-1923) that there was a regular row of buildings/houses on the side of the road. Before that the villages were cultivated areas with scattered houses of residents. Only the city of Muna is an exception. This is a village surrounded by high and thick stone walls, a small part of which still exists today (in 1935), crossing hills and valleys. The length of this wall fence is estimated to be approximately 8073 meters with a diameter of approximately 3180 meters (measured according to local instructions). The wall is 4 meters high, 3 meters thick and is made of rock formations. According to belief, this wall was made by spirits, and occurred during the time of Sugi Murhum. Houses and other buildings were only erected during the La Pusaso era (Couvreur, 2001).

The city part of Muna is inhabited by a ghoerano with the kino, mino and a fato lindono. Apart from them, only the La Ode, the walakas with their wives and the helpers (kafowawe) are allowed to live in the city of Muna. The others had to live outside the city of Muna. La Odes and walakas who do not have positions are prohibited from being outside the walls of the city walls of Muna. People living outside the city of Muna may only enter the city on market days, or when called upon, or if they wish to appear before a leader. The city of Muna has three entrances and exits, namely one to the north direction of old Galan to Kaura village), one to the east direction of Galan which now leads to Tongkuno village) and the other to the southwest direction of Galan which leads to Lembo village).

The city of Muna has set some regulations. For example, people are prohibited from riding horses to enter the city of Muna or walking in it, except for high officials. The officials were allowed to ride horses, but only as far as the bhonto bhalano's residence, after which they too had to walk. Everyone is forbidden to sling a sarong on the shoulder. Songkok can be used in the city, but if a person wearing a skullcap arrives at a place where he can be seen by people of higher rank, then he is required to wear a lenso (head cloth).

The Muna people have rules from how to dress, wear jewelry, choose leaders and how to propose to girls until pregnancy. However, the rules used by each Muna community differ depending on the group of origin. (1) The La Ode and walaka, the system of classifying society was applied in Muna during the era of the male Muna Titakono and the first bhonto bhalano, namely La Marati. In the classification rules it has been outlined that the descendants of the former Sugi are the highest class in Muna. These people belong to your kaomu group and their specialty is La Ode. So, if in Muna it is called the kaomu person, then what is meant is the descendant of the former Sugi and now also the descendant of the former man of Muna. All of

Muna's men are descendants of the former Sugi, (2) Furthermore, there is the maradika group, which consists of three groups. The first group, namely the highest level is anangkalaki, or fitu bhengkauno which means 'seven people'. The second group of the maradika group is the so-called maradikano ghoera or maradikano papara. These are the descendants of the former four kamokula (namely kamokulano Tongkuno, Barangka, Lindo, and Wapepi), the third and lowest group of the maradika group is the maradika poinokontu lakonosau (which means maradika is like a stone and a piece of wood, in other words it has no value), (3) Now there is also a group called wesembali. In this case, two types are known, namely La Ode Wesembali and Walaka Wesembali. They can also be called the intermediate group. Wesembali people are children who come from prohibited marriages, namely marriages where the wife's rank is higher than the husband's, (4) Furthermore, long ago there was also a class of slaves. They are from the maradika group, then punished as slaves for committing crimes or not paying off their debts.

This group is the determinant of how the Muna community must brush against the higher class. However, over time. Currently, Muna's parents are holding deliberations and revising some regulations due to the government system changing from a kingdom to a government system (Bupati). Some groups are not enforced, for example the slave class. So that there is no more oppression among the Muna tribe. Although the current government system has changed, the customs that have been handed down by the ancestors are still very strong, especially to maintain health (Couvreur, 2001).

Pregnancy and Childbirth in the Muna Tribe

Pregnancy is a gift from the almighty, infinite gratitude and happiness are felt when a woman is able to conceive, the same is true for the people of Muna when a woman who already has a husband is pregnant.

The happiness experienced by a husband and wife is also felt by the whole family, both parents, in-laws, relatives and even close neighbors. When a woman is known to be pregnant, her husband and family are alert. Starting from self-protection from malicious interference to activities that can endanger the safety of mothers and babies. For example, putting a large safety pin on clothes, carrying garlic and always being careful when leaving the house because according to the Muna community belief, a pregnant mother has a very fragrant smell and can invite evil intentions which are believed to really like young fetuses and can result in death. mother and fetus.

The people of Muna believe that all the customs they do do not violate the law, human rights and even religion because there are no interests of certain individuals or groups and so on that can damage health. Pregnancy is a time when many changes occur to the mother's physical and physical. Many discomforts experienced by pregnant women ranging from nausea, vomiting, feeling tired, and emotional instability.

Pregnancy is a normal thing experienced by a woman as well as experienced by normal people, but in order to get a good pregnancy and a smooth delivery they usually give food or drink which is believed to be beneficial for pregnant women and affect the success of childbirth. The people of Muna district usually provide food or drinks that have been passed down for generations and are believed to help in normal and smooth delivery later.

According to the belief of the Muna community, there are several plants and kitchen ingredients that can be used as a delivery agent and consumed during pregnancy, usually used as daily food consumption or taken regularly before delivery. The plant used is usually called "kantanga-tanga", this plant is in the form of leaves that can be used as a vegetable mixture, this plant is not only useful as a laborer but also can prevent constipation. In addition, before delivery in

the third trimester, pregnant women are recommended to regularly drink oil or commonly called doforoghu mina until the delivery schedule. According to the informant, when she was pregnant she was asked to often eat vegetables with a mixture of "kantanga-tanga" leaves and started drinking oil regularly (doforoghu mina) from the age of 7 months of pregnancy regularly until the delivery process took place if they did not do this they would be blamed if the delivery process is not smooth and this can disturb the mother's psychologist with feelings of guilt and even experience postpartum anxiety.

Nusantara Cultural Traditions in Pregnancy

Traditions and cultures in Indonesia are very diverse because they consist of various tribes, ethnicities, and beliefs. Where in it there are local values, local customs that have traditional wealth which is an ancestral heritage from generation to generation. Many positive values can be taken. Advances in science were initially obtained from traditional wealth. Developed in a more modern way, controlled and based on research based on the latest science.

In Indonesia, there are many ways to care for pregnant women to stay comfortable and happy with their changing physical conditions during pregnancy. Medicine and traditions from ancestral beliefs are carried out for the happiness of the mother and the baby-to-be. Indonesia has a diversity of ethnicities and cultures in caring for pregnancy and childbirth, even many who have similarities in caring for pregnancy. Other things that people in Indonesia do are support from psychologists in the form of a seven-monthly event, namely a traditional event to pray for the safety of mothers and babies to be kept away from bad influences, this is a form of gratitude for being blessed with a baby in the mother's womb.

Pregnancy and Childbirth Care in Muna Tribe in Muna Regency

The number of rules or taboos for pregnant women and rituals before childbirth are still carried out to this day with the aim of saving the mother and baby in the delivery process, for example, pregnant women should not eat too much ice for fear that it will be difficult to give birth because it will affect the size of the fetal head in the womb. so that it can cause labor jams and will make the skin of the mother's stomach thicker than pregnant women who do not consume ice during pregnancy, pregnant women are also not allowed to tie anything around the neck when pregnant for fear of entanglement of the umbilical cord in the fetus.

The taboos and treatment carried out by the people of Muna Regency for pregnant women are still very regional and thick, but the people there do not turn a blind eye to the health facilities provided by the government, so that pregnant women in Muna Regency continue to carry out the customs and culture of their ancestors and continue to carry out examinations in Muna Regency. health facilities to support ongoing pregnancies. In addition to the many taboos during pregnancy, pregnant women in Muna district always perform the doforoghu mina ritual or drink oil before giving birth.

Doforoghu mina or drinking oil is where a pregnant woman in Muna district will drink real oil that has been made by herself through a traditional process using selected old coconuts. The doforoghu mina ritual is performed when a pregnant woman enters her third trimester of pregnancy or according to the rules given by the sando. As for how to make coconut oil which is drunk by pregnant women in Muna district, namely: (1) choose the coconut you want to make oil, you should use old coconut; (2) the selected coconut is then cleaned until the remaining coconut flesh; (3) the cleaned coconut is then grated and squeezed to produce coconut milk; (4) the coconut that has become coconut milk will be cooked until it is cooked and browned to produce dregs or commonly called tai oil; (5) after filtering the coconut dregs or oil tack, to maximize and clean the oil from the dregs, the coconut milk dregs are put into a

cloth to be squeezed using a special squeeze (clamped using squeeze wood made by yourself).
(6) The results of the second juice will be used in the doforoghu mina ritual.

The oil that is usually produced usually has special criteria for use in pregnant women, which can be seen from the aroma and color. The best oil to use for doforoghu mina is one that has a very fragrant aroma and has a clear yellowish brown color. The oil given to pregnant women in Muna Regency is usually made specifically by the sando so that its purity is maintained and added with the prayers of the sando.

The doforoghu mina ritual is only performed when a woman is pregnant, there is no age limit for doing the doforoghu mina. Doforoghu mina aims to expedite the delivery process. In ancient times, many women and young girls married under age because there were no rules for underage marriage as in the current era, girls in Muna district were married on the condition that they were *akil baliqh* or marked by menstruation, this was done for the sake of the girl's future. who are married in order to get a decent life from their husbands. So that, in ancient times many women had difficulty giving birth due to the reproductive system and the pelvis that was not ready to be used for childbirth. Thus, the local community began to perform the ritual of doforoghu mina in the hope that the oil they drank would smooth the birth canal so that the baby born did not experience difficulties.

Doforoghu mina is still considered a culture that needs to be maintained until now because its properties and benefits play an important role in pregnant women and childbirth. According to the informant, the oil is drunk when the pregnancy is seven months old or entering the third trimester of pregnancy because that's when the baby is no longer spinning so doforoghu mina therapy is started because if it is done when the fetus is still small it can cause the uterus to become slippery and miscarriage can occur.

The oil that is drunk is self-processed oil and is not processed by factories in general. Dofoghu mina is not recommended to use oil circulating in the market especially the oil sold in the market already contains preservatives and has been processed by the factory, there are even some people who do dofoghu mina through the hands of parents or trusted shamans who are usually called sando because there are prayers that given to facilitate delivery, so that when the doforoghu mina is scheduled, the pregnant woman will come to or be visited by sando to do the dofoghu mina according to the agreement made between the pregnant woman and sando.

Sando, who has been appointed by pregnant women and their families, will supervise and accompany pregnant women from the time of doforoghu mina until delivery is complete, besides that, sando usually protects pregnant women from supernatural things which the Muna community believes can eliminate babies from the womb, because it is a responsibility by the designated sando. If the sando does not carry out his duties properly or the woman he supervises dies it will affect the reputation of the sando. Usually, Sando who does not take good care of pregnant women will be judged by the community as if he is no longer trusted to handle pregnant women.

Pregnant women who do doforoghu mina usually have sando passed down from their parents because of a sense of comfort or usually a strong belief in the sando. Each sando has its own rules according to the knowledge handed down by their ancestors, there is even a sando who has updated his knowledge and adapted to the current situation. Doforohu mina is usually done also in the eighth month of pregnancy, for the first week pregnant women usually do doforoghu mina once a week, when entering the ninth month doforoghu mina is done once a day for two weeks and the last two weeks or the last week before the delivery schedule after that, Pregnant

women will do doforoghu mina twice a day, in the morning and evening according to the provisions of the trusted sando.

Doforoghu mina aims to facilitate delivery and avoid complications during delivery, accompanied by a sando or traditional healer who has been trusted to handle pregnant women from pregnancy to delivery. The oil that is drunk by pregnant women is not oil that is sold in the market, the oil that is drunk is very pure and original oil without a touch of preservatives and processed by itself, or usually if the pregnant woman already has sando then the sando will make the oil to drink. Research conducted by Novilla, et al (2017) showed that natural components of coconut can function as anti-inflammatory, analgesic, and antipyretic, due to their ability to reduce transudate formation, granuloma formation, and serum alkaline phosphatase activity and virgin coconut oil also has antimicrobial effects. (Shilling et al., 2013).

The antimicrobial effect of VCO has been shown to inhibit *Pseudomonas aeruginosa* (ATCC 25619), *Staphylococcus aureus* (ATCC 29737), *Staphylococcus epidermidis* (ATCC 12228) and *Propionibacterium acnes* (ATCC 6918) (Silalahi et al., 2014). Apart from being an antibacterial, VCO is also effective against several fungal species, such as *Candida albicans*, *Candida glabrata*, *Candida tropicalis*, *Candida parapsilosis*, *Candida stellatoidea*, and *Candida krusei* (Ogbolu et al., 2007). The methanol extract of VCO functioned well as a *Candida albicans* inhibitor comparable to antifungals.

The body of pregnant women is very susceptible to disease due to decreased immunity so that pregnant women are easily exposed to viruses, fungi and bacteria during pregnancy so that with the doforoghu mina performed on the Muna people during pregnancy it can affect the health of the mother because of its anti-inflammatory and good content. contained in the oil used can inhibit the growth of viruses and increase immunity.

According to J. Kuncoro coconut oil has excellent nutritional content to accelerate metabolism and increase endurance. The Food and Drug Administration (FDA) exclusively includes coconut oil on the list of foods that are safe for consumption. It is even said that coconut oil is the safest and healthiest oil in the world.

Virgin coconut oil (VCO) contains lauric acid which is classified as a medium chain saturated fatty acid. Medium saturated fatty acids have different metabolic properties from long chain saturated fatty acids which have been condemned as the cause of heart disease. Lauric acid and other medium chain saturated fatty acids, such as kaoric acid, caprylic acid and myristic acid found in coconut oil can cure various diseases, such as diabetes and other degenerative diseases (Sukartin, 2005).

Conclusion

Pregnancy for a woman is the greatest gift, in a pregnant woman there are many changes due to the growth of the fetus in the mother's womb. Physical and psychological changes often occur so that pregnant women usually get more attention and care from family and people around them. Pregnant women in Muna district have the same rights and positions, namely getting attention and care during pregnancy until delivery takes place, a form of concern for parents and the Muna community is to provide services that have been passed down for generations by the people there and have been tested according to the Muna community since ancient times. ancestors. Treatment carried out by pregnant women in Muna district is doforoghu mina, which is a treatment carried out by drinking real oil made from old coconuts. The oil that is drunk is usually made by a sando, a shaman or person who is trusted to take care of pregnant women in Muna district. According to research, coconut oil has many health benefits, one of which is that it contains anti-inflammatory and anti-microbial properties.

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