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Oral history and the current state of maternal health among Nias women

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Abstract. Maternal health has long been a central concern for the global community. This is because maternal health is considered a key indicator of public health progress and a reflection of commitment to humanitarian values. Maternal health is influenced by a wide range of factors, with cultural norms playing a particularly significant role. These norms are often inherited traditions passed down orally from previous generations. They serve as moral guidelines for women to follow in their daily lives. Unfortunately, embedded within these norms are perspectives that disadvantage women and have serious consequences for women's health. This short report highlights the situation of Nias women, an ethnic group in Indonesia that faces severe maternal health challenges. Drawing on field experiences and excerpts from informants' narratives, the report illustrates how long-standing cultural norms compel Nias women to conform to a rigid social system, ultimately resulting in poor maternal and child health outcomes.

Key words: maternal health, women's health, local norm, social norm, gender imbalance

Introduction

Maternal and child health remains one of the pressing global health issues (1). Existing data show that the indicators related to this issue are still alarmingly poor, particularly maternal health (2). Reports indicate that maternal and child mortality continues to occur, even though healthcare services have significantly improved compared to previous conditions (3).

The poor state of maternal and child health does not stand alone, and the causes of this issue cannot be attributed solely to healthcare services. Maternal health is deeply intertwined with cultural norms, which hold significant power to either constrain or empower women (4,5). In many cases, these norms place women in subordinate positions, contributing to poor maternal health outcomes, particularly in countries of the Global South (6–9).

These cultural norms cannot be viewed as a simple structure. They are highly complex and deeply entrenched, allowing them to persist over time, even though they may undergo slight modifications to adapt to contemporary conditions (10–12). However, the historical continuity between past and present values is particularly compelling to explore, especially in relation to maternal health.

Such deeply entrenched cultural norms are particularly evident in one of Indonesia's ethnic groups, the Nias people (13,14). The Nias community, residing on Nias Island, still experiences relatively poor health conditions compared to other regions in Indonesia (15–19). More broadly, daily life among the Nias people continues to reflect traditions that do not place women on equal footing with men (14,20). As a consequence, women are often disadvantaged and lack adequate access to healthcare services.

How is this possible? In this short report, we aim to explain an important phenomenon by synthesizing our field experiences with the Nias community, offering valuable insights into positioning historical

knowledge of health as a critical dimension. This paper is based on fieldwork we have conducted over the past five years.

Oral tradition

The Nias people in the past did not have a written tradition (21–23). Everything practiced in daily life was guided by moral values passed down from previous generations using oral tradition (24,25). This oral tradition is known as *fondrakō*, which contains information, rules, and regulations that govern Nias society, including practical matters such as marriage and death (21,26). These provisions are still generally followed by the Nias people today, particularly those related to the relationship between men and women, family formation, and the position of women (17,27).

One of the oral traditions of the Nias people takes the form of sung poetry, known as *hoho* (21). In one particular *hoho*, how the ancestors of the Nias people categorized who is considered a man and a woman is clearly expressed (21). Men were said to have been created by the gods as incomplete beings. Therefore, breath was bestowed upon them: *da'ō zame noso ba dōgi nikhu* ("breath was given into his nose"), *iwuwusi zinata mbawa* ("breath was blown into his throat"). Not only that, strength was also instilled in men: *awena mamukhō niha mangawe'e* ("let the man become strong"), *awena maliwa motōla* ("let the man become able to move"). Furthermore, men were given a heart and intellect: *da'ō zola tōdō samo'atō* ("the man was given a heart and soul"), *isu'a dōdō ifo era-era* ("he was endowed with reason and thought"). *Awena motōdō niha hulō laelu* ("only then did the man's mind become sane"), *so gera-era fa odomo* ("possessing wisdom and insight"). *Awena ilau faego famanōmanō* ("only then could he speak"), *awena humede fademadema* ("only then could he engage in dialogue and discourse").

The *hoho* above portrays men as individuals of great strength and profound wisdom. Therefore, it is unsurprising that strength and masculinity are highly revered in Nias tradition (28). Statues of warriors can be found in nearly every household. In the conduct of traditional ceremonies and social rituals, only men are permitted to speak (29,30). The recognition of male authority is so deeply rooted that men are regarded as inheritors of the earth: *ba wamatōrō ulidanō* ("rulers of the world"), *wango'ayagō ōlia* ("lords of all nature"), *ena'ō tobali ele-ele dōi* ("the ones who declare names"), *fanuriaigō wa'asalawa* ("proclaimers of greatness").

What about women? The *hoho* describes women as *samatohu fangerangera* ("companions in thought") and *samafōfō khōnia samasahe* ("helpers in organization").

The explanation above reflects a heavily imbalanced construct, in which men are assigned far more important and strategic roles, created with exceptional talents. On the other hand, women are relegated to roles of offering consideration and managing tasks.

In addition to *hoho*, other forms of oral tradition include proverbs and folktales. One Nias proverb, for example, states that a child must obey their parents because parents are considered *Lowalangi ba gulidanō* ("God on earth"). Individuals are also urged to heed advice to maintain calmness, order, and peace. A family is considered unhealthy if it is constantly engaged in *fagoagoa* ("arguments"), as such behavior is believed to drive away *arōu harazaki* ("fortune").

Interestingly, in various proverbs and stories, women are consistently encouraged to concede. Women are expected to set aside themselves and their interests, as that is believed to be their designated *dadaoma* ("role"). They are not permitted to question or protest, as such norms have long been established and accepted.

These oral traditions serve as an entry point for understanding the discussions in the following section.

The present day implication

We conducted field research on Nias Island from 2021 to 2023, during which we engaged extensively with groups of women, particularly pregnant women and their mothers-in-law. The aim of this field research was to improve the health status of pregnant women through education. We provided educational sessions covering various topics, including pregnancy care, nutrition, maternal psychological health, and the importance of antenatal check-ups. These sessions were held bi-weekly, usually in the hall of a local church. Each session was attended by around 20–30 pregnant

women, accompanied by some of their mothers-in-law. We did not differentiate the participants based on their gestational age; as long as the women were willing to join the training, they were recruited. The educational materials had been prepared in advance and even translated into the local language.

After completing the educational activities, we used the opportunity to gather the participants for focus group discussions (FGDs). The purpose of these FGDs was to explore issues that might not have been addressed during the educational sessions. We realized that the pregnant women might not always feel comfortable expressing their concerns in a formal discussion setting. Therefore, the FGDs provided a space where they could speak more freely. To ensure a comfortable atmosphere, we usually held separate discussion groups for the pregnant women and their mothers-in-law.

Discussing this very important topic with both groups of women was crucial. We conducted interviews with pregnant women to gather information about their current situations. Of course, to fully understand what the pregnant women knew and practiced, it was equally important to interview their mothers-in-law. These mothers-in-law serve as "living documents", carrying essential knowledge about norms, values, and the embodied processes of traditions they experienced in the past and subsequently passed down to their daughters-in-law. Thus, in a single encounter, we were able to collect both the historical background and its implications, particularly in the context of maternal health.

Each discussion session was kept relatively brief, as we did not want to take up too much of the participants' time. Typically, an FGD lasted about 30 to 45 minutes. Before starting, we always explained the purpose of the FGD, sought their consent, and informed them of their right to participate or not. Considering that most of the participants had low educational backgrounds, consent was generally obtained verbally. The results of the FGDs were transcribed verbatim and subsequently analyzed.

In one of our health education activities, we encountered a very young pregnant woman, likely under the age of 20. She had only completed primary school and was unable to read or write. When we asked why she had stopped attending school, she replied, "My family did not want me to continue. They decided that I should leave school and get married."

This verbal narrative illustrates a common phenomenon in rural areas of Nias, where communities continue to implement oral traditions that have long served as guiding principles for the Nias people. Attending school, particularly for women in these rural communities, is not considered a right. It is common for girls to discontinue their education and not pursue further schooling, although economic hardship is often cited as one of the contributing factors. However, women are frequently perceived merely as future workers on their husband's family land or assets and as caretakers of the household.

In another interview, we met a pregnant woman who still has a toddler. She explained that since getting married, she has had to work every day in her husband's family's fields, which are often located far from their home. She must cross small rivers and hills before tending to the sweet potato plants, whose leaves are used as feed for their livestock. As a result, she has no time to care for or monitor her pregnancy.

Working and serving the family is considered a golden rule for Nias women (14). When Nias girls are still young, their biological mothers always provide behavioral guidance at home. This guidance emphasizes the importance of diligently helping, working quietly, and refraining from complaints. All these values will later prove beneficial when they arrive at their in-laws' homes and are expected to practice the same conduct.

Therefore, it is unsurprising that pregnant women on Nias Island are accustomed to working hard and tend to regard health issues as a low priority. Consequently, many women never undergo prenatal checkups, and a significant number are never recorded in the healthcare system by medical personnel.

Another unique experience we encountered while conducting health education for these pregnant women was during a meeting in which they shared their concerns. They requested that our education efforts include not only themselves but also their mothers-in-law. One of them expressed: "We can understand, but once we return home, it's impossible for us to implement it. We would be scolded and considered lazy".

This narrative reflects the position of Nias women, an enduring tradition held since long ago. The anger of

mothers-in-law toward their daughters-in-law, who are perceived as disobedient, is not merely a fabricated story but represents the mental burden carried by pregnant women in Nias. They are expected to conform to a norm that regards them as "purchased daughters-in-law". The marriage system in Nias requires the groom's family to pay a mandatory bride price, which includes money and food provided to the bride's family. This practice places the daughter-in-law in a very vulnerable position. A woman is considered to have been "bought", which is why the mother-in-law is called *ina sowōli* ("mother who buys") and the daughter-in-law is referred to as *bōli gana'a* ("gold that has been bought"). This terminology is attributed to the mother-in-law because she is seen as having provided the gold, earned through her hard work, as the bride price to the bride's family. Consequently, the mother-in-law holds nearly unlimited authority over her daughter-in-law (26,31).

This highly unique social construction is best understood through the following case illustrations. We once interviewed a pregnant woman about how long she intended to rest after childbirth. What was her response? "Three days. If I rest longer than three days, I would feel uncomfortable toward my mother-in-law". In another discussion, we asked a woman why she did not breastfeed her child. She explained: "My mother-in-law gets angry if I only breastfeed. She says it's better for me to go to the fields so that we have food to eat. My husband was never breastfed by her, according to my mother-in-law. Rather than being scolded, I'd rather leave my child at home in my mother-in-law's care".

The cases above clarify valuable information regarding adherence to moral values that have been systematically ingrained since the past, and how these continue to influence health practices in the present. The perception that education is unnecessary for women, the tradition of working hard for the family's benefit, the value placed on respecting mothers-in-law regardless of the consequences, and the practice of bride price that positions women as commodities, are historical markers—oral histories—that, although indirect, have had a significant impact on the health of pregnant women, particularly among the Nias ethnic group.

One of the major current health issues in Indonesia is stunting. In the context of Nias Island, stunting rates are also very high, and this is closely related to the practice of exclusive breastfeeding (19,32). In an interview with healthcare workers at a local facility, they acknowledged that the rate of exclusive breastfeeding is very low. Reflecting on the two stories above, it is understandable that the cessation of exclusive breastfeeding among Nias women occurs through a moral compliance mechanism, leaving the home to work and allowing the mother-in-law to provide substitute food to the young child. Therefore, it is unsurprising that inadequate nutrition has become a widespread cause of stunting on Nias Island.

What happens if a woman resists these traditions? Naturally, the consequences can be significant. One mother recounted that she was once beaten by her husband after receiving a report from her mother-in-law about her disrespect for contradicting the mother-in-law. Furthermore, in her family, matters of education and marriage are not personal decisions but are instead taken over by others on behalf of the woman.

Conclusion and future research

Oral history constitutes a valuable historical source that should be referenced when examining health issues, particularly maternal health. It is essential to reconsider how constructed social agents within the community relate to one another, shaped and regulated by long-standing norms regarded as truths. Health interventions must take these socio-cultural dynamics into account to ensure that their design is culturally appropriate and more likely to be accepted by the community.

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