

# Ketupat Tradition in Sustainable Development Goals (SDGs): Local Wisdom for Improvement of Infant's and Maternal Health Quality on Mataraman Javanese Peoples at Surabaya

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## Abstract

Rituals about death can be seen as a family's willingness to lose a member, but also as an attempt to provide confidence in the transition from the world of the living to the world of the dead. These rituals are often only carried out at certain times and become important for adults. Meanwhile, the death of a child under five, especially when a miscarriage occurs, is often not remembered. In fact, this is not entirely true for the Javanese Mataraman community. Through this research, the presence of children under five and/or fetuses in the womb that died has taken an important position in the *kupatan* tradition. These memories should be suspected of helping to minimize infant deaths and miscarriages. This can be known by using a qualitative approach with a phenomenological perspective of E. Husserl on the *Kupatan* tradition of Javanese society. This tradition is not only carried out in rural areas, but in urban areas. Through the illness narrative, the *Kupatan* tradition has socialized the importance of care during pregnancy. In the *kupatan* tradition, narratives of success and failure in pregnancy care are well recorded. From the narrative of failure, a mother and her husband develop a business for their success.

**Keywords:** *Rituals, Kupatan, Infant Mortality*

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## A. Introduction

In human civilization, birth, marriage and death become an inseparable series of rituals. Birth keeps a marker of the presence of new members in society. Marriage is the process of uniting two people with different families. Marriage is the beginning of the process of the presence of new members in the future. Meanwhile, death is a process of separation between a person who dies and his community. The community declares the loss of the existence of the individual. In all three events, there is uncertainty. There is uncertainty about the future of the child who is born, as well as uncertainty about the happiness of the spouse, and also the uncertainty of life after death. Religion and culture provide "certainty" (in quotes) with their rituals. A number of theories about religion explain how religion is able to provide peace and answer uncertainty. (Beckford, 2003; Blasi, 2007; Cipriani, 2015; Kottak, 2018)

Moreover, religion and culture enrich human civilization not only with rites of passage such as birth, marriage and death. Rites in religion also strengthen or provide certainty in human life, including the presence of the Divine in religious concepts. In addition to providing confidence in certainty, religious rites also have a function in society. Clifford Geertz in his research in Modjokuto observes that the Eid tradition (*riyaya*) which is far from 1 Shawwal turns out to have an integration function in society. In the midst of strong political sects at the beginning of independence, apart from national rites, such as the celebration of independence (August 17), during the Eid day, groups of people who had conflicts in their political life made peace with each other and were united. They don't mention Eid Mubarak, but *riyaya lebaran* which means opening the door wide for forgiveness. (Geertz, 2014)

In Mataraman Javanese society, the symbol of social integration is strengthened five days (*sepasar*) to a week after Eid Mubarak with the *riyaya kupatan* tradition. During the *riyaya kupatan*, almost every family makes *ketupat* and *lepet*. The *ketupat* made from rice is eaten with chicken *opor*, liver-fried chili sauce and other accompaniments. Meanwhile, *lepet* made from sticky rice and grated coconut is eaten as a snack. *Ketupat* is interpreted from the word "*kulo sing lepat*" (I was wrong). Statement of guilt and asking to be forgiven. A number of studies on the *riyaya kupatan* tradition have focused more on the values of local wisdom and its sources. Because it is held after the Eid al-Fitr, the researchers pay more attention to tradition as an embodiment of Islamic religious values. (Aisyah, 2021; Nafwa, 2020; Sujarwoko, 2016)

Apart from the relationship with Islamic values, statements from Javanese Mataraman cultural observers refer to *riyaya kupatan* as *bakda cilik*. The word "bakda" in Indonesian is after. *Bakda* means after the month of fasting (Ramadan) or means Shawwal. When translated into Indonesian, the word "cilik" is small. The word small can mean a holiday outside of the big day (Eid Mubarak), but in this case it means children or infant. *Riyaya Ketupat* is a little boy or children's *riyaya*. According to GKR Koes Moetiyah (Chairman of Kraton Kasunanan Surakarta's Customary Council), it can be understood that the *riyaya ketupat* is to pray for the spirit of a fetus that cannot be born or has a miscarriage. Therefore, the family whose a wife have had a miscarriage have the obligation to make *ketupat-lepet*. (Aisyah, 2021)

The problem is that the population aspect in the *kupatan* tradition, especially infant morbidity, is rarely observed by researchers regarding the *ketupat* tradition. It is actually very important that respect for the fetus becomes an indicator to prevent fetal

death, as well as in the aftermath, namely from birth, three years, five years to adulthood. Miscarriage, especially as a result of accident, is understood to explain maternal and child health. Maternal and child health is a worldwide concern. This is evident in the statement of the MDG's (Millineum Development Goals) (2000-2015) in point 4 (Reduction of Infant Mortality) and point 5 (Improvement of Maternal Health) which were agreed by 189 member countries of the United Nations. After the results of the MDG's evaluation, the agreement was expanded in the form of a statement of SDG's (Sustainable Development Goals) in goal 3, namely: ensuring healthy life and promoting well-being for all at all ages. (Bappenas, 2017; Cossio et al., 2012; Harry, 2015; UNEP & UNDP, 2015)

Since the MDGs, the Indonesian government has signed and implemented them as one of the national development goals. Within the government of Susilo Bambang Yudhoyono (2004-2014), the achievement of the MDGs is an indicator of development success. All policies and work programs are directed at reducing poverty and beyond, including reducing infant mortality rates (IMR) and maternal mortality rates (AKI). In the field of maternal and child health, one of the programs is Jampersal (birth insurance) which eliminates the cost of giving birth, provided that it is handled by health workers from the beginning of pregnancy. The government of Joko Widodo (2014-present) has done the same thing. The implementation of obligations as BPJS Health participants for all citizens is carried out to ensure health as in the 3rd goal of the SDG's. However, apart from these government programs, a number of Health Ethnographic Research studies conducted by the Indonesian Ministry of Health's Balitbangkes (2012-2019) show that socio-cultural factors also determine the success of achieving the SDG's targets, especially regarding maternal and child health. (Harry, 2015)

Not much different from the health ethnographic research, based on the thought of H.L Blum, (Shi & Singh, 2012) This article reviews how the Kupatan tradition is from the demographic aspect. It begins also by observing the Javanese construction of good (becik) and bad (ala) pregnancies and births, including infant mortality and maternal birth. The kupatan tradition is a gap to observe this social construction.

## **B. METHOD**

This study uses a qualitative approach. The theoretical perspective used is the phenomenology of E. Husserl. In the perspective of E. Husserl, every individual has a reflective awareness and can act on the basis of that awareness. Awareness is formed from daily experiences that are subjective. (Ferguson, 2001; Holstein & Gubrium, 1994; Kockelmans, 1994) Pregnancy, birth and miscarriage are subjective experiences of pregnant women (and their husbands). The experience forms awareness about health during pregnancy and beyond. More than that, the family also positions the presence of the baby in his life.

Based on the approach and theoretical perspective used, the research subjects are families who have experienced miscarriages or the like and are still doing the kupatan tradition. They were chosen because they were judged to have subjective experience of the event. This reflective experience and awareness in turn produces meaning for the kupatan tradition activities he does. This can only be obtained through collection

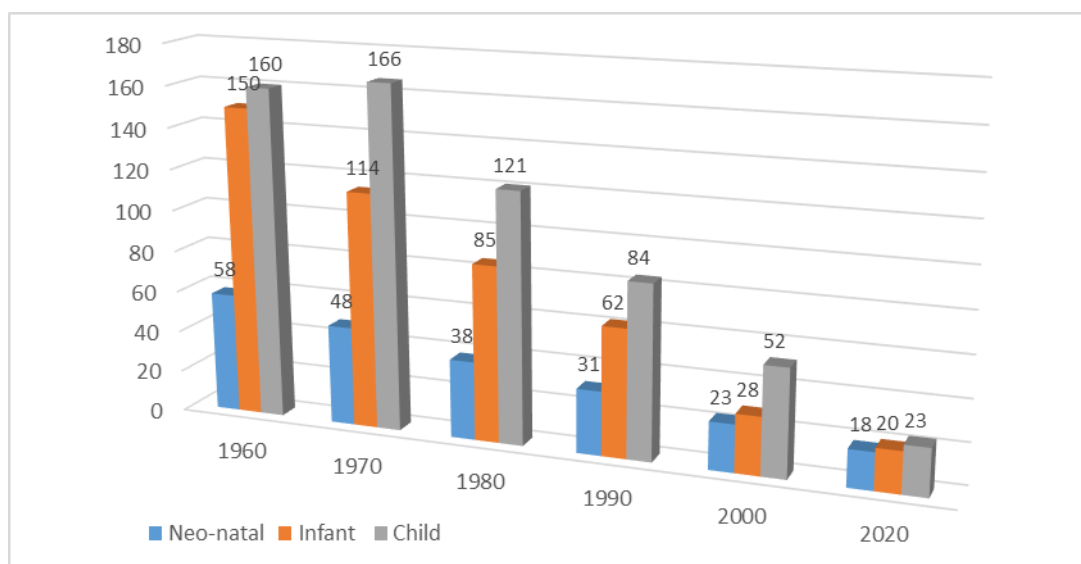
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techniques with in-depth interviews. The in-depth interview technique was carried out in such a way as to reveal reflective awareness about pregnancy and miscarriage. In a qualitative approach, especially what is done by health anthropologists, this is an attempt to narrate the experience of sick and well (illness narratives). (Cohen, 2008; Hyden, 2008; Jurecic, 2012; Westerhaus et al., 2008) Selain melalui wawancara mendalam, peneliti juga melakukan pengamatan mulai dari lingkungan rumah hingga pelaksanaan tradisi kupatan.

From the collected data, the researcher obtained a narrative arrangement, along with the elements in it, including: abstraction of the story, events and actions taken, evaluation of the meaning of actions and events until the final solution was carried out. In the analysis, the researcher reduces the story based on these five things. However, to ensure its validity, the researcher pays attention to the coherence, correlation to the contextual of the story. (Bolaki, 2016; De Fina & Georgakopoulou, 2011; Hendry et al., 2018; Hyden, 2008; Jurecic, 2012)

**C. RESULTS AND DISCUSSIONS**  
**Child Births and Deaths in East Jawa**

The issue of child mortality after birth (post-natal) and maternal death at the time of delivery became a tremendous concern in Indonesia, especially during the early post-Suharto era. At that time, the infant mortality rate (IMR) and maternal mortality rate (MMR) were very high. Every time during a crisis of power change, which was preceded by an economic crisis, infant mortality rates, from neo-natal, to those under five years of age have increased. This was increasingly seen in the transition of government from Soekarno to Suharto (1965-1966), the child mortality rate from 201 per 1000 live births (1964) increased to 230 (1965) and again fell to 189 per 1000 live births (1966).



**Figure 1.** Neo-natal, Infant and Child Mortality Rates under 5 1960-2020

Efforts to reduce the infant mortality rate (IMR), especially neo-natus (at birth) and the maternal mortality rate (MMR) during childbirth, known as the maternal mortality rate, have actually been carried out since the colonial era of William Deandels (Netherlands/France). In the history of midwifery in Indonesia, William Deandels' concern about the high infant and maternal mortality rates in Java forced him to make a policy for training dukuns (in 1808). The policy continued in the Dutch colonial government with the opening of the education of Javanese doctors and midwives (in 1849). Two years later, the midwives who graduated were allowed to work in hospitals and in the community. During the Soekarno government, the Ministry of Health under J. Leimena opened additional courses for midwives followed by the establishment of BKIA (Maternal and Child Health Center) in Yogyakarta in 1953. In 1957 BKIA was changed to Puskesmas (Community Health Center). In 1992, through Presidential Instruction, midwives were placed in every village (Village Midwife). (Astiannis & Saripudin, 2018; Sari, 2016)

However, the existence of the midwife itself has had its ups and downs. After midwifery school during the Dutch colonial period, in 1950 a midwifery school was established for junior high school graduates, equivalent to high school (3 years). The next four years the midwife teacher school. In 1975-1984 the midwifery school was closed, and a self-help midwife education program was opened in 1985. In 1993 it was reopened with the B (1 year) and C (3 years) midwifery education programs for junior high school graduates. In 1996 the Diploma III (A.M. Keb) education program was opened and the following four years (in 2000) the Midwife Educator Diploma IV (S.ST) education program was opened, and in 2006 the Faculty of Medicine, Padjadjaran University held a master's program in midwifery.

**Table 1.**

Number of Births by Gender in 2020

No	Regent/City	PHC	NUMBER OF BIRTH									RND
			MALE			WOMEN			TOTAL			
			LIFE	DEATH	L + D	LIFE	DEATH	L + D	LIFE	DEATH	L + D	
1	PACITAN	24	3372	25	3.397	318	21	3.201	6.552	46	6.598	7,0
2	PONOROGO	31	5441	52	5.493	5.179	34	5.213	10.620	86	10.706	8,1
3	TRENGGALEK	22	4641	38	4.679	4.319	25	4.344	8.960	63	9.023	7,0
4	TULUNGAGUNG	32	7.354	46	7.400	6.966	37	7.003	14.320	83	14.403	5,8
5	BLITAR	24	8.076	48	8.124	7.419	37	7.456	15.495	85	1.558	5,4
6	KEDIRI	37	11.574	46	1.162	11.092	38	11.130	22.666	84	2.275	3,7
7	MALANG	39	20.210	96	20.306	19.238	66	19.304	39.448	162	3.961	4,1
8	LUMAJANG	25	7.982	64	8.046	7.465	54	7.519	15.447	118	15.565	7,6
9	JEMBER	50	18.137	193	1.833	17.015	118	17.133	35.152	311	35.463	8,8
10	BANYUWANGI	45	11.727	77	11.804	10.851	62	10.913	22.578	139	22.717	6,1
11	BONDOWOSO	25	5.486	79	5.565	5.224	60	5.284	10.710	139	10.849	12,
12	SITUBONDO	20	4.771	49	482	4.515	33	4.548	9.286	82	9.368	8,8
13	PROBOLINGGO	33	9.292	49	9.341	883	59	8.889	18.122	108	1.823	5,9
14	PASURUAN	33	1.269	49	12.739	12.148	34	12.182	24.838	83	24.921	3,3
15	SIDOARJO	26	18.146	41	18.187	17.633	18	17.651	35.779	59	35.838	1,6
16	MOJOKERTO	27	8.651	18	8.669	7.957	18	7.975	16.608	36	16.644	2,1
17	JOMBANG	34	10.064	90	10.154	9.599	80	9.679	19.663	170	19.833	8,6
18	NGANJUK	20	7.456	32	7.488	692	20	6.940	14.376	52	14.428	3,6
19	MADIUN	26	4.424	16	444	4.227	29	4.256	8.651	45	8.696	5,2
20	MAGETAN	22	4.260	25	4.285	3.914	20	3.934	8.174	45	8.219	5,5
21	NGAWI	24	5.435	63	5.498	4.998	33	5.031	10.433	96	10.529	9,2
22	BOJONEGORO	36	8.875	97	8.972	843	53	8.483	17.305	150	17.455	8,6

23	TUBAN	33	8.293	78	8.371	7.909	57	7.966	16.202	135	16.337	8,3
24	LAMONGAN	33	8.593	28	8.621	8.146	24	8.170	16.739	52	16.791	3,1
25	GRESIK	32	10.465	59	10.524	9.844	31	9.875	20.309	90	20.399	4,4
26	BANGKALAN	22	7.340	34	7.374	8.021	27	8.048	15.361	61	15.422	3,9
27	SAMPANG	21	8.588	106	8.694	793	81	8.011	16.518	187	16.705	11,
28	PAMEKASAN	20	7.091	19	711	6.745	15	6.760	13.836	34	1.387	2,4
29	SUMENEP	30	7.938	87	8.025	7.351	45	7.396	15.289	132	15.421	8,6
30	KEDIRI CITY	9	2.078	7	2.085	2.061	11	2.072	4.139	18	4.157	4,3
31	BLITAR CITY	3	1.129	11	114	986	13	999	2.115	24	2.139	11,
32	MALANG CITY	16	5.320	25	5.345	5.203	28	5.231	10.523	53	10.576	5,0
33	PROBOLINGGO CITY	6	1.816	20	1.836	1.796	22	1.818	3.612	42	3.654	11,
34	PASURUAN CITY	8	1.628	14	1.642	1.496	11	1.507	3.124	25	3.149	8,0
35	MOJOKERTO CITY	6	1.115	3	1.118	997	4	1.001	2.112	7	2.119	3,3
36	MADIUN CITY	6	1.275	8	1.283	1.216	10	1.226	2.491	18	2.509	7,2
37	SURABAYA CITY	63	21.787	51	21.838	21.703	40	21.743	43.490	91	43.581	2,0
38	BATU CITY	5	1.595	11	1.606	1.555	10	1.565	3.150	21	3.171	6,6
	<b>TOTAL</b>	<b>968</b>	<b>294.115</b>	<b>1.854</b>	<b>295.969</b>	<b>280.078</b>	<b>1.378</b>	<b>281.456</b>	<b>574.193</b>	<b>3.232</b>	<b>577.425</b>	<b>5,63</b>
				<b>6,30</b>			<b>4,92</b>			<b>5,63</b>		

Note : RND =Rate of Neo-Natus Death

Despite the chaos of midwifery education in Indonesia, the treatment of pregnancy and childbirth has succeeded in reducing the mortality rate of newborns to toddlers. From 1960 to 2020, Figure 1 shows a drastic decline in the number of deaths of children (under five years old/toddler) and infants (under one year old/toddler) from being at 150 and above to below 23 people per year. 1000 births. Meanwhile, the newborn mortality rate decreased gradually from 58 people per 1000 live births per year to around 18 people per 1000 live births. That is, from the womb to the birth of the mother has been monitored properly.

In East Java, when comparing figure 1 and table 1, the number of newborn deaths is actually far below the national rate which is in the range of 18 babies born per 1000 live births, namely: 5.63. The table also shows that the male infant mortality rate is much higher than that of female infants. However, if you pay close attention, there are one or more districts/cities in each different cultural ecological area that have a newborn mortality rate that is higher and closer to the national figure. Sampang Regency represents Madurese culture, while Bondowoso and Situbondo Regencies, and Probolinggo City appear to represent the Pedalungan area. The Pedalungan community is a hybrid society between Javanese and Madurese ethnicities. In Madurese culture, the existence of traditional birth attendants is very strong in society, as is the case in the pedalungan area. Traditional birth attendants are involved in prenatal care and delivery. The pattern is more or less the same for Javanese people who have limited access to medical services due to various reasons, such as in the South Coast of Java, starting from Kab. Pacitan, Blitar to Kab. Jember. As a result, the pattern of prenatal care and other causes increase the risk of newborn mortality. This needs to be examined more deeply.

### Miscarriage and Child Death during Childbirth as a Calamity or Blessing

Having children is a blessing for the family. Children not only carry on physical descent, but also continue the socio-cultural values that they hold. Children are the embodiment of family functions. One of the functions of the family is reproduction. In every marriage, especially in Javanese society, people will pray for their partner to get a

child quickly. In Javanese society, santri, child presence<sup>1</sup> is part of the family construction that is *sakinah*, *mawaddah* and *warrahma*. Children are considered as a mandate from Allah SWT, as well as proof of the love of a husband and wife.

Because the presence of children is very important for the family, the period of pregnancy is considered a vulnerable situation. The Javanese (and Madurese) developed beliefs and rituals related to pregnancy. A (prospective) mother is prohibited from doing activities that can "symbolize" the condition of her fetus, such as: not being allowed to wrap a towel around her neck, or the fetus will be wrapped in the umbilical cord. He also abstains from eating durian and pineapple, attached bananas, and drinking ice and banana heart. Food and drink restrictions also vary in each region. In addition, there are a number of recommended foods and drinks, such as: coconut water so that babies born with clean skin. For husbands, there are taboos that must be avoided. One of them is not allowed to kill or torture animals. (Kristiana et al., 2012; Widyasari et al., 2012) In order to be able to empathize and show affection for his wife who is pregnant and the future of her child, the husband fasts the sunnah regularly on certain days, such as fasting Monday-Thursday.

Fear about pregnancy disorders and ultimately affecting the baby does not only "oblige" prospective parents to avoid taboos. A number of rituals in the form of a *slametan* are also performed by prospective parents and their relatives. Suliyati (2012) noted that there are a number of rituals that will be carried out by prospective mothers. In East Java, there is a tradition of *mapag dates* being carried out in the first and second months after a missed period. Another term for *mapag dates* is *ngebor-ebori* with *jenang* marrow (rice flour) and brown sugar liquid. After the *mapag date*, there are *neloni* and *mitoni* rites. The *neloni* rite is performed when the gestational age is between 3 and 4 months, while the *mitoni* or known as *tingkeban* is performed at the age of 7 (seven) months of pregnancy. By the *santri* community, the *neloni* rite is considered a warning from Allah to blow the spirit into the fetus. In Islamic religious belief, the spirit is breathed into the fetus at the age of 4 (four) months.<sup>2</sup> Therefore, the *neloni* rite is performed in the fourth month. The final rite is the *mitoni* or *tingkeban*. This rite is more often in preparation for birth, although there is a *ndadung* or *procotan* rite if until the 9th month the baby shows signs of being born. If not yet born, in the 10th month the family makes a *ndaweti* ritual by making *dawet plencing* for children around the house (Adriana, 2011; Djuraid et al., 2021; Suliyati, 2012). Apart from *mitoni*, rites during pregnancy only involve the nuclear family.

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<sup>1</sup> Therefore, it can be understood that the public's interest in using the services of obstetricians and gynecologists is very high, they even have to wait a month for an early gynecological examination. In Surabaya, Prior to 2017, there was a very skilled obstetrician, namely: Prof. Dr. R. Prayitno Prabowo (died 17 September 2017) (Duta.co, 2017). Meanwhile, for male reproductive health, at FK Unair there is an andrology department which is spearheaded by Prof. Dr. FX Arief Adimulya (died 3 March 2022). The collaboration of these two fields, Surabaya has become one of the centers for overcoming infertility with IVF (IVF).

<sup>2</sup> In the process, in Islamic belief, the baby-to-be goes through four stages, namely *nutfah*, *alaghah*, *mudghah*, and blowing the spirit. *Nutfah* stage is still in the form of sperm (40 days). The next stage, the *alaghah* period, is the period of blood clots (40 days), and the *mudghah* stage in which the blood clots turn into lumps of flesh for 40 days. The last stage is the blowing of the spirit into the body of the fetus. (Adriana, 2011; Anwar, 2019)

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In fact, not always the birth of the baby can take place as expected by the family. Although not in large numbers, pregnancies are often terminated for several reasons. This is known as a miscarriage. There are two types of miscarriage in reproductive studies, namely: natural miscarriage and intentional miscarriage. Natural miscarriage occurs because there are abnormalities in pregnancy for various reasons, one of which is fetal abnormalities. Meanwhile, intentional miscarriage occurs when the pregnancy is not wanted (unwanted pregnancy) and there is an abortion process in various ways. The abortion process is usually carried out at a gestational age of less than 4 months and is risky if it is more than that age. (Pranata & Sadewo, 2012)

If the miscarriage is less than 4 (four) months, the Javanese family does not have to give special treatment to the buried fetus. This is different if the miscarriage at the gestational age is more than 4 (four) months, the family will need it as a baby who has been born. This is inseparable from religious belief (Islam) and is certainly different from Christianity which believes that the spirit has been given when it occurs. However, the family is still sad, "We have been waiting for a long time. Almost two years. But, how else can God not give us the trust..." (Dw, 28 years old). After consulting with the doctor during the curettage, some were grateful, "According to our doctor, miscarriage is a natural process. It could be that the growth of the fetus is not good. Can be born with a disability. God still loves us. Give the best for us..." (Nn, 26 years old).

Although there are no customary provisions, if the miscarriage is handled by medical personnel, the "fetus" is still left to the family. The family will bury it as the baby dies. This is different if you have a natural miscarriage, usually the mother only feels excruciating pain and the next day she experiences menstruation in a different way than usual. Even so, the husband and wife still remember as their child who died. Mothers still count it as the number of their children, not the number of pregnancies they have experienced. "...My son is actually three. Only two live..." (Dh, 57 years). When asked further, what caused the child's death, then he replied "...Oooh, I miscarried when I was pregnant with his brother, T.... At that time, I was still 3 months pregnant..." (Dh, 57 years). She found out she was pregnant when she used the test pack.<sup>3</sup>

Memories about the number of pregnancies are also carried out if the miscarriage was intentional for some reason. In the concept of population, it is known as an indicator of female fertility. The problem is, in the context of Javanese culture, the informants who are santri say that they take care of the fetus from natural miscarriages. "If we take care of him, the spirit of the baby who was born will help his mother when he dies.... The mother is helped to cross the sirotol mustakim bridge..." In Javanese belief, if you don't take care of it, it will have consequences now or in the future. after death. Untreated baby spirits "can" become wandering spirits. The spirit-can interfere or be "used" by people with bad intentions. (Latif, 2022)

The same view on Balinese society. Balinese people commemorate the death of a fetus in the womb or a newborn baby with the rite of *pangepah ayu* (for babies who miscarry/*warak kruron*) or *dhandha bharunana* (for aborted babies). The two rites are more or less the same, but have different purposes. parents or shame for mothers who abort the womb. This rite is important because the result of a miscarriage/abortion or the

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<sup>3</sup> *Test-pack* is a tool to test someone is pregnant or not. The trick is to take the first urine after waking up in the morning. A tool in the form of paper is inserted into the urine. Not for a long time, on the paper two blue lines appeared. Two blue lines mean pregnant.

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death of a baby causes *niskala* not only on the mother, but also on the father. *Niskala* that will interfere with the lives of mothers and their families (*ngrubeda*). (Kusniarti, 2021; Suardana, 2020)

### ***Kupatan* is an Institutionalized Memory of Loss and its Prevention**

As already mentioned, the *riyaya kupatan* tradition is held at least one market (five days) to a week after Eid al-Fitr. Javanese people who come from the Mataraman area prefer to call Eid al-Fitr as *riyayan* or rather *slametan urip* (thankfulness). Therefore, the Idul Fitri holiday is not only followed by Javanese Muslims who are Muslim, but also non-Muslim Javanese people. They not only come to their relatives who are Muslim to stay in touch, but also hold open houses to receive their family and neighbors.

Typical treats on the day of *Riyaya Kupatan* are *ketupat* and *opor ayam* (chicken braised in coconut milk). *Ketupat* is rice cooked in coconut leaves for such a long time that it becomes solid like *lontong*. The shape of the diamond is a parallelogram. Besides *ketupat*, there is *lepet*, which is sticky rice with grated coconut and added with soybeans. Because it has to be cooked for a long time, about 4 to 5 hours, so that it can be eaten in the morning, the *ketupat* is made in the afternoon until the evening. *Opor sayur* (vegetables braised in coconut milk) is made in the morning after dawn. Because it takes time and effort, families often look for shortcuts to buy ready-made *ketupat* and *lepet*. At that time, in the market many traders peddled *ketupat* and *lepet*. The wife then prepared a pair of *ketupat-lepet* and tied them, then asked her husband to put them on the guest room door frame.

Because it is placed on a door frame, every guest or person who sees it always asks why it is placed in that place. The question was asked by a person who did not understand the meaning. It's different from people who already know, I will ask "for whom...?" When the question was asked, sad stories about *keluron* (miscarriage) or even their dead baby came out of the husband and wife couple. "... Mas T is actually not my first child.... Previously there was, his brother but was born at the age of three in the womb.... Yes, how was it when I was pregnant for the first time, I was *gugu karepe dhewe*... . asking for this and that...going here and there... Anyway, it has to be obeyed... I don't know, I'm tired.... so it's finally gone..." (Dh, 57 years). All advice or advice about taboos and recommendations for pregnant people are ignored and violated by Dh (57 years old) (Arifah, 2011). When she was pregnant with her second child, Dh (57 years old) was very careful, especially in the first three months she couldn't eat anything. "... the smell is a little like throwing up... but I was desperate. I just forced everything to eat, even though I had to throw up..." (Dh, 57 years old). Because she really wanted to have children, she and her husband had regular check-ups with the doctor. "...since *keluron*, ...we have to wait three years..." (Dh, 57 years).

Bu Sam (80 years old) also shared a sad story when she asked her daughter-in-law for a pair of *kupat-lepet* and put it on the door frame of her guest room. "...In the past, because I just moved house from Singaraja to Purwokerto, I was very tired. At that time, I was four months pregnant with Mr. Sdn.... I immediately started bleeding.... So if you are pregnant, don't move house..." In Javanese society, there is a prohibition on moving house for pregnant people.

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Interestingly, both DH (57 years old) and Bu Sam (80 years old) felt that the fetus they were carrying was male. According to their confession, when they were plugged in, several times they dreamed about a boy who was happy and growing. "... Masnya T is handsome and dashing... I just said that he would take care of his younger siblings..." (Dh, 47 years old). The description of T's brother who died in the womb was also confirmed by his younger siblings, T (25 years) and D (22 years). "T's older brother is a boy, handsome and white in skin...different from me huh.." In D's confession, he saw in his dream. Internalization carried out by D (47 years old) to become knowledge in the subconscious for his children.

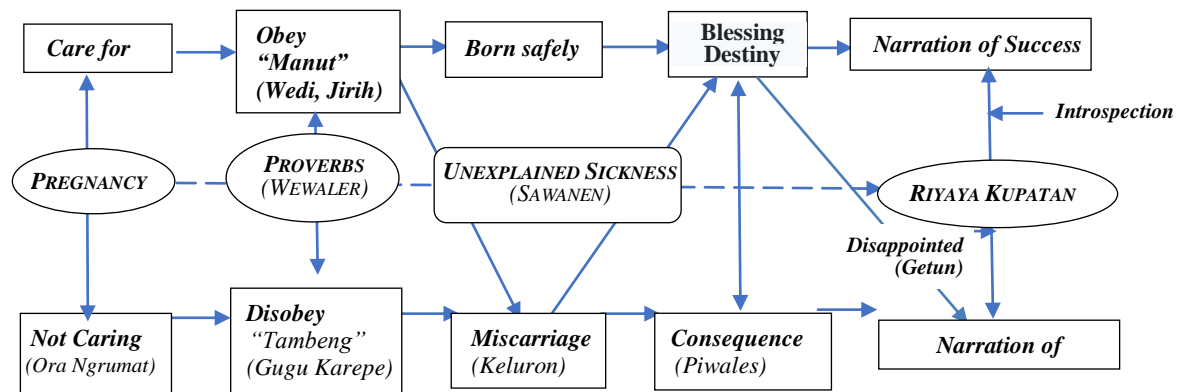


Figure 2. Action Plan of Riyaya Kupatan

The tradition of installing kupat-lepet on the door frame of the guest room is also carried out by Ind (60 years old). She has never had a miscarriage, but her first child died when she was 1 (one) year old. "... Riyaya kupatan is not only for keluron babies, but also babies who have died... Mas Fer's brother, his name was Wt, who died when he was little.... I was careless... because his son was cute and fat... brought here and there by neighboring mothers... Come home sick and have diarrhea... Maybe Sawanen..." Sawanen is an illness that people suffer from without a cause. According to the Javanese, sawanen can also be caused by spirits. People who easily suffer from seizures are pregnant women, babies and small children (Geertz, 2014; Kristiana et al., 2012). After Wt died, the Ind couple had to wait 4 years to get pregnant with their second child (Fer, 30 years old) and another two years (Tom, 27 years old). According to his confession, when Fer grew up, he was quite careful and didn't just hand over his care to someone else. "I've given up, I take care of myself..." (Ind, 60 years).

In addition to the three stories mentioned above, failure to maintain pregnancy or take care of children under five will often be encountered when talking about the kupatan tradition, especially when asking "...why put kupat-lepet on the door frame.." Kupat-lepet has institutionalized narratives of a mother's failure and the struggle afterward. The mother (and her partner) expressed regret that they did not take good care of the pregnancy, or care for their toddler with care. The pattern in telling the story of miscarriage and infant death is the same, namely: the time of the incident, who or what, the incident, the acknowledgment of mistakes, and efforts to improve in the next pregnancy or child. The installation of the ketupat-lepet above the door frame served as an obituary for miscarriage, introspection for future pregnancies, and a warning to those who heard the story. An obituary without a headstone is not like a dead adult. Obituary becomes a warning about death (Fowler, 2007; George, 2017; Goldie, 2004).

## D. CONCLUSION

Miscarriage and/or the death of a baby is a loss for the family. Even though they have never lived together for a long time, the families record their sorrows periodically throughout the year. Eid al-Fitr is considered as the day of people's victory in defeating lust during the month of Ramadan. The story becomes different when *Kupatan* is celebrated for the bereaved family. They have to tell repeatedly about the sadness of miscarriage and/or the death of a baby when installing the *ketupat-lepet* on the door frame. It is very different in families who do not know the tradition, miscarriage and/or infant death are considered as fate.

However, in the midst of these sad stories, they were able to take a different step after experiencing the ordeal. They become more careful when they are pregnant. Or, they also take really good care of the baby. That is, there is a process of taking notes, then and building new strategies when pregnant, giving birth and caring for their toddlers. This couple's self-introspection process is the key word for reducing infant mortality and maternal mortality rates as mandated in the SDG's (Sustainable Development Goals) which is a continuation of the MDGs (Millennium Development Goals).

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