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Paraji and Bidan in Rancaekek : integrated medicine for advanced partnerships among traditional birth attendants and community midwives in the Sunda region of West Java, Indonesia

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Appendix I: Declaration of Alma Ata (1978)

International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978.

The International Conference on Primary Health Care in Alma-Ata (1978) this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health which will permit them to lead a socially and economically productive life. Primary Health Care (PHC) is the key to attaining this target as part of development in the spirit of social justice.

VI

Primary Health Care (PHC) is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost which the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's

medical system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national medical system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII

Primary Health Care (PHC):

1. Reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. Addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. Includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. Involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. Requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of Primary Health Care (PHC), making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
6. Should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;
7. Relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as indigenous healers as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain Primary Health Care (PHC) as part of a comprehensive national medical system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX

All countries should cooperate in a spirit of partnership and service to ensure Primary Health Care (PHC) for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on Primary Health Care (PHC) constitutes a solid basis for the further development and operation of Primary Health Care (PHC) throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources which could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which Primary Health Care (PHC), as an essential part, should be allotted its proper share. The International Conference on Primary Health Care (PHC) calls for urgent and effective national and international action to develop and implement Primary Health Care (PHC) throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental organisations, funding agencies, all health workers and the whole world community to support national and international commitment to Primary Health Care (PHC) and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining Primary Health Care (PHC) in accordance with the spirit and content of this Declaration.

Appendix II: Millennium Development Goals (2010)

Goal 1: Eradicate Extreme Poverty and Hunger

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

- The global economic crisis has slowed progress, but the world is still on track to meet the poverty reduction target.
- Prior to the crisis, the depth of poverty had diminished in almost every region.

Target 1B: Achieve full and productive employment and decent work for all, including women and young people

- Deterioration of labour market, triggered by the economic crisis, has resulted in a decline in employment.
- As jobs were lost, more workers have been forced into vulnerable employment.
- Since the economic crisis, more workers find themselves and their families living in extreme poverty.

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

- Hunger may have spiked in 2009, one of the many dire consequences of the global food and financial crises.
- Progress to end hunger has been stymied in most regions.
- Despite some progress, one in four children in the developing world is still underweight.
- Children in rural areas are nearly twice as likely to be underweight as those in urban areas.
- In some regions, the prevalence of underweight children is dramatically higher among the poor.
- Over 42 million people have been uprooted by conflict or persecution.

Goal 2: Achieve Universal Primary Education

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

- Hope dims for universal education by 2015, even as many poor countries make tremendous strides.
- Sub-Saharan Africa and Southern Asia are home to the vast majority of children out of school.
- Inequality thwarts progress towards universal education.

Goal 3: Promote Gender Equality and Empower Women

Target 3A: Eliminate gender disparity in primary and secondary education, preferable by 2005 and in all levels of education no later than 2015.

- For girls in some regions, education remains elusive.
- Poverty is major barrier to education, especially among older girls.
- In every developing region except the CIS, men outnumber women in paid employment.
- Women are largely relegated to more vulnerable forms of employment.
- Women are over-represented in informal employment, with its lacks of benefits and security.
- Top-level jobs still go to men – to an overwhelming degree.
- Women are slowly rising to political power, but mainly when boosted by quotas and other special measures.

Goal 4: Reduce Child Mortality

Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

- Childs deaths are falling, but not quickly enough to reach the target.
- Revitalizing efforts against pneumonia and diarrhea, while bolstering nutrition, could save millions of children.
- Recent success in controlling measles may be short-lived if funding gaps are not bridged.

Goal 5: Improve Maternal Health

Target 5A: Reduce by three quarters the maternal mortality ratio.

- Most maternal deaths could be avoided.
- Giving birth is especially risky in Southern Asia and sub-Saharan Africa. where most women deliver without skilled care.
- The rural–urban gap in skilled care during childbirth has narrowed.

Target 5B: Achieve universal access to reproductive health.

- More women are receiving antenatal care.
- Inequalities in care during pregnancy are striking.
- Only one in three rural women in developing regions receives the recommended care during pregnancy.
- Progress has stalled in reducing the number of teenage pregnancies, putting more young mothers at risk.
- Poverty and lack of education perpetuate high adolescent birth rates.
- Progress in expanding the use of contraceptives by women has slowed.
- Use of contraception is lowest among the poorest women and those with no education.
- Inadequate funding for family planning is a major failure in fulfilling commitments to improving women’s reproductive health.

Goal 6: Combat HIV/AIDS, Malaria and other diseases.

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

- The spread of HIV appears to have stabilized in most regions, and more people are surviving longer.
- Many young people still lack the knowledge to protect themselves against HIV.
- Empowering women through AIDS education is indeed possible, as a number of countries have shown.
- In sub-Saharan Africa, knowledge of HIV increases with wealth and among those living in urban areas.
- Disparities are found in condom use by women and men and among those from the richest and poorest households.
- Condom use during high-risk sex is gaining acceptance in some countries and is one facet of effective HIV prevention.
- Mounting evidence shows a link between gender-based violence and HIV.
- Children orphaned by AIDS suffer more than the loss of parents.

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

- The rate of new HIV infections continues to outstrip the expansion of treatment.
- Expanded treatment for HIV-positive women also safeguards their newborns.

Target 6C: Have halted by 2015 and begun to reserve the incidence of malaria and other major diseases.

- Production of insecticide-treated mosquito nets soars.

- Across Africa, expanded use of insecticide-treated bed nets is protecting communities from malaria.
- Poverty continues to limit use of mosquito nets.
- Global procurement of more effective antimalarial drugs continues to rise rapidly.
- Children from the poorest households are least likely to receive treatment for malaria.
- External funding is helping to reduce malaria incidence and deaths, but additional support is needed.
- Progress on tuberculosis inches forward.
- Tuberculosis prevalence is falling in most regions.
- Tuberculosis remains the second leading killer after HIV.

Goal 7: Ensure Environmental Sustainability

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

- The rate of deforestation shows signs of decreasing, but is still alarmingly high.
- A decisive response to climate change is urgently needed
- The unparalleled success of the Montreal Protocol shows that action on climate change is within our grasp.

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss.

- The world has missed the 2010 target for biodiversity conservation, with potentially grave consequences.
- Key habitats for threatened species are not being adequately protected.
- The number of species facing extinction is growing by the day, especially in developing countries.
- Over exploitation of global fisheries has stabilized, but steep challenges remain to ensure their sustainability.

Target 7C: Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation.

- The world is on track to meet the drinking water target, though much remains to be done in some regions.
- Accelerated and targeted efforts are needed to bring drinking water to all rural households.
- Safe water supply remains a challenge in many parts of the world.
- With half the population of developing regions without sanitation, the 2015 target appears to be out of reach.
- Disparities in urban and rural sanitation coverage remain daunting.
- Improvements in sanitation are bypassing the poor.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

- Slum improvements, though considerable, are failing to keep pace with the growing ranks of the urban poor.
- Slum prevalence remains high in sub-Saharan Africa and increases in countries affected by conflict.

Goal 8: Develop a Global Partnership for Development

Target 8A: Develop further an open, rule –based, predictable, non-discriminatory trading and financial system.

- Developing countries gain greater access to the markets of developed countries.

- Least developed countries benefit most from tariff reductions, especially on their agricultural products.

Target 8B: Address the special needs of least developed countries.

- Aid continues to rise despite the financial crisis, but Africa is short-changed.
- Only five donor countries have reached the UN target for official aid.

Target 8C: Address the special needs of landlocked developing countries and small island developing states.

Target 8D: Deal comprehensively with the debt problems of developing countries.

- Debt burdens ease for developing countries and remain well below historical levels.

Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

Target 8F: In cooperation with the private sector, make available benefits of new technologies, especially information and communications.

- Demand grows for information and communications technology.
- Access to the World Wide Web is still closed to the majority of the world's people.
- A large gap separates those with high-speed internet connections, mostly in developed nations, and dial-up users.

Glossary

A

<i>Akupresuris</i>	acupressurist
<i>Akupunturis</i>	acupuncturist
<i>Allāh</i>	God
<i>Allāhuakbar</i>	‘Allāh is Great’
<i>Alpuket</i>	avocado
<i>Amit-amit</i>	expression voiced by a pregnant woman when she does or sees something bad or ugly so that her offspring’s perfect form will not be adversely affected
<i>Angkot (angkutan kota)</i>	city transportation
<i>Aqeqah</i>	ritual expressing gratitude to God (slaughter of 2 male goats or sheep for a boy and 1 male goat or sheep for a girl)
<i>Arisan</i>	monthly gathering among neighbours, family members, and/or friends for collecting and sharing money by lottery
<i>Arjuna</i>	a hero of the epic <i>Mahabharata</i>
<i>Asem Jawa</i>	tamarind
<i>Asrakal</i>	ritual procession held 40 days after parturition to celebrate cutting of the infant’s hair and tribute to Prophet Muhammad
<i>Asuhan kebidanan</i>	midwifery nurturing
<i>Ayam kampung</i>	local chicken

B

<i>Baraya</i>	kinship system (Sd.)
<i>Basa ibu</i>	mother tongue or first language (Ind.)
<i>Basa indung</i>	mother tongue or first language (Sd.)
<i>Bawang</i>	shallot (<i>Allium cepa L.</i>)
<i>Bawang bodas</i>	garlic (<i>Allium sativum</i>)
<i>Bebungkus/gurita</i>	long piece of cloth used to bind the waist and abdomen after birth
<i>Becak</i>	tricycle
<i>Belut</i>	eel (<i>Symbranchidae</i>)
<i>Bengkel</i>	workshop
<i>Bhineka Tunggal Ika</i>	‘Unity in Diversity’
<i>Bidan</i>	Traditional Birth Attendant (<i>bideun</i> in Malay area)
<i>Bidan Delima</i>	professional private midwife
<i>Bidan di Desa</i>	community-based midwife
<i>Bilik</i>	bamboo woven mat
<i>Bobok</i>	sprinkled on arms and legs to relieve swelling, cramps, fatigue, and help blood circulation
<i>Bonteng</i>	cucumber (<i>Cucumis sativus L.</i>)
<i>Bubur lolos</i>	porridge made from rice flour and brown sugar, dressed with coconut milk

C

<i>Cabe beureum</i>	red chilly (<i>Capsicum</i>)
<i>Cacar</i>	<i>Variola postural</i> (smallpox)
<i>Cai susu bari</i>	spoiled milk
<i>Cangkaruban</i>	bowl containing water and coins in which people wash their hands during a ritual
<i>Cempor</i>	tiny kerosene light
<i>Cupat pusuer</i>	removed from the baby

D

<i>Dari rakyat untuk rakyat</i>	from people to people slogan
<i>Dasawisma</i>	neighbourhood health programme

<i>Daun pisang</i>	banana leaves
<i>Desa maju</i>	economically well-developed village
<i>Desa sedang</i>	economically moderately developed village
<i>Desa Siaga</i>	Village Alert
<i>Desa tertinggal</i>	economically less developed village
<i>Di bedong</i>	small birthing blanket
<i>Dinas Kesehatan Propinsi</i>	Provincial Health Department
<i>Disamaraan</i>	being spiced
<i>Dukun</i>	indigenous healer, shaman
<i>Dukun bayi (Ind.)</i>	<i>paraji</i> (Sd.), Traditional Birth Attendant
<i>Dukun calak</i>	circumciser
<i>Dukun jampi</i>	curer who employs herbs and other native medicines
<i>Dukun japa</i>	curer who relies on magical incantations
<i>Dukun petungan</i>	expert in numerical divination
<i>Dukun pijet/urut</i>	masseur
<i>Dukun prewangan</i>	medium
<i>Dukun sihir</i>	sorcerer
<i>Dukun siwer</i>	specialist in preventing natural misfortune
<i>Dukun susuk</i>	specialist who cures by inserting golden needles under the skin
<i>Dukun temanten</i>	wedding specialist
<i>Dukun tiban</i>	curer whose power is temporary, having been entered by a spirit
<i>Dukun wiwit</i>	harvest ritual specialist
<i>Dulur</i>	kinship terminology for relatives
<i>Dulur pet ku hinis</i>	brothers and sisters born from the same mother
<i>Dulur teges</i>	brothers and sisters born from one father and mother
E	
<i>Empat Terlalu</i>	four types of “Too” conditions for postponing childbirth
<i>Endog</i>	egg
G	
<i>Gampong</i>	village
<i>Ganas</i>	pineapple (<i>Ananas comosus</i>)
<i>Gedang</i>	papaya (<i>Carica papaya L.</i>)
<i>Gemeente</i>	<i>Kotamadya</i> (municipality)
<i>Gula beureum</i>	brown sugar
<i>Gunung</i>	mountain peaks
<i>Gurah</i>	person who prepares solutions from the bark of plants
H	
<i>Hinis</i>	bamboo knife
<i>Hui</i>	sweet potato (<i>Ipmoea batatas poir</i>)
I	
<i>Ibu PKK</i>	local woman’s organization
<i>Ibu RT</i>	wife of a hamlet leader
<i>Indung beurang</i>	former name for <i>paraji</i> : ‘ <i>indung</i> ’ = mother. ‘ <i>beurang</i> ’ = day
J	
<i>Jahe</i>	ginger (<i>Zingiber officinale</i>)
<i>Jamu</i>	herbal medicine
<i>Jamu galian singset</i>	Traditional Medicine to keep a woman’s body fit and slender
<i>Jamu gendong</i>	itinerate <i>jamu</i> vendor, carrying a basket filled with concoctions on her back
<i>Jamu kuat lelaki</i>	Traditional Medicine to strengthen men
<i>Jamu opat puluh macem</i>	after delivery forty kinds of Traditional Medicine
<i>Jamu sari rapet</i>	Traditional Medicine for healthy sexual organs (women)
<i>Jamu sehat lelaki</i>	Traditional Medicine for healthy body (men)

K

<i>Kabupaten</i>	Regency, district
<i>Kader kesehatan</i>	volunteer health worker
<i>Kadu</i>	<i>durian (Durio zibethnus)</i>
<i>Kain batik panjang</i>	long piece of batik cloth
<i>Kanjut kundang</i>	small cloth bag
<i>Kebatinan</i>	related to spiritualism
<i>Kebaya</i>	traditional blouse
<i>Kecamatan</i>	sub-district
<i>Kedukunan</i>	magical inherited knowledge
<i>Keluarga miskin</i>	impoverished households
<i>Kemitraan</i>	partnership
<i>Kepala Dinas Kesehatan Propinsi</i>	Provincial Health Officer

<i>Kiropraksi</i>	chiropractor
<i>Kiyai</i>	male Islamic leader
<i>Kolera</i>	cholera
<i>Kuali</i>	clay pot
<i>Kunyit</i>	turmeric

L

<i>Lada</i>	hot food
<i>Lauk emas</i>	gold fish (<i>Cyprinus carpio</i>)
<i>Lontar</i>	palm leaf upon which ancient recipes were written
<i>Lumpang</i>	small iron mortar

M

<i>Masuk angin</i>	not feeling well
<i>Meurajah obat aneuk-aneuk</i>	herbal concoctions for children (Aceh)
<i>Mina-padi</i>	combined fish and rice farming
<i>Muslim</i>	soul blown into foetus by Allāh

N

<i>Nangka</i>	jack-fruit (<i>Artocarpus heterophyllus</i>)
<i>Nenjrang Bumi</i>	ritual, the <i>paraji</i> places the infant on the floor, before stamping it 7times to frighten the baby
<i>Ngabersihan (sunat/)</i>	circumcision
<i>Ngawinkeun</i>	held when a person marries
<i>Ngayun</i>	swinging baby in a cradle constructed from <i>batik</i> cloth
<i>Ngislamkeun)</i>	circumcision, usually for boys but in some cases also girls
<i>Nujuh bulan</i>	7-month ritual
<i>Nurunkeun</i>	ritual, when the infant first touches the ground
<i>Nurut buat</i>	prohibitions for women while pregnant

O

<i>Ojeg</i>	rental motorbike
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P

<i>Pamali</i>	prohibitions
<i>Pang lay</i>	to ward off evil spirits (<i>Zingiber gramenieum</i>)
<i>Parahyangan</i>	Place of the Gods
<i>Paraji/peraji (Sd.)</i>	<i>dukun bayi</i> (Ind.), Traditional Birth Attendant
<i>Paraji sunat/bengkong</i>	circumcisers for Muslim males
<i>Parut</i>	grater
<i>Pasrah</i>	to accept one's condition with patience
<i>Patah tulang</i>	broken bones
<i>Pembangunan</i>	development
<i>Pendil</i>	clay bowl

<i>Pengajian</i>	recites of the Holy Qur'ān
<i>Perwanten</i>	offer consisting of cake, rice, fish, and fruits
<i>Peuyeum</i>	preserved cassava
<i>Pijat refleksi</i>	reflection massage
<i>Pilis</i>	ointment to improve eyesight and relieve dizziness
<i>Pipisan.</i>	rubbing-stone
<i>Pisang ambon</i>	banana (<i>Musaceae</i>)
<i>Pramuka</i>	Scout Youth
<i>Puputan (puput puseur)</i>	ritual, umbilical cord falls off
Q	
<i>Qigong</i>	Chinese bio-energy
R	
<i>Ramuan</i>	herbal <i>jamu</i> concoction
<i>Reiki master</i>	Japanese bio-energy
<i>Rhamadan</i>	Islam fasting month
<i>Romusha</i>	forced-labour crews
<i>Rontal leaf</i>	leaves upon which ancient recipes were recorded
<i>Rujak bebeg</i>	fruit salad
<i>Rukun Warga</i>	neighbourhood
<i>Rukun Tetangga</i>	hamlet
S	
<i>Salak</i>	(<i>Salacca zalacca</i>)
<i>Samak jarian</i>	mat woven from <i>pandan</i> leaves (<i>Pandanus amaryllifolius</i>)
<i>Samara</i>	spices
<i>Santen</i>	coconut milk
<i>Sedang</i>	moderately developed (village)
<i>Seja masrahkeun</i>	would like to hand over
<i>Sengguguh</i>	tree, to cure breathing problems
<i>Shinshe</i>	Chinese healer
<i>Si hurip</i>	'the alive'
<i>Sirih</i>	betel leaves
<i>Soleh (boy)/solehah (girl)</i>	expectations for offspring
<i>Stadsgemeente</i>	city Municipality
T	
<i>Tabib</i>	Indian healer
<i>Tal leaf</i>	see <i>Lontar</i> (palm) leaf
<i>Tali paranti</i>	ritual knotting of a cord
<i>Taleus</i>	(<i>Colocasia giganteum Hook</i>)
<i>Tali paranti</i>	resembling a cord, with both ends meeting at the knot
<i>Tapel</i>	traditional ointment to relieve stomach ache, reduce stretch marks (<i>striata</i>) and firm flabby belly
<i>Tatar</i>	region
<i>Tenaga dalam or prana</i>	bio-energy, paranormal inner power to cure
<i>Teumen</i>	bamboo knife
<i>Teungku ineung</i>	woman teaching reading of the Holy Qur'ān, lays out bodies of the deceased (esp. women)
<i>Tingkeban (nujuh bulan)</i>	ritual, during 7th month of pregnancy
<i>Tukang becak</i>	tricycle driver
<i>Tukang sayur</i>	vegetables seller
<i>Tutut</i>	snail from the rice field
S	
<i>Subadra</i>	wife of Arjuna
<i>Sumbu</i>	wicks

<i>Sunat</i>	circumcision
<i>Sunda Parahyangan</i>	covers areas historically influenced by Javanese kingdom <i>Mataram-Sultan Agung</i>
<i>Sūrat Lukman</i>	Holy Qur'ān: <i>sūrah</i> 31, verse 14
<i>Sūrat Maryam</i>	Holy Qur'ān: <i>sūrah</i> 19, verses 1–5
<i>Sūrat al-Mu'minūn</i>	Holy Qur'ān: <i>sūrah</i> 23, verses 12–14
<i>Sūrat ar-Rahmān</i>	Holy Qur'ān: <i>sūrah</i> 55, verses 1–78
<i>Surat Yusūf</i>	Holy Qur'ān: <i>sūrah</i> 12, verses 1–16
<i>Sumbu</i>	wicks
<i>Tabib</i>	Indian healer
<i>Tal leaf</i>	see <i>Lontar</i> (palm) leaf
<i>Tali paranti</i>	ritual knotting of a cord
<i>Taleus</i>	(<i>Colocasia giganteum Hook</i>)
<i>Tali paranti</i>	resembling a cord, with both ends meeting at the knot
<i>Tapel</i>	traditional ointment to relieve stomach ache, reduce stretch marks (<i>striata</i>) and firm flabby belly
<i>Tatar</i>	region
<i>Tenaga dalam or prana</i>	bio-energy, paranormal inner power to cure
<i>Teumen</i>	bamboo knife
<i>Teungku ineung</i>	woman teaching reading of the Holy Qur'ān, lays out bodies of the deceased (esp. women)
<i>Tingkeban (nujuh bulan)</i>	ritual, during 7th month of pregnancy
<i>Tukang becak</i>	tricycle driver
<i>Tukang sayur</i>	vegetables seller
<i>Tutut</i>	snail from the rice field
U	
<i>Udang</i>	shrimp
<i>Undak usuk basa</i>	taking account of another person's position when speaking
<i>Ustadzah</i>	female religious leader
V	
<i>Variola postural</i>	smallpox
W	
<i>Warung</i>	small time retailer
<i>Wayang</i>	traditional puppet
' <i>Wilujeng enjing</i> '	'good morning'
' <i>Wilujeng siang</i> '	'good afternoon'

Abbreviations

AMH	<i>Angka Melek Huruf</i> (Literacy Rate)
ASKESKIN	<i>Asuransi Kesehatan bagi Masyarakat Miskin</i> (Health Insurance for the Poor)
BDD	<i>Bidan di Desa</i> (Community Midwife)
BDD-PTT	<i>Bidan di Desa–Pegawai Tidak Tetap</i> (Community Midwife–Temporary Employee)
BKIA	<i>Balai Kesejahteraan Ibu dan Anak</i> (Bureau for Mother and Child Welfare)
BKKBN	<i>Badan Kependudukan dan Keluarga Berencana Nasional</i> (Demography and Family Planning Board)
BPS	<i>Biro Pusat Statistik</i> (National Bureau of Statistics)
CAM	Complementary and Alternative Medicine
CANALS	Canonical Data Analysis
CBHA	Community-Based Health Activities
CMW	Community Midwife
D-III	Three-Year Diploma Programme
EKS	Ethnobotanical Knowledge Systems
FAS	Field of Anthropological Study
FES	Field of Ethnological Study
GAKIN	<i>Keluarga Miskin</i> (poor households)
GDP	Gross Domestic Product
GSI	<i>Gerakan Sayang Ibu</i> (‘Mother’s Friendly Movement’)
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICLARM	International Centre for Living Aquatic Resources Management
ICPD	International Conference in Population and Development
IKOPIN	<i>Institute Koperasi Indonesia</i> (Indonesian Cooperative Institute)
IMF	International Monetary Fund
IMR	Infant Mortality Rate
JABAR	<i>Jawa Barat</i> , West Java
JPS-BK	<i>Jaring Pengaman Sosial–Bidang Kesehatan</i> (Social Safety Net–Health Department)
KIA	Health Care for Mother and Child
LKMD	<i>Lembaga Ketahanan Masyarakat Desa</i> (‘Rural Community Resilience Institution’)
LMK	<i>Lembaga Makanan Rakyat</i> (‘Organisation for Public Food Supplies’)
MAC	Medicinal, Aromatic and Cosmetic (plants)
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MNH	<i>Gerakan Pita Putih</i> (‘Maternal and Neonatal Health’ or ‘White Ribbon Movement’)
MPS	<i>Menjamin Persalinan Sehat</i> (‘Making Pregnancy Safer’)
NKKBS	<i>Norma Keluarga Kecil Bahagia Sejahtera</i> (‘Norm for Small Happy Family Welfare’)
OVERALS	Optimal Scaling Nonlinear Canonical Correlation Analysis
PCHC	Partnership for Clear Health Communication
PHBS	<i>Perilaku Hidup Bersih dan Sehat</i> (‘Clean and Healthy Life Behaviour’)
PHC	Primary Health Care
PKBI	<i>Perkumpulan Keluarga Berencana Indonesia</i> (Association for Indonesian Family Planning)
PKK	<i>Pemberdayaan Kesejahteraan Keluarga</i> (‘Family Welfare Empowerment’)
<i>Posyandu</i>	<i>Pos Pelayanan Terpadu</i> (Integrated Services Post)
PPK-IPM	<i>Program Pendanaan Kompetisi – Indeks Pembangunan Manusia</i> (Programme for Fund Competition – Human Development Index)

PPS	probability proportionate to size
<i>Polindes</i>	<i>Pondok Bersalin Desa</i> (birthing hut or village maternity home)
<i>Puskesmas</i>	<i>Pusat Kesehatan Masyarakat</i> (community health centre)
<i>Pustu</i>	<i>Puskesmas Pembantu</i> (satellite community health centre)
PKBI	<i>Perkumpulan Keluarga Berencana Indonesia</i> (Association for Indonesian Family Planning)
<i>Repelita V</i>	<i>Perencanaan Lima Tahun ke V</i> (the fifth five-year plans)
RT	<i>Rukun Tetangga</i> (hamlet)
RW	<i>Rukun Warga</i> (neighbourhood)
SDKI	<i>Survey Demografi Kesehatan Indonesia</i> (Demographic Survey on Health in Indonesia)
SES	Socio-Economic Status
SMI	‘Safe Motherhood Initiative’
SPSS	Statistical Packages for Social Sciences
STPDN	<i>Sekolah Tinggi Pemerintahan Dalam Negeri</i> (Home Affairs High School)
SUSEDA	<i>Sensus Ekonomi Daerah</i> (Local Economic Census)
TABULIN	<i>Tabungan Ibu Bersalin</i> (Savings for Pregnant Mother)
TBA	Traditional Birth Attendant (<i>paraji. dukun bayi</i>)
TOGA	<i>Taman Obat Keluarga</i> (‘Medical Family Garden’)
T7	<i>Timbang</i> (weighing), <i>Tekanan darah</i> (blood pressure), <i>Tinggi fundus uteri</i> (height of fundus uteri), <i>Tetanus toxoid, TT lengkap</i> (complete TT immunisation), <i>Tablet zat besi</i> (iron (Fe) tablets), <i>Tes terhadap penyakit menular</i> (contagious diseases test)
UN	United Nations
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNPAD	Universitas Padjadjaran
VOC	Verenigde Oost-Indische Compagnie (Dutch East India Company)
WHO	World Health Organization
WHO–SEAR	World Health Organization–South-East Asia Region
WHO–SEARO	World Health Organisation- South-East Asia Regional Organization
WHOCC–PMC	World Health Organization Collaboration Centre–Perinatal, Maternal and Child