

Symbols and Changes in Infant's Care until *Selapan* Age in Kampong Karang Menjangan Surabaya

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Abstract

Children have their own functions and meanings specific to every family. Forms of infant's care are influenced by socio-cultural environment and environmental conditions of residences. There many things inseparable from Javanese infant care, including a *bedong* (a piece of cloth for wrapping infant's body), *gurita* (baby's vest), *oto* (cloth binder wrapped around infant's stomach and chest fastened by strings), umbilical cord care, navel care, beliefs, and rituals. The purpose of the present research was to determine forms of infant's care, as performed by grandmother and mother until *selapan* age (36 days). Furthermore, it investigated changes in infant's care until *selapan* age as performed by grandmother and mother and symbols emerged during infant's care until *selapan* age. The passing of time and environmental conditions led to changes in infant's care. Many forms of infant's care were related to certain symbols. Those symbols represented parents' expectations to their children. The symbols were frequently found in rituals of *ari-ari* (placenta) care and *slametan* (Javanese ceremonial meal). There were changes in infant's care as performed by mother relative to grandmother.

Key words: Children, *gurita*, *oto*, umbilical cord, *bedong*

Birth of a child has his or her own function and meaning specific to every family. Javanese people view the presence of a child as bringing warm atmosphere within a family. A boy for a Javanese family represents a life guarantee for their old ages (Koentjaraningrat, 1994). Importance of birth of a child lead his or her parents to give the best for their child in order to survive in his or her early life and be able to adapt to new environment.

Subsequent to childbirth, parents are obliged to take care of and educate their children. Noteworthy aspects of caring and educating children are patterns of childcare and rearing. Childcare includes caring, babysitting, educating, and guiding children within a family.

Mistakes in decision-making during childcare would have adverse impacts on the child in the future. Additionally, socio-cultural factors play roles in child death, especially children under one year of age. According to Koentjaraningrat (1976b), based on proceedings of Khatmandu conference, those factors could be grouped on the basis of children's environmental conditions, as follows: family's economic conditions, family's educational status, social conditions of their society, geographical and physical conditions of their residences, conditions of customs, beliefs, and attitudes of people in the community in which their families live.

Forms of infant's care are influenced by socio-cultural environment and environmental conditions of residences such as temperature, number of family member,

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who takes care of the baby, etc. Those factors contributed to differences in infant's care in our societies. Child rearing roles are not only dominated by parents, but it can be assisted or even replaced by other family members. Hence, there are possible differences of child rearing patterns adopted. In Javanese families, children are not only reared by parents but also by such other individuals around them as grandparents and servants (Supanto, 1990).

There many things inseparable from Javanese infant care, including a *bedong* (a piece of cloth for wrapping infant's body), *gurita* (baby's vest), *oto* (cloth binder wrapped around infant's stomach and chest fastened by strings), umbilical cord care, navel care, beliefs, and rituals.

Bedong is a piece of cloth for wrapping infant's body that is similar to a cocoon. Its functions are to pacify the baby and to keep his or her health. *Gurita* or *grita* is a piece of cloth that is formed highly similar to an octopus with many strings. *Gurita* serves to prevent the baby from catching a cold and to protect a wound of severed umbilical cord.

Oto is a chest covering cloth similar to an apron. *Oto* serves to protect the baby from catching a cold.

In addition to the aforementioned baby set, there several noteworthy aspects in infant's care. It includes umbilical cord care after severance and *ari-ari* (placenta) handling, care for wound of severed umbilical cord, eating abstinence for mothers. Moreover, there are myths and beliefs related to maternal behaviors for protecting their babies from spirits' disturbances and rituals of *selamatan* performed until the baby reaching *selapan* age—36 days.

From time to time, every single care given represents certain symbols. This phenomenon possibly emerges because human thoughts, feelings, and behaviors are expressed through symbols (Herusatoto, 2000). Additionally, this is because human being has a close relationship with culture. According to Herusatoto (2000), culture a body of ideas, symbols, and values created by human being. This is represented by cares given by grandparents. Generally, experience and knowledge of infant's care possessed by grandparents had been acquired from generation to generation and had become traditions. Traditions contain symbols signifying certain meanings. Questions raised are what are forms of infant's care given by mothers and grandmothers to the newborn until *selapan* age? What changes occur during infant's care given by mothers and grandmother? What forms of symbol emerge during infant's care until *selapan* age?

Methods

The present research was a descriptive qualitative study of infant's care in Rukun Tetangga (the lowest administrative unit in the city) 04 and 06 Rukun Warga (administrative unit at next-to-lowest level in the city) VII Sub-district of Gubeng, Kelurahan Mojo Surabaya. Location of the study was in RT 04 and 06 RW VII Kecamatan Gubeng Kelurahan Mojo Surabaya or commonly called as Kampong Karang Menjangan. Rationale for selecting the location was that many people there remained performing traditional care for their infants, especially those who lived with their parents. Data collection was by means of observation and interview.

Data was analyzed qualitatively. Qualitative data analysis was conducted by presenting field data in detail. Initially, data obtained was classified since some data was unusable. Unused data was not disposed of, but was stored for future use. Upon completion of field data, data obtained from literature was analyzed as support for field data.

Analysis was focussed on efforts of assisting infants to adapt to step over their critical periods (until *selapan* age) and on changes in infant's care as given by grandmothers relative to mothers. Symbols observed in infant's care were also

analyzed. This form of analysis might provide a description of a phenomenon within a community more deeply and allowed inferences in order to answer statement of the problems.

Infant's care until *Selapan* Age

Baby set consisted of baby clothing, diapers, *gurita* or *grita*, *jarik* (a piece of traditional batik cloth) and baby blanket, alcohol, baby powder, bathing set, baby oil, gauze, triple oil, etc. Such baby set as talcum powder, soap, baby oil, triple oil, etc, were often used during baby bathing. Babies were bathed on a piece of plastic base called *perlak*. In addition, *gurita* and *bedong* should be put on.

Gurita was one of baby set wrapped around a baby's belly with many left and right strings fastened. Use of *gurita* with many fastening strings was aimed at tightening the baby's belly. Additionally, *gurita* was believed to make the baby's belly warmer. In case of a baby who did not yet undergo *pupak puser* (detachment of umbilical cord), *gurita* was highly desirable in order to protect the undetached navel cord from contacts during the baby's movement and/or during in a sling. *Gurita* was still put on subsequent to *pupak puser* in order to avoid the baby's navel from *bodong* (bulging). Concern on the impacts of non-usage of *gurita* remained to a distinctive problem among mothers in Kampong Karang Menjangan. Information that use of *gurita* was not recommended by physicians had been received by those mothers but it did not stop them from using the *gurita*. Recently, use of *gurita* underwent some modification, ranging from reduction in duration of usage to loosening of *gurita* in order to make the baby comfortable and not feel hot. However, there remained some young mothers who put on *gurita* as usual since they still believed that it was capable of avoiding their babies' navels from *bodong*.

In addition to *gurita*, *bedong* constituted one of essential forms of infant's care. *Bedong* was put on even before hospital discharge, not awaiting home arrival. Use of *bedong* was still allowed, providing that it was excessively tight, especially forcing the baby's legs to be straight that precisely hurt his or her body. As previously noted, legs of a newborn appeared to bend, caused by adaptation to maternal uterus shape. It would be straight by itself with the development of his or her body. In our society, the rationale for use of *bedong* was to make the baby calm and less active in order for them to sleep well. In addition, it served to prevent the baby from *takajang* (*get shocked*) and from strong shaking (Adji, 1998). Calmness of the baby apparently benefited young mothers. Calm babies in the *bedong* made them easier to carry. Use of *bedong* was also intended to straighten babies' legs and arms in order for them not to be X or O shape. As with use of *gurita*, the use of *bedong* underwent some modifications as well. It included duration of usage, timing of usage, extent of tightness, and use of a piece of cloth as *bedong*. All of those modifications were principally aimed at making the baby comfortable in order for him or her to sleep well, avoiding bent legs and uneasiness.

Ari-ari (placenta) was a baby's company in the womb. Even subsequent to childbirth, it still accompanied and protected the baby. Relationship of *ari-ari* and the baby was like brothers (Soselisa, 1998). This explained why *ari-ari* was given a special care. *Ari-ari* care began with washing the *ari-ari* followed by wrapping with white cloth and then put into a clay pot already filled with certain stuff before burying. The place of *ari-ari* burial was given illumination with an oil lamp (Soselisa, 1998).

Ari-ari care involved washing it cleanly to remove all blood and liquids from maternal womb. Subsequently, stuff accompanying the baby was prepared; it included salts, spices, a piece of white cloth, flowers, a needle and thread, a book, stationery. All of those items were put into a small clay pot and wrapped with a piece of white cloth. However, not all of people wrapped the clay pot with a piece of white cloth but

only inserted the cloth as a base for the accompanying stuff. *Ari-ari* care had its own distinctive meaning but, however, many mothers were currently not cognizant of the purposes of *ari-ari* care.

Ari-ari burial could not be carried out haphazardly, but followed certain rules, including location of the burial. Not all of people would bury the *ari-ari*, some of them would float it on the sea (*larung*) and even some other people consumed it for specific reasons. According to mothers in Kampong Karang Menjangan, *ari-ari* burial was determined by sex of the baby. *Ari-ari* of a male baby was to be buried on the right hand side of the door (because a boy constituted a fence of a household) and that of a female baby on the left hand side of the door. On the top of the burial location, an illumination of an oil lamp or other means of illumination was placed. This symbolized complete safety (Soepanto, 1990). Some other people buried their male babies' *ari-ari* right in front of their residences and on the right hand side of their front doors. *Ari-ari* of female babies was to be buried behind their residences or, if to be buried in front of their residence, on the left hand side of their front doors.

Following *ari-ari* care, umbilical cord care deserved attention. Care for umbilical cord necessitated extra-care in order not to further injure the baby. A baby with undetached umbilical cord was not regarded as passing his or her critical period. In case of undetached umbilical cord (*pupak pusar* in the vernacular), mothers usually practiced extra-care in taking care of their babies and even infant's care was entrusted to their grandmothers for reasons of more experience and more reliability.

Undetached umbilical cord needed no complicated care. However, it had to be protected from infection by applying alcohol and bandaging it with sterile gauze. It should be monitored until detachment. Following detachment of the umbilical cord, care with alcohol was not instantaneously discontinued. The umbilical cord was still applied with alcohol to keep it clean until complete dryness. It was aimed at protecting the baby from infection.

Diet abstinence was prohibition to consume certain meals for cultural reasons (Anggorodi, 1998). Following childbirth, mothers should practice many things, including what to do and what to consume. In their critical periods, infants were highly vulnerable to diseases both medically and non-medically (Swasono, 1999).

For post-partum mothers, especially who were breastfeeding their babies, many things had to be paid attention. Eating patterns and behaviors were among those things paid attention by mothers in Kampong Karang Menjangan. Eating pattern was given special attention by those mothers. Several kinds of diet were forbidden to be consumed by them. This was aimed at protecting their infants from diseases.

According to some mothers in Kampong Karang Menjangan, post-partum women were forbidden to consume hot meals, putrid foodstuff such as seafood, and ice. Breach of the abstinence was believed as causing the baby to suffer from stomachache, irritation, and *gumoh* (vomiting). Those beliefs were hitherto existing. The desire to prevent their infants from suffering from disease led those mothers to control their eating patterns. However, this did not apply to all them. Breach of diet abstinence included not breastfeeding their infants and consuming cold drinks due to hot weather.

Abstinence related to behaviors was the next thing paid attention by the post-partum mothers. It included what should be done and what should not be done. In the community of Kampong Karang Menjangan, the abstinence included no late bathing in the afternoon and placement of a scissor, nail cutter, and little knife under the baby's pillow. The scissor, nail cutter, and knife had to be brought by the mother in case of a trip. At *maghrib* (at sunset), the infant had to be carried with a cloth sling.

In addition, prior to *Maghrib*, all of baby clothing dried under the sun had to be brought home. In case of leaving the baby without anyone overseeing, a short broom made of palm splintered ribs had to be placed beside the baby's bed. Babies' diapers might not be squeezed since it was believed to make the baby's body not straight and to cause him or her to *mulet*. *Mulet* was muscular relaxation, as what people did after waking up.

The aforementioned abstinence was aimed at preventing the baby from *sawan* capable of disturbing the baby's health. *Sawan*, in Javanese beliefs of Kampong Karang Menjangan people, was a kind of fever due to disturbances by spirits. A baby suffering from *sawan* would cry persistently and feel uneasy along the day. Abstinence related to behaviors was more related to what to do and what not to do. The abstinence was recognized by the people but was not practiced completely. Those abstinences of no late bathing in the afternoon and placement of a scissor under the baby's pillow and carrying the infant with a cloth sling at *maghrib* were still practiced. However, other abstinences were largely abandoned.

There were many reasons behind the abandonment of those abstinences, both with respect to diets and behaviors. Environmental conditions of Kampong Karang Menjangan, such as weather, access to health information, and conditions of residence, greatly affected maternal decision-making to keep practicing the abstinence.

Selamatan constitutes one of Javanese traditions. Tradition of *slamatan* had already existed for generations, especially since the introduction of Islam to Java. *Slamatan* is of importance in Javanese people's lives. *Slamatan* can be considered as a means of fulfilling people's vows with respect to events to be commemorated, redeemed, or sanctified (Geertz, 1989). According to Geertz (1989), *slamatan* is divided into four types: *slamatan* in relation to life cycles, *slamatan* with respect to holy days, *slamatan* with regard to social integration of village, and *slamatan Sela*.

People of Kampong Karang Menjangan recognized several *slamatan* with respect to childbirth. Those *slamatan* were *brokohan*, *sepasaran*, *pupak pusar*, *selapan*, *telong lapanan*, and *piton-piton*.

Slamatan of brokohan initiated the sequence of those *slamatan*. *Brokohan* was *slamatan* conducted immediately after childbirth. This *slamatan* was intended to be an initial protection provided by the parent in order for the newborn to go through the next phase safely. During *brokohan*, mothers prepared complete *urap-urap* (salad of mixed vegetables with grated coconut) with a variety of side dish, such as *tempe* (fermented soybean cake) and *tahu* (soybean curd) cooked as *lodeh*, *rempeyek* (crisp, thin chip made of flour and peanuts, shrimp or tiny sea fish), cooked chicken and milkfish. The next *slamatan* was *sepasaran* and/or *pupak pusar*; usually, either two of them was held prior to *slamatan selapan*.

According to mothers in Kampong Karang Menjangan, all of those *slamatan* were still performed, although not all of them were similar to existing traditions. One type of *slamatan* persistently held by mothers of Kampong Karang Menjangan was *selapanan*. In *slamatan of selapanan*, In addition to certain meal preparation, several rituals were also conducted, such as hair-cutting, nail-cutting, and name-giving rituals. Nail-cutting ritual was to a great extent abandoned currently. Many mothers cut their baby's nails before *selapan* age since the nails were regarded as disturbing and injuring the baby's skin.

Currently, traditional cure was largely abandoned due to limitation in obtaining medicinal materials and availability of relatively adequate health facilities. However, simple cure at home was not completely abandoned. Medicinal materials easily obtained was still relied on for preparing simple drugs by some mothers of Kampong Karang Menjangan, especially those mothers from lower to middle class.

Symbols and Changes in Practices of Infant's Care in Kampong Karang Menjangan

▪ Ari-ari Care

The first form of symbol seen in infant's care is that *kawah* (liquid of fetal membrane) symbolizes the older brother of the infant since in the childbearing *kawah* come out earlier. *Ari-ari* symbolizes the younger brother of the infant since it exited later. In Javanese cosmology, *ari-ari* and *kawah* shall keep accompanying and protecting human being until he passed away. Especially during in the infant age and powerlessness, *ari-ari* shall protect the baby from disturbance by spirits.

In Javanese societies, *ari-ari* is to be buried, floated to the sea, and to be consumed. Those three treatments have their distinctive meanings. In case of burial, *ari-ari* of male infants is to be buried in front of residences and *ari-ari* of female infants is to be buried behind residences. It is intended that the male infant shall be willing to leave home to make his way in life (*merantau*) and the female infant feels at home. Some people buried *ari-ari* of both male and female babies in front of their residence, but they discriminated the location. *Ari-ari* of male babies was buried on the right hand side of the front door and of female babies were buried on the left side of the front door. It symbolized a role of a man as the head of family and of a woman as the housekeeper. Floated *ari-ari* symbolized parental expectation that their children would be successful in *merantau*. Consumption of *ari-ari* symbolized an expectation that the newborn would have a strong emotional tie with parents and would respect and obey his or her parents.

With respect to *ari-ari* care, several aspects should be fulfilled, including preparation of stuff as requirements to be inserted during burial and *larung*. One of those stuff was salt for the purpose of preventing the baby from proneness to *gumoh* (vomiting). *Empon-empon* or spices were mainly inserted to the clay pot of *ari-ari* of female infants in order for them to be skillful in cooking and housekeeping in the future. Books and pencils were inserted in order for the baby to be clever in the future. Needle and thread symbolized expectations that the baby's thought would be as sharp as a needle and as long as needle. In addition, a piece of white cloth was another requirement to be fulfilled.

Furthermore, according to Endraswara (2003), tamarind was included in order that the baby's body would be odorless. Additionally, in Javanese cosmology, tamarind constituted a *nengsemaken*, a symbol of childhood that was spoiled by his or her old human being. Mirror symbolized a comparison of one figure with other phenomenon. This characterized Javanese mindset since the logic of Javanese people tended to be more figurative. *Kembang boreh*, or a mixture of flowers for childbirth, was one of ritual offerings to be fulfilled. It consisted of red roses, yellow or white magnolias, green or black *ilang-ilang* that symbolized lives. Coins were symbols of expectation that the baby would have prosperous livelihood in the future. Inclusion of the coins, usually a hundred cents (*satus*), in Javanese cosmology meant *sat* (*asat* = absence) and *atus* (*resik* = clean). Coins of a hundred cents were symbols of human being free from sins. Location of *ari-ari* burial had to be illuminated by a lamp. It was hoped that the *ari-ari* would have a bright path.

▪ Abstinence related to Diets and Behaviors

Abstinence related to some diets symbolized certain things. Breach of the abstinence would have impacts on the baby. Cool water as a symbol of coldness, in addition to causing influenza, was forbidden to consume since its cool nature might not be united with the maternal body that was also cold after giving birth. There was a concept of warm and cold in the maternal body; pregnant mothers were so warm in nature that they were recommended to consume cold foods and they were cold postpartum (Swasono, 1999).

Foods with broth symbolized water. Wet wound of the navel motivated mothers to avoid it. The abstinence was practiced in order that the navel would not increasingly wet and that it would dry rapidly. *Kecambah* (shoots) that was from the word *nambah* (to add) was avoided due to fear of getting pregnant again soon. Scientifically, shoots were rich of vitamin E and very good for improving female fertility, so that possibility of getting pregnant again was fairly great.

Abstinence related to behaviors was principally practiced in order to avoid the infant from disturbances by spirits. *Maghrib* (at sunset) was symbol of a time in which spirits were wandering about so that mothers had to extra careful in keeping their babies. There were many things that had to be done by mothers in anticipation of the *magrib*, including bringing home all of baby clothing dried under the sun and taking bath as soon as possible since bathroom was regarded as a highly possible place of disturbances by spirits. Bathroom was a place in which the mothers had to bring a scissor when they entered it (Swasono, 1999). Placement of a little knife, scissor, and nail cutter under the baby's pillow constituted a means of preventing those disturbances by spirits.

A little knife, a scissor, and a nail cutter symbolized weapons employed by *ari-ari* to be free from disturbances by spirits. No squeezing of the baby's laundry during washing was a form of fear that the baby would frequently *mulet* (muscular relaxation), leading the baby's body to be similar to newly squeezed laundry.

▪ Cure

Symbols in cure were among noteworthy aspects in infant's care. Emergence of *kelor* (merunggai) leaves for curing a baby's fever was not without reasons. *Kelor* leaves were symbols so feared by spirits that it was highly believed as capable of eliminating affected *sawan*.

In traditional cure, shaman or the elderly to whom people asked medication would provide a glass of *banyu bening* (clear water) with magic spell. This was considered as capable of healing diseases. The clear water with magic spell was also employed by the shaman as *suwuk*. *Suwuk* was a practice of pacifying an uneasy, persistently crying baby by grabbing the baby's head and reading a magic spell while spraying the water into the baby's head (Endraswara, 2003).

▪ Slametan

Upon childbirth of an infant, several *slametan* were held until the age of one year. *Slametan* constituted the core of *kejawen* tradition (mysticism associated with Javanese view of the world). A straight path to God would be obtained through this mystical rituals. *Slametan* represented a symbolic request (Endraswara, 2003). *Slametan* was held in order for the baby to go through his or her critical period successively.

During *slametan*, there were some kinds of dish prepared and offered as requirement for *slametan*. The foods represented a *tumbal* (ritual offerings for pacifying spirits) for warding off the misfortune (Endraswara, 2003). Dish for *slametan* were *tumpeng* (ceremonial dish of yellow rice served in a cone shape) or *urap-urap* with rice and side dish.

Tumpeng was symbols of fertility and prosperity, the top of which constituting a symbol of a peak of human desires (Endraswara, 2003). *Tumpeng* was usually served with *urap-urap*; however, for practicality, people currently replaced it with *urap-urap* only. There were several types of *tumpeng*, but a variety of dish in it was similar with only one differentiating dish for individual *slametan*. In childbirth ceremony, *iwel-iwel* cake was served.

Within *tumpeng* or *urap-urap*, there were several kinds of foodstuff. Among them were cooked rice that symbolized running a living in an innocent condition (white), eggs that symbolized *wiji dadi* (seed) or beginning of human creation, and

shoots that symbolized human being would grow progressively just like the shoots. In addition, legume constituted a symbol that human being should think widely and use commonsense in dealing with problems. Onion was a symbol that every action should begin with consideration. *Kangkung* (a leafy vegetable usually growing in water) was a symbol of an expectation that the baby would be *linangkung* (highly respectable). *Bayem* (spinach) symbolized an *ayem* (peaceful) living. Cooked chicken symbolized a reward picked up from the *slametan* held. The chicken was cooked *inkung* symbolizing a *manunggal* (united) ambition by means of *menekung*.

Jajan pasar (a variety of cakes sold in markets) was a symbol of *sesrawungan* (relationship) or prosperity. This was associated with the fact that there were many such foods in *jajan pasar* as children foods, fruits, *sekar setaman* (an assortment of flowers), betel and cigarette. *Jenang sengkolo* consisted of red and white porridges that symbolized misfortune (*sengkolo*) warders. Bananas used were king bananas that symbolized a king of fair, noble, and committed characters. *Iwel-iwel* was a kind of cake made of sticky rice with grated coconut filled with aqueous palm sugar. *Iwel-iwel* symbolized a misfortune warder in order for the baby not to be pinched (*iwel-iwel*) by *ari-ari*.

Multitude of symbols seen in infant's care until *selapan* age confirms Firth's suggestion that symbols plays critical roles in human affairs in which human beings arrange and reconstruct those realities by means of symbols. Symbols are also means of establishing social order or of arousing compliance. It possibly happens since use of those symbols implicates certain punishments for non-performance, leading to compliance in some ways with respect to the symbols. Beliefs already existed for long time and descended for generations also lead to distinctive psychological sanctions for non-performance. In addition, a symbol is a manifestation of individual expectation of something happen in the future. It generated an impetus for achieving goals and expectations contained in those symbols.

▪ **Changes in Infant's Care**

Many differences existed in baby set prepared by mothers in Kampong Karang Menjangan at present relative to the past. This might happen since traditional societies in Indonesia (as with other developing countries) was increasingly dynamic. With the changes in social and natural environments, it also underwent changes through adaptive processes (Dove, 1985).

This was proved by an argument on baby set that had to be provided in anticipation of childbirth. Preparation of baby set as provided by mothers was more varied than as suggested by grandmothers. Baby set provided by grandmothers was more simple considering that in their times there were less baby set relative to present time. Everything changes, adapting to current needs, since traditional societies principally are receptive to external fundamental changes, provided that it is in accordance with the needs of related societies (Dove, 1985).

Despite differences in timing and forms of baby set provided in infant's care, there were several baby set presently used: *gurita* and *bedong*. *Gurita* was still used although without any recommendation by physicians. Efforts in protecting injured navel constituted main reason for mothers to remain using *gurita*. *Gurita* was used until the baby reached age of 1 – 3 months or the baby was capable of laying fat on his or her stomach. In the past, *gurita* was used until the age of 3 months, but presently it was used, on average, until *selapan* age or by the time the baby was capable of laying fat on his or her stomach.

Mothers recognized that *gurita* was not recommended and even tended to be forbidden but concerns led them to remain putting *gurita* on. Those concerns were usually expressed by mothers who just delivered their first babies.

Use of *gurita* was medically forbidden due to its impacts on the baby. Excessively fastened *gurita* led to disruption in blood circulatory system and organ functions of the body. Moreover, strings of *gurita* left scratched marks on the baby's skin difficult for elimination until adulthood. It possibly happened since babies' skin contained a large amount of epithelium.

Subsequent to use of *gurita*, *oto* was used. *Oto* was used to prevent the baby from catching a cold. At present, *oto* was not used any longer since its function was replaced by singlet that was considered as easy and practical to use.

Bedong was one of baby set still used presently. Use of *bedong* was allowed medically but without excessively fastening. *Bedong* represented a baby set existed from long time. In fact, *bedong* was not only used domestically but foreign countries were familiar with use of *bedong*. *Bedong* was put on to babies in Russia, Italy, and France with their own forms (Danandjaya, 2005).

At present, use of *bedong* was with flannel rather than with *jarik* since the former was considered as more easy and practical to use than the latter that was of larger size and slow to dry upon washing. Despite medical allowance with certain conditions, not all of mothers used *bedong*. Mothers in Kampong Karang Menjangan did not always use *bedong* but they would observe whether their babies needed *bedong* or not.

Changes also occurred with respect to use of simple cure at home. In dealing with internal and external pressures, our societies possessed traditional norms that were not static but constituted a continuous adaptations (Dove, 1985). It exemplified by simple cure currently less used by mothers in Kampong Karang Menjangan. They entrusted their babies' health to physicians considering close access to health centers. Principally, traditional society exhibited an extraordinary receptivity to developments useful for them (Dove, 1985).

Grandmothers provided different pictures. They still relied on simple cure prepared by themselves. Simple cure prepared by grandmother in healing fever were leaves of *dadap serep*, *sembukan*, and *kelor*. In addition to curing fever, *kelor* leaves were believed to eliminate *sawan* that was one of causes of severe fever. For spasm, *sangket* leaves were crushed and then applied to babies' stomachs.

Turmeric and honey were second cures give to babies to prevent fever and influenza. In order to warm babies' stomachs, leaves of onion were crushed and mixed with *minyak kletik* (cooking oil) and rubbed over the baby's stomach. Flowers of *blimbing wuluh* (small, sour carambola) are believed to be effective in curing babies's cough.

For babies with wounds on their navels (both before and after *pupak pusat*), betel leaves, *enjet* (precipitate of lime), coffees, and corianders played important roles in the healing. Betel leaves and *enjet* were used to heal undetached umbilical cord by attaching it to the cord. Upon detachment of the cord, some powder of original black coffee were spread over the cord. Some people inserted one coriander into the navel. This was aimed at speeding up healing and preventing odors.

At present, those cures had largely been abandoned. Mothers preferred to using alcohol and gauze to treat wounds of both undetached and detached umbilical cords. Use of alcohol was more practical for these purposes. As already noted, traditional people (in this case people of Kampong Karang Menjangan) was highly receptive to changes, provided the changes were beneficial (Dove, 1985).

Other changes occurred with respect to *slametan*. Several forms of *slametan* were largely eliminated or simplified; even requirements for dish underwent slight modifications. Some abstinence related to diets and behaviors had largely been abandoned due to unfavorable environmental conditions. Those changes were basically aimed at practical adaptation by mothers.

Conclusion

Infants under *selapan* age were considered as in their critical periods necessitating extra-care by mothers or other caregivers due to possible threats of diseases and disturbances by spirits. Infant's care provided by caregivers and aimed at assisting the baby in adapting to environment began with preparation prior to childbirth, care for *ari-ari* and umbilical cord, abstinence related to diets and behaviors, and execution of *slametan* and traditional cure.

The passing of time and changes in environmental conditions led to changes in infant's care. Those changes could be divided two: ones completely abandoned and partially abandoned. Completely abandoned infant's care included abstinence related to some diets and behaviors, several types of *slametan*, use of *oto*, traditional cure by means of some kinds of leaf and flower, and cure for umbilical cord. Other forms of infant's care was still practiced but with certain changes. However, those changes were limited to the purpose of use and duration of use.

Certain symbols were seen in a variety of infant's care. The symbols principally represented certain purposes of individuals. The symbols were largely found during rituals of *ari-ari* and *slametan* cares. Every form of care performed denoted specific meaning. It was basically an expression of expectations that the newborn would successively pass over his or her critical period and that he or she became useful individuals as represented by symbols in infant's care until *selapan* age.

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