

***AN EXPLORATION OF CULTURAL PERCEPTION AND COMMUNITIES
BEHAVIOUR RELATED TO MORTALITY: A QUALITATIVE STUDY OF
COMMUNITIES IN SOLO AND PEKALONGAN,
CENTRAL JAVA PROVINCE***

**Pengungkapan Perilaku Masyarakat Tentang Mortalitas dan Persepsi Terkait
Budaya: Suatu Studi Kualitatif di Solo dan Pekalongan,
Provinsi Jawa Tengah**

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ABSTRAK

Data kematian dan pemahaman masyarakat terhadap penyebab kematian sangat penting bagi dalam menentukan kebijakan kesehatan berbasis bukti. Artikel ini merupakan penelitian kualitatif tentang penyebab kematian dengan tujuan untuk mengetahui sikap budaya terkait kematian termasuk kepercayaan yang menonjol dan sensitif yang muncul pada saat berduka/kehilangan di Kota Solo dan Kabupaten Pekalongan, Provinsi Jawa Tengah. Pengumpulan data dilakukan dengan melakukan focus group discussion (FGD) terhadap pemuka agama, petugas kesehatan, bidan, tokoh masyarakat, guru, dan pengusaha setempat. Wawancara semi-terstruktur terhadap informan kunci dari keluarga yang sedang berduka dan tidak sedang berduka. Dilakukan pula observasi terhadap status sosial dan ekonomi serta pola aktivitas masyarakat di kedua lokasi. Hasil analisis data di kedua lokasi menunjukkan bahwa kejadian kematian dan aktivitas yang mengikutinya bersifat agamis dan duniawi. Kepercayaan pada adanya kehidupan setelah mati dan pentingnya kecepatan menguburkan, dengan semua hal yang berhubungan dengan penanganan dan pengurusan jenazah, menjadi ranah keagamaan. Prosedur untuk mendapatkan sertifikat kematian berada pada kerangka hukum yuridis dan sebagai pendorong untuk pemenuhan kebutuhan data mengenai penyebab kematian, mendapatkan persetujuan legal dan finansial yang dihubungkan dengan kematian anggota rumah tangga, misalnya untuk masalah warisan. Hasil penelitian juga menunjukkan bahwa otopsi verbal untuk otopsi verbal sebaiknya dilakukan tujuh sampai tiga puluh hari setelah peristiwa kematian; dan dilakukan oleh petugas kesehatan yang didampingi oleh pengurus wilayah setempat (RT/RW). Koordinasi antara seluruh pihak terkait (pemuka agama, tokoh masyarakat, pemerintah daerah/petugas kesehatan, bidan) dalam penanganan kematian cukup baik.

Kata kunci: Budaya, persepsi, masyarakat

ABSTRACT

Mortality data and understanding death patterns are considered to be essential for developing evidence-based health policy. This article is a qualitative research, examines current cultural perceptions of death in Indonesia that include a prominent and sensitive belief that emerged at the time of mourning/loss in Solo City and Pekalongan District, Central Java Province. The data collection was done by Focus group discussions (FGDs) with mosque officials, local health workers, local midwives, and staff of the community council, local school teachers, and local business people. Semi-structured interviews (SSIs) are conducted with key informants of bereaved and non-bereaved household. Also observation of the local economy and community activity patterns, modes of subsistence, cultural beliefs. Findings : Death notification and activities subsequent to a death fall into two parallel domains, the religious and the secular. Beliefs in the afterlife and the imperative of a speedy burial, with all that this implies in terms of treatment and disposal of the corpse, belong to the religious domain. The procedure for obtaining a death certificate occur in a juridical framework also as the driving force to meet the needs of data on causes of death, acquire legal and financial arrangements associated with the death of household members, for example for inheritance issues. A further issue of interest was the timing of the verbal autopsy (VA). Ideally the VA should occur in

the home of the deceased's family within 7-30 days after the death, and be conducted by a health official possibly accompanied by an office-bearing member of the local community. Coordination between all parties involved in the treatment of death is quite feasible.

Keywords: *Culturally, perception, communities*

INTRODUCTION

Death data and understanding death patterns are considered to be essential for developing evidence-based health policy. The World Health Organization (WHO) has recognised the importance of mortality data in measuring the health status of populations and developing effective health policy (Dao, 2006), as demonstrated by routine compiling and publishing of mortality statistics by age, sex and cause from vital registration systems reported by Member States (Rao, et.,el.,, 2008). In optimal conditions, vital registration systems are considered to be the best resource for the collation of national mortality statistics (United Nations 1999). Mortality data collected through such systems are utilised to measure progress against the Millennium Development Goals, to ascertain major causes of death, and to develop national Burden of Disease studies leading to evidence-based health policies. However, in countries with poor mortality data, a weak vital registration system, and a high proportion of the population who die outside the government health care system, conditions for the collection and maintenance of mortality data is less than optimal. In such conditions, other measures for obtaining valid mortality data, often involving the triangulation of different methods, must be employed.

In developing countries, health planners often utilise a combination of sources of mortality data, including national censuses, hospital statistics, household health surveys and verbal autopsy, to develop national health policy and programs. The VA method has become an important alternative to ascertain cause of death (CoD) in the compilation of mortality statistics (Dao, 2003). Verbal autopsy (VA) involves interviewing households wherein a death has occurred and thus provides useful community-based data to supplement and enhance national statistics. VA can be routinely performed to ascertain cause of death in the absence of reliable clinical

information. It is therefore useful in helping to gauge the completeness of census or other statistically-derived cause of death data.

Indonesia, as the world's fourth most populous country, is a case in point, with deficient mortality data derived from a complexity of competing and overlapping systems and multiple, different sources of data. Some of these effects are artefacts of Indonesia's colonial past that have persisted through sixty years of independence (Boomgaard, 1987; Gardiner, 1987). Regardless, this inconsistent amalgam of information poses significant problems for health planners in a country where health needs are pressing and multifarious, where health service capacity is limited and where health expenditure needs to be carefully and productively targeted. The following section elaborates this point.

A 2004 review of vital registration and cause of death reporting in Indonesia conducted by the School of Population Health at the University of Queensland (SPH-UQ) found a lack of coordination between different institutions, no comprehensive legal framework for vital registration, and limited capacity and understanding of roles amongst relevant officials (Rao, 2008a). Such registration systems as exist in Indonesia are largely civil in nature and designed to support the civil rights of identity and capacity (Rao, 2008b). The requirements for generating evidence for civil registration, corpse disposal and health information which resulted the use of several different forms and reporting mechanisms to different authorities may resulting in multiple differing forms of mortality statistics.

In the absence of reliable vital statistics from registration systems, alternative strategies for measuring mortality have been utilised in Indonesia over the past three decades. Notable among these are the annual Demographic and Health Survey (DHS) and the National Socioeconomic Survey (SUSENAS). A key problem with

these forms of mortality estimation is their reliance on retrospective reporting, involving a significant time lag - of up to three years. This can result in considerable distortion of the data.

Data on underlying causes of death are particularly hard to obtain in a country where the majority of deaths occur at home or outside the hospital setting (Rao, 2008a). In an effort to rectify the weakness of death reporting, the Indonesian Mortality Registrations System Strengthening Project (IMRSSP) was established in 2006 to trial ways to improve the efficiency and efficacy of death reporting. The method, which is still being trialled, involves a clear set of procedures for reporting and ascertaining cause of death. These are: (i) an initial verbal autopsy interview conducted by a nurse or paramedic using a detailed semi-structured questionnaire; (ii) a review of each questionnaire by local health centre (Puskesmas) physicians, who then, (iii) issue a medical certificate of cause of death; (iv) the submission of all death certificates to the provincial health centre (Dinas Kesehatan) for coding according to the International Classification of Diseases and Health Related problems (ICD-10) and for a probable cause of death to be assigned; and finally, (v) a quality control check on all phases of this process by a team of specialist coders at the National Institute for Health Research and Development (NIHRD). VA procedures have been trialled in Indonesia in the past. In 2002 the National Health Survey (Surkesnas) used VA methods in a sample of households to ascertain the leading causes of death. However it concluded that the "limited discriminative power of questionnaires" limited the utility of these data (Rao, 2008a).

This has led for qualitative perspective to contribute in providing qualitative insight of cultural factors related with verbal autopsy and death perception among community. The study is based on the premise that taking account of local cultural sensitivities when conducting verbal autopsy and incorporating culturally sensitive protocols into the design of the VA instrument can ensure more meaningful cause of death data (Chandramohan D, et. al., 2005).

MATERIAL AND METHOD

Data Sources

This article is part of the study on culturally sensitive methods of eliciting information on cause of death (verbal autopsies) in local communities of Solo and Pekalongan regions, Central Java. The main purposes of this article is providing a qualitative insight related in cause of death and death perception among local community in Solo and Pekalongan.

The primary criterion for inclusion in the study was that the study site had undergone the quantitative VA trials conducted by the IMRSSP within the last two years. Purposive sampling was used to identify four field sites (desa and kelurahan) in each of the two study areas, making a total of eight field sites across the two districts of Solo and Pekalongan. "Desa" and "Kelurahan" are similar terminology for village or district in Indonesia. In Solo, the four communities (kelurahan Stabilan; kelurahan Timuran; kelurahan Sangkrah; kelurahan Gandekan) chosen were selected on the basis of constituting a socioeconomic gradient intersected by cultural, ethnic and religious differences. In Pekalongan, representative diversity was achieved by selecting four communities (desa Tangkil; desa Sragi; desa Kajen; desa Wonokerto Kulon) with markedly different economic and geographic characteristics.

In addition, diversity within communities is an important variable. To address this, five semi-structured interviews was conducted within each field site, two with informants from recently bereaved households (death occurred less than 12 months ago); two with informants from non-bereaved households); and one with a community leader. The latter was typically a village head (kepala desa) or community mayor (lurah).

Data Collection Methods

The study involved a mix of qualitative data collection methods, including:

Field site observations aimed at surveying local economy and community activity patterns, modes of subsistence etc.

Focus group discussions (FGDs) with local community leaders to elicit key themes on cultural attitudes to death-related enquiries including salient cultural beliefs and sensitivities that are evoked in circumstances of bereavement. Participants were mainly recruited from within the community and consisted of mosque officials, local health workers, local midwives, and staff of the community council, local school teachers, and local business people. However, in some cases they also included strategic community or external personnel, such as village heads, local doctors, government health workers, police and other officials involved in cause of death reporting. Researchers worked from a set of interview guidelines specifically tailored to the focus group discussion. In order to prevent individuals dominating, we discussed something in common related to their life (for example their funeral cultural tradition, their perception of death), so that maximum interaction within the group can be achieved and individuals dominating can be avoided. In order to triangulate the data one focus group discussion per field site was held involving participants who were not recently bereaved, in order that the responses of the bereaved could be set against the knowledge and recollections of those in the wider community. All participants were shared their experienced related in reporting cause of death. Focus groups consisted of between five and ten participants recruited via snowball sampling, personal recommendation, or some similar technique.

Semi-structured interviews (SSIs) with key informants from a) two bereaved households and b) two non-bereaved households. Potential participating households were identified through the VA registers held at the local community administrative office, then contacted by the researchers, accompanied by a village/kelurahan official, and invited to join in.

Data Analysis

Due to the nature of this study is a qualitative study, thematic analysis was used in our data analysis. Data analysis was performed with a view to delivering the aims of this study, both general and specific. The

general goal was to serve the broad aim of improving the quality and reliability of mortality data in Indonesia. Specifically, the study aimed to contribute to this end by identifying omissions in cause of death reporting and cultural barriers to compliance with death certification procedures, as well as investigating the cultural acceptability of verbal autopsy interviews. Three broad themes were specified in the initial interview and focus group discussion schedules. Data for these additional themes is still being analysed and will have implications for the final recommendations of the study.

RESULTS

Results of the study are presented and discussed in accordance with the three key themes specified on the semi-structured interview and focus group discussion schedules.

a) Religious Beliefs and Cultural Practices Surrounding Death

Notions of the afterlife for both areas, Solo and Pekalongan, belief in the immortality of the soul is prevalent, if not universal. There is broad similarity between both Muslim and Christian notions of the afterlife (akhirat), in that upon death the soul will end up in one of four possible destinations: (i) heaven (surga); (ii) hell (neraka); (iii) purgatory or limbo, where the soul awaits Judgment Day (barzakh); (iv) the mundane world (dunia manusia, dunia alami). The fourth situation is common where the deceased has encountered an unexpected death, through accident or misadventure, or where the soul is anxious about leaving the world and passing into the life eternal (kehidupan baqa). In order to dispatch the soul into the afterlife, the family conducts a funeral. This involves all procedures associated with corpse disposal, prayers, and social and religious rituals immediately following the burial. For Muslims, the funeral is but the first stage in a ceremonial cycle designed to ensure the soul's peaceful transition into the afterlife, a cycle that lasts up to three years. It was stated by one of the informants:

“ if someone died, it is clear that separation between their soul and body. They

left their body, and the soul back to God” (Kalau orang yang meninggal yang jelas adalah berpisah antara jasad dengan ruh. Jasadnya ditinggal, ruhnya akan kembali ke alam)” (Community leader, Solo)

Disposal of The Corpse

There are some clear differences in the practices associated with corpse disposal across the two areas. The most fundamental contrasts are between Muslim and Christian practices. Among Muslims, these are some variations in practice between Pekalongan and Solo which would appear to stem from Pekalongan’s rural status compared with Solo’s urban character. All Christians appearing in our data were residents of Solo; the study yielded no information on Christians living in Pekalongan.

Among Muslims in both Pekalongan and Solo, the family takes primary responsibility for preparation of the corpse (jenazah) for burial. In Pekalongan, the family is supervised by a local mosque official (lebai) who is invariably well known to them; in parts of Solo, the task of cleansing shrouding, and burying the corpse may alternatively be performed by specialised community organisations that exist for this purpose (Sangkrah: paguyuban; Stabilan: pralenan). In Timuran, an area of depressed economic status, no such organisation exists and these responsibilities revert to the family. In Gandekan, reflecting a predominantly Chinese Christian community, the corpse is washed and prepared by the local church deacon, while the pro-deacon organises the burial. The family pays a fee for these services but the funeral orations are free.

In Pekalongan, corpse washing and shrouding takes place in the front yard of the deceased’s former home, screened by a rough bamboo fence erected for the purpose. The corpse is washed with warm water infused with “three flowers” (kembang telon), a mixture of rose petals (bunga mawar), jasmine (bunga melati) and ylang-ylang leaves (daun kelor). Occasionally soap, guava leaves and naphthalene may be added to this mixture. The body is scrubbed soundly and the hair shampooed. In Sragi and

Wonokerto Kulon, the nails are cut; otherwise they are cleaned with the heart of a coconut leaf (lidi). Throughout the washing process, the corpse rests on the lap of a child of the deceased. Once clean, the corpse is then wrapped in a cotton shroud and placed in a coffin, ready for transporting to the burial ground (tempat pemakaman, kuburan). Related with disposal of the corpses, some informants mentioned:

“..before the corpses was buried, it should be cleaned and prayed” (Setelah dimandikan, lalu disholatkan, jenazah akan dikuburkan/dimakamkan)” (Bereaved family. Sragi, Pekalongan)

In Solo, two hours must elapse after the death is discovered before the cleansing of the corpse can commence, to allow for misrecognition of death. Washing procedures followed are similar to those described for Pekalongan, with an additional stress being placed on the fact that all bodily orifices were also cleaned in this process. By contrast with Pekalongan, however, in two areas of Solo all these pre-mortuary actions are carried out by members of the panguyuban (Sangkrah) or pralenan (Stabilan) rather than the family. Such organisations are associated with the mosque (mesjid) and the bathing of the corpse accordingly takes place there rather than in the home. In this case, female members of the mosque (aisyiyah) are assigned to a female corpse, while male corpses are dealt with by male mosque members (takdir). In the case of Christians, the deacon washes the body down with alcohol, to which may be added naphthalene and rose water. The corpse is not washed in water, nor is the hair shampooed. Dressing the deceased in their favourite or best clothes is preferred to enshrouding. Related with the case of Christians in Solo, one informant stated:

“..for Christian, it will only be cleaned and made up, there will be no washing. To clean it, alcohol solution will be used to prevent the smell, roses and naphthalene will be added” (bagi orang Kristen, jenazah hanya dibersihkan dan didandani, tidak dimandikan. Saat membersihkan, digunakan alcohol untuk mencegah bau, selain itu diberi mawar dan

kapur baru”). (Bereaved family, Stabelan, Solo

berkabung dalam 7 hari”). (Bereaved family, Kajen, Pekalongan)

Burial Procedures and Funeral Ceremony

In Pekalongan, family members are allocated to either of two tasks: corpse washing or burial site preparation. In Solo, this is taken care of by the village funeral organisation. Otherwise, family members may be assisted by close neighbours and friends in either of these tasks. In Muslim households, an offering of tea, rice, crackers, crispy tofu, cotton cloth, roses and young coconut may be placed inside the coffin prior to transportation and the children of the deceased, along with close friends. At the burial ground, the body is cremated prior to burial and the procedures are solemnised by funeral prayers (*shalah*) recited by the mosque official known as either *lebai* (Pekalongan) or *modin* (Solo). Those presiding over the funeral rites – the *lebai* or *modin* – must ensure that they have no contact with the ground; otherwise they would spiritually contaminate the corpse. Afterwards, family and friends repair to the home of the deceased where offerings are exchanged and further funeral rites are conducted. In Solo a *slametan* (ritual feast) is held involving the sacrifice of two roosters dedicated to the Prophet Muhammed as well as a prayer (*rasulan*), notifying the Prophet of the deceased’s despatch into the afterlife and requesting that blessings be bestowed upon the bereaved family. Along with the rooster, additional offerings may include rice cooked in coconut milk (*nasi uduk*), bananas, rice-flour pancake (*apem*), sticky rice, and *kolak*, a dessert cooked in palm sugar and coconut milk. There is an organization which arranged burial procedures, like stated by one of the informants:

“there is a paguyuban, an organization which prepare the funeral services” (ada paguyuban yaitu suatu organisasi yang menyiapkan pelayanan penguburan)” (Community leader, Sangkrah, Solo)

“we should held Selamatan and prayer during our loosing time which is 7 days in a row” (kami harus mengadakan pengajian dan slametan selama masa

Timing of Funeral and Ongoing Death Ceremonies

People in both Pekalongan and Solo believe that it is essential to dispense with the funeral as soon as possible after death in order to expedite the liberation of the soul, which occurs only through cremation. Otherwise the deceased may linger among the living and cause illness or accident to them, through frustration at the delay. The concern for a speedy funeral may also be related to reincarnation beliefs (Geertz, 1960). Informants from Pekalongan stated that the entire funeral process takes between two to three hours after death to completion, whereas those in Solo stated a time period of three to four hours. This disparity of time is explicable by the fact that Solo residents delay starting the corpse preparation process for two hours. These statements must be qualified however, with practices related to diurnal patterns. If the death occurs before midday, the funeral will be held that day. If it occurs after midday (*siang hari*) it will be deferred until early the following morning, in which case the whole ceremony will be finished by ten o’clock.

The two ceremonies, *slametan* (feast) and *tahlinan/pengajian* (recitation of the Quran) occur on the first day of the deceased’s death, and again on the third, seventh, fortieth, one hundred day after the death, and again on the first and finally the third anniversary of the deceased’s death. On each of these occasions, the *ustadz* must be called in to officiate.

“ we should held the funeral as soon as possible in the same day to expedite the liberation of the soul” (kita harus menguburkan jenazah secepatnya, pada hari yang sama agar melancarkan jalan menuju alam barzah)” (non berevead family, Tangkil, Pekalongan).

b) Death Certification Procedures and Community Views of Death Reporting

The sequence of death reporting varies slightly between Pekalongan and Solo.

In Pekalongan, as soon as the death is discovered a family member will report inform family members and close neighbours. They will then take the deceased's identity card (KTP) and their list of family members to the village administration office (Kantor Desa), where they may undergo an immediate verbal autopsy. Alternatively, a village official may be sent out to visit them at home. At the same time the bereaved family members informs the lebai of the death. The lebai then announces it to the whole community over the mosque loudspeakers. Funeral procedures as described in detail above are then quickly initiated.

In Solo, the procedure immediately following death is very similar: as soon as the death is discovered a family member will report inform family members and close neighbours. A red flag is erected outside the house to let the community know. The bereaved family member then reports the death to their neighbourhood head (kepala rukun tetangga/rukun warga) who then reports to the local administration office (kelurahan). The kelurahan then sends out an employee to perform a verbal autopsy and the VA form is subsequently taken to the local health centre (Puskesmas) for processing by a physician. The physician then issues a death certificate (surat kematian) stating the cause of death, based on his/her interpretation of the VA. The family or community member also informs the office in charge of the cremation ground (dinas pemakaman) that a burial will shortly ensue. Due to the importance of death certification, one informant mentioned:

"..it is important to get the death certificate needed to organize bedah bumi/burial preparation. Without the certificate, it cannot be done. Death certificate also important for inheritance, pension, remarried and other purposes" (surat kematian sangat penting bagi kami, soalnya itu dibutuhkan untuk bedah bumi/pemakaman. Tanpa surat kematian kita tidak bisa melakukan pemakaman. Surat kematian penting untuk mengurus warisan, pension, menikah kembali atau lainnya" (community leader Sangkrah, Solo).

c) Verbal Autopsy Interviews and Community Responses to the VA Experience

Neither residents of Pekalongan nor Solo expressed any discomfort with or disapproval of the verbal autopsy experience, where they had undergone one, or the principal of verbal autopsies being conducted in their community, where they hadn't. However, certain points were clearly made in terms of the timing of verbal autopsy, the form of notification, the place it should occur, and the preferred interviewee.

Timing In general, most communities felt that any time after seven days following death was the most desirable moment for the verbal autopsy to take place, noting that until this point the family would still be in an acute stage of suffering from bereavement and emotions would be too raw. However, in the community of Sangkrah (Solo), a minimum period of one month was preferred, while several Solo informants elsewhere felt that some time prior to seven days would be ideal, in order to minimise loss of recall.

Notification Solo informants felt that advance warning of verbal autopsy should be conveyed through the local health centre (Puskesmas) or mobile integrated health post (Posyandu).

Place while all informants specified the home of the bereaved family as the preferred place for a VA interview, some Solo informants felt that other locations (unspecified) were also acceptable.

Personnel residents of Pekalongan wished to be interviewed by a health centre employee, a health provider or their local midwife, stating that any of these people would be well known to them and that therefore they would feel comfortable receiving them into their homes. Solo informants, however, stated that they would prefer the VA interviewer to be accompanied by someone from the local administration office implying that local health centre officials are less well known to them. Regarding with the community responses to the VA experienced some informants said:

"..verbal autopsy is better done 1 (one) month after. The right person to do

that is from health center together with head of household” (.sebaiknya verbal otopsi dilakukan 1 (satu) bulan sesudah kematian. Orang yang tepat melakukannya adalah dari puskesmas dan datang ke rumah bertanya pada kepala rumah tangga)” (Bereaved family, Wonokerto Kulon, Pekalongan)

“..for Christian, we will report the death to the head of household, their church and head of Paroki which will lead the ceremony” (bagi orang Kristen, kami akan melaporkan kematian melalui kepala rumah tangga, lalu ke gereja atau kepala Paroki yang akan memimpin upacara)” (community leader, Timuran, Solo)

DISCUSSION

Several key points emerge from the findings. First, death notification and activities subsequent to a death fall into two parallel domains, the religious and the secular. Beliefs in the afterlife and the imperative of a speedy burial, with all that this implies in terms of treatment and disposal of the corpse, are pervasive throughout both regions and belong to the religious domain. On the other hand, death certification procedures occur in a legal juridical framework and the incentives for compliance, for the community, are seen as the expedition of legal and financial arrangements associated with the death of a family member. These include the activation of pension payments for widowed spouses, the acquittal of conversion of insurance arrangements, and the resolution of inheritance claims. When villagers or community members talk about death notification, they can be referring to activities in either domain, the religious or the secular, for the two clearly intersect.

In terms of death certification, it is important for monitored death patterns and documented the leading cause of death, which can be used to inform health policies and prevention strategies (Sibai, 2004)

The maximum point of intersection, however, is the death certification itself. A community member who neglected their responsibility to report a death through the legal secular avenue of the local administrative office and its associated ties of

government might escape penalty. Yet they would encounter an obstacle on the very first day, or the day following the death of the deceased, in that they would not be permitted to bury the deceased family member at the cremation ground. Most of the time, this single feature is sufficient to ensure compliance with government requirements to report. However, there are two significant exceptions to this which arise from our data:

- (i) deaths of children under six years of age often go unreported because they are not deemed to be fully human and hence do not require cremation; and
- (ii) deaths of non-native born individuals resident in the community do not, according to our data, get reported. If the non-native born individual (yang tidak asli daerah ini) local lives with their family, the family may apply for permission to bury them, however, the need for a death certificate will be waived.

In both cases, entry to the cremation ground is not sought and therefore the death certificate is unnecessary. These findings are extremely significant in that they represent systematic omissions in the data on death. There seems to be no clear process for reporting the death of someone whose birth is recorded on a register outside the local community, nor even for notifying the deceased's community of birth so that such reporting can take place. Furthermore, the omission of the deaths of young children in a country where child death is still unacceptably high is of concern; and in any case such omissions guarantees incompleteness of national mortality data.

In regards with verbal autopsy (VA), in certain condition, VA is important, practical tool to ascertain cause of death where routine death registration is inadequate or not exist yet, and it is low in cost. The VA method is collecting retrospective information about care seeking, symptoms, signs which related to the deceased and their illness or circumstances prior to death. (Chowdhury, et.,al., 2010).

A further issue of interest was the timing of the verbal autopsy. To some extent,

there is already a high degree of coordination between the ritual and secular spheres in regard to death reporting, for death certification and burial has to take place within less than two days (ideally on the same day) after death has occurred. It is remarkable how streamlined this dual process appears to be. While this might imply that the bereaved family is then free to participate in a verbal autopsy any time subsequent to the burial, that is from the morning of the third day after death onwards, this is an oversimplification of the reality. The first two days after death appear to be an extremely stressful time for the family, intensified by the accelerated rate at which all funeral procedures – at least those to do with burial and corpse disposal - must be acquitted. This means that in all likelihood, the family is exhausted once it is done. Only one group of informants suggested that VA could take place prior to seven days after death, the rest were adamant that seven days was the minimum waiting period, with one group (Sangkrah) suggesting 30 days as a minimum. Ideally then the VA should be conducted between seven days and one month after bereavement, with provision being made for any community which state a preference for a longer waiting period of beyond one month. In the authors view, a VA occurring later than three months after death is likely to be flawed with inconsistencies due to memory lapse (Chowdhury, et.,al., 2010), hence the moment chosen should be as close as possible to the preference stated by the community. As a rule, for VA, the period from 7-30 days after death would seem to suit most communities engaged in the study. Finally, the suggestion was made that Puskesmas and Posyandu health institutions could be the vehicle for transmission of knowledge about the importance and imminence of VAs. This seems a sound suggestion and warrants further investigation.

Qualitative information detailing local customs and beliefs surrounding death can provide health planners with a better understanding of how such cultural factors might impinge upon the information provided in the verbal autopsy interview. Cross-cultural data indicates that death is a universally sensitive phenomenon and every

society has rules and customary obligations associated with its management (Connor, 1979; Shepard GH, 2002). Related with the sensitive phenomenon which also associated with customary obligation as stated by Connor and Shepard, in both location either Solo or Pekalongan, sensitive issue occurred when they will have done the verbal autopsy just at the moment of losing family member. This is no less the case in Indonesia, a heterogeneous society comprising a diversity of religious, cultural and ethnic groups. With a population of nearly 300 million, Indonesia is now the world's fourth most populous country after China, India and the USA. Geographically, the nation is an archipelago consisting of over 10,000 islands, on which many of its ethnic minorities are located. By contrast, Java, the cultural and political centre of the country, is regarded as being relatively homogeneous, with most of its predominantly muslim population being classified as Malayo-Polynesian.

The current study aimed to elicit this information from community-based key informants on the assumption that they were best equipped to reflect upon the VA process, as well as to act as interpreters of their own culture. There were three perceived benefits to the study. First, it was anticipated that local cultural information regarding death beliefs and practices could be used to minimise the potential emotional distress associated with the verbal autopsy interview, (Chandramohan D, et.,al., 2005). It was also assumed that detailed understandings of local mortuary rituals and customs as well as cultural beliefs and social obligations could serve as a frame of reference to assist physicians in interpreting VA-derived cause of death data and thus to issue valid death certificates. Third, knowledge of local customs and community beliefs about death could be used to modify CoD reporting procedures to ensure compatibility with community needs and expectations, thereby maximising community compliance.

Finally, in related with the length of funeral timing, based on religion burial has to take place within less than two days. From an epidemiological perspective, some of the most important factors related to the disease is incubation period. If a person died because

of one contagious disease, then the environment aspect should be taken into account. Based on McMurray (2001), environmental factors may include the presence of biological factors. Illnesses and epidemics could grow out from unpredictable interactions, some within the host, agent and environment. If the length of funeral timing more than two days, the biological factor which come from the corpse as an agent may impact the wellness of the host (people especially family) surrounding the corpse within those days.

In summary, there are similarities and differences related to cultural perception of death from the study in Solo and Pekalongan. In both location, death is the end of life. Some Christian stated that life is temporary. There are after life either in heaven or hell which is more permanent. Meanwhile, Islam believer stated that death is the destiny from Allah. Death can be caused by accident or illness which is all because of Allah. Another similarity is occurred related to death reporting. Community feel that death reporting is very important. It is important to prepare for the estate and inheritance purposes, heir, retirement and saving account(s) of the deceased.

There is a difference occurred related with cultural perception of death in Solo and Pekalongan. Due to the rural geographical area, in Kajen village, Pekalongan some people did not report the death especially when it happened to children, because there is no important purposes of the deceased to be reported. Another difference in the study area occurred when related with the timing of funeral. As mentioned above that funeral timing is different according to the religion. Both in Solo and Pekalongan, for Moslem community funeral should be done as soon as possible, while for christian community funeral could be done within 3-5 days later depend on the family decision. Lastly, this study is commonly found among Javanese community in Indonesia which still have strong cultural custom in their family, especially related with death.

CONCLUSION AND SUGGESTION

Conclusion

The conclusions of this article already indicate that our findings have significant implications for cause of death reporting and future procedures in the study areas, implications which may well be able extrapolate for other parts of Java and even Indonesia as a whole. Where the secular requirement to report a death, as in the issuing of death certificates, is intertwined with religious and social imperatives to do with funerals and burial ceremonies, it would seem that there are clear and compelling incentives for individuals to report death. However, there are two key categories of person that are systematically omitted from this process: children under age six and non-original residents born elsewhere or individuals passing through the community. Neither of these two categories of person appears to be adequately captured by the present system and this requires attention.

Ideally, the VA should occur in the home of the deceased's family within 7-30 days after the death, and be conducted by a health official possibly accompanied by an office-bearing member of the local community.

Suggestion

The Vital registration process (autopsy verbal) should be consider on community's cultural aspect (i. e. tradition of funeral process, community's perception of death).

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