

THE MATERNAL AND INFANT HEALTH STATUS BEHAVIOR BASED ON CULTURAL ASPECTS IN MANDAILING NATAL (MADINA) SUMATERA UTARA

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Abstract

Madina is one of the Sumatera Utara's regions which have a high mortality rate of mothers' and babies. The health care status among families in Indonesia affected by the culture including in Madina. It guides the community to decide the health care treatment for their family members including mother and babies. The type of research is qualitative with deep interview in data collection. The sample was the cultural community leaders and the pregnant women with culture beliefs. The information gathered from pregnant women are crosscheck with the cultural community leaders opinion, thus the samples selected for this research are 9 participants. The result showed that : maternal care, post partum, and infant care. In fact, it revealed that the behavior of Madina's community is still focus on culture for the treatment of pregnancy, parturition, childbirth and newborn baby. In addition, the findings also showed that there are culture with benefit and culture without benefit on health care. Therefore, it is needed to establish a community based health care with local culture background in community. It is an obligation for the health workers to understand the issue for community health care improvement in future.

Keywords: Treatment, Maternal, Cultur

BACKGROUND

Indicators of success of the development of the health sector one is an increase in the degree of public health that can be seen from the decrease of infant mortality and maternal mortality (Dep. Kes. 2009). Health Status will be determined by the conditions since the pregnancy until childbirth and maternal behavior related with the family in health care that has become the habit of everyday society. Madina district is a province in Northern Sumatra, the areas that are focused in the attainment of the MDGs especially the acceleration program for mothers and babies, namely EMAS program (an Expanding Maternal and Neonatal

Survival). People's lives are still many Madina influenced by habitual family and social culture that is hereditary. Problems related to medical and management can be solved by improving the quality and coverage of health services, but so for the problems associated with the socio-cultural aspect has not been much done interventions. Involving local communities having regard to the socio-cultural beliefs with regards to the behavior of the factors that may affect the health status of society is inseparable from the culture and habits of everyday society, including in the areas of pregnancy, childbirth and the care of the baby.

Health Status is a State that is dynamic and individuals influenced by personal and environmental factors. According to Bloom (1908) in Notoatmojo (2003) there are four (4) factors that influence the health status of a person that is hereditary (descendent), ministry of health, environment and behavior. Of the four factors that had a large role in the degree of a person's health is environmental factors (45%) and behavioural factors (30%). The high maternal mortality related to pregnancy and childbirth are influenced by tradition with three (3) conditions of late (too late, too late to take decisions in place of the Ministry and the adekuat help getting late) and four (4) too (too old, too young, too much, too closely spaced births) (Dep. Kes, 2010). Delay in decision making at the level of the family can be avoided if mothers and families know the dangers of pregnancy and childbirth as well as know the proper action is done to tackle the problem so as to avoid high risk at both the mother and the baby (Pilliteri, 2003).

Human life as social beings is inseparable from the various problems relating to other human beings as socio-cultural relations, including in health problems. Culture as a set of guidelines which inherited certain individuals as members of society and tell the individual as a member of a particular community and

how to relate to others, with the power of supra natural, and with the natural environment (Nasution, 2005). Cultural knowledge includes the beliefs and values about the attitude of all facets of human life included in health practices (Bobak, 2005).

According to Ritonga (2002) some concepts are often used as the basis for cultural distinction, character, personality, perception, basic concepts of time, thought, language, non verbal communication, values, behaviors (norms, rules, properties) and grouping as well as social relationships. Batak Mandailing tribes included in general are still at traditional levels in the matter of the nature of life, with the main purpose in life is *hamoraon* (wealth), *hagebeon* (a lot of) and *hasangapon* or honor (Nasution, 2005). Socio-cultural factors have an important role in understanding the attitudes and behaviour in response to the pregnancy, birth, and baby care and his mother. Some cultural views about such matters has inherited hereditary in the concerned community culture (Meutia, 1998)

METHODS

This research is qualitative research with data retrieval through interviews via deep interview. The population of the community leaders to be role models for the community and the mother pregnant,

with number of samples of 9 people. Analysis process on going since from the field to the process of writing (file note). Data analysis steps are performed to create and organize the data already collected, the grouping of topics and define the meaning of the next inserted into the theme.

RESULTS

Based on the results of the interviews from community leader and pregnant women, obtained some data related to customs, culture and traditions of the society in everyday life, including in the care of pregnant, parturition, puerperium and baby care. As for the characteristics of respondents as follows :

Table 1. Frequency Distribution Characteristik Informans (N=9):

No	Characteristics	Pregnant Women		Communi ty Leader	
		N	%	N	%
1	Age				
	b.20-35 years	2	22,2	2	22,2
	c. >35 years	3	33,3	2	22,2
2	Numberof children				
	a. 1	1	11,1	1	11,1
	b. 2-3	2	22,2	0	0
	c. >3	2	22,2	3	33,3
3	The distance				
	a. < 2 years	4	44,4	3	33,3
	b. > 2 years	1	11,1	1	11,1
4	Education				
	a.No school	1	11,1	1	11,1

No	Characteristics	Pregnant Women		Communi ty Leader	
		N	%	N	%
	b. Elementary	2	22,2	1	11,1
	c. Junior	1	11,1	1	11,1
	d. Senior	1	11,1	1	11,1
5	Working				
	a. Farmers labor	0	0	2	22,2
	b. Entrepreneur	1	11,1	1	11,1
	c. Goverment	1	11,1	1	11,1
	d. Other	3	33,3	0	0
	Total	5		4	9

Based on the results of the interviews from prominent people and pregnant women, obtained some data related to customs, culture and traditions of the society of care related to Madina with theme : treatment pregnancy and childbirth, childbirth, and newborn care. The culture that embraced many positive and supportive nature of health care, but there are also some cultures that do not conform to the purpose of health.

Habits and Culture are as follows:

a. Culture associated treatment with pregnancy and childbirth care :

Pregnancy the mother in public perception is considered a boon that fortune in life is given by God, so that a pregnant woman may not be dismissed and banned pregnancy limit.

- Healthy mothers are perceived when a woman can give birth to many children, the culture believe (*maranak sapulu pitu marboru sapulu onom*). This is in accordance with the nature of Batak Mandailing including life, where the main purpose in life is *hamoraon* (wealth), *hagebeon* (a lot of) and *hasangapon* (honor).
 - Birth of a male child is considered very important, because boys are considered as the successor to the clan in the family.
 - Pregnancy the event -considered sacrosanct and vulnerable with occult power, so the state of being pregnant.
 - A pregnant woman to do massage/*kusuk* every month to baby shaman to strengthen the position of the fetus, waging a moms and ask for blood flow of prayer in order to be waged in the live birthing.
 - Pregnant women should keep the behavior especially to husbands and parents.
 - Pregnant women should not eat much because of fear of the baby inside the womb.
 - Pregnant women have an abstinence of food (eggs, sea fish, salted fish) and foodstuffs that are itchy and have fur like vegetables.
 - During pregnancy a mother should drape small scissors are made of iron and herb-herb such as copy cough (*jerango*), garlic on anywhere shirt go including while sleeping at night, with the aim of expelling.
 - Pregnant women must not sit on the door or window, it is believed to affect the process of childbirth, labor hangs (long at the door).
 - If the mother will give birth, must not be disclosed to other people, except the nuclear family as the parents from both sides, (*anak boru, kahanggi, mora*).
 - Placenta newborns should not be discarded, should be brought back home, because it is considered a part of the child.
- b. Culture associated treatment in the puerperium**
- At the time of parturition mother cared for by making a furnace inside the room of mother and infant, or somewhere else close to mother and baby. It is believed to be able to provide heat in the mother and the baby, so the mother and the baby are not cold.
 - Treatments by *damuan* (Clotch ends at the snap, the length of about 50 cm), will be burned after the baby is born, the amount burned according to the day of birth, made in front of the Windows and all the doors (rear, front of House).
 - Care by *marsidudu* treatments (straddling the coals), early in the morning during the week, the mother must be a hot bath mixed with herb leaves (*bulung galunggung*).

- Mother should eat a lot of vegetables especially the banana heart, leaf vegetable/*daun katuk*.

- Mother should not cut nails, and gather the hair loss, because all the members of the body is considered clean yet still contain impure, so all should be washed (ghusl obligatory parturition) after 40 days.

c. Culture associated Treatment of newborn

- Newborn is considered to be vulnerable with the Ethereal and very well liked by the devil

(*begu*) to be cause disease in infants. So that baby should not be left alone especially at night, heavy rain, and the odd night (1st night, fifth third up to 40 days).

- Baby bodies should not be exposed by the environment outside the home and have to *bedung* with strong so it doesn't move freely, it is intended that the Agency especially baby legs remain straight so when grown legs and walked with bent not straight.

- The health and safety of babies is believed to be by asking for prayer to smart people/shaman or ustad, babies are seen necklaces, bracelets *Manalu* (yarn red, white, black, and hung baberapa dipilin herb such as *jerango*, *turmeric*, *singkoru stone and bungle soit* (a type of plant with prickly leaves), so that the baby will not

be disturbed by demons or supernatural beings.

- New-born should be given food/taste like sugar, salt for the purpose of future babies will be able to live the bitter sweet life.

- Treatment of the head done starting with shaping the head using a cushion should not be tilting left and right, and tried to keep it in the middle. It aims to be a good woman's head wearing a bun (bun) and formed the head so as not to tilt.

- The head of the baby care smelling herb called *bau-bau* (copy *batuk/jerango*, turmeric bungle, garlic) that first *dikil-kil* (chewed) by the mother, the grandmother.

- Baby care is done on the nose and ears, the nose and the ears are formed with a massage (massage with warm hands), This function so that the baby's nose and ears high becoming nice use of earrings on the girls.

- Newborn baby's done nursing on hands and feet with performing actions *bedung* by using a fabric length, so the baby cannot move freely. The Act aims to Swaddle hands expertly dancing feet and avoid the legs or feet X, O. hands and feet bound firmly so as not to move and be able to walk straight.

- Umbilical cord care-some people still use bamboo (*sembilu*) to cut the umbilical cord. Scars on top with the rest of the

damuan (fireplace) with the purpose of the wound will heal and dry quickly.

- New-born babies should be washed because the baby is considered dirty.
- Breast milk (ASI) is the main and most important thing is food for infants, but they consider ASI has not been enough to make the baby the well-fed, so families especially *opung*/baby's grandmother would give extra food to newborn as the banana *diserot* with a spoon, a cloth soaked with water, and then *diisapkan* to the infants, water mixed with sugar, starch and milk formula.
- Colostrum is considered the beginning of the ASI is dirty, so it should be removed or *dipincarkon* (excluded) as a sign of early nursing a mother who recently gave birth.

DISCUSSION

Various diseases and cases that are causing pain and death in the mother and the baby are closely related to the perception of a culture that does not comply with health. This state of affairs is still encountered in various places in Indonesia, especially in areas that are still thick with local customs (Swasono, 1998). According to Notoatmodjo (2003) who say education, experience, culture, trust, a factor that affects a person's attitudes and knowledge. In addition knowledge effect on the level of awareness in solving health

problems, treatment, disease prevention and treatment. There is a tradition in the community such as cultural views on pregnancy and birth, about pain, death in each region vary according to beliefs and customs that apply. Changes the behavior of people who have become daily habits and beliefs of people who have embraced orally is difficult to do without involving the people who play a role in the culture. Community leaders such as indigenous people, village officials and nobles is the folks who considered religion plays a role and influence the health care community in decisions related to culture.

Community health status improvement program will not run smoothly in accordance with the goal if it does not examine the environmental and cultural factors surrounding communities and involving the community in the program. Implementation of the interventions made in this research involves community leaders directly, which is a role model or a role model for the community on its territory (Friedman, 1998). Human behavior is influenced by their surroundings, both the physical environment and socio-cultural environment (Gren, 2005). Health behaviour change approaches on society, it must be prefixed with the ability of health workers to master a wide range of

backgrounds concerned community socio-cultural. Social and economic background has any relationship to the behaviour of the public health (Notoatmodjo, 2005). The everyday life of society Madina, still heavily influenced by customs, myths, belief in the supernatural, including in terms of the care of pregnant women, childbirth and newborn care (Daulay, 2010). Mandailing ethnic communities in particular set up a system of life, using the nature of the system of *Dalian Na Tolu* (three points), *anak boru*, *kahanggi* and *mora*. If a problem occurs in one family that is bound in marriage, then it is right to take a decision is the third object. The marriage did not give children in the custom is seen as the less fortunate so that children born of a marriage constantly blessed by customs or in *pasu-pasu* (Ritonga, 2002).

Conditions of geography and circumstance means less service is ready to join the problem. With regards to the behavior of the factors that may affect the health status of the community especially the mother and baby, but generally inseparable from the culture and habits of the family and community environment. As the understanding of the behaviour of community health workers relating to culture is important in influencing the behavior of pregnant women and families.

Mandailing culture is part of the core culture of the Batak Mandailing society life, where many still adhere to various traditions and cultures in everyday health care (Nasution, 2002). Health care according to the Transcultural Nursing theory in Leiningger is an area/region to later cultures in the process of learning and practice of nursing the focus looks at the differences and similarities between cultures and appreciate the care, healthy and sick based human cultural values, beliefs, actions, and the science used to provide nursing care in particular cultures or cultural wholeness to men (Tomey & Alligood, 2006). Culture and tradition that embraced the community may be positive but there is also a culture that does not comply with the principles of health. As health workers are responsible for providing guidance on the community should be able to straighten out the negative perceptions and habits that do not comply with health.

CONCLUSION

Society Madina has a habit or tradition and culture in the treatment of pregnancy, parturition, childbirth and the newborn baby that still embraced by family and hereditary societies. A culture that embraced anyone positively support the health but there is also a culture that does

not comply with health. Community health workers should understand the local community's cultural background, habits and customs that are embraced by families, so that a positive habit or culture can be optimized and the negative culture that can be avoided.

REFERENCES

- Bobak, I. M., Lowdermilk, D. L., & Jensen, M. D. (2005). *Maternity nursing*. 4th ed. (Wijayarini, M.A, &Anugrah, P.I: Penerjemah).
- Departemen Kesehatan (2009). *Buku Kesehatan Ibu dan Anak*. Jakarta. Dep.Kes dan JICA.
- Depkes, RI. 2010. *Pemantauan Pertumbuhan Anak*. Direktorat Gizi Masyarakat. Jakarta. , tanggal 10 Mei 2011.
- Dinas kesehatan kabupaten Mandailing Natal. (2010). *Propfil kesehatan kabupaten Mandailing Natal*.
- Daulay.K. (2010). *Persepsi ibu suku mandailing tentang perawatan bayi baru lahir di kecamatan Sosa kabupaten Padang Lawas*. Skripsi : F.Kep. USU.
- Friedman, M.M., (1998). *Family Nursing Research Theory&Practice* (4.ed). Connecticut: Appleton & Large.
- Foster, George, M& Barbara G.Anderson (1986). *Antropologi Kesehatan*, Penerjemah : Priyanti S. Pakan dan Meutia Swasono. Jakarta. UI Press.
- Green, L.,Wand Kreuter M.W., (2005). *Health Program Planning : An Educational and Ecological Approach*.Fourth Edition, Me Graw Hill,New York.
- Koentjaraningrat. (2009). *Pengantar Ilmu Antropologi*. Jakarta: Rineka Cipta.
- Matteson, P. S. (2001). *Woman's health during the childbearing years : A community based approach*. St. Louis : Mosby Inc.
- May, K.A.&Mahlmeister, L.R. (1994). *Maternal & Neonatal Nursing Family Centred Care*. 4th ed. Philadelphia: J.B.Lippincott Company.
- Mikkelsen B. (2011). *Metode Penelitian Parsipatoris dan Upaya Pemberdayaan*. Jakarta. Yayasan Pustaka Obor Indonesia.
- Nasution. P (2005). *Adat budaya Mandailing dalam tantangan zaman*. Forkala Propinsi Sumatera Utara.
- Notoatmojo,S. (2003). *Pendidikan dan perilaku kesehatan*, Jakarta : Rineka Cipta.
- Pangrestono (1999). *Ethnicity and social support during pregnancy*, *American Journal of Community Psychology*, vol.27.
- Pillitteri, A. (2003). *Maternal & child health nursing : Care for chilberaing & childrearing family*. (4th ed.), Philadelphia : Lippincott Williams & Wilkins.
- Ritonga, P. (2002). *Nilai budaya dalam turi-turian Mandailing raja gorga di langit dan sutan suasa di portibi*. Medan.PT.Yandira Agung.

Meutia, S. F.(1998). *Kehamilan Kelahiran, Perawatan Ibu Dan Bayi Dalam Konteks Budaya*. Jakarta. UI press.

Tomey & Alligood. (2006). *Nursing Theorist and Their Work*, 6th ed. Missouri: Mosby Elsevier.

Widyosiswoyo, S. (2001). *Kehamilan, Kelahiran, Perawatan Ibu dan Bayi dalam Konteks Budaya*.