

Family Health Care Mandailing Community : Study of Nutritional Status Among Pregnant Mother

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Abstract—In Indonesia, the Central Bureau of Statistics of North Sumatra Province (2011), estimates that in 2010 the infant mortality rate of 24.5 per 1,000 live births. This figure decreased when compared to the previous year at 26.90 per 1,000 live births. There are several factors influencing the reduction in infant mortality, among others, the availability of various facilities or accessibility factors and health services from skilled medical personnel and the willingness of people to change the traditional life to the norm of modern life in the field of health .this study aims to explore how families with Mandailing culture care for pregnant mother in in term of nutritional support. Informants in this study are Mandailing Natal community. This study found that If there are health workers or health care in they place, pregnant mother will come to check their condition and their nutritional status at health workers during childbirth although later they are more happy assisted by traditional birth attendants or village shaman, it can reduce the complications or problems that the pregnant women who will ultimately reduce maternal mortality and infant mortality rate. Mandailing Natal society is a society that is not closed to new information, the community here is relatively easy in receiving information or a new thing, it's just that sometimes less precise methods of delivery that makes people not obey the things delivered. To improve community health status Mandailing Natal especially pregnant mother and childbirth it is advisable: That the government is aggressively disseminating health programs so that the public is more familiar with the health programs in a way reproduce health workers, especially midwives who will assist communities in improving the health of pregnant mothers especially in term of their nutrition and health services in Mandailing Natal to be more proactive in providing community especially related information to the health of pregnant mothers.

Keywords— family care; mandailing culture; nutritional status; pregnancy

I. INTRODUCTION

Health is still the focus of attention is very important for Indonesia as stipulated in the Health Act No. 36 Article 1 of 2009 which explains that health is a state of healthy, both physically, mentally, spiritually, and socially to enable more people to live socially and economically productive. An individual's health is strongly influenced by beliefs, values, and practices in the family. The World Health Organization states that the health of the family means a family function as a primary social actors in improving the health and well-being. Related to this, social factors of culture also affects the health of the family through its role in determining cultural norms and regulations on health, where it is described by Santrock [1] that the social factors of culture influence health through its role in determining cultural norms that apply to health, through social relationships that provide emotional support, and through support for healthy behavior unhealthy. [2] in Latin America, in a study they

found that cultural factors are very important to consider in implementing programs aimed at improving women's health, and in conclusion the study were also expressed that the program created globally will not be successful if not pay attention to the cultural aspects of the family or the woman / mothers.

In Indonesia, the Central Bureau of Statistics of North Sumatra Province [3] estimates that in 2010 the infant mortality rate of 24.5 per 1,000 live births. This figure decreased when compared to the previous year at 26.90 per 1,000 live births. There are several factors influencing the reduction in infant mortality, among others, the availability of various facilities or accessibility factors and health services from skilled medical personnel and the willingness of people to change the traditional life to modern living norm in the health field. When viewed districts / cities, the lowest infant mortality rate in Karo at 11.50 / 1,000 live births, followed Pematang siantar of 13.70 / 1,000 live births and Medan at 13.80 / 1,000 live births, while the infant mortality rate highest Mandailing Natal at 41.50 / 1,000

live births, followed by Labuhan Batu at 35.10 / 1,000 live births and shavings of 34.70 / 1,000 live births. Based on the results of basic medical research (Risksdas) last (2011), who conducted the Ministry of Health show the cause of death in the group of infants aged 0-6 days dominated by respiratory disorders (35.9%), prematurity (32.4%) and sepsis (12 %). For the main causes of infant mortality in the age group of 7-28 days, sepsis (20.5%), congenital malformations (18.1%) and pneumonia (15.4%). The main causes of infant mortality in the age group 29 days-11 months of diarrhea (31.4%), pneumonia (23.8%) and meningitis / encephalitis (9.3%). On the other hand the main factors that contribute to maternal stillbirth and mortality of infants aged 0-6 days is maternal hypertension (23.6%), complications of pregnancy and childbirth (17.5%), premature rupture of membranes and bleeding ante partum respectively 12, 7%.

The mortality rate for children under five illustrates odds died in the phase between birth and before the age of 5 years. Based on the results IDHS 2000, the mortality rate of Toddlers (Akaba) in North Sumatra of 67/1000 live births. While the national average figure in 2007 was 44 per 1,000 live births. This figure is lower than in the year 2002 -2003 Akaba which was 46 per 1,000 live births. Similarly, the maternal mortality rate in Indonesia is still relatively high, reaching 228/100 live births. In North Sumatra (North Sumatra), from January to May 2010, recorded maternal mortality by 83 people. Causes of maternal deaths due to hemorrhage as many as 12 people, two souls infection, poisoning or eclampsia pregnancy, as many as 12 people. Among the 83 people present, there is also the maternal deaths due to abortion or termination of pregnancy before the fetus is able to live in the outside world that as many as 27 people, and because of parturition displaced by 2 people. Maternal mortality rates are highest in North Sumatra in Mandailing Natal (Madina) with 26 deaths, with causes such as abortion as many as 22 people, eklampsia one soul, and other causes as many as three lives.

Based on preliminary surveys that have been conducted by researchers, it is known that in the last week of January there were two cases of maternal death from the District Batahan, namely pregnant mother with pre-eclampsia and postpartum mothers with unknown cause. These deaths occur even in women who checked it implies to the midwife, we can imagine that the worse things can certainly occur in mothers who never consult on health workers. In this case the mother dies with pre eklampsia, gestational age 28 weeks or 7 months, the mother has never been checkups and when the family took him to the village midwife, the midwife diagnosed that pregnant mothers have experienced pre-eklampsia and should be referred to hospital. Ibu pregnant died when the family still deliberation to bring the pregnant woman to the hospital. Further deaths are postpartum mothers who during pregnancy check-up regularly on the village midwife.

Towards the midwife during childbirth refer the mother to the hospital because the mother suffered a midwife diagnose narrow pelvis, which means that the fetus would not be born through normal path. The family was soon brought mother to the nearest hospital by taking 5-6 hours of operation sectio Caesarea. After implemented to deliver the baby safely even

worsen the condition of the mother and the next day the mother died with no apparent cause for the family.

II. MATERIALS AND METHODS

A. Types of Research

According to the research questions to be answered in this study, the research design used in this study is a qualitative research design with the perspective of phenomenology which describes the meaning of the life experiences of several individuals on a concept or phenomenon based on the perception and understanding of the individual or of participants aim to display analytical and in-depth overview of a phenomenon, and in this study that illustrates the family health care in term of nutrition to the mother during pregnancy in Mandailing community in Mandailing Natal.

B. Analysis Unit/ Informant

Analysis units in this study are the people who reside in Mandailing Natal. Informants used are: (1) Indigenous mandailing leaders, who was born and resides in Mandailing Natal. (2) A woman / wife who mandailing tribes who have family native tribes mandailing (head of the family and his wife were both tribal mandailing). In this study, informants designated based on considerations of public health condition or status in these districts. Informants were selected from Mandailing Natal, namely districts Batahan and Ranto Baek (sub-district which has the highest cases of maternal and child mortality).

C. Types and Data Collection Method

Open questions that have been answered by the informant in the interview guide were analyzed using data analysis techniques thematic according to [4], where there are seven steps in the procedure of thematic analysis offered by Colaizzi [5] with the aim to get an understanding of the whole essence of the phenomenon studied, namely: (1). Listening to the narrative of the interview participants in the written record and understand the meaning to be conveyed by the participants as a whole. (2). Analyzing the answers of informants with a focus on sentences that directly offend the phenomenon under study. (3). Formulate meaning, ie taking each statement is important to unpack the meaning and understanding in the terminology used by the participants. (4). Perform the steps on the third point for each interview or written records, then group all the different meanings that in certain themes. (5). Description of depth, which makes analytical detail concerning the feelings and perspectives of participants contained in the themes. At this stage all groups combined themes in an explanation that reveal the participants' views on the phenomenon. (6). Formulate depth description of the whole phenomenon under investigation and identify the structure of principle or essence. (7). Members check, which brings back the findings to the participants and ask them if the description that has made the original legitimize their experiences.

III. RESULT AND DISCUSSION

From interviews with eight informants regarding family health care in term of nutrition support to pregnant mothers in Mandailing Natal can be concluded that the public has to

do things that are needed during pregnancy, but there are things that do not fit and even opposite with what should be done when a pregnant woman because it is very good to support or improve health status.

Pregnant mother Health Care, in normal conditions the mother will undergo during 38-42 weeks of pregnancy, and in that period of pregnant women should checkups or perform antenatal care at least 4 times. Antenatal care is very necessary to know the condition of pregnant mother and the condition of the fetus. Antenatal care regular pregnancy can detect early abnormalities or things that are less good that happened during the pregnancy.

Health status of pregnant mother and their fetuses can be determined simply by examining whether the mother's weight normally increases with age pregnancy and whether the mother had a complication-other complications such as headaches, swelling in the legs, face pale, anemic and other eye sclera, which can be solved if pregnant women to check themselves regularly. The high maternal mortality rate in the Mandailing Natal caused by pregnant mother who do not checkups to health professionals or health services that are not available in that neighborhood. Community or pregnant mother are already aware of the importance of antenatal care by health workers or midwives, but because of their location of residence very far from health centers or from community health care pregnant women not go to antenatal check to the midwife or health worker. Researchers found different conditions with the results [6] that have examined the determinants of behavioral treatments Pregnancy and found that the type of job, income, parity, knowledge, attitudes, and the midwife's role does not affect the behavior of prenatal care.

Mandailing Natal community has done a lot of things are very positive to support the health condition of the pregnant mother, such as served pregnant mother with good food and reducing the activity, a lot of rest, attention and motivated in order to undergo periods of pregnancy in some mothers would much experience problems or difficulties. The findings of this study are consistent with Afriyanti research [7] in his research on the experiences of young mothers in the interior of the through pregnancy found that most young mothers in this study had difficulty to cope with a variety of physical discomfort and psychological due to pregnancy and suffered anxiety facing the birth of a they baby. They had need of support and assistance, either from health practitioners and family members.

Hesty et al [8] in Bone, also has conducted research on prenatal care according to the Bugis culture, and they describe that the prenatal care of pregnant women also is inseparable from the help of a shaman, and many taboos that should not be done by a pregnant woman and very important is the role of husband and wife during pregnancy is delivering obstetric, while the role of in-laws or parents during pregnancy is a homework help. The positive things that have been made public in the health care of pregnant women in Mandailing Natal certainly very significant in improving the health status of mothers who are pregnant, it is quite contrary to Suprabowo [9] in his research on the treatment of pregnant women in Dayak culture Sanggau discovery of many harmful cultural practices in pregnancy is the recommended work hard, reducing the bed, lifted uterus

that all of this is very harmful to the health condition of pregnant women and babies in the womb. In this study it was found that there was something improper is still held by the public is not allowed to cut hair during pregnancy, for reasons they thought in Islam a woman should have long hair, it is women who are pregnant is prohibited or abstinence violate religious teachings, if breached will result in a baby who will be born that the baby will be born deformed or there will be organ butts, for example feet or hands butts. It was really a public concern Mandailing Natal because people have seen the condition that they fear that occur in a woman who cut her hair when pregnant, the women give birth to babies who do not have fingers.

The results are consistent with research conducted by Fasya [10] in his research that describes that in a traditional Javanese pregnant woman and her husband is forbidden to kill animals, because if it is done can cause birth defects according to his actions. If viewed from the perspective of health, cut hair during pregnancy had no effect on pregnancy, a pregnant woman may cut or not to cut his hair during pregnancy, the concern is how to keep the mother's hair can be styled so that it does not add any inconvenience during their mother's pregnancy. Pregnant mother should keep her attitude in behavior, not to do something that violates the customs, have a lot to pray for ease in carrying out this pregnancy .In this period in accordance with the Mandailing cultural characteristics highly influenced by Islam. Most of Mandailing Natal people utilize existing health services near their homes in search for solving health problems, if you have health problems during pregnancy pregnant women went directly to a midwife to assist in resolving the health problems, especially when it has no assurance program delivery or Jampersal devoted to pregnant women in monitoring the safety of pregnancy until delivery assisted by health workers, but the opposite occurred in communities around the residence no health services or health workers, pregnant women never checkups until just before the time of delivery. Family will call a shaman to help the course of labor.

IV. CONCLUSIONS

After doing research on family health care during pregnancy in Mandailing Natal community , by interacting and observing the everyday, it can be concluded that the presence of health workers around the residence community greatly affects the community in caring for family members who are pregnant, If around the residence there is a health worker or health services, pregnant women checkups at health care workers, it can reduce the complications or problems with the mother because of their nutritional status in a good level, the pregnant which will ultimately reduce maternal mortality and infant mortality rate. Mandailing Natal society is a society that is not closed to new information, the community here is relatively easy in receiving information or a new thing, it's just that sometimes less precise methods of delivery that makes people not obey the things delivered. To improve community health status Mandailing Natal especially pregnant woman it is advisable: In order to more aggressively disseminating government health programs so that the public is more familiar with the health programs by multiplying the health workers,

especially midwives who will assist communities in improving the health of pregnant women especially about nutrition for pregnant mother.

Health care in Mandailing Natal to be more proactive in providing information about good nutrition to community especially pregnant mothers.

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