

Family Healthcare: Safe and Convenient, Mandailing Community Option for Childbirth

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Abstract— Healthy individuals are greatly influenced by their beliefs, values, and practices in the family. Related to the above, the social factors of culture also affect the health of individuals in the family through its role in defining cultural norms and regulations on health, especially in pregnant women who live in affluent are still steeped in culture in their daily lives and trusting care pregnant women in addition to using the health service so that it appears the infant mortality rate and maternal mortality rate increased. This study is a qualitative research phenomenology that aims to explore how families Mandailing in Mandailing Natal in the care of the mother during pregnancy and in the postpartum period. The informant was chosen to represent the community Mandailing Natal as 8 people and has done interviews. The data collection was done by using in-depth interviews (in-depth interview) researchers concluded that the causes of high maternal mortality rate in Mandailing Natal are not checkups health worker or midwife, but the shaman.

Keywords— Healthcare; family health; safe; convenient; Mandailing community

I. INTRODUCTION

This research is motivated by the high maternal mortality and infant mortality rate in Mandailing Natal Regency. The high mortality rate is not very compatible with the life philosophy of Mandailing people who are all Muslims who are very concerned with health and generally have high school education. Mandailing community, since ancient times have been very concentrated with health, as evidenced by the existence of *datu* or people who are experts to treat the sick since time immemorial. At the time of the initial survey, the researchers also found that the community is very concerned about health, although the choice of places for treatment sometimes does not match with the recommended by the government or there are still people who go to the shaman, and there are still people who gave birth to help by shamans.

The World Health Organization states that the family as the primary social actors in improving their health and well-being. Related to the above, the social factors of culture also affects the health of the family through its role in defining cultural norms and regulations on health, where it is described by Santrock [1] that the factors of social and cultural influence health through its role in determining the cultural norms that apply to health, through social relationships that provide emotional support, and through support for healthy behaviours or unhealthy. Donovan et al.

[2], in a study in Canada, found that are suggestive of the cultural specificities pertaining to parenting impact both on the responsibility and response to treatment. There are three important things as a cultural entity: cultural attitudes to treatment, religious beliefs and coping behaviors, and care information search culture. It explains that indirectly affect personal causality culture that may affect the individual's perception of a disease or health status [3]. Assessment of health status of a nation or a region can be viewed from a variety of indicators such as infant mortality rate, maternal mortality, and morbidity in the area.

Based on the results of basic medical research last 2011, which held the Ministry of Health show the cause of death in the group of infants aged 0-6 days dominated respiratory disorders (35.9%), prematurity (32.4%) and sepsis (12 %). For the main causes of infant mortality in the age group 7-28 days, i.e., 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 are diarrhea (31.4%), pneumonia (23.8%) and meningitis/encephalitis (9.3%). On the other hand, the main factors that contribute to maternal stillbirth and infant mortality aged 0-6 days are maternal hypertension (23.6%), complications of pregnancy and childbirth (17.5%), premature rupture and bleeding antepartum respectively 12, 7%.

The family is the smallest unit of society consisting of over the head of the family and some of the people who get together and stay somewhere under one roof in a state of

mutual dependence MOH [4]. The family is part of a society that role is very important to establish a healthy culture. Setiadi [5] From this family begins, and education to individuals from these families will create the good order of society, so as to build a culture that should start from the family. Household characteristics are:

1. The family is the marriage relationship.
2. Families an institution associated with marital relationship deliberately established maintained.
3. The family has a system of nomenclature including the calculation lineage.
4. The family has economic function formed by members relating to them to have children and raise children.
5. The family is home together, home or household.

Each family member has the basic necessities of physical, personal, and social differences. Friedman [6] suggests that the family has five basic functions, namely:

1) *The Function of Affection*: The affection function is a major family function to teach anything to prepare family members to relate to others.

2) *Functions of Socialization*: Socialization function is a function to develop and train the child in social life before leaving the house to connect with others outside the home.

3) *Reproductive Function*: Reproductive function is a function to maintain and sustain the generation of the family.

4) *Economic Functions*: The economic function is a function to meet the needs of families economically and to develop individual ability to increase income to meet family needs.

5) *Function Care/Health Care*: Functions care/health maintenance is a function to maintain the state of health of family members to keep high productivity, as well as the extent to which families prepare food, clothing, and protection against an ill family member. Knowledge about family health-illness, the ability of the family fulfilling the duties of family care, namely:

1. know the health problems of each member of the family,
2. taking the decision to undertake appropriate health measures for families,
3. caring for a sick family member,
4. maintaining a healthy home environment,
5. using a healthcare facility or in the community,
6. the role of the family.

The role of the family is the specific behaviors that are expected of someone in the family context that describes a set of interpersonal behavior, nature, activities related to the individual.

In the Health Act No. 23 of 1992 Article 5 states "Every person is obliged to participate in maintaining and improving the health of individuals, families and the environment". From the article above it is clear that families are obliged to create and maintain health in an effort to increase the level of optimal health status.

Various roles there are in the family according to Effendi, 1998 are as follows:

1) *Role of Fathers*: Father as a husband from his wife and children, a role as breadwinners, educator, protector, and provider safety, as the head of the family, as a member of a social group as well as members of the environmental community,

2) *Role of Mother*: Mother as a wife and mother of his children. Mom has a role to take care of the household, as caregivers and educators of their children, protective and one of a group of the social role as well as members of the environmental community, and also it can serve as a mother earner in his family,

3) *The Role of Children*: Children carry out the role of psychosocial accordance with the level of development of physical, mental, social, and spiritual.

The pregnant mother needs some treatment in term of their pregnancy time. Treatment in Pregnancy,

1) *Schedule Antenatal Ibrahim* [7]:

- a. The first examination is done immediately after the missed period,
- b. Re-examination:
 - Every month until gestation 6-7weeks,
 - Every two weeks until the age of 8 months of pregnancy,
 - Every week since the age of 8months of pregnancy – childbirth,
- c. For pregnant women:
 - Trimester I d II, once a month for laboratory examination.
 - o ultrasonography,
 - o dietary advice on a balanced diet,
 - o observe for diseases that can affect pregnancy, the risk of pregnancy complications,
 - o plan for the treatment of disease, prevent complications of pregnancy, and tetanus toxoid immunization I.
 - Trimester III, two weeks until there are signs of birth, Evaluation of laboratory data to see the results of treatment.
 - o diet menu balanced,
 - o ultrasonography,
 - o tetanus toxoid immunization II,
 - o observe for diseases that can affect pregnancy, complications of pregnancy,
 - o plans for treatment,
 - o teaching about the childbirth signs, where you should come to give birth.

2) *Diet*: Recommended eating 4 healthy 5 perfect, as maternal nutrition monitoring and content can be measured by weight gain on average from 6.5 to 16 kg during pregnancy. Excessive weight gain or when the mother fell 5 years BB pregnancy TM II, should be a concern. Vitamin C is known as a vitamin that can enhance the immune system and a source of antioxidants to the body. In addition to the benefits that quite a lot, his trademark that has been associated with refreshing citrus fruit, makes vitamin interested in a lot of people. Recent research by scientists from the University of Copenhagen shows that that vitamin C is very important for the fetus. They found that if pregnant

women are deficient in vitamin C, it can cause brain damage in the fetus. Not only that, the danger again this damage can not be fixed simply by giving vitamin C after the baby is born.

According to Medical Xpress "Lack of vitamin C in pregnant women have an impact on growth inhibition. Hippocampus itself an important memory center in the fetus sebesar 10-15 percent, which prevents the brain from developing optimally."

3) *House Chores*: Work still to be done, the work of the local capacity and reduce job as her pregnancy.

4) *Sexual Intercourse*: Coitus is not hindered unless there is history:

- Often abortion or premature,
- Vaginal bleeding,
- In the last week, coitus should carefully,
- If the membranes have ruptured coitus banned. Attributed that in coitus pregnancy can cause uterine contractions.

5) *Exercise*: Bodybuilding exhausting prohibited recommended a walk in the morning in the fresh air. Based on research Suprabowo [8] on the cultural practices of the Dayak Sanggau find their shape and support harmful to the pregnancy, childbirth, and postpartum community Dayak Sanggau. One cultural practice in Dayak Sanggau harmful during pregnancy is the recommended work hard, reducing the bed, lifted the uterus.

6) *Clothes Pregnant*:

- Use loose clothing made of cotton fabric that has the capability to absorb sweat, especially underwear,
- Bra encouraged loose and had the ability to support the breasts are growing,
- Wear shoes/sandals heels are not too high

7) *Dispensing*: Treatment of the disease during pregnancy should always be considered whether the drug had no effect on fetal development.

Based on the above background, the researcher would like to explore how Mandailing society cares for family members who are pregnant and after childbirth, is it in accordance with the government's suggested based on health theory or is there something else very principled in Mandailing society so that mother and infant mortality rate is still high in Mandailing Natal?

II. MATERIAL AND METHODS

A. Research Design

In this study, qualitative research design with the perspective of phenomenology which describes the meaning of the life experiences of several individuals of a concept or phenomenon based on the perception and understanding of the individual or of participants who intended to present an analytical and depth of a phenomenon, and in this study that illustrates the family health care to the mother during pregnancy and postpartum in Mandailing community in Mandailing Natal in November 2013 to December 2016.

The unit analysis in this study are the people who reside in Mandailing Natal. Informants used are:

- Female/wife tribes who have family Mandailing native tribes (head of the family and his wife were both tribal Mandailing)
- .Mandailing traditional leaders and religious leaders, who born and resides in Mandailing Natal. In this study, informants appointed by consideration of the condition or status of public health in the district. Informants were selected from Mandailing Natal, namely Batahan districts (Districts have the highest cases of maternal mortality), Ranto Baek districts, sub-districts and districts Kotanopan, Panyabungan (districts that have infant mortality rates and the highest child).

B. Research Instrument

The main instrument in the qualitative research study is the researchers themselves because of feelings of curiosity and the ability to gather information or data related to the research problem solely owned by the researcher. Data collected by researchers in the form of primary data and secondary data.

Primary data obtained by researchers in this study by observation and interview by using the form for demographic data and conduct interviews directly without using the form on pregnant women and postpartum care by the family since the interview was conducted with an open question. Questioner family demographic data includes the initials of the name, age, family composition, family type, marital status, education, occupation, religion, place of residence, and the nearest healthcare.

In addition to the descriptive function, data collection techniques with an open question form also serves explorative, i.e., to understand the problem to be studied still too thin in depth Nasution [9]

The secondary data in this study a supporting data obtained from the Government of Mandailing Natal and data from Health Centre located in the district of Mandailing Natal.

Secondary data include:

- Number of residents
- Spread
- The composition of the population
- The incidence of infant and child mortality
- The incidence of maternal mortality

C. Data Collection

The data collection was done by using in-depth interviews (in-depth interview) that obtain information for research purposes by way of question and answer-to-face between the interviewer and participants by providing open-ended questions that illustrate how family health care in Mandailing community in Mandailing Natal. Interviews were conducted either auto anamnesis which conducted interviews directly with the informant. In the process of collecting this data, researchers aided by two assistants who facilitate researchers in aspects of language. Assistant researcher assists researchers in translating the language if needed.

III. RESULTS AND DISCUSSION

Mandailing Natal is the southernmost part of North Sumatra province which is adjacent to West Sumatra. s Mandailing community consists of tribal or ethnic Mandailing, Minang, Javanese, Batak, Malay, and Aceh, but the ethnic majority in Mandailing ethnic Mandailing Natal is 80%, 7% of coastal Malays, Javanese 6%. The total area of the district of Mandailing Natal is about 6.620.70 km² or 9.23% of North Sumatra with boundaries as follows:

- North: bordering South Tapanuli Regency
- South: bordering the West Sumatra
- Westside: bordered by the ocean Indonesia
- East: bordered by West Sumatera

Mandailing Natal consists of 23 districts and 408 villages Results Interview and Observation.

How the selection of the informant is to go to the test site and stayed for 12 days to approach the community in Mandailing Natal, by interacting with the public for 12 days, the researchers got the idea that society Mandailing Natal still upholds the values of kinship that is characterized by always exchanged greetings and mutual care for all members of society, with the condition, the researchers decided to take the 8 informants to be the respondent:

A. Informant 1

Informant 1 was a housewife aged 32 years, elementary education, is married and has 3 children. The family's main income is derived from farming. As a wife, informant also helped the family farm and part of the time spent at the family farm. Informants have been selected for this informant had lost her first child who died at birth. Informants were interviewed as many as three times, the first when the researchers came home informant, then interview the two carried out in the fields because the informant did at that time was in the fields, and the third is done in the clinic, when investigators went to the house of informants, the family said that the informant was to the health centre for treatment because he felt unwell. At the time of the interview, the informant still looked sad because remembering back to when they lost their first child.

B. Informant 2

This mother was 42 years old, the first high school education, is married and has 5 children, the family's main income is derived from farming. The informant also helped her husband farmed out to the fields every day. Informants have been because the informant had lost his younger brother who died after giving birth to her first child, the cause of death due to bleeding and could not be helped health officials. These informants interviewed twice, the first interview conducted at home informant and a second interview conducted on the river, because when researchers came home informant, the family said that the mother was to the river to wash clothes (*tu aek mambilas*). When tells all his experiences loss of the younger brother who died a day after giving birth, apparent sadness and regret in the face of informants.

C. Informant 3

The informant also a housewife who is the pregnant 4th child. This mother was 32 years old, junior high school education and has 3 children, and the family's main income is also farmed. Every day the informant was in the fields helping her husband farmed, even The children play on the farm in order to keep control.

These informants were interviewed four times, i.e., twice interviewed on the field, and twice gave a detailed interview by telephone

D. Informants 4

Informants 4 is a mother who is expecting her first child; the mother was 22 years old, highly educated high school, the family's main income is farming. Informants every day too petrified her husband work in the fields belonging to the current law and the informant and her husband live with in-laws. These informants interviewed twice, because the first interview, suddenly guests come, the parent's informant who come to visit to see the condition of informants who are pregnant 38 weeks or eight months, so the interview could not be continued or were forced to go through the next day. Researchers decided that because the reaction observed informant who looked very happy because his parents came to visit. Although the informant's parents residence is located not so far from the residence of the informant with her husband and in-laws, met with her parents make informant very happy

E. Informants 5

Informants 5 is a homemaker junior high school education was 24 years old, this informant has had three children and is currently in the post-partum period to 13 days for a new birth of her son that all these 3. The informant was interviewed three times because of the researcher and bathe newborn babies informant. The informant looked happy for a new baby boy since the two previous children were female. The informant was very excited when telling about her pregnancy and the moments of how the informant gave birth to her son but can be seen clearly that the informant is very anemic.

F. Informants 6

Informants 6 is a public figure, 61 years old, primary school education, have 6 children and the family's main income obtained from farming. Informants have been selected in order to obtain information that is representative of the community leaders/*Natoras* which is devastating for the community. Informants have always held the public opinion to decide something based on the cultural aspects of hereditary if there is something that dilemma amongst the people because the entire community is upholding cultural values and believes that it will not survive if it violates or does something that is not in accordance with the customs. These informants interviewed twice, namely at home and at the time of consultation events Eid al-Adha at the mosque.

G. Informants 7

Informants 7 is a religious leader who is 37 years old, graduate school and is married and has six children; the main income is farming. The informant is always held the public opinion to decide things based on aspects of religion if there is something that is a dilemma among the people, for the entire Muslim community and upholds religious values. These informants were interviewed three times because there are taboos delivered by another informant who wanted to researchers ask informants representing these religious figures.

H. Informant 8

Informant 8 is a midwife who was 23 years old, not married and had served in the district Batahan for 3 years. Informants have been selected in order to obtain information that is representative of the available health workers in the community because it comes from people with the same culture. This informant researchers interviewed one primary health care.

Data is collected in the District Batahan, Ranto Baek, District Kotanopan and North Panyabungan in Mandailing Natal. Data were collected by in-depth interviews. Implementation interview adjusted to the time each informant in the study, this was done to allow the informant to tell him how health care for pregnant women and mothers in the postpartum Mandailing community. Interviews were conducted without any interruption of researchers, but sometimes researchers need to repeat the question so that informants could tell in accordance with what is being asked. The interview will be repeated to reinforce or complement the answers that have been given informant in the first interview. The whole informant in daily use Mandailings language, then at the interview if the informant wanted to invite researchers explained in Mandailing

All interviews were done at home informer, and before the interview begins researchers explained and asked permission to record interviews on informants who point is that researchers can listen to back when there are words or things that are less obvious to researchers associated with the limitations Mandailing researchers understand language. Recording interviews the researchers use to confirm the expression of informants in communicating matters related to maternal health care of pregnant and postpartum mothers. All the results of interviews with informants are poured into a textual transcript before it is analyzed. The analysis begins by listening to verbal descriptions of informants from the recording obtained, then re-read every text with care, after which researchers determined the statements are significant, which is a specific thing that is told by informants in caring for the health of pregnant women and postpartum.

From interviews with eight informants about the health care of pregnant women and postpartum, researchers concluded that the causes of high maternal mortality rate in Mandailing Natal are not conducted the examination of pregnancy health worker or midwife.

Mandailing Natal community, in general, to know that pregnant women should check up to the midwife, but because it was unable to reach health services/poly or rural health midwife practices, especially those who live in areas

with difficult transportation instead antenatal midwife checks. antenatal mother was a midwife for family obligations, especially a husband, as a married woman will live with her husband family in a large family of a husband. Public's understanding of this pregnancy examination, Antenatal care has been excellent, and uniform is needed to determine the condition of maternal and fetal condition at birth. Routine pregnancy tests can detect early abnormalities or things that are not good during pregnancy. The health condition of pregnant women and their fetuses could only be known by checking whether maternal weight increased gestational age normally and whether the mother had other complications such as a headache, swelling of the feet, pale face, eye sclera anemia and others, that can be overcome if pregnant women are regularly checking. Excellent of housewives, traditional leaders, and religious leaders.

According to the concept of maternity care, a mother in her pregnancy 9 months 10 days or 38-40 weeks of pregnancy should be checked at least 4 times. It is necessary to review and ensure that the physical and mental condition of the mother is ready to accept and undergo pregnancy. Many complications or health problems that can occur during pregnancy takes place, including diabetes during pregnancy and others. Complications or problems that may occur in pregnancy can be anticipated with antenatal regularly to healthcare or midwife, but this is what happens in society Mandailing Natal since no checks pregnancy pregnant women experience complications or complications during pregnancy and may even cause maternal mortality.

From interviews with eight informants regarding family health care during pregnancy and postpartum mothers in Mandailing Natal can be concluded that the presence of health professionals and health services greatly influence people's behavior in performing the task of family health and community has been doing things that are needed in the future pregnancy and postpartum, but still there are things that do not fit and even contrary to what should be done when a pregnant or postpartum mothers because it is very good to support or improve health status. The informant also said that pregnant women should get plenty of rest, eat plenty of nutritious foods and should antenatal midwife.

Anggo dampak dengan sibuk paresoon ma tu bidan, harana anggo bidan I na mamboto songonjia kasihatan bayi nai I dalam kandungan umak na

If pregnancy should go to the midwife to check because the only midwife who can examine and determine the health of a baby in his mother's womb

Antenatal care is very necessary to know the condition of pregnant women and the condition of the fetus. Antenatal care regularly can detect early abnormalities or things that are less well that occurs during pregnancy. The health condition of pregnant women and their fetuses can simply be known by examining whether maternal weight increased normal gestational age and whether the mother had complications-complications else such as a headache, swelling of the feet, face pale, sclera eyes anemic and others, which can be overcome if the expectant mother checked out regularly.

The high rate of maternal mortality in Mandailing Natal caused by pregnant women who did not examine pregnancy to the health worker or health services that are not available in your neighborhood maternal proficiency level, it is proved by the existence of a significant difference in maternal mortality and infant mortality in villages that already have health care or health workers compared with villages that still do not have a health worker or health services in the community. People are already aware of the importance of antenatal health worker or midwife, but because of the location of a place to stay very far from the clinic or from public health center causes people or pregnant women no antenatal check the midwife.

Hesty et al. [10] in Bone, also has conducted research on prenatal care by Bugis culture, and they described the prenatal care of pregnant women cannot be separated from the help of a shaman, and many restrictions that should not be done by a pregnant woman and is a very important husband's role during pregnancy is to take his wife's pregnancy check, while the role of in-laws or parents during pregnancy is helping with housework.

The findings of this study are consistent with those found Afriyanti [11] in his study of the experience 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 result of pregnancy and anxiety facing the birth of their baby. They need support and assistance, both from health professionals and family members.

Researchers found different conditions to the results of research Gamelia et al. [12] have examined the determinants of behavioral treatments Pregnancy and found that this type of work, income, parity, knowledge, attitudes and the role of the midwife has no influence on pregnancy care.

Antenatal care at health worker or midwife will also affect decisions pregnant woman, if she wants birth is assisted by a midwife, or she chooses birth is assisted by a shaman, because at the time of ante-natal care midwife also describes preparations for childbirth goal is for pregnant women better prepared for the labor he would face having to know the description of conditions and possibilities that will occur during the delivery process. This condition is in line with [13].

Family and community support also determine whether the expectant mother decided checkups at health workers or midwives or no antenatal check the midwife, as well as family and community support will determine whether the pregnant woman decides whether the birth is attended by midwives or by a shaman. This condition is certainly very important for the community Mandailing is famous for his close kinship, both in the family and with neighboring communities where he lived, it is supported by [14].

Emotional support from family and community, as well as the support of knowledge of midwives, will be very beneficial for pregnant women, because women who are pregnant will experience anxiety throughout the process of pregnancy until the birth process, the anxiety among others about whether the pregnancy was normal, whether to experience problems, how the signs if the pregnancy experience problems, what to do if you have problems, whether her pregnancy will be normal, whether the delivery

process will be normal, whether the fetus in the womb is normal, whether the person who will help her labor be able to help her labor right, whether the family will support him all the time, whether the family and the community will help their every need during pregnancy and childbirth. Questions about anxiety will continue to be experienced by pregnant women and things that can reduce anxiety and doubts it is the support of family, society, and midwives or health workers who are nearby. This condition is experienced by all pregnant women around the world; this is evidenced by [15].

If the terms of the theory of Transcultural Nursing [16] consists of seven dimensions: technological factors, factors religious values, factors of kinship, factors of cultural values, policy factors political, economic factors and educational factors, then that becomes the cause of women do not check her pregnancy was a factor or dimension technology that society is not able to utilize health services for a place to stay away from health services. This can be minimized by more active health care by giving tasks to health workers who are responsible for the region to regularly make visits to provide health services to the community, especially related to the health of pregnant women and postpartum mothers. The choice of childbirth assisted by a dukun is one of the most inadequate health measures undertaken by the Mandailing Natal community, but the security and comfort felt to be decisive for them in determining the activity of health care or treatment. The security and comfort they feel based on the beliefs of kinship that have So it is difficult to receive health workers who come to their residence, and this will not change if existing health workers do not seek to mingle with the community with the aim of slowly improving the public's understanding of health.

IV. CONCLUSIONS

After doing research on family health care during pregnancy and postpartum in Mandailing Natal community, by interacting and observing theme everyday, it can be concluded that the Mandailing community, in general, have been doing things that are conducive to health, but society unspoiled health services or who can not utilize health services still do things that are not supportive of health. And it can be concluded that one of the causes of high maternal mortality rate in Mandailing Natal pregnant women not checkups on a midwife or health worker and choose to give birth along the shaman because it feels safe and convenient.

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