



Maternal and Child Health Habitus in Coastal Areas

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ABSTRACT

This research explores the health habits of mothers and children in coastal communities. Habitus is interpreted as habits carried out by mothers and children to improve health status. This research uses a qualitative approach. The aim of collecting qualitative data is to explore the health habits of mothers and children in coastal communities, especially in the Dompok sub-district area. Qualitative data collection used in-depth interview procedures with officials and native housewives (not immigrants) on Dompok Island. The selection of informants was based on purposive sampling procedures, this was with the aim of exploring more deeply the research questions with native female informants on Dompok Island.

This research contributes to the development of cross-disciplinary science in the social sciences, especially the science of health sociology regarding the health habits of mothers and children in coastal areas. This scientific contribution is theoretically useful when the results of this research are published in the form of scientific publications. This research is planned to be published in the reputable national journal Sinta. In addition to publication output, this research is expected to be an academic contribution as a recommendation for policy makers, especially in health policy, to understand community culture in the health sector so that they can take a more appropriate approach so that the goals of health policy are accepted by the community.

Keyword: Health, Mothers, Children, in coastal areas

ABSTRAK

Penelitian ini mengeksplorasi tentang habitus kesehatan ibu dan anak pada masyarakat pesisir. Habitus dimaknai sebagai kebiasaan yang dilakukan oleh ibu dan anak untuk meningkatkan derajat kesehatan. Penelitian ini menggunakan pendekatan kualitatif. Tujuan pengumpulan data kualitatif yaitu mengeksplorasi habitus kesehatan ibu dan anak pada masyarakat pesisir terutama dikawasan kelurahan Dompok. Pengumpulan data kualitatif menggunakan prosedur wawancara mendalam dengan petugas dan ibu rumah tangga asli (bukan pendatang) di Pulau Dompok. Pemilihan informan berdasarkan prosedur penyamplingan bertujuan atau purposive sampling, hal ini dengan maksud menggali lebih mendalam pertanyaan penelitian kepada informan perempuan asli di Pulau Dompok.

Penelitian ini berkontribusi dalam pengembangan lintas disiplin keilmuan dalam rumpun ilmu sosial khususnya ilmu Sosiologi kesehatan tentang habitus kesehatan Ibu dan anak dikawasan pesisir. Kontribusi keilmuan ini bermanfaat secara teoritis ketika hasil penelitian ini dipublikasikan dalam bentuk publikasi ilmiah. Penelitian ini direncanakan dipublikasikan pada jurnal nasional bereputasi Sinta. Selain luaran publikasi, penelitian ini diharapkan menjadi sumbangsih akademik sebagai rekomendasi bagi pemangku kebijakan, terutama dalam kebijakan kesehatan agar memahami budaya masyarakat dalam bidang kesehatan sehingga dapat melakukan pendekatan yang lebih tepat agar tujuan darai kebijakan kesehatan diterima oleh masyarakat.

Kata kunci: Kesehatan, Ibu, Anak, di kawasan pesisir



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1. Introduction

Health is a human right (1945 Constitution, article 28 H paragraph 1 and Law No. 23 of 1992) and at the same time as an investment, so it needs to be sought, fought for and improved by every individual and by all components of the nation, so that society can enjoy a healthy life, and in Ultimately, it can create optimal levels of public health. This needs to be done, because health is not the responsibility of the government alone, but is a joint responsibility of the government and society, including the private sector (Ministry of Health of the Republic of Indonesia 2006). One indicator of the level of public health is the maternal mortality rate. Based on the Indonesian Health Demographic Survey (SDKI) in 2002-2003, the maternal mortality rate in Indonesia was 307 per 100,000 live births and had fallen to 290.8 per 100,000 live births in 2005 (Anonymous 2006). The government's effort to reduce maternal mortality is by implementing safe motherhood. One of the four pillars of safe motherhood is antenatal care. Antenatal care is a pregnancy examination carried out to check the condition of the mother and fetus periodically, followed by efforts to correct any deviations that have been found. In general, maternal and child survival rates that can be accepted as indicators are the maternal mortality rate (AKI), child mortality rate (AKA) and infant mortality rate (IMR). The importance of obtaining indicators is reflected in the use of MMR and IMR as health degrees implemented in Healthy Indonesia (Soemantri, 2004). Posyandu is a form of Community Resource Health Effort (UKBM) which is managed from, by, for and with the community, in order to empower the community and make it easier for the community to obtain basic health services (Ministry of Health of the Republic of Indonesia 2012). Posyandu as a center for community activities in the health sector provides family planning, nutrition, immunization, diarrhea management and MCH services. This effort to integrate services is one way to increase the reach of health services to the community.

Based on this, the aim of establishing Posyandu is to reduce the mortality rate of infants and toddlers, the birth rate so that happy and prosperous small families can be created. Thus, Posyandu is a basic health activity organized by the community and for the community assisted by health workers (Saepudin et al. 2012). Village community health development is a community self-help activity that aims to improve the quality of community health through improving health and nutritional status. The success of implementing community health development which aims to improve the quality of public health in the Dompok sub-district cannot be separated from the various supports and active roles carried out by the entire community. In this case, a big role is the role of the Integrated Service Post (Posyandu) which directly deals with various social problems including health problems faced by the community (Punikasari, 2010).

Apart from posyandu, various social institutions in society also influence the health habitus of mothers and children. The habitus that has developed over time for the health of mothers and children is largely influenced by knowledge that has been disseminated from generation to generation. Like how in order for pregnant women to be healthy and give birth smoothly, they have to often squat and walk and be massaged by a shaman so that their child is born without breech. This habit is also influenced by the experience of parents who can directly give birth to children normally and smoothly by carrying out various habits that are formed in society. . . Apart from pregnancy, there are many habits from the time the baby is born until he is one year old. For example, children are not allowed to leave the house for up to 40 days, children must be given various objects such as safety pins, yasin to avoid subtle disorders, use protective bracelets or amulets (Sundara, Rahmawati dan Syafitri, 2020).

Various habits can influence the health status of mothers and children. So this research on maternal and child health habits in coastal areas needs to be carried out. In order for the various habits that influence the level of health quality or vice versa, it is necessary to understand. Habitus is a historical product that is formed after humans are born and interact with society in a certain time and space. Habitus is not innate or natural but is the result of learning through upbringing and socialization in society. The learning process is very subtle, unconscious and appears as a natural thing. Individuals are not completely free agents, nor are they passive products of social structure.

Habitus is closely related to the field, because the agent's practices or actions are a habitus formed by the field, so habitus is understood as cultural action. The condition of coastal areas is an area of maternal and child health habitus because there are natural challenges, diverse access to health and people tend to choose knowledge passed down from older families. So that habitus will be formed due to community knowledge, habits, internalization carried out by the community to improve the health status of mothers and children. However, in reality, health habitus is not necessarily in line with the expected goals. Maternal and child health habits will influence the degree or quality of maternal and child health in the future. One of the important milestones in development is the quality of human resources, namely the presence of good quality maternal health starting from pregnancy, through to childcare. Meanwhile, the child's health status will depend on the habitus of the pregnant mother to the formation of parenting patterns in the first thousand days of the new

child. So it is necessary to understand the health habits of mothers and children in coastal areas, especially in the Dompok sub-district. Therefore, this study wants to answer the research question: "What is the quality of maternal and child health in coastal areas (study in the Dompok sub-district community)?"

2. Methods

This research uses a qualitative approach. Qualitative research is usually carried out by collecting data through observations, interviews and case studies, with the aim of gaining an in-depth and detailed understanding of the phenomenon being studied (Cresswel, 2014). The data collected in qualitative research often takes the form of verbal text, such as interview transcriptions, field notes, and documents. Research data collection uses in-depth interview methods with actors (informants). The selection of informants used a purposive sampling technique. The tools used in data mining are interview guides. The criteria for informants in this study are as follows, mothers who have children under five, have given birth with medical assistance, have children under five and are health workers. Pengumpulan data penelitian menggunakan metode wawancara mendalam dengan para aktor (informan).

This research applies qualitative data analysis. Qualitative data analysis is a systematic and reflective process of organizing, summarizing, and interpreting data collected in qualitative research. Qualitative data analysis aims to produce a deep and detailed understanding of the phenomenon under study, and can produce a rich and nuanced understanding of the experiences, perceptions and meanings experienced by specific individuals or groups.

3. Results and Discussion

Improving the quality of health begins with the fulfillment of basic services for mothers who are pregnant until giving birth. Health services for pregnant women according to standards are services provided to pregnant women at least 4 (four) times during pregnancy, namely once in the first trimester (pregnancy before 3 months), once in the second trimester (gestational age 4-6 months), and twice in the third trimester (gestational age 7-9 months) carried out by competent health personnel (midwives/doctors/doctors with health workers) and K4 (meeting the minimum standards for pregnant women visiting 4 times).

Based on information obtained in the field, mothers in the Dompok sub-district have all received services during pregnancy. They said that during the pregnancy period they had checked at least 3-4 times during the pregnancy period. They have also visited health workers, namely some have checked with midwives and some have even checked with gynecologists

When carrying out the examination, the average informant stated that they received services in the form of weighing, blood pressure, fetal presentation and heart rate when an obstetrician visited and finally received vitamins. Meanwhile, services in the form of nutritional status values, peak uterine values, immunization status screening and laboratory tests are not carried out.

3.1 Maternal Maternity Health Services

Maternal health services according to standards are deliveries carried out by competent midwives/doctors/obstetricians in government and private health service facilities, both normal births and/or births with complications. Health service facilities include Polindes, Poskesdes, Community Health Centers, Private Practice Midwives, Primary Clinics, Main Clinics, Maternity Clinics, Maternal and Child Health Centers, government and private hospitals. The determination of health service facilities for childbirth must be determined based on the level of delivery services required by the birthing mother (depending on the history and condition of the pregnancy as well as the health of the mother and fetus).

Based on the research findings, it shows that at the time of giving birth, all of them asked for medical help, be it midwives or doctors. According to informants, they also gave birth in adequate health facilities, including health centers, hospitals and maternity clinics. However, there are still some who come to a midwife or massage therapist if there is a condition in their pregnancy that requires the help of a dukun. Most people still consider the help of shamans to be trusted to help, for example by giving a massage so that their child is not born breech.

3.2 Postpartum Maternal Health Services

After giving birth, the mother enters the postpartum period. The postpartum period begins after the placenta is born and ends when the uterus returns to its pre-pregnancy state. Postpartum maternal health services according to standards are carried out by competent health workers (midwives/doctors/obstetrician specialists) from 6 hours to 42 days postpartum at least 3 (three) times, namely once at 6 hours – 3rd day postpartum (KF1), once on days 4 – 28 postpartum (KF2), and once on days 29 – 42 postpartum (KF3).

Health services for postpartum mothers are also provided by health workers because they still provide supervision for up to three days to mothers who have just given birth to control their health conditions. However, postnatal health visits are not the standard of service that should be, namely a minimum of three to four visits. Most of the informants only did this once or twice depending on the birth process of their child. If it's normal, most people admit it only once because the stitches are painful. However, if there are no stitches and the birth is normal, there is no further examination by a health worker.

Some informants who gave birth via surgery admitted that they often had control because there were many conditions that required them to be monitored by health workers. Moreover, there are a lot of surgical stitches that must be attempted to recover quickly, apart from taking medication, you also have to be assisted in carrying out daily activities. Moreover, most postpartum mothers are assisted by extended family and closely accompanied by the family so that those still in the informant's custody can recover quickly and can return to their activities as well as before pregnancy. Based on the confessions of informants, the Dompok sub-district community has quite good quality of maternal health during pregnancy and delivery. So there are no recorded maternal deaths.

3.3 *Habitus Health of children 0-5 years*

Habitus for toddler health also follows toddler health service procedures including growth and development monitoring services using KIA books and growth and development screening including a) health services aged 0-11 months, b) health services aged 12-23 months consisting of weighing at least 8 times / year (at least 4 times in a period of 6 months), measuring body length/height at least 2 times / year, monitoring development at least 2 times / year, administering vitamin A capsules 2 times / year, and providing follow-up immunizations, and c) Health services aged 24 – 59 months consist of weighing at least 8 times/year (minimum 4 times in a 6 month period), measuring length/height at least 2 times/year, monitoring development at least 2 times/year, and administering vitamin A capsules as much as 2 times/year.

Based on the informant's confession, not everything has been done, for example the majority of their children are immunized at the beginning of birth, however, in accordance with the ideal time and age for children to be immunized, not all informants are able to implement it. Many reasons were given, for example the place was far away, the time was not suitable, then they were afraid that their child would have a fever and they felt that without complete immunization their child would still grow healthily.

Moreover, all these services are free only at the nearest posyandu or community health center. Not all parents are truly consistent in providing complete immunization to their children. If they have two children, not all of them are fully immunized. Apart from that, there are also those who choose to carry out the examination process on their children only with certain doctors or midwives because they feel it is suitable so they are afraid of being given to other people or parties.

Habitus in maintaining the health of babies generally still follows the habits passed down from their parents. Because parents are the people who successfully raise their children, the habits or methods of caring for babies still depend a lot on the habits of the parents. one of which is that the baby must be swaddled, then how to dry the baby or how to look after the baby with amulets and placing the Yasin letter near the baby's crib. After changes in society increasingly dealing with technology, many practices in caring for babies have become debated because of different patterns of thinking between parents. old and young parents. However, the dominant practice is still old knowledge that has long been used because in the end young parents who have just had children are not able to argue too much because they also depend on the help of their parents to take care of more babies.

3.4 Parenting style

Based on the results of interviews and observations, it shows that of the 12 informants, 9 informants apply a permissive parenting style where mothers do not have special rules regarding feeding their children. And there are 3 people who apply an authoritative (democratic) parenting style.

There were 6 informants who could not do much if their children only consumed food that was not varied. As the following interview excerpt:

"..because I'm too lazy to eat, that's why I just do what I want (eat indomie and crackers).. the important thing is that if you want to eat, I give you noodles" (FI, 17 years old)

"...instead of not wanting to eat, let me just give you Indomie because I like it. If I forbid it, my husband and in-laws will be angry with me." (SU, 23 years old)

"..If you are not allowed to eat Indomie, you get angry and don't want to eat..." (MU, 23 years old)

"..It's true that he should eat rice (not just vegetables & fish) but he doesn't want to, so just do it..." (ER, 30 years old)

As for limiting children's snacks, of the 12 informants, only 3 informants limited their children's snacks by diverting their children's attention, others by prohibiting them. These three informants apply a democratic parenting style.

According to the following interview excerpt:

"..if you want snacks that aren't good, I forbid you and divert your attention, but if you can't stop crying, buy me what he wants but then I'll hide it, I'll buy some of it..." (ZR, 29 years old)

"...if you want new snacks, I won't allow it, according to Ji, but that's normal too cry..If you cry, cover it with your father or grandmother" (IC, 25 years)

"..I give him snacks, but he usually gives milk and biscuits for other snacks." (SE, 35 years old)

As for the informant who gave his child snacks and couldn't refuse, the reason was because his child was crying.

As the following interview quote:

"...When you leave the house, you don't control your snacks, you never limit them..." (IR, 30 years old)

"...You can't be banned because you're raging ki..." (HA, 27 years old)

"...never get angry because I love you (WY, 40 years old)

During observations in the coastal area of Dompak Island, we saw that the parenting style seen in 9 mothers with Stunting toddlers was a permissive parenting style where the mothers did not apply many rules regarding the child's growth and development. Especially in feeding behavior in children. Children are given an abundance of "love", without any restrictions from their parents. Although possible, there are very few positive impacts from this parenting style.

However, from various sources there are far more negative impacts resulting from this permissive parenting style. This is in accordance with qualitative research on the eating habits of the Sasak tribe where the permissive parenting style and patrilineal system that applies in the Sasak tribe is one of the predisposing factors for the emergence of stunting in Sasak tribe children

Other research also states that there is a significant relationship between parenting style, feeding practices, psychosocial stimulation, cleanliness/hygiene practices, environmental sanitation and use of health services with the incidence of stunting in 24-month-old children at Posyandu Asoka II in the coastal area of Dompak sub-district. Bukit Bestari, Tanjungpinang city, 2014. The parenting style of stunted children on the coast of Pulau Dompak is not related to the mother's educational background.

Because even though the mother's educational background is high, the parenting style applied is still permissive. This is in accordance with research [7] which states that mother's education does not influence children's parenting style because education does not necessarily correlate with knowledge. Permissive parents have low control and high acceptance of their children, so they often avoid confrontation with their children and do not give children rules or limits.

Even if there are prohibitions, their implementation is often inconsistent. Moreover, on this island it is very easy for children to shop because there are so many people who sell in front of their houses using small and short tables. Appropriate parenting for stunted children is an authoritarian parenting style for the formation of good eating behavior when they grow up and is important for optimizing children's growth and development at the age of 1-3 years. And the strongest parenting and important learning period is mealtime. Because it turns out, one of the contributors to failure to thrive in children is incorrect care in feeding them

4. Conclusion

Maternal and child health habits have seen a marked improvement in quality, as demonstrated by the absence of maternal and infant mortality during this year's period. There has been a conscientious effort among pregnant women and new mothers to undergo examinations and seek assistance from medical professionals, including midwives and obstetricians. However, health habits for children, particularly in the critical first thousand days of life, are still heavily influenced by traditional parental practices. These practices, while rooted in history, are no longer sufficient to enhance child health due to the evolving challenges of the modern era. Additionally, stunting remains a significant concern among children, partly because parents have not yet achieved optimal consistency in providing nutritious and balanced diets during the crucial early stages of a child's development.

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