

RINGKASAN

**Model Pendekatan Kesehatan Budaya Dalam
Pelayanan ANC, Persalinan dan Nifas
Bagi Ibu-Ibu Suku Dayak Pasir
(Studi di desa Sandeley, Kec. Kuaro Kab. Pasir Prov. Kalimantan Timur)**

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Program atau proyek kesehatan budaya mulai terlihat upayanya setelah dikeluarkan undang-undang kesehatan no. 23, dengan didirikannya beberapa sentra pengobatan tradisional. Tetapi kegiatan tersebut belum banyak menyentuh bidang kesehatan reproduksi. Kalau diperhatikan upaya kesehatan reproduksi tradisional banyak dilakukan oleh masyarakat, mulai dari upaya untuk memperoleh keturunan dan kesehatan hasil kegiatan tersebut, tidak semuanya merugikan, bahkan berbagai kelebihan budaya kesehatan sangat memenuhi kebutuhan rasa aman masyarakat, oleh karena itu perlu upaya perlindungan dan pelestarian kesehatan budaya ibu dan anak.

Masyarakat suku Dayak Pasir di Desa Sandeley Kecamatan Kuaro Kabupaten Pasir Propinsi Kalimantan Timur, masih berpegang teguh pada budaya leluhurnya, yang biasanya sangat berkaitan erat dengan alam sekitarnya. Kehamilan, persalinan dan nifas merupakan hal yang istimewa menghubungkannya dengan berbagai larangan atau tabu yang sampai saat ini masih ditakuti atau tidak berani melanggar adat istiadat yang ada.

Penggunaan ramuan tradisional yang berasal dari tumbuh-tumbuhan seperti akar, batang dan daun masih dilaksanakan oleh masyarakat suku Dayak Pasir terutama yang berkaitan dengan peristiwa kehamilan, persalinan dan nifas dengan cara merendam atau merebus bahan-bahan tersebut.

Tidak semua adat istiadat itu baik menurut ilmu kedokteran dan kesehatan masyarakat, tetapi ada beberapa sisi yang memuaskan dan memberikan rasa aman bagi masyarakat suku Dayak Pasir.

Tujuan penelitian ini adalah untuk menyusun model pendekatan kesehatan budaya dalam pelayanan perawatan kehamilan, persalinan dan nifas berdasarkan kajian budaya masyarakat suku Dayak Pasir dalam perawatan kehamilan, persalinan dan nifas secara tradisional dan pemanfaatan pelayanan kesehatan yang ada.

Penelitian ini merupakan penelitian explorative dengan pendekatan kualitatif, yang menggali dan mengkaji informasi tentang kebiasaan atau adat istiadat masyarakat yang berhubungan dengan perawatan kehamilan, persalinan dan nifas dalam hal upaya menangani masalah dan upaya pencegahan dengan faktor-faktor yang mempengaruhinya.

Daerah penelitian, Desa Sandeley Kecamatan Kuaro Kabupaten Pasir Propinsi Kalimantan Timur.

Penelitian dilakukan dengan :

Teknik wawancara mendalam yang dilakukan oleh peneliti yang dibantu oleh tenaga yang sudah dilatih (enumerator) kepada ibu hamil, ibu bersalin, ibu nifas, kelompok dukun dan kelompok tokoh masyarakat, untuk mendapatkan bahan informasi atau data yang akurat.

Teknik diskusi kelompok terfokus (focussed group discussion FGD) untuk mengumpulkan data mengenai pandangan, persepsi dari beberapa lapisan masyarakat yaitu : kelompok ibu hamil, kelompok dukun dan kelompok tokoh masyarakat.

Teknik observasi yang dilakukan oleh peneliti yang dibantu oleh enumerator untuk mengamati dan mendapatkan gambaran.

Hasil wawancara, diskusi kelompok terfokus sebanyak 5 kali pertemuan dan observasi, temuan budaya upaya kesehatan sebanyak 94 jenis (dari 4 kelompok): jamu, makanan, minuman dan laku dan kemudian dirinci ke dalam kelompok pengguna (4 kelompok) : masa pra kehamilan, masa hamil, masa melahirkan, masa nifas dan menyusui.

Setelah dianalisis hasil penelitian sebagai berikut terdapat 94 jenis kesehatan budaya suku Dayak Pasir desa Sandeley kecamatan Kuaro kabupaten Pasir Provinsi Kalimantan Timur. Sekitar 79,79% (75 dari 94) direkomendasi untuk diteruskan, sedangkan sisanya 20,21% (19 dari 94) perlu penelitian lebih lanjut rekomendasinya karena terdapat beberapa tradisi yang secara rasional medik belum jelas kaitannya. Bila ditinjau dari kelompok pengguna, dari 28 jenis kesehatan budaya, yang perlu dilakukan penelitian lebih lanjut untuk ibu hamil 16,67% (5 dari 30), dan untuk ibu nifas atau menyusui 28,21% (11 dari 39). Sedangkan bila ditinjau berdasarkan jenis kesehatan budaya, maka proporsi yang perlu untuk dilakukan penelitian lebih lanjut adalah jamu dan laku. Jamu untuk masa nifas dan menyusui 43,75% (7 dari 16), jamu pra kehamilan 50% (1 dari 2), jamu pada masa hamil 50% (1 dari 2), dan laku pada masa nifas dan menyusui 28,57% (4 dari 14).

Sebagai kesimpulan dari penelitian ini bahwa kehamilan, persalinan dan nifas bagi suku Dayak Pasir merupakan peristiwa yang istimewa dalam keluarga sehingga sangat menuntut suku ini pada adat istiadat yang berlaku karena merupakan warisan leluhur mereka yang sangat luhur. Budaya tradisional masyarakat suku Dayak Pasir yang positif dalam menunjang perawatan kehamilan, persalinan dan nifas telah dapat diidentifikasi.

Dari hasil temuan kesehatan budaya suku Dayak Pasir dalam perawatan kehamilan, persalinan dan nifas dirasa perlu untuk menuangkan dalam bentuk model sebagai strategi pelaksanaan uji coba pada masa mendatang alternatif model adalah yang mudah dimengerti oleh masyarakat dan dapat menopang integrasinya antara upaya budaya dan pelayanan formal yaitu MODEL INFORMATIF. Alternatif model yang telah disusun adalah :

- I. Model yang dapat dipelajari secara ilmiah
- II. Model yang tidak membahayakan

Hasil penelitian ini diharapkan dapat berguna sebagai bahan pertimbangan dalam pelayanan perawatan kehamilan, persalinan dan nifas secara tradisional.

SUMMARY

A MODEL OF CULTURE HEALTH APPROACH IN ANTENATAL, DELIVERY, AND PARTURITION CARE FOR MOTHERS IN DAYAK PASIR TRIBE

**(A Study at Sandeley Village, Sub district Kuaro, District of Pasir, East
Kalimantan)**

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Cultural health program or project has become manifested after the enactment of Law no. 23 by the establishment of several centers for traditional medicines. However, these activities have not dealt much with the field of reproductive health. It is apparent that traditional reproductive health efforts are mostly carried out by the community, starting from the effort to have children. Not all of those activities are disadvantageous, and even the advantage of health culture is to fulfill the community's need of the sense of security. Therefore, health culture for mothers and children should be protected and preserved.

The community of Dayak Pasir Tribe at Sandeley Village, Sub district Kuaro, District of Pasir, East Kalimantan, still strongly hold the culture from their ancestors, which are generally closely related to the natural environment where they live. Pregnancy, delivery and parturition are special events connected with various prohibitions or taboos that remain being respected until recently. Thereby, the existing customs are not violated. The use of traditional medicine from plants, such as roots, stems, leaves, is still used by the community of Dayak Pasir, particularly for pregnancy, delivery, and parturition by immersing or boiling those materials. However, not all of those customs are acceptable according to medical sciences and public health, while some are reasonable enough to provide satisfaction and sense of security for the community of Dayak Pasir tribe.

The objective of this study was to create a model for cultural health approach in antenatal, delivery, and parturition care based on cultural study in the community of Dayak Pasir tribe in traditional antenatal, delivery, and parturition care and the use of available health care services. This was an explorative study using qualitative approach, exploring and investigating information on local customs related to antenatal, delivery, and parturition care in order to overcome problems and undertake preventive problems, and to examine related affecting factors. This study was carried out at Sandeley Village, Sub district Kuaro, District of Pasir, East Kalimantan.

The investigation was undertaken using, first, in depth interview by the author, assisted by a trained enumerator to pregnant women, women at delivery, and parturient women, traditional healers, and community figures to obtain information or accurate data; second, using focused group discussion (FGD) to

collect data on opinion and perception from the groups of pregnant women, traditional healers, and community figures; and, third, using observation by the author, assisted by an enumerator, to observe and obtain description.

Results of interview, 5 times FGD and observation revealed 94 types (from 4 groups) of cultural health efforts, i.e., *jamu*, food, drink, and behavior, which were broken-down into user groups (4 groups): pre-pregnancy, pregnancy, delivery, parturition and breastfeeding periods. Analysis revealed 94 types of culture health in Dayak Pasir tribe, at Sandeley Village, Subdistrict Kuaro, District of Pasir, East Kalimantan. A proportion of 79,79% (75 from 94) was recommended to be continued, while the rest, 20,21% (19 from 94) was recommended to be suspended since some of the traditions had no clear rational medical reasons. Based on the users, from these 28 suspended culture health, the recommendation was largely for pregnant women (16,67%; 5 from 30), and for parturient women (28,21%; 11 from 39). Some types of community health culture should be seriously observed, particularly in *jamu* and behavior. *Jamu* for parturition and breastfeeding period was 43,7% (7 from 16), pre-pregnancy 50% (1 from 2), pregnancy 50% (1 from 2), and behavior during parturition and breastfeeding was 28,57% (4 from 14).

As a conclusion, pregnancy, delivery, and parturition for Dayak Pasir tribe are special events in the family, requiring the involvement of traditional custom inherited from their ascendants. Positive traditional culture of the Dayak Pasir tribe in supporting pregnancy, delivery, and parturition care had been identified. From these findings, it was necessary to create a model as a strategy for the implementation of further research. The alternative model should be easily understood by the community and may support integration between culture and formal care. This model was the informative model, which was scientifically observable and safe. In addition to Community Culture Health Model, we have also created Community Culture Health Model for Dayak Pasir tribe. The results of this study can be used as consideration in providing traditional antenatal, delivery, and parturition care.

ABSTRACT**A MODEL OF CULTURE HEALTH APPROACH IN ANTENATAL, DELIVERY, AND PARTURITION CARE FOR MOTHERS IN DAYAK PASIR TRIBE****(A Study at Sandeley Village, Subdistrict Kuaro, District of Pasir, East Kalimantan)****Sonya Yulia S**

The traditional reproductive health efforts are commonly carried out by the community, starting from the effort to have offspring and health obtained from such activities. Not all of the results of those activities are disadvantageous, and even the advantage of health culture may fulfill the community's need of the sense of security. Therefore, health culture for mothers and children should be protected and preserved.

The objective of this study was to create a model for cultural health approach in antenatal, delivery and parturition care based on cultural study in the community of Dayak Pasir tribe in traditional antenatal, delivery, and parturition care and the use of available health care services. This was an explorative study using qualitative approach, exploring and investigating information on local customs related to antenatal, delivery, and parturition.

Data were obtained from interview with informants and by the employment of Focused Group Discussion (FGD). Total informants was 42 individuals, comprising mothers, pregnant women, delivery women, and parturient women, providers, community figures, and religious figures. In addition to primary data, secondary data were also obtained from related institutions and references.

Analysis revealed 94 types of culture health in Dayak Pasir tribe, at Sandeley Village, Sub district Kuaro, District of Pasir, East Kalimantan. A proportion of 79,79% (75 from 94) was recommended to be continued, while the rest 20,21% (19 from 94) was recommended to be suspended since some of the traditions had no clear rational medical reasons. Based on the users, from these 28 suspended culture health, the recommendation was largely for pregnant women (16,67%; 5 from 30), and for parturient women (28,21%; 11 from 39). Some types of community health culture should be seriously observed, particularly in jamu and behavior. *Jamu* for parturition and breastfeeding period was 43,7% (7 from 16), pre-pregnancy 50% (1 from 2), pregnancy 50% (1 from 2), and behavior during parturition and breastfeeding was 28,57% (4 from 14).

As a conclusion, pregnancy, delivery, and parturition for Dayak Pasir tribe are special events in the family, requiring the involvement of traditional custom inherited from their ascendants. Positive traditional culture of the Dayak Pasir tribe in supporting pregnancy, delivery, and parturition care had been identified.

In conclusion, cross-sectoral health providers should play a role in the preservation and integration of local health culture to the formal health care. Coordination and communication between the community, health providers, and cross-sectors should be further investigated, particularly in terms of pharmacological analysis and cultural anthropological studies for public health.

Keywords: culture health, reproduction