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ORIGINAL RESEARCH

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ACEH CULTURE ON MATERNAL AND CHILD HEALTH RELATED TO INTEGRATED MANAGEMENT OF INFANT ILLNESS: A QUALITATIVE STUDY IN NORTH SUMATRA INDONESIA

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ABSTRACT

Background: Maternal and infant mortality rates in Aceh province are still quite high compared to other provinces in Indonesia. In addition to disease factors, the factor that contributes to the rates is socio-cultural factor.

Objective: This study aims to know and understand the view of postpartum mothers, health personnel, cadres, and the chairperson of the Aceh traditional assembly about the culture related to postpartum and newborn and integrated infant management program (MTBM) in Aceh.

Methods: This was a qualitative study. Data collection was conducted from October 2016 to January 2017 on seven health cadres by focus group discussion and in-depth interviews on five postpartum mothers, one health worker, and the Aceh traditional assembly chairperson. The open-code software program was used for data analysis.

Results: Three themes were emerged from data: 1) The 'Madeung' Culture in postpartum mothers in Aceh has a relationship with maternal health problems, 2) 'Peucicap' and 'troen tanoh' cultures in newborns in Aceh are at risk of causing complex problems in newborns, and 3) Community-based integrated management of young infants can be implemented while maintaining Acehnese culture.

Conclusion: To improve access to maternal and neonatal health services with socio-cultural issues, the community-based integrated management of young infants is considered appropriate in Aceh culture.

Key words: Aceh, Culture, Madeung, Troen Tanoh, Peucicap, Community Based Integrated Management

INTRODUCTION

In developing countries, infant and child mortality rates are still high, nearly ten million deaths occur annually in children under five years.¹ The World Health Organization (WHO) notes approximately 44% of under-five mortality in 2012 occurred in the first 28 days of life or in the neonatal period. Causes of death were prematurity (35.2%), complications associated with intrapartal (23.9%) and sepsis (15.2%).²

An effort made in the field of health to reduce infant and under-five mortality and minimize the morbidity of children is by an integrated management program of sick children or called as “Program Manajemen Terpadu Balita Sakit (MTBS)”.^{3,4} Implementation of MTBS, in addition to deal with issues related to infant toddlers, also deals with young infants called integrated management of young infants or called as “Manajemen Terpadu Bayi Muda (MTBM)”. MTBM is an integrated approach in the management of healthy and sick infants with a focus on the health of infants younger than two months (young infants) thoroughly.⁵

Of all the cases above, quality services to sick children, especially young infants in all health care settings are a serious challenge. Health workers should be able to handle the disease in children precisely and quickly.⁶ The knowledge of health workers who are sufficiently related to the management of sick children and community empowerment to perform essential neonatal care and early detection of health problems in children is an important factor.^{3,7}

Based on Indonesia Demographic and Health Survey in 2012, maternal mortality

rate (MMR) was 359 / 100,000 live births, under-five mortality rate was 44/1000 live births, infant mortality rate was 32/1000 live births, and neonatal mortality was 19/100 live births. The incidence of infant mortality at younger ages, especially those aged one day to two months, was relatively higher than in older age, both in the non-complicated and complicated conditions, and 78.5% of deaths occurred in the first week of life.³

Aceh is included in 26 out of 33 provinces in Indonesia, which has under-five mortality rates higher than the national average, ranging from 45 / 1,000 live births in Aceh and East Java provinces, followed by West Sulawesi Province with 96 / 1,000 live births.⁸

Based on Aceh Health Profile in 2012, the number of stillborn babies in Aceh was 731 people, and the number of live births was as many as 88,494 inhabitants. Death rate in Aceh in 2012 was 8 per 1,000 live births and infant mortality rate was 9.2 per 1000 live births. According to the Directorate General of Nutrition and Mother and Child Health, the coverage of neonatal complications in Aceh is still very low, at 42.67% or 20th in Indonesia.³

In addition to the above causes, other factors that allegedly contribute to the low coverage of neonatal complications in Aceh are socio-cultural factors.⁹ The influence of socio-culture in society plays an important role in achieving the optimal health degree due to the culture competence.¹⁰

Cultural competence can form a habit and response to health that includes cultural awareness, cultural knowledge, cultural

sensitivity and cultural competence. Until now, the belief system or culture of the people of Aceh is still very strong. Aceh has certain customs for the condition of pregnant women, maternal and postpartum mothers, and newborns that cannot be violated.¹¹

In the case of postpartum care, the people of Aceh have a 'madeung' culture of newborn care with the evaporation of fire for 44 days and the mother uses medicines called 44 herb of 'aweueh peuet ploh peuet' in order to restore body shape to keep it slim. During the 'madeung' the mother is not allowed to go out of the house because it is in an unholy state. After 44 days of 'madeung', then a '44 bath' ceremony is held with flower bath water mixed with boh kruet'.¹⁰

The number 44 has its own meaning in the activities of the people of Aceh. There is a belief that this number has a sacred value so to start or end something begins with a count of 44, for instance in the ceremony of 'troen tanoh' in newborns. The 'troen tanoh' ceremony is the first day of the baby to stand on the ground. This 'troen tanoh' activity was conducted after 44 days of birth.¹¹

Before this ceremony, the baby should not be taken out of the house, so all activities outside the home should not be done, including when there are health problems occur in the mother and baby that cannot be detected from the beginning. Therefore, it is still found that mothers do not bring their babies to the health service for immunization when the baby is not 'troen tanoh', unless the infant is seriously ill that cannot be resolved at home.¹²

Based on the above phenomena, this study aimed to know and understand the view of

postpartum mothers of traditional and customary assembly, health personnel and cadres about Aceh culture related to postpartum and newborn and integrated infant management program (MTBM) in Aceh.

METHODS

Study design

This study was a qualitative study to explore the views of postpartum mothers, health cadres, health workers (nurses, midwives and doctors) as well as the Aceh Traditional Assembly on Aceh culture associated with postpartum and newborns, culture-related problems that occur in postpartum and young infants, and explore the form of integrated infant management interventions in communities in accordance with the local conditions and cultures.¹³

Research subject

Research subjects involved in this qualitative study were 14 informants who had rich information, selected using purposive sampling technique. The research subjects consisted of 7 health cadres located in the working area of the Community Health Center (Puskesmas) of Ulee Kareng Banda Aceh, 5 postpartum mothers, 1 health worker, and 1 informant from Aceh traditional assembly. The elected cadres were the cadre leaders in each village consisting of 9 villages, but only 7 cadres were available to attend the FGD invitation.

Data collection

Qualitative data collection techniques used were focus group discussions (FGD) with 7 cadres. After the FGD on cadres, researchers conducted in-depth interviews on postpartum mothers who were in the

village of each cadre. Saturation occurs after the researchers interviewed the fifth postpartum mother. For the completeness of information, the researchers also conducted in-depth interviews to health workers who were responsible for the integrated management program of sick children in the Puskesmas; while the last research subject was the Chairman of the Aceh Traditional Assembly.

Instrument

The researcher is the data collection instrument in this qualitative study. The guides used in conducting interviews and FGDs were prepared by researchers based on research objectives, which consisted of: Aceh culture associated with postpartum mothers and newborns, habits, causes and problems that occur in postpartum mothers and young infants, the form of prevention and integrated infant management intervention. Prior to main data collection, research guidelines were pre-tested by means of triangulation of sources to get an input on different sources with the subject of research.^{14,15} The preliminary testing was conducted by FGD in 5 health cadres, and its results were not analyzed as qualitative data, but serve as a basis for improving the guidelines to be used.

Data analysis

Data were organized and analyzed by transcribing all materials from FGD, in-

depth interviews, additional observations and other records during the data collection; reading all data and finding general ideas and other necessary information; and coding to arrange categories and sub categories. The process of data analysis was done by researchers using the help of open-code software program. This program helped researchers to code interview transcripts and FGDs. After coding, researchers created sub categories in accordance with the purpose of research, and combined several sub categories into one category. The next analysis process was to arrange the theme. The theme emerges by pouring the description into a qualitative narrative as well as making an interpretation. In this process, researchers did “peer debriefing” with friends who were both in the process of qualitative study.

RESULTS

As shown in the Table 1, the majority of cadres aged above 35 years, all females with high school education level, and not working. While the postpartum mothers in this study were mostly in the reproductive age with middle educational level, and working as a housewife. Health workers and Aceh traditional assemblies aged above 35 years with higher education level and working experience more than 5 years.

Table 1. Characteristics of the respondents

Characteristics	Cadres	Postpartum mothers	Health workers	Aceh traditional assemblies
Age (year)				
< 35	1	4	-	-
> 35	6	1	1	1
Education				
Middle education	7	3	-	-
High education	-	2	1	1

Characteristics	Cadres	Postpartum mothers	Health workers	Aceh traditional assemblies
Gender				
Male	-	-	-	1
Female	7	5	1	-
Working status				
Not working	7	3	-	-
Working	-	2	1	1
Length of work (Year)				
< 5	2	-	-	-
> 5	5	-	1	1
Postpartum Visit (PV)				
PV-1	-	1	-	-
PV-2	-	3	-	-
PV-3	-	1	-	-
TOTAL	7	5	1	1

From the process of qualitative analysis, there were three categories synthesized from nine sub-categories, namely: 1) “Aceh culture” category emerging from four sub-categories, 2) “Maternal and infant health issues related to culture” from two sub-categories, and 3) “Community-based integrated management of young infants” emerging from two sub-categories. For details can be seen from the Table 2 below:

Table 2. Analysis Process of FGD and in-depth interview about Aceh culture associated with postpartum mothers and newborns

Meaning Units	Codes	Sub-categories	Categories
Mother was just born in <i>peusujuk</i> The seventh day of baby in <i>peusujuk</i> At the moment of <i>peucicap</i> and <i>troen tanoh</i> in <i>peusujuk</i>	In ' <i>peusujuk</i> ' in each event	Culture of postpartum mothers	Aceh culture
Cannot drink much water Cannot eat common foods (fish, shrimp and eggs) Recommended to eat tape	Prohibitions during <i>Madeung</i>		
Need more rest (postpartum mothers cannot do many activities) <i>Postpartum mothers in 'Sale'</i> Burning a stone to put on the abdomen of the mother Postpartum mothers given a massage (“to “raise the stomach) The mother should not go out before 44 days of childbirth (not yet sacred)	<i>Madeung</i> Implementation		
Azan/Iqamah (call prayer) ' <i>Peucicap</i> ' qurma honey	<i>Peucicap</i> in the first day	Newborn culture	
Aqiqah ' <i>Peusujuk</i> ' Shaving hair Giving a name ' <i>Peucicap</i> ' fruits	<i>Peucicap</i> in the seventh day		
The first day out / step on the ground ' <i>Peuayon</i> ' (getting a cradle prize) ' <i>Peucicap</i> ' salt sugar	<i>Peucicap</i> after <i>Troen Tanoh</i>		
Feeling unclean from the puerperal blood Feeling unsacred (not having the major ablution – <i>ghusl janabat</i>)	Religion consideration	Reasons for defending maternal culture	
As a traditional therapy for postpartum Mother's right to get postpartum care Intend to get faster and better recovery	Culture consideration		

Meaning Units	Codes	Sub-categories	Categories
Fear of breaking because there are supernatural things Fear of something happening	Fear of supernatural things		
Philosophy as an appetizer (sweet to break the fast)	Religion consideration	Reasons for defending newborns culture	
Want a child to be a sholeh child (good people in the future)	Culture consideration		
Fear of infants exposed to the disease Fear of the unseen things happened	Fear of supernatural things		
Yellow Baby Cord infections Fever Diarrhea / colds Sick Baby Failed Exclusive breastfeeding Disorder of digestion Late Immunization or undone Undetected if there is a problem Too late to go to health service	Health Problems of Newborns	Health problems of newborns associated with culture	Health problems of mothers and newborns associated with culture
No knowledge Undetected if there is a problem Do not have access to health services Do not know what to do if there is a problem No appetite Confused /do not know what to do Sometimes stress Often bored Feel alone / lonely Lack of sleep Bleeding Health problem: feeling weak, mother looks pale	Health problem of postpartum mothers	Health problem of postpartum mothers related to culture	
Other activities conducted by mother-in-law Contacting health personnel Hearing the opinions of parents If any problems want to get out	How to solve cultural problems in postpartum mothers	Integrated management of young infants	Community based Integrated management of young infant
Breastfeeding Drying the baby If the baby is sick, the family brings to the health service	How to overcome cultural problems in newborns		
There are health workers coming to the house Some teach you how to bathe the baby Some people weigh babies at home Somebody came to the house to check on the baby Someone taught how to breastfeed Some give advice about health problems There are people for discussion Empowering cadres The existing health cadres are very active	Desired activities	Community empowerment program	

From the results of the above qualitative analysis, three themes were identified to be relevant to answer the research objectives: **Theme 1:** 'Madeung' Culture in postpartum mothers in Aceh has a relationship with maternal health problems; **Theme 2:** 'Peucicap' and 'troen

tanoh' cultures in newborns in Aceh are at risk of causing complex problems in newborns; and **Theme 3:** Community-based integrated management of young infants can be implemented while maintaining Acehnese culture.

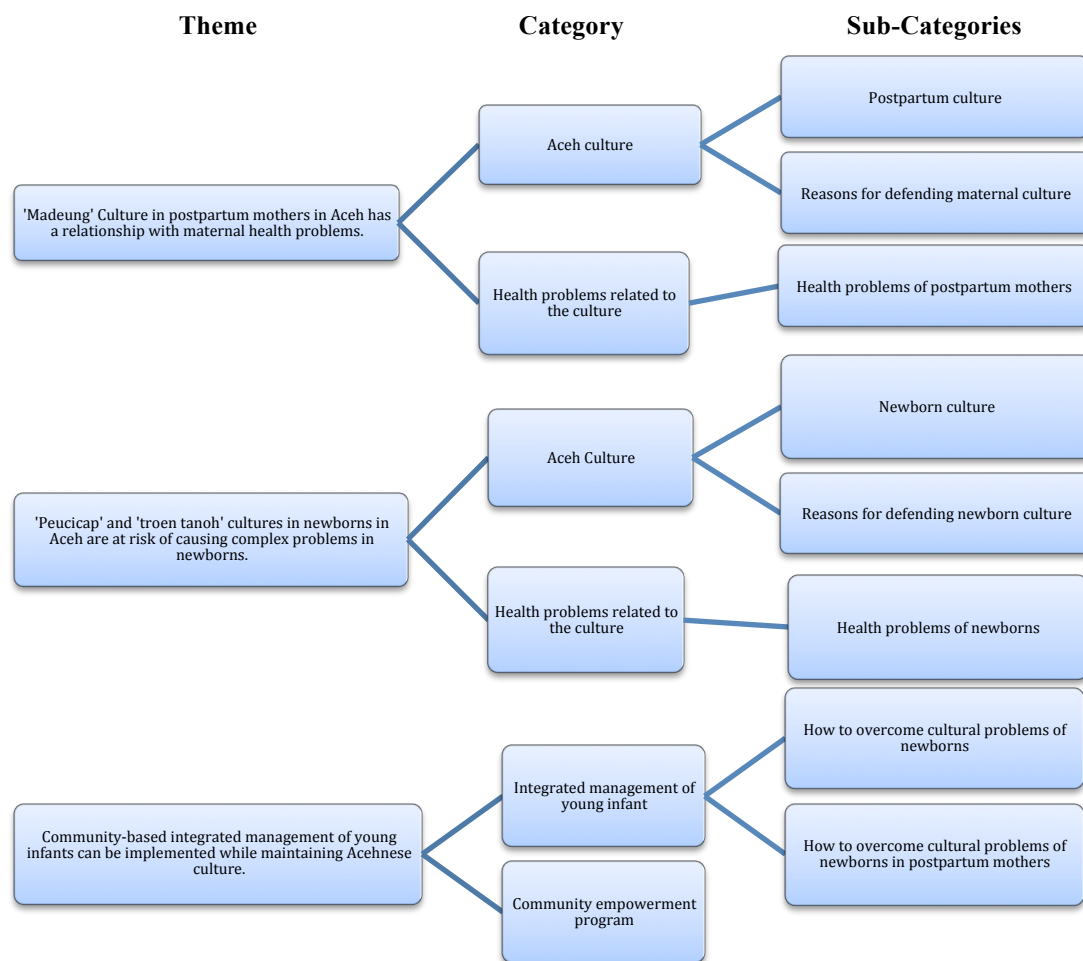


Figure 1. Theme, Category, and Sub-Categories of FGD and in-depth interview related to the culture of postpartum mothers and newborns in Aceh

Theme 1: 'Madeung' Culture in postpartum mothers in Aceh has a relationship with maternal health problems.

This theme obtained by researchers from the informants when researchers asked about Aceh culture related to postpartum. The informant told about the “madeung” that had been in place, which is explained in the following statements:

Q1: In my opinion, a new mother who was just gave birth should not leave home before 44 days.

P2: Yeah, that's the same with the term “troen tanoh”, which means mothers cannot step to the ground. In Aceh, the mother who has given birth also might not able to eat the usual food, there are taboos.

Q7: Yes, during “madeung”, mother should be abstinence to eat and drink, but actually mothers who gave birth are recommended to eat tape to accelerate the discharge of dirty blood. So it will be clean quickly. After 44 days, mother is able to bathe and troen the ground.

Another statement expressed by the participants during the FGD and interviews, related to other activities during “madeung”:

Q3: There is also a culture to massage the stomach during postpartum, sometimes burning stones and wrapped and placed in the mother's stomach.

P4: during "madeung", beside to burn stones, puerperal mother is given massage because after the time of delivery, our veins and muscles are stiffed and tense. The abdomen massage is to elevate the uterus to the original place.

The existence of the relationship of "madeung" culture with health was also obtained from the informants with the following statements:

Q6: There is indeed a relationship, such as food prohibition during madeung. Yet if according to health we do not need abstinence, even have to eat a lot.

P5: Yes, including the culture not to eat eggs for new mothers, which I know it is good for healing.

P4: Correct, as well as not to eat fish and shrimp after childbirth, which can make itchy and scratching that can make blood came out. However, it is actually just a myth.

Theme 2: 'Peucicap' and 'troen tanoh' cultures in newborns in Aceh are at risk of causing complex problems in newborns.

This theme emerged from participants' statements during data collection, which is explained in the following statements:

P4: Culture of peucicap on newborns, in addition to lubricate korma on the lips of babies, babies are also given a smoothie mixed fruits, stick on the baby's lips, given the same taste of the baby. It is a special event for seven days, including shaved hair.

In addition to peucicap, in Aceh, there is also a "troen tanoh" culture in newborns. This explanation is in accordance with the information given by the participants when the researcher asked about other

cultures that existed in the newborn. The informants said:

P3: for babies, there is also a prohibition from going home until the time of 'troen tanoh' (not to step on the ground).

P2: Yes, baby also has "troen tanoh". So the baby should not go out before 44 days, unless if the babies are getting sick.

Informants also stated this "troen tanoh" culture could cause problems to the health of newborns, explained in the following statements:

P2: It becomes a problem too; we cannot detect the condition of the baby because they are also not taken to the Posyandu (Integrated service post), for example for the baby's weight. But for immunization, sometimes there are midwives come to the houses.

P3: Yes there is a relationship; mostly the baby who does not go out will be yellow because it does not hit the sun.

Theme 3: Community-based integrated management of young infants can be implemented while maintaining Acehese culture.

Community-based integrated management of young infants aims to improve access for young infants at the community level to areas where access to health services is difficult. However, one of the criteria for access difficulties is that people have access to health services but do not utilize them due to socio-cultural issues.

Like the existing culture in Aceh, where the belief in postpartum and newborns should not leave the house before 44 days, so that if there is a problem that occurs, the community cannot detect it because they do not come to health facilities to get health services. This information is explained in the following statements:

P2: I do not understand, maybe because of not going to control to hospital also, or no access to the health service or must just stay at home, so I do not know anything.

P5: Yes, because no control, so cannot detect if there is a health problem. And if at home we do not have health information, until the problem become worst. For example in the yellow baby,. See my baby whether he is yellow or not? (while giving the baby to the facilitator) (From observation: the baby looks yellow) because some said that my baby is yellow. Yesterday the baby was dried in the sun with my mother at the front door, but no sunshine also was there.

DISCUSSION

Theme 1: 'Madeung' Culture in postpartum mothers in Aceh has a relationship with maternal health problems.

The results showed that during the 44 days after giving birth, postpartum mothers in Aceh undergo various cultural activities called by “*madeung*”.

An understanding of the “*madeung*” culture derived from the FGD results and in-depth interviews on the participants, which can be defined that “*madeung*” is a period in which new postpartum mothers have so many prohibitions for 44 days. The postpartum mother should be in her room, no longer walking out of the house, no drinking much, eating rice in a bowl or on a plate, and also should not eat acid and spicy foods.

During “*madeung*” the postpartum mother is warmed with a continuous ember on the side or under her bed, called “*Sale*”. The puerperal mothers also undergo a traditional treatment such as all body massage and “*toet bate*” (heating stone). Hot stones will be wrapped in cloth and placed on the mother's stomach.

Aceh's traditional stage on women who just gave birth is believed to follow to human nature,¹¹ as for the stages expected by the mother were:

- Immediately after delivery the mother is bathed with the last spray using "ie boh kruet" (lime juice) in order to remove the fishy smell.
- For three days, postpartum mother is given a herb of leaves composed of peugaga leaves, gaca leaf, un seumpung (urang-arang) leaves squeezed with water and then drunk. It is believed to clean dirty blood.
- From the first day until the third day the whole body of the mother is massaged as the effort in cleaning the dirty blood and smoothing breast milk.
- For seven days then given a herbal drink, from turmeric, brown sugar, tamarind, jeura eungkot, beb cuko (ginger) and pepper. All these ingredients are pounded until smooth and then mixed with water plus honey and egg yolks. The benefit of this herb is to increase blood and clean up dirty blood.
- A hot stone is place on the stomach and on “*sale*” (mother sleeping on a bed made of bamboo with fire underneath). This habit is done up to 44 days in order to clean up dirty blood, restore muscles and streamline the body.
- Entering the second month, postpartum mothers still perform various dietary abstinences. Every morning they drink a glass of saffron juice to strengthen the body for mother and child in order not to catch cold.
- Breastfeeding mothers are given a leaves extract drink such as kates leaves, long bean leaves, and katuk leaves to increase breast milk

production. In addition, postpartum mothers abstain from eating spicy foods because it is feared the baby will be stomachache.

- During “madeung”, the puerperal mother was given a cold powder on the face and body, while the powder was smeared with medicinal ingredients with bengkung (octopus) for 3 months. It is useful to smooth the face, body and shrink the stomach.
- During “madeung”, postpartum mothers should not leave the house before 44 days.

The end of the cultural activities after the completion of the “madeung” period is the postpartum mothers is bathed with water mixed with slices of boh kruet (belly lime). This bathing activity is called “manoe peut ploh peut”, which means bath after 44 days of “madeung”. On that day, the father-in-law will come to bring yellow pulut rice, roast chicken, and ingredients for “peusijuek roe darah” (proposing the completion of puerperal blood) of daughter-in-law in childbirth.

After the ceremony is completed, the assistants are given a gift of a dress, money, redeemed money for suasa ring, two bamboo rice, yellow pulp, roast chicken, and a live chicken. The gift is intended as a thank you to the completion of the obligation and responsibility of the midwife to the postpartum mother.

Based on previous research conducted by Juliana¹⁶ on Postpartum Care, according to Aceh Culture Perspective, using qualitative research design about the type of cultural practices conducted during the postpartum period which includes cleaning self by bathing, vaginal cleaning, disposal of pilis and parem, “tuum” eyes,

doing 'kujuk', wearing gurita dress, drinking herbs, "sale" and "teut batee". The results of this study showed that the majority of participants did self-hygiene by bathing, and some participants performed vaginal hygiene by using boiled water of betel leaf. The majority of participants were taking pilis and using parem. "Tuum" eye, wearing gurita dress, taking herbs, "sale" and "teut batee" were also done by all participants.

This cultural analysis however indicated the relationship of Aceh culture with maternal health in both positive and negative relationships. The culture of abstinence or prohibition not to go out during postpartum periods for 44 days has implications for health problems. Postpartum mothers should check their health to detect problems and complications after childbirth. The prohibition before the “troen tanoh” ceremony causes delays in making decisions in the field of health.

On the other hand, the massage process performed on postpartum mothers can be positive when it is done on the back as a stimulation of oxytocin to stimulate prolactin for breastfeeding. But this massage can also be a health problem when it is done in the mother's abdomen with the aim to replace the uterus to its original position.¹⁷

A qualitative research conducted by Lowe Chen & Huang¹⁸ on factors affecting maternal health in the Gambian village in 50 participants aged 15-30 years with FGD and in-depth interviews on 6 shamans obtained results that many Gambians female felt uncomfortable with the local cultural situation during pregnancy due to limited health resources to access care during pregnancy. In

addition, pregnant women also have to work and take care of the household without the help of their husbands or their polygamous family. And when entering into labor, decisions about maternity care and the postpartum period are determined by the culture. The results of the study generally can be concluded that culture greatly affects the problem of maternal health in Gambia village.¹⁸

Theme 2: 'Peucicap' and 'troen tanoh' customs in newborns in Aceh are at risk of causing complex problems in newborns.

The people of Aceh have their own customs in treating newborns. Peucicap and peutron bak tanoh cutstomes are a culture that always been implemented. The research results found that *peucicap* culture was performed on the seventh day of the baby's birth, accompanied by a *cuko oek* (shaving hair) and a naming of the baby. Peucicap event was done by polishing honey and a mixture of fruits on baby's lips.

Communities in Aceh celebrate the seven days of the birth of their baby with the custom of peucicap. Peucicap culture is to introduce food to the baby usually by mixing a variety of flavors such as apple juice, oranges, bananas, grapes, jackfruit, sugar, salt, and honey smeared to the baby's lips accompanied by prayer and hope that the baby will grow and become a shaleh child, devoted to parents and religion, and to the nation.¹⁰

After the peucicap custom is finished, it means the baby is allowed to be fed. In Aceh, there are still some people believe that the baby is not full enough with breastfeeding. Baby crying is believed to

be an expression of hunger that has not been satisfied so that the baby is given food in the form of banana that is scraped and crushed and mixed with rice.

A health risk associated with *peucicap* culture in newborns is the appearance of a disturbance in the baby's digestive system, which the newborn's gut does not have an enzyme capable of digesting carbohydrates and high plant fibers. Too early infant feeding (infants under 6 months) can cause blockage of the intestine resulting in constipation or symptoms of excessive diarrhea in infants.¹⁹

In addition, this study also revealed other cultures that exist in newborns called *troen tanoh* culture, an abstinence of the newborn to go outside home before the age of 44 days, which is similar to the culture of "Madeung" in the puerperium mothers. The custom procession called *peutron bak tanoh*, the newborn is invited to step on the ground for the first time. At this ceremony, the baby is picked up by a respected person who is good in both knowledge and attitude. The person who is carrying is also required to wear good clothes.

By the time the baby walking down from the ladder, the baby is shaded with a piece of cloth held by four people on each side of the cloth. On top of the cloth, coconut is split so baby becomes brave. The sound when the coconut shell is split is described as the sound of lightning, so hope the baby will not be afraid of lightning and other life challenges. The baby is expected to become a child who is "Ceubeh and Beuhe" (brave). Part of the coconut will be thrown at the baby's guardian, next to "Karong". Guardian is the brother of the

father's side of the baby, while "Karong" sibling is from the mother's side.¹¹

After that one family member rushes to sweep the yard and the other is winnowing rice when the baby is passed down to the land of women. Whereas if the baby is boy, the family will hoe the soil, chop the banana stalk or sugar cane stalk. This treatment is intended to make the baby a diligent and hard working.¹¹ Then the baby will go to the ground, his feet touch the ground for the first time, then the baby is carried around the house and finally brought to the mosque.

This cultural activity has become a habit and custom in society that is maintained its existence. In addition to the wealth of cultural heritage of the nation, there are several cultures that can also cause health problems. The culture "cannot go out" before the "troen tanoh" ceremony on mothers and babies in Aceh indirectly becomes one of the factors that cause delays in obtaining quality health services in mothers and babies.

Indirect causes of maternal and newborn mortality in Indonesia are the factors of community condition, which one of them is culture. Some of the things that result in the 3 late conditions, namely late decision making, late to reach health care service, and late to get enough help.²⁰

Late factors often begin with the delay in getting to know problems at home. Mothers and family members are unaware and cannot identify the danger signs in newborns. Another delay is in deciding to seek care and treatment, even after the family knows signs and symptoms.

Research conducted by Finley et al²¹ on the cultural impact in the examination of sick babies is found that cultural factors

influence behavior and experience in health decisions. Many evidences show that the perception of illness is strongly influenced by culture, and the interpretation of the disease is also influenced by culture. As Sujatha²² studies on the practice of mother culture and beliefs about newborn care in India found that 95% of mothers doing infant massage before bathing, 53% of mothers treated infants at home, 55% of mothers applied ash, soot, powder and even dried cow dung, 75% of mothers dried their babies in the sun when they found a yellow baby's skin, 82% of mothers applied "kajal" on the baby's face to avoid eye pain, and 59% of mothers also assured the practice should not move the empty cradle.

Theme 3: Community-based integrated management of young infants can be implemented while maintaining Acehese culture.

The result of the research was found that the health service that was suitable to the condition of *madeung*, *peucicap* and *troen tanoeh* culture in Aceh was the community based integrated management of young infants (MTBS-M).²³ MTBS-M is an integrated infant and child health care approach with community involvement aimed at improving access to essential care of young infants and management of infant-based sick children in accordance with standards.²³

MTBS-M also aims to improve access to services for young infants and sick children at the community level in areas where access to health services is difficult.²⁴ The difficulty of such access is the lack of human resources in the health sector, geographic constraints and socio-cultural constraints.²⁵

Aceh that has the confidence of *troen tanoh* (not to leave the house before 44 days) can lead to lack of access to health services related to health care for postpartum and newborns, so that the integrated management of sick children in this study is considered suitable to be applied in Aceh.

The MTBS-M intervention package for young infant categories is the essential care of newborns, introduction of newborn dangers and referral systems, management of LBW and management of infections in newborns.²⁶ This package can be added in accordance with the ability to state and condition of each area, including the service package to the postpartum mothers.²⁷ This is in accordance with the results of qualitative analysis by Baseleem and Amin on the perception of the implementation of MTBS to health workers in Lahej Yemen through in-depth interviews found that MTBS-M has a positive effect on health services although it should always be monitored compared to the health-based MTBS program alone.¹³

CONCLUSION

Based on FGD results and interviews with Aceh traditional assemblies, postpartum mothers, cadres and health workers on Aceh culture related to postpartum and newborns, there were 3 themes identified, namely: 1) 'Madeung' Culture in postpartum mothers in Aceh has a relationship with maternal health problems, 2) 'Peucicap' and 'troen tanoh' costumes in newborns in Aceh are at risk of causing complex problems in newborns, and 3) Community-based integrated management of young infants

can be implemented while maintaining Aceh culture. It is hoped that health cadres can improve their ability and skills in implementing health services at community level in the management of MTBM while maintaining Aceh culture.

Ethical Consideration

This study has been approved by the Research Ethic Committee of the Faculty of Medicine, Universitas Syiah Kuala no 22/KE/FK/2016

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