Effect of Mother Baby Care (MBC) Package with the Palembang Cultural Approach Adaptation to Physic and Psychological Period Post Partum

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Abstract
Self-reliance can be done by building a empowerment woman and child-directed quality of life and the role of women through the success of post partum mothers in mer awat her self and her baby. Pemulangan early from hospitals require assistance care at home with nursing care method Mother Baby Care (MBC) with Palembang cultural approach. The purpose of this study to assess the effect of packet MBC with a cultural approach Palembang to physical and psychological adaptation mom post partum. The methode used Quasi-Eksperimental pretest-posttest with Controller group. Sampling using purposive sampling, with 30 respondents each group. Bivariate data analysis used two different mean dependent samples paired t-test, Wilcoxon and Mann Whithney test. Diperoleh h acyl research there is not a difference sigi ni fican physical adaptations post partum mothers before and after the intervention of the intervention group. p value = 0.000, t idak ada differences in physical adaptations mother postpartum seb forgetting and after the intervention in the control group p value = 0.397, there are significant difference in adaptation of psychological maternal postpartum before and after the intervention group intervensi p value = 0.000 , t There was no difference in psychological adaptation of post partum mothers both before and after the intervention in the control group. p value = 0.114. Results of multivariate concluded that age (p value: 0.006) and family support (p value: 0.036) Mother adaptation influence post partum after getting a care package Mother Baby Care (MBC) with approach Palembang culture.

Keywords: Mother Baby Care (MBC), Adaptation, Post Partum.

I. INTRODUCTION

Program Sustainable Development Goals (SDGs) 2015-2030 in the field of health one of them to the family has plans to u marsh empower all women and girls to succeed. This vision is in line with the Ministry of Health’s vision of the realization of a healthy and independent and just society. Melan cited the degree of public health, through community empowerment, including the private sector.

The term of community independence can be done by building the empowerment of women and children aimed at improving the quality of life and the role of women, welfare, and protecting children in various fields of development; decrease in the number of acts of violence, exploitation, and discrimination against women and children; and strengthening institutional and gender mainstreaming networks and children at the national and regional levels, including the availability of data and gender statistics (RI Law No.17, 2007) . The efforts of the community in general are inseparable from the culture adopted in overcoming the health problems that exist in the community.

Cultural practices are carried out by the community more when mothers are treated at home, especially in mothers who are postpartum. With the development of the concept of postpartum care (postpartum) that the early discharge of patients, this causes the mother's home care period is longer than before. Preparation for early repatriation is not sufficient to equip the skills of
mothers and families in dealing with the post partum period. This makes it more possible to adopt local customs, traditions and culture through their care. Cultural practices that are not appropriate to health and only focus on the physical problems of the mother, often make the conditions of maternal health not maintained until the end of their reproduction. This is shown on the Maternal Mortality Rate (MMR) in Indonesia is still far from the target of MDGs by 2015. MMR in Indonesia in 2015 is 305 per 100,000 live births, with a direct cause and not directly.

Until now, the nursing care at home (home care ) in women during post partum not arranged with good nursing care postpartum mother to the mother and baby at home (home care) need to be prepared before the mothers are discharged from hospital. Namun, repatriation early mempengaruhi success of treatment post partum mothers, this is because berkual overall lack of opportunity to be given health education, observation during breastfeeding, and instruksi practically correct breastfeeding techniques[1] . Post partum mother care at home is strongly influenced by family and community support. Praktik- cultural practices carried out in the community is opposed to the treatment of maternal health.

Impact cultural practice of nursing mothers and their babies can be a serious problem to the physical and psychological changes post partum. Socio-economic factors of the family, response to stress, and culture are key factors that influence health [2]. A care approach that can be taken to mothers such as Mother Baby Care (MBC) in short community culture. MBC is a Mother and Baby Care which is also known as mutual mutual care (dyad care), focusing on physical, psychological, social and economic nursing . Nurses assess individuals as they function in the family, Communication between health professions and parents is becoming more integrated, reducing the potential for mistakes and confusion. Nurses need to provide an educational model for mothers and families through learning and teaching processes so that a physiological and psychosocial condition is achieved for the baby by taking into account social and cultural factors in its interventions.

Research on treatment to meet the needs of holistik mother during the post partum period in the context of the culture of South Sumatra has not been widely studied. Therefore, it is felt necessary to conduct research into the use of t) in the context of South Sumatra's culture of physical and psychological changes during post partum.

II. RESEARCH METHODOLOGY

Research conducted on July 9 - 31 October 2018 using the Quasi Experimental Pretest-Posttest with control group research. Population are mother post partum domiciled in the city of Palembang. The technique of taking sampel using purposif sampling with the inclusion criteria : bailable for examination , Post partum days 1-40 days, age of mothers are 20- 35 years, not impaired mental, and mother original Palembang, who lived in the city of Palembang. Samples research was 60 respondents 30 respondents kelompok interventions, and 30 group control.

Univariate analysis of the frequency distribution of a change in the physical and psychological post partum mothers in both groups. Analysis bivariate using test Wilcoxon, dependent paires test samples t-test, and test Mann-Whitney, while the analysis of multivariate used ad ne test MANOVA.

III. RESULTS

A. Sample Characteristics

Table 1. Frequency Distribution of Respondents by Age of Mother Post t Partum in Ilir Barat II Palembang

<table>
<thead>
<tr>
<th>Variable</th>
<th>The mean</th>
<th>Median</th>
<th>Standard Deviation</th>
<th>Min-Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>29.53</td>
<td>30</td>
<td>4.848</td>
<td>24-37</td>
</tr>
</tbody>
</table>

Table 2. Frequency Distribution of Respondents by Biodata Mrs. Post Partum In the intervention group in Ilir Barat II Palembang

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parity:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Multigravida</td>
<td>17</td>
<td>56.7</td>
<td>30</td>
</tr>
<tr>
<td>- Primigravida</td>
<td>13</td>
<td>43.3</td>
<td></td>
</tr>
<tr>
<td>Education:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Height (PT)</td>
<td>22</td>
<td>73.3</td>
<td>30</td>
</tr>
<tr>
<td>- Low</td>
<td>8</td>
<td>26.7</td>
<td></td>
</tr>
<tr>
<td>elementary- high school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession :</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- working</td>
<td>20</td>
<td>66.7</td>
<td>30</td>
</tr>
<tr>
<td>- Housewife</td>
<td>10</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>Family support :</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- There isn't any</td>
<td>10</td>
<td>33.3</td>
<td>30</td>
</tr>
<tr>
<td>- Sometimes</td>
<td>14</td>
<td>46.7</td>
<td></td>
</tr>
<tr>
<td>- Always supportive</td>
<td>6</td>
<td>20.0</td>
<td></td>
</tr>
</tbody>
</table>
According to the table 5.2 in mind sebagian mothers post partum multigravida n = 17 (56.7%), college education n = 22 respondents (73.3%), work 20 responden (66.7%) and the support 20 respondents (66.7%).

B. Analysis of Physical and Physiological Differences Before and After Intervention

C. Table 3. Distribution of Average Adapted Physical d an Psychological the biological mother post partum Pre-Post Intervention on K Secondly Kelompok in Ilir Barat II Palembang

<table>
<thead>
<tr>
<th>Group</th>
<th>Physical Adaptation</th>
<th>Psychological Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Non Intervention</td>
<td>.397</td>
<td>0.114</td>
</tr>
</tbody>
</table>

From the table it is known that there is a difference significant physical adaptations post partum mothers before and after given interven the p value = 0.000 at kelompok intervention, while the control p value = 0.397 dition mpulkan no difference in maternal postpartum physical adaptation before and after the interventions.

The results of the analysis of the adaptation of psychological obtained p value = 0.000, meaning that there is a difference signifi k an adaptation of the psychological mother post partum before and after the intervention in the intervention group, whereas the control group there was no difference in the adaptation of psychological mother postpartum both before and after the intervention with p value = 0.114.

Table 4. Distribution of Average Adaptation Mrs. Post Partum Se hasnot Given intervention on Both Kelompok in Ilir Barat II Palembang

<table>
<thead>
<tr>
<th>c</th>
<th>The mean</th>
<th>Elementary school</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Adaptation</td>
<td>23.63</td>
<td>7.39</td>
<td>.137</td>
</tr>
<tr>
<td>Psychological Adaptation</td>
<td>15.70</td>
<td>3.748</td>
<td>.014</td>
</tr>
</tbody>
</table>

Popularity hasil pre-test is obtained p value = 0.137, then concluded there was no difference in physical adaptation maternal postpartum before the given module and the treatment of MBC between a group intervention and control groups then adapatsi psychological obtained p value = 0.141, then concluded there was no difference in the adaptation of psychological post partum mothers before administration modules and maintenance MBC between the intervention and kelompok control.

Table 5. Average Distribution of Adaptation of Post Partum Mothers After Granting Interventions in both groups in Ilir Barat II Palembang

<table>
<thead>
<tr>
<th>Variable</th>
<th>The mean</th>
<th>Elementary school</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Adaptation</td>
<td>26.58</td>
<td>7.922</td>
<td>0.614</td>
</tr>
<tr>
<td>Psychological Adaptation</td>
<td>17.65</td>
<td>2.510</td>
<td>0.000</td>
</tr>
</tbody>
</table>

From the table above, p value = 0.614 is obtained, so it can be concluded that there is no difference in psychological adaptation of post partum mothers after being given modules and MBC care between the intervention and control groups. Adaptsi psychological obtained p value = 0.000, it can be concluded terdapat difference adaptation postpartum mothers psychologically after a given module and MBC treatment between the intervention and clogs pok control.

D. Multivariate Analysis

Table 6. Results of Multivariate Analysis of Factors Mempengaruhi Adaptation Physical and Psychological Capital Post Partum After Provided intervention in Ilir Barat II Palembang

<table>
<thead>
<tr>
<th>Variable</th>
<th>F</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parity Physical Adaptation</td>
<td>2.745</td>
<td>.111</td>
</tr>
<tr>
<td>Logical Psychological Adaptation</td>
<td>.149</td>
<td>.703</td>
</tr>
<tr>
<td>Age Physical Adaptation</td>
<td>8.938</td>
<td>.006</td>
</tr>
<tr>
<td>Psychological Adaptation</td>
<td>.0122</td>
<td>.730</td>
</tr>
<tr>
<td>Family support Physical Adaptation</td>
<td>.952</td>
<td>.036</td>
</tr>
<tr>
<td>Psychological Adaptation</td>
<td>.101</td>
<td>.753</td>
</tr>
<tr>
<td>Pekerjaan Physical Adaptation</td>
<td>2.528</td>
<td>.125</td>
</tr>
<tr>
<td>Psychological Adaptation</td>
<td>.786</td>
<td>.384</td>
</tr>
<tr>
<td>Education Adapta the Physical</td>
<td>.089</td>
<td>.768</td>
</tr>
<tr>
<td>Psychological Adaptation</td>
<td>2.567</td>
<td>.122</td>
</tr>
</tbody>
</table>

Based on the table III.1 known that the age factor p value of 0.006 and family support to adaptation physically 0.036 and concluded that keduaanya mempengaruhi adaptation post partum mother after getting intervention. Being right for parity factor, job and education obtained h acyl p value > 0.05, which means there is no effect after DIBE ri intervention.

IV. DISCUSSIONS

The complaints of the post partum mothers found in this study were weakness, fatigue, sleepiness, body discomfort, dizziness, cramps, mules during breastfeeding, lots of blood coming out, breast pain and
The trauma is.

of her.

It was found.

sticks that are cracked and under the couch is placed a

which

Palembang Indonesian people in this study is a steam

The traditional intervention carried out by the

One

minority, and self-support and self-awareness of her

workers to bridge the

attained in

days of her

is

One

in British Columbia, of 396 mothers of periods one,

four, and eight weeks post partum, obtained the results

of a positive correlated partner support with social

support [6]. This is consistent with the results of

research that the needs of mothers are very important

and need to be supported by husbands, mother-in-law,

village midwives, cadres and village leaders as well as

the existence of a cultural role [7]. Post partum

mother's needs are the needs of her support and care.

Mother's efforts to solve breastfeeding and perineal

pain problems by doing traditional practices.

The practice that mothers do when experiencing

breastfeeding problems is by drinking herbal medicine

and eating vegetables. The results are consistent with

the mothers in the village Kajar in South Klaten

Indonesia, mer habits eka clicking the consumption of

herbs while nursing [8]. Research [9], two factors

masala h breastfeeding and lack of exclusive

breastfeeding in Nicaragua is feeding prior to lactation

and maternal perceptions of the baby to be large at

birth. Most research shows cultural support for

breastfeeding, although most traditional societies delay

breastfeeding because colostrum is considered 'dirty'

[1]. For perineal pain, the mother sits on a heated brick.

This cultural practice obtained from mother - in-law

stems from habits taught by grandmothers or their

predecessors. Cultural practices are carried out with

herbs and spices that can be made by yourself, bought

or received treatment from a massage shaman. Unlike

the case with research [10], for problems such as

urinary tract infection (UTI) per Litian in vitro have

shown the effects of fruit Rosa Canina in preventing

the growth of Escherichia coli.

Research conducted by Sari, Husaini, & Ilmi (2017)

[11], in which there are restrictions on maternal and

childbirth mothers are grouped into 3 categories

namely behavioral, food and beverage restrictions.

Various post partum period practices were obtained in

Asia, North America and Africa, there is a strong

cultural understanding of the power of healing through

daily food [1]. One of the indigenous groups in the

Malaysia Peninsula, had their own taboo and avoidance

of special foods during the postpartum period. Dietary

restrictions begin immediately after delivery for up to

one month [12].

The traditional intervention carried out by the

Palembang Indonesian people in this study is a steam

bath in order to carry out body treatments. In the

people of Aceh Indonesia, body care is carried out by

means of a post partum mother undergoing a sale,

which is sleeping on a divan made of wood or bamboo

sticks that are cracked and under the couch is placed a

stove filled with hot charcoal. The trauma is

considered to accelerate the process of deflating the

stomach and uterus, closing the genitals, and warming

the body. The dukun beranak in Kelurahan Majene,

handles post partum mothers based on the knowledge

he has gained from dreams. Mother must lift water

from the well to the house to restore physical strength

[13].

The behaviour post partum mothers to overcome their

health problems according to the results of the study

[11], in the Banjar tribe are grouped into 3 categories

in obtaining treatment, namely from village shamans,

customs and from health workers. Health workforce

activities according to [14] an evaluation of the Mom

to Mom (M2M) program can help women overcome

the first year of care through visits that have the

capacity to overcome challenges in the post partum

period among women from diverse cultures. Ideally

these interventions should develop behaviors that

support recognized cultural life such as breastfeeding,

post partum counseling, rest and recovery. Then by

modifying potentially harmful aspects of other cultural

practices during the perinatal period [1]. Unreachable

and inadequate program, related to a culture of

mistrust and suspicion, mothers from Black and

Minority Ethnic (BME) about perinatal health services

[15].

In the context of migration, immigrant mothers are

powerless to understand the meaning of the post

partum sexual life [10] community neonatal interventions

must be adapted to the population of existing practice and knowledge. In the population

studied, traditional practices in the partum period are

no longer common. Multidimensional assessment of

acculturation can prove useful in better adjusting

future breastfeeding promotion interventions[16].

There are several methods traditional in the whole

world yang beneficial and harmful to both mother and

baby [17].

Cultural practices undertaken by mothers during post

partum require help from health workers to bridge the

needs of mothers. Like the results of this study, the

expectation of mothers towards self care requires

involvement of husband, family and health workers.

The form of support that mothers need in the form of

understanding, accompanied by their husbands,

parents and health workers in providing their care

needs [18].

Culturally competent health care interventions must be
developed from the earliest post partum period. As a

promotion of social support and self-efficacy care for

new mothers. Research on 68 mothers who received

social support and self- efficacy care. It was found

that, perceived social support and self- efficacy care
decreased at the beginning of post partum. Parenting
self-efficacy increased from six weeks to three months post partum. Social support was felt to be positively correlated with self-efficacy caregiving [19].

Health workers need to provide interventions for post-partum mothers with health education packages [20]. This is because the advice of health care workers and access to available health services bring better conditions after giving birth [21].

V. CONCLUSION

There were significant differences in the physical adaptation of post partum mothers before and after the intervention in the intervention group. P value = 0.000. There is no difference in physical adaptation postpartum mothers before and after the intervention in the control group p value = 0.397, a significant difference in psychological adaptation of post partum mothers before and after the intervention in the intervention group p value = 0.000, but no difference in the adaptation of psycho logical postpartum mothers both before and after the intervention in the control group p value = 0.141, no difference in maternal postpartum physical adaptation between the group given module and MBC treatment with only diberika n MBC module p value = 0.137. There is no difference in psychological adaptation of post partum mothers among the group given mod ul and treatment of MBC with MBC who were given module p value = 0.141, no difference in maternal post partum physical adaptations after d iberi kan modules and MBC treatment between the intervention group and the control group p value = 0.614, differences in a daptasi psychological postpartum mother after a given module and MBC treatment between the intervention group and the control group p value = 0.000, and factor age and family support for physical adaptation obtained p value = 0.05 ie 0.006 for age and 0.036 for family support. It can be concluded both of them affect the adaptation of post partum mothers after getting intervention. Factors parity, employment and education results obtained p value > 0.05, meaning that there is no influence of these factors on the physical and psychological adaptation of post partum mothers after obtaining intervention.

REFERENCES


