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Cultural Factors Influencing the Incidence of Chronic Energy Deficiency (CED) in Pregnant Women in the Langke Majok Health Center Work Area

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ABSTRACT

Introduction: Nutrition of pregnant women is one of the focuses of attention in improving community nutrition because it has a significant impact on the condition of the fetus. Mothers with risk KEK can have a negative impact on him itself such as anemia, bleeding, the mother's weight is not increase in a way normal and caught disease infection. KEK on Mother pregnant can cause miscarriage, baby born dead, dead in content and disabled carry-on. Case KEK Which happen in Manggarai Regency is caused by many factors, one of which is is the eating culture of pregnant women influenced by culture area local. The research results show that pregnant women's eating practices are carried out because of beliefs and habits in the family. Biological parents encourage mothers to abstain from eating because of the habits and beliefs in the family. Food taboo habits in the family are divided into two, namely food taboos that are carried out because of the habits of the biological family and habits that follow the husband's family after marriage. The husband's parents were also found to be a driving force for the mother to abstain from eating. Community health centers need to provide education regarding dietary restrictions not only to pregnant women but also to families and the community so that the nutritional needs of pregnant women are met.

Objective: Study This aiming for describe factor culture that influences the occurrence of KEK in pregnant women in the work area of Langke Majok Health Center, including the eating practices of pregnant women, the role of parents and the eating culture of pregnant women.

Method: This type of research is qualitative with an ethnographic research design. The informants consist of informants The key is eight pregnant women with KEK and eight supporting informants, with the instrument used being an interview guideline conducted by means of in-depth interviews, observation and documentation. The data analysis technique used is based on the approach taken by Miles and Huberman by means of data reduction, data presentation and drawing conclusions.

Results: Research results shows that mothers' eating practices pregnant done because of beliefs and customs which exists in the family which requires the mother to follow the habit. This is supported by the role of biological parents who require the mother to do food taboos because of the habits and beliefs in the family. In addition to following the habits of biological parents. Food taboos carried out by pregnant women because of the role husband's parents as giver information, because after Marry a wife must follow customs and beliefs who is in the family husband. Culture abstinence Eat Which There is in area local directly not require Mother pregnant f or do food taboos, but the belief in the tradition of food taboos that exist in the biological family that is carried out by the mother during her life. In addition, in the tradition of Manggarai culture, when married, the wife follows the customs of the husband's family as a form of respect for her husband, marked by the wife living with her husband's parents.

Conclusion: Eating practices are carried out because of beliefs and customs in the family. The role of parents in eating taboos as a provider of information on eating taboos to pregnant women, the culture of fasting at night in the local area does not require pregnant women to carry out eating taboos except to follow the beliefs and traditions that exist in the family,

Keywords: Pregnant Women; KEK; Health Center

INTRODUCTION

Pregnancy is a procedure that begins with the fertilization of the fetus and ends with the birth of the fetus. The growth and development of the fetus is very influenced by the food consumed by the mother (1). Nutritional problems Which often found on Mother pregnant is Not enough Energy Chronicle (SEZ). *World Health Organization* (WHO) shows prevalence KEK on mother pregnant in world reaching 35-37% with data in Asia the proportion of KEK in pregnant women is around 15.3% andThanzania show prevalence 19% Mother pregnant teenager age 15-19 year experiencing KEK. The 2018 Basic Health Research (Riskesdas) showed the prevalence of KEK risk in pregnant women (15-49 years) is still quite high, namely of 17.3% is expected to decrease by 1.5% each year (2).

Data report routine from 34 province year 2020 show that 451,130 of 4,656,382 pregnant women are at risk of KEK. Renstra Kemenkes RI 2022 targets 16% of pregnant women who are at risk of KEK, while presentation Mother pregnant Which experience KEK as big as 9.7%. Condition the illustrates that the achievement of the target for pregnant women in the KEK has exceeded the target. Even though achievement risk Mother pregnant KEK beyond target, Province Island Southeast East is the only one province with presentation KEK highest in Indonesia that is as big as 24.3% (Ministry of Health) Republic of Indonesia, 2021). Langkemajok Health Center is one of the health centers in Manggarai Regency, which is located in North Satarmese District, has a health problem for pregnant women, namely Chronic Energy Deficiency (KEK). Health center data for five years year final amount case KEK on Mother pregnant experience fluctuation. There is 29 case Mother Which experience KEK on year 2019, Then decreased to 22 people in 2020. The cases occurred KEK most high occurs year 2021 that is as much as 46 people. Number case experienced decreased again in 2022 by 33 people. The number of cases most A little happen on year 2023 as much as 13 person (3).

The problem of cases of malnutrition (KEK) in mothers that occur in Health Center The Langkemajok become Wrong One problem health Which Serious because the local community still holds fast to the culture. Culture family and myths that develop in society also take over creating habits in pregnant women. Culture such as taboos eating for pregnant women, cultural conditions that are difficult or slow to follow the influence mass and group health education, *the mindset* of the community Still primordial to health And culture family like habit taboo to food certain can cause problem health onMother and babies. Previous research conducted in Medan City found that aspects outside the health sector also play a role and influence system performance service as well as behavior health Mother (4). WHO mention that health mother not only influenced by factor Which inherent in the individual (age, education level, ethnicity), but there are also the influence of the physical, socio-economic, cultural, and structural environment. Taboo food is done for the reason of protecting and supporting the mother in health. The food taboos referred to are foods that contain carbohydrate No may consumed by Mother pregnant with reason will experienceincrease heavy body so that happen risk labor. Woman pregnant only you can eat fruit and vegetables because trusted healthy body (5).

METHOD

Type study This is study qualitative, It means data Which in collect not in the form of numbers, but the data comes from script interview And notes field. In study qualitative data Whichobtained in the form of narrative data in the form of writing, spoken words, notes diaries, sound or video recordings, works of art and also observations. systematic (Fadli, 2021). The research design of this study is ethnography to examine involvement of researchers in exploring the culture of society. In study qualitative known with term informant. Qualitative research does not recognize a minimum number of samples (*sample*). *size*). Generally, qualitative research uses a small sample size. The most important thing in determining informants is adequacy and suitability. Informant study chosen coveringinformant key (Mother who has KEK) And informant supporters (parents, husband, figure public, officer health). Ethnographic methods were used because they wanted to understand cultural views on the dietary restrictions imposed by pregnant women. Because it is known that external factors play a role in individual health.

The research instrument used is an interview guideline that has been prepared by the researcher. Data collection techniques are carried out by means of in-depth interviews, observation and documentation. The types of data taken are primary data and secondary data. Data analysis techniques in qualitative research are based on the approach taken by Miles and Huberman, namely: Data reduction, data presentation and the last is drawing conclusions.

RESULTS AND DISCUSSION

Qualitative Research

Pregnant Women's Eating Practices

Based on the results of the analysis related to cultural factors that influence incident KEK Mother pregnant in do practice Eat Mother pregnant Which covers food taboos that are consumed on during pregnancy and intake Pregnant women's food is still a lot of mothers who have food restrictions Which trusted can healthy Mother And baby. Matter This reinforced with informant's answer which states that they did it correctly taboo eat during pregnancy. The research results showed that the informants carried out eating practices related to dietary restrictions, namely not consuming nuts, vegetables with spreading stems, eggs, salted fish which are believed to be detrimental to the health of the mother and fetus. The practice of abstaining from eating is carried out because of beliefs in traditional values and some do it because it can harm health

Role of Parents

Role parent as educator in provision need nutrition in information provision food which consumed by Mother. The results of the interviews showed that parents/in-laws provided information on dietary restrictions because they followed the dietary restrictions they had previously implemented and believed to be able to maintain the health of the mother and fetus. The results of the research show that the dietary restrictions imposed by pregnant women are influenced by the role of parents/in-laws as providers of information and husbands as encouragement because it is a hereditary habit because this is also done by parents/in-laws during pregnancy which is considered necessary and permissible to maintain the mother's health and fetus.

Pregnant women's eating culture

The research results found that the culture that influences pregnant women's dietary restrictions is the family eating culture that has been passed down from generation to generation because it is a habit of the biological family and the husband's family after marriage. This is in line with information from pregnant women who stated that eating restrictions were observed from childhood because they followed the eating habits of their biological family and there were pregnant women who abstained from eating because they followed the eating habits of their husband's family after marriage. This is in line with statements from community leaders who confirmed that pregnant women's eating restrictions are family eating habits and there is no prohibition against eating taboos related to family eating culture.

CONCLUSION

Based on results study Which has done about factor culture Which influence incident Not enough Energy Chronicle (KEK) Mother pregnant in the working area of Langkemajok Health Center, Manggarai Regency, is as following:

The practice of pregnant women eating is carried out because of beliefs and habits that exist in the family. This is proven by the results interview Which done to Mother pregnant And Also to parents/in-laws husband practice taboo Eat done Because habit And trust Which adopted in family.

The role of parents in dietary restrictions as information providers to pregnant women. This is because most pregnant women still living with in-laws and some living with their husbands Which Where since Marry a wife must follow customs and beliefs that exist in the husband's family. In addition, There are pregnant women who have been following dietary restrictions since childhood, this is the case proven by the results of interviews conducted with parents that the mother is pregnant have been doing food taboos since before Marry Because trust And habit Which There is in family.

Culture does not regulate taboos or eating patterns for pregnant women, but culture regulates dietary taboos and eating patterns for community groups or individuals in the area.

SUGGESTION

For Pregnant Women, it is hoped that pregnant women will pay more attention to their dietary restrictions and continue to consult with health workers regarding the food intake needed by the mother and fetus.

For the Family, it is hoped that families will have more insight regarding the dangers of dietary restrictions for pregnant women, pay more attention to pregnant women and consult with health workers regarding the nutritional needs of pregnant women.

For Community Health Centers, it is hoped that health workers will provide education not only to pregnant women, but also to families regarding dietary restrictions and the importance of fulfilling nutritional requirements for pregnant women.

For Further Researchers, it is hoped that this research can become a reference for future researchers regarding culture that influences maternal health by using different methods and types of research

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