

The Effect of Social Support on Pregnant Women Health in Minangkabau Matrilineal Communities

Devi Syarief¹, Andi Zulkifli Abdullah², Suriah³,
Healthy Hidayanti⁴, Dewi Susilawati⁵, Ety Aprianti⁶, Guslinda⁷

¹Public Health, Postgraduated School, Hasanuddin University, Jl. Perintis Kemerdekaan KM.10, Tamalanrea Indah, Kota Makassar, Sulawesi Selatan 9024, Indonesia, ²Epidemiology Department, Public Health, Hasanuddin University, Jl. Perintis Kemerdekaan KM.10, Tamalanrea Indah, Kota Makassar; Sulawesi Selatan 9024, Indonesia, ³Health Promotion Department, Public Health, Hasanuddin University, Jl. Perintis Kemerdekaan KM.10, Tamalanrea Indah, Kota Makassar; Sulawesi Selatan 9024, Indonesia, ⁴Nutrition Department, Public Health, Hasanuddin University, Jl. Perintis Kemerdekaan KM.10, Tamalanrea Indah, Kota Makassar; Sulawesi Selatan 9024, Indonesia, ⁵Midwifery Department, STIKes Mercubaktijaya, Surau Gadang, Nanggalo, Padang City, West Sumatra, Indonesia, ⁶Nursing Department, ⁷STIKes Mercubaktijaya, Surau Gadang, Nanggalo, Padang City, West Sumatra, Indonesia

Abstract

Objective: This research aims to explore the effect of social support on the health of pregnant women in the Minangkabau matrilineal community, Indonesia, from the perspective of the husbands, community leaders, health cadres and workers.

Method: This study employs qualitative research, while purposive sampling techniques were used to select 51 informants comprising 18 husbands, 14 community leaders, eight medical workers, and 11 health cadres. In addition, the data collection method involved focus group discussions and in-depth interviews and was analyzed using content analysis.

Results: The findings showed the social support of the Minangkabau matrilineal community towards pregnant women was non-optimal and was in the form of emotional, informative, and instrumental assistance.

Conclusion: The improvement in the health status of pregnant women is achievable with an intervention to increase social support, particularly in the Minangkabau matrilineal community, West Sumatra.

Keywords: *Matrilineal; Pregnant Women; Social support.*

Introduction

According to the 2015 Inter-Census Population Survey (SUPAS), Maternal Motherly Rate (MMR) in

Indonesia is 305 per 100,000 live births.¹ Furthermore, interventions to reduce this are majorly focused on increasing access to trained health workers, and obstetric emergencies management.¹ The factors causing non-access comprise subordinate societal status, culture, and religion², and results in the inability of women to refer to pregnancy-related complaints, difficulty in taking initiatives, and medical treatment delays.³ Therefore, to enhance women activities in health services, empowerment is a necessary component of the healthcare system⁴

Several myths, stereotypes, and labels about women's roles are inseparable from the prevailing social

Corresponding Author:

Dr. Devi Syarief

Public Health Department, Postgraduated School,
Hasanuddin University, Jl. Perintis Kemerdekaan
KM.10, Tamalanrea Indah, Kota Makassar, Sulawesi
Selatan 9024, Indonesia
e-mail: devisyarief13@gmail.com

construction because the origin is the socialization process in the family, education system, and other communal environments. In addition, the kinship system is a significant aspect of social structure and, in Indonesia, comprises patrilineal and matrilineal. While patrilineal refers to a community custom where the descent line originates from the father's side, matrilineal relates to the mother's side.

The Minangkabau are the only Indonesian ethnic practicing the matrilineal system and the largest adherents globally. Moreover, the women there hold a more important position because of the presence of a child signifies the next generation.

However, the maternal health and antenatal care overview in this region shows an appalling condition. Hence, K4 coverage in West Sumatra province is at 73% while the lowest is Tanah Datar District, with a 3-year decline comprising 72.4% (2015); 70.6% (2016) and 64.06% (2017).⁵

There is little research focuses on the social support of pregnant women in matrilineal societies. Therefore, this study contributes information about the subject matter, particularly in the Minangkabau ethnic group, from the perspective of the husbands, community leaders, health cadres, and workers.

Research Method

Research Design: A qualitative design was employed to determine the social support of the Minangkabau matrilineal community for the health of pregnant women, and the study showed emotional, informative, and instrumental assistance.

Research Informant: Fifty-one native Minangkabau informants were selected by purposive sampling techniques and comprised husbands, community leaders, health cadres, and medical workers. Furthermore, this was done in collaboration with the head of Subdistrict, the head of the Public health center, *Wali Nagari*, *Wali Jorong*, public figures, and other community groups, including the PKK.

Research Sites: The study was conducted in Sungayang and Pariangan Subdistrict, Tanah Datar District, and West Sumatra Province in Indonesia.

Data Collection Technique: The data collection method involved detailed informant interviews and focus group discussions.

Data Analysis Technique: The data were analyzed using content analysis and information triangulation techniques.

Research Result

Emotional Support: The focus group discussions and in-depth interviews of the husbands, community leaders, and health workers showed emotional assistance from the community as a form of social support towards pregnant women's health. However, this was insufficient because the attitude was not widespread. Also, emotional support entails attention, empathy, and concern.

".....In our area, there are still a small number of people who provide support to pregnant women"(Sytoma03)

Local health workers affirmed the absence of special support for pregnant women in the region.

"...special support for pregnant women "(Sytinks 01)

Furthermore, certain husbands expressed emotional support by giving attention and encouragement to their wives.

".....giving attention to the wives)....(sysm02; sysm04; sysm06)

".....cheering the wives(sysm02; sysm04; sysm06)

The cadres confirmed provision of emotional support by husbands in the form of attention giving.

".....was given attention by the husband.... (sykdr01, sykdr02, sykdr04, sykdr05)

Also, the cadre disclosed good emotional support from the local community.

"...several social support given to pregnant women by the community...."(Kpr01)

According to certain community leaders, communal emotional support involves inquiry on the condition of pregnant women.

"...the community asks about the condition of pregnant women...."(tomapr01, tomapr02, tomapr03, tomapr04, tomapr05, tomapr06, tomapr07)

The health workers reinforced an additional communal effort of communication and sharing of

pregnancy experiences with the women during available periods.

“...the community talks to pregnant women about prenatal experiences...”(Prnks02)

Also, health professionals revealed a custom of the local community culture, particularly for first-time pregnant women, called the 7-month tradition.

“...the community carries out a festive seven-month-of-birth ceremony, involving preparation of a pumpkin meal, particularly for the first child “ (prnks03)

Therefore, there is a consensus by cadres, health workers, and community leaders on observable daily communal empathy for pregnant women through inquiry on the pre-natal stage and problems faced.

Informative Support: Informative support entails the provision of advice, direction, or feedback, to positively influence the recipient. Furthermore, the interviews with health workers revealed this form of assistance through the supply of information, advice, and suggestions to conduct pregnancy checks with health workers.

“the community reminds pregnant women to check with midwives or at the health centers“(Prnks02 dan Prnks04).

The cadre understands the duties and functions of providing wellbeing information to pregnant women. Hence, women call on health workers.

“...the cadres provide information to pregnant women.....” (kpr02).

The husbands, community leaders, health workers, and cadres affirm the participation of the community through encouragement to check with health workers rather than traditional healers. Also, pregnant women are actively reminded of the examination schedule.

“people inquire about the condition of pregnant women, share food restrictions and give reminders to check up “(Tomapr 01-07)”

Similarly, certain husbands provide informative support by constantly prompting the wives about the nutritional needs, check-up schedule, and consumption of Fe tablets.

“.....there are husbands who do not care about the pregnancy ...”(sykdr02)

“....a small number of husbands remind their wives to attend pregnancy checkup..” (prkdr05)

The health workers claim the information offered to pregnant women by the public is usually based on related personal experiences or habits. This information is conveyed informally at spare times.

“...the community socializes with pregnant women to share antenatal experiences..... “(Prnks02)

“....occasionally, the community reminds pregnant women to check with the midwife or at the public health center.... “ (Prnks03).

Instrumental Support: The interviews with health cadres showed instrumental support by the Minangkabau matrilineal community through the availability of privately owned public transportation to serve as an ambulance to transport pregnant women to more adequate facilities.

“...the cars of people in the village are borrowed during an emergency “ (sykdr01).

“....several residents believe providing personal cars to transport pregnant women to the hospital brings fortune, and hence, give permission....”(sytoma05)

Discussion

Pregnant women require adjustments to both physical and psychological changes. Furthermore, emotional support is needed due to the inability of some to properly acclimatize. These women share the comfort and discomfort felt, pregnancy development and birth concerns to trusted persons.⁶

Edmons et al. (2011) posit four support types usually obtained by pregnant women, comprised of practical assistance with routine activities, information or advice, emotional support and guarantees, and resource or material provision. Furthermore, the most frequent support includes good mothers, mother-in-law, sister-in-law, and husband.⁶

Socio-cultural influences affect pregnant women and families during the welcoming period. In addition, several ceremonies are carried out during the 3rd and seventh month, birth and postpartum periods based on the customs of each region.⁷

Pregnancy is a crisis phase in the life cycle of a woman, and people in various cultures pay attention to this. Also, the several rituals required indicates the community views pregnancy as an extraordinary event. Therefore, public attention towards pregnant women is a form of social support.⁸ The traditional philosophy of “badunsanak” (a strong solidarity culture with fellow kin group members) identified among the Minangkabau people. Furthermore, this relationship is apparent in the social support practiced by family members. Informative social support is easier to provide due to efficiency, effectiveness, ability to share through any media, without the requirement of personal information.⁷

Bagalkot et al. (2018) found informal peer-to-peer female networks to play a major role in Indian pregnant women care, through the sharing of stories, experiences and general knowledge.⁹

Therefore, a mindset of women support is necessary to foster the ability to solve related and family problems, including facility choice, means of transport, alternative house and children care, costs, fulfillment, among others. Moreover, the habit of living in “a gadang house” (large house) consisting of several families in the matrilineal Minangkabau community enables the provision of this assistance. However, this living together habit has begun to fade, but the principles of cooperation and collaboration remain strongly maintained in their daily lives.

Therefore, the basic instrumental support encompasses direct assistance, comprising finances, facilities, personnel, and other related assistance. This is aimed at facilitating pregnancy care and monitoring. Furthermore, concern and encouragement from the family makes pregnant women feel cared for and motivated to be careful.^{6,10}

Also, a feature of the Minangkabau community is the deliberation among the tribes where there are problems faced.

Conclusion

The research shows the social support of the Minangkabau community towards the health of pregnant women is not optimal, although a unique culture and potential exists. The assistance provided is limited to emotional, informative, and instrumental support. Therefore, further studies on the factors influencing social support are needed for use as a basis for making

health promotion interventions models to the community based on local culture. Through this, improving the health status of pregnant women in Minangkabau Indonesia is achieved.

Acknowledgment: The author thanks MERCUBAKTIJAYA Foundation for providing funding to conduct this study, and all participating informants, the Head of Sungayang and Pariangan Sub-Districts, the Head of the Tanah Datar District Health Office, the Head and Staff of the Sungayang and Pariangan Health Centers for permission, support and facilities provided, and other supportive parties.

Ethical Clearance: No ethical approval is needed.

Source of Funding: Self

Conflict of Interest: Nil

References

1. Prata N., Passano P., Sreenivas A., Gerds CE. Maternal mortality in developing countries: challenges in scaling-up priority interventions. *Women's Heal.* 2010;6(2):311-27, doi: <https://doi.org/10.2217/WHE.10.8>.
2. WHO Commission on Social Determinants of Health., World Health Organization. Closing the gap in a generation: health equity through action on the social determinants of health: Commission on Social Determinants of Health final report. Geneva: World Health Organization; 2008.
3. Ministry of Women's Empowerment and Child Protection of the Republic of Indonesia. Study on the participation of women's organizations in reducing maternal mortality in West Java Province. Jakarta: Ministry of Women's Empowerment and Child Protection of the Republic of Indonesia; 2017.
4. Ahmed S., Creanga AA., Gillespie DG., Tsui AO. Economic status, education and empowerment: implications for maternal health service utilization in developing countries. *PLoS One.* 2010;5(6):e11190, doi: <https://doi.org/10.1371/journal.pone.0011190>.
5. West Sumatra Health Service. West sumatera province health profile. Padang: West Sumatra Health Service; 2017.
6. Edmonds JK., Paul M., Sibley LM. Type, content, and source of social support perceived by women

- during pregnancy: Evidence from Matlab, Bangladesh. *J Health Popul Nutr.* 2011;29(2):163, doi: <https://doi.org/10.3329/jhpn.v29i2.7859>.
7. Maharani TI., Fakhurrozi M. The relationship of social support and anxiety in the face of childbirth in third trimester pregnant women. *J Psikol.* 2014;7(2).
 8. Rahmaniza R., Riasmini NM., Netrida N. Studi fenomenologi: Mekanisme coping perempuan yang belum mempunyai keturunan ditinjau dari aspek budaya Minangkabau. *J Keperawatan Indones.* 2019;22(3):209-218., doi: <http://doi.org/10.7454/jki.v22i3.845>.
 9. Bagalkot N., Verdezoto N., Lewis M., Griffiths P., Harrington D., Mackintosh N., et al. Towards enhancing everyday pregnancy care: Reflections from community stakeholders in South India. *Proceedings of the 9th Indian Conference on Human Computer Interaction.* New Delhi: Association for Computing Machinery; 2018. p. 71-4.
 10. Kim HS., Sherman DK., Taylor SE. Culture and social support. *Am Psychol.* 2008;63(6):518, doi: <https://doi.org/10.1037/0003-066X>.