

# 15. The Study of Sasak Baby Care in Sade Village Central Lombok

*by* Yuli Pgsd

---

**Submission date:** 05-May-2020 10:21AM (UTC+0700)

**Submission ID:** 1316259493

**File name:** The\_Study\_of\_Sasak\_Baby\_Care\_in\_Sade\_Village\_Central\_Lombok.pdf (202.97K)

**Word count:** 3832

**Character count:** 19316



### **The Study of Sasak Baby Care in Sade Village Cental Lombok**

**Lale Lorajita Resma Febriana ✉, Yuli Kurniawati Sugiyo Pranoto**

Department of Early Childhood Teacher Education, Faculty of Education, Universitas Negeri Semarang, Indonesia

#### **Article Info**

Received September 2018  
Accepted October 2018  
Published November 2018

Keywords:  
Study of Baby Care; Sasak  
Tribe

#### **Abstract**

Baby care which is done from the birth age is very influential on its development and growth. Baby care in each region certainly has its own uniqueness based on with the beliefs and culture of the local community. Based on this, this research is carried out to describe how baby care by the Sasak tribe community in Sade Village, Central Lombok as one of the Tribes in Indonesia. Culture and trust in baby care is one of the things that influence children's development and growth. This study uses qualitative research method with the type of ethnographic research on the Sasak tribe in the Sade Village, Central Lombok. Data collection in this study includes interviews, observation, and documentation. Interview respondents in this study were 7 people, including village chief, village midwife, belian (shaman), and 4 people of the Sasak tribe community in Sade Village. The baby care which is carried out by the Sasak people in Sade Village is still done traditionally (merereng) yet still receives modern baby care techniques. Baby care is carried out from generation to generation based on the culture of the local community. The Sasak tribe in the Sade village of still believes in the role of belian (shaman) in the care of babies. There are restrictions and recommendations that are trusted by the Sasak tribe in the Sade village, in the form of restrictions for mothers and babies.

## INTRODUCTION

According to Basic Health Research (2010), efforts to improve the quality and quality of healthy life at this time have increased both young and old people. In an effort to improve the quality and value of healthy life, obviously, it must be started early, especially health for children. It must begin since the child newborn even since the mother's womb. Mother is one of the main actors in handling her child's health problems. Since the age of the baby, the mother must understand how to care for her baby because it will affect the health and development of the child later.

According to Astuti (2017), since the age of the baby, custody and care are needed in order to optimize their growth and development. Care in the field of health and nutrition is important to support growth and development from an early age even since the age of a new baby is zero. Since birth, babies are given treatments according to their needs and age so that their growth and development go well. This is certainly done by the nearest environment, which is the family, especially the parent.

Children of 0-6 years are the age of early childhood that is very important to pay attention to health, growth, development, and intakes that can support these things that can be done through care carried out since the baby age by the family, especially parents. For children, when they are new born, parents are the first environment that children encounter (Rahmawati & Diana, 2016)

According to Putri (2014), early age including infant age is an age where parents need to provide good care and provision so that the child's growth and development can take place optimally. The parents must provide everything according to the needs of children from the age of the baby. Providing good care from the age of the baby can improve intensive relationships for parents and babies.

According to Siswanto (2009), efforts to improve health in the community can be done from an early age. Early childhood health is a public health target specifically for early childhood groups. Responsibilities and efforts which are made are the parents' responsibility, communities, and all sectors related to early childhood. Early childhood is part of a family member who is very vulnerable is a strategic target of public health efforts. The family is the most important part in the efforts of early childhood health, especially parents.

According to Vinayastri & Handayani (2017), early childhood education is very impor-

tant to give to children. In addition to education, care and nursing also need to be considered and given to children from the age of zero to support their development and growth. In an effort to improve the quality of child development, of course it must be supported by good care starting from the new baby born by the mother or parents, like the baby immediately placed on the mother's abdomen immediately after birth which will be very beneficial for both mother and baby as the main care, because of the skin keeps the baby warm. In addition, the baby can feel a mother's affection through the arms she receives.

To maximize the child's growth and development, a care since the baby even in the womb needs to be done. Parents, especially mothers, are the main characters in caring for babies. The treatment can be in the form of physical and psychological care. Mother should understand what treatments are needed by the baby and surely given according to the age of the baby (Handayani & Munawar, 2015).

According to Hasanah (2015), parents are central to everything that children need. Thus, it can be said that parental participation is indeed very important in caring for and educating their children. Care is the same as the treatment that must be done since the newborn child. When newborns, parents who will be the first to welcome the baby's arrival by holding a baby, this is the first treatment or care that is received by the baby.

According to Latiana, L. (2010) in Praseptiyati (2015), parenting is an experience, quality, expertise, along with a sense of responsibility carried out by parents in educating and caring for children so that it can grow as expected by the family or community where it to be. Parenting or care for children by parents will greatly affect the growth and development of children. According to Wahyuningtyas & Adiarti (2016), parents play an important role in the growth and development of all aspects of the child's potential. In general, care or care for children is carried out by parents (mother and father), but it can be replaced by the closest relatives or caregivers if parents are unable to do.

According to Musi & Syamsuardi (2017), the concept of care or nursing itself is how families provide physical, mental and social needs for children. The physical need itself is derived from the care given by the family, especially parents to children when they were babies. A care which is done well by parents, especially mothers, can help maximize the growth and development of the baby.

According to Putri (2012) in Faqumala and Mukminin (2016), *asah* (teach), *welas* (lmercy), *asih* (love), and *asuh*/care for (education, health, and compassion) are basic needs that must be owned by a child. The children's growth and development can run optimally if they get enough nutrients for their physical and brain. Nutrition for the development and growth of children can be obtained from the food provided by their parents.

According to Wijayanti (2017), every child is born differently with the uniqueness of each and with different needs. Equally with the care or care provided. Every child needs different care according to the child's needs. As well as the treatment done, each region has a way of care and trust based on the cultural traditions of the region itself. This diversity is what makes baby care very diverse based on the hereditary beliefs of an area.

This is a commitment of each region in Indonesia, including in Central Lombok, to improve the health status of the community, the Central Lombok health service has a vision of "United to Realize the Healthy Central Lombok Community 2015", which based on the objective conditions and desires of the people of Central Lombok to can be aligned with other regions in terms of the Human Development Index. Realizing the Vision, various efforts were pursued so as to formulate the Mission of the Health Service, namely "Improve the health status of mothers, infants and toddlers, increase the independence of the community for healthy living through partnerships and empowerment, improve access and quality of health services" (Central Lombok District Health Office, 2016)

Whether it is realized or not, factors of trust and cultural knowledge such as conceptions of various abstinence, causal relationships between food and healthy-sick conditions, habits and ignorance, often bring positive and negative impacts on maternal and child health. These impacts are derived from how people respond to culture in their environment (T. Mass, 2004).

As a nation that has a long history, it is unavoidable that the Indonesian nation is in life with various cultures in it, such as Javanese, Sundanese, Madurese, Minang, Batak, Makasar, Bugis, Toraja, Manggarai, Sikka, Sumba, Bali, Sasak cultures and others who live side by side and complement each other (Barata, 2016). The culture of each region is different and diverse, making each region have its own views and teachings on how to care for babies, both since the mother and after giving birth.

Believed or not, each tribe has its own dis-

tinctive features that make it different from other tribes, both in terms of culture, social life, or diversity. It is not only the majority tribe, but also ethnic minorities such as a tribe in the West Southeast Nusat Province, the Sasak tribe, also has the trust and diversity of how to care for their baby. Local tribes on the island of Lombok also have certain characteristics that distinguish them from other tribes in parts of Indonesia (Athhar, 2005). The uniqueness and cultural diversity of the Sasak tribe that is still thick up to now makes its own appeal compared to other minority tribes in Indonesia. It covers from the culture of marriage, art culture, how to dress, traditional homes, community habits, to the culture of giving birth and caring for babies that are quite unique.

According to Rijal (2017), seeing the cultural life of the Sasak people on the island of Lombok, there is one village called Sade village, which since 1975 this traditional village was visited by tourists, both local and foreign tourists. The West Nusa Tenggara Provincial Government has designated Sade Village as a Tourism Village in 1989, a small village in the southern part of Central Lombok district is used as a tourist destination because its inhabitants still maintain the cultural integrity and lifestyle that their ancestors have inherited 600 years ago such as building forms, customs, dance and music games, dress styles and the use of equipment for their daily lives are still in the traditional category.

Looking at this background, a research is needed to find out how to care for babies and to clearly know how to traditionally care for babies in the Sasak tribe in Sade village of Rembitan Village, Pujut District, Central Lombok Regency, in order to increase knowledge of traditional baby care will affect the growth and development of children in a tribe in Indonesia to the community, especially the students of the Department of PAUD Teacher Education Semarang State University.

## RESEARCH METHOD

The research is used ethnographic qualitative method. Ethnographic research aims to find out the essence of a culture and its uniqueness as an illustration of a group, its interactions and settings. Besides that, it is also to find out the essence of a culture that is useful for knowing something hidden in a culture or community (Emzir, 2014).

The subjects are selected based on certain criteria in accordance with the research objectives. There are 7 subjects in the study, i.e. 4 mothers who had babies, village chief, midwives, and

*belians* (shamans) in the Sasak tribe in Sade Central Lombok.

In research on the care of the Sasak tribe babies, researcher took the location of research in the Central Lombok area, precisely in the Sasak tribe in the Sade village, part of Rembitan Village. Sade village is a sub-village in the village of Rembitan which is used as a tourism destination in Central Lombok Regency because of local wisdom and culture that are still maintained. Everything is done based on restrictions and recommendations from the trust of the local community, including in caring for the baby. This is what underlies the researchers taking the location of research in Sade Village.

The data collection technique is using interviews, observation, and documentation. Miles and Huberman data analysis technique is an activity in qualitative data analysis carried out interactively and lasts continuously to completion, so that the data is saturated through data reduction, data display, and conclusion drawing/verification.

## RESULTS AND DISCUSSION

### 1. Perception of Sasak Tribe Society in Sade Village about Baby Care Which Has Been Done Through Belief and Traditional Culture

According to the perception of the Sasak people in the Sade village, some baby care that is still done traditionally is a way to preserve local culture and customs. In addition, treatments carried out traditionally are a form of respect for the legacy of the previous community. According to Sasak tribes in the Sade village, they believe that what was taught by the ancestors or the previous community is a good thing to continue.

### 2. Study of Baby Care of the Sasak tribe in the Sade village, Central Lombok

The belief of the Sasak tribe in the Sade village is included in baby care which is carried out based on the prevailing culture and heredity from the previous community. Prohibition for babies to be taken out of the house before the age of nine days after birth aims to protect the baby to avoid unwanted things. The prohibitions are more applicable in the life of the Sasak tribe in the Sade village. When the Sasak people in Sade village believed and implemented the rules and restrictions that have been applied, then this is already a recommendation that had to be implemented, which is to believe the existing restrictions.

Baby care on the Sasak people beliefs in Sade village is still carried out from generation to

generation obtained from previous parents. Baby care is a combination of traditional and modern treatments. Sasak people in Sade village are dynamic people who will not reject the existence of new things such as modern baby care as long as it does not damage the living order of its people and still preserve culture in baby care that is still good to do in the context of medical or modern care. In addition, there is baby nursing that is still done and no longer done for the Sasak people.

The traditional baby care that is done is:

1. Keep the pieces of umbilical cord, with the belief that later can be useful for children's luck when they are adults.

2. Giving *Nasi pak-pak* (rice chewed first by the mother) as one of ASI's complementary foods.

3. Remove baby bath water (water in a tub) slowly so that the child does not stutter and shocked.

4. *Peraq Api* Tradition which is carried out on the 7th or 9th day after the birth of the baby.

### 3. Development and Growth of Babies in Sade Village toward Care Performed

One of the efforts in assisting the development of children in walking, the community uses traditional aids called *pendurus* (tutor), made of wood or bamboo which is then arranged in such a way as to be used as a tool for children to be able to walk quickly.

Baby care that is carried out by the Sasak tribe in the Sade village still uses some traditional treatment procedures that are still carried out based on the trust of the local community does not interfere with the development and growth of children. It is coupled with combining modern treatments which are the efforts of the local health authorities to keep the community healthy, especially for maternal and child health. This is in accordance with the vision of the Central Lombok Health Office, namely "United to Realize 2015 Healthy Central Lombok Community" and the Mission is "Increasing the Degrees of Maternal, Infant and Toddler Child Health, Increasing community independence for healthy living through partnerships and empowerment, improving access and quality of service health" (Health Office of Central Lombok Regency, 2016).

One example is to improve the quality of maternal and child health through a training and socialization program for *belian* (shaman), which in the Sasak tribe in the village of Sade still highly prioritizes the role of *belian* in daily life, especially when women pregnant until giving for their babies. Besides *belian*, midwives in Sade village

also always pay attention to maternal and child health.

After the mother gave birth, the midwife always gave a little debriefing to the new-born mother about how good baby care is. The role of midwives is not only during childbirth, but since ages 0-28 days midwives routinely make home visits to check the development of maternal and infant health 3 times. The first check is that while still in Puskesmas (Health Centre), the second check is the home visit that is done 4 days to 15 days after birth, and then the third visit is carried out during *Posyandu* (health service) activities. During *Posyandu* activities, routine recording of infant and child growth and immunization is carried out.

## CONCLUSION

Based on the results of the research and a number of studies that have been carried out on the study of Sasak tribe baby care in Sade Village Central Lombok, the researcher assumes that:

1. According to the Sasak tribe community in Sade Village, they still use several traditional treatments, but do not refuse treatment with modern treatment methods. The Sasak tribe in the Sade Village is a dynamic society that will not reject new things as long as it does not damage their order of life.

2. Baby care that is done still believes in the customs of the local community and is carried out for generations. In terms of baby care, *belian* (shaman) is the first chosen by the Sasak tribe community in the Sade village and then the midwife helps from the moment the mother gives birth until after giving birth. Parents/in-laws is also involved in daily baby care. The Sasak tribe in the Sade village still believes that there are restrictions and suggestions for both mothers and babies.

3. The growth and development of children in Sade village is quite good with baby care carried out in a traditional and modern way.

## REFERENCES

- Anggorodi, R. (2009). Dukun Bayi Dalam Persalinan Oleh Masyarakat Indonesia. *Dukun Bayi Dalam Persalinan Oleh Masyarakat Indonesia*, 13(1), 9-14.
- Astuti, A. K. (2017). Early Children's Healthy Behavior. *Indonesian Journal of Early Childhood Education Studies (IJECEs)*, 6(1), 18-21.
- Athhar, Z. Y. (2005). Kearifan Lokal Dalam Ajaran Islam Wetu Telu Di Lombok. *Kearifan Lokal Dalam Ajaran Islam Wetu Telu Di Lombok*, IX, 70-89.
- Barata, I. B. (2016). Kearifan Budaya Lokal Perekat Identitas Bangsa. *Jurnal Bakti Saraswati*, 5(1).
- Dinas Kesehatan Kabupaten Lombok Tengah. 2016. *Visi dan Misi Dinas Kesehatan Kabupaten Lombok Tengah*.
- Emzir. 2014. *Metodologi Penelitian Kualitatif Analisis Data*. Hal 18. Rajawali Pers. Jakarta
- Faqumala, A. D., & Mukminin, A. (2016). parents' Understanding About First Aid in Early Childhood in Terms of The Level of Parents' Education in Kelurahan Piyanggang, Kecamatan Sumowono, Kabupaten Semarang. *Early Childhood Education Papers (Belia)*, 5(2).
- Handayani, A., & Munawar, M. (2015). Work-Family Balance and Quality of Parenting in Optimizing Children Development. *Indonesian Journal of Early Childhood Education Studies (IJECEs)*, 4(1), 11-18.
- Hasanah, N. (2015). Perbedaan Kemandirian Anak Usia 5-6 Tahun Ditinjau Dari Jenis Pekerjaan Ayah (Petani dan Karyawan Pabrik) di Desa Bener, Kecamatan Kepil, Kabupaten Wonosobo. *Early Childhood Education Paper (BELIA)*, 4(2), 1-7.
- Missal, B. (2013). Gulf Arab Women's Transition To Motherhood.
- Musi, M. A., & Syamsuardi. (2017). Socio-Cultural Values of Early Childhood Parenting (Ethnographic Research on Bugis Makassar South Sulawesi). *Indonesian Journal of Early Childhood Education Studies (IJECEs)*, 6(1), 26-32.
- Putri, V. D. (2014). Praktik Pengasuhan Anak Pada Keluarga Petani Peserta Bina Keluarga Balita (BKB) Melati 3 Di Desa Nguken Kecamatan Padangan Kabupaten Bojonegoro. *Indonesian Journal of Early Childhood Education (IJECEs)*, 3(2), 1-8.
- Rahmawati, E., & Diana. (2016). Difference of Children Ages 5-6 Years of Independence Viewed from The Caregiver (Parents and Grandparents) in Kindergarten Kartini 1 and Kartini 2. *Early Childhood Education Papers (Belia)*, 5(1).
- Rijal. 2017. 7 Hal Kuno Di Desa Sade Yang Masih Kental Dengan Budaya Sasak. <https://www.dilombok.com/desa-sade/169/>.
- Riset Kesehatan Dasar. (2010). Riset Kesehatan Dasar. *Riset Kesehatan Dasar, Badan Penelitian Dan Pengembangan Kesehatan, Kementerian Kesehatan RI*, 78. <https://doi.org/10.1159/0003013> Desember 2013
- Siswanto, Hadi. 2009. *Pendidikan Kesehatan Anak Usia Dini*. Pustaka Rihama. Sewon, Bantul, Yogyakarta.
- Suprabowo, E. (2006). Praktik Budaya dalam Kehamilan, Persalinan, dan Nifas pada Suku Dayak Sanggau Tahun 2006. *Kesmas The National Journal of Public Health, Vol. 1 No.*, 112-121.
- T.Mass, L. (2004). Kesehatan Ibu Dan Anak Persepsi Budaya Dan Dampak Kesehatannya. *Fakultas Kesehatan Masyarakat Universitas Sumatera Utara*, 1-7.
- Vinayastri, A., & Handayani, S. (2017). Parents Per-

- ceptions of the Importance of Early Childhood Education District Pasar Rebo. *Indonesian Journal of Early Childhood Education Studies (IJEES)*, 6(2), 90–93.
- Wahyuningtyas, N., & Adiarti, W. (2016). The Study of Caregiving with Babysitter on the Ability of Speaking of 2-3 Years Old Children (Descriptive Study is in Puri Hijau Housing Estate Purwokerto, Regency of Banyumas). *Early Childhood Education Papers (Belia)*, 5(1).
- Wijayanti, N. A. (2017). Implementation of Role Playing Method in the Hygiene Hadith Learning Toward Early Childrens Healthy Behavior of Group B in Dabin Aggrek Gunungpati Semarang. *Early Childhood Education Papers (Belia)*, 6(2).

# 15. The Study of Sasak Baby Care in Sade Village Central Lombok

## ORIGINALITY REPORT

<b>13%</b>	<b>13%</b>	<b>1%</b>	<b>%</b>
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

## PRIMARY SOURCES

<b>1</b>	<b>garuda.ristekdikti.go.id</b> Internet Source	<b>10%</b>
<b>2</b>	<b>pinpdf.com</b> Internet Source	<b>1%</b>
<b>3</b>	<b>journal.unnes.ac.id</b> Internet Source	<b>1%</b>
<b>4</b>	<b>docobook.com</b> Internet Source	<b>&lt;1%</b>
<b>5</b>	<b>docplayer.info</b> Internet Source	<b>&lt;1%</b>

Exclude quotes Off

Exclude matches Off

Exclude bibliography On