

Preconception Care for Having a Male Descendant: An Ethnographic Study of Indonesian Batak Women

Evi Karota, Yati Afiyanti*

Abstract: Indonesia is still facing high maternal and infant mortalities cases, and preconception care is one of the essential interventions to prepare for a healthy pregnancy and try to avoid these cases. This ethnographic study explores how Indonesian Batak women deal with preconception care and how they perceive cultural influence in their pregnancy preparation. Semi-structured interviews with 14 Indonesian Batak women and field observations were conducted in this study. The informants were recruited purposively under specific criteria. Recorded and transcribed data were analyzed thematically.

Four themes were constructed from the data: perceptions and knowledge of preconception care, rituals, family pressure to have a son, and stressful unplanned pregnancy. Batak women have some knowledge about preconception care, and families conduct cultural rituals for these women in the hope that they give birth to a son. However, when a baby boy is not coming to the family, the women suffer from stressful unplanned pregnancies. The findings show that the Batak culture supports preconception care; however, the family often has less tolerance to women's reproductive health rights in preserving the paternal line. Health care providers, including nurses and midwives, should educate and empower the women for preconception care and contraceptive use and culturally negotiate with the family to optimally support the women's health.

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Introduction

Indonesia is still fighting to decrease the high cases of maternal and infant death. The country's latest maternal mortality rate, 305 per 100,000 live births in 2015, is still three times higher than the Indonesian Millennium Development Goals 2015 of 102 per 100,000 live births.¹ Meanwhile, the infant mortality rate was 24 per 1,000 live births in 2017.¹ In 2020, 4647 women died because of

Evi Karota, BSN, MNS, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia, Faculty of Nursing, Universitas Sumatra Utara, Medan, Indonesia
Correspondence to: Prof. Dr. Yati Afiyanti,* BSN, MN. Department of Maternity and Women Health Faculty of Nursing, Universitas Indonesia, Depok, Indonesia. E-mail: yatikris@ui.ac.id

perinatal complications, such as bleeding, hypertension, and other vascular diseases, and 20,266 newborn babies died related to low birth weight, asphyxia, congenital disorder, and other factors. Preconception care plays an essential role in preparing reproductive-aged women for a healthy pregnancy and improving infants' health.^{2,3} Pregnancy preparation is performed

to anticipate the risk of pregnancy-related problems and complications that might disturb the infant's growth.⁴ Four out of ten women worldwide have unplanned pregnancies, which indicates the delay in receiving substantial health interventions during the preconception period.⁵ Meanwhile, according to the 2017 Indonesian Demographic and Health Survey, 14% of total pregnancy is unwanted.⁶

Socio-cultural aspects affect women's perception, awareness, behavior, and practice of preconception care. To date, family customs and unawareness of preconception care have caused some unplanned pregnancies in several countries.^{7,8} According to Kufakunesu and colleagues, preconception care is recognized as an unimportant program by some groups of women.⁹ A study in Indonesia reported that women from different ethnicities had not given attention to preconception care.¹⁰ Some cultural customs and myths have covered the women's perception of preconception care which can endanger the life of the mother and the infant.¹¹ Preconception care provided by the general Indonesian primary health care services for reproductive-age women is usually only tetanus vaccination.¹ Premarital health check-ups and preconception care education, including contraception, HIV, thalassemia, and vaccination, for prospective brides and grooms, have been recommended by Indonesia Government. However, some barriers, such as test rejection from the couple and limited service time and health facilities, have been reported by Kurniawati and colleagues' study.¹²

Preconception care has not been carried out adequately by Indonesian Batak women, as recommended by the WHO.⁵ The WHO's essential interventions during the preconception period include (1) adequate nutritional status, (2) prevention of sexually transmitted infections, (3) mental health improvement, (4) environmental health, (5) avoiding the risk of smoking, (6) infertility, (7) vaccination, and (8) early detection of other genetic diseases.⁵ These interventions should be given during the

pre-pregnancy period to improve women's reproductive health. Preconception care for married women performed by Batak society is primarily aimed to produce a specific gender of descendants, males, and does not accept infertility,¹³ so women's reproductive desires and rights are ignored. Batak people still hold the cultural philosophies of *Hagabeon* (descendant), *Hamoraon* (wealth), and *Hasangapon* (dignity) as the goals and guidelines of life, the symbols of achievement, and parameters for a successful marriage.¹⁴ If the family does not expect any specific gender of the child, the traditional preconception customs and pregnancy preparation will not be performed, and less attention and support are provided to the women.

This study explored in-depth the information concerning cultural habits and practices performed by Indonesian Batak women related to pregnancy planning. The intention was to generate an understanding of preconception care according to Batak culture, women's knowledge about preconception care, family involvement in pregnancy preparation, and barriers to preconception care. These findings will help guide the development of culturally congruent maternal and child health interventions in Indonesia. Health care providers should be sensitive to the unique Indonesian Batak women's preconception care experiences, cultural norms and beliefs, and how social and cultural factors impact women's health. Thus, this ethnographic study explored how these women deal with preconception care and how they perceive the socio-cultural values, norms, and traditions that influence their pregnancy preparation.

Methods

Setting and Sample: This ethnographic study was conducted in Medan City, North Sumatra, in Indonesia. The people living in the research location are mostly Batak but they interact intensely with other tribes. The recruited informants lived in the

Toba region (Samosir Island around Lake Toba), surrounded by higher economic neighbours, but they still tightly kept their Batak values and norms and preserve the Batak customs, traditions, and social structure in their daily living. The recruitment and selection of 14 informants were conducted by inclusion criteria. The inclusion requirements were women of three groupings: those who had pregnancy experience, female leaders in the community, and traditional reproductive therapists (pre and post-conception). All needed to be of Batak origin, and to speak Bahasa Indonesia. These informants were recruited purposively and by snowballing sampling techniques. The first researcher was connected to potential informants through community health cadres, then the first informants suggested other potential informants.

Data Collection: After gaining the informants' consent to participate in this study, the data were collected following the principles of etic (the researcher was the outsider searching for cultural differences) and emic (the researcher diffused into the informants' community) for an ethnographic study. An ethnohistory, which refers to facts, events, and cultural development, was used in generating research themes from information or documentation collected during the field works.¹⁵ The data were

collected by the first author, who was originally from South Sumatra and had been training for taking the ethnographic interviews, observations, and field notes, and was working voluntarily as a community health educator, including to this study population. During her intensive six months of research in the Toba region, she interviewed married women about their preconception care practices and related cultural beliefs. She observed local activities and audio-visual documents related to the Batak cultural traditions and rituals. She also wrote ethnographic fieldnotes of specific facts, behaviors, events, activities, and participants' responses.

The semi-structured interviews in *Bahasa Indonesia* were conducted at an informant's house or in one agreed location. They were also carried out in specific community spaces observing the provisions of customs or cultural ritual events related to preconception care and pregnancy. The researchers conducted two to four in-depth semi-structured interviews of around 45 minutes for each informant.¹⁵ An interview guide consisting of nine questions had been prepared to guide the interviews (See **Table 1**). In line with the observations and field notings, the interviews were conducted simultaneously with the local cultural activities until confirmed data saturation.

Table 1. Interview guide

Does the mother or the family prepare and plan for pregnancy?
What is a Batak woman's perception of planning and caring for a healthy pregnancy?
What are the mother and the family's knowledge about preconception care?
What are Batak womens' customs in performing preconception care?
What are the Batak women's efforts to prepare for pregnancy aiming to have a male child?
Does the mother consume medicine and traditional herbal spices in preparing for pregnancy?
Are Batak traditional ceremonies and rituals relating to preconception care still carried out?
Are <i>kusuk</i> (traditional massage therapies) before and during pregnancy still carried out?
What are the barriers faced by Batak women regarding preconception care?

Observations were conducted during daily interactions with the informants and their families (undisguised observations) on the Batak cultural activities. Informants' trust in the researcher was built by her involvement in the local community activities four days a week. The researcher observed the informants' daily activities, such as shopping and cooking, being involved in health promotion events during Posyandu services (community health post for examining children and pregnant women's health), and accompanying pregnant informants during *kusuk* (reproductive massage by traditional therapists).¹⁴ Data were also collected from family photos of the *mangupa-upu* ritual. This is a Batak custom of giving support and praying for success and being healthy for women who have not got children and for seven months pregnant women, and from other traditional documented activities.¹⁸ The researcher also explored the family's living environment, particularly for the informants who live with their extended family members such as grandmothers, grandfathers, and married children, to obtain information about Batak traditions and values.

Data Analysis: The data were analyzed to interpret the meaning and function of several Batak cultural activities regarding preconception care based on Batak women's behavioral patterns, beliefs, and cultural values.^{14,18} This study employed thematic analysis since it has high flexibility in qualitative analysis. The analysis followed four activity phases that involved data organization, coding, data classification, discovering the meaning of Batak cultural practices, interpretation, and synthesis of findings.¹⁹ First, the research team prepared all the detailed raw data, including recorded and transcribed interviews, observations, audio recordings, photos, and field notes to be examined and categorized. Interview transcriptions were read several times, and similar critical information was coded, classified, and outlined manually, responding to the research questions. Last,

we assessed the universal and diverse meaning of the ethnographic data and discovered the similarities and differences of informants' experiences on cultural practices regarding preconception care among Batak women in their daily activities. The combination of all data and the compiled findings were later interpreted into themes. In this final phase, some follow-up interviews with the informants were conducted through face-to-face and telephone calls to confirm and refine the findings.

Ethical Considerations: Ethical approval for this research was given by the Ethical Committee of Nursing Research Faculty of Nursing, Universitas Indonesia. Number: Ket-277/UN2.F12.D1.2.1/PPM2020. Written consent was obtained from the participants, and their research rights and data confidentiality were protected throughout the study.

Trustworthiness: The trustworthiness of the findings was indicated by data credibility, conformability, dependability, and transferability.²¹ The data were considered credible because they came directly from the key informants, who were the most trustworthy sources of information for this study. The generated keywords, codes, and themes were also re-read and re-checked by another researcher and a reproductive health expert to guarantee the data credibility. Conformability of data was also supported by the fact that the first researcher has Batak ethnicity, so she could quickly connect with the informants and the Batak's Toba community and understand the local language and terminologies. The triangulation of data collection (by combining interviews with field observation and documentation analysis) and different types of informants (reproductive-age women, female leaders, and traditional therapists) increased the trustworthiness of the findings. The transferability of this study findings can be considered at other communities in Indonesia or another country with gender inequity issues and strong cultural beliefs.

Results

Demographic Data

This study involved 14 informants aged between 26 to 67 years old with zero to eight children. Generally, the informants were high school graduates, one of them having a bachelor's degree, and another was a junior high school graduate. Most informants were married, were homemakers, had more than

two children, and lived within an extended family. All informants were Christians, a dominant religion of the Batak tribe but a less dominant religion in Indonesia. All informants had a male child/children apart from one informant who was pregnant at the interview/observation. Two informants represented the female community leaders in the society, while another two were traditional reproductive therapists. (See Table 2)

Table 2. Demographic data of informants

Pseudonym	Age	Education	Occupation	Marital Status	No. of Children	Sex of child (in order)*	Type of family
Informant 1	67	High school	Housewife	Married	4	F, F, M, M	extended
Informant 2	56	High school	Housewife	Married	8	F, F,F,F, M,M,M,F	extended
Informant 3	38	Bachelor	Teacher	Married	4	F,F,M	extended
Informant 4	32	High school	Housewife	Married	1	M	nuclear
Informant 5	39	High school	Housewife	Married	4	M,F,F	nuclear
Informant 6	35	Diploma	Housewife	Married	4	M,F	nuclear
Informant 7	35	Bachelor	Housewife	Married	2	F,M	nuclear
Informant 8	40	High school	Daily labor	Married	4	M,M,M,M	nuclear
Informant 9	26	High school	Beautician	Married	0	pregnant	nuclear
Informant 10	32	Bachelor	Housewife	Married	1	M	nuclear
Informant 11	40	High school	Therapist	Married	3	F,F,M	nuclear
Informant 12	44	Middle school	Therapist	Widow	3	F,M,M	nuclear
Informant 13	34	High school	Private	Married	1	M	nuclear
Informant 14	34	High school	Housewife	Married	3	F,M,F	nuclear

*F=female, M=male

Four main themes were constructed from the thematic analysis, namely: (1) perceptions and knowledge of preconception care, (2) preconception rituals, (3) family pressure to give a son to the family, and (4) stressful unplanned pregnancy. The findings demonstrated that Batak people still perform rituals, values, and beliefs of the Batak tribe regarding preconception care. The themes and categories are presented in Table 3 below.

Theme 1: Perceptions and knowledge of preconception care

This study revealed that Batak women had some sort of understanding about preconception care. Few informants described that they had to prepare physically and mentally before pregnancy,

while many assumed that pregnancy was a normal condition and they did not need to conduct any treatments or actions preconceptionally. Many women in this study showed limited knowledge about preconception care which they described only as eating nutritious food for a healthy body and good mental health. If a woman has not been pregnant after marriage or does not have a child of a specific sex, she is expected to conceive repeatedly by her husband and family.²¹ So, they prepared themselves for the pregnancy to get a male offspring. However, once a woman got a male child, they no longer thought of preconception care. These informants mentioned their ideas of preconception care:

In my opinion, a mother needs to prepare herself both physically and mentally to be pregnant. Early self-awareness during pregnancy is crucial. I must be ready physically and mentally for the pregnancy. (IF7, 35 years old).

Hoping to get pregnant soon. Before being pregnant, I drink special milk for pregnancy preparation. (IF10, 32 years old).

I prepared myself physically for my first pregnancy according to my parents' suggestion. I did it naturally. I ate a lot of pork, chicken, goldfish, freshwater fish, milk, and soft drinks because I wanted a male child as my first child. However, I did not prepare the pregnancy for my third and fourth children because I have had a male child, so I don't think about the gender of my unborn child. And at that time, I was very busy with housework and helping my husband. (IF5, 39 years old)

Many women assumed that preconception care was unnecessary. They reflected that pregnancy is a natural will of God and did not require any specific preparation. When the women believed that they were healthy, preconception care was unthinkable. Nevertheless, once they were positively pregnant, they realized a need for a healthy lifestyle, including eating nutritious food. Support from familiar others is vital at this stage.

There was no preparation before pregnancy when I gave birth to my first child because I had no reproductive issues, so I did not prepare anything. The same thing happened in my second pregnancy. The pregnancy cycle from the first child was eight months without any preparation, and I did not become aware that I was pregnant again that soon. (IF3, 38 years old).

I didn't have any preparations before pregnancy. After being pregnant, I prepared myself based on my parents' suggestions, such as consuming healthy food and avoiding flavoring essence and

noodles that could disturb my pregnancy. (IF3, 38 years old)

I did not prepare myself for pregnancy because being pregnant is a normal condition. I don't know that I need to take certain vitamins such as vitamin D, folic acid, as suggested by the health care providers. Also, I didn't go to the clinic for preconception care or any health examination because I wasn't pregnant. " (IF4, 32 years)

It is apparent from some participants' narratives that they did not perform any preconception care until they needed to conceive a particular sex of the child, that is, a boy. One woman reported:

I did not know that women need preconception care regularly at least three months before pregnancy. I never performed any preconception care because I have had no fertility problems since my first child. During the pregnancy of all four children, I never did preconception care until I delivered the fourth baby girl in a midwifery clinic. (IF5, 39 years old).

Theme 2: Preconception rituals

The preconception rituals for a woman expecting a pregnancy are still held tightly by all informant's families. Parents show their care of the married daughter by conducting some traditional rituals. When a couple has been married for more than one year, but they did not have any child, or the wife did not show any sign of pregnancy, the family (usually the mother of the wife) undertakes Batak rituals *manonggot-nonggoti* (a sudden visit by the wife's parents as a surprise) which they believed can make a woman get pregnant.²² One informant explained:

Maggot-nonggoti (giving a surprise) tradition is intended to make a woman have a child soon. In this tradition, the parents (the mother of the wife) and relatives visit the married couple carrying a complete Batak cuisine as a part of a Batak tradition. (IF8, 40 years old).

My family performed a ritual by visiting us so suddenly. This is called manonggot-nonggoti. On that occasion, I didn't know that my family was going to visit our home. They also invited the neighbors to join the rituals. They brought some special Batak food such as goldfish dishes, traditional cake, various fruits, and other Batak cuisines. (IF4, 32 years old).

Moreover, a family conducted a *mangupa-upu* ritual for a woman who has not got any child or expects a male child by serving her and her husband with high-quality food, which is particularly believed to increase the chance to conceive a baby boy.

A Batak family performed the mangupa-upu tradition. In this tradition, the parents of the wife and their relatives serve the woman and her husband with traditional Batak cuisines, such as roasted chicken, goldfish dish, and other kinds of Batak food. The wife and husband should eat the foods as much as possible until they are full. (IF2, 56 years old)

This is a ritual of the Batak tribe when a couple has been married for a long time, but his wife is still not pregnant; the rituals of mangupa-upu are then conducted with Batak cuisine by the wife's mother. In that tradition, the wife's mother asked her daughter if she still has any wishes that have not been fulfilled by the parents or relatives that make her shows no sign of pregnancy. (IF2, 56 years old)

According to their culture, most informants also reported that the married woman is usually taken to a traditional reproductive therapist who conducts *kusuk*, a womb examination, and a massage. This female therapist massages the woman's belly and gives her some herbal drinks to help her get pregnant. This traditional therapy still exists and is believed by the Batak community.

My mother took me to a traditional massage therapist (women as therapists). After checking my womb and doing massage therapy, she said that my womb was burning. She gave me some herbal drinks and asked me to consume a glass of green coconut water three to four times a day to cool my womb for two weeks, and then I have to come back again to check my womb. For this therapy, I have to visit the traditional massage therapist three times in a row. However, after I did this program two times, I was still not pregnant, then I stopped the program. (IF4, 32 years old).

My mother advised me to do massage therapy since the beginning of my pregnancy. I did the massage therapy to be healthy and relieve the symptoms of pregnancy discomfort such as nausea and vomiting. I did this regularly every month until my pregnancy was in the third trimester (eight months) to reduce back pain and provide physical relaxation due to the effect of pregnancy. I believe massage therapy will make the position of the baby proper for the delivery process. (IF10, 32 years old).

The informants' photos and field observations revealed that the cultural values and norms are still attached tightly to the Batak tribe, including the importance of preconception rituals and having a male descendant for family succession, which have been performed in centuries.

Theme 3: Family pressure to give a son to the family

Most women in this study reinforced that Batak culture emphasizes that having a son is compulsory for a Batak family because they rely on a male descendant to continue the family name and paternal line. Responding to this norm, the Batak families try to force their women to produce a son by showering them with preconception rituals and attention.

Our family prioritizes a male child as the first child to continue the paternal line. Preparation for the child is held by consuming plenty of meats, chickens, and freshwater fish. (IF1, 67 years old).

My mother advised me to consume plenty of fish, particularly goldfish, to have a male child. To have a female child, the wife must consume plenty of vegetables and fruits and manage the position when having intercourse. (IF4, 32 years old).

There is a view in Batak tradition when a married man has not had a son, and he is allowed to marry again for a male descendant. This tradition is known as marsidua-dua (husband getting two wives).

If a married couple has not had a son for years, the husband may remarry to get a son. This marriage is known as marsidua-dua (a man has two wives at the same time). Marsidua-dua marriage is carried out traditionally without religious approval because Christian religion does not allow a man to have two wives if his wife has not died.” (IF2, 56 years old)

The community observation findings also suggested that many women in this tribe had many children, particularly girls, as they would not stop getting pregnant if they had not given a son to the family. Their husbands and family mentally and socially abused the women for their inability to provide a baby boy. Their husband could leave them for another woman without the women's permission or without legally divorcing them. Many women were not separated from their partners as their religion forbids divorce. Their husband's family also discriminated against them during community events (rituals/ ceremonies) as they could not be on the husband's side.

Theme 4: Stressful unplanned pregnancy

Many of the informants in this study had more than two children. They described their pregnancy (after the first one) as unplanned (without preparation), too close to the previous pregnancy, and was expected to prevent the family conflict. Most of them did not take any contraceptives for their family's inquiry of specific child sex, although they felt exhausted from taking care of their child (ren) and doing house chores, and some also had to work. Thus, they experienced distress in pregnancy because of the circumstances. Some of them explained:

I try not to think about my pregnancy very often, although I know that stress can happen during pregnancy due to unplanned conditions. Moreover, the pregnancy cycle between my first child and my second child is too short. That makes me shocked. (IF3, 38 years).

A mother's readiness to welcome a new baby is vital. I was so stressed when I was pregnant while swamped taking care of my first and second children. My parent advised me to be patient and not to be stressed because it could affect the fetus. (IF3, 38 years old).

An unplanned pregnancy can lead to stress for the women. The informants with many children understood that they were supposed to have a break between the pregnancies to prevent pregnancy complications; but few women decided to use contraceptives. Hence, the unplanned pregnancy kept happening because of contraceptive discontinuity and because they were forced to have male offspring and had no support for contraceptive use.

The readiness of the mother is essential for taking care of a newly born child. But, it didn't happen in my last pregnancy, as at that time I was busy taking care of my first and second children. (IF6, 35 years old).

I know that I must protect myself from unplanned pregnancy. So, I used oral contraception, but I took them irregularly. I do not have any intention to be pregnant again, but finally, I got pregnant. (IF3, 38 years old).

Some also argued they were not ready to have more or many children because of facing financial burdens. One informant, who had four children, said:

As a woman who will give birth, I feel stressed as I am thinking of how to pay the labor cost if a cesarean section has to be taken. Do not know where to get the money. (IF5, 39 years old)

Discussion

This study found that having a child was desired by the participants and their extended family. Indonesian Batak women were commonly forced to give birth to at least one son, and most had misconceptions about comprehensive preconception care. Most Batak women perceived that preconception care was only needed for infertile women, women who cannot produce a specific sex baby, and only related to healthy food consumption. Lang and colleagues have pointed that preconception care for women of active reproductive age should be presented by providing healthy food, vitamin D, folic acid, iodine, zinc, and omega.²⁴ Practicing a healthy lifestyle and managing a mother's mental health during preconception could improve women's health status before pregnancy. Other preconception concerns, such as screening for HIV/STI, genetic diseases, vaccinations, and other risk factors, were implausible for the study informants. Their lack of knowledge and self-awareness relating to pre-pregnancy health are similarly found in a qualitative study conducted by Stephenson and colleagues,³ which reported different preconception care awareness (from strong to inferior awareness) among women in low- middle-high-income countries with the

focus for preconception care on healthy diet and lifestyle before the pregnancy. In contrast to Tuomainen and colleagues,⁷ who revealed that women without a child or with one child are more interested in preconception care, our study reported an increase of preconception awareness after some births without male descendants.

Our results show that parents still play an essential role in their children's marriage in Batak society. When their married daughter has not become pregnant or does not have a child of a particular sex, parents conduct cultural rituals and traditions to signify affection, supplication, and faith that the family will be gifted with a (desirable) child soon. Congruent with this finding, an ethnography study by Qureshi and Pacquiao²⁵ informed that culturally Pakistani women receive support from the family before and after the pregnancy. It is a common understanding that married couples usually obtain family support of preconception care and other advice to help the couple fulfill their life goals, be happy in a responsible relationship with their spouse, parents, relatives, and society.

Our study highlights that the preconception care conducted by some Batak women, including the family preconception rituals, was precipitated by the family's strong desire to have a son. Although the ceremonies are conducted to improve the mother's physical health, and the culture has taught the Batak tribe the importance of looking after their women, these women were only granted credit when successfully giving a son to a family. If a Batak woman gives birth to a baby boy, the husband will be very thankful and respect his wife, who is considered to have fulfilled the primary marriage duty.²⁶ Batak cultural preconception care aims to improve mothers' health and the birth of a healthy son who can carry on and continue the family lineage of the clan.¹³ However, these cultural norms may create a stressful situation for a woman as she may be scared of conceiving a baby of different sex to that expected by the family.

Cultural competency of preconception care aimed at having a healthy pregnancy can be intolerant to a mother's health problems, such as infertility, inability to conceive a baby boy, and other reproductive issues.²⁷ Many Batak women might be overwhelmed by the strong desires of their family, and many face unplanned pregnancies, having many children, and a conflicting marriage. If a woman cannot bear a male child, a further depressive situation occurs if her husband marries another woman, culturally known as *marsidua-dua* (polygamy). A relevant study reports that a native Batak man who lives in Batak society has anxiety regarding his family if he does not have a male child.²⁸ Although some Batak people acknowledge *marsidua-dua* marriage as a cultural deviation, a field observation has found that this concept is still tightly held by the Batak community.¹³ Past studies suggested that Batak people still perform some rituals as a part of Batak traditions that have been preserved from generation to generation.¹⁹ Traditional customs are still carried to maintain the health and well-being status of the family²⁷ though these may conceal women's reproductive health, rights, and needs. Thus, a culturally integrated approach is needed to improve women's awareness and interest in preconception care and increase family concern and respect for women's reproductive well-being without disrespecting their Batak values and norms. Women and their families should understand that adequate preconception care will equip them with physical, psychological, social, and financial preparations for healthy pregnancy and outcomes.

Limitations

In this study, the researcher could not observe some rituals performed by the family because they were conducted inside the relatives' residences based on cultural traditions and COVID-19 prevention

protocols. Half of the time of data collection was performed after COVID-19 restrictions. Some data collections were conducted through online meetings to try to solve communication barriers. The observation or direct contact time to the participants was reduced, and when it was possible, the researcher always used protective equipment, such as masks, and maintaining social distancing and hand washing. These circumstances limited the broader findings related to the preconception care practices among these study informants.

Conclusions

Family and cultural beliefs impacted the women's perceptions and behaviors. Indonesian Batak women generally follow conventional pregnancy planning and care processes and obey the wishes of their parents and husbands who demand a male descendant and ignore their reproductive rights and wellness. These women face stressful times and unplanned pregnancies that increase their risk of pregnancy complications and unhealthy babies. It is necessary to mitigate the comprehensive preconception care with the woman's culture and negotiate harmful cultural beliefs with the women's family and community. In implementing preconception care, internal and external barriers need to be eliminated without disregarding the cultural context. The health care professionals must conduct complete assessments and develop health educational interventions that improve women's knowledge and self-efficacy in preconception care by involving their family and community.

A multidiscipline collaboration representing health care professionals, community leaders, religious leaders, women, their families, and policymakers needs to be established to meet women's reproductive health rights and wellness. Women empowerment programs should be introduced to the Indonesian Batak women's group to reduce their financial

dependency on men and increase their ability to defend their reproductive desire and needs. Future research should focus on mobilizing the community to respect women's preconception care decisions and supporting gender equality principles, including non-domination of child's sex. A quantitative study of Batak women's needs for preconception care should be developed to enable findings to be generalized.

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การดูแลก่อนตั้งครรภ์ในการมีบุตรชาย: การศึกษาเชิงชาติพันธุ์วรรณนาของสตรีชนกลุ่มน้อยบาตักชาวอินโดนีเซีย

*Evi Karota, Yati Afyanti**

บทคัดย่อ: อินโดนีเซียยังคงเผชิญกับสถานการณ์การเสียชีวิตของมารดาและทารกในระดับสูง และการดูแลก่อนตั้งครรภ์เป็นวิธีการหนึ่งที่สำคัญในการเตรียมตัวสำหรับสตรีในการการตั้งครรภ์อย่างมีสุขภาพดีและพยายามหลีกเลี่ยงปัญหาการเสียชีวิตดังกล่าว การศึกษาเชิงชาติพันธุ์วรรณนานี้เพื่อสำรวจว่าสตรีชนกลุ่มน้อยบาตักชาวอินโดนีเซียจัดการการดูแลก่อนตั้งครรภ์อย่างไร และรับรู้ถึงอิทธิพลทางวัฒนธรรมในการเตรียมการตั้งครรภ์อย่างไร เก็บข้อมูลโดยการสัมภาษณ์แบบกึ่งโครงสร้างในสตรีบาตักชาวอินโดนีเซียจำนวน 14 รายร่วมกับการสังเกตการณ์ภาคสนาม ผู้วิจัยคัดเลือกผู้ให้ข้อมูลตามเกณฑ์เฉพาะที่กำหนด วิเคราะห์ข้อมูลที่ได้จากการบันทึก ถอดความ และสรุปเป็นประเด็นสำคัญที่พบ

ผลการวิเคราะห์ข้อมูล แบ่งเป็น 4 ประเด็นหลัก ได้แก่ การรับรู้และความรู้เกี่ยวกับการดูแลก่อนตั้งครรภ์ พิธีกรรม แรงกดดันจากครอบครัวในการมีบุตรชาย และการตั้งครรภ์โดยไม่ได้อำนาจเต็มที่ ตั้งเครือข่าย สตรีชาวบาตักมีความรู้บางส่วนเกี่ยวกับการดูแลก่อนตั้งครรภ์ และครอบครัวปฏิบัติพิธีกรรมทางวัฒนธรรมสำหรับสตรีเหล่านี้โดยหวังว่าจะให้สตรีกำเนิดบุตรชาย อย่างไรก็ตาม เมื่อไม่สามารถให้กำเนิดบุตรชายได้ สตรีเหล่านี้ต้องทนทุกข์จากการตั้งครรภ์โดยไม่ได้อำนาจเต็มที่ที่ตั้งเครือข่าย ผลการวิจัยพบว่า วัฒนธรรมชาวบาตักสนับสนุนการดูแลก่อนตั้งครรภ์ อย่างไรก็ตาม ครอบครัวมักไม่ค่อยยอมรับสิทธิด้านสุขอนามัยการเจริญพันธุ์ของสตรีในการดำรงเชื้อสายฝ่ายบิดา ดังนั้น บุคลากรด้านสุขภาพซึ่งรวมทั้งพยาบาลและผดุงครรภ์ ควรให้ความรู้และส่งเสริมอำนาจแห่งตนของสตรีในการดูแลก่อนตั้งครรภ์ การใช้วิธีการคุมกำเนิด และการเจรจาต่อรองด้านวัฒนธรรมกับครอบครัวเพื่อสนับสนุนสุขภาพสตรีอย่างเหมาะสมเท่าที่จะเป็นไปได้

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คำสำคัญ: สตรีชาวอินโดนีเซีย การศึกษาเชิงชาติพันธุ์วรรณนา ความรู้ การรับรู้ การดูแลก่อนตั้งครรภ์ ความเครียด การตั้งครรภ์โดยไม่ได้อำนาจเต็มที่

Evi Karota, NS, MNS, Ph.D in Nursing, Department of Maternity and Women Health, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia. Correspondence to: Yati Afyanti, NS, BSN, MN, Professor, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia. E-mail: yatikris@ui.ac.id*