

Neonatal Nursing Congress 2018: Maternal experiences in caring for their neonates in two communities around Kupang, West Timor: A Qualitative study- Maria Margaretha Ulemadja Wedho-Health Polytechnic Department of Health

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Abstract

Health growth targets are to accelerate the reduction in Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR).

The determination of this study was to explore women's involvement in taking care of their infant (or) neonates (age 0-28 days) in two societies around Kupang, West Timor Desa Bipolo Kecamatan Sulamu and Kelurahan Sikumana Kota Kupang East Nusa Tenggara, Indonesia.

Qualitative research with case study approach was used to assess women's knowledge in taking care of neonates. 5 women with neonates were chosen as population and purposive sampling was conducted to select the respondents. Data were collected by the way of structured interviews with the mother. Moreover, there were three stages of data analysis consisting of data reduction, display data, and conclusion drawing/verification.

3 themes related to women's experiences in taking care of neonates were known. Those are neonatal check-up or visitation, nutrition for 5 post neonate women, and the level of mother's knowledge. The result of this study displayed that not only respondents have never been visited by health workers based on the government standard in NTT Area, but also they have never been educated on how to take care of and to feed their neonates well. Further study should be shown by health care workers or management in this case the Provincial and District Health Office to inspire the mother and family to compliance with the government regulation standard to take care of neonatal. Health workers are likely to design the guidelines and counseling to decrease the infant mortality rates in the community through education through the prenatal period. Heads of the village are likely to maintain that the community particularly pregnant women visit health facilities at least 3 times during the neonatal period. The health workers are probable to visit families with neonates at least 3 times in the 1st week of neonatal life. One of the Millennium Development Goals (MDGs) in 2015 ways to reduce the child mortality rate. Infant mortality rate worldwide

has declined sharply from an estimated rate of 63 deaths per 1000 live births in 1990 to 32 deaths per 1000 live births in 2015. Indicators of children mortality rate in Indonesia are neonatal mortality rate; Infant Mortality Rate, and under-five mortality rate.

Indonesian Government emphasizes on decreasing neonatal age 0-28 days' mortality rate because 59 % of infant death is caused by neonatal mortality rate. Health Survey of Demography 2012 showed that neonatal mortality rate was 19 per 1,000 live births; it was equal with the Neonatal Mortality Rate in 2007. Meanwhile, based on the Health survey in 2002-2003, Neonatal Mortality Rate was 20 per 1,000 live births and was only decrease 1 point when compared to the result of a health survey of demography in 2012. Furthermore, the result of population census in 2015 showed that Infant Mortality Rate was 22-25 per 1,000 live birth means MDGs target to decrease until 23 per 1,000 live births has been achieved in Indonesia. The infant mortality rate has also been declining in other Province all over Indonesia. In 1994 the infant mortality rate in Nusa Tenggara Timur (NTT) Province was 71 per 1,000 live births dropped successively to 60 per 1,000 live births in 1997; fell again to 59 per 1,000 live births between the year of 2002 to 2003, and 57 per 1,000 live births in 2007. Based on population census in the year 2010 infant mortality rate was dropped to 39 per 1,000 live births. Meanwhile, the infant mortality rate in NTT fluctuates from 2011 to 2015. The number of cases in 2011 was 1272 out of 93,531 live births. This number of cases increased to 1350 per 97,131 live births in 2012, and 1367 cases out of 77,525 live births in 2013.

The infant mortality ratio increased again from 1408 (or) 15 per 1000 live birth in 2014 to 1568 (or) 12 per 1000 live birth in 2015. Those data reflected that the infant mortality rate in NTT is still high compare to other Province in Indonesia. Sumba Timur District was contributed to the highest number of cases of infant mortality with 88 cases in 2014 followed by Kupang regency 43 cases in 2014, which increased to 63 cases in 2015. It was the reason to choose

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Kupang regency as a sample in this study. The two leading causes of infant mortality are prematurity and infection. Causes of neonatal death in Indonesia are Asphyxia in 0-6 days (37%), prematurity (34%), and sepsis (12%). Neonatal is the most vulnerable age group that needs more attention. Indonesian Government has put a lot of struggle to decrease infant and maternal death. Many strategies that have been implemented by the Government are assisted delivery, neonatal visitation (0-28 days) by health workers at least 3 times, and implemented early initiation of breastfeeding.

5 post-partum mothers agreed to participate in this study. Two participants lived in Timor; 2 lived in Rote Island and one from Manggarai-Flores. Their ages ranged from 20 to 33 years old. Four of the five mothers were Protestant, while 1 participant was Catholic. 2 participants advanced from high school, 1 from lower secondary school, and 2 from primary school. Four participants were housewives, and one was a farmer. All of the women were married. Two of the husbands were farmers and the others a driver, a taxi driver, and unemployed. Only one participant was a first-time mother. For 2 participants this was their second baby; 1 had given birth 4 times, and one 6 times. 2 participants living in the villages of Bipolo Kupang and the others lived in Sikumana. Three women delivered in their house helped by a traditional birth attendant or a shaman; meanwhile, one delivered in the hospital and one in a health center helped by a midwife. Thematic analysis was got based on mothers' knowledge in taking care of their neonates. Several serious problems were identified including neonates not being taken to health facilities 3 times during the first 28 days of life as recommended by the government; inadequate food intake by the mother through the postnatal period led to poor excellence of milk for the infant; improper care of the umbilical stump; to infection; and mothers' absence of knowledge about basic nutrition. Based on the analysis of these data than three themes were set:

- Neonatal Check-up or visitation
- Quality of milk
- Mothers' knowledge.

Each theme will be discussed with emphasis on the experiences of the participants in taking care of their babies. Although discussed separately, the themes were interrelated. Infant health check and neonatal visits The interview began with a question: "Would you please tell me how you check your baby's health? The member had little understanding of the value of taking their babies to the health center for a check-up. Most of them said that as long as the babies were healthy, it was not necessary to take them to the health center for examination. 1 participant said that she never checks the infant complaint even though the baby was unhealthy. It was because of their customs and habit.

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