

Mother's Experience of Banjar Tribe for Handling Fever in Children Under Five Years Old in Banjarmasin City

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ABSTRACT

Most parents have different perspectives when handling fever such as providing medical or traditional complementary therapy. However, therapy based on culture is more believed by parents to be a treatment for children with fever due to supernatural disorders. The research aimed was to explore mother's experience for handling fever in children under five years old in Banjarmasin city. This study employed a qualitative study with a transcendent phenomenology design. The data collection was carried out by in-depth interviews with five mothers who had children under five years old in Banjarmasin City. The theme of the research is the mother's actions in handling children with fever. This research can be used as developing a standard operating procedure for handling children with fever according to evidence-based nursing in the development of complementary therapy.

INTRODUCTION

Children are potential successors to the ideals of the nation and are expected to become a quality generation. The growth and development of children must get attention from parents. But in reality, at that time children often experienced pain due to the immature formation of the immune system and the inability to defend themselves from disease attacks. Incidents of illness experienced by children are usually accompanied by fever. Fever will appear in various diseases, especially infectious diseases. Fever can be interpreted as an increase in body temperature above normal (Anggeriyane, 2019; Harianti et al., 2016).

World Health Organization (WHO) estimates that the number of fever cases worldwide reaches 16-33 million with 500-600 thousand deaths each year (Setyani & Khusnal, 2013; Wardiyah, A., Setiawati, S., & Setiawan, 2016). Fever can improve, but in a small proportion of cases fever is a sign of a serious illness that has caused the death of a children. It is estimated that 20-40% of UK parents report that their child has a temperature increase each year (NICE, 2019).

Data from the Banjarmasin City Health Office illustrate that in 2016 fever for unknown reasons was ranked fourth out of the ten most common diseases with an incidence of 4,631 cases and increased in 2017 to third place with an incidence of 4,539 cases. One indicator that measures the success of efforts to improve the health of infants and children is health services for children. The achievement indicator for health services for children under five in 2014 was 75.82%, so it can be concluded that the 2014 Strategic Plan had not met the target of 85%. Most provinces in Indonesia have achievements below 85%, one of which is South Kalimantan with an achievement of 58.85% (Indonesian Republic Health Ministry, 2015). Data recapitulation of the Integrated Disease Management Program for Children (ITC) at the Alalak Selatan Health Center for children from January to August 2018 shows fever ranks fourth with 1,326 cases after ear problems, nutrition and coughing.

Most parents have a different point of view in handling a child with fever. There are parents who take their children directly to the doctor or health service, but there are parents who think that fever is normal for children and take their children to traditional medicine because they assume that their children are being disturbed by spirits, self-medicating because of previous experience, such efforts can heal some even not. Do nothing because you think the symptoms will go away on their own (Harianti et al., 2016; Official et al., 2016; S. Astutik, H. Sulaiman, Astuti, 2016). One of the traditional complementary treatments for children with fever that is believed by the Banjar people is bapidara where there are rituals and prayers then certain parts of the body such as the forehead, palms, soles of the feet, chest and back are marked with bird prints made of turmeric mixed with betel lime.(Jamalie, 2011)The use of traditional health services in Indonesia in the last 1 year, with the highest proportion of RTs utilizing Yankestra, was in South Kalimantan (63.1%). The types of Yankestrad that were used the most by RT were skills without tools (77.8%) and potions (49%) (Indonesian Republic Health Ministry, 2013).

THEORETICAL REVIEW

In a preliminary study conducted by interviewing mothers who had small children in August 2018, five participants recounted experiences when their children had a fever, sometimes accompanied by vomiting, cold ears and feet, shrill and delirious cries. Two participants said their children recovered after being given village and bapidara massages, one participant said with bapidara and was given febrifuge, one participant said after bapidara the diarrhea and fever did not improve and finally the child had to be hospitalized due to moderate dehydration and fever of 41oC and one participants said their child had been allowed to go home from the hospital after being treated for one week and then his fever recurred and he was often scared after being brought by the bapidara, fever and delirium immediately disappeared. the five participants believed more in traditional medicine because they believed their child was sick because of being disturbed by a supernatural being who could not be treated by medical treatment.

Health workers at the Alalak Selatan Health Center also explained that most of the children with fever had been brought by their parents either before or after follow-up control to the Health Center with the visible physical characteristics of the face, hands and feet being orange in color which comes from turmeric and whiting. The socio-cultural life of the population in the working area of the South Alalak Health Center is strongly influenced by the culture of the Banjar people who are the indigenous people, followed by the Javanese, Dayak, Madurese, Bugis and others. The majority of the people in Kuin Utara Sub-District are Banjar Tribe who have lived for a long time and are still culturally strong and not mixed with other ethnic groups like other kelurahans. In addition, treatment using medicinal ingredients grown in the yard (living pharmacy),

Based on the preliminary study above, it describes some of the experiences of mothers in dealing with children with fever. Proper handling of diseases accompanied by fever is important so that fever can be treated properly because there are various complications caused by fever. There is a possibility of dehydration because when a child has a fever, evaporation of body fluids occurs so that the child lacks fluids, neurological damage and febrile seizures can occur at an increase in temperature up to 42°C.

METHODOLOGY

This study used a qualitative research approach with a transcendent or descriptive phenomenological design. Determination of participants in this study using a purposive sampling technique. Participants amounted to five people. The criteria for participants were mothers who had the identity of the Banjar ethnic group and lived in the Kuin Utara sub-district, had children aged under five, had brought a children with a fever and had been treated by bapidara, communicated well, had knowledge and experience related to the research theme and agreed to participate in the research.

The research location was in Kuin Utara Village, Banjarmasin city of Indonesia. The determination of the location of this research was based on the idea and consideration that the majority of the people in this sub-district are

Banjar tribes who have lived for a long time and are still culturally strong. In addition, treatment uses medicinal ingredients grown in the yard (living pharmacy), there are still traditional birth attendants and village healers who have healing skills derived from their ancestral heritage. The interview was conducted at the home of a mother who had a children who had been a baby girl. The research was conducted in April 2018-January 2019. Researcher collected data by means of in-depth interviews and field notes.

The research was conducted using structured and specific analytical methods including verbatim transcripts, verbatim transcript analysis and thematic analysis (Creswell, 2015).

RESULTS

The participants in this study were five mothers who lived in RT 2, 4 and 5 of Kuin Utara sub-district, age range 21-38 years, education level of elementary school - junior high school, status as a housewife with a number of children between 1-4 children.

Based on the experience of mothers in handling children with fever in the city of Banjarmasin, a theme was identified, namely the mother's action in handling children with fever.

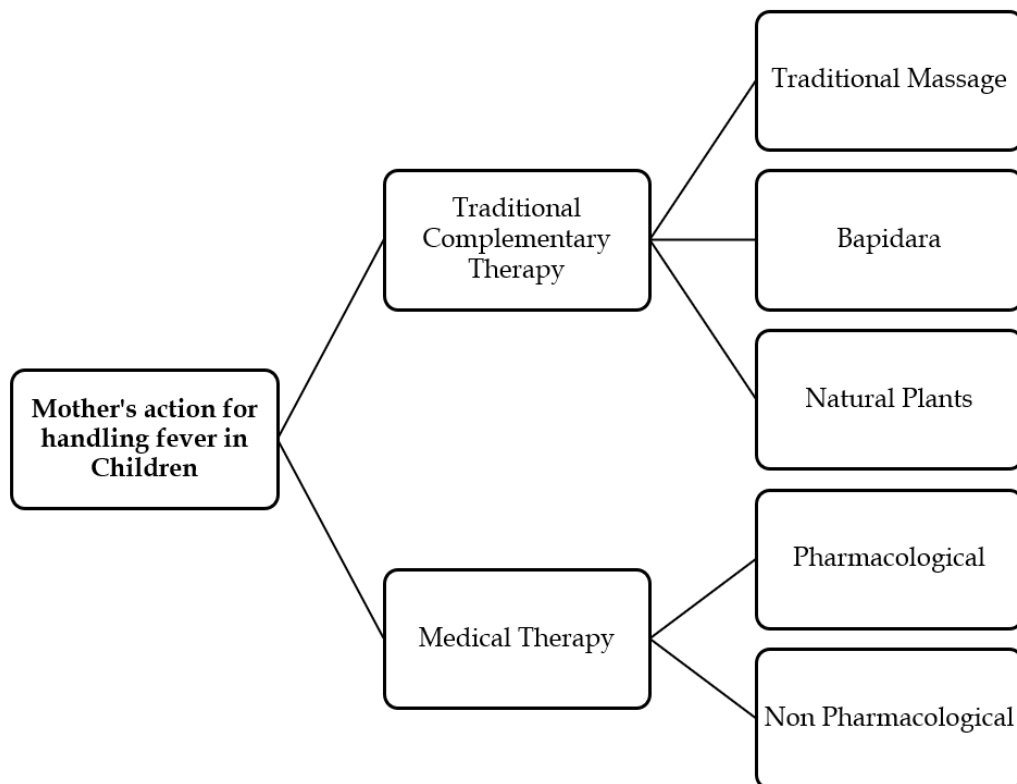


Figure 1. Theme of Mother's Action for Handling Fever in Children

DISCUSSIONS

Mother's Action for Handling Children Fever

The role of the mother in handling children with fever is that they prioritize medical therapy, but there are also complementary therapies. The participants felt that there had been no progress in the child's health after being given medical therapy, so the participants brought their children with traditional complementary therapies such as using traditional medicines which are believed to reduce fever, traditional massage because they think the children have sprains and if the child's fever does not decrease, the participants bring the children with their babies. Participants considered bapidara to be the last alternative for treating children with fever in the traditional way after undergoing other traditional medical or complementary therapies. However, there were participants who immediately brought their newborn children if they saw typical physical symptoms like capitulation.

Most of the participants who had brought their children to health services or given antipyretic drugs also brought their children to traditional treatments such as traditional massage, giving medicinal plants and bapidara. This traditional complementary therapy is a treatment for children with fever that is trusted by the Banjar people who are in the North Kuin Village, Banjarmasin City. The results of other studies show that according to participants, traditional complementary therapies such as massage, bapidara and spiritual make it easier to deal with their child's fever because the cost is cheaper than going to a doctor. Many parents use health facilities, such as going to the doctor, taking their child's medication to the puskesmas or village midwife and buying their own medicine at the shop, but also using complementary therapies such as massage, bapidara and spiritual healing. This is also related to suggestions for each parent for the recovery of their child (Resmi et al., 2016).

Management of fever can be done with pharmacological measures, non-pharmacological measures or a combination of both (Wardiyah, A., Setiawati, S., & Setiawan, 2016). Mothers try to treat children's fever by using methods of measuring fever by touch or thermometer, self-medication such as drug therapy, soaking feet, undressing children, fanning, cooling room air and using medicinal plants and taking their children to the doctor. The recipe for these medicinal plants was obtained based on their own experience. Most parents will visit the doctor after home care measures they feel have not been effective on their child. Differences in the role of mothers in managing fever are influenced by differences in social, economic, cultural and educational status of mothers (Fallah Tafti, B., Salmani, N., & Afshari, 2017).

Management of children under five with fever carried out by Banjar tribe mothers consists of pharmacological actions, non-pharmacological actions or a combination of both. Pharmacological action is giving antipyretic drugs while non-pharmacological action is an additional action in reducing fever after administration of antipyretic drugs. Non-pharmacological measures to reduce heat such as giving lots of drinks, placing it in a room with normal temperature, using clothes that are not thick and applying compresses (Wardiyah, A., Setiawati, S., & Setiawan, 2016). Most parents feel panicked when their children

has a fever, so the first treatment at home is giving Paracetamol or Ibuprofen (Handy, 2016). Parents tend to be aggressive in giving antipyretics even though the use of aggressive antipyretics can cause hepatotoxicity (Ampi et al., 2013).

Medical therapy generally aims to reduce temperature using antipyretic interventions or nonpharmacological interventions. This therapy is indicated for children who are febrile uncomfortable or unable to maintain the increased metabolic demands associated with fever. The implications that can be given are giving antipyretics such as Ibuprofen and Acetaminophen, avoiding the use of aspirin in children and adolescents, using non-pharmacological interventions such as light dressings, removing blankets, using fans, bathing lukewarm water (warm water) and cooling blankets. Ensure that nonpharmacological measures do not trigger shivering or discomfort. If the action triggers chills and discomfort it should be stopped immediately (Anggeriyane et al., 2021; Terri & Carman, 2015).

Traditional massage is one of the complementary therapies in the form of skills without the use of tools and only using the touches of the fingers and palms to massage the body (Resmi et al., 2016). Local community knowledge regarding the use of local wisdom as traditional medicine includes many things such as types of medicinal plants, selection of types of medicinal plants based on the disease experienced, techniques for planting/ taking plants and processing plants (Widiarti et al., 2016). Traditional medicines used by people in several regions in Indonesia are very diverse. Communities in an area have traditional medicines that are different from people in other areas. This difference is due to the biodiversity found in the environment where they live and the local wisdom that they have which causes the emergence of various cultural products. Biodiversity in the environment where they live is a natural resource with great potential to become traditional medicines capable of solving health problems. One example of traditional medicine used by the Banjar people is turmeric (*Curcuma Domestica L.*) as a treatment for children with fever by using the *bapidara* method (Lesmana et al., 2018).

Bapidara is one of the treatments for children with fever which is typical of the Banjar tribe. *Bapidara* is a local wisdom that exists in the Banjar Tribe and has been passed down from generation to generation. Children who are sick are believed to be experiencing capitulation caused by supernatural beings or the spirits of their relatives. *Pidara* is a ritual performed to expel disturbances by spirits that cause pain to those affected. *Pidara* can be done at all ages, from infants to adults (S. Astutik, H. Sulaiman, Astuti, 2016). *Bapidara* is a traditional belief ritual to cure fever experienced by children caused by disturbing supernatural beings and has been carried out for generations (Resmi et al., 2016).

Indonesia is rich in natural resources that have been used as traditional medicine for generations. This is also used by the Banjar people in treating fever in children. Traditional medicine is medicine derived from knowledge, skills and practices based on theories, beliefs and experiences of different cultural customs that are used to maintain health and prevent, diagnose, improve or treat physical and mental illnesses. Traditional medicine based on local wisdom can improve

the standard of living, both economically and for the health of the local community (Anggeriyane, 2021; WHO, 2013).

Handling fever in children under five is very dependent on the role of parents, especially mothers. Mothers play an important role in caring for children with fever (Setyani & Khusnal, 2013). Mothers are an integral part of the household needed to take care of children skillfully to stay healthy. Mothers who have good knowledge and attitudes about fever can do the best fever management for their children. Lack of information and knowledge of the mother can lead to errors in handling fever (Doloksaribu & Siburian, 2016).

CONCLUSIONS AND RECOMMENDATIONS

Theme 1: mother's actions in handling children fever. Treatment carried out by participants in children under five with fever consisted of medical therapy, traditional complementary therapy or a combination of both. The results of this study can be used as a basis for developing standard operating procedures for nursing in the field of complementary therapy in treating children with fever based on scientific evidence.

FURTHER STUDY

Furthermore, increase exposure to traditional complementary therapies based on evidence-based nursing practice so that when nurses are in the community they can understand habits, culture, behavior and social relations processes that can affect health and illness conditions properly. Nursing education should be able to form and instill professional values related to local wisdom in the Banjar people by knowing the efficacy of medicinal plants and contraindications to the use of turmeric in certain diseases.

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