



Sociocultural Influence on Health Services for Children Under Five in Jayapura Regency

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Abstract

This study aims to implement modern and professional health services by adopting local cultural values to align with community culture. The research employs both quantitative and qualitative methods, involving in-depth data collection and analysis, and interactive respondent engagement. The findings reveal that sociocultural influences significantly affect health services conducted according to IMCI (Integrated Management of Childhood Illness) standards, especially in mountainous regions with limited ethnic mixing compared to urban areas. In coastal areas, sociocultural influence is also significant but not as strong as in mountainous regions. These sociocultural factors contribute to patient management and infant mortality rates. The study examines variables such as the behavior of the patient's mother or family within the sociocultural context. This research highlights the importance of understanding and integrating local cultural values into health services to reduce infant mortality rates.

Keywords: Health Services, Sociocultural, Disease, Management, Children, Jayapura.

INTRODUCTION

Since 1990, Indonesia has shown significant progress in reducing the Toddler Mortality Rate (AKABa), but the rate of decline has slowed in recent years. In 2017, the AKABa was 32 per 1000 live births. Data from SDKI 2012 and 2017 show that some provinces have AKABa higher than the national average, such as the Riau Islands and Papua. Papua recorded an AKABa of 115 per 1000 live births in 2012 and 109 per 1000 live births in 2017.

The national Infant Mortality Rate (AKB) also decreased from 32 per 1000 live births in 2012 to 24 per 1000 in 2017, but in Papua, the AKB remained high despite decreasing from 54 per 1000 live births in 2012 to 32 per 1000 in 2017. The 2023 Indonesian Health Survey (SKI) highlights the gap in the utilization of maternal health services during pregnancy and postpartum in Papua (Ekawati et al., 2020). The continuity of maternal and infant health services is still low, with only a small percentage of mothers receiving services according to standards. During the postpartum period, the proportion of mothers who receive complete postpartum visits is also low, especially in Papua (Budu et al., 2020). The use of modern contraception after childbirth is still lacking, with 51.5% of women in Papua not using contraceptives, often because they are not authorized by their husbands or family.

Neonatal services also show a decrease in visits with the age of neonates, especially in

Papua (Situmorang et al., 2022). Another problem faced is the proportion of Low Birth Weight Babies (BBLR) who do not receive adequate special care. MTBS (Integrated Management of Toddlers Sick) is recognized as a service standard that reduces infant and toddler mortality rates. However, its implementation in Papua faces various obstacles, including limited facilities and human resources, as well as people's views and behaviors that do not always support evidence-based health services. In addition, the practice of exclusive breastfeeding and treatment methods such as the "kangaroo method" is less in demand by most mothers in Papua. There are also cultural challenges and community attitudes that are often not in accordance with good health service protocols (McCauley et al., 2019).

The traditional leadership system in Papua, according to Ondikeleuw and Ma'rif (2015), is divided into several types, including the type of king leadership or the leadership system on the basis of inheritance, 2. Leadership system, or authoritative person, and 3. Mixed leadership system. Mixed leadership, Ondikeleuw and Ma'rif (2015), The three leadership as described by the researcher, Ondikeleuw and Ma'rif (2015), Often termed as Ondoafi (who has territory/landlord, and must be elevated and controlled) Parents of toddler patients do not see the social environment of the queue who both want to get services, even though between fellow Indigenous Papuans, especially with immigrant communities, they consider the order of service to be the last priority, because they still consider that immigrants only live and their caste is below the Indigenous Papuan community.

There are differences in the mindset and cultural behavior of people who still want to be landlords/ *ondofolo mindsets*, want to be prioritized over others, and feel that they must be exalted and mastered to get these services, such as in the research of Ondikeleuw and Ma'rif (2015) the authority of customary law communities to carry out certain actions, land rights from generation to generation (all land is considered as ancestral heritage), The strongest and fullest that people can own on land, all land even though it is owned by the government, individuals, or the private sector is customary land of a village (Alden Wily, 2018).

All of these activities include health maintenance activities on customary rights that have been inherited from generation to generation (Kuruk, 2020). Mama's Milk and Milk Ondofolo the sense of a place to carry out all their activities, such as settling, hunting, farming, and other survival activities, Tokoro, 2014 in Ondikeleuw and Ma'rif (2015). The thought of the service staff arose as soon as possible to be served so that they quickly left the service place and did not get angry with the patient's parents for long. Then, there is a pattern of service from officers who ignore the flow, and protap is still carried out to handle sick toddlers (Reynolds, 2020).

Finally, poor service behavior of service personnel is formed. In Papua, people often use the term cut compass, protip (protap) that has been determined is not carried out entirely by service officers, for example, actions that are actually carried out after the patient is checked for body temperature, recorded on the MTBS form, entering the MTBS service room, laboratory examination and continued with patient observation and therapy, the stages of observation and therapy/patient actions are eliminated or not implemented/implemented After the laboratory results came out, the medicine was immediately given, and the patient was allowed to go home. Because of the culture of cursing patients' parents to the officers, negative

thoughts arise. Rather than being scolded for a long time, it is better to solve it as soon as possible. The cultural mindset of the patient's own parents, which is still a little primitive with a lack of patience, gave rise to a new paradigm in the officer environment, with the term cut the compass, and in the end, formed a service culture of officers who were unempathetic, indifferent, and lost their social soul.

The same is true of society's view of the meaning of health. In the past, when their children were sick, people had the assumption that it was caused by an angry spirit, as stated by Anderson/Foster (Years)..., (1986) based on the scope of their lives, humans view the concept of health-sickness as " *supernatural*" It means viewing health and illness due to the intervention of a supernatural force, which can be in the form of supernatural beings or subtle spirits, or supernatural powers derived from humans, Dumatubun (2022). However, the current generation has abandoned such thinking; among the people of Jayapura Regency in urban areas, there is also no longer an assumption that if they experience unbearable headaches or joint pain, they will perform bleeding acts because they think it is caused by dirty blood.

MTBS (Integrated Management of Sick Toddlers) has been implemented in Jayapura Regency since 2002 as part of UNICEF's initiative in Papua Province. This district has an area of 17,516.60 km² and is divided into 19 districts, 144 villages, and 5 urban villages, which are grouped into four development areas based on their geographical characteristics. The practice of routine MTBS only runs in the Sentani and Harapan Health Centers in urban areas, while its implementation still faces many obstacles in rural and remote areas. The infant and toddler mortality rates in Jayapura Regency in 2018 were recorded at 24 per 1000 live births and 16 per 1000 live births, respectively, far above the national average.

The implementation of MTBS involves three main components: improving the skills of health workers, improving the health system, and improving family and community practices in home care (Arsenault et al., 2019). The evaluation of health services shows that in remote areas, social culture and empathy in services still need to be strengthened to ensure the effective implementation of the MTBS protocol. Therefore, healthcare workers need to understand and adopt the local culture to provide better services. Continuous evaluation and improvement are urgently needed to improve the quality of services and reduce the mortality rate of infants and toddlers in Jayapura Regency (Mayasari & Resley, 2020).

From the cultural phenomenon of the community, in this case, the parents of patients who want to be treated, the culture of service workers who are still reluctant to use their abilities and skills to serve with MTBS, the culture of cut compass/not carrying out the procedures that have been determined as a whole, Riskesdas 20012 and the profile data of the Jayapura Regency Health Office in 2018 based on a study from 4 health centers that contributed to the high infant mortality rate in three health centers (Kanda, The author tries to unravel the global problem of service and service culture in Jayapura Regency on the basis of three Integrated Management Standards for Sick Toddlers (MTBS) coupled with elements of patient culture and social culture of good service officers, a community-based health culture pattern approach, in this case patient parents with a persuasive approach to socialization to 20 health centers in Jayapura Regency. Meanwhile, to instill a social culture of caring for others, 20 health center

service officers, through synchronization, are required to implement MTBS standards and assistance, which refer to the overall MTBS service routine by instilling a social culture to all MTBS patients, both Indigenous Papuan patients and non-indigenous Papuan/immigrant patients. From these problems, the author is interested in taking the title of Health Services for Children Under Five in the Socio-Cultural Context in Jayapura Regency.

METHOD

The research method used in this study is a qualitative approach. This approach allows researchers to understand observed phenomena in depth, especially in sociocultural contexts. The object of the study was behaviors and views related to MTBS (Integrated Management of Sick Toddlers) health in three different health centers in Jayapura Regency. Research data sources include direct observations, interviews with health and community officials, and the study of documents such as office reports and related papers. The population in this study is the entire community, both OAP and Non-OAP, who are in the work area of the three Puskesmas. The sample was deliberately and planned, covering urban, mountainous, and coastal areas to cover significant sociocultural variation.

The data collection techniques used include direct observation, face-to-face interviews, and document studies. Researchers are actively involved in data collection, going directly into the field to observe respondents' behavior and activities and interacting directly with them (Lareau, 2021). The collected data is then analyzed continuously throughout the research process. The analysis process involves reflecting on the data, asking analytical questions, and taking brief notes.

In terms of research tools, researchers prepare all needs, including supporting facilities to reach remote research sites, such as vehicles and sufficient fuel. In addition, technical tools such as instrument sheets, pens, notebooks, and cameras have also been prepared. In areas with limited power grids, researchers must prepare tools that require electrical power from home (Tuballa & Abundo, 2016). Approaches to traditional leaders and the preparation of contact materials such as betel nut lime are also needed, especially in areas with the dominance of indigenous peoples, such as in Kemtuk District.

Thus, this study uses a qualitative approach with data collection techniques that include direct observation, interviews, and document studies. Data analysis is carried out continuously throughout the research process, paying attention to reflection and analytical questions on the collected data (Moser & Korstjens, 2018). Research tools and other preparations are also an important part of ensuring the smooth and successful conduct of research.

RESULTS AND DISCUSSION

Based on the results of this study at the Sentani Health Center, health services for toddlers have been carried out well; the service evidences this has used the MTBS (Integrated Management of Sick Toddlers) method, namely the order of services starting from registration, initial assessment, laboratory examination, drug compounding to referral is in accordance with the standards set based on the SOP (standard operating procedure) at the Health Center. The

existing officers and communities are very heterogeneous, with very advanced sociocultural developments (Titz et al., 2018).

The results of the study are slightly different from those of the Depapre Health Center, which is in the development area II. Health services for toddlers have been carried out well, but not as well as sentani (Rerey & Nurmiaty, 2021). The service evidence used the MTBS (Integrated Management of Sick Toddlers) method, namely the order of services starting from registration, initial assessment, laboratory examination, and drug compounding to referral, is in accordance with the standards set based on SOP (standard operating procedures) in the Health Center, this is because not all officers and the community have a complete ethnic mix, but only a part.

The difference is quite far from the results of research at the Sentani Health Center in Development Area I and Kemtuk, which is included in Development Area III. Health services for toddlers have been implemented poorly, but the results are not as good as those of Sentani and Depapre (Karim et al., 2024). This is evidenced by services that have used the MTBS (Integrated Management of Sick Toddlers) method, namely the order of services, starting from registration, Initial assessments, laboratory examinations, and drug compounding to referrals are in accordance with the standards set based on the SOP (standard operating procedures) in the Health Center, this is because not all officers and the community have a complete ethnic mixing, not just a part, this is due to the absence of immigrants who live and live and interact with the Indigenous community which affects the service at all or very lacking, or It is very homogeneous that is pure from the local population, which results are very far from the standard.

Cultural factors that affect MTBS services have decreased in the development area at the Harapan and Sentani health centers. This is because the health center is located in an urban area. In terms of population, the number of immigrants has been comparable to or even more than the local population, so the behavior and culture of community modernization have been formed for modern health services (Goldscheider, 2019).

When reviewing the infant mortality rate at the Kanda Health Center, which is in the development area, I should be in line with that at the Harapan Health Center, but

in fact, I should not. This is because of the location of the Kanda Health Center, which is in the urban transition area. The number of immigrant communities is not commensurate with the number of local people in accordance with research by Ondikeleuw and Ma'rif (2015) related to sociocultural factors, so the modernization of social and cultural knowledge of the community is not as good as in the Harapan health center area.

The case of the influence of socio-cultural factors at the Kanda health center also occurred at the Demta health center and the paper of the development area II. Development Area II is a rural geographical area on the North Sea coast. Jayapura Regency (Rukmana et al., 2020). The case occurred because the number of immigrant people was not commensurate with the number of local communities in accordance with research by Ondikeleuw and Ma'rif (2015) related to socio-cultural factors, so the modernization of community social and cultural knowledge was not as good as in the Harapan health center area.

The Demta case is a clear illustration that socio-cultural factors can influence the quality

of MTBS services at health centers. This is in line with research by (Florentianus Tat 1a, 2021a), that the culture of a society can influence social actions. The policy environment depends on its positive or negative nature. If the environment has a positive view of a policy, it will produce positive support so that the environment will affect the success of policy implementation. On the other hand, if the environment is negative, there will be a clash of attitudes, so the implementation process is in danger of failing. The compliance of the target group is a direct result of the implementation of policies that determine its impact on society (Baekgaard et al., 2021).

Cases of the influence of sociocultural factors did not only occur at the Kanda Health Center and also at the Demta Health Center, but they also occurred at the Kemtuk Health Center in Development Area III. Development Area III is a rural geographical area of hills and the Grime-Sekori-Muaif valley. The case occurred because the number of immigrant people was very small, and almost none of the number of local people, in accordance with research by Ondikeleuw and Ma'rif (2015) related to socio-cultural factors so that the modernization of people's social and cultural knowledge was not as good as in the Harapan health center area.

The case that is very illustrated in the Kemtuk Health Center in the development area III is in line with research by (Atminarso, 2024). Culture and habits in the community can affect the quality of MTBS. The quality of MTBS is influenced by the impact of socio-cultural factors so that officers undo their intentions and may, even worse, not have the motivation to carry out MTBS properly and wholeheartedly. This is in line with research by (Florentianus Tat 1a, 2021b). As a result of good cultural factors, all MTBS officers are encouraged and motivated to carry out MTBS services well and wholeheartedly (Yogi & Kabak, 2023).

From the three qualities of health centers in development areas I, II, and III, it can be seen that the quality of MTBS services has been applied to health centers in development areas I because of the development area I, including in the urban category, the behavior and culture of community modernization have been formed and modern health services compared to Development Areas II, & III which are outside of urban areas that the ondoafi culture is also still attached. as explained by the author also in the research of Ondikeleuw and Ma'rif (2015).

The existence of a traditional leadership system in Papua explained by Ondikeleuw and Ma'rif (2015) so that the patient's parents come with an impolite attitude by shouting to ask first, asking for quick service because they feel that as landowners/landowners/regions, they feel that they are important figures in their caste. In addition, the parents of toddler patients do not see the social environment of the queue who want to get services, even though fellow Indigenous Papuans, especially with the immigrant community, consider the order of services to be the last priority because they still think that migrants only live and their caste is below the Indigenous Papuan community. As a result, there is a culture of in-service officers to reduce the fixed protocol of service so as not to be scolded by the parents of MTBS patients, and service workers are reluctant to use their abilities and skills to serve, which affects the quality of MTBS services.

However, the adjustment of community culture with the culture of service by officers for development areas II and III needs to build the character of the community, which is still a little

primitive/not yet modern. As well as health promotion seeks to create a society that supports health by creating positive norms and values related to health. This includes building a culture that supports healthy behaviors and improves quality of life. Health promotion is not only important for individuals but also society (Edelman & Kudzma, 2021). Health promotion can be a key pillar in building a healthier, empowered, and high-potential society.

CONCLUSION

The results of the study show that health services for toddlers at the Sentani Health Center have been implemented well, using the MTBS (Integrated Management of Sick Toddlers) method according to SOPs, with advanced and heterogeneous sociocultural support. At the Depapre Health Center, services are also running well but not as optimally as in Sentani because ethnic mixing has not fully occurred. In contrast, at the Kemtuk Health Center, which is located in the Development Region III, health services for toddlers are not good even though they follow the MTBS method according to the SOP. This is due to the lack of interaction between migrants and indigenous peoples, which are still very homogeneous. Social and cultural factors greatly affect the quality of MTBS services in these health centers. In addition, complicated services, a long time, and a lack of financial support are also obstacles. Adjustment of community culture with service culture by officers in development areas I, II, and III needs to be carried out to build the character of the community that is still not modern.

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