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Regulations and behavior of Dayak community teenage pregnancy care in the new normal era: Qualitative studies

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Abstract---Background: Regulations or regulations regarding prenatal care are also believed to have a positive impact on the behavior of care that needs to be carried out by adolescents. Targeted or focused regulation is believed to be able to make prenatal care a priority, with positive expected outcomes from the implementation or regulation. Objective: This study aims to explore the regulation and behavior of adolescent pregnancy care in the Dayak community in the Covid-19 Pandemic Era. Methods: This study uses a qualitative approach with semi-structured in-depth interview techniques. The sample selection of this study used a purposive sampling technique, with a saturation approach. Data analysis uses thematic analysis and templates. Results: There are 2 phenomena obtained from the study, including: regulation and behavior of adolescent pregnancy care. These two phenomena are as follows: 1) Regulations related to pregnancy in terms of adolescent understanding are still lacking because there are still many fears related to the Covid-19 condition, activities and programs during compulsory pregnancy (pregnant women class) are never followed, ensuring pregnancy is carried out by village shamans, and there are no specific programs and budgets related to adolescent pregnancy care; 2) A limited understanding of prenatal care that must be carried out by adolescents, so that it has an impact on many things that are not carried out optimally by adolescents during their pregnancy. Implications for practice: Regulation is an important thing that will affect the behavior of pregnancy care carried out by

adolescents. How the regulations imposed on maternity care in the COVID-19 pandemic do not affect the quality of pregnancy care so that a positive impact is obtained.

Keywords---local wisdom, pregnancy care, regulation behavior, Dayak adolescent.

Introduction

In teenage pregnancy, pregnancy care must be carried out more intensively and optimally. This is related to the health impact on adolescent pregnancy will increase compared to healthy reproductive age pregnancies. Research conducted on teenage pregnant women found that many teenage pregnant women did not take good care of their pregnancy. Many factors that influence the behavior of adolescent pregnant women in carrying out pregnancy care are self-confidence, social support from the family, knowledge of pregnant women about the importance and benefits of pregnancy care, access to health facilities, age of pregnant women, education of pregnant women and husbands, marital status, family type, parity, family income and pregnancy planning. The research by Panthumas et al (2012) found that there were two biggest predictors of prenatal care behavior were perceptions of self-efficacy and knowledge of self-care (1–4).

Many factors influence adolescent pregnant women in carrying out pregnancy care. These factors consist of self-confidence, family support, knowledge of pregnant women about the benefits of prenatal care, access to health facilities, age of pregnant women, education of pregnant women and their husbands, marital status, family type, parity, family income and pregnancy planning. Culture-related pregnancy care in each region in Indonesia has a different concept. In the Baduy eyears oldic community, pregnancy care is influenced by obedience to traditional leaders (kokolot). Pregnancy care is carried out by traditional midwife that called as *paraji*. Makassar culture states that there is support from husbands and parents. Shamans and midwives partner for prenatal care. Isolation of pregnant women in Maluku culture can be prevented by increasing the knowledge of pregnant women. For *Bugis* culture, it is found that there is a culture of pregnancy care by birth attendants, and there are still many taboos. Husbands play a role in helping with pregnancy care, parents/in-laws help in household chores. Midwives and families are sources of information for pregnant women (5–10).

The COVID-19 pandemic that occurred at the end of 2019, until now still causes many changes and adaptations that must be made in health services, especially for the health of children, adolescents and mothers. Adaptations or changes are legalized through several regulations issued by the government for handling pregnancy, childbirth, postpartum and newborns. Regulations that were made aim to help control groups, institutions/organizations and communities in order to achieve certain goals in living together, society and socializing. Making regulations aims to control individuals or communities to behave with certain limitations. Making regulations will become a standard that has legal force that must be met for certain services or public activities so that the policy can be

implemented. Regulations relating to the health of pregnant women, maternity, postpartum and newborns have changed according to the conditions of the COVID-19 pandemic. Hopefully, it does not affect the services quality provided so a positive impact on the health of mothers and babies can be obtained. The Ministry of Health of the Republic of Indonesia (2020) made a guideline for Antenatal, Childbirth, Postpartum and Newborn services in the New Habit Adaptation Era with several changes to the mother and Child Health program. Based on spread zone of the Covid-19 (based on the risk of spread), the Health program for pregnant women such as class for pregnant women, P4K (childbirth planning program and health care prevention) and AMP (audit maternal perinatal) will adjust to these conditions (11).

Several studies conducted on pregnant women in the Dayak community found that there were several problems in adolescent pregnancy care. One of the important parts of prenatal care that must be carried out is prenatal checkups which most of them are carried out on irregular basis. Teenage pregnant women will carry out prenatal care depending on the support of their husbands and families, especially mothers/in-laws. Pregnant women of the Dayak community which adhere to the taboos (certain attitudes and foods) and they are treated so special during pregnancy. The special treatment is doing special traditional ceremonies as a form of family affection for pregnant women and their fetuses. High community trust to the village shamans is carrying out pregnancy checks. The existence of traditional leader (damang) who give support to teenage pregnant women in carrying out pregnancy checks at the village shamans (Lewu midwife) reduces the coverage of pregnancy checks by midwives (health workers). (12–14)

The support that is given by the husband can be in the form of physical and psychological support. The husband's knowledge, occupation, and income factors also have a relationship with the husband's participation in maintaining or caring for pregnancy (15, 16). The most social support should be obtained from the family. Especially, the best support is from a husband/mother and in-laws as well as other family members (17). Husband's involvement will increase measurable social support and increase family commitment in prenatal care carried out (18, 19). The partner or husband assistance system in Indonesia has been carried out through the standby husband program which has been implemented in Indonesia since 2010 (20). There is a significant relationship between husband's involvement in the use of pregnancy and childbirth services (21–23). Women who had at least 1 time doing antenatal visit with their husbands much more gave birth with skilled health personnel than women who received antenatal care alone (24).

Couple support system is very important and has the potential become intervention target to improve prenatal care behavior (25,26). The limited support of around the pregnant women will exacerbate this condition, including internal limitations in making decisions in carrying their pregnancy. Therefore, community-based interventions involving men (husbands) are needed (27). There are socio-cultural barriers in adolescent pregnant women related to health care, including lack of knowledge, risky practices, delays in seeking medical services, family and community expectations as well as limitations or weaknesses in empowering women's competencies, especially in decision making (28,29). Several

studies conducted on pregnant women in the Dayak community found that there were several problems in adolescent pregnancy care. One of the important parts of prenatal care that must be carried out is prenatal checkups, which most of them are carried out in irregular basis. Teenage pregnant women will carry out prenatal care depending on the support system from their husbands and families, especially mothers/in-laws. Pregnant women of the Dayak community are also required to adhere to taboos (certain attitudes and foods) and are treated especially during pregnancy through special traditional ceremonies as a form of family affection for pregnant women and their fetuses. High public trust in village shamans in carrying out pregnancy checks, the existence of traditional damangs who help provide support to teenage pregnant women in carrying out pregnancy checks at village shamans (midwife lewu) reduces the coverage of pregnancy checks by midwives (health workers) (12,13,30)).

Method

The research method used in this research is qualitative. Data collection techniques were carried out by observation, interviews, documentation and triangulation. The research was conducted in South Barito Regency, the Province of Central Kalimantan, which has years oldic group population, nsmely: Ngaju Dayak, Bakumpai Dayak, Maanyan Dayak, Lawangan Dayak, Dusun Dayak and Taboyan Dayak. The selection of research subjects is using purposive sampling method. The approach used for the technique of taking research subjects is saturation. The informants of this study were teenage pregnant women, family (husband and mother/in-law), and health workers (coordinator and implementing midwife). In addition of informant is the community leader namely traditional leader (damang), assisten of traditional leader (mantir) and village shaman. Ethics approval was obtained from the Health Research Ethics Committee, Faculty of Public Health, Diponegoro University, Semarang No. 299/EA/KEPK-FKM/2020. The interviews with the informants were conducted at home, at the publish health center and the Health Office for 20-30 minutes. The step of doing an analysis data were carried out by writing down all the interview results in the form of transcripts; sorting out meaningful words or sentences; and then doing the coding process; making each category based on coding; finally, the categories and sub categories were obtained based on the main theme.

Results

The interviews were conducted on 55 informants, explaining things related to their experiences and their respective characteristics which are described in following table 1. There are 2 categories which were obtained based on the results of the interviews including: pregnancy care regulation and adolescent pregnancy care behavior.

Table 1. Characteristics of Research Informants

Characteristic	Age	Education	Profession	Explanation
The main Informant				
Teenage Pregnant Women				
Teenage	14-19 years old	Elementary	Housewife	Pregnant first child

Pregnant Women		school – junior high school		(8 people) dan Pregnant second child (2 people) total : 10 people
Family				
Husband	17-22 years old	junior high school - senior high school	Entrepreneur	10 people
Mother/ mother-in-law	38- 46 years old	junior high school	Housewife	10 people
Health worker				
Coordinator Midwife	26-45 years old	Midwifery Diploma	Government Employee	6 people
Executor Midwife	26-40 years old	Midwifery Diploma	Government Employee	6 people
Public Figure				
Traditional Customary Leader (Damang dan mantir)	46 – 76 years old	senior high school - Bachelor	Entrepreneur	8 people
Village Shaman	65-68 years old	Elementary school	Entrepreneur	4 people
Supporting Informant				
Public Health Office	55 years old	Magister	Government Employee	Magister of Public Administration
Chief of Public Health Center	40-50 years old	Bachelor	Government Employee	Bachelor of Medical major Bachelor of Public Health
Kedamangan Secretary	55 years old	Magister	Government Employee	Magister of Public Administration

After conducting the depth interviews with selected informants, the themes can be explained below:

Regulation of Dayak Community for Adolescent Pregnancy Care

Regulation of pregnancy care refers to the regulation of the minister of health number 97 of 2014 concerning health services for the period before pregnancy, during pregnancy, childbirth and the period after giving birth, the implementation of contraceptive services and sexual health services (31). Based on the Minister of Health's regulation, health care for adolescents is given before pregnancy, carrying out a series of activities to prepare for a healthy pregnancy. However, when pregnancy occurs in adolescents, there will be a shift in these activities into a condition of maintaining pregnancy into a healthy pregnancy as preparation for a safe and smooth delivery process including contraceptive services that are selected to be effective after delivery by considering the reproductive age of adolescents in the cycle or period long. The identification of interviews results

regarding to the regulation of teenage pregnancy care for the Dayak community which was carried out getting 3 sub-themes including:

Self-Regulation of Adolescent Pregnant Women

Pregnant women as the target of this study are pregnant women who are married and have a partner. At most 80% of teenage pregnant women carry out non-routine pregnancy check-ups. They do a pregnancy checkup because their parents are told to do it. Besides, they don't immediately do their pregnancy checked due to afraid of being injected by health workers. Because the condition of Covid-19 pandemic, there is no complaints from pregnant women for free to convey information during pregnancy. Therefore, there are many pregnant women do prenatal care, based on the experiences of their sisters, mothers, in-laws and other people around the pregnant women. Usually, the pregnant women will become active depending on the activity of the midwife/health worker. Because the limit knowledge of pregnant women and there is no complaint during pregnancy, it caused the pregnancy care is carried out in a perfunctory manner and not really paying attention to the health of their pregnancy. There are 50% husbands of teenage pregnant women who recommend their wives together with their mothers/in-laws in carrying out pregnancy care.

Some interview results can be seen from the quote below:

".... Salawas batianan ni kadada keluhan, ulun biasa ja. Memang pas awal ja mual, tapi ujar kaka itu normal aji. Makanya jadi koler ke puskesmas, takutan disuntik dengan periksa darah dengan kadada keluhan ..." (ibu hamil 17 years old)

".... During this pregnancy, I have no complaints and I'm normal. At the beginning of pregnancy I have got queasy, but my sister told that it was normal. That is why I am lazy to go to the public health center; I'm afraid of injections and blood tests..." (Pregnant woman, 17 years old)

"... takutan ulun ke puskesmas, ujar orang banyak yang kena covid di puskesmas ..." (ibu hamil, 17 years old)

'.... I'm afraid to go to the public health center, because there are many people say that there are victims on covid-19 pandemic at the public health center ..." (pregnant woman, 17 years old)

"... ulun dulu bagana dengan mintuha, jadi apa ujar mintuha dengan laki ulun ja. Untung wayah ni oleh batianan tambah ganal, makanya disuruh pindah umpat mama, sidin banyak memasak sayur, iwak ujar sidin biar ulun dengan anak ulun sehat. Bapariksa ulun tulak sorangan, olehnya laki ulun bagawi. Salawas ulun bagana dengan mintuha, ulun manggani bagawian jua menolongii laki ulun mamantat gatah ampun mintuha..." (ibu hamil, 14 years old)

"... I used to live with my in-laws, I respect with all advises told by my in-laws and my husband. Luckily, because now I'm on old pregnant, I move to live with my mother. She cooks a lot of vegetables and fish. She hopes that me and my child in healthy. Usually, I go alone to have checkup, because my husband is working. During living with my parents-in-law, I helped my husband cut the rubber of my father-in-law ..." (pregnant mother, 14 years old)

Regulations From Community Leaders (Damang, Mantir And Village Shamans)

The traditional leader called as Damang does not involved in adolescent pregnancy care. The problem occurs if the teenage pregnant women health is unmarried teenagers. This problem occurs because the fulfillment of customary law will be carried out to legalize marriage under customary law. However, teenage marriages under 19 years old for girls, the marriage will be legalized by custom and will not continue with the legality of marriage law according to the government. The same law also obtains for teenagers having a customary law marriage who marry at too young age (not according to government law) and marriages of wrong lineage (sala huru). And then continue by giving the first imposing customary doubt and followed by the marriage process according to customary law. The customary *damang* that are allowed to legalize marriage are the traditional leader or *damangs/mantir* of the Dayak Dusun, Ma'anyan, Lawangan, Biaju and Tabuyan tribes. As adolescent pregnancy care, there is not much involvement from traditional leader *kedamangan* in helping pregnant women to carry out good pregnancy care. However, the traditional assistant leader or *mantir* from the traditional leader *ma'anyan kedamangan* can assist in facilitating the delivery process for pregnant women, who has been trusted before the existence of midwives in the community. The traditional assistant leader or *mantir* will be called to help exorcise the evil spirits that disturb the childbirth process if there is a problem. There are 30% of teenage pregnant women who say that they are involved in their pregnancy care and 100% of village shamans who are usually involved in pregnancy care. When a teenager feels that she is pregnant, she will come to the village shaman to check herself. However, the village shaman usually will ask the teenage pregnancy check her pregnancy to the health worker/midwife. Usually, first service is carried out together with the unwritten tasks from the midwife and village shaman. The cooperation that is formed is a partnership, where the village shaman is called to the house to help the childbirth. Besides, the village shaman will ask the family also call a midwife who can provide vitamins and medicines to strengthen the mother before childbirth process.

Identification of the interview can be seen from the quote below:

"... kalau kakak ulun dulu, ujarnya pas batianan anak pertama pariksa ke bidan kampung dengan bidan puskesmas, umpat kelas ibu hamil. Makanya pas ulun talambat mens, langsung ulun bapariiksa ke bidan kampung, habis diperiksa sidin disuruh sidin jua ke bidan puskesmas biar dapat vitamin ..." (ibu hamil, 18 years old)

"... when my sister was pregnant her first child, she checked to the village shaman and the midwife at the public health center. Therefore, when I was late for my period, I immediately went to the village shaman. After checking to the village shaman, she was told me to check up to the midwife in the public health center to get vitamins..." (Pregnant woman, 18 years old)

"... lamun mahaga ulun batihi iki nah biasanya basamaan eh dengan awen bidan puskesmas. Pengetahuan iki nah tabatas, iki gin dada baisi karen obat vitamin. Jadi iki nah tatap eh meanjur awen ji batihi te periksa ke bidan puskesmas. ..."

(dukun kampung, 65 years old)

“... we usually work together with the midwife when caring for pregnant people. Our knowledge is limited. We also don't have vitamin medicine. Therefore, we are recommended the pregnant women to check with the midwife at the public health center ...” (Village shaman, 65 years old).

Government Regulations on Teenage Pregnancy Care

Based on the results of the study, there were 80% of teenage pregnant women said that health workers recommended for routine pregnancy checks at least 4 times during pregnancy. Besides, they need to take vitamins and blood boost 1 tablet a day. Moreover, 100% of midwives said that special regulations for adolescents pregnancy care did not exist including the program and special funds. There is no specific difference between adolescent pregnancy care and older pregnancy care. It takes an extra effort by health workers (midwives) in anticipating teenage pregnancy health problems as early as possible. The government does not have special regulations in the handling of teenage pregnancy. The special or uncover regulation related to the problem of teenage pregnancy has not been widely reported. It caused the significant increase in cases of maternal morbidity and mortality. Mostly, teenage pregnancy health problems can be overcome, even if complications occur and a referral is made, the referral center is able to provide good management or treatment.

Identification of the interview can be seen from the quote below:

“ ... amun dulu ada posyandu, tapi salawas covid ni, kada suah jalan lagi. Ibu bidan yang biasa ulun periksa gin kada setiap hari turun bagawi, makanya uln periksa ke puskesmas menunggu jadwal sidin, olehnya ulun sehat jua. ...” (ibu hamil, 17 years old).

“... during this pandemic, the integrated Healthcare Center was not existing again. The midwife where I check didn't work every day. Therefore, i checked at the public health center waiting for her schedule, because I'm also healthy...” (Pregnant mother, 17 years old)

“....program kesehatan khusus untuk penanganan ibu hamil remaja tidak ada, cuman ada program RDS menggunakan dana pusat untuk pencegahan kasus stunting. Pelaksanaan programnya lancar karena berbasis UKBM. Saya bekerjasama dengan kader kesehatan. Sangat membantu program kesehatan ibu hamil yang ada bersifat bantuan non material (bantuan tenaga kader)...” (bidan, 45 years old)

“....special health programs for handling teenage pregnant women do not exist. There is only a healthy village house program using central funds to prevent stunting cases. The implementation of the program is smooth because it is based on community-based health efforts. I work with health cadres. Very helpful for pregnant women's health programs that are non-material assistance (assistance for cadres)...” (Midwife, 45 years old)

Dayak Adolescents Pregnancy Care Behavior

The result of interviews Identification with the adolescent pregnant women based on research problems regarding pregnancy care carried out including on:

Self-care

Based on the results of interviews, it was found that 100% of teenage pregnant women and 100% of mothers/in-laws did about their self-care good enough. Maintain personal cleanliness by bathing regularly, performing dental care by brushing teeth regularly so the oral hygiene is maintained and cutting nails regularly. The pregnant women also doing genital area treatment by using soap containing betel in certain brands. Pregnant women carry out self-care during pregnancy in order to stay clean and beautiful.

Some of the interview can be seen from the quote below:

"... mandi 2 kali, keramas rambut amun panas, potong kuku jarang-jarang. Manfaat marawat awak tu kada tahu jua ulun (ibu hamil, 18 tahun)

"... take baths twice a day. I wash my hair when it is hot and cut my nails rarely. I do not know the benefits of taking care of myself ..." (pregnant mother, 18 years old)

"... ulun mandi biasanya 2 kali sehari tapi pas awal batianan koler rasanya mandi, gosok gigi pas bangun guring dan mandi, amun kuku panjang dipotong, kadang ulun becebok pakai banyu sirih, manfaatnya biar sehat dan tetap bungas..." (ibu hamil, 14 tahun).

"... I usually take a shower twice a day. But when I was pregnant, I was lazy to take a shower. I brush my teeth when I woke up and take a shower. I cut my long nails. Sometimes, I wash my hands with betel water. The benefits are to stay healthy and stay beautiful..." (Pregnant mother, 14 years old)

"... mandi kayaknya jarang, koler mandi anaknya, tapi biasanya masih pang mandi 1 kali sehari. Keramas rambut kalau panas, dan gosok gigi pas mandi tapi kadang 1 kali. Becebok atau bebersih alat kelamin pakai banyu rebusan sirih yang diolah sorang. Manfaat merawat awak tu supaya sehat ..." (ibu, 45 years old)

"... Bathing seems to be rare for me because my daughter is lazy to take a bath. At least, she takes a bath once a day. She washes her hair when it is stifflingly hot. Sometimes, she brushes her teeth when she takes a shower. Clean the genitals using boiled betel water which is made by her. The benefits of taking care of our self to be healthy ..." (Mother, 45 years old)

Fulfillment of Nutrition Needs

There are 40% of teenage pregnant women and 40% of mothers/in-laws said that there are no ban/taboo and the dietary habit of pregnant women has not many problems with consuming enough food such as: rice, vegetables and side dishes. Regularly, the pregnant women eat at least 2-3 times a day or every time they feel hungry. However, there are still teenage pregnant women who like to eat instant noodles and drink energy-boosting drinks at certain brands. Teenage pregnant

women say that they must pay attention to nutrition needs for the health of the mother and fetus. Nutrients consumed must make the mother full because when the mother is full, the baby will be full.

Some of the interviews can be seen from the quote below:

"... makan sayur dan minum vitamin, kadada pantangan dengan makanan..." (ibu hamil, 18 tahun)

'... eating vegetables and fruit, as well as vitamins. There are no dietary restrictions...' (Pregnant mother, 18 years old)

"... makan pantang kadada tapi pas awal hamil suka ulun minum kuku bima yang ditambah es batu, tapi wayah ni kada boleh lagi ujar mama. Kalau sayur ulun kada tatalu suka, paling suka makan mie ditambah nasi. Mun makan biar kenyang dan sehat..." (ibu hamil, 14 tahun).

'... There are no ban/taboo to eat. However, when I was early pregnant, I liked to drink *Kuku Bima* (drink of Indonesia Brand) with adding the ice cubes. For now, my mother forbids me to drink it anymore. I do not really like vegetables. My favorite food is eating noodles with rice. I think eating is for full and healthy...' (Pregnant mother, 14 years old)

"... dulu awal batianan masih bagana dengan mintuhanya, ujarnya jarang di bari sayur dengan makannya kada teratur. Oleh wayah ni parutnya tambah gala, kami suruh bagana umpat kami ja, biar teperhati makannya ..." (ibu, 40 years old)

'... at the beginning of pregnancy, she still lived with her in-laws. She said that she was rarely given vegetables and she also ate irregularly. But now, because her stomach is getting bigger, we told her to stay with us. So, we can pay attention to her eating...' (Mother, 40 years old)

Consumption of Fe tablets

80% of teenage pregnant women have received adequate amounts of blood boost tablets from the midwife. Consumption of blood boost tablets is done every night before going to bed using water. The benefits are to keep blood pressure from being low. The advantage of taking blood boost tablets is that mothers feel healthy. There are also teenage pregnant women who also add another blood boost drinks. Midwives said that 100% Fe tablets were given to all pregnant women who came to check their condition. The COVID-19 pandemic has caused a decline in the achievement of essential maternal and baby health services and other health programs.

Some of the interviews can be seen from the quote below:

"... kada pernah ulun dapat tablet penambah darah..." (Ibu hamil, 17 tahun)

'... I never get Fe tablets...' (Pregnant mother, 17 years old)

"... sudah dapat tablet penambah darah dari puskesmas pas kontrol, dibari satu strip, untuk menambah darah biar tensinya naik, oleh biasanya pas pemeriksaan selalu tekanan darah rendah, diminum malam biar menaikkan tensi, pakai air putih biasa. Kadang tu ulun tambah jua dengan obat sakatonik (ibu hamil, 14 years old).

‘... I have already received a blood booster tablet from the public health center when I was control. It was given one strip, to make the blood increase. Because, when I am control usually my blood pressure is low. I drink it using plain water at night to increase blood pressure. Sometimes, I also drink supplement of *sakatonik* (pregnant woman, 14 years old)

“... every pregnant woman we give Fe tablets. Sometimes, when they are re-checked, we asked about the Fe tablets are still available. They are not drink regularly because they are afraid if their blood pressure will rise. Usually, we also tell the mother to drink blood boost tablets, if the mother is accompanied the pregnant woman. It must be done drink regularly every night...” (Coordinating midwife, 35 years old)

Pregnancy Antennal Care Check-up

100% Adolescent pregnant women conduct pregnancy control to the public health center doing routinely and regularly accordance with the midwife advice. The pregnancy Checkup for the first time is at 3 months of pregnancy. In addition, there are also who do control in 6 month pregnancy. Pregnant women say that they do not know if pregnancy check-ups must be carried out regularly. Therefore, they control if there are complaints or feelings discomfort. Sometimes, they are lazy to control regularly. Midwives said that 100% teenage pregnancy checks were carried out at a later gestational age, and were irregular. The COVID-19 pandemic has also caused a change in the work schedule of health workers at public health centers.

Some of the interviews can be seen from the quote below:

“... periksa pertama kali ulun ke bidan, tapi kada teratur oleh kadada keluhan dengan ulun tu takut bapariksa. Ulun kada tahu jua manfaatnya (Ibu hamil, 17 tahun)

“... I first checked to the midwife. It was irregular because there is no complaint and I was also afraid to check. I do not know the benefits” (Pregnant mother, 17 years old)

“... bapariksa ke puskesmas, pas batianan 3 bulan...habis itu tidak rutin periksa. Kedukun kampung minta diurut biar nyaman dan badan sehat..” (ibu hamil, 18 tahun)

“... check up to the public health center when gestational age is 3 months. And next it is not routine. Sometimes, i control to the village shaman to get massages to make my body feels good and healthy...” (Pregnant woman, 18 years old)

“... many of pregnant women doing checkup when have been later gestational age. Some of them take control up to 6 months come to us. The reason is that there are no complaints, no one who company and it is hard to ride their own motorbike etc...” (Coordinator midwife, 37 years old)

Immunization

There are 60% of pregnant women who do not obtain the Tetanus Toxoid immunization. Besides, there are 40% teenage pregnant women who do not receive Tetanus Toxoid immunization. The teenage pregnant women do not understand the benefits of that immunization. They come to ask for Tetanus Toxoid immunization only for a marriage requirement because they do not know that Tetanus Toxoid immunization also needed during the pregnancy. Midwives said that there were 16.7% of third trimester pregnant women in their working area were fully immunized and a number of others incomplete immunizations.

Some of the interviews can be seen from the quote below:

“ ... kada suah dapat imunisasi TT waktu batianan dan waktu nikah sama jua kada suah oleh ulun nikahnya masih belum cukup umur ...” (ibu hamil, 14 tahun).

“... I have never received Tetanus Toxoid immunization during pregnancy and the time of marriage because we are not old enough to get married...” (Pregnant mother, 14 years old)

“... usually they come asking for Tetanus Toxoid immunization when they want to get married as requirement. After getting marriage, they never come again. Sometimes, they come when the pregnancy has later gestational age. Sometimes, they come when the pregnancy is already big (coordinator midwife, 30 years old)

Pregnancy Exercise

Teenage pregnant women have never done pregnancy exercises.

Some of the interviews can be seen from the quote below:

“... senam hamil kada tahu ulun dan kada suah jua menggawinya...” (Ibu hamil, 17 tahun).

‘...I do not know and never done pregnancy exercise ...’ (pregnant mother, 17 years old)

“ ... kalau senam hamil pernah mendengar dari kisah kaka, tapi kada suah jua ulun menggawinya, kada bisa ulun...” (ibu hamil, 17 tahun)

‘... I have heard pregnancy exercise from my sister's story. But, I have never done it, I cannot ...’ (pregnant mother, 17 years old)

“... During this COVID-19 pandemic, many of our programs did not run. It is because all of the funds were focused on handling the pandemic. We usually carry out pregnancy exercises at the Integrated Healthcare Center for pregnant women ...” (Coordinating midwife, 32 years old)

Physical Activity and Rest

Teenage pregnant women mostly have regular physical activities such as housewives, doing household activities like cooking, sweeping and other

household activities. Rest naps day and night are also sufficient. There are still some pregnant women who come with their husbands to sleep late at night.

Some of the results of the interviews can be seen from the quote below:

"... dirumah menggawi gawian rumah, kadang diganii mama, mun istirahat kadang-kadang ja, tapi ulun bejalan pagi biar kena melahir lancar..." (ibu hamil, 18 tahun)

"... at home I am doing household. Sometimes, my mother helps me. I am seldom to rest, but I walk early to make the childbirth process smoothly..." (Pregnant mother, 18 years old)

"... begawian dirumah sorangan dengan ulun membantui mintuhan ulun memantat ..." (ibu hamil, 14 tahun).

"... I do my own household and I help my parents-in-law work on weave rattan ..." (pregnant mother, 14 years old)

"... saya suruh dia banyak istirahat selawas batianan ni, oleh kadang kuliat lakas keuyuhan. Mungkin oleh batianannya tambah ganal jua. Membantu memantat itu pas kada keuyuhan aji, biar ada begarak awak ..." (ibu mertua, 40 years old)

"... I told her to get a lot of rest during this pregnancy. Sometimes, she looks so tired. Maybe it happens because her pregnancy is getting bigger too. Sometimes, she is helping me in weave rattan but when she feels not tired, so she can move her body around..." (Mother-in-law, 40 years old)

Discussion

Regulations for Pregnant Adolescents Care of the Dayak Community

Based on the results of the study that found the result of self-regulation of adolescent pregnant women where 80% of pregnant women did not routinely carry out pregnancy checks. The checkup were carried out based on recommendations or ordered from other people like a husband or mother/in-law. Besides, the pregnancy checkup was not carried out because pregnant women felt lazy and fear of contracting COVID-19 if doing a checkup at the public health center. There are 50% husbands of teenage pregnant women who say that pregnancy check-ups are carried out on the advice of their older brothers and mothers-in-law. Regulations from community leaders, there were 30% of pregnant women who carried out checkup to the village shaman were told to have control to the midwife to get additional services. 100% of the village shamans said that the services provided to pregnant women was carried out in partnership with the midwife to maintain the health of the mother and baby the get vitamins, blood boost and immunization.

Regulations from the government related to pregnancy care supported by 80% of teenage pregnant women who said that they are required to do pregnancy checks at least 4 times during pregnancy, drink vitamins and blood boost tablets once a day. Teenage pregnant women said that the obstacle they have based on the schedule for prenatal care that must adjusted to the picket schedule or the midwife on duty. There are 100% midwives who said that there was no special

program from the government to handle teenage pregnant women. Some of the existing programs were combined that able to provide the best service to teenagers. There is a change in the policy of prenatal care from 4 times to a minimum of 6 times during pregnancy and for the Chronic Energy Deficiency pregnant women are given supplementary feeding such as biscuits.

Regulations or arrangements for marriage and pregnancy that occur at a young age in South Barito Regency do not refer to the Circular letter from the Governor of Central Kalimantan Province No. 236/069/DP3 APPKB/V/0318 of 2018 concerning the maturation of the married age. This circular letter refers to the Memorandum of Understanding between the Governor, the Central Kalimantan regional police chief, the Chief Prosecutor of the Central Kalimantan, the Chief Justice of the High Court of Central Kalimantan, the Head of the Regional Office of the Ministry of Law and Human Rights and the Head of the Central Kalimantan Customary Council regarding Access to Justice for Women and Children Victims of Violence in the Province's Integrated Criminal Justice System of Central Kalimantan. The Facts in the field found that there were still many marriages and pregnancies at a young age (<19 years old), even teenage pregnant women who were pregnant more than 1 time with the age under 19 years old. Based on these findings, the possibility of marriage occurring is very young. Some teenage pregnant women said that it is a request for dispensation from their parents that they would help in the legal marriage legally and religiously. However, when the dispensation was not accepted, most of marriages were only legalized by religion or customary law. This marriage process is very easier to have a divorce process, because it is not under legal protection.

Regulations on community empowerment have been regulated in Minister of Health regulations Republic of Indonesia number 8 of 2019 concerning community empowerment in the health sector, is a process to increase the knowledge, awareness, and ability of individual families and communities so hopefully they can active role in health efforts, carried out by facilitating problem solving processes through educative and participatory approach as well as paying attention to local potential and socio-cultural needs. The regulation on empowering the Dayak community has not fully involved the socio-cultural potential of the whole Dayak community. It is still found that there are Dayak community leaders who have not been involved to help change adolescent pregnancy care behavior. This condition is caused by many factors that affect the implementation of empowerment and how the community empowerment process is carried out. Community empowerment will provide optimal results, when all processes and factors that influence can be analyzed so it can become a force/power when it is implemented.

Based on research of adolescent pregnancy regulation care shows a positive thing that pregnant women do checkup on their own awareness while the negative thing is they fear to carry out pregnancy care, especially at the public health center related to the covid-19 pandemic. Besides, feeling lazy and dependent on others (husband and mother/in-law), for regulations from community leaders, partnerships between midwives and traditional birth attendants in prenatal care, village shamans are more involved in early pregnancy care to ensure these teenagers are pregnant or not, for special programs and budgets for handling

teenage pregnancies. Besides, there is no change of the pregnancy check-up that related to the adaptation of new habits during the COVID-19 pandemic. Therefore, it caused many teenage pregnant women not be optimal in getting and carrying out their pregnancy care.

This study also found that regulations from the government in health services for pregnant women through the class program for pregnant women could not be carried out in relation to the COVID-19 pandemic. Even though, in the last 3 months there were new adaptation guidelines for services for pregnancy, childbirth, postpartum and newborns that issued by the Ministry of Health of the Republic of Indonesia (2020). Therefore, class for pregnant women that lead to gathering sessions began to be implemented with limited contact and strict health protocols that must be met. This class activity for pregnant women aims to help pregnant women get information about health during pregnancy, childbirth, postpartum and baby care after birth. By involving husbands in pregnant women's activities to prepare for delivery and other important matters, as well as enabling active interaction between pregnant women and health workers. Husband's involvement is also a form of concern and support for health during pregnancy. (32)

Regulation of pregnancy care refers to the regulation of the minister of health number 97 of 2014 concerning health services for the period before pregnancy, during pregnancy, childbirth and the period after giving birth, the implementation of contraceptive services and sexual health services (31). Adolescent services are including the service during the pre-pregnancy period, so the prepared pregnancy will be a healthy pregnancy. When a teenager experiences pregnancy, of course the preparations made will not be optimal and maximal. Therefore, it need more active and intensive pregnancy care through regulation that required by the government by involving health workers, regulation or policies that are supported by community leaders who are around the pregnant women. In addition, how pregnant women have a good understanding of the importance of taking care of their pregnancy.

There are several policies from different governments, especially for integrated antenatal care services, where policies regarding pregnancy care, especially for antenatal care, are carried out by mothers at least 6 times from the previous 4 times. Of course, this is one of the regulations that are quite helpful in maintaining maternal health during pregnancy, but this regulation is general for all pregnant women to be able to obtain information related to other pregnancy care, with the increase in the number of mandatory visits that must be done (11, 33). Pregnancy care also adapts to the Covid-19 pandemic, which has occurred since 2019 and still continue until now. Therefore, there are several adaptations to changes in regulations issued by the government related to care during pregnancy, childbirth, postpartum and newborns. On the other hand, this policy is considered strategic policy to prevent transmission, especially pregnant women as one of the vulnerable groups. Health workers have an important task in helping to increase understanding among mothers and families about the danger signs that may occur, by using the handbook of health for mother and baby as a media of communication and information (11).

Part of the maternity care that affected by the COVID-19 pandemic is the antenatal care because it involves health workers and pregnant women themselves. Indirectly, the COVID-19 pandemic affects all essential services for maternal and child health, including maternity services. Pregnancy that occurs in adolescents causes non-compliance in carrying out routine and regular pregnancy checks due to factors of ignorance and maturity in thinking about the benefits of this action. The knowledge possessed will also influence how pregnant women behave and make decisions. The conditions of health facilities that are not conducive to provide the essential services were also affect to a major influence on prenatal care behavior (34). This study was supported by Nurriszka et al (2020) who found that the Covid-19 pandemic condition caused pregnancy checks to be carried out irregularly and regularly (35).

Nasrah et al (2021) recommend that health workers use an interpersonal communication model approach such as counseling and home visits so that there is a strengthening of antenatal care utilization behavior during the covid-19 pandemic (36). Pregnancy care during the COVID-19 pandemic has changed with regard to prenatal check-ups carried out at the beginning of pregnancy to ensure the pregnancy. The next pregnancy checks are carried out if pregnant women get complaints; and consultations if possible are carried out by phone consultation. Pregnant women also carry out pregnancy check-ups at health facilities that are considered safe, such as assistant of public health center, village health center or independent practice midwives. Previously, it is important to have a contract and fulfill the required health protocols. Midwives take proactive action by routinely asking about the health condition of pregnant women by telephone (37).

Adolescent Pregnancy Care Behavior

Based on the results of research analysis, it was found that 100% of teenage pregnant women carried out self-care such as bathing at least 2 times a day, shampooing when they felt hot, cutting nails when they were long and taking care of the genitals by using soap or boiled betel leaf. However, there are still 7 (70%) teenage pregnant women who did not take care of their breasts. They do not know the benefits of breast self-care. They do it only based on what is recommended by the mother/in-law. For the fulfillment of nutrition, there were no dietary restrictions during pregnancy, only 4 people (40%) pregnant women and mothers/in-laws said that have refrained from eating creeping vegetables. Besides, (10%) 1 pregnant woman who do not drink milk and 1 person (10%) do not eat meat. All them are consume food 2-3 times a day.

There are 2 (20%) teenage pregnant women who never received Fe tablets during pregnancy. Moreover, 100% of midwives said that all pregnant women were given Fe tablets during the checkup. Some of them said that they had not finished drinking Fe tablets. Besides, the transmission of covid-19 in several public health centers caused services to be closed for 14 days so some achievements did not meet targets, such as giving Fe tablets to pregnant women. There were 10 people (100%) pregnant women who did not carry out routine and regular check-ups because there were no complaints, laziness, no one to company and they were afraid of being injected and the transmission of Covid-19. Therefore, the pregnant checkup was carried out at the village midwife. This condition was also

strengthened by the statement by 12 midwives (100%) who stated that most of the pregnant checkups were carried out at large and irregular gestational ages. The coverage of checkup first semester of pregnancy and third semester of pregnancy has also decreased due to the COVID-19 pandemic.

The explanation from pregnant women, there were (40%) 4 teenage pregnant women who said that they had never received tetanus toxoid immunization. Another 6 people (60%) said that some of the immunizations they received were complete and some were only 1 time 83.3%. Midwives said that the reason of teenage pregnant women did not receive complete tetanus toxoid immunization because of fear and did not come again to check their pregnancy. Based on the results of the study, it was found that many teenage pregnant women did not understand self-care during pregnancy. Some of the teenage pregnant women also do not understand how important to fulfill nutrition by milk, because some of them still do not want to drink milk and eat animal protein eggs. Many of them did not understand the benefits of Fe tablets, pregnancy tests were rarely carried out, did not receive tetanus toxoid immunization. Besides, they do not do a pregnancy exercise because of the lack knowledge about physical activities that must be done during pregnancy. The treatment during the pregnancy care can be in the form of antenatal care, maintaining personal hygiene, meeting nutrition needs, doing physical activity, sleeping and getting adequate rest.

The results showed that most of the respondents had inappropriate behavior in prenatal care, because they focused on prenatal care. The results of this study are in line with research conducted by Panthumas, et al. (2012) in 206 primigravida adolescents in Thailand which showed more respondents who had inappropriate behavior in caring for pregnancy. The practice of prenatal care is very important because according to research by Sulistiyowati, Ronoatmodjo, and Tarigan (2001), inadequate prenatal care practices increase the risk of perinatal mortality by 2.3 times (2).

The research of Panthumas, et al. (2012) and Sen, et al. (2012) stated there are some factors that can influence self-care behavior during pregnancy, including self-confidence, social support from family, knowledge in caring for pregnancy, access to health services, age, education of pregnant women and husbands, marital status, type of pregnancy family, income, and pregnancy plans. Pregnancy care is one of the factors that really need to be considered to prevent complications and death during the childbirth as well as for the growth and health of the fetus. Pregnancy care that needs to be considered is breast self-care (skin, mouth teeth, nail care), immunization, pregnancy exercise, pregnancy check-up, and nutrition for fetal development (2,3).

Another research conducted by Gamelia (2013) stated that maternity care is influenced by predisposing factors, supporting factors and reinforcing factors, such as knowledge gained through an understanding of prenatal care. Several factors are also influence such as age, education, occupation, parity, family support, and economy. The husband's role is the most dominant variable related to pregnancy care behavior where the support system from husband for pregnancy care are seven times more likely to carry out good pregnancy care than the husbands who do not play a role in pregnancy care (4). Pregnancy care in the

Dayak community Siang Murung in Central Kalimantan Province in Murung Raya Regency can be seen in the research of Nuraini, et al (2012) where pregnant women have good knowledge about pregnancy care, have the same usual activities as non-pregnant women, have certain dietary habits, do not do certain behaviors to maintain pregnancy, prenatal care especially for antenatal care by involving village midwives. Besides, husbands also help participate in accompanying pregnant women for pregnancy check-ups, many pregnancy checks are not carried out to health workers because the access is difficult and long distances. Pregnant women have smoking behavior during pregnancy (38).

Based on this study, it can be concluded there 2 phenomena: 1) Regulations, including: pregnancy checks were not carried out by adolescents due to fear of the COVID-19 pandemic. Besides, several activities and programs during pregnancy were not followed such as pregnant women class. Ensuring that pregnancy was carried out for the first time to traditional birth attendants, and there are no specific programs and budgets related to adolescent pregnancy care; 2) pregnancy care, including: lack of understanding of adolescent pregnant women about the importance of self-care, nutrition needs during pregnancy, the benefits Fe Tablets and immunization, pregnancy exercise that has never been done, and the benefits of physical activity and adequate rest.

Implications for Practice

The COVID-19 pandemic has had many impacts on human health as individuals and communities. The pandemic condition has been happening and has not been fully controlled. Teenage pregnant women are a group susceptible to transmission. The condition of adolescence pregnancy requires a regulatory implication will have a positive health impact for the mother and baby based on scientific studies. Regulations on how adolescent pregnancy care is carried out, with full support from all parties will help pregnant women in maintaining health conditions.

Conflict of Interest

There is no difference of interest in this research

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