



Implementation Of Health Tasks For The Nias Tribe Family In Luru Fadoro Village, Afulu District, Utara Nias Regency

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Abstract- The family is a group of people with ties of marriage, birth and addition who are united by togetherness. In accordance with the function of health care, the family has five tasks in the health sector that need to be understood and carried out. In essence, every family, ethnicity or nation has its own values and norms that can affect the implementation of family health tasks. This study aims to determine the description of the implementation of the duties of the family health of the Nias tribe in Afulu District, North Nias Regency. This research was conducted from January 25 to February 15 2014. The research design was descriptive. The sampling method in this study was purposive sampling and obtained a sample of 70 indigenous families of the Nias tribe. Data was collected using a questionnaire consisting of demographic data and a questionnaire on the implementation of family health tasks. The data is presented in the form of narration, frequency distribution table and percentage. The results of the study indicate that the implementation of the Nias family's health tasks as a whole is in the good category (65.7%). The results of this study are recommended to provide information and increase knowledge for readers as well as for nursing services, especially family nurses so that nurses can provide family health services in accordance with the family culture of the Nias tribe. The results of the study indicate that the implementation of the Nias family's health tasks as a whole is in the good category (65.7%). The results of this study are recommended to provide information and increase knowledge for readers as well as for nursing services, especially family nurses so that nurses can provide family health services in accordance with the family culture of the Nias tribe. The results of the study indicate that the implementation of the Nias family's health task as a whole is in the good category (65.7%). The results of this study are recommended to provide information and increase knowledge for readers as well as for nursing services, especially family nurses so that nurses can provide family health services in accordance with the family culture of the Nias tribe.

Keywords: *Implementation Of Family Health Tasks, Nias Tribe*

1. Introduction

According to the Republic of Indonesia Health Law No. 36 of 2009, health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia (Ministry of Health of the Republic of Indonesia). , 2009). So that the family is the most important source of assistance for all family members or for individuals who can influence lifestyles or change the lifestyle of members to become health-oriented.

In the Ministry of Health of the Republic of Indonesia (2012), WHO 2008 data showed that of the 57 deaths that occurred in the world, 36 million or almost 2/3 of them were caused by non-communicable diseases. In countries with low and middle economic levels of all deaths that occur in people aged less than 60 years, 29% are caused by NCDs while in developed countries it causes 13% of deaths. In Indonesia, the highest incidence of tropical diseases is found in typhus (20.73%) and the highest frequency of typhus is found in the Bugis tribe while the incidence of tropical diseases DHF, Malaria TB is dominated by the Javanese (Jumaldi 2010). Based on data from Pro Prov, North Sumatra, in 2012 the discovery of new cases of pulmonary TB patients with AFB (+) was recorded as much as 21,145 people, then the highest morbidity of Diarrhea case finding was in Kab. Samosir (118, 33%), Kab. North Nias (117.66%) and Karo District (112.73%) . The results of the survey at the Afulu Health Center, Kec. Afulu. Regency. North Nias, the incidence of diseases that are often suffered by the community include ARI in children reaching 35%, gastritis in adults reaching 40%, malnourished children at 10% under five.



In the above health problems, the role of the family is very important in an effort to minimize the incidence. Interaction in family health status, family is the main key for health and healthy behavior (Setiadi, 2008). Therefore, the family is directly involved in decision making at the health-ill stage of family members.

Based on the results of research by Sandra (2012) regarding the implementation of Malay ethnic health tasks, it was found that the implementation of family health tasks for the Malays was in the fairly good category (60.4%). In addition, research by Pakpahan (2010) shows that the implementation of health tasks in the Toba Batak tribe is in the good category (87%). The results of research by Sembiring 2010 showed that the implementation of health tasks in the Karo tribe showed prevalence in the good category (63.04%).

Families have an important role in helping family members to live healthier lives. By trusting the family's ability to provide personal health care and acting in accordance with their best wishes. In accordance with the function of health care, the family is used as a service unit because family health problems are interrelated and influence each other among family members. The family has a health duty whose purpose is to prevent health problems and take care of sick family members. There are five health tasks that families must do well. The implementation of this health task cannot be separated from family values or norms and cultural factors related to health beliefs and practices.

Each tribe or even nation has different beliefs and assessments of health functions. Norms and values derived from culture greatly affect the role played in a family system. For example, the Nias tribe's understanding of traditional medicine, the Nias tribe believes that traditional treatment such as coming to a traditional healer is one of the efforts made by the Nias tribal family in overcoming the health problems of their family members (Manalu, 2012). Since the Nias community adheres to a patrilineal culture, in general the decision-making in various aspects, including in choosing alternative family medicine, is in the hands of the father. Although the current level of knowledge is growing, especially in the field of health services, this is not the case with some people in Nias.

Based on the results of the researcher's interview on September 9, 2013 with one of the community leaders in the district. Afulu, North Nias Regency. Mrs. Daeli said that the Nias people still believe in traditional healers, zama'ele'e (clairvoyants), and the spirits of old people who have died in an effort to cure someone's illness. Based on this description, the researcher is interested in knowing about "How to carry out the health task of Nias tribal families in Lauru Fadoro Village, Kec. Afulu, North Nias Regency".

2. Method

The research design used in this study is descriptive which describes how the implementation of the health task of the Nias tribal family in Lauru Fadoro Village, Afulu District, North Nias Regency.

In this thesis, the Research Ethics test has been carried out by the Faculty. USU Nursing then This research was conducted after obtaining approval from the USU Faculty of Nursing. Next, researchers will apply for permission to the head of Lauru Fadoro Village, Kec. Afulu to seek approval. After obtaining research permission, the researcher continued the data collection process. Before distributing the questionnaires to the respondents, the researcher first gave an explanation to the prospective respondents about the research objectives and the procedures for conducting the research. Next, the researcher explained how to fill in the respondents. To maintain the confidentiality of the respondents, the researcher did not include the respondent's name on the questionnaire sheet for the implementation of the Nias family health task which was filled out by the respondent.

Data analysis was carried out with descriptive statistical tests. The collected data were presented in the form of narratives and frequency distribution tables. Data analysis was then continued by discussing the results of the study to draw conclusions from the research.

3. Analysis And Results

In this chapter, the results of the research and discussion regarding the implementation of the task of carrying out health tasks for the Nias tribal families will be described for 70 respondents from the Nias tribal families. The results of this study are divided into two parts, namely the results of the characteristics of the respondents and the results of research on the implementation of the duties of the Nias tribe's family health.

3.1 Respondent Demographic Data

Table 1. Distribution of the frequency of carrying out health tasks for the Nias family based on the respondent's characteristics (n=70).

Respondent demographic data	Frequency	Percentage
Status in the family		
Head of the family	39	55.7
Housewife	31	44.3
Age		
27-36 Years		
37-46 Years	16	22.9
46-56 Years	19	27.1
57-66 Years	31	44.3
67-70 Years	2	2.9
Number of family members		
3 people	2	2.9
4 Person		
5 Person	4	5.7
6 Person	11	15.7
7 Person	10	14.3
8 Person	12	17.1
9 Person	17	24.3
	6	8.6
	10	14.3

Characteristics of respondents include status in the family, age, number of family members, gender, education level, religion, occupation and income. The results showed that the majority of respondents were the head of the family, namely 39 respondents (55.7%). The majority of respondents are in the age range of 46-56 years, namely 31 respondents (44.3%). The majority of respondents' family members are 7 people (24.3%). A total of 39 respondents were male (55.7%). The majority of respondents' education is tertiary education, namely 23 respondents (32.9%). The majority of respondents are Protestant Christians, namely 57 respondents (81.4 %). Based on the type of work, the majority of respondents work as self-employed 29 respondents (41.4%). And as many as 27 respondents (38.6%) earn 1,000,000-3,000,000.

3.2 Implementation of Nias Family Health Tasks in Luru Fadoro Village, Kec. Afulu Kab. North Nias

Implementation of Nias Family Health Tasks in Luru Fadoro Village, Kec. Afulu Kab. Nias Utara results from respondents' answers to a questionnaire consisting of five components of implementing family health tasks, namely recognizing family health problems, deciding on appropriate actions for the family, providing care for sick family members, modifying the family environment to ensure family health and utilization. existing health services obtained the following results.

a. Recognizing Family Health Problems

The results of research from Nias tribal families show that 50% of respondents always know the health and illness conditions of family members, 45.7% of respondents often know the changes that occur if a disease complaint arises in one of the sick family members, 42.9% of respondents often know the cause of the changes that occur in sick family members, 51.4% of respondents always ask the complaints felt by sick family members, 38.6% of respondents can always distinguish healthy conditions, sick of each family member, 38.6% of respondents always assume that someone the sick cannot perform activities.

Table 2. Categories of implementation of the Nias family health task in recognizing family health problems (n=70).

Category	Frequency	Percentage
Enough	35	50.0
Well	35	50.0

Table 2. Shows that the implementation of the Nias family health task in recognizing family health problems is in the sufficient (50%) and good (50%) categories.

b. Deciding on the right course of action for the family

The results of research from Nias tribal families show that 61.4% of respondents always play an important role in making decisions to overcome health problems of family members, 47.1% of respondents sometimes ask opinions from others to determine appropriate health actions, 48.6% respondents always provide simple care at home before making the right decision for sick family members, 42.9% of respondents often overcome health problems of family members by coming to the health center, midwife, or hospital, 37.1% of respondents often can overcome health problems by decisions made by the family. Distribution of frequency and percentage of implementation of health tasks for Nias families in deciding the right action for the family.

Table 3. Categories of carrying out health tasks for the Nias family in deciding the right action for the family (n=70).

Category	Frequency	Percentage
Well	70	100

c. Provide care for sick families

The results of research from Nias tribal families show that 52.9% of respondents always help sick family members in meeting their daily needs such as: bathing, eating, taking medicine, etc., 57.1% of respondents always continue treatment at home according to the instructions of a doctor or officer health, 54.3% of respondents always prioritize medical treatment over traditional medicine, 61.4% of respondents always pay attention to the health development of sick family members, 60.0% of respondents always give more attention to sick family members, 47.1% of respondents always provide simple care to sick family members such as telling them to drink lots of water, compressing if there is a fever, etc., 58.6% of respondents are able to provide daily necessities for each family member such as toiletries, food or equipment for self-care.

Table 4. Categories of implementation of the duties of Nias tribal families in providing care to sick families (n=70).

Category	Frequency	Percentage
Enough	8	11.4
Well	62	88.6

d. Take advantage of existing health services

The results showed that the implementation of family health tasks for the Nias tribe 48.6% of respondents always believed in health workers at the Puskesmas, Midwives, or Hospitals, 55.7% of respondents could always reach the Puskesmas, Midwives or Hospitals, 58.6% of respondents always used the Puskesmas, Midwife or Hospital when experiencing health problems, 60.0% of respondents always support health programs organized by health workers, for example immunization, family planning, fogging, health counseling and others and 40.0% of respondents always feel satisfied with health services .

Table 5 Categories of implementation of the health tasks of Nias tribal families in utilizing existing health services.

Category	Frequency	Percentage
Enough	8	11.4
Well	62	88.6

Table 5. Shows that the implementation of the Nias family's health task in utilizing the existing health services is in the sufficient category 11.4% and the good category 88.6%.

4. Conclusion

The results of the study showed that the implementation of the Nias family health task as a whole was in the good category (65.7%).



The results of the research on the implementation of the Nias family health task in detail show that the implementation of the Nias family health task in terms of recognizing family health problems is in the good category (50.0%), in terms of deciding the right action for the family is in the good category (100%), in terms of providing care to sick families are in the good category (88.6%), in terms of modifying the family environment to ensure family health are in the good category (88.6%), in terms of utilizing family health services are in the category good (88.6%).

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