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## **Parenting Baby on Tolotang Community in Amparita District, Tellu Limpoe Sub District, Sidrap Regency**

Nuraeni Noer <sup>a\*</sup>, Arsunan A. A. <sup>b</sup>, Muh. Syafar <sup>c</sup>, Saifuddin Sirajuddin <sup>d</sup>

*Hasanuddin University Graduate Program*

<sup>a</sup> *Doctoral Studies Program, Faculty of Medicine, University of Hasanuddin, Makassar*

<sup>b</sup> *Professor of Epidemiology, Faculty of Public Health, University of Hasanuddin, Makassar*

<sup>c</sup> *Professor Health Promotion, Faculty of Public Health, University of Hasanuddin, Makassar*

<sup>d</sup> *Professor of Nutritional Sciences, Faculty of Public Health, University of Hasanuddin, Makassar*

<sup>a</sup>*Email: noersunarwi@gmail.com*

### **Abstract**

Parenting the baby's food timely, adequately, and safely is a health investment for the baby in the future. The success of the child care food (colostrum, exclusive breastfeeding, and complementary breastfeeding) cannot be separated from the EMIC in a society. The purpose of this study was to explore more deeply about parenting the baby's food (colostrum, exclusive breastfeeding, and complementary breastfeeding) from the baby's mother in Amparita District, Tellu Limpoe Sub District, Sidenreng Rappang Regency. This type of research was a qualitative research with ethnomethodology study approach. This approach was used to explore the concept of parenting a baby including the child care food (colostrum, exclusive breastfeeding, and complementary breastfeeding). This study used a qualitative approach with ethnomethodology paradigm. Data collection techniques are in-depth interviews and observation. Data processing was done manually using the content analysis. The findings showed that the pattern of the child care food (colostrum, exclusive breastfeeding, and complementary breastfeeding) from Tolotang Community is derived from the concept of the mother's own understanding which is highly influenced by sanro/uwa acting as a shaman or an expert in providing the information on everything livelihood in Tolotang society.

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\* Corresponding author.

Actions in giving colostrum, exclusive breastfeeding, and complementary breastfeeding cannot be separated from the influence of sanro/uwa. Some are in accordance with the standards of the health, and the others are risky for the health. Recommended food is breast milk that has the customs and rice as the main agricultural products with high customs value. Taboos food is based on the taste of the food. They are hot food, bitter, sweet, and greasy. It is recommended that the counseling about giving colostrum, exclusive breastfeeding, and complementary breastfeeding is needed. Moreover, the midwives need to make interpersonal communication with the sanro/uwa by synergizing the health concepts and teachings in Tolotang.

**Keywords:** Colostrum; Exclusive Breastfeeding and Complementary Breastfeeding; Taboos Food; Baby.

## **1. Introduction**

In order to achieve the optimal growth, within the Global Strategy for Infant and Young Child Feeding, WHO/UNICEF recommends four important things to do; providing breast milk to the baby immediately within 30 minutes after the birth, giving only breast milk or giving colostrum and exclusive breastfeeding from the birth until the baby is 6 months old, giving complementary breastfeeding since the babies are aged 6 months to 24 months, and continuing to give the breastfeeding up to the children aged 24 months or more. Those recommendations stress the social and cultural weaning that complementary breastfeeding should be made from the material that is cheap and easily available to get in the local area (indigenous food) [1].

That feeding patterns support the optimal growth for the children. In the 1000 first day of the birth, the brain growth occurs up to about 75%. Global studies have shown that exclusive breastfeeding is a health intervention that has the greatest impact on the safety of the baby under two years old. About 13% of the death baby under two years old can be prevented with the exclusive breastfeeding for 6 months. Early Initiation of Breastfeeding can prevent 22% of neonatal mortality (newborns are infants aged 0 to 28 days). The provision of complementary breastfeeding timely and adequately can also reduce the mortality rate of 6% of the baby under two years old [2].

The success of the provision of complementary breastfeeding cannot be separated from the EMIC in a society. According to Mead [3], the individual behavior is determined from the previous internalizing behaviors seen or experienced by the individuals from their parents (significant other) and from the society (generalized other) [3].

Based on some findings, it is gained that the concept of patterns in breastfeeding the babies or children in the ethnic of Bugis Manuba is transferred from the ancestors through knowledge, skills, and the truths that they understand, then they are practiced in the execution of day-to-day parenting [4].

Based on the background mentioned above, the researchers were exploring more deeply about the child care food (colostrum, exclusive breastfeeding, and complementary breastfeeding) from the mothers of the baby under two years old in in Amparita District, Tellu Limpoe Sub District, Sidenreng Rappang Regency.

## 2. Materials and Methods

This type of research was qualitative research with the data collection through in-depth interviews with observation to determine the parenting done by the mothers to their baby under two years old. The research design used was the ethnomethodology paradigm. The research was carried out for  $\pm$  90 days from March to July in Amparita District, Tellu Limpoe Sub District, Sidenreng Rappang Regency. The research site was focused on the settlements of Tolotang Community in Amparita. The informants in this study were the informants chosen through snow ball technique. The information collected was about the baby's mother understanding about the colostrum, exclusive breastfeeding, and complementary breastfeeding, actions while preparing, delivering and after giving all, and the concept of the recommended foods and taboo foods for the baby. The instruments used in this research were interview, sound recording equipment, observation sheets, documentation, and stationery. Presentation of data was done with narrative text and the analysis using facts gained in the field.

## 3. Results

The numbers of the informant consisted of 38 housewives who have the baby. Based on the age categories, the informants are ranging from 24 people aged 20-25 years, 13 people aged 30-35 years, and 1 people with 40 years old. Based on the informants' education, 14 have never attended schools, 23 have graduated from the elementary school, and only one person who have graduated from the diploma. Entirely are housewives. The age of the baby are ranged from 1 month to 1 year. Based on the place of the residence, the entire informants are living in Amparita or in the region of Tolotang Community.

Understanding the baby's mother about the child care food of colostrum, exclusive breastfeeding, and complementary breastfeeding is not theoretically. It is only based on the concept of the mother combining between the mother's knowledge and *passang* (message hereditary becoming the guide life in Tolotang Community). The sign that the baby begins to be given breast milk is crying and biting her/his finger. There is no definite age of the baby to be given the breast milk, only by the needs of the baby starting from 40 days, 3 months, 6 months, and 7 months.

“Nabilang nenekku atau uwa jangan beri itu air susumu yang kuning kuning karena masih diikuti oleh setan dan basi” (IB 20 years old, April 12 2015 “Karena marrang-marrang ngi (menangis sekerasnya)” (IU, 25 years old, March 10 2015) “Nabilang neneknya kasi’ makan supaya (anak) enak dirasa. Karena disini banyak pekerjaan, jadi supaya anak tidak terlalu mengganggu jadi cepat dikasih makan supaya berhenti menangis.” (Ap, 24 years old, March 12 2013).

The baby's mother did not know the baby's risk of late given the complementary breastfeeding. The benefits of breast milk is in order the baby can walk fast, be fat fast, early satiety and to calm the baby under two years from crying. The frequency and schedule in giving the complementary breastfeeding is 2-3 times in a day every morning and afternoon. While in the interval of it, giving the breast milk and snacks is also good. The number of the complementary breastfeeding is 1-3 tbsp given according to the needs of the baby under two. It could be up

to half of the full plate. The type of the complementary breastfeeding is based on the age, i.e 3 months when the baby under two years was given the breast milk for the first time, porridge is the ultimate choice, and rice porridge without any mixture of anything even it is salt. In the age of 8 months, the complementary breastfeeding of the baby under two years old is porridge in the form of a mixture from vegetable and water. After the baby is already 1 year old, the baby can start eating food family. Fish is considered not to be given to the baby under two years old as young as 3 months - 1 year.

“Pertama makan tidak cukup 1 sdm, sekarang 3 kali mi makan tapi sedikit ji, setiap pagi jam 8, siang jam 1-12 sama sore jam 5”

“At the beginning, the food is not up to 1 tbsp. Now, he eats three times but a little only; every morning at 8 am, noon at 12 am-1 pm, and afternoon at 5 pm” (IB, 23 years old, March 20 2015)

The mother of the baby under two years old more put the complementary breastfeeding than breast milk. No type of food is for the sick baby. In the time of recovering, only the frequency and the amount is reduced or increased. The actions from the mother of the baby under two, some are risky to the health. For instance, giving the complementary breastfeeding anywhere and the hygiene of the baby under two is less attention. Some others also do not risk to health, such as using fresh local ingredients and forest crops in the processing of complementary breastfeeding. The recommended food is rice as the food which is high cultural value. Taboo food is based on the concept of the taste; sweet, bitter, hot, and oily.

“tidak boleh itu, pesse’a (yang pedis-pedis), cening-cening (yang manis-manis) sama pai’-pai’ (yang pahit-pahit)” “They could not eat the hot chilly food, sweet food, and the bitter one” (RP, 34 years old, March 25 2013)

#### **4. Discussion**

The Understanding of the Baby’s Mother about Colostrum, Exclusive Breastfeeding, and Complementary Breastfeeding Understanding in giving colostrum, exclusive breastfeeding, and complementary breastfeeding is the understanding of the informants related to the provision of colostrum, exclusive breastfeeding, and complementary breastfeeding, ie the definitions, signs, benefits, age of first given colostrum, the exclusive breastfeeding and complementary breastfeeding, the risk of granting too early and late, frequency, schedule, amount, type and form of the provision of colostrum, exclusive breastfeeding, and complementary breastfeeding, the types of food for a sick baby and recovery, as well as the recommended and taboo food for the baby. Complementary foods of breast milk is food or drinks that contain nutrients given to the baby or children aged 6-12 months in order to meet the nutritional needs besides the breast milk [5].

Based on the research findings, the baby's mother did not give complementary breastfeeding in accordance with the recommended age, but it is relatively in early age due to the passang given by the elders or sanro/uwa (parent or grandparent or aunt both from the immediate family or non-family acting as a shaman or experts in providing information on everything livelihoods in the community of Tolotang) [6] . Also based on the experience from the baby's mother, there is no risk to the baby while doing that pattern. Experience as a source

of knowledge is a way to acquire knowledge of truth by repeating back the acquired knowledge in solving the problems faced in the past [7]. The mothers' experience while giving complementary breastfeeding for first child can affect the provision of the complementary breastfeeding for the next child [8].

Early sign of the baby given complementary breastfeeding is crying. Crying is a common sign in some communities that are recognized and understood by the mother that the baby is hungry [9]. In addition to calm the baby, giving complementary breastfeeding is also beneficial for the child's physical; great fast, walk fast, and satiety.

According to Tolotang Community, too late to give complementary breastfeeding to the baby means that a society is poor and is unable to deliver food to her child. So, all of the baby's mother in Amparita provide complementary breastfeeding as soon as possible which is suit to the needs of the baby. That is when the baby is crying because the availability of rice is always plentiful. Tolotang Community is a rich community in food sources, namely rice. They recognize as lumbung padi or granary. Moreover, they are only familiar with the system of twice in harvests in a year but they never have a shortage of rice. For the rice cultivation, Tolotang Community could sell their goods in order to buy paddy land despite the location is away from Amparita.

Based on the observation, the frequency and schedule of the provision of complementary breastfeeding have a repeating pattern because at the time, the baby's mother stopped from activities such as drying rice, taking care of the gardens, and livestock. The baby aged 1 year has been eating up to 5 times, that interlude twice, which is not mentioned in the interview deepening mother because the mother considers that the so-called complementary breastfeeding is the main food. Understanding the baby's mother about the frequency of complementary breastfeeding to the baby is not based on the age as it is in the medical text books, but the baby's mother see her baby needs to grow starting from the first time given complementary breastfeeding until no longer breastfeeding. Frequency of the provision of complementary breastfeeding is twice a day at the very first beginning of the baby was given, and its frequency increases within the age of the baby [10].

The amount is uncertain. It can be 1 tbsp-3 tbsp even up to half of the full plate. Tolotang Community still considers that the fat baby is a healthy baby. The mother's understanding about the type of the provision of complementary breastfeeding is porridge for the baby mixed with nothing because the mother believes that rice is the only major energy source so that her baby could grow quickly because it is not mixed with anything. That is the view of the ethnography from the baby's mother in Tolotang Community. Actually, the concept of food with not mixed with anything in the medical view is correct. At one meal time, one type of food is just introduced in small quantities. If the baby cannot tolerate this food or even cause allergic reactions, the symptoms are easily recognizable and the food is no longer given. Food should not be mixed because the baby must learn the difference in texture and taste of the food [11].

#### The Action of the Baby's Mother in the Provision of Complementary Breastfeeding

Action is the parenting or care of the informants made in connection with the provision of the complementary breastfeeding about the preparation stage before giving, when giving, and the post stage of giving the

complementary breastfeeding. Foodstuffs used by the baby's mother is vegetable from the garden in Amparita, poultry and cattle are reared by themselves, fish are bought only in the market days (Monday and Thursday), and given a flavored spices for durability. Local complementary breastfeeding is complementary breastfeeding which is processed in the household or in integrative health center, made of locally available foodstuffs that are easily available at affordable prices by the community, and required the processing before being consummated by the target [12].

The provision of breast milk during the same period as complementary breastfeeding in providing the complementary breastfeeding does not interfere the breast milk intake by the baby under two years old. Breast milk is given on the sidelines of a baby feeding schedule, feeding breast milk more than the complementary breastfeeding, usually up to half an hour the child is breastfed and as many as four times a day. Some informants are still breastfeeding until the child is older than 1 year. Tolotang Community looks no prohibition for both. Both of them are good things and depending on the priorities that fit the needs of the baby's mother. Another study expressed that complementary breastfeeding does not interfere the breastfeeding. The mothers stop breastfeeding when the baby is five years because the baby feels embarrassed [13].

Food processing is done in the kitchen. That is located at the rear of the house parallel to the living room (according to the shape house in the community of Tolotang) with meanings that the food processed is food that is not hidden from people including the guests. Cookware is from the clay and it uses the fuel wood. Tableware baby is made from plastic, combined, and not separated from the family eating utensils. All the equipment is washed with soap and ashes. In the event of the digestive disorders (vomiting or diarrhea) when the gift of complementary breastfeeding or after that, the baby's mother action is combining the traditional treatment to give the herb leaves of trees by sanro and diarrhea medicine from a midwife. Special babies who do not want to eat complementary breastfeeding, the informant chose to give vitamin appetite enhancer such as fish oil or some of the others examined the baby to the public health center.

The incidence of vomiting to the baby when given food can be an indication of an infection or diarrhea. The baby with diarrhea is usually vomiting so hard to eat. Breast milk should be given more frequently. If the baby is in aged six months or more, the parents must often provide meals to the baby in the form of soft or pureed foods which is preferred by the baby. The food provided should be spiked with a little salt. Mushy food is better because it is easy to swallow and it contains liquids [14].

The mothers just pay attention to the hygiene themselves because they think that the baby under two years old is bribed directly by the mother so the baby's hand does not need to be washed while the baby under two often plays and roams in the yard before being given the breast milk. Moreover, the mothers provide the complementary breastfeeding in any places where the baby likes. A fatal case is none informant who has toilet wash bath. Maintaining the cleanliness and safety in preparing the provision of complementary breastfeeding is essential to reduce the risk of contamination that can cause the illness. Other studies mention that there is relationships of hygiene practices of food products, hygiene equipment, personal hygiene, and food sanitation hygiene practices with the frequency of diarrhea in the baby aged 6-24 months [15].

## The Concept of the Baby's Mother about Taboo and Recommended Food

The concept of food is a value with the meaning implanted by the society that form the mindset of the individuals (mother/informer) concerning to the labeling of taboo and recommended foods/drinks. Based on the findings of the research, according to the informant, prohibition food for the baby in Tolotang Community is food that has hot flavor, sweet, bitter, and too oily. Prohibition reason is because these foods can cause illness to the baby. One of them is diarrhea. The others say that there is no prohibition food for babies.

The recommended food for the baby is rice or rice porridge. From the ethnographic view, the concept of taboo food for the complementary breastfeeding to the babies in Tolotang community is not based on certain foods but by the taste of the food. The presumption of the baby's mother is that the taste, which is too strong such as sweet, bitter, and hot, is the cause of illness for the baby such as diarrhea and vomiting. This means that the prohibition food is not just a command customary or a prohibition not to consume, but this prohibition is regarded as a good thing to prevent a sick baby. The three flavors cross the line as it should not be (principle of Tolotang Community is not to be exaggerated) till make the drool tears out too much [6].

The basis of the food habits is characterized in a person's system of the values in choosing foods that may be consumed and should not be consumed. The value system is basically derived from three sources of truth believed; (1) Religion, a belief in the community of Tolotang that taboo food for the babies is the same as taboo food for the entire community of Tolotang namely pork and apes because these foods are foods that are not recommended, (2) Customs, coming from the indigenous ancestral such as taboos food mentioned by the mother of the baby who is indigenous ancestors and is Passang from the sanro/uwa. Badui ethnic group still impose the prohibition in consuming the food because they obey the indigenous ancestors [16] , and (3) the knowledge gained from the process of formal education, from the socialization in the family, and from the informal education through the mass media.

## 5. Conclusion

The understanding of the mother of the baby under two years old about the complementary breastfeeding is based on the concept of the mother coming from the mother's experience who is affected by sanro and the customs in Tolotang Community. The action of baby's mother in giving complementary breastfeeding is according to her understanding. Some actions of the mothers pose a risk to health, especially the hygiene of the mothers and the babies that do not meet the health standards. Then, some others are not at risk for the health of processing complementary breastfeeding done by utilizing local products with the recipes handed down, with a material that is easily obtained and processed in the own kitchen as the recommendation by UNICEF. The concept of the baby's mother in the community of Tolotang related to the recommended food/beverage for the babies coming from the customs is rice as the most preferred types of food and has a higher valuable custom than the other foods. The concept of the taboos food/beverage for the complementary breastfeeding for the babies in the community of Tolotang is not based on certain foods but by the taste of the food, whether the food is sweet, hot, bitter, and too oily.

## **6. Recommendation**

The baby's mother is recommended to pay attention more to the health information provided by the health workers and to deliver it to the *sanro/uwa* or the other baby's mother when there is a different understanding and action from the health information by keep maintaining and upholding the traditional values of Tolotang. Then, *sanro* should always be open-minded to receive the health information from the midwives and the doctors by juxtaposing the traditional concept of Tolotang related to the health with the health science concept so that it can become local knowledge in the field of health.

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