


IMPLEMENTATION OF FAMILY HEALTH TASKS IN THE MINANGKABAU TRIBE IN NOGO REJO VILLAGE, GALANG DISTRICT IN 2024

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Article Info	ABSTRACT
Keywords: Health Tasks Family Minangkabau	The family has health tasks that aim to prevent health problems and care for sick family members. There are five health tasks that must be carried out by the family properly. The implementation of these family health tasks cannot be separated from the cultural factors possessed by the family, such as in the Minangkabau tribe which adheres to the patrilineal system. This study aims to identify the implementation of family health tasks in the Minangkabau tribe in Nogo Rejo Village, Galang District. The research design is Analytical Correlation. Sampling using purposive sampling technique. A sample of 46 people consisted of 28 male respondents and 18 female respondents. This study was conducted on November 23, 2024 - January 12, 2025. Data collection was carried out using a family health task questionnaire which included demographic data and family health tasks. Then the data obtained was processed using descriptive analysis to determine the frequency distribution and percentage. The results showed that almost two-thirds (2/3) of respondents carried out family health tasks in the Minangkabau tribe with a good category (63.04%). The conclusion of this study shows that the implementation of family health tasks in the Minangkabau tribe is included in the good category (63.04%).
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INTRODUCTION

Family is the smallest unit of society consisting of the head of the family and several people who gather and live in a place under one roof in a state of interdependence (Effendy, 2018). Family is a group of people with ties of marriage, birth and adoption that aims to create, maintain culture and improve the physical, mental, emotional, and social development of each member.

The health/illness status of family members and families affect each other. Therefore, health problems in the family can be overcome if the family can carry out its duties in the health sector, such as recognizing developmental disorders and health disorders of each member. Making decisions to take appropriate action, providing care for the sick, disabled or too young. Maintaining a harmonious and beneficial atmosphere for the development of the personality of family members, as well as utilizing and maintaining good relationships with existing health service units (Suriyanto, 2019).

According to Leinenger's (2018) cultural concept, quoted from Sudiharto, (2020). Cultural characteristics can be described as follows: (1) culture is a universal experience so that no two cultures are exactly the same; (2) culture is stable, but also dynamic because the culture is passed down to the next generation so that it experiences changes; (3) culture is filled and determined by the values of human life itself without realizing it.

In the family there are various cultural beliefs. Based on the results of my interview on November 23, 2024–January 12, 2025 conducted with a Karo man who is one of the Minangkabau

community leaders in his area, the researcher can find out that when someone falls ill, the sick person's "tendi" goes somewhere leaving his body. Because the tendi leaves, the person falls ill. In order for the sick person to recover, his tendi must be called to re-enter the sick person's body. Based on the explanation above, it can be seen that there are several values or beliefs in society related to health, therefore the researcher is interested and considers it important to conduct research on "Implementation of Family Health Tasks in the Minangkabau Tribe in Nogo Rejo Village, Galang District".

METHODS

The design used in this study is descriptive which aims to identify the implementation of family health tasks in the Minangkabau tribe in Nogo Rejo Village, Galang District. The study was conducted in November 2024-January 2025. The population in this study were families with Minangkabau ethnic characteristics in Nogo Rejo Village, Galang District with a population of 230 heads of families. The sampling technique used in this study was purposive sampling, which is a sample determination technique by selecting samples among the population according to the criteria desired by the study. So that the sample can represent the characteristics of the population.

A sample is a part of a population that is selected in a certain way so that it is considered to be able to represent the population (Sastroasmoro, 2021). The sample in this study used the total sampling technique, namely the technique of determining the sample by taking all members of the population as a sample (Hidayat, 2020). Data collection in this study will be carried out with the following steps: 1) Submitting a permit application, 2) Applying for permission from the Head of Nojo Rego Village 3) Researchers collect data by visiting each house of respondents who meet the research sample criteria, 4) Explaining to prospective respondents about the procedures, benefits of the study, 5) Researchers ask for respondents' willingness to take part in the study, 6) After obtaining respondent approval, data collection begins using a questionnaire, 7) Researchers accompany respondents in filling out the questionnaire, 8) Researchers analyze data using Correlation Analytical analysis.

RESULTS AND DISCUSSION

Frequency distribution and percentage of characteristics of respondents from Minangkabau ethnic groups (n=46)

Demographic Data	Frequency	Percentage (%)
Age		
16 – 20 years (adolescence)	1	2,17
21 – 40 years (early adulthood)	24	52,17
41 – 60 years (middle adulthood)	17	36,96
> 60 years (late adulthood)	4	8,70
Gender		
Male	28	60,87
Female	18	39,13
Education Level		
Elementary School	13	28,26
Junior High School	7	15,22
High School	13	28,26
College	13	226
Religion		
Islam	25	54,35
Protestant Christianity	21	45,65

Occupation		
Housewife	9	19,57
Civil servant	13	28,26
Private employee	1	2,17
Self-employed	17	36,96
Others	6	13,04
Roles in the family		
Father	27	58,69
Mother	17	36,96
Child	2	4,35
Income		
<Rp.800,000	26	56,52
Rp.800,000-1,500,000	10	21,74
Rp.1,500,000-3,000,000	8	17,39
>Rp. 3,000,000	2	4,35

The results of this study indicate that the majority of respondents from Minangkabau ethnic families are aged 21-40 years which is early adulthood ($n = 24$ or 52.17%). The majority of respondents are Muslim ($n = 25$ or 54.35%), and most of the respondents are male ($n = 28$ or 60.87%) and most of them have elementary, high school, and college education ($n = 13$ or 28.26%). Based on the type of work, the most dominant job is self-employed ($n = 17$ or 36.96%) with the majority of respondents having a role as fathers ($n = 27$ or 58.69%), and earning the majority of Rp. < 800,000 ($n = 26$ or 56.52%).

Frequency distribution and percentage of implementation of Minangkabau family health tasks (n=46)

Category	Frequency	Percentage (%)
Not Good	0	0
Quite Good	17	36,96
Good	29	63,04
Total	46	100

In this study, more than half (1/2) of respondents stated that the family always understands about health and illness (54.2%), almost a third (1/3) of respondents (30.5%) stated that the family always knows the changes that occur if a family member is sick, and some respondents (30.5%) stated that the family sometimes knows the changes that occur if a family member is sick, more than a third (1/3) of respondents (42.4%) stated that the family always asks about the complaints they feel. by sick family members, almost two-thirds (2/3) of respondents (60.9%) stated that the family can always differentiate between the healthy and sick conditions of each family member, and more than a third (1/3) of respondents (43.5%) stated that the family always assumes that someone who is sick cannot carry out activities.

Category of Implementation of Minangkabau Tribe Family Health Tasks in Recognizing Family Health Problems (n=46)

Category	Frequency	Percentage (%)
Not Good	0	0
Quite Good	7	15,22
Good	39	84,76
Total	46	100

Based on the research results obtained, almost two-thirds (2/3) of respondents (63.0%) stated that the Head of the Family always plays an important role in making decisions to overcome health problems, more than half (1/2) of respondents (58.7%) stated that the family sometimes asks for

opinions from others to determine the right health actions, almost half (1/2) of respondents (47.8%) stated that the family before making the right decision, the family always provides simple care at home, the majority of respondents (43.5%) stated that the family's decision taken in overcoming health problems is always to the Health Center, Midwife, or Hospital, and more than half of respondents (56.5%) decisions taken according to the family can always overcome health problems. Distribution of frequency and percentage of implementation of Minangkabau family health tasks in making decisions to take the right action for the family.

Category of Implementation of Minangkabau Tribe Family Health Tasks in making decisions to take appropriate actions for the family (n=46)

Category	Frequency	Percentage (%)
Not Good	0	0
Quite Good	7	15,22
Good	39	84,76
Total	46	100

In this study, more than half (1/2) of respondents (56.5%) stated that the family always helps sick family members in meeting daily needs such as bathing, eating, taking medicine and others, more than half (1/2) of respondents (54.3%) stated that the family always continues treatment at home according to the instructions of the doctor or health worker, more than one third (1/3) of respondents (42.3%) stated that the family sometimes prioritizes medical treatment over traditional medicine, almost two thirds (2/3) of respondents (63.0%) stated that the family always pays attention to the health development of sick family members, more than three quarters (¾) of respondents (78.3%) stated that the family always pays more attention to sick family members, and half (1/2) of respondents (50.0%) stated that the family always provides simple care to sick family members such as telling them to drink lots of water, applying compresses if they have a fever, and others. Frequency distribution and percentage of implementation of Karo family health tasks in providing care for sick family members or those who cannot help themselves due to disability or being too young.

Category of Implementation of Health Tasks of Minangkabau Tribe Families in providing care to family members who are sick or who cannot help themselves due to disability or being too young (n=46)

Category	Frequency	Percentage (%)
Not Good	0	0
Quite Good	3	6,53
Good	43	93,47
Total	46	100

In this study, almost half (1/2) of respondents (45.7%) stated that the family is always able to provide daily necessities for each family member such as toiletries, food or equipment for self-care, more than half (1/2) of respondents (52.2%) stated that the family always provides time to clean the house and the home environment every day, more than a third (1/3) of respondents (37.0%) stated that the family sometimes makes a special schedule to clean all parts of the house, almost half (1/2) of respondents (45.7%) stated that the family sometimes carries out a cleaning schedule that has been made together (mutual cooperation), more than a third (1/3) of respondents (41.3%) stated that the family often participates in cleaning the environment around the house, and almost half (1/2) of respondents (47.8%) stated that the family sometimes provides time to chat with family members to find out the condition and development of each family member. Distribution of frequency and percentage of implementation of Minangkabau family health tasks in maintaining a home atmosphere that is beneficial to the health and personality development of family members.

Correlation Analytical Design is used in this study with the aim of identifying the implementation of health tasks in Minangkabau ethnic families and in this study the number of respondents involved was 46 Minangkabau families. This study shows that almost two-thirds (2/3) of respondents carry out family health tasks in the Minangkabau tribe with a good category (63.04%) and the remaining respondents, namely 36.96%, in implementing family health with a fairly good category.

From the results of the study on the implementation of family health tasks in recognizing family health problems, it shows that the majority of respondents stated that families always understand about health and illness (69.6%). Some families always think and some sometimes think they know the changes that occur if there are complaints of illness in one of the sick family members (39.1%). Some families always think and some sometimes think they know the cause of the changes that occur in sick family members (34.8%), this is in accordance with Setiadi's statement (2023), any changes experienced by family members indirectly become the concern and responsibility of the family, but according to Sitepu (2019), there are types of diseases whose causes are unknown and the changes caused by the disease are types of diseases due to witchcraft or called "tama-tama kalak" for example the disease "gadam" which cannot be cured. Only people with special skills can see this disease. The family always asks about the complaints felt by sick family members (54.3%).

The family can always distinguish between the healthy and sick conditions of each family member (60.9%). The family always assumes that someone who is sick cannot do activities (43.5%). This is in accordance with the statement of Sitepu (2019), which is described in chapter 2, according to the perspective of a person who is said to be sick if he cannot do activities. The results of the study from Minangkabau families showed that the majority of respondents stated that the head of the family always played an important role in making decisions to overcome health problems (63.0%).

Families sometimes ask for opinions from others to determine the right health action (58.7%), this is in accordance with Sitepu's statement (2019) who said that Minangkabau families will ask for opinions or ask for help from extended families or those who are still related to the family clan if the family is no longer able in terms of funds or the illness is too severe. Before making the right decision, the family always provides simple care at home (47.8%), this is in accordance with Sitepu's statement (2019), before being taken to a medical officer, a sick family member, for example, a fever will be compressed and drink lots of water if the fever does not go down then taken for treatment to a health center or hospital. The family's decision in dealing with health problems always chooses a health center, midwife or hospital. Based on the results of the study, it was obtained that the implementation of the Minangkabau tribe's family health tasks in terms of making decisions to take the right action for the family is in the good category. The family is the most important source of assistance for its family members or for individuals who can influence lifestyle or change the lifestyle of its members to be health-oriented (Setyowati, 2019).

Along with technological developments and high levels of knowledge, families prefer to continue treatment received from health workers. This is in accordance with research results that respondents always continue treatment at home according to doctor's instructions. The family has an important role and helps family members to live a healthier life (Setyowati, 2019). In this study, the majority of respondents stated that the family was always able to provide the daily needs of each family member such as toiletries, food or equipment for caring for themselves (45.7%), the family always made time to clean the house and the home environment every day (52.2%), the family sometimes made a special schedule to clean all parts of the house (37.0%), the family sometimes carried out a cleaning schedule that had been made together (mutual cooperation) (45.7%), the family always participated in cleaning the environment around the house (30.4%), the family sometimes provide time to chat with family members to find out the condition and development of each family member (47.8%).

From these results it shows that Minangkabau families pay attention to the cleanliness of the home environment and the environment around the house even though the family does not have a special time to clean the house but every day the family always cleans the house. This is in

accordance with Sembiring's statement (2019) in Minangkabau families there is no special schedule for cleanliness, in principle if the house or surrounding environment is dirty it must be cleaned. This shows that the level of implementation of family health tasks in the Minangkabau tribe in maintaining a home atmosphere that is beneficial to the health and personality development of family members is in a fairly good category.

CONCLUSION

This study shows that almost two-thirds (2/3) of respondents carry out family health tasks in the Minangkabau tribe with a good category (63.04%). And it can be described that: The level of implementation of family health tasks in the Minangkabau tribe, namely recognizing family health problems, making decisions to take appropriate health actions, providing care for sick family members or those who cannot help themselves due to disability or too young age, maintaining a home atmosphere that is beneficial to the health and development of family members' personalities, maintaining reciprocal relationships between families and health institutions (utilization of existing health facilities) is in the good category. In the Minangkabau tribe, traditional medicine is still the main choice for families in solving their family's health problems. Many customs have been carried out in Minangkabau families that greatly support family health.

From the results of the study, it was found that the implementation of family health tasks in the Minangkabau tribe was in the good category, this should be used as a guideline in the assessment and preparation of nursing care, especially family nursing appropriately. The implementation of family health tasks in the Minangkabau tribe was in the good category. However, there are several aspects of family health tasks in terms of maintaining a home atmosphere that is beneficial to the health and development of family members' personalities that still need to be improved, for example in terms of environmental cleanliness and providing time to chat in the family. Family and Community nurses should be able to provide interventions that are in accordance with the culture of families receiving nursing care. It is conveyed to further researchers to conduct further research that further explores family life in the Minangkabau culture.

REFERENCE

- Arikunto, S. (2023). *Research Procedures: A Practical Approach*. Jakarta: Rhineka Cipta
- Dempsey, P.A. (2022). *Nursing Research: Textbook & Author's Exercises, 4th edition*. Jakarta: EGC
- Effendy, Nasrur. (2018). *Introduction to Public Health Science*. Jakarta: EGC
- Fauzia, R. (2019). *Sangkep Si Telu*. Retrieved November 25, 2024 from: <https://rfsinulingga.wordpress.com/category/karo>
- Friedman, Marylin M. (2018). *Family Nursing: Theory and Practice 3rd Edition*. Jakarta: EGC
- Hartanti, Afna W. (2019). *The Relationship Between the Implementation of Family Health Tasks and the Fulfillment of Elderly Care Needs with Stroke*. Retrieved December 23, 2024 from: <http://www.scribd.com/doc/14965616>
- Hidayat, A.A. (2020). *Nursing Research and Scientific Writing Techniques*. Jakarta: Salemba Medika
- Murwani, Arita. (2019). *Introduction to Basic Nursing Concepts*. Yogyakarta: Fitramaya
- Nursalam. (2023). *Concept & Implementation of Nursing Science Research Methodology: Guidelines for Theses, Dissertations, and Nursing Research Instruments*. Jakarta: Salemba Medika
- Prinst, Darwan. (2019). *Karo Customs*. Medan: Karo Cultural Congress
- Priskanta. (2019). *Karo Traditional House*. Retrieved December 25, 2024 from: <https://wartawarga.gunadarmaac.id/2019/09/3712>
- Setiadi. (2023). *Family Nursing Concept and Process First Edition*. Yogyakarta: Graha Ilmu.
- Setyowati, S & Arita M. (2019). *Family Nursing Care: Concept and Case Application*. Yogyakarta: Mitra Cendikia Press
- Sudiharto. (2021). *Family Nursing Care with a Transcultural Nursing Approach*. Jakarta: EGC