

The culture of caring for low birth weight infants at home after treatment: An ethnographic study from Indonesia

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Abstract

Background: Caring for low birth weight (LBW) babies is a challenge for parents, especially after being discharged from the hospital, to continue the care provided by professional nurses. Culture can influence how parents behave and decide to keep babies healthy.

Purpose: This study examined the culture that influences mothers in Aceh, Indonesia, to care for LBW infants at home following hospital treatment.

Methods: This study used an ethnographic design that involved ten participants consisting of mothers of infants who had an LBW infant after receiving hospital care, a grandmother, a midwife, and health cadres. The data were collected using focus group discussion (FGD). FGDs were audio-recorded, transcribed verbatim, and analyzed using thematic analysis.

Results: The finding revealed three themes associated with cultural practices influencing mothers to care for LBW infants at home following treatment: (1) mothers are not the only caregivers, (2) traditions to safeguard family members, and (3) the dilemma between obeying medical advice or their grandmother's commands.

Conclusion: Culture substantially impacts a mother's decision-making, mainly when she and her infant are ill. For traditions and health advice to coexist, sufficient support is required.

Keywords: culture; home care; low birth weight infant; mother

Introduction

Child mortality is still a major issue on a global scale. In 2019, Indonesia was ranked seventh among the top 10 countries with the highest newborn mortality worldwide (WHO, 2020). Low birth weight is the most common cause of neonatal death (Ministry of Health Republic of Indonesia, 2021). Low birth weight (LBW) infants are babies with a birth weight of less than 2500 grams (Cutland et al., 2017). LBW babies are very vulnerable to morbidity and mortality (Endalamaw et al., 2018). LBW infants need hospital care according to their clinical conditions (Carducci & Bhutta, 2018). When the baby is ready and stable, the baby will be discharged from the hospital (Aloysius et al., 2018). But nurses need to identify family readiness for the transition of LBW care at home (Smith, 2021). To this end, each family needs to participate in a comprehensive discharge planning program adapted to their and their babies' specific needs (Smith et al., 2022). It is challenging for parents to take care of LBW infants, especially after they leave the hospital and need to continue the professional nurses' care.

Culture is a set of distinctive patterns of beliefs and behavior that are useful and shared by a group of people to organize and control their daily lives. Cultural values are passed on from parents to children through the parenting process. Children are human beings acculturated to a particular culture by their parents and other people who raise them (Riany et al., 2017). Indonesia is very attached to cultural aspects of social life, including the birth process (Sutan & Berkat, 2014). The birth of a baby is part of the life

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cycle, which means happiness with the addition of a new family member (Corner et al., 2023). The birth of the baby will attract visits from relatives (Hans et al., 2013).

In Asian families, grandparents as parties who are embraced and respected unconditionally are held as a fundamental belief (Buchanan & Rotkirch, 2018). Grandparents have a higher social status in the family and society; they hold a respected role of authority as leaders in the family (Buchanan & Rotkirch, 2018). In Indonesian culture, the role of grandparents, that is the parents of the current parents, have a central role in the hierarchy. The values of obedience and high love for parents are still adhered to (Antawati, 2020). Grandmother is a family member who will support the mother in caring for the newborn. Many mothers return to their parents' house when they are about to give birth or call their parents to accompany them (Xiao et al., 2020).

Indonesian society has a tradition of ways of behaving which is believed to be passed down from generation to generation, including caring for children (Hasan & Suwarni, 2012). Culture is considered beneficial for the safety of mothers and babies (Withers et al., 2018). The results of previous research found that mothers in Asian communities still continue to carry out various traditional beliefs and practices during pregnancy, giving birth, and after giving birth. Most of these traditional beliefs are not harmful to the mother and baby (Withers et al., 2018). However, there are also beliefs that conflict with health principles, such as giving birth in a hospital is considered unnatural, and babies cannot survive (Bohren et al., 2014).

Over time, some traditions have reached the younger generation. The current generation tends to look for explanations of reasons for doing something (Van Zomeren, 2013). Many of them like to follow things that are easy, cheap and have clear reasons. Dilemmas arise when there is a discrepancy between health advice and people's habits (Xiao et al., 2020). In Indonesia, there is a traditional practice of giving turmeric and betel leaves to the umbilical cord so that it heals quickly, becomes dry and loose (Lubis et al., 2022). In various countries, similar practices use substances such as oils, herbs, powders, water, food, and medicines (Coffey & Brown, 2017). The World Health Organization (WHO) has recommended against administering anything to the umbilical cord so as to prevent neonatal sepsis (McInerney et al., 2017; Goel et al., 2015).

Research results in Asia report that mothers do not want to break traditions because they are afraid of going against their parents, embarrassed, feeling guilty and worried about the bad impact on themselves and their children (Talbert et al., 2016). However, mothers also want to follow scientific health advice to save their babies. As a solution, they modified, summarized, and even secretly abandoned several traditions that they felt were less important (Naser et al., 2012). The results of a study

in Australia of ten mothers who had very premature babies who were cared for at home found that the mothers had difficulty controlling their situation, felt isolated, and could not fulfill their hopes of being good mothers. Mothers expressed the need for social assistance and support to be available (Fowler et al., 2019).

The ethnographic design of this research was chosen because it examines cultural patterns within groups by exploring cultural practices, behavior and beliefs. Ethnographic studies related to LBW care in Indonesia are still rarely presented. The results of this research are unique and will contribute scientific evidence as well as a deeper understanding of the cultural traditions that accompany the lives of mothers who care for LBW infants in Indonesia. Therefore, this study aims to explore the culture that influences mothers in Aceh, Indonesia, to care for LBW infants at home following hospital treatment

Materials and Methods

Design

This research uses ethnographic qualitative research to search for and interpret patterns of values, behavior and beliefs of mothers and their interactions between community members who have the same culture through extensive observations regarding the care situation of LBW mothers after returning home from the hospital. Researchers carry out observations to observe behavior and become part of situations in society, then conduct interviews.

Following the stages of ethnographic research presented by Streubert and Carpenter, (2011), observation is the first step in this research. Researchers use three types of observation, namely descriptive observation by observing social situations to get an idea of the situation that occurs in the research area; focused observation to see specifically the care of LBW infants who were cared for at home by mothers after being discharged from the hospital, and selective observation by only observing four mothers whose babies had been treated at government hospitals, living with grandmothers in the area. Next, interviews were conducted through in-depth discussions in focus groups with researchers. Researchers need the ability to adapt quickly and smoothly to the situation under study in order for the immersion process to be successful, including dressing appropriately, covering the private parts and not being dominant, spending more time in activities with the community, having the ability to coordinate, build trust and operate various tools such as audio recorders in a way that does not interfere during the discussion process (Roller & Lavrakas, 2015).

Participants and Setting

Homogeneity in FGD is important regarding interaction and group dynamics. Age and role in interactions at home homogeneity is also a consideration considering that, in non-Western

countries, the younger generation is considered impolite if they make comments that differ from the older generation (Creswell & Poth, 2018). This study involved ten participants consisting of four mothers with an LBW infant after treatment at the hospital, three grandmothers, two midwives, and one health cadre, who were selected using a purposive sampling method. After the researcher selects a cultural group, the ethnographer then uses judgment to select the unit to be studied using sampling criteria based on several perspectives in the social life of the group of people who represent the culture. The required inclusion criteria were that participants must live permanently at the research location, have LBW infants who have just been discharged from the hospital, mothers who live with or close to their mothers or in-laws, understand Indonesian, and willing to become participants.

Ethical Consideration

This study was approved by the Research Ethics Committee of the Faculty of Nursing, Syiah Kuala University (number 113003140623). The participants were previously given information about the research and sufficient time to read its contents. Then, they signed an informed consent stating that they were willing to participate in this study. All data are stored confidentially and uses a respondent's code for identity confidentiality.

Data collection

Data collection was using FGD, to see differences in perspectives between groups or categories of people being observed. Group discussions can provide insight into topics, opinions or attitudes that are conditional. In research that wants to explore comparative ways of thinking in certain types of people, it is recommended to separate these people into different groups (Krueger & Casey, 2015).

In this research, data were collected through three FGDs; consisting of four people in the mother group, three people in the grandmother group, and three people in the health worker group, consisting of midwives and health cadres. According to Mishra (2016), the optimal size for a focus group is six to eight participants (not including researchers), but focus groups can work successfully with as few as three participants. Small groups risk limiting discussion, while large groups can be chaotic, difficult to organize, and frustrating for participants who are unable to speak. To overcome the weaknesses of small groups, researchers created in-depth and optimal discussions, using discussion places that are easily accessible, comfortable, private, quiet and free from distractions.

FGDs are a type of in-depth interview conducted in groups, and are a good way to explore feelings, perceptions and thoughts, by bringing together people from similar backgrounds or experiences to discuss topics of interest. The group is guided by a moderator who helps group members participate in the discussion (Krueger & Casey, 2015). Before the

FGD, the researcher selected who will represent the cultural group, using sampling criteria. Researchers met with participants to build trust, provide research information, and obtain consent for involvement in the research. The researcher also agreed on the place and time for the discussion with the participants. A discussion guide was developed and contained open-ended questions and some socio-demographic questions. Key topics included home care practices after hospital discharge, values, availability of support and issues related to caring for LBW babies. The FGD was agreed to be at a place of worship which was located close to their house. The FGD was recorded and all environmental conditions, interactions, activities and information during the FGD were documented in field notes. The FGD was conducted within 60-90 minutes in Indonesian. After three FGD groups and no more new ideas or information arose, thematic saturation was reached.

Data Analysis

All collected interview data were transcribed verbatim written in Indonesian and analyzed using thematic analysis. Next, the researcher read it repeatedly to understand the meaningful statements from the information of the participants in each group. Key words and important sentences were marked and coded. The codes found from the three groups of participants were collected and compared with each other. If there were ideas that were close together they were combined into one category. After going through a reduction and modification process, words or phrases in categories with the same meaning were grouped and determined to become themes (Polit & Beck, 2014). Next, they were translated into English. All researchers were involved in reviewing the data and conducting careful analysis to ensure that coding, categories and themes were appropriate and answered the research objectives. The final stage was interpretation, connecting it with the literature and writing the final report.

Trustworthiness

This study data were validated in four ways: Credibility when researchers were directly involved in the process of collecting research data, recording FGDs, and listening to recorded voices repeatedly; Transferability was carried out when the researcher described the findings in a narrative form that recounted the recorded FGDs and field notes and discussed the results of the research using articles and literature appropriate to the research topic; Dependability was carried out by researchers together with experts or resource persons checking how to collect data ultimately, organize data, and conduct a thorough data review; and Confirmability was when researchers ensured objective data acquisition, both the results of FGDs and the results of observations such as field notes (Afiyanti & Rachmawati, 2014; Sugiyono & Puspandhani, 2020).

Table 1. Mothers' and Grandmothers' demographic data

Participant	Age (years)	Education level	Parity	Weight birth of baby (Gram)
Mother 1	24	SHS	1	1750
Mother 2	28	JHS	3	2400
Mother 3	24	SHS	1	1800
Mother 4	33	SHS	5	2200
Granny 1	53	ES	6	
Granny 2	70	ES	5	
Granny 3	50	JHS	4	

ES= Elemnetary School, JHS = Junior High School, SHS = Senior High School

Table 2. Health workers' demographic data

Participant	Age (years)	Education level	Work Experience(years)
Midwife 1	36	Midwifery diploma	15
Midwife 2	35	Midwifery diploma	15
Cadres	35	Senior high school	10

Table 3. Overview of The Themes, Category and Statement of The Finding

Themes	Category	Statement
Mothers are not the only care-givers	1.The parties involved in caring for LBW	Many people help me hold the baby at home; there are grandmothers, grandfathers, younger siblings, and other relatives (Mother 1)
	2. Unfulfilled mother expectations	Until now, I haven't dared to bathe my baby (Mother 3, Mother 4)
Traditions to safeguard family members	1.The aim of continuing the tradition	My mother said that my hands should not move much after giving birth. Don't lift it above your head; your hands shouldn't be used to reach for things that are far away. If it is not obeyed, the milk will dry up (Mother 2)
	2. Values or beliefs held	During childbirth, according to religious teachings, I am not allowed to perform worship, but I can still pray for help from God. I pray that my child is safe and has a speedy recovery (Mother 1)
The dilemma between obeying medical advice or their grandmother's commands	1.Response to health advice	Doctors argue there are no food taboos. I may eat meat or whatever food is available. I trust the doctor, and I feel well soon. My mother permitted me to follow the doctor's advice because my grandmother said she did not understand how to care for mothers who gave birth to a small baby by surgery (Mother 4)
	2.Respond to grandmother's advice	I sometimes do not know what to do. The doctor said I had to do this, while grandma was different again. So when I was in the hospital, I obeyed the doctor. At home, I obey my grandmother (Mother 2)

Results

There were ten participants in this study. Most of the participating mothers were between 24 and 30 years old and graduated from high school. The baby's birth weight ranged from 1750 grams to 2400 grams. All grandmothers were multiparities, and all health workers had been carrying out their duties for at least ten years. The socio-demographic characteristics of the participants can be seen in Tables 1 and 2.

The findings of this research reveal three themes related to the culture that influences mothers to care for LBW infants at home following hospital treatment: (1) Mothers are not the only caregivers, (2) Traditions of looking after family members, and (3) Dilemma between obeying medical advice or grandma's orders. The three themes are explained as follows.

Theme 1: Mothers are not the only caregivers.

The parties involved in caring for LBW infants

Family culture greatly influences the way family members live. For mothers who care for LBW infants at home, this is a supporting and inhibiting factor for the success of LBW treatment. Participants in this research were all indigenous people who had lived in Aceh, Indonesia, for several generations. They are used to living with extended families, and their homes are located close to other relatives. Giving birth to a baby is an important moment in the life cycle. So when the baby as a new family member arrives, all the other relatives visit the mother to show their love and happiness, especially the desire to help the mother who has just given birth and the baby who has just returned from the hospital. Some of the parties involved in caring for LBW babies are grandmothers, fathers, other family members and health workers. The baby will be carried in turns by family members and returned to the mother to be breastfed.

Many people help me hold the baby at home; there are grandmothers, grandfathers, younger siblings, and other relatives (Mother 1)

Family members, especially grandmothers, provided as much assistance as possible so that the mother would recover quickly, including taking over the housework so that the mother would not do much activity. The mother was asked to focus on self-recovery, given traditional herbs (herbs), and massaged so that she would produce lots of breast milk.

When I gave birth, my mother took on the role of caring for the baby because I wasn't allowed to move much. So, the grandmother bathed the baby. Apart from that, my mother also took care of me, such as preparing clothes, cleaning, helping to put pads on, and washing dirty clothes, including my clothes that were stained with blood (Mother 2)

Grandmothers play an essential role in ensuring that their daughter (mother) recovers quickly and her grandchildren grow up healthy. The grandmother also plays a role when carrying the baby, bathing, swaddling, calming the crying baby, lulling the baby while singing blessings to the Prophet Muhammad, and doing baby body massage using oil. Grandmothers felt like the person most responsible for the condition of the mother and grandchildren.

If the baby cries in the middle of the night, the grandmother wakes up faster. The wife's mother helps more than her mother-in-law. Mother-in-law only looked after mother for a few nights. However, the grandmother from the wife's side can stay with Mother for up to one month. Some even stay up to 70 days. If the grandmother's condition is still strong, then the main role is the grandmother. She takes care of her daughter and her granddaughter (Midwife 1)

Grandmothers who live in different cities will come and stay for up to 40 days during the postpartum period. Grandmothers sacrifice by leaving her activities to carry out their responsibilities in caring for her children and grandchildren. Grandmothers did not want their grandchildren who had just returned from the hospital to experience health problems, because the mother was weak and unable to care for their child alone. If the mother lived in another area, before giving birth she will return to her parents' house. The husband also came, but went back to work. However, the mother will continue to live with her parents until her postpartum period ends.

Grandmother will come to the house of her child who gave birth. If the mother migrates to another city, then later, she will return to give birth in the village. The main thing is to give birth accompanied by parents. Either the grandmother who comes or the mother who returns home. As long as the grandmother is still alive, she keeps going home to her parents (Midwife 2)

The father is seen as having little role to play in this situation, and his involvement is limited to holding the baby and asking why the baby is crying. If the father plays a lot of roles, it is feared that the grandmother will feel offended. Even though the help of grandmothers and other parties has good intentions, on the other hand, the dominance of the grandmother's role will reduce and hinder the opportunity for fathers and mothers to carry out their roles as parents. In fact, parenthood needs to be learned and is just beginning.

Actually, his father was willing to hold the baby, but only once in a while. Grandmother's role cannot be taken over, and she is worried too if Grandma is offended (Mother 1)

Health workers on duty in villages, such as village midwives and assisted by health cadres, are also involved in monitoring health conditions and accompanying families in caring for babies, especially LBW infants who have just returned from the hospital. One midwife reported having difficulty continuing treatment because of limited information

about the baby's condition while in hospital.

I am rarely notified if a baby has just been discharged from the hospital and the resume letter from the hospital does not state what care should be continued. So it made me confused because I didn't know the previous condition when it was treated. During the visit to the baby's house, I will bring a scale to monitor the weight, carry out an examination of the newborn, and provide education to the mother (Midwife 1)

Unfulfilled mother expectations

The role of the mother that the grandmother took over made the mother even less confident that she could raise her baby. There is a tendency to give up parenting because the mother thinks she is weak after giving birth and lacks experience. The following are excerpts from participants:

Until now, I haven't dared to bathe my baby (Mother 3, Mother 4)

The unique tradition is providing a room occupied by mothers, babies, and grandmothers or female family members accompanying mothers. Father still occupies the master bedroom. This is done so that grandmothers have broad access to mothers and their babies and can react quickly to hold and act when the baby cries or the mother needs help. Even though she wants to be near her husband and raise their children together, mothers are embarrassed to break existing habits. One mother said:

After giving birth, I didn't sleep with my husband. I sleep with my mother, so if my child cries, my grandmother will pick him up first. If something happens at night, it's safe. There's a grandmother to handle it (Mother 3)

Theme 2: Traditions to safeguard family members

The aim of continuing the tradition

Culture is a belief that is passed down from generation to generation. Maintaining traditions is an honorable act in Acehese society. Traditions need to be observed by everyone, and older members of society are responsible for teaching them to family members and younger citizens. If traditions are violated, it is thought that something bad will happen to a person or their family. So the grandma repeatedly reminded the mother to avoid things that were prohibited, for example forbidding her from doing certain movements, doing many activities, avoiding taboo foods and not drinking a lot of water.

Traditions based on cultural values aim to protect and provide goodness to mothers and their babies, who are the next generation in the family. The mother must be protected because she is the provider of breast milk for LBW infants. Mothers must not be tired so that the breast milk produced is abundant and of high quality. Restrictions are also placed on the type of food consumed by the mother because food substances will pass through breast milk to the baby. Spicy foods such as dishes that

use chili and pepper, as well as sour foods such as oranges, sunti (dried starfruit), and pineapple are believed to interfere with baby's digestion, causing flatulence and diarrhea in babies. Following are excerpts from participants:

My mother said that my hands should not move much after giving birth. Don't lift it above your head; your hands shouldn't be used to reach for things that are far away. If it is not obeyed, the milk will dry up (Mother 2)

I was forbidden to eat or drink cold, not to eat spicy and sour. When bathing and feeding a baby, the baby's head must be rubbed so that the shape of the head becomes round and nice. Not oval-like after birth (Mother 1)

Another cultural practice revealed by participants in this research that is inherent in mothers in Aceh in caring for LBW infants is carrying out traditions or ceremonies that involve distributing food and inviting relatives, as a form of gratitude for the birth and safety of the baby. This event is generally held seven days after the baby is born, but, because the baby is being treated in hospital, the event is postponed and the family still intends to hold it one day to maintain the family's dignity.

My grandson hasn't had the thanksgiving event yet, because the time isn't right yet. Maybe later after the holidays, the event will be held. It's a shame if you haven't made an event yet (Grandmother 2)

Values or beliefs held

In the Acehese people, there is a belief in God who regulates human life and is a place to ask for help. The participants in this research were all Muslims. Aceh Province also has the nickname Veranda of Mecca and the social life of its people is very strong in Islamic teachings. People believe that reading prayers can grant wishes and turn difficult situations into easy ones. If the situation does not change, then it must be accepted as proof of faith that what happens is God's provision.

During childbirth, according to religious teachings, I am not allowed to perform worship, but I can still pray for help from God. I pray that my child is safe and has a speedy recovery (Mother 1)

Visiting holy places such as mosques and the graves of religious people is an effort to protect the baby from bad things that can happen and as a form of gratitude that the baby has survived so that he can be brought home from the hospital.

One day, I want to cook chicken for a Thanksgiving ceremony at the grave of Tengku Syiah Kuala (a famous religious figure). When I got there, I wanted to bathe my child to avoid bad things (Mother 2)

Belief in people who have supernatural abilities is also found in family and community interactions. The condition of LBW babies, who are smaller than babies in general, makes mothers and their families more vigilant, especially if their babies cry for a long time. The condition of a fussy baby indicates an uncomfortable condition. Families believe that

things that make babies uncomfortable may not be visible to the ordinary eye, such as babies who are sick or disturbed by spirits.

If the baby cries continuously, I, as a grandmother, immediately take it to a smart person to "raja" (traditionally treated) by village parents. Usually, when going to "raja," the baby is said to be crying because he is disturbed by a genie, then recites verses from the Koran and blows it on the baby. Prayers are also said over bottles of water to take home. When I got home, the water that had been recited the prayer earlier was mixed with the baby's bath water so that the benefits would be wider and affect the entire surface of the baby's body (Grandmother 2)

Theme 3: The dilemma between obeying medical advice or their grandmother's commands

Response to health advice

A history of a baby being hospitalized is a traumatic experience for parents and their family. Mothers and fathers receive health information regarding LBW care at home. Some of the health messages conveyed in hospitals are in line with existing beliefs in society, such as small babies must wear closed clothing, and need to be monitored frequently and to recognize dangerous conditions or signs of health problems. However, hospital regulations only allow babies to be visited by their father and mother, so health messages are only conveyed to their parents. This can be a knowledge gap, because grandmothers and family members do not know what is allowed or not allowed in caring for LBW babies according to the rules. One participant stated.

I was reminded the baby not to be exposed to the cold wind just stay in the room with the door closed so the baby doesn't get cold. In the morning, the baby needs to be dried in the sun to not be yellowish. I heard about this from the staff at the hospital.....I didn't dare to interfere too much because the baby was born surgically at the hospital. I just follow their message rather than being blamed (Grandmother 3)

Some of the cultural practices related to the care of LBW infants found in this research was that there are differences between health principles and tradition, thus placing mothers in a dilemma situation, including how to bathe the baby in a cloth vs dousing it with water, drying the baby in the sun vs not carrying baby leaving the house, umbilical cord care without putting anything on vs potions on the umbilical cord, only giving breast milk to the baby vs giving bananas or formula milk to babies who cry a lot.

However, there are situations where parents are given exemptions because their situation is not normal or different from the grandmother's previous experience. Grandmothers with limited knowledge tend to allow for things they are not well versed in, including how to care for mothers who give birth by surgery or for LBW infants who have been

hospitalized.

Doctors argue there are no food taboos. I may eat meat or whatever food is available. I trust the doctor, and I feel well soon. My mother permitted me to follow the doctor's advice because she felt she did not understand how to care for mothers who gave birth by surgery (Mother 4)

I usually apply turmeric on the baby's umbilical cord so that the umbilical cord dries quickly and falls off. However, the baby's mother refused. Even though in the old way, the umbilical cord recovered faster. Children now don't want to listen to their parents. But because this is a small baby, if you are sick, you prefer to be taken to the hospital. But I'm still trying to get his mother to recover quickly. After the medicine from the hospital ran out, I gave a special herbal concoction for mothers after giving birth (Grandmother 1)

Responding to grandmother's advice

In caring for LBW infants at home, there are differences. Mothers do not have enough strength to deny their family members' beliefs. Mothers who have just given birth are considered to be inexperienced and do not have adequate knowledge about the best way to care for LBW babies. On the other hand, grandmothers, as people who are respected in the family and have experience raising children, have a different perspective in dealing with LBW. This becomes an obstacle for mothers in carrying out health messages. The mother experienced a dilemma between following the health worker's advice or following her grandmother's orders. If the mother opposes the grandmother's opinion, it is feared that she will offend her and this will become a sin. So the mother will try to position herself and find the best way to follow the health message without hurting grandma's feelings.

I sometimes do not know what to do. The doctor said I had to do this, while grandma was different again. So, when I was in the hospital, I obeyed the doctor. At home, I obey my grandmother (Mother 2)

After giving birth, mothers are prohibited from drinking lots of water because the wounds caused by the birthing process are still wet and bleeding. The amount of water the mother drinks will make the wound dry for a long time. This is in contrast to adequate water during the breastfeeding process. One mother said:

The doctor told me to drink lots of water so that the milk would flow smoothly. But when I drank water, my mother saw it and was forbidden to drink a lot of water. I just followed my mother's words at that time. But behind my mother's back, I secretly drink a lot of water. After giving breast milk, I often feel thirsty, so I drink again (Mother 3)

In certain situations, the mother feels helpless because of her physical weakness after giving birth and the inability to negotiate with the situation. The mother prefers to avoid conflict with her grandmother, is worried that arguing will show a lack of gratitude for the help that has been given, and is worried that

she will not be helped again the next time.

The grandmother determines what can and cannot be done, including infant immunization. The mother must comply if the grandmother says not to be immunized. Because when the baby has a fever due to the immunization, later, the grandmother will not sleep and wakes up again and again at night (Cadre).

Discussion

Being in a home environment has a different atmosphere from a hospital environment. The interaction between mother and baby is influenced by culture, which will impact the baby's health status and the mother's ability to provide care as a parent. Culture is a set of distinctive patterns of beliefs and behavior shared by a group of people to organize and control their daily lives (Patterson, 2014). Cultural values and norms are transferred through parenting to their children so that cultural practices strongly influence parenting activities (Riany et al., 2017). The demands of parents' role as caregivers begin when the child is born. Parents experience stressful conditions after giving birth, especially if the baby is hospitalized (Lefkowitz et al., 2010). Giving birth and becoming a mother is a rewarding and challenging experience. Becoming a mother requires a variety of psychological, social, and physical abilities (Mercer, 2006). Parents need to be prepared to be confident and able to care for high-risk babies at home (Hall et al., 2016).

Once the baby is brought home from the hospital, disputes may develop. Family and friends can be a source of support or conversely a source of conflict if their points of view differ. Therefore, parents need help to normalize the routine of a sick baby (McInerny et al., 2017). In Western cultural literature, the nuclear family consists of father, mother and children (Shih, 2015). However, in Indonesia, they are used to living with large families and surrounded by many relatives. The belief held is that family members protect and provide loyalty throughout life (Effendy et al., 2015).

The results of this research found that Indonesian mothers are not the only caregivers of children. The presence of grandparents, brothers, sisters and other relatives means that many people take care of babies. The mother's physical inability and lack of confidence in caring for her baby will make the mother dependent on other parties. Research on women in Australia shows that mothers' self-confidence in carrying out their duties as mothers decreases after giving birth. A study of Iranian women showed that perceived social support came from three sources: partner, family, and friends (Saeieh et al., 2017).

The value of attachment in the family is maintained when the parents are still alive. As the oldest person in the family, the grandmother has a vital position culturally and religiously. The grandmother is a respected family member in religion, and society.

As a mother figure, a grandmother has experience caring for her family members, including her child who has just given birth (Buchanan & Rotkirch, 2018). A baby with a sick condition, such as low birth weight, creates a stressful condition (Hynan et al., 2013). In such a vulnerable condition, grandmothers tend to take on roles as decision-makers in the family, especially in matters related to women (Gattai & Musatti, 1999). Grandmother's affection is shown by trying to provide the best for her grandchildren (Giarrusso et al., 1996).

Grandmothers play a significant role in preserving the cultural traditions of their ancestors. Even in a society whose belief system has shifted toward modernity, grandmothers still express the importance of upholding traditions in their families and passing this knowledge on to their children and grandchildren. Data show that grandmothers often influence decisions in the family or ultimately decide (Gupta et al., 2015). Grandmothers are considered determinants in making decisions in the family because of the life experiences they have passed and have a broad perspective on life experiences that have and have not happened.

Grandmothers have many roles in maternal and child health and are often overlooked as the primary support provider for their daughter-in-law. Grandmothers tend to be the primary source of information, guidance, and emotional support for young women, especially those having children for the first time (Gupta et al., 2015). Most women cite their mothers as their primary support (Saeieh et al., 2017). Both grandmothers and other family members are sources of support that positively impact mothers. Mothers can rely on available assistance from family members for daily work, such as providing food, washing clothes, cleaning the house, and even caring for other children, so that mothers can save energy, focus on their recovery, and prioritize providing breast milk as the main source of nutrition for babies. This facility is available for Indonesian mothers for 40 days postpartum. The results showed that the mother's confidence in her abilities increased from six weeks to three months after giving birth (Gao et al., 2014).

The magnitude of the role of family members in the life of a mother who has just had a baby places the mother in a dilemma to make good decisions for herself and her baby. Indonesian mothers need to use their negotiation skills and avoid conflict to maintain positive relationships with their families (Poulson et al., 2018). In Muslim society, grandmothers have a noble and respected position. Disobeying parental orders will be sinful and invite bad things to happen. On the other hand, the baby's mother has received education about how to care for LBW infants from the hospital, which may differ from the grandmother's beliefs and experiences. Such values in the family need to be a concern for nurses in providing education, especially LBW care at home. Involving grandparents in the educational process is a good thing to support the implementation

of patient-centered care. Nurses need to realize that the support provided by grandmothers and members will maintain the implementation of LBW care at home by health principles (Gaskin, 2018).

Leininger's theory of transcultural nursing states that it is essential for nurses to pay attention to cultural diversity and health views from the patient's perspective in implementing culturally sensitive nursing care. This concept considers the variability among humans regarding cultural meanings, patterns, values, ways of life, symbols, or other matters related to providing beneficial care for clients from certain cultures (McFarland & Wehbe-Alamah, 2019).

Decisions made by mothers in caring for LBW babies at home are influenced by local culture and traditions. Family involvement in health-related decision-making is an important cultural factor that can influence the exchange of information. Cultural factors can affect the relationship between patients and their families. This can also affect satisfaction and compliance (Alden et al., 2018). The results of our study found that mothers and their families carry out a ceremony or ritual aimed at protecting the baby and mother. Mothers take their babies to visit holy places such as mosques and graves of religious people because mothers and their families believe that babies are weak creatures that need to be protected, both from the influences of the world, such as disease, and the harmful effects of supernatural things. Traditions that are not harmful and do not conflict with health principles can still be allowed. However, harmful cultures need to be negotiated so that you can reject them in a way that does not offend grandparents and extended family. Diversity in culture and different characteristics of specific cultures can facilitate or hinder health acceptance and can be detrimental to the health of infants (Brooks et al., 2016).

In matters of raising children, Indonesian fathers are often considered taboo in taking care of babies because of a patriarchal culture that places men in a dominant role, and it is inappropriate to take care of women's affairs, such as giving birth, breastfeeding, and caring for babies. Patriarchy is a view that considers men as superior to women. In the social system, men are the main authority and central figure, where men hold power over women, children, and property (Rawat, 2014). The patriarchal culture in the family views men as the head of the family and the breadwinner for the family. In the family environment, the wife is only limited to domestic work in the household. Studies in China also found something similar. The primary responsibilities of the traditional Chinese father were to be a firm but kindhearted educator, disciplinarian, and moral role model. Meanwhile, the mother's role is to provide daily care and care for children. Father figures are expected to keep their distance from their daily child-care duties and not show overt expressions of warmth (Li, 2020).

This research has limitations, including taking

locations in Aceh as one of the regions of western Indonesia. However, the participants involved in the study were patients and their families who had been treated at the highest referral hospital in the province. Second, the language translation process may have different terminology from the everyday language expressed by participants during the FGD, even though, during the research process, the researcher validated and confirmed to the participants regarding the verbatim transcript to maintain the objectivity and validity of the research data.

The results of this study have implications for the practice of caring for low birth weight infants, especially after being discharged from the hospital. The findings in this study will increase nurses' insight into choosing an appropriate approach for families who will care for LBW infants at home. Health workers at hospitals such as nurses, midwives and doctors need to write specific instructions on the discharge resume document, so that families accompanied by village midwives can continue with follow-up care for LBW babies. Nurses who carry out discharge planning for families also need to consider cultural aspects that will influence LBW care at home. Although in Western culture, education is usually only given to the nuclear family, considering that the people of Aceh, Indonesia, generally live in large families, written messages may be needed that parents can take home so they can be read and studied together with all the family members involved. This can be useful in reducing dilemmas and potential conflicts within the family, as well as maintaining positive cultural values.

Conclusions

Mothers in Indonesia who have LBW infants are surrounded by many family members at home. Their presence can help mothers care for LBW infants as the mother's condition recovers. However, on the other hand, the large number of parties involved in caring for LBW infants reduces the opportunity for fathers and mothers to act as parents, and many are dominated by grandmothers. Health messages from hospital staff are delivered only to parents. This can be a knowledge gap, because grandmothers and family members do not know what is allowed or not allowed in LBW care according to the rules. When these differences meet cultural habits in society, dilemmas arise and are prone to conflict within the family. Several cultural practices were found in this research that are attached to mothers in Aceh in caring for LBW infants, namely the involvement of all family members in caring for the baby, providing special rooms to facilitate access to the mother, carrying out traditions or ceremonies to maintain dignity and protect from bad things, having a belief in God, places and people that are considered holy. The cultural practices that can trigger a dilemma between health messages and tradition are bathing the baby, drying it in the sun, caring for the umbilical

Rahayuningsih, S.I., et al. (2024)

cord with concoctions, feeding banana or milk formula, food restrictions and limiting the amount of fluid the mother drinks. Mothers understand that traditions aim to protect family members from bad things, but when they conflict with health principles, mothers need to make the right decision in providing LBW infant care at home. The challenge for nurses is to develop culturally sensitive interventions to teach how to best care for LBW infants at home. Further research needs to be carried out to dig deeper into community support regarding the handling and prevention of health problems in LBW infants.

Declaration of Interest

The authors declare that there are no conflicts of interest.

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Data Availability

Data from this study are available upon request to the relevant authors. The data is not made public due to privacy and ethical restrictions.

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