A Traditional Method for Umbilical Cord Care using "Campuh" (Turmeric and Betel Leaf) in Banten Province, Indonesia

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Abstract
One of the traditional methods for umbilical cord care in Indonesia is the campuh method, which uses turmeric and betel leaves. The purpose of this research is to find out how mothers and Traditional Birth Attendants (TBAs) perform umbilical cord care in newborns using campuh traditional method in Sukawana Village, Curug District, Serang City, Banten Province. This research was a descriptive qualitative. Interviews were conducted with mothers who used traditional campuh method in taking care of their baby's umbilical cord, Traditional Birth Attendants (TBAs) and local health workers. The result showed that the baby's umbilical cord which was treated traditionally using campuh method was in good condition, has brownish color and dry. The period of the umbilical cord fell off was between 3-8 days and there were no infection signs. The respondents' reason still used the campuh method was because the birth was helped by a TBA, the baby's umbilical cord care was also carried out by TBA so that the method used was the method of the TBA. The campuh method has been used by this community in this area for generations, so far according to the respondents there have been no infection cases of using this method previously, and the family have also supported. However, traditional methods that are less hygienic are certainly risky for the occurrence of umbilical cord infection (omphalitis) among infants which can lead to sepsis and infant mortality, so it is necessary to do education and approaches from healthcare workers to the community to no longer use campuh method in taking care of the baby's umbilical cord.

Keywords: umbilical cord care, campuh traditional method, omphalitis, sepsis neonatorum, Indonesia

1. Introduction
Postpartum infection is still the leading cause of death for newborns in the world. One of the infections that often occur in newborns is umbilical cord infection (omphalitis). This infection could be originated from bacterial colonization of the umbilical cord, which is caused by various people's habits by using traditional umbilical cord care. Colonization of bacteria in the umbilical cord often causes omphalitis, thrombophlebitis, cellulitis, or fasciitis (Amare, 2014 and Stewart et al., 2016). Neonatal sepsis, which is a systemic infection in the first 28 days of life, consists of blood infections, meningitis and pneumonia. Those are the most common causes of neonatal death, with about 225,000 deaths worldwide.
each year. The newly cut umbilical cord can become an entry point for bacteria that cause sepsis and newborn death (Liu et al., 2015). South Asia and Sub-Saharan Africa have the highest rates of neonatal sepsis in the world. Neonatal mortality related to sepsis, 38.8% occurred in South Asia (Chaurasia et al., 2019). Moora et al. (2019) proved that there was a significant relationship between umbilical cord hygiene and the incidence of neonatal sepsis. The neonatal sepsis was 13 times higher in taking care with poor hygienic than in good hygienic treatment (Liu et al., 2015).

The umbilical cord is the channel of life for the fetus while in the womb. The umbilical cord only plays a role during pregnancy. When the baby is born, the umbilical cord is no longer needed. That is why the most frequent action is to cut and tie the umbilical cord until finally after a few days the umbilical cord will dry up and loose itself (Riksani, 2012). Infection of newborns is the second cause (24-34%) of infant mortality after neonatal asphyxia, which ranges from 49-60% (Manuaba, 2016). Most newborn infections are tetanus occurs through umbilical cord infections, due to cutting with non-sterile tools. Infection can also occur due to the use of medicinal ingredients, powder, talcum powder or foliage that the community used traditionally to treat the umbilical cord.

Various ways of caring for the baby’s umbilical cord are carried out with a purpose that the umbilical cord to quickly falls. The final WHO recommendation is dry cord care for countries with good obstetric care and low neonatal mortality. However, in recent years, studies have shown the advantage of using chlorhexidine in the umbilical significantly reduces the rate of sepsis and neonatal mortality. Thus, it is recommended that dry cord care for Grade A (areas where the incidence of omphalitis is low), chlorhexidine for Grade B (high incidence of omphalitis related to infant mortality), and use of antiseptics for Grade C (conditions that requires special care) (Castellanos et al., 2019; Gelano et al., 2019). The research results from Sari et al. (2017) showed that the period of the falls of umbilical topical treatment using breast milk (ASI) or colostrum was 6.18 days, whereas with dry treatment it took 7.41 days with P = 0.010.

Traditional cord care method in low- and middle-income developing countries such as Africa and also Asia indicates customs and cultures that vary between countries and regions, based on their beliefs they use ingredients aimed at healing and accelerating the loss of the baby’s umbilical cord (Coffey and Brown, 2017). However, how to cut the umbilical cord and also its treatment was often not clean or hygienic and was at risk of infection (Smith, 2009). There was 9% of mothers reported an infection in their baby’s umbilical cord (Alam et al., 2008).

Neonatal sepsis cases are often found in several tropical countries and countries that still have low environmental health conditions. Abegunde et al (2017) reported that 75-80% of births in Bauchi and Sokoto Nigeria are still carried out at home and assisted by Traditional Birth Attendant (TBAs), family or friends. Meanwhile Alam et al (2008) reported that 90% of births in the Sylhet District of Bangladesh also took place at home. 75-80% umbilical cord cutting still uses a razor (razor blade) and the umbilical cord care still uses ash and even cow dung. Data from the World Health Organization (WHO) showed that deaths caused by tetanus in developing countries were 135 times higher than in developed countries. In 2010 WHO stated that the infant mortality rate of 560,000 was caused by umbilical cord infection. In Southeast Asia, the infant mortality rate due to umbilical cord infection was 126,000. The umbilical cord is the main entry point for systemic infections in newborns. General umbilical cord care aims to prevent infection and accelerate the breakdown of the umbilical cord (Salam, 2012).

Neonatal sepsis is a clinical syndrome caused by bacteria, viruses, or fungi that were characterized by systemic symptoms and signs and shows a positive blood culture, which occurs in the first month of life. The incidence of neonatal sepsis in developing countries was 1.8-18 per 1000 live births, while in developed countries it was only 1-5 per 1000 live births. There was a significant relationship between prematurity and neonatal sepsis (Jaya et al., 2019).

According to the Indonesian Demographic and Health Survey (IDHS) 2017, neonatal mortality in Indonesia had decreased from 19 per 1000 live births (2012) to 15 per 1000 live births (2017). The infant mortality decreased from 32 per 1000 live births to 24 per 1000 live births, and under-five mortality from 40 per 1000 live births to 32 per 1000 live births. However, when it is compared to other ASEAN countries, this figure is still higher than Vietnam, Brunei Darussalam, Thailand, Malaysia and Singapore. Singapore has the lowest under-five mortality rate in ASEAN, while Laos has the highest under-five mortality rate (KEMENPPPA, 2018).
In 2011, there were 15 provinces in Indonesia that had tetanus neonatorum cases. The province which has the most neonatal tetanus cases was Banten reached to 38 cases, followed by East Java which has 22 cases and West Kalimantan which has 13 cases. Based on the data, most cases of neonatal tetanus were found in mothers who were not vaccinated against Toxoid Tetanus (TT), took traditional assisted delivery, and also traditional umbilical cord care (Ministry of Health, 2012).

Based on the Serang City Health Office profile in 2018, during the last five years the number of tetanus neonatorum cases has decreased, in 2014 there were 6 cases, in 2015 there were 3 cases, from 2016 to 2018 there were no cases of tetanus neonatorum, including Curug District in 2018 there were no neonatorum tetanus cases (Serang City Health Office, 2018). However, there are still Traditional Birth Attendants who help deliveries and use traditional methods to take care of the baby’s umbilical cord at a very risk of infection which can cause in sepsis and neonatal tetanus. This research aims to study the practice of newborn umbilical cord care by Traditional Birth Attendants who still use the traditional method of campuh (betel leaf and turmeric) in Sukawana Village, Serang City, Banten Province, Indonesia.

2. Method

The research method used was a qualitative method with a case study approach. Qualitative research is research that aims to apprehend the phenomena experienced by the research subjects such as behavior, perception, motivation, action in a holistic manner, by describing them in the form of words and language in a special context. The purpose of qualitative research is to apprehend, find the meaning behind the data, figure out the authenticity, both sensual empirical and logical empirical truth.

The cases sample of this research were newborns in Sukawana Village, Curug District, Serang City, Banten Province, Indonesia whose umbilical cord care used the campuh traditional method (using betel leaf and turmeric) and there were three cases. The data collection techniques used in this research were direct observation and in-depth interviews (IDI) with 3 mothers, traditional healers (Traditional Birth Attendants) who helped the delivery and treat the umbilical cord, and local health personnel (Health Extension Workers) by using a questionnaire as an interview guide. The two main questions in the interview guide related to cord care were: How was the umbilical cord cut and tied? Was anything applied to the cord stump immediately after cutting/in the first 7 days? Why was it applied/not applied?

The data analysis was also carried out qualitatively. The qualitative data analysis used was the Miles and Hubberman model. Data analysis is carried out in three stages, namely: data reduction, data display, and conclusion drawing / verification.

3. Results

3.1. Respondent’s characteristics

Table 1. Respondent’s characteristics who used campuh method.

<table>
<thead>
<tr>
<th>Cases</th>
<th>Age</th>
<th>Education</th>
<th>Job</th>
<th>Family’s Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>32</td>
<td>Elementary</td>
<td>A Housewife</td>
<td>Low Income</td>
</tr>
<tr>
<td>Case 2</td>
<td>20</td>
<td>Junior High School</td>
<td>A Housewife</td>
<td>Low Income</td>
</tr>
<tr>
<td>Case 3</td>
<td>23</td>
<td>Junior High School</td>
<td>A Housewife</td>
<td>High Income</td>
</tr>
</tbody>
</table>

From Table 1, it is known that the respondent in case 1, she was 32 years old, has an elementary school education, a housewife with a low category of husband’s income. Case 2 the respondent, she was 20 years old, has a junior high school education, she is also a housewife whose husband has a low income. Case 3 the respondent was 23 years old, has junior high school education, a housewife and husband’s income in the high category.

3.2. Fall off period of umbilical cord and its condition

Table 2. The Fall Off Period of the Umbilical Cord Using Campuh Method

<table>
<thead>
<tr>
<th>Cases</th>
<th>The Fall off Period</th>
<th>Umbilical Cord’s Condition</th>
<th>Infection Condition</th>
</tr>
</thead>
</table>

From Table 2, it is known that the respondent in case 1, she was 32 years old, has an elementary school education, a housewife with a low category of husband’s income. Case 2 the respondent, she was 20 years old, has a junior high school education, she is also a housewife whose husband has a low income. Case 3 the respondent was 23 years old, has junior high school education, a housewife and husband’s income in the high category.
Based on the table above, it can be said that the falling period of umbilical cord ranges from 3-8 days. The umbilical cord conditions of the three babies who used the campuh method were in good condition; they were dry and brownish, there was no sign of infection and there was no blood or pus.

3.3. Results of interviews with postpartum mothers

Based on the results of the interview, all the respondents could answer correctly about the meaning of the umbilical cord as can be seen in these quotations below:

"The tube that connects the mother and baby when the baby is in the womb" (Respondent 1)

Meanwhile, the other 2 respondents said more or less the same thing as listed below:

"That is what is in the baby's stomach that will be falling soon" (Respondent 2)

"The tube which is around the baby's stomach, when he was born was cut by the traditional healer" (Respondent 3)

The traditional method of umbilical cord care used by the respondents is the campuh method; the method which is used by giving turmeric and wrapped in betel leaf. The turmeric was previously crushed by pounding it using a pestle and then wrapped in betel leaf. Based on the results of interviews with three respondents who used the campuh method, almost all respondents were able to explain the process of making the mixture and the ingredients used as described below:

"If I'm not mistaken, the ingredients are turmeric and betel leaf" (Respondent 1) "I saw it when the traditional healer made it, it was made by the traditional healer, the mixture is made from turmeric, which has been washed and then pounded using a pestle, after that the pounded turmeric is put in a bowl and then to the baby's navel and then wrapped in betel leaf, it's made in the morning and afternoon, we have to use them all, we have to make it again if we want to use it more" (Respondent 2)

When they were asked about the cleanliness in the process of making campuh, the respondents' answers are varied.

"The mortar and pestle are clean ma'am, first she washed it, the bowl is also clean, it is already washed with soap, but I didn't see whether the healer had washed her hand or not" (Respondent 1)

"The healer indeed washed her hand with soap and water" (Respondent 2)

"The healer washed her hand with water but I don't think she washed with a soap" (Respondent 3)

From the three respondents who chose the campuh method for the umbilical cord care mentioned the similar reasons, such as, they were being taught by a healer who helped deliveries, because it was believed it was done to make the umbilical cord falling faster, even though they had received an explanation from health workers about the standard method of cord care according to health. This method has been used for generations and is believed to be a good way to treat the baby's umbilical cord so that it dries quickly and falling as mentioned by the family as quoted below.

"The delivery was done indeed by the healer, I really trust the healer if it deals with babies, that's why taking care of the umbilical cord I also trust the healer, my mother also said that from the past they also used this campuh method, from generation to generation, it's okay, it's safe" (respondent 1)

"I am pretty sure how to handle the umbilical cord in a proper way by not giving anything to it, but my grandmother told me to go to a healer, because I gave birth with the healer's help" (respondent 3)

The results of interviews when they were asked about signs of infection in the umbilical cord, almost all respondents gave similar things, such as there was pus, watery, bleeding, as in the quote below:

"The signs of infection of the umbilical cord are there was pus, the color was red, and it was bleeding" (respondent 2)

"Watery, pus, and there was blood" (Respondent 3)

However, when asked about tetanus symptoms such as fever, vomiting, and stiffness, all respondents could not explain. Based on the interviews of the three respondents who used the campuh method and were asked about the role of health workers, the answers were almost the same that the health workers visited the respondent's house, carried out umbilical cord checks, examined postpartum mothers, conducted counseling about breastfeeding with exclusive breastfeeding and umbilical cord care as stated in below:

<table>
<thead>
<tr>
<th>No.</th>
<th>Days</th>
<th>Condition</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>Dry, Brownish</td>
<td>No infection, no blood, no pus</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>Dry, Brownish</td>
<td>No infection, no blood, no pus</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>Dry, Brownish</td>
<td>No infection, no blood, no pus</td>
</tr>
</tbody>
</table>
"At the time of delivery, the midwife came to the house, injected the child and saw the umbilical cord"

"When they find out that we used campuh method, the midwife said we may not do that, don't give anything to the umbilical cord, they were afraid of infection". The three respondents had heard about the care of the umbilical cord while they were at Integrated Services Post.

"I am diligent at going to the Integrated Services Post ma'am, there is a class for pregnant women, I have heard a midwife talking about umbilical cord care, she said don't use anything".

When they were asked why they still continue to use the campuh method even though they have heard about proper cord care from health workers, the answers from the respondents were:

"Well, what we can say about that ma'am, we had the delivery with the healer's help, we also taking care for the umbilical cord with the healer's help, my mom also suggested me to use it, to make the umbilical cord falling fast".

"From the first child, I used the campuh, it was dry quickly, it only took 3 days to fall, that's a hereditary, it was used from my grandmother's generation"

3.4. Results of interviews with traditional healer

To obtain data on the campuh method, researchers conducted in-depth interviews with traditional healers who still used the campuh method in umbilical cord care. The interview about the meaning of the umbilical cord, the shaman's answer is as follows:

"The relationship between mother and child in the stomach which will born will disappear in 2 or 3 days"

Whenever helping the delivery process, the healer also performs umbilical cord care by giving a campuh ingredients consisting of turmeric and betel leaf.

"I use this campuh to make it fast in healing, dry, and fall"

Even though there has been counseling on the correct way to take care of the umbilical cord, namely using gauze, but healers do not use this method, because they have been accustomed to using campuh from generation to generation.

"No, it is not, I always give this turmeric and betel leaf to every newborn and whom I helped for her delivery."

When they were asked if they were not afraid of infection if they used the mixed method, the healer answered that she was not afraid, because there had never been any cases of infection as long as the healer gave the campuh method.

"I am not afraid, there was no single case of infection after I apply this method, moreover it is done in generations, there was no complaint"

The method of making campuh is turmeric which is crushed using a washed plate, finely ground turmeric then put into a clean bowl. Making the mixture is done twice a day, in the morning and evening. The finished campuh is then given to the baby's umbilical cord and wrapped in betel leaf. Before making the campuh, the healer washes hands with soap, as stated by the healer.

"First, I take turmeric, only a thumb size, wash the turmeric first, then mash it with plate, the plate has also been washed, after pounding it in a bowl, take it to the baby, give it to the baby's navel, it's turmeric, then it's wrapped with betel leaf, then it's done, wash your hands first before you make campuh"

3.5. Results of interviews with health workers

In order to obtain information about the Campuh method in umbilical cord care, the researchers conducted in-depth interviews with health workers at the Curug Health Center. The results of the interview showed that the respondents had conducted counseling on umbilical cord care methods to pregnant and postnatal mothers at every Integrated Services Post in Curug District, as quoted below:

"The Curug Public Health Center has a class activity for pregnant women which is carried when they were at the Integrated Service Post. One of the materials presented is cord care"

The respondents have conducted counseling on umbilical cord care methods to pregnant and postpartum women in the last 3 (three) months.
"Every pregnant woman who checks her pregnancy at the Maternal and Child Health, we also conduct counseling on proper umbilical cord care, so that when the baby is born, the mother can practice it"

Respondents also said that they had lectured on methods of umbilical cord care to pregnant and postnatal mothers in their surroundings, for example at a place or a community to learn Qur'an or Islamic Value.

"In the framework of Public Health Care accreditation, we also have an extension program at the that place (the islamic study), to reduce the Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR), the counseling were regarding childbirth with health personnel, exclusive breastfeeding, correct umbilical cord care"

Respondents also held a socialization or discussion about umbilical cord care methods to pregnant and childbirth mothers in their neighborhood in the last 3 (three) months. Respondents have also promoted umbilical cord care methods to pregnant and post-partum mothers using the MCH handbook in their work area.

"The use of the MCH book is not only for monitoring the development of mothers and toddlers, there is also counseling materials, one of which is about umbilical cord care"

According to respondents, even though health workers had conducted counseling on correct umbilical cord care, there were still postpartum mothers who used methods other than those taught by the village midwife, such as the campuh method. Postpartum mothers use this method because it is taught by the traditional healer and has the support from their mother and grandmother.

"It’s difficult to work together with the traditional healer, we have had discussion, we did a counseling, and they have been prohibited from using the campuh method, but they still use the campuh method for the cord care"

The actions taken by health workers toward traditional healers who still conduct the campuh method are still taking a persuasive approach, giving advice not to use ingredients in umbilical cord care because infection can occur by germs.

Every time there is a postpartum mother, health workers, namely village midwives, make home visits, V1 to V3 to monitor the level of health of postpartum mothers and babies, carry out immunizations for babies, conduct counseling on umbilical cord care and the importance of exclusive breastfeeding.

"One of the leading activities that we do in handling pregnant women and those who had the giving birth is home visits, we check the health of both mothers and their babies"

Even though they have conducted counseling on correct umbilical cord care, but until now there are still postpartum mothers who use methods other than those taught by the village midwife, which is the campuh method.

"When I got a mother who used the campuh method, I gave counseling and advice about the dangers of using herbs in umbilical cord care, but the parents of the mother said it was okay, they said the umbilical cord will be falling fast"

4. Discussion

One of the traditional methods of caring for the baby’s umbilical cord which is still used by traditional healers in Indonesia, especially in Banten Province, is the campuh method, it is a method of treating the umbilical cord by giving turmeric which is crushed and wrapped in betel leaf. The turmeric is crushed using a pestle then put in the umbilical cord of the baby and then wrapped in betel leaf. The treatment of the umbilical cord is carried out every morning and evening, and the preparation of a mixture is carried out by the traditional healer during the visit. This campuh is put in a bowl container, and used once. According to the traditional healers who were the respondents, in preparing to make the campuh she had washed her hands first, but sometimes she did not use soap, she used only water in the bathroom tub. This is of course a risk of germ contamination of the mixed materials used. This can lead to infection of the baby’s cord (omphalitis) and neonatal sepsis. In some areas, especially eastern Indonesia, there are still many people who use traditional methods to treat the baby’s umbilical cord and use herbal ingredients such as talcum powder mixed with turmeric, ginger and so on.

Basically, umbilical cord infection can be prevented by doing good and proper umbilical cord care. There are many opinions about the best way to take care of the umbilical cord. According to the Handbook of Essential Neonatal Health Services of the Ministry of Health of the Republic of Indonesia,
the first baby umbilical cord care is washing hands before and after doing umbilical cord care. Then do not wrap the umbilical cord stump or apply any liquid or material to the cord stump. Give this advice also to the mother and her family. Applying 70% alcohol or povidone iodoine (betadine) is still allowed if there are signs of infection but do not compress because it will cause the umbilical cord to become wet and moist (Ministry of Health, 2010 and Ministry of Health, 2014).

Afolaranmi et al. (2018) in their research in Cameroon and Nigeria showed that 73.8% of respondents knew how to properly care for the baby’s umbilical cord. The rest still have less knowledge and perform poor cord care. Meanwhile, Mohammed et al. (2020) in their research at Jos Metropolis, Plateau State, reported that 35.1% of respondents had less knowledge, 43.3% were sufficient and 21.6% were good. The majority of respondents used methylated spirit (76.1%), chlorhexidine gel 6.9%, and 15% used salt and vaseline substances. Karumbi et al. (2013) and Goldenberg et al. (2013) stated that the use of chlorhexidine 4% can significantly reduce the risk of neonatal death and sepsis (omphalitis).

Traditional umbilical cord care that are still used by the community are the use of honey, ghee (India) oil and breast milk colostrum. This traditional method is often used, especially if the delivery is not carried out in a health care facility, but at the patient’s house or traditional healer. The World Health Organization (WHO) does not recommend cleaning the umbilical cord using alcohol because it has been shown to slow wound healing and drying. According to WHO, the use of topical antimicrobials on the umbilical cord is still controversial and the results of several studies are still inconclusive whether topical antimicrobial application is the best substance in keeping the umbilical cord clean. The use of antimicrobials also tends to increase financing (WHO, 2018).

Quattrin et al. (2016) showed that there was a significant difference in the meantime of umbilical cord fall between dry cord care = 10.1 days versus 70% alcohol = 12.0 days with P <0.001. Likewise, according to Nosan & Paro-Panjan (2017) and Al-Shehri (2019) that alcohol use is significantly associated with longer cord separation times and worse umbilical cord conditions than dry care methods with a mean difference of 1.93 days, 95% CI = 0.80; 3.06. However, there was no significant difference in the risk of omphalitis. But on the other hand, dry method (dry cord care) often creates a foul odor from the umbilical cord and increases the risk of E. coli colonization.

Lawrence et al (2015) conducted a qualitative study of traditional birth healer in Yenagoa Bayelsa State Nigeria and reported that only a few traditional birth healers saw the need to wash their hands before and after caring for the umbilical cord. They generally use a razor blade to cut the umbilical cord and black thread to tie the umbilical cord. In an emergency condition, even the rope from the sack (Garry Bag) is used to tie the umbilical cord. The most common cord care is using methylated spirits and local plants.

Some of the reasons given by respondents why they still used the campuh method were as revealed in this research. Respondent 1 had previous experience that using the campuh method was making the umbilical cord falling fast, so the respondent returned to using this method for the next child. Apart from that, the advice from the traditional healer to use this method, there was also support from mothers and grandmothers to use this campuh method. For respondents 2 and 3, that was the birth of their first child so they had no previous experience. Thus, what was suggested by the healer and family was followed by them. The three respondents gave birth with the healer’s help so that the treatment of the baby’s umbilical cord also used the method used by the healer. It is in line with Amare’s statement (2014) that grandmothers, Traditional Birth Attendants (TBA) and Health Extension Workers (HEW) are the people who influence how to perform baby umbilical cord care. Walsh et al. (2015) stated that it is necessary to educate the public to change traditional treatment methods that are less hygienic, and introduce chlorhexidine as an appropriate way to prevent infant umbilical cord infection.

Even though health workers have conducted home visits, which include conducting postpartum examinations, conducting counseling on exclusive breastfeeding and checking the umbilical cord, mothers still use campuh method in carrying out umbilical cord care for their babies. The reason is because according to respondents the campuh method is faster to make the umbilical cord fall, it is faster to make the umbilical cord dry, and this method has been carried out from generation to generation and is believed by respondents and their families and respondents said there has never been a failure and always succeeded in making the umbilical cord fall. They still believe more in traditional methods than modern methods taught by health workers.
Based on the results of this research, it seems that health promotion regarding medically correct umbilical cord care must still be carried out at the Integrate Service Post, classes for pregnant women, and the community. Advocacy to cross-sectoral is needed to support the use of good and correct umbilical cord care methods. Examples of postpartum mothers’ cases whose children suffer from infections due to the use of the campuh method may be conveyed to other pregnant women so that people believe in the risks of using the campuh method. It takes time to get rid of a habit that has been passed down through generations that have been entrenched in society.

5. Conclusion

The results of research on traditional umbilical cord care using the campuh method in Banten Province showed that the baby's umbilical cord was in good condition, brown and dry. The falling period of the umbilical cord ranged from 3-8 days, and there were no signs of infection in the baby’s umbilical cord. However, this traditional method is often less hygienic so it is not recommended because of the risk of infection with microorganisms that can result in neonatal sepsis and can lead to neonatal infant mortality.

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