ABSTRAK

Latar Belakang Angka kematian ibu dan bayi di Indonesia masih menjadi tantangan, terutama dalam komunitas adat seperti Suku Anak Dalam (SAD) di Provinsi Jambi. Keterbatasan akses terhadap layanan kesehatan serta dominasi nilai dan praktik budaya lokal menjadikan intervensi kesehatan perlu disesuaikan secara kontekstual. Posyandu khusus SAD yang difasilitasi oleh Puskesmas Rantau Kloyang dan NGO Pundi Sumatera hadir sebagai upaya pemberdayaan komunitas untuk memperbaiki kesehatan ibu dan anak.

Tujuan: Penelitian ini bertujuan untuk mengeksplorasi bagaimana pandangan dan penerimaan masyarakat Suku Anak Dalam (SAD) terhadap program posyandu sebagai upaya pencegahan kematian dan kesakitan ibu dan bayi di Desa Dwi Karya Bhakti.

Metode: Penelitian ini menggunakan pendekatan kualitatif dengan etnografi terfokus dan memanfaatkan kerangka *socio-ecological model* yang mencakup 4 level: individu, interpersonal, institusi, dan komunitas. Informan dipilih secara *purposive sampling* sebanyak 16 orang, meliputi tokoh adat ('tumenggung'), dukun beranak, bidan desa, kader posyandu, fasilitator dari NGO, ibu menyusui, serta anggota keluarga. Pengumpulan data dilakukan melalui wawancara mendalam dan observasi. Data kemudian dianalisis secara tematik melalui tahap pemberian kode, pengelompokan menjadi subkategori, lalu kategori hingga dirumuskan tema. Seluruh proses analisis dilakukan dengan memperhatikan konteks budaya, norma adat, serta aktivitas ekonomi masyarakat setempat.

Hasil : Penerimaan masyarakat terhadap posyandu sangat bergantung pada beberapa faktor kunci: kepercayaan individu terhadap layanan medis, dukungan dan izin dari keluarga dan tokoh adat, serta pendekatan personal dan keberlanjutan interaksi dari pihak eksternal. Selain itu, program yang mampu menyesuaikan dengan praktik budaya lokal seperti waktu kegiatan yang tidak bertabrakan dengan aktivitas ekonomi (*bemalom*) dan pengakuan terhadap pengobatan tradisional, lebih mudah diterima.

Kesimpulan: Penerimaan program kesehatan dalam komunitas SAD terbentuk melalui pengalaman pribadi ibu, keyakinan terhadap pengobatan tradisional, dan peran dukun beranak. Keputusan akses layanan posyandu ditentukan oleh dukungan keluarga, terutama suami, serta restu tokoh adat. Program kesehatan lebih mudah diterima ketika disampaikan dengan pendekatan personal, melibatkan fasilitator yang memahami budaya lokal, dan menyesuaikan jadwal dengan aktivitas ekonomi komunitas. Integrasi nilai budaya, norma adat, dan praktik tradisional menjadi kunci dalam membangun kepercayaan, meningkatkan partisipasi, serta menjaga keberlanjutan layanan kesehatan dalam komunitas adat.

Kata Kunci : Suku Anak Dalam (SAD), *Socio-ecological model*, posyandu, kematian ibu dan bayi

ABSTRACT

Background: Maternal and infant mortality rates in Indonesia remain a significant challenge, particularly within indigenous communities such as the Suku Anak Dalam (SAD) in Jambi Province. Limited access to healthcare services and the dominance of local cultural values and practices necessitate contextually tailored health interventions. The special *posyandu* for SAD, facilitated by Puskesmas Rantau Kloyang and the NGO Pundi Sumatera, was introduced as a community empowerment effort to improve maternal and child health.

Objective: This study aimed to explore the perspectives and acceptance of the Suku Anak Dalam (SAD) community toward the *posyandu* program as an effort to prevent maternal and infant morbidity and mortality in Dwi Karya Bhakti Village.

Methods: A qualitative approach with focused ethnography was employed, utilizing the socio-ecological model encompassing four levels: individual, interpersonal, institutional, and community. Sixteen informants were purposively selected, including traditional leaders (*tumenggung*), traditional birth attendants, village midwives, *posyandu's* cadres, NGO facilitators, breastfeeding mothers, and family members. Data were collected through in-depth interviews and field observations. Thematic analysis was conducted through coding, clustering into subcategories and categories, and finally generating overarching themes. The entire analysis process considered cultural context, customary norms, and the community's economic activities.

Result: The findings revealed that community acceptance of the *posyandu* program relied on several key factors: individual trust in medical services, support and consent from family and traditional leaders, as well as personalized approaches and sustained interaction from external actors. Furthermore, programs that aligned with local cultural practices, such as scheduling activities without conflicting with economic practices (*bemalom*) and acknowledging traditional medicine—were more readily accepted.

Conclusion: Acceptance of health programs in the SAD community is shaped by mothers' personal experiences, trust in traditional medicine, and the role of traditional birth attendants. Decisions regarding access to *posyandu* services are determined by family support, particularly from husbands, and the endorsement of traditional leaders. Health programs are more readily embraced when delivered through personal approaches, involving facilitators who understand local culture, and aligning schedules with the community's economic activities. Integrating cultural values, customary norms, and traditional practices is essential for building trust, enhancing participation, and ensuring the sustainability of health services in indigenous communities.

Keywords Suku Anak Dalam (SAD), socio-ecological model, *posyandu*, maternal, and infant mortality