



Contents lists available at ScienceDirect

Journal of Pediatric Nursing

journal homepage: [www.pediatricnursing.org](http://www.pediatricnursing.org)

## Caring for Adolescents Based on the Wisdom of Indonesian Pandalungan Culture: An Ethnonursing Pilot Study

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### ARTICLE INFO

*Article history:*  
Received 12 November 2019  
Revised 22 May 2020  
Accepted 22 May 2020

*Keywords:*  
Adolescents  
Family  
Local wisdom  
Ethnonursing  
Pandalungan

### ABSTRACT

*Purpose:* This study aimed to explore the caring of families with adolescents based on the local wisdom values in Pandalungan families in the Eastern region of Java Island, Indonesia.

*Design and method:* A pilot study with ethnonursing design was performed to identify the domain of inquiry of Pandalungan local wisdom deeply related to how cultural aspects influence families caring for adolescents. The data collection involved 4 months of participants observation in the community and in-depth interviews with the key informants. Then, focus group discussion was performed until data saturation with 92 informants (consisting of key informants, adolescents, and parents). We used Leininger's four phases of analysis for qualitative data to develop a thematic structure of this study.

*Results:* Fourteen patterns generated four themes through the analysis of all data. The local wisdom of Pandalungan was integrated into spiritual value in their family. The spiritual value was used to structure their family lives. Then, local wisdom was internalized to functionalize their family function to care for adolescents. Family structuring and functionalizing based on local wisdom of Pandalungan were used to achieve family life cycle development with adolescents.

*Conclusions:* The local wisdom values were internalized in the family spirituality, structure, function, and task development in Pandalungan families caring of their adolescents children in Indonesia.

*Practice implications.*

A cross-cultural approach with an emphasis on cultural sensitivity issues can be used to identify the family as a whole system regarding the local wisdom of Indonesia.

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### Introduction

The values of local wisdom among adolescents began to fade, thus raising problems in the lives of Indonesian youth. The phenomenon of juvenile delinquency is increasing with behaviors that deviate from the norms of Indonesian society (Maulana & Nugroho, 2019), such as smoking (boys 76.2%; girls 1.4%), alcohol consumption (boys 50.3%; girls 1.4%), drug abuse (boys 7.6%; girls 0.3%), and premarital sex (boys 11%; girls 7%) (National Population and Family Planning Board/BKKBN et al., 2017). This shows that there has been a shift in the lives of adolescents in Indonesia today that did not exist in the previous generations (Susanto et al., 2018), which may have been caused by a shift in the new values that were adopted from and resulted in an intergenerational outlook (Susanto, Rasni, & Susumaningrum, 2019). This needs a

mental revolution in Indonesian society through family nursing care by increasing the maturity of adolescent family development cycles.

Meanwhile, modernization contributes to a change in the nation's value by shift in the values of local wisdom (Budiwibowo, 2013), especially the values of families with adolescents. Integrating local wisdom into childcare can be facilitated by the family as the first social institution in the community (Susanto, Kimura, Tsuda, Wuri Wuryaningsih, & Rahmawati, 2016) as adolescents typically begin to develop negative behavioral attitudes during their puberty period (Susanto et al., 2018). Therefore, the families contribute significantly in the care of adolescents, so that they can achieve their life cycle developmental tasks based on the values of a nation's local wisdom.

Family, as the first social institution, has an essential role in maintaining the values of the nation's local wisdom, internalizing these values on families, and instilling norms in children as part of the family (Friedman, Bowden, & Jones, 2003). However, in reality, families in Indonesia today have begun to lose their essential role to perform the functions of child-rearing and caring because of various factors such as socioeconomic problems (Susanto, 2010), changing in the role of

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fathers and mothers (Susanto, Arisandi, et al., 2018), and family system development from traditional to modern (Susanto, Rahmawati, & Wantiyah, 2018), (Susanto et al., 2019). This may cause the family to no longer be a comfortable place for children, although rarely it becomes a place of child abuse, child violation problems, and domestic violence problems (Na'imah & Indriyani, 2019; Wismayanti, O'Leary, Tilbury, & Tjoe, 2019).

Our previous studies (Susanto, 2010), (Susanto, Arisandi, et al., 2018), (Susanto, Rahmawati, & Wantiyah, 2018); (Susanto et al., 2019) affirm that there has been a change and transitions in the life of Pandalungan Tribe families with adolescents due to modernization. Nowadays, adolescents in Pandalungan begin to develop a life order as an adaptation of a new value system that might be different from the local wisdom system (Susanto et al., 2019). Meanwhile, Leininger (McFarland & Wehbe-Alamah, 2018) argues the importance of considering residents' culture as another factor influencing health outcomes according to the theory of culture care diversity and universality. Therefore, the values of local wisdom in the care of adolescents in families need to be adequately considered.

With our sociocultural background as researchers who live in the Pandalungan tribe, ethn nursing research approach, we would like to further identify how Pandalungan families care for their adolescent children. Ethn nursing studies include activities such as reflection, participant observation (PO), and cultural analysis (Setyowati, 2014). Therefore, this study aims to explore how families care for adolescents based on the local wisdom values of the Pandalungan in Eastern region of Java Island, Indonesia.

#### Overview of the Pandalungan culture

Existing studies (Lembaga Penelitian dan Pengabdian Masyarakat Universitas Jember, 2016) state that geographically, Pandalungan Tribe occupies the area of Horseshoe (including the regions of Probolinggo, Lumajang, Jember, Bondowoso, Situbondo, and parts of Banyuwangi) in the Eastern region of Java Island, Indonesia. Pandalungan is an incomplete concept of ethnicity and still looking for norms. Nevertheless, several Pandalungan ethnic identities have begun to form. These include language, art, customs, religion, clothing, culinary (traditional food and healthy food), traditional medicines, and plantation industry culture (Lembaga Penelitian dan Pengabdian Masyarakat Universitas Jember, 2016).

A typical Pandalungan culture starts with the acculturation process of Javanese and Madurese culture that then interacts leading to cultural hybridization resulting in the modification of culture or the discovery of a new tradition of Pandalungan culture with the harmonization of life in society (Roesfandi, 2019). The identity of a family life in Pandalungan culture is strongly shaped by what ethnic groups are dominant in the local community. These are generally categorized into Madurese, Madurese transitional societies, Javanese transitional societies, and Javanese people. Each level of the organization still maintains the traditions of their ancestors in their daily lives up to now in the form of local wisdom values (Roesfandi, 2016).

## Method

### Study design and setting

Ethn nursing mini-study was performed to identify the domain of inquiry (DOI) of local wisdom of Pandalungan deeply related to how cultural aspects influence families caring of adolescents. We used Leininger for the theory of culture care (Leininger & McFarland, 2002); (McFarland & Wehbe-Alamah, 2018), as the guiding framework for this study. We used the sunrise model to explore the DOI of local wisdom for caring adolescents in the Pandalungan ethnic of Indonesian context. Researchers can describe culture using ethn nursing methodology (Rasny, Susanto, & Dewi, 2014). An ethnographic approach can be used to identify culture

in the family and its relationship to intergenerational culture inherited in the family (Göransson, 2011), whereas cross-cultural phenomena related to local culture in families can be explored using ethnographic approaches (Darmada, 2016).

In this study, the data collection involved 4 months of participants observations (POs) in community, in-depth interviews (IDIs), and a focus group discussion (FGD). In this study, data saturation was reached with 92 key informants and informants. The key informants and informants were parents (mothers or fathers) and adolescents. Our data were obtained from 48 adolescents and 44 parents. Key informants were parents who were local community leaders (health cadres) and have adolescent children, whereas informants were parents and their children. The study was conducted in the Eastern region of Java Island, Indonesia, of Jember, Bondowoso, and Lumajang districts in the communities with Pandalungan ethnic background.

### Ethical consideration

This study was approved by the ethics committee of University X in Indonesia. All informants interviewed had given their written consent prior to their participation in our research.

### Data collection

The data were collected using PO in community and IDIs. Both Emic and Etic data were studied to maintain objectivity and record relevant patterns (McFarland & Wehbe-Alamah, 2018). To obtain credible and rich data from Pandalungan ethnic, we set three areas to explore namely Jember, Lumajang, and Bondowoso. The three domains were selected based on the distribution of Pandalungan local culture and Madurese, Javanese, and the mixture of Madurese and Javanese customs. Participants included adolescents and parents. We explained the objective of this study to all of the participants and they voluntarily participated in this study by providing their informed consent. We used a prompt to open IDIs by asking, "How are Pandalungan local wisdom cultural aspect is influencing family caring of adolescents?" (Fig. 1).

### Participants observation

We used participants observation (PO) to capture the authentic picture of family life against the cultural background of the Pandalungan. Family daily activities describe how families instill the local wisdom culture in caring for adolescents. We observed family activities in educating and caring for adolescent children who are portrayed in various activities involving the adolescents in the community, school, peers, and neighbors. Because the researchers are local residents, we easily gained easy access and trust from the families and the community. Finally, adolescents and families described their beliefs and lifestyle based on local wisdom of Pandalungan for caring for children in the family context.

We used the PO phase from Leininger's ethn nursing observation, participation, and reflection enabler (Leininger & McFarland, 2002), which were performed as protocols for PO in this study. The protocols in the PO activities were as follows: preparing, determining the focus, setting, recording, and maintaining observations. In the preparatory activities, we collected information related to the procedures for caring for adolescents by families with a Pandalungan cultural background. Because the research team all have the same cultural background, we searched for key informants consisting of health cadres, who generally handle health problems in the community. The cadres chose several families to become foster families of the adolescent family development program. The next stage was determining the focus of observation, which consists of the following steps: the descriptive (describing the problem of families with adolescents), focus (focusing the local wisdom of the Pandalungan culture in caring for the family), and choosing phases (deepening the family's understanding of the elements of local

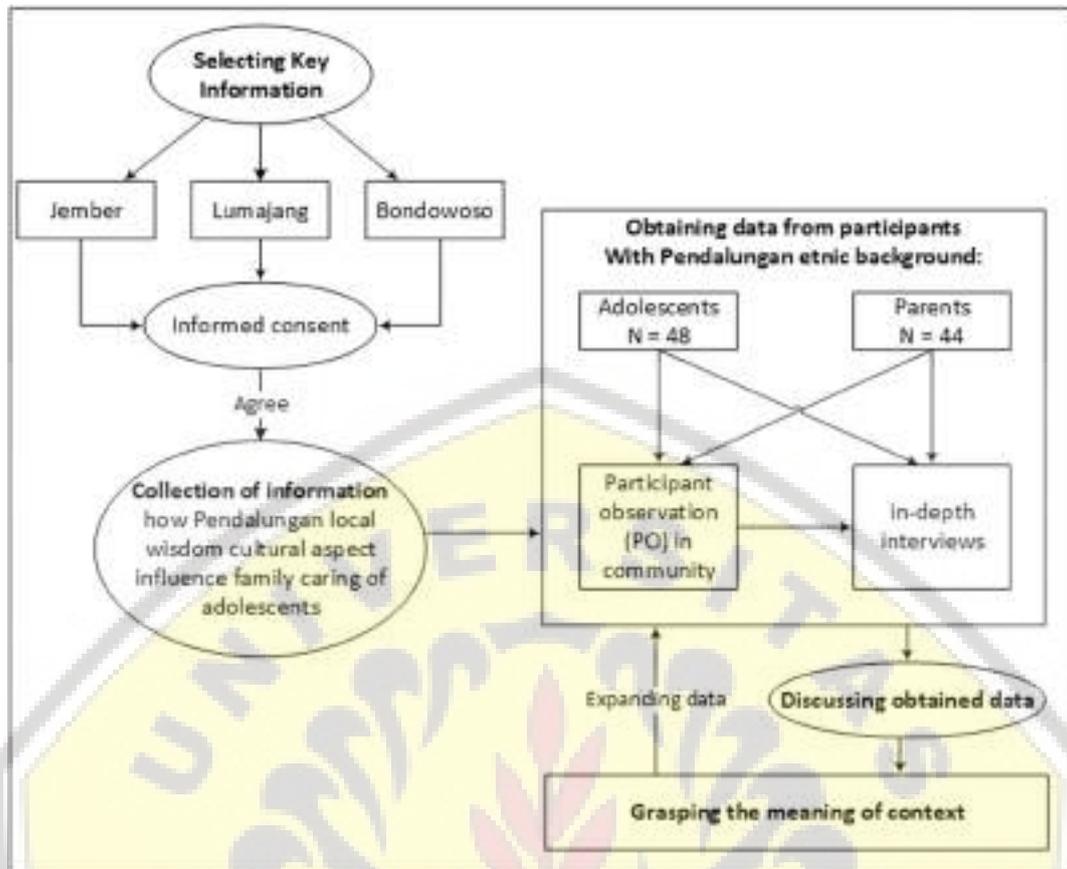


Fig. 1. Data collection process.

wisdom culture by supporting the care of families with adolescents). Then, we arranged observations focusing on how families and adolescents think and act based on the perspectives of family members against the background of the local wisdom values of the Pandalungan culture. Furthermore, the researchers recorded observations through observational field notes, including participant activities, interactions, routines, rituals, worldly elements, interpretations, and social organization of the participants.

**Recruitment and IDI**

We used purposive sampling techniques to recruit participants until data saturation was reached. We chose our participants with our research question as the guidance and based on their stories during PO. First, we selected participants was determined by families who have adolescents through information from local health cadres. Then, we selected families and adolescents who may have a view or opinion about various activities in the family for caring adolescents based on the local wisdom of the Pandalungan culture in the care of adolescents in the family setting.

We recruited our participants using the following inclusion criteria: a family with adolescent children aged 15–17 years, living in Jember, Bondowoso, or Lumajang City, and having cultural background of Madurese, Javanese, or mixed Madurese and Javanese cultural background. We excluded temporary residents. We recruited a total of 48 adolescents and 44 parents (Table 1). Participants as informants were asked to set the IDI schedule and place and we ensured to protect their privacy during the IDIs.

We used a semi-structured interview guideline to conduct the IDIs (Table 2), which was developed from Leininger (McFarland & Wehbe-Alamah, 2018). The IDIs were conducted in the local Madurese, Javanese, and Bahasa Indonesia language. Investigators fluently spoke

Madurese (RAY and IR), Javanese (TS and EA), and Bahasa Indonesia (HR and LAS) to conduct research in Bondowoso, Lumajang, and Jember. Each participant underwent IDIs at least twice to ascertain the credibility of the responses. The time allocation for each IDI lasted about 30 to 60 min.

**Table 1**  
Characteristic of informants.

Characteristic of informants		Adolescent (n = 48)	Parent (n = 44)
Gender	Male	17	6
	Female	31	38
Religion	Islam/Muslim	48	44
Ethnic	Madurese	21	18
	Javanese	25	21
	Mixed	2	5
Education	Not attending school	0	3
	Elementary school	0	18
	Junior high school	8	13
	Senior high school	40	6
Occupation	Diploma	0	3
	Bachelor	0	1
	Not working	5	23
	Government	0	3
	Private	0	1
	Entrepreneur	0	13
	Farmer	0	4
City of areas	Student	43	0
	Jember	16	18
	Bondowoso	14	8
	Lumajang	18	18
Age (year)	Mean	16,02	Mean 40,07
Length of stay (year)	Mean	16,06	Mean 39,27

**Table 2**  
Interview guideline.

No	Interview guideline
1	I want to know how you see the environment around you.
2	<ul style="list-style-type: none"> <li>• Can you share with me your views on how you see things for you especially in facilitating your teen's growth and development?</li> </ul> In caring for adolescents, we can benefit from learning about the client's cultural heritage, (e.g., Madurese, Javanese, and Mixed).
3	<ul style="list-style-type: none"> <li>• Can you tell me something about your family's cultural background?</li> <li>• Where were you born and where did your family live before?</li> <li>• Tell me about your parents and their origin. Have you and your parents lived in a different geographical or environmental environment?</li> <li>• If so, tell me about your relocation and any special life events or experiences that you remember that can help understand you and your needs.</li> <li>• What language do you speak? How do you want to be referred by friends or strangers?</li> </ul> I want to hear about your family and/or your close social friends and what they mean to you, especially in facilitating adolescent growth and development.
4	<ul style="list-style-type: none"> <li>• How do your relatives or social friends influence your life and especially your family's caring or healthy life?</li> <li>• Who are the people who care or don't care in your life?</li> <li>• How can you help your family to stay healthy or when they become ill?</li> <li>• Do you see your family as a caring family? If not, what will make them care more?</li> <li>• Are there main family responsibilities for caring for you or others when you are sick or healthy? (Explain)</li> <li>• In what ways do you want family members to care for you? How do you want the nurse to take care of you?</li> </ul> In providing nursing care, your cultural values, beliefs, and way of life are important to be understood by nurses.
5	<ul style="list-style-type: none"> <li>• Can you share with me what values and beliefs you want nurses to know to help you regain or maintain your health?</li> <li>• What specific beliefs or practices do you think are most important for others based on your care values and beliefs?</li> </ul> When people are sick or anticipate problems, they often pray or use their religion or spiritual beliefs. In nursing, we want to learn about how your religion has helped you in the past and can help you today.
6	<ul style="list-style-type: none"> <li>• How do you think your beliefs and practices have helped you to take care of yourself or others in maintaining health or restoring health?</li> <li>• How does religion help you heal or face crisis, disability, or even death?</li> <li>• In what ways do religious doctors and nurses care for you, your family, or your friends?</li> <li>• What spiritual factors do we need to include in your care?</li> </ul> Communicating with and understanding clients is important to meet care needs.
	<ul style="list-style-type: none"> <li>• How do you want to communicate your needs to the nurse?</li> <li>• What language do you use or understand?</li> <li>• What obstacles in language or communication affect the acceptance of care or help from others?</li> <li>• What verbal or nonverbal problems do you see or experience that affect the pattern of care between you and the nursing staff?</li> <li>• In what ways do you want people to communicate with you and why?</li> <li>• Have you experienced racial prejudice or problems through communication that the nurse needs to understand?</li> <li>• What else do you want to convey to me that will lead to good or effective communication practices with you?</li> </ul>

Adopted from Leininger (McFarland & Wehbe-Alamah, 2018).

The IDIs were performed twice for 30–60 min. The IDIs were conducted to reach data saturation among six parents (mothers or fathers) and six adolescents. The IDIs of parents and adolescents were carried out separately. The key informants were included in the FGD as they were the leaders of the groups. The FDG was conducted once for 60–90 min. We divided 48 adolescents into six groups (consisting of eight adolescents per group) and 44 parents into six groups (consisting of seven to eight parents per group). Each group was interviewed once;

therefore, the IDIs were conducted 12 times (six times each for the adolescent and parent groups). The FGD of parents and adolescents was performed separately.

At first, the participant was asked about their sociodemographic data. Then, IDIs and FGD began with the following general question: "How are cultural aspect of Pandalungan local wisdom influencing family care of adolescents?" If the participants were having difficulty answering the general question, we used an interview guide to explore their opinion. However, we encouraged them to talk freely to provide information as much as possible on local wisdom of family for caring adolescents. We wrote detailed notes during the IDIs and FGD. Then, the principal investigator recapitulated the crucial observations in field notes at the end. The interview contents were recorded on a digital voice recorder with informants' permission.

### Data analysis

The recorded *IDIs and FGD* results were transcribed. Then, we read them to obtain a thematic view of how the culture of the Pandalungan family's local wisdom cares for adolescents. We used Leininger's four phases of analysis for qualitative data (McFarland & Wehbe-Alamah, 2018) to obtain a thematic view in this study.

First, we pursued an emic focus and paid attention to etic data as well as the purposes of the survey form recorded. We transcribed data from the *IDIs, FGD, PO*, and field notes. Second, we coded all data described. Then, the codes were classified according to DOI, and we analyzed the meaning in context. Third, we ranked data that were repeatedly reviewed to discover recurrent patterns, similarities, and different meaning in context. In this phase, we confirmed the saturation of data. Data were analyzed to show patterns of the meaning of findings, taking into account further credibility and confirmation of results. In this phase, we described the meaning of the text as categories. In the last phase, we unified and interpreted data and settled the formulation of new discoveries in this study as a pattern of local wisdom of the Pandalungan for caring adolescent in the family system. We identified the main themes regarding the culture of the Pandalungan family's local wisdom for caring for adolescents. Additionally IDIs and FGD were conducted additionally to complement the interpretation of these data when necessary. We conducted iterative data analysis process in which we went back and forth between each step confirming data with the key informants and informants. Then, we reviewed each step, confirming data with the key informants at all stages.

### Results

Informants included parents and adolescents from the three main tribes (Madurese, Javanese, and mixed Madurese and Javanese), identified from Bondowoso, Lumajang, and Jember City. Our data were saturated with 92 informants. All of the participants were Muslim, and the average length of residency was 39.3 years. Their gender, occupation, age, and education were diverse (Table 1). We used (P) as a code for parents and (T) as a code for teenagers for each of the quotes in our findings.

We used Leininger's sunrise as an enabler. Our findings demonstrated 14 patterns that generated four themes through the analysis of data (Table 3). Informants explained the culture of the Pandalungan family's local wisdom for caring for adolescents as worldview or ethno-history. Informants described that the local wisdom of Pandalungan was integrated into spiritual value in their family.

Meanwhile, cultural and social structure dimensions from Leininger regarding the spiritual values of the local wisdom of Pandulungan were explored in the family structure and function. The spiritual value was used for structuring their family (including family communication pattern, value, roles, power, and decision making). Then, local wisdom was internalized to functionalize their family caring for adolescents (including family affective, economic, socialization, reproduction, and

**Table 3**  
Themes and categories.

Categories	Patterns	Themes
Belief (Iman) Taqwa	Practice of belief	Spiritual
Main activities	Spiritual activities	
Additional activities		
Related to health	Spiritual values related to health and sickness	
Related to sickness		
Functional communication	Communication	Family Structure
Dysfunctional communication	pattern	
Traditional value	Value	
Modern value		
Formal	Role	
Informal		
Maternal/paternal	Power and decision maker	
Extended family		
Bonding	Affective	Family function
Separateness and connectedness		
Needs respond pattern		
Resources	Economic	
Saving		
Daycare and socialization of young children	Socialization	
Change in expectation of children		
Legitimation		
Cultural point of view regarding reproduction health for adolescent	Reproduction	
Role of school on reproduction education		
Get health education	Family healthcare function	
Preventive effort		
Handling health problems with local culture		
Context of friendship	Balancing of freedom with responsibility	Family life cycle development with adolescent children
Activities on their relationship	Communicating openly between family and children	
Forming and frequency of communication		
Context and content communication		

healthcare functions). Structuring and functionalizing family regarding the local wisdom of Pandalungan were used to achieve family life cycle development with adolescent children (Fig. 2).

*Theme I: Spiritual value*

Spiritual value is the essential foundation of the family. From generation to generation, parents integrate moral and religious values to their children. Adolescents must implement their spiritual value since the early menstruation or wet dream (called in Muslim as aqil baliq). Parents and adolescents have practiced their belief in religious activities.

Theme I stems from the following data quotes: Informants reported practice of belief based on their Islam religion (referred to as Iman in Islam), saying “We always believes in Allah SWT in our daily lives and life after the apocalypse” (P11 of T9) and regulation of behavior (referred to as Taqwa in Islam). “Religion in our family has always been passed down from generation to generation; therefore we have to maintain a cultural heritage as local wisdom, while each evening the adolescent should go back and stay at home because many devils come to influence the negative behavior of children” (P13 of T15). The results of PO showed that religious activities and spiritual values were strongly instilled by parents in children. After the children of the Muslim reached their baliq phase, the child is obliged to pray five times a day for those who are Muslim. Generally, each neighborhood has a mosque to perform prayers. Teenage boys were requested and encouraged by their fathers to the mosque for prayer, whereas girls can pray at home with their mothers.

Theme I stems from the following data quotes: Informants explained spiritual values based on local wisdom integrated into their

primary and additional activities regarding Muslim regulation. The main activities were as follows: “We must pray five times per day and fasting along for one month in Ramadhan” (T27 of P30). Meanwhile, the additional activities are from the following quote: “We teach them to pray, which generally takes the form of Tahlilan culture or encourage children to fast the Sunnah” (P30 of T27). Meanwhile, the informants said that spiritual values maintained their health and prevent them from sickness. The main activities are quoted as follows: “Doing prayers and ishtighfar every day will be able to reduce sin and be free us from disease” (P26 of T25). In addition, the culture of saying hello when going in and out of the house and shaking hands to give greetings to older people is maintained. All forms of activities were based on observations taught by families and strengthened through religious teaching activities in the mosque, which were conducted in the afternoon or evening.

*Theme II: Family structure*

The family structure is a family's ability to manage each family member. In this study, the family structure was divided into four patterns, namely: communication, roles, values, and power. To communicate with an adolescent, parents can do functional or dysfunctional communication: “Parents often urge the children to take part in their discussion on the advice the parents offer for them” (P3 of T1) or “Parents quarrel and get angry at children or children are silenced by parents” (T6 of P2). Families determined family values based on traditional or modern values to educate teenagers, such as “How to dress if you leave the house wearing a modest veil, don't show genitals, no skirts below the knee, neat, and not too tight” (P17 of T19) or “Children can go out of the house as long as they return before 9 pm, and checks are made through video calls or visiting destinations” (T18 of P21). PO indicated that adolescents must dress neatly and politely to cover the body based on religious and cultural beliefs. Islamic teenage girls were required to wear headscarves with various forms of hijab fashions that follow the trends of young people today. Adolescent boys and girls were forbidden to meet together in their social arrangements, and a majority of them can get together in an open place, although based on observations, many teenage boys and girls who have motorbikes ride together.

Each family member also carried out their respective formal and informal roles in the family, saying “The role of the father to make decisions, the father, educates children properly, not too much hard because fathers rarely interact” (P33 of T36) and “Each child needs to do chores such as cleaning the bathroom and making their bed” (T36 of P33). Meanwhile, there is a decision control that is held by the head of the family regarding the maternal, paternal, or extended family, saying “The husband who gives input later I will convey to the child if Dad wants to be like this” (P41 of T45) or “I want more help from my neighbors to be my parents, so I get advice on how to educate children” (P42 of T46). The PO showed that fathers in the Pandalungan family worked, whereas most mothers were at home to do house cleaning, cooking, and to educate their children. In the culture of patronage, husbands and fathers become the leaders of the family because based on religious and cultural beliefs, men are born as leaders or priests of the family.

*Theme III: Family function*

Family functions show support for other family members including affective, economic, social, reproductive, and healthcare functions. The implementation of the emotional functions of the family related to adolescent care is bonding, separateness, and connectedness, and it needs respond patterns based on local wisdom values, saying “We show affection to our children by giving them directions, asking them to eat, and telling them to study” (P4 of T8), “Ashamed to tell certain things to parents, so tell your friends, and during this time to educate teens related to promiscuity is



Fig. 2. Thematic of local wisdom Pandalungan ethnic for caring adolescent in family.

recommended if friends are picky, and he never fights” (P44 of T47), and “Mother understands what our child wants and needs better than father and best friend once told me they were willing but not obeyed” (T5 of P4).

Families socialize by interacting or relating to one another in learning disciplines, norms, culture, and behavior, saying “Spending free time is always on the edge of the road or playing games with self-control, and sometimes parents like to teach how to do chores such as sweeping or mopping or cooking” (T9 of P10). Meanwhile, families also begin to make arrangements for the family economy in meeting the needs of adolescents, saying “My parents both work, and I sometimes also do business online to meet additional needs while attending school” (T8 of P16). In addition, because parents already have adolescents, they also prepare by doing health reproduction education, saying “I got an education about the effects of promiscuity, the dangers of smoking, free sex and pregnancy in the adolescent” (T47 of P44). Finally, families provide primary care to family members based on health education they receive as a preventive effort based on local wisdom, saying “If the child is sick, we try to do basic treatment using herbs from our ancestors based on local wisdom values to preserve culture, such as if the child has a fever, headache, or nausea, vomiting” (P34 of T40).

Based on the results of PO, families in the Pandalungan tribe run their function based on the hereditary culture of how to educate children. In general, children’s education is carried out in the family, at school, and in the community. Formal school education teaches formal competence, whereas in families, teenagers were taught about politeness and family

values. Religious education and socialization were obtained from activities in the mosque.

*Theme IV: Family life cycle development with adolescent children*

Parents tried to achieve the task of family development with adolescents. Parents begin balancing freedom and responsibility, saying “You may not date because it is not time yet and friends can be the same sex, because it is dangerous if you miss the opposite sex” (P20 of T22), and communicating openly between family and children, saying “Every single day I advise my children, especially during prayer times, I remind them not to argue with us, parents, when we are giving them our advice” (P25 of T29).

In general, the results of PO on the Pandalungan ethnic family in achieving family development tasks were adjusted to the family rules. Parents give freedom to children in their activities at school and the community with activities starting from 6:00 to 17:00. The majority of parents forbid children to leave the house at night. Children begin to engage in activities at home by helping with family activities and household chores such as cleaning, cooking, and washing clothes.

**Discussion**

The findings indicated that the local culture of Pandalungan was internalized in the family in caring for adolescents. Local values of

Pandalungan culture in family nursing care with adolescents were integrated into spiritual values as fundamental and essential norms in the Pandalungan tribal family. Furthermore, the theory of cultural care of the sunrise model from Leininger was internalized in Pandalungan ethnic. Cultural internalization in this study was carried out in the family through structuring and functionalizing family in the context of achieving family development tasks with adolescents based on local cultural values of Pandalungan (Fig. 2). Themes in Fig. 2 is similar with previous study (Friedman et al., 2003). The Sunrise enabler of Leininger was used to guide to discuss our findings below (McFarland & Wehbe-Alamah, 2018).

#### *Spiritual values for caring of adolescents in Pandulungan ethnic*

The Pandalungan community internalizes its family values based on spiritual values in the core family system. The family instills religious values in adolescents as the basis for living arrangements based on the values of faith and piety. Furthermore, the practice of family life is based on spiritual values. It is realized according to religious beliefs, thus affecting the practice of health care in the family. This is because the views of religious values will change the practice of health services (Rumun, 2014), whereas the state of health and illness in children is greatly influenced by the spirituality and coping aspects of the family (Drutchas & Anandarajah, 2014). In the Pandalungan community, they believe that the value of religious beliefs, especially Islam, has been implemented in the practice of health and care for adolescents. For this reason, the essential value in caring for adolescents is based on religious values that will underlie the values of worship and health practices in the family.

#### *Family structure for caring adolescents in Pandulungan ethnic*

Our findings of family structure was described as dimensions of cultural values, belief and lifeways (as family values and norms, such as traditional and modern values), political and legal factors (as power and decision maker, such as maternal/paternal and extended family), and technological factors (as communication patterns, such as functional and dysfunctional communication).

The results showed that the Pandalungan family strengthened the family structure by forming communication patterns between parents and adolescents, arranging ethical family values for the family based on local wisdom values, performing their respective roles in the family system, and making clear who holds the decision-making power within the family. Strengthening the Pandalungan family structure based on the value of local wisdom is crucial in the development of adolescents because the failure of adolescent development is widely caused by inadequate parental monitoring (Racz & McMahon, 2011), emotional interaction (Schwartz, Sheeber, Dudgeon, & Allen, 2012), and unstructured family (Langton & Berger, 2011). These findings may be explained by the fact that the role of the family is the ability of parents to control and monitor all family members to achieve their goals. This illustrated that parents should learn about monitoring skills and portraying their parental roles to improve family power and decision making that will allow maturation of family structure based on local wisdom.

#### *Family function for caring adolescent in Pandalungan ethnic group*

Our findings of family function identified dimensions of kinship and social factors (as family affective for bonding, separateness, connectedness, and needs respond patterns; family socialization for daycare and socialization of young children, change in expectation of children, and legitimation; family reproduction for cultural point of view regarding reproductive health for adolescent and role of school on reproductive education; and family healthcare functions for health education, preventive effort, and handling health problem with local culture) and economic factors (as family economics, such as resources and saving factors).

The results of the study showed that the Pandalungan family functioned based on the value of local wisdom in the care of teenagers. The Pandalungan family carries out the affective function by bringing the family's emotional feelings closer, meeting the family's economic needs, carrying out the task of familiarizing the family with the surrounding community, providing reproductive health education to adolescents, and providing health care to family members. Emotional interactions (Schwartz et al., 2012) associated with adolescent behavior and children were learned value from the parent and family environment (Grusec, 2011; Liu et al., 2015). These findings may be explained by the fact that the values were specified in the family as the normative standard in an effort to achieve the developmental tasks of the family, whereas children learned the family norms based on the direction of the parents and family circumstances. This indicated that every family needs to define family values, and norms are structured as a standard reference for each family member so that the roles and responsibilities will be done to achieve the family life cycle in development tasks based on local wisdom of the Indonesian context.

#### *Family life cycle development with adolescent children in Pandulungan ethnic group*

The findings reflected that family life cycle development with adolescent children have a dimension of educational factors. This dimension was explored as balancing freedom, responsibility, and open communication between family and children. The family role is protecting their children as they must face ultimate challenges during the transitional period (Azmauwati et al., 2015). In addition, maintaining a tight relationship in the family was associated with a functioning family correlated to family connectedness (Markham et al., 2010) that prevented the risk behaviors of adolescents. This might cause the adolescent phase the need to balance between the adolescents' freedom and parents' responsibility. Therefore, adolescents will develop a sense of duty in the development of life while norms were first implanted in the family as a social environment of children. This suggests that parents in Indonesia need to establish rules governing the standard values within the family according to the needs of children.

#### *Practice implications*

This study suggests the importance of family coaching and guidance for Indonesian parents to facilitate functional families based on social culture and religion in Pandalungan local wisdom context. The intervention of family could be a focus on improving family interaction and processes, particularly family values and communication regarding local wisdom of Indonesia. In addition, parents should change the role and regulation system to function as a family, especially maintaining a tight relationship.

Meanwhile, family and pediatric and family nurses in Indonesia could help families through home visits and nursing interventions to families with developmental needs. Indonesian pediatric nurses do family home visits in facilitating the functioning of the family; therefore, adolescents can be monitored regularly and sustainably regarding Pandalungan local wisdom. A cross-cultural approach with an emphasis on cultural sensitivity issues can be used to identify the family as a whole system. Hence, it can decide cultural preservation, accommodation, and re-patterning during the administration of family coaching and guidance.

#### *Limitations*

First, conducting ethnographic research may be hindered by the challenge to get access to and build trust in the desired Pandalungan cultural field site. In addition, the supervision and observation needed were very strict, noting that the observation of the Pandalungan culture consists of Jawa, Madura, and its mixture. However, the research team

has minimized this challenges through a thorough PO. It was also supported by the background of the research team who were the indigenous people in the area of the Pandalungan cultural research location.

Second, there is a potential for bias on the part of researchers, which can distort the data and insights gained from it. Due to the intimate nature of research, there is the potential for ethical and interpersonal issues to emerge. Finally, the storytelling nature of an ethnosing approach may disrupt the interpretation of the data, although the research team has maintained trustworthiness by triangulating data collection methods of IDIs, FGD, and PO.

## Conclusions

The families caring of adolescents based on the local wisdom of the Pandalungan family are internalized into the family spirituality, structure, function, and task development. In the context of Pandalungan parents, they need more attention to standardize family values, open family communication, and maintain a tight relationship for functioning family. Therefore, family coaching and guidance intervention are essential to facilitate functional family based on social culture and religion of the local wisdom of Pandalungan in the Indonesian context. The findings are of great value to the children and family health nurses and pediatric nurses in Indonesia to practice cultural sensitivity, especially within pediatrics, where advanced practice nurses caring for adolescents need to establish a positive youth development with parents or other primary caregivers, to be able to function in the family life cycle development and provide evidence-based health-care services.

## CRedit authorship contribution statement

**Tantut Susanto:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Resources, Data curation, Writing - original draft, Writing - review & editing, Supervision, Project administration, Funding acquisition. **Hanny Rasni:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Resources, Data curation. **Latifa Aini Susumaningrum:** Conceptualization, Methodology, Validation, Formal analysis, Investigation, Resources, Data curation. **Ira Rahmawati:** Validation, Formal analysis, Investigation, Data curation, Writing - original draft. **Rismawan Adi Yunanto:** Validation, Formal analysis, Investigation, Data curation, Writing - original draft. **Eka Afdi Septiyono:** Validation, Formal analysis, Investigation.

## Declaration of Competing Interest

None.

## Acknowledgments

The author would like to thank Faculty of Nursing and Department of Research and Community Engagement of Universitas Jember for facilitating research. Department of Health and Public Health Centers in Jember, Lumajang, and Bondowoso for supporting research activities. Families and their adolescents who willing to attend in this study. Kementerian Riset, Teknologi dan Pendidikan Tinggi (Ministry of Research, Technology & Higher Education (RISTEK-DIKTI) for funding Fundamental Research PDUPT DRPM ID Grant T/140/E3/RA.00/2019 was used for the project. Ms. S.M. Fitriyah for supporting English of manuscript. Mr. R.E. Sulistyono and Ms. D. Widyarani for encouraging to identify cultural in Lumajang and Bondowoso areas.

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