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Javanese Culture in Maternal Postpartum Care at Hargomulyo Village, Kedewan District, Bojonegoro Regency

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A B S T R A C T

Maternal and child health problems are inseparable from socio-cultural and environmental factors in society. Factors of belief and traditional knowledge positively or negatively impact Maternal and Child Health (MCH). Culture could be a predisposing factor for high maternal mortality. This paper describes Javanese culture in maternal postpartum care at Hargomulyo Village, Kedewan District, Bojonegoro Regency. This study was descriptive research. It took place at Hargomulyo Village, Kedewan District, Bojonegoro Regency, from January to February 2020. The population was mothers who have experienced postpartum both primipara and multipara. There were 48 respondents by total sampling. The instrument used a questionnaire consisting of several questions regarding culture in maternal postpartum care, how to carry out the culture, and its reasons. Thirty respondents did food taboos (62.5%), six respondents limited their drinking water (12.5%), 40 respondents drank herbs (83.3%), 47 respondents wore stagen (97.9%), and five respondents used pilis (10.4%). In addition, 48 respondents performed brokohan and mendem ari ari (100%), 20 respondents were not allowed to take a nap (41.7%), and 18 respondents must be at home for 40 days (37.5%). At the same time, 17 respondents did perineal care after birth with betel leaf (35.4%), 12 respondents walked and sat with feet parallel (25%), and 20 respondents did semi-sitting position (41.7%). Postpartum mothers still practice many Javanese cultures. This culture has both favorable and unfavorable impacts on health. Furthermore, it is necessary to analyze the influence of Javanese culture on the health status of postpartum mothers.

INTRODUCTION

Profile 2013, maternal mortality was divided into direct causes and indirect causes. Direct causes include bleeding (30.3% of maternal mortality), hypertension (27.1%), infection (7.3%), prolonged labor (1.8%). Meanwhile, the indirect cause included social, economic, geographic and cultural conditions in the communities (40.8%). Maternal morbidity and mortality are correlated with social and cultural factors in society (Kementerian Kesehatan RI 2016). Whether we realize it or not, traditional beliefs and knowledge factors – such as the concept of various taboos, causal relationships, the idea of health and illness, and habits – have a positive or negative impact on Maternal and Child Health (MCH) (Masita and Amalia 2018).

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In Indonesia, 4,206,437 of 5,123,768 (80%) postpartum mothers did various taboos, whether food or activity during postpartum. A previous study in postpartum mothers in East Java showed that 18 respondents brought sharp objects (scissors, nail clippers, and pins) when outside their house (51.4%), and 16 did a half-sitting sleep with straight legs for 40 days (45.7%). In addition, the study revealed that 11.4% of respondents had sexual activity during the puerperium, 62.9% drank herbal medicine, and 77.1% consumed meat, fish, and eggs. Furthermore, the study also reported that seven respondents ate spicy food (20.0%), 19 consumed certain foods (54.3%), 25 did food taboos (71.4%). At the same time, 19 respondents received social support (54.3%), and 21 did self-care through body massage (60.0%) (Yuliyanti, Sulastri, and Faizah Betty 2014).

Myths during the postpartum period have positive or negative impacts. The negative impact can cause several complications, such as lacking protein, nutrients, and rest in postpartum women. As a result, it can slow down the wound healing process of perineal sutures (Cunningham 2013).

The Javanese are a tribe which public has a particular way of healing. In addition, they also have a specific perception about health and illness related to the culture adopted (Pratiwi and Arifah 2012). The community at Hargomulyo village still involves cultures in maternal postpartum care. The culture is an ancestral heritage that blends culture with Islam. This paper describes Javanese culture in maternal postpartum care at Hargomulyo Village, Kedewan District, Bojonegoro Regency.

METHOD

This study was descriptive research. It took place at Hargomulyo Village, Kedewan District, Bojonegoro Regency, from January to February 2020. The population was mothers wh have experienced postpartum both primipara and multipara. There were 48 respondents by total sampling. The instrument used a questionnaire that the authors compiled, and it had tested for validity and reliability. It consisted of several questions regarding culture in maternal postpartum care, how to carry out the culture, and its reasons. The authors visited the respondent's house. After respondents signed informed consent, we asked them to fill out a questionnaire according to their culture during the postpartum period. Then, we did the editing, coding, and tabulating of the data.

RESULT

The univariate analysis presented characteristics of respondents by education and age.

Table 1 Characteristic of Respondents by Education

Education	Frequency	
	N	%
Elementary School	15	31.25
Junior High School	18	37.5
Senior High School	15	31.25
Total	48	100

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Table 1 shows that most respondents are graduated from junior high school (37.5%).

Table 2 Characteristic of Respondents by Age

Age	Frequency	
	N	%
<20 years	5	10.4
20-35 years	28	58.3
>35 years	15	31.3
Total	48	100

Table 2 describes that most respondents are 20-35 years old (58.3%).

Table 3 Frequency distribution of culture in maternal postpartum care

Culture	Frequency			
	Yes	%	No	%
Food taboos	30	62.5	18	37.5
Drinking water restriction	6	12.5	42	87.5
Drinking herbs	40	83.3	8	16.7
Wearing *stagen*	47	97.9	1	2.1
Using *pilis*	5	10.4	43	89.6
Bringing sharp objects	31	56.6	17	35.4
Carrying out *Brokohan*	48	100	0	0
Implementing *mendem ari ari*	48	100	0	0
Must be at home for 40 days	18	37.5	30	62.5
No nap	20	41.7	28	58.3
Perineal care after childbirth with betel leaf	17	35.4	31	64.6
Walk and sit with feet parallel	12	25	36	75
Semi-sitting position	20	41.7	28	58.3

Thirty respondents did food taboos (62.5%), six respondents limited their drinking water (12.5%), 40 respondents drank herbs (83.3%), 47 respondents wore *stagen* (97.9%), and five respondents used *pilis* (10.4%). In addition, 48 respondents performed *brokohan* and *mendem ari ari* (100%), 20 respondents were not allowed to take a nap (41.7%), and 18 respondents must be at home for 40 days (37.5%). At the same time, 17 respondents did perineal care after birth with betel leaf (35.4%), 12 respondents walked and sat with feet parallel (25%), and 20 respondents did semi-sitting position (41.7%) (See table.3).

Stagen (n): corset in the form of a long cloth wrapped around the stomach. Stagen has a width of about 15 cm and a length of approximately 5-15 meters.

Pilis (n): a mixture of natural ingredients that are commonly used on the forehead.

Brokohan (n): the traditional Javanese ceremonies to welcome the birth of a baby

Mendem ari ari (n): the burial ritual of the placenta after delivery

DISCUSSION

This study results found that 62.5% of respondents did food taboos. They did food taboos so that birth canal wounds were faster healed, painless, no lousy smelling, not itchy, and no bleeding. In addition, their reasons were that the body did not feel pain and weak, breast milk was smooth, and not smells fishy

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meanwhile, mothers who did not do food taboos because of the ban by the midwives. In food taboos, postpartum women do not consume eggs, chicken, fish, sprouts, cabbage, young jackfruit, catfish, beans, yellow eggs, seafood, eel, meat, gummy vegetables, and ambon bananas spicy and hot food. In addition, daily menus for postpartum mothers are rice, tofu, tempeh, vegetable soup, and spinach.

The nutritional needs of breastfeeding mothers increase compared to those without breastfeeding and pregnancy (Kementerian Kesehatan RI 2016). In the first six months, breastfeeding mothers need an additional 500 calories per day to increase breast milk supply (Dewi, Pujiastuti, and Fajar 2013). The total energy requirement during breastfeeding will increase to 2,400 kcal per day to produce breast milk and carry out activities (Kurniasih 2010). According to the recommended balanced nutrition guidelines, it can be divided into six meals (three main meals and three snacks) (Kementerian Kesehatan RI 2016).

At six months of first breastfeed, carbohydrates need to increase by 65 g per day or equal to one portion of rice. In addition, protein is essential for increasing milk supply. Breastfeeding mothers need additional 17 grams of protein or a similar to 35g of meat and one portion of tempeh (50 gr). Furthermore, fat is a source of energy, playing a role in producing breast milk and a carrier of fat-soluble vitamins in breast milk. In a balanced nutrition chart, the need for oil is four servings or the equivalent of 4 teaspoons of oil (20 g). Breastfeeding mothers need polyunsaturated fats in the form of omega-3 and omega-6 (Kurniasih, 2010).

Nursing mothers need more vitamins and minerals compared to pregnant mothers (Kurniasih, 2010). Vitamins important during lactation are vitamins B1, B6, B2, B12, A, iodine & selenium. In addition, the daily needs of vitamins & minerals are three servings of vegetables and fruits a day. Breastfeeding mothers are prone to malnutrition. Vitamins and minerals supplements (particularly vitamin A and iron) are essential to prevent malnutrition in breastfeeding mothers.

Food taboos are a tradition that is harmful to health in postpartum mothers. Postpartum is the recovery period after giving birth and breastfeeding, so that they need more nutritional intake than daily nutritional consumption and during pregnancy. Postpartum mothers who do food taboos can replace forbidden food with food that has the same nutritional content. However, they only consume rice, tempeh, and tofu every day. As a result, they will undoubtedly lack nutritional intake. Lack of nutritional intake results in a decreased recovery process during the postpartum and increased puerperal infection risk. It also interferes with breast milk production. In addition, an itchy perineal wound after labor does not correlate with the type of food consumed but correlates with personal hygiene. Therefore, the role of health workers is crucial to increase knowledge both to mothers and families through intensive assistance during the postpartum period. The family role is also essential because the traditions adopted are traditions from their ancestors. In addition, mothers do not have the courage not to follow these traditions.

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This paper also revealed that 12.5% of respondents limited their drinking water. They only drank 1 cup to 1 small bottle (600 ml) a day, aiming that the perineum wound healed quickly, feet did not swell, and babies did not have flu.

Breastfeeding mothers need adequate water to produce milk. It is recommended to drink 2-3 liters of water or more than eight glasses of water a day (approximately 12-13 glasses a day), especially in hot weather, sweating, and fever (Sari 2011).

The best drinking time is during or before breastfeeding so that the breastmilk drunk by the baby can be replaced (Sari, 2011). Fluid needs can be obtained from water, milk, fruit juices, and water contained in food (Kemenkes RI, 2011) (Kurniasih 2010).

The culture regarding drinking water restriction in breastfeeding mothers is a culture that is detrimental to health because they are only allowed to drink 1-2 glasses per day. The misunderstanding that drinking water restriction can accelerate the healing of perineum wounds and prevent the baby from colds needs to be corrected. In contrast, drinking water can increase breast milk production, so the baby's nutritional needs are met. As a result, it prevents various diseases in the baby.

Based on the study results, 83.3% of respondents drank herbs. The often consumed herbs were *gepyokan*, *temu ireng*, turmeric tamarind, herbal medicine for childbirth (brand: Nyonya Meneer and Air Mancur), tamarind, katuk (*Sauropus Androgynus*) leaves, guava leaves, turmeric, and lempuyang (*Zingiber aromaticum Valeton*) leaves. They consumed herbs once a day or 2-3 times/day or 3-4 times/day or 4-5 times/day or twice a week every Monday and Thursday or at will. The reasons were to increase breastmilk supply, improve health status, enhance relaxation, adheres to tradition, and breastmilk did not smell fishy.

Herbal medicine is one of the nation and cultural heritage, not only for health. The culture of drinking herbs for pregnant women, during delivery, and postpartum is still maintained in Indonesia, especially in the Javanese community. Traditional herbal medicine can facilitate the release of breast milk because it can stimulate the hormone prolactin. In addition, herbs contain protein, minerals, and vitamins. Protein components in herbal medicine are efficacious to promote increased secretion of milk (Handayani 2007).

It is in line with Handayani's (2007) study. The study revealed that traditional herbal medicine could increase breastmilk production in breastfeeding mothers. The composition of traditional herbal medicine includes aromatic ginger, kencur, turmeric, *Zingiber zerumbet*, *Curcuma heyneana*, *Curcuma xanthorriza*, java ginger (*Curcuma xanthorrhiza*) and katuk leaves. Aromatic ginger (*Kaemferia galanga L.*) is useful as a refresher and body warmer, affecting breastfeeding mothers' health. In addition, turmeric (*Curcuma domestica Val*) contains many curcumine, carbohydrates, protein, vitamin C, potassium, phosphorus, Fe, and fats. It helps to meet the nutritional needs of mothers to support breastmilk production. *Zingiber spp*) is increases appetite, blood circulation, and healing in postpartum women. In

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addition, *Curcuma heyneana* can decrease feelings of restlessness. *Curcuma xanthorriza* and katuk leaves (*Sauropus androgynus Merr*) help increase breastmilk supply.

This paper showed that 47 respondents used *stagen* (97.9%). *Stagen* is used strictly, and the duration of use is six months or seven months or nine months or ten months or one year. They used *stagen* to make tight and slim stomachs; also belly did not get bigger. In addition, *stagen* was believed to make the uterus return to its original shape and not urinate frequently.

Pregnancy makes the skin on the stomach becomes stretchy. After giving birth, the abdomen usually becomes saggy. To get around this, mothers often use *stagen* so that they can shrink the stomach as before. *Stagen* is a traditional tool used to support the stomach or to shrink a woman's belly. The use of *stagen* after childbirth can help the recovery process. In addition, it supports the muscles in the abdomen and waist area to reduce pain and improve posture after delivery. The use of a *stagen* that is too tight can interfere with blood circulation and cause shortness of breath and defecation. In addition, it also causes pressure on the bladder, causing frequent urination.

Pregnancy also makes the body's muscles slack, especially in the pelvic floor and abdominal wall muscles. To overcome this, postpartum mothers should do gymnastics or sports that tighten the abdominal wall muscles, such as jogging and sit up. However, lifting heavy weights is not recommended for them. In addition, Kegel exercises can tighten the pelvic muscles and urinary tract. Postpartum exercise focusing on breathing and abdominal exercises helps restore abdominal firmness after giving birth less painful and healthier.

The culture of using *stagen* can be done by postpartum mothers. However, *stagen* should not be worn too tight and too long duration. In addition, they must consider its cleanliness. The *stagen* functions as a support for the stomach but cannot slim the tummy because when the *stagen* is released, the stomach will sag again. Postpartum exercise can streamline the abdomen after childbirth.

Five of 48 respondents used *pilis* in this study (10.4%). They used *Pilis* on the stomach and forehead for 36 days. The reasons were improving eyesight, preventing eye pain, making the body smell good, and adhering to parental culture.

Postpartum mothers often complain of dizziness and blurred vision. *Pilis* consists of natural ingredients such as *ganthi*, aromatic ginger, turmeric, mint, and ylang-ylang. It is believed to help relieve dizziness and also improve blood circulation. In addition, it can maintain eye health and prevent white blood from rising to the head. How to use *pilis* is to be smeared on the forehead of the mother.

Pilis can give a warm feeling to postpartum mothers because it contains mint and other ingredients. Postpartum mothers without vision problems can use *pilis*. However, postpartum women with visual impairment should visit health workers to get adequate treatment.

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The results showed that 56.6% of respondents brought sharp objects. They brought nail clippers, scissors, safety pins, the Koran, broomsticks, needles, and knives. They explained that the goal was to expel evil spirits and adhere to parental orders and ancestral culture.

Carrying sharp objects can endanger both the mother and baby because of the risk of being stabbed by the thing and causing injury. Postpartum mothers should increase their faith by praying and asking for help from God according to their respective religions and beliefs so that they and their babies are protected from evil spirits. For example, Muslims can do dhikr and listen to the Qur'an.

All respondents in this study did *brokohan*. *Brokohan* is a form of gratitude for the birth of a baby. The timing is after delivery, period of umbilical cord stump to fall in newborn, and five days, 35 days, three months, seven months, one year after delivery. The food menus in the *brokohan* tradition consist of rice, noodles, tempeh, tofu, egg, *iwel iwel*, *nagasari*, grilled chicken, dry tempeh, red porridge, fish, traditional snacks, *tumpeng*, stir-fried peanuts, and *urap*. All respondents held a *brokohan* tradition to be grateful for the birth of a baby and obeyed the culture

Brokohan is one of the traditional Javanese ceremonies to welcome the birth of a baby. *Brokohan* comes from the Arabic language, namely barakah, which means expecting blessings from God. *Brokohan* is a form of gratitude for the safe birth of a child.

All respondents in this paper also did *mendem ari ari*. The implementation of mendem *ari a*ri is washing the placenta, praying for it, and burying it using a *kendil*. Other materials put in the *kendil* are needle, books, and pencils to make the baby smart; comb, powder, mirror for baby girls to make them beautiful. In addition, there are flowers to make the baby becomes fragrant, a paper that says *basmalah* to make a good child in religion, and eggs so that the baby does not cry easily. The place to bury is left of the house door for the girl and the right for the boy. After the *kendil* is buried, it is illuminated with lamps.

The *mendem ari ari* tradition respects the ancestors because the placenta delivers oxygen and nutrients during pregnancy. In addition, Javanese society considers the placenta as the baby's friend and sibling who accompanies the baby in the womb until the delivery process. Therefore, the placenta must be treated well. The implementation of this tradition is a learning platform for the young generations. They will understand more about the practices that must be preserved. In addition, there is a moral and behavioral education regarding the relationship between nature and humans in this implementation. It is essential to keep the harmony between humans and nature. The tradition of *mendem ari ari* is very closely related to the content of education. All the rules and values of life that are mutually sustainable are all contained in its implementation.

Based on the study results, 37.5% of respondents must be at home for 40 days. They did this practice so that babies were not disturbed by evil spirits and adhered to culture or traditions. This culture has positive and negative values. Its positive impact can improve maternal health during the postpartum period by

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increasing rest and reducing activities outside the home. In addition, it decreases the risk of infection in newborns due to an immature immune system. Meanwhile, the negative impact is that mothers cannot visit health facilities to check up.

This study results found that 20 of 48 respondents were forbidden to take a nap (41.7%). They believed nap causes disease, black spots, and obesity. In addition, they did the practice because of the tradition. They also believed that no napping could prevent white blood cells from moving towards their eyes.

Napping is a need for a postpartum mother to restore energy after giving birth or taking care of the baby. The napping for postpartum mothers can increase the immune system, regenerate damaged cells in the body into new cells, restore stamina, protect the body from disease, increase breastmilk supply and stabilize emotions. The recommended duration for a nap is about 1 hour. Napping is done while the child is sleeping. The negative impact of lack of sleep for postpartum mothers is fatigue and affects milk production. So a quality nap is essential to postpartum mothers.

Seventeen of 48 respondents in this study performed perineal care after delivery with betel leaf (35.4%). They used betel leaves by washing the perineum with betel leaf decoction and placing it on the postpartum mother's sanitary napkin. They believed this practice makes the perineum smell good, firm, and clean.

Green betel leaf contains a lot of essential oil 1-4.2% as a fragrant aroma on betel leaves. This essential oil contained betlephenol, sesquiterpenes, starch diastase 0.8-1.8%, sugar, and tanning substances. Tannic substances are chemical compounds used to kill or inhibit the growth of microorganisms on living tissue - such as the surface of the skin - and are anti-inflammatory to eliminate inflammation. In addition, there is also chavicol 7.2-16.7%, which functions as an antiseptic to inhibit the growth of germs (Kurniawan and Puspitasari 2018). A study conducted reported that the average time to perineal wound healing in postpartum women using betel leaf water was faster than the control group who only uses betadine (Masita and Amalia, 2018).

The chemical contents of betel leaf are hydroxy chavicol, chavibetol, estragole, eugenol, metileugenol. Chavicol has five times the bacteria-killing power of ordinary phenol so that it can function as an antiseptic. In addition, it is also a compound with antiseptic properties as an inhibitor of bacterial growth in wounds (Arifin, 2008 and Celly 2010) . Furthermore, betel leaf contains saponins stimulating the formation of collagen. Collagen is a structural protein playing a role in wound healing (Masita and Amalia, 2018).

This paper reported that 25% of respondents walked and sat with their feet parallel, aiming that the seams on the perineum were not torn and the spine was not bent.

Javanese culture in postpartum mothers is sitting with straight legs, meeting, parallel, not overlapping, and not hanging. In addition, postpartum mothers have to sit with their feet propped up on a small chair.

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The culture is believed to reduce varicose veins, swollen legs, and damaged stitches. Marmi (2012) highlights that postpartum exercise can restore health in postpartum mothers. Postpartum exercise can improve blood circulation to prevent clotting (thrombosis) in blood vessels, especially leg vessels. In general, sitting with the legs not hanging or propped up by a small chair reduces discomfort, especially when breastfeeding.

Lastly, this study revealed that 41.7% of the respondents did the culture of semi-sitting position. They did this tradition to make good posture, shrink the stomach, restore muscle strength, make the back not sore, and prevent swelling legs. In addition, they aimed to follow the culture and orders of parents.

Javanese culture requires postpartum mothers to sit all day in bed with pillows arranged at the back of the body to support the body in a semi-sitting position. They think this way can keep the vagina tight so that their walking position is not wrong (straddle). Mochtar (1998) believes that although rest and sleep are necessary for mothers after giving birth, it does not mean that mothers have to lie down or sit continuously for several days during the postpartum period. The literature recommends postpartum mothers sleep on their back for 8 hours postpartum.

Gepyokan (n): herbal medicine made from the leaves of a traditional plant believed to promote breastmilk production.

Temu ireng (n): rhizome plant (*Curcuma aeruginosa Roxb.*) used as a mixture of drugs or herbs.

Ganthi (n): spices in the form of leaves used for *pilis.*

Iwel iwel (n): a traditional cake made of sticky rice, coconut, and brown sugar wrapped in banana leaves. *iwel iwel* is usually made when celebrating the birth of a baby.

Tumpeng (n): Indonesian cone-shaped rice dish with side dishes of vegetables and meat originating from Javanese cuisine of Indonesia.

Urap (n): salad dish of steamed vegetables mixed with spiced grated coconut for dressing.

Nagasari (n): traditional Javanese steamed cake made of rice flour, coconut milk, and sugar, filled with a slice of banana.

Kendil (n): small pot made of clay.

Basmalah (n): Arabic sentence meaning in the name of Allah

CONCLUSIONS

Postpartum mothers still practice many Javanese cultures. This culture has both favorable and unfavorable impacts on health. Furthermore, it is necessary to analyze the influence of Javanese culture on the health status of postpartum mothers.

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