

Traditional beliefs and practices of postpartum care in rural East Nusa Tenggara, Indonesia

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ABSTRACT

Maternal mortality remains a pressing public health issue in Indonesia, particularly for mothers residing in rural regions who often forego postnatal health services due to traditional beliefs and practices. This qualitative research delved into the cultural perspectives of the local community to gain insight into the care practices of postpartum mothers in rural areas of NTT Province, Indonesia. The study involved in-depth interviews with nine participants, including four postpartum mothers, four family members, and one village midwife, with the interview data analyzed thematically. The research revealed that cultural beliefs and practices revolving around the postpartum period in NTT align with shared beliefs and traditional practices found in various Asian societies. This includes behavioral taboos and food restrictions. The study also identified two primary postpartum traditions aimed at restoring the postpartum mother's body heat and strength. All postpartum mothers adhere to traditional care practices because they believe in their benefits, pressure from family members, and fear of non-compliance consequences. However, postnatal mothers and their families have low postnatal care visits and do not receive adequate information about postpartum care. Health literacy for postpartum women and their families in rural areas needs to be improved and health workers should provide culturally sensitive maternal health services.

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1. INTRODUCTION

Maternal mortality remains a significant public health concern in Indonesia. Maternal mortality is a crucial indicator of development success, particularly in the health sector. Based on the sustainable development goals (SDGs), the global maternal mortality rate (MMR) is targeted to decrease to 70/100,000 live births (KH) by 2030 [1]. The Indonesian government is targeting a national MMR reduction of 183/100,000 KH in 2024 to achieve this target. However, this goal may be challenging for East Nusa Tenggara (NTT), the least developed province in Indonesia, as its MMR remains high at 316/100,000 KH as of 2020, surpassing the national MMR of 189/100,000 KH in the same year [2]. Thus, more efforts are necessary to address this maternal health issue.

Maternal deaths usually occur during childbirth but can also happen during pregnancy and postpartum. The postpartum period is crucial for mothers to recover and regain optimal health [3], [4]. Therefore, postpartum complications are a priority for maternal health care. Postnatal complications during the first year after birth can increase the risk of maternal and infant mortality [3], [5]–[7].

Low utilization of postnatal care services contributes to increased postnatal complications [8]–[11]. Previous research shows that, like in other low- and middle-income countries, utilization of postnatal services in rural areas in Indonesia is lower than in urban areas [9], [12]–[14]. Compliance with traditional postnatal care beliefs and practices is one of the main reasons for the low utilization of postnatal services among most postnatal mothers in rural areas [8], [15]–[17]. Moreover, non-compliance with postnatal health recommendations is associated with cultural traditions affecting women's well-being [4], [18]–[20].

Traditional beliefs and practices are crucial in maternal and child health in many Southeast Asian societies [21]–[25], including behavior, food, physical activity, personal hygiene, and maternal and infant health care [17], [26]–[28]. Various cultural beliefs and practices also influence the postpartum period passed down through generations. Treatment methods during the postpartum period may differ among cultures [18], [26], [28]–[30]. Traditional care practices for postpartum mothers include various actions and behaviors (such as rules, taboos, methods, and care materials or rituals) that are given and must be carried out by postpartum mothers for 40 days after giving birth [15], [29], [31]. Not all traditional beliefs and practices harm mothers and their babies [17], [18], [22], [24], [32], [33]. Traditional care practices for postpartum mothers will significantly restore health and prevent maternal death. Many women believe adhering to traditional beliefs provides various health benefits; therefore, many mothers follow family recommendations [29], [31], [34].

The reality of traditional care practices for postpartum mothers as a form of local wisdom can also be found in various ethnic communities in East Nusa Tenggara (NTT) Province. Previous research shows that in the lives of the NTT ethnic community, the medical system, including postpartum maternal care, is still strongly influenced and tied to the traditional culture of the local community [35]–[37]. However, research into traditional care practices for postpartum mothers in rural NTT province, Indonesia, is limited. Therefore, a thorough investigation of postnatal care practices that consider traditional beliefs and practices is necessary. Understanding the cultural complexity of local communities is the first crucial step to increase women's awareness of maintaining their health, particularly during the postpartum period. This study aims to describe the practice of caring for postpartum mothers in rural areas of NTT province, Indonesia, from a cultural perspective by examining local wisdom as understood by the local ethnic community. This research's results will help shed light on the reasons behind postpartum mother care practices in rural NTT, Indonesia. The research findings can be used as recommendations for policymakers and health practitioners in the NTT province to develop programs that encourage and accelerate the reduction of MMR in line with national targets and SDGs and improve the utilization of postnatal services in the study area. It is crucial not to disregard the forms of local wisdom in postpartum maternal care practices that develop in rural communities.

2. METHOD

2.1. Study design

This research employed a qualitative, phenomenological approach that prioritized the subjective experiences of research participants about a particular event. The approach will enable participants to express their perspectives and experiences in their own words and allow researchers to obtain culturally specific information related to participant's feelings, thoughts, and experiences. The primary research objective was to investigate traditional postnatal care practices and beliefs from the perspectives of postpartum women, family members, and village midwives.

2.2. Research team and reflexivity

The researchers involved in this study are all female and currently work in the Department of Public Health at the Faculty of Public Health. They possess extensive experience in qualitative research. SMT (First Author) and EMN (Second Author) have an MPH educational qualification, while HJNN (Third Author) has an MS degree. HJNN has participated in a variety of community health initiatives and research, with an emphasis on health promotion and communication. SMT and HJNN are particularly interested in reproductive, maternal, and child health. EMN's interests lie in the social determinants of health, behavior change communication, and health promotion in public health. All authors are well versed in the study area's context and have experience engaging with communities. To foster good communication with the study participants, we introduced ourselves as researchers and obtained informed consent thoughtfully.

2.3. Participants and recruitment procedures

The study involved nine participants, two men and seven women between the ages of 28 and 70. Among these individuals, four were postpartum mothers who primarily served as homemakers (n=4), while two were farmers (n=2), and three were civil servants (n=3). The researchers utilized purposive and snowball sampling techniques to select participants based on particular criteria meticulously. The group included four postpartum mothers, four family members responsible for postpartum care, and one local village midwife with

considerable knowledge and experience with traditional postpartum care, either as practitioners or recipients. Participants were chosen based on their familiarity with local customs associated with caring for postpartum mothers. The researchers collaborated closely with local village midwives to recruit participants and directly approached them to explain the research objectives and request their participation. Additionally, no potential participants refused to participate in this study. The Nusa Cendana University Ethics Committee provided ethical approval for the research.

2.4. Method of data collection

During the study, SMT and HJNN carried out in-depth interviews with postpartum mothers and their families to gather data. These interviews were conducted in the participants' homes to create a comfortable and familiar setting for them to share their thoughts and feelings about postpartum care practices. To ensure privacy and comfort, the interviews were conducted separately by SMT and HJNN. The village midwives, on the other hand, were interviewed at the Community Health Center. Each interview lasted 60-90 minutes, and each participant was interviewed only once. The interview guide covered a range of topics such as postpartum knowledge, beliefs about care practices, traditional postpartum practices, the role of family members, reasons for adhering to traditional practices, and the role of health workers during the postpartum period. The interview guide was used as a tool for posing questions and for probing further during the interview process. Participants were free to express their views according to the questions and could decline to answer or stop the interview if they felt uncomfortable.

2.5. Method of data analysis

All interview data was audio recorded and transcribed verbatim. The data was then analyzed thematically. We conducted the data analysis manually, without using open code software. Interviews and analysis were carried out until data saturation was reached. We also chose to keep the transcripts private from the participants to prevent them from changing their answers or even denying statements that had been previously provided. In the analysis process, EMN conducted a coding process independently by repeatedly reviewing the transcripts. Continuous analysis was conducted to refine and produce appropriate names and definitions for each theme. Verbatim examples of each emerging theme discussed are presented through excerpts from research participant interviews. Agreement regarding main categories and themes was regularly discussed with SMT and HJNN throughout the data analysis process to reduce researcher bias and maintain research rigor.

2.6. Research ethics

All participants provided informed consent for data collection and interview recordings. Before initiating data collection, all research participants were provided with clear and comprehensive information regarding the nature of the study and gave informed consent. Additionally, we obtained explicit consent to record all interviews. Throughout the data analysis and reporting process, confidentiality measures were strictly enforced to protect the privacy of all participants. The research obtained ethical approval from Universitas Nusa Cendana Ethics Committee with Ethics Number: 2023356-KEPK.

3. RESULTS AND DISCUSSION

This study included four mothers, four family members, and one village midwife (9 informants). All mothers undergo traditional care practices for postpartum mothers based on beliefs passed down from generation to generation and developed in the local community. This research shows four categories of postpartum mother care practices based on local wisdom in rural communities in East Nusa Tenggara, Indonesia.

3.1. Knowledge and attitudes towards postpartum women

This research found the same view among informants who considered postpartum women weak, sick, and susceptible to disease. A postpartum mother said, "Mothers who have just given birth are not feeling well (Mother 1, MYT, 28 years old). The informants also saw the postpartum period as when mothers who have just given birth need to rest completely for almost 40 days to restore the strength and health of the mother and baby. Therefore, the informants, especially the family, stated that during approximately 40 days, the mother needed exceptional support and care from her family, as expressed by one of the informants:

"As for helping after giving birth, it's automatic... like it or not, I have to take over most of the housework... wake up early to cook breakfast... it is impossible to force a wife who is carrying a small child who is still breastfeeding, so she has to cook hot water or wash clothes is impossible. We, as

husbands, look at it too. We definitely feel sorry. Nobody ordered this, but that is what we should do.”
(Family member 3, ADN, 32 years old)

In numerous cultures, postpartum care is influenced by customary practices and values. Family support is crucial during this period and often manifests through assuming household responsibilities typically managed by new mothers. For example, a postpartum mother shared that her spouse handles most household tasks, such as cooking, dishwashing, and laundry, while she focuses on lighter duties like bathing the baby. Additionally, her sister-in-law assists with lighter tasks. Another postpartum mother mentioned that her partner cares for her and the baby while his sister helps with household chores.

Mothers expressed happiness and gratitude for the support and care they received from their families during the postpartum period. They understand that not all husbands can provide such support, and they feel lucky to have received it. It helps them to recover faster, and they are grateful for it. One mother said;

“I feel very supported by my mother, they can help me to recover... So, I am very grateful to this day...”
(Mother 1, MYT, 28 years old)

3.2. Traditional postpartum beliefs and practices

3.2.1. Traditional postpartum taboos

In many local communities, postnatal care practices are based on traditional beliefs rooted in local wisdom. One of these beliefs is that new mothers should remain at home and avoid leaving the house for the first few days up to 40 days after giving birth. A mother in one community stated that she could move around inside the house, but walking outside was prohibited. Similarly, a family member shared that all activities during this period are confined to the home, and the baby is not taken outside. Certain clans believe that a mother in labor should remain in bed and be confined to her room for up to 40 days. A mother from the Babu clan explained that she had to stay in bed for four days after giving birth and was not allowed to walk around. Only when the white ash from the 'roasting' tradition came out, which takes 40 days with the charcoal, was she allowed to leave the house.

This period of confinement is believed to be necessary to allow the mother to recover from the physical and emotional stress of giving birth. Mothers and families who observe this practice believe that not following traditional practices during this period can lead to health problems and even death for both mother and baby. They believe that if they do not follow the traditional method, their child will surely fall sick, which could be fatal. During confinement, mothers are not allowed to engage in heavy household chores and are advised to limit their movements. Family members also added that cooking should be limited, and sometimes clothes should not be washed with cold water.

Moreover, mothers are not allowed to wash their hair for varying numbers of days postpartum, as it is believed that washing hair can cause dizziness and white blood to rise to the head, ultimately leading to madness. Some mothers can only wash their hair after four days, while others can only do so after one week or almost a month. One mother shared her belief that following the recommended time for hair washing is essential, stating;

“In my opinion, I'm here because maybe it's customary too... after four nights you can wash your head. Before that, no. It has consequences, so we can just be afraid of white blood.” (Mother 4, AT, 32 years old)

During the postpartum period, new mothers follow certain cultural practices besides staying at home and traditionally washing their hair. This study shows that there are also specific dietary rules that must be adhered to during this time. After giving birth, foods such as eggs, fish, meat, vegetables that are difficult to digest, and spicy or hard foods are avoided. Mothers and family members follow these dietary restrictions to prevent complications and delay the healing of cesarean-section wounds. As an example, breastfeeding mothers cannot eat pork, and chili peppers are prohibited as they can cause diarrhea and discomfort for the mother. It is also believed that consuming hard or spicy foods can cause problems for the baby. Additionally, certain foods are deemed taboo based on the husband's clan, such as green beans for the Naef clan. Raw meat is also prohibited in some tribes. It is believed that violations of these traditional rules can have unfavorable consequences for the health of the mother and baby.

“Yes, Kono [surname] too. He said that until his son went blind. The mother or child's vision is blurry. Until that ends the custom, you can see... break the taboo. Eat just anything, don't eat bosc corn. Eating rice is why it hits the child, so after getting used to it, they can see it again.” (Mother 2, AB, 30 years old)

"Tradition later. Because if you break it, it means the child who gets it could get sick." (Family member 4, YB, 70 years old)

However, some postpartum mothers and their family members believe that there should be no restrictions on what a mother can eat during the postpartum period. A postpartum mother said,

"...So my mother-in-law said there's no need for you to abstain like that because you eat so you can get healthy quickly, for your strength too, your immune system continues with ade [baby] too because he needs nutritional intake also...there should be no taboos." (Mother 1, MYT, 28 years old). A family member informant confirmed, *"But not like me and her postpartum mother. Whatever you want to eat, eat."* (Family member 3, ADN, 32 years old)

3.2.2. Cultural postpartum practices-roasting and tatobi tradition

Local communities have been implementing two main traditions to help restore the health and strength of postpartum mothers and increase their breast milk production. These traditions are called 'tatobi' (hot water compress) and 'roasting' culture. The 'tatobi' treatment involves compressing boiling water on all parts of the postpartum mother's body, lasting up to 40 days. This practice is believed to help remove the remaining dirty blood in the mother's body after childbirth, which is said to speed up the process of restoring the mother's strength and health. Family members such as the husband, mother-in-law, or biological mother will assist with the hot water compresses. The mother's family confirmed, *"The dirty blood inside actually came out after the tatobi."* (Family member 2, HM, 34 years old). Other family members also said the same thing:

"You have to get tatobi so that your body is strong. That's the custom here, handed down from our ancestors... so that if we go out on the road if we get wind, we don't get sick that easily." (Family member 1, FF, 48 years old)

"If you use our custom here... tatobi with hot water. It's strong fast. That's if you give birth normally." (Family member 3, ADN, 32 years old)

"You have to use hot water so that she [mother] has good stamina again. She's recovering... So that her bones are strong, with tatobi with hot water." (Family member 4, YB, 70 years old)

According to an informant, using tatobi on the breast area can help remove breast milk that had not come out previously. *"I didn't go out for two days, I used formula milk. After arriving here [at home] the new tatobi [breast milk] comes out."* (Mother 3, SDB, 30 years old). Another tradition followed during the postpartum period is called 'roasting' culture. This tradition involves placing burning coals under the bed of the mother and her baby and regularly replacing/adding new embers to ensure the embers under the bed stay lit for 40 days. This 'roasting' tradition aims to keep mother and baby warm and restore the mother's body strength, and heat lost due to the birthing process. It is also believed to be an antidote to severe illness, especially in women after childbirth.

"We happened to be sleeping, so there's a kind of zinc here. So, we use charcoal, take it from the kitchen, and put it in the bottom so it feels warm... If we were here, people would say it would last up to 40 days." (Mother 1, MYT, 28 years old)

Family members believe that the 'roasting' tradition can keep the mother healthy and strong for one or two months, and should be followed for one month or more.

"Also, use coals under the bed. One day in summer, 1-2 times. In the rainy season like this, 4-5 times a day so that she [mother] is warm... So that her little brother [baby] can also be strong" said a family member." (Family member 4, YB, 70 years old)

3.3. Postpartum women follow traditional postpartum beliefs and practices (willing to be healthy vs. fear of not following the traditional beliefs and practices)

Postpartum mothers usually receive traditional beliefs and practices from their parents, in-laws, and extended family members when they return home. As the postpartum mother states,

"You can postpone [traditional care]. Later, after leaving the puskesmas [community health center], we will continue. "The Puskesmas will continue to provide services as usual. When you get home, the customs will come in"." (Mother 2, AB, 30 years old)

These practices are believed to provide benefits, and most postpartum mothers and their families feel uncomfortable if they do not comply. Although they may not understand the reasons behind the traditional rules or the postpartum care provided, they still choose to follow them. This is especially true for mothers who live with their parents, in-laws, or extended family. Disobedience to these postpartum beliefs and traditions is believed to have negative consequences for both the mother and the baby. Almost all traditional postpartum beliefs and practices emphasize the consequences of not following them. These traditional practices are deeply embedded in their culture and have been passed down from their ancestors. Although they may not fully understand them, they continue to follow them because they believe in their benefits and fear the consequences of not adhering to them.

"The hardest thing for mothers is the tatobi because we have to endure the hot water. But for me, Mother, I believe in hot water. That's why I also want to be tatobi with hot water like that... At least get all the dirty blood out because we are also afraid of getting sick. We don't know what the disease inside is like. So even though he feels hot [when helping the tatobi], be patient (laughs)." (Mother 1, MYT, 28 years old)

"You can't, this has to be [roasted]... why do we only use this and then the taste is strong... it's customary to say that if you don't come with it for a while the child will get sick... yes, because if you don't make it, the mother will get sick and even die. And if that's the case, it must be repaired using custom. I mean, it's not nonsense, but their children are like that... from our ancestors, so we just go along with it... we don't understand, but there are consequences. for example, sick..." (Mother 2, AB, 30 years old)

"We live with our parents, so our parents forbid us before we can wash our hair before 40 days, so we just go along because we're afraid something will happen... I don't know either. It's a prohibition from the parents; the reason is that they say it's not allowed. So, I don't know why." (Mother 3, SDB, 30 years)

"It might be from such a bloodline. "Maybe here the belief is that our mother and ancestors made it so that it cannot be violated." (Mother 4, AT, 32 years old)

3.4. Postnatal care response

During the postpartum period, it is common for mothers to give birth in health facilities like hospitals and community health centers. However, most mothers only attend the first postpartum care visit to check on the health of the mother and baby. If there are no health problems, postpartum care is not continued unless the midwife advises otherwise.

"There has been no recommendation from the puskesmas to control there so we haven't gone there yet. We haven't been there for 1 week, 2 weeks." (Family member 2, HM, 34 years old)

"Only once because at that time, he had a control schedule...the doctor at the hospital said he didn't need another control. Then, at that time, the bandage had also been removed. So, they directed... If you feel any problem, go to the community health center." (Family member 3 AND, 32 years old)

Some family members did not return to the health facility for postpartum care, as they received no recommendations. Village midwives sometimes visit postpartum mothers at home, but not all mothers receive these visits. Most mothers do not receive enough information and education during the home visits regarding breastfeeding, breast care, personal hygiene, and how to care for cesarean-section wounds. A mother stated, *"Come check [the midwife], there's bleeding, that is all"* (Mother 2, AB, 30 years old). Mothers receive medication when they return home from the hospital, but village midwives do not check if the mother is confident and able to care for cesarean-section wounds. Postpartum mothers and their families do not receive enough counseling and education regarding postnatal care and family support during the postpartum period.

3.5. Discussion

The study revealed that most mothers in the postpartum period lacked sufficient knowledge about the postpartum period and appropriate care. This postpartum phase is often perceived as difficult and painful, and

mothers are commonly seen as weak, sick, or vulnerable to illness. As previous literature suggests, postpartum experiences are primarily shaped by cultural practices rather than biological processes [21], [23], [25], [29], [31]. In many cultures, postpartum mothers are expected to follow specific rules and restrict their movement to restore their health and strength [27], [30], [32], [34]. The findings of this study further support the idea that cultural beliefs and practices play a significant role in postpartum experiences and care [14], [17], [26], [31], [38], [39].

The research indicates that cultural constructs inform postnatal care passed down through generations. All mothers in the study followed local traditions and wisdom surrounding postpartum care, including confinement, traditional food and hair washing taboos, and roasting and 'tatobi' (hot water compress) traditions. International studies have shown that mothers in the postpartum period experience various behavioral changes, including dietary restrictions and changes in activity, to promote their health and well-being [18], [34], [40]–[42]. Traditional practices and beliefs are often the catalyst for these changes.

This study has illuminated the presence of cultural norms that dictate specific dietary restrictions during the postpartum period, despite not all postpartum mothers adhering to these beliefs and practices. These cultural restrictions prohibit the consumption of eggs, meat, certain types of vegetables, and hard and spicy foods, as it is believed that consuming such items impedes the mother's health recovery process and may potentially harm the baby. Notably, strict enforcement of these customary beliefs is observed in certain clans. In line with the findings of this study, prior research on Zulu Women in South Africa has identified porridge as the most recommended food item for postpartum mothers to restore their strength and increase breast milk production [43]. Other research on Malaysian mothers has also suggested that during the postpartum period, carbonated vegetables, spicy foods, watermelon, and pineapple should be avoided [24], [30], [34], [44]. It is important to note that beliefs regarding which food items are permissible and which are not are widely practiced in Asian and African societies [20], [28], [43], [45], [46].

The study further identifies two main traditions, namely 'tatobi' and 'roasting,' that are associated with the care of postpartum mothers. These traditions illustrate traditional beliefs aimed at restoring the strength and health of postpartum mothers through body heat balance. During the postpartum period, mothers and babies must lie on a bed beneath embers that will continue to burn for 40 days. The responsibility of replacing and ensuring that the embers stay lit falls on the husband or another family member. The objective of the roasting process, which involves lying on hot coals, is to maintain warmth for both the mother and child. In certain cultures, this practice of restoring heat may also reflect traditional beliefs regarding the dichotomy of cold and hot ('Yin and Yang'), whereby watching the birth process will cause the mother to be wet and cold. Thus, it remains vital to restore maternal body heat to accelerate the process of restoring maternal strength and health [17], [23], [26], [27], [47].

The present study's findings affirm and reinforce prior research that indicates that women who reside in rural areas are more inclined to adhere to traditional postpartum care practices [14], [16], [38], [48], [49]. Consequently, it is imperative to provide additional support to this group. It is important to note that traditional postpartum care beliefs and practices can impede modern medical care. Postpartum mothers in rural areas tend to follow traditional postpartum care practices that do not fully comply with health recommendations. For instance, the 40-day 'roasting' culture and the 'tatobi' (boiling water compress) tradition pose significant potential health risks for postpartum mothers and their infants. Previous research studies have shown that the roast culture can result in respiratory tract issues such as acute respiratory infections (ARI) and pneumonia and can also cause dehydration and burns, which can endanger the health of postpartum mothers and their infants. Similarly, the 'tatobi' tradition entails compressing all parts of the mother's body using boiling water, accompanied by pressing on the stomach, waist, and wound areas after childbirth, which can increase the risk of infection in the affected body parts, including the reproductive organs [35], [37].

Thus, it is incumbent upon healthcare professionals to exhibit heightened sensitivity and consideration for the cultural needs of postpartum women and their families when providing and developing effective postpartum care. The results of this research underscore the continued prevalence of traditional healthcare beliefs and practices during the postpartum period among women residing in rural areas of East Nusa Tenggara. This phenomenon may engender a conflict between modern and traditional care practices. Although the postpartum mothers in this study tended to comply with health recommendations or doctor's instructions while in a healthcare facility or under the supervision of healthcare professionals, they tended to revert to the traditional care practices provided by their families once they returned home. Hence, it is paramount that postpartum mothers receive education to understand the methods and significance of modern postnatal care in enhancing their own and their infants' health.

The study's results impart the importance of healthcare providers adopting suitable strategies for integrating traditional postnatal care beliefs and practices with modern health services [8], [16], [40], [42]. Village midwives should be tasked with educating pregnant and postpartum women on the significance of modern postnatal care and how to reconcile conflicts between postnatal care traditions and recommendations. For instance, postpartum mothers in rural areas would benefit from understanding that taboos on high-protein

foods and washing hair after delivery are based on unverified myths. Furthermore, the risks involved in "roasting" practices outweigh the benefits, and alternative methods can be suggested as substitutes for these hazardous cultural practices. The research findings also suggest that postpartum mothers generally adhere to the care traditions passed down from previous generations, even though they are unaware of these practices' rationale. Mothers may feel apprehensive about breaking traditional rules or living at home with parents/family, so they comply with traditional postnatal care.

These findings align with previous research, which also discovered that feelings of trepidation relating to conflict with the family prompted mothers to hold on to inherited beliefs and traditions, even without understanding the reasons behind them [8], [13], [29], [31], [39]. Earlier research also indicated that women continue to follow postpartum-related customs due to familial obligations or pressure from family members and elders, despite their reluctance to participate [21]–[23], [29], [31], [50]. This research also corroborates earlier findings that women continue to adhere to traditional practices even when they are unaware of their significance because they are concerned about the potential negative consequences, both for the baby and the mother, if they do not conform to these customs [14], [29], [39], [51].

To ensure that traditional postnatal care practices are correctly observed, it is crucial for influential individuals, including husbands and family members, to receive education on the subject. Home visits by village midwives present an ideal opportunity to educate and counsel postpartum mothers and their families regarding appropriate postnatal care practices. This approach can help increase self-confidence and reduce fear of not following traditional postnatal care practices, often considered high-risk. Additionally, this approach can foster the integration of cultural beliefs with modern postnatal care recommendations. Numerous studies have demonstrated that when presented with appropriate language, individual health education is an effective way to increase compliance with health recommendations and the utilization of postnatal health services [13], [16], [19], [25], [52], [53].

It is important to note that not all traditional beliefs and practices are harmful to postpartum mothers or their babies. Many cultural beliefs and practices can be beneficial. For instance, the prohibition against postpartum mothers performing heavy housework and the requirement that they stay home during recovery is psychologically and physically beneficial for women. Research conducted in various Asian countries has shown that staying indoors can protect mothers from harsh weather conditions and evil spirits and reduce the risk of infection and disease transmission to postpartum mothers and their babies. The prohibition against heavy housework can also serve as an essential form of social support to ensure a smooth transition to motherhood and facilitate physical and emotional recovery among postpartum mothers [14], [18], [32], [34], [44], [46], [54]. Therefore, healthcare workers must consider these traditional beliefs and practices when providing maternity services consistent with cultural beliefs. This approach can increase community satisfaction with health services and promote utilization.

According to this research, postnatal mothers and their families underutilize postnatal services at health facilities. The World Health Organization recommends that postnatal care should be provided to all mothers and newborns four times within the first six weeks after birth. This care can be given by either village midwives or trained cadres who can carry out home visits. Unfortunately, the study found that almost all postpartum mothers only visited a health facility once and received only 1-2 visits from village midwives during the postpartum period. Previous research has shown that workload, transportation, and lack of health workers are challenges and contributing factors to low home visits [8], [11], [19]. Additionally, postpartum mothers and their families did not receive adequate information and education regarding postpartum care and the importance of family support during this period. Similar findings were reported in previous studies that showed healthcare providers provided less information regarding postnatal care [4], [8], [9], [11], [49].

4. CONCLUSION

This study concludes that the cultural beliefs and practices related to postnatal care are consistent with traditional beliefs and practices in many Asian cultures. The research highlights that local community beliefs and practices can present opportunities and challenges for health workers to improve postnatal care quality. Health workers, particularly midwives, must be aware of and respect traditional postnatal care beliefs and practices to provide culturally sensitive health services. This can lead to a relationship of mutual trust, understanding, and better collaboration in maternal health services. To improve health literacy regarding postnatal care for postpartum mothers in rural areas, personal counseling, and ongoing education should be provided using appropriate language in-home visits for mothers and their families.

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