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# Food Taboos And Perineal Wound Healing Duration In Postpartum Mothers In The Working Area Of UPTD Non-Inpatient Public Health Center Totokaton, Batu Putih District, West Tulang Bawang Regency

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**ABSTRACT**
Healing of perineal wounds is influenced by several factors including culture of abstinence, nutrition, age, infrastructure, medicines, heredity. In this case, the culture of abstinence during the postpartum period is still being practiced, post- partum mothers who abstain from eating will avoid consuming fishy-smelling pro- teins such as: meat, eggs, fish, shrimp, crab, squid. So, in postpartum mothers who abstain from eating, the speed of healing of perineal wounds tends to be slow, and can cause infection during the postpartum period. The aim of the research is to determine the relationship between food abstinence and the length of healing of perineal wounds in postpartum mothers in the Totokaton non-inpatient health cen- ter UPTD working area. This research uses a cross sectional design, the sampling technique uses incidental sampling. The research subjects were postpartum mothers on the 7th day who experienced second degree perineal rupture in the Totokaton Non-Inpatient Health Center UPTD working area. Data collection used a questionnaire. Research analysis used the Pearson Chi Square statistical test. The research was conducted in August 2024. The research results showed that of the 46 respondents, 30 postpartum mothers (65.5%) who abstained from food experienced slow healing of perineal wounds. After carrying out the chi square test, the result was p = 0.048, meaning a relationship between food abstinence and perineal wound healing. It is hoped that postpartum mothers will consume better nutrition by not abstaining from food, the better the perineal wound healing will be.



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## INTRODUCTION

Indonesia consists of many ethnic groups with different customs and cultures. Different customs and cultures rooted in tribal communities influence their daily lives in behaviors, habits such as daily eating patterns, food types, food frequency, and including food taboos. Various reasons such as culture and health cause certain food restrictions for someone. Food

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taboos, like prohibitions, are considered to have adverse effects on those who consume them. The practice of food taboos tends to affect health, especially during the postpartum period (Langi et al., 2023).

The postpartum period is the period after placenta delivery and ends when reproductive organs return to their pre-pregnancy state. This period lasts approximately 6 weeks or 42 days. During the postpartum period, physiological and anatomical changes occur, including in the uterus, vagina, and perineum. Postpartum mothers' needs are very important to be met for good recovery and adaptation after childbirth. Some basic needs for postpartum mothers include adequate rest, ambulation, elimination, personal hygiene, perineal and vaginal care, fluid intake, and good nutritional intake. High intake of calories, protein, fluids, minerals, and vitamins in postpartum mothers will accelerate the process of new cell regeneration, allowing perineal wounds to heal faster (Sari & Rimandini, 2014).

Perineal rupture is an obstetric tear that occurs in the perineal area caused by discomfort of pelvic muscles and soft tissues between the vaginal introitus and anus during normal delivery when the baby is born, either spontaneously or with instrumental assistance such as episiotomy, forceps, or vacuum. Perineal tears occur in almost all first births and often in subsequent births, and can cause infection (Wahyuni et al., 2023).

The management of perineal rupture includes: for first-degree rupture, the tear is repaired very simply; second-degree has deeper tears requiring layer-by-layer suturing; while third and fourth degrees are usually handled by general practitioners and obstetricians due to the depth of the rupture reaching the rectum, requiring layer-by-layer repair. Birth canal tears can cause bleeding; therefore, perineal wound suturing is performed (Wahyuni et al., 2023). Perineal wound quality is considered good if there are no signs of infection such as redness, swelling, heat, pain, and loss of function (Yuliana, 2022).

Factors affecting perineal wound healing in postpartum mothers include food taboos, nutrition, infrastructure, age, medications, heredity, so the healing process of childbirth wounds such as perineal sutures will heal faster and better (Hilmiah, 2023). The Maternal Mortality Rate (MMR) recorded by the World Health Organization (WHO) in 2023 was 189 per 100,000 live births. Women die during and after pregnancy and childbirth. The main complications causing almost 75% of all maternal deaths are severe bleeding and infection (mostly after childbirth) (WHO, 2023).

According to the Ministry of Health's maternal and child health program records, Indonesia's maternal mortality rate in 2022 was 3,572 deaths, showing a decrease compared to 2021's 7,389 deaths. The highest cause of maternal death in 2022 was infection, among others (Ministry of Health RI, 2022).

In Lampung Province, maternal death cases in 2022 decreased compared to 2021, from 187 cases to 96 cases. Recorded maternal death cases in Lampung Province in 2022 were caused by hemorrhage in 24 cases, including infection. In West Tulang Bawang Regency, the maternal mortality rate in 2022 was 3 deaths (Lampung Provincial Health Office Profile, 2022). Recorded in the working area of UPTD Non-Inpatient Public Health Center Totokaton in 2022, the number of deliveries with second-degree perineal rupture was 415 (66%) cases,

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with 20 (3%) infection cases. This infection rate shows a higher number compared to data from the nearest health center, UPTD PONED Inpatient Public Health Center Totomulyo, which only reached 8 (1%) cases in 2022 (Health Center Profile, 2023).

Postpartum infection is the second leading cause of maternal death after hemorrhage if not treated promptly. One type of infection is birth canal wound infection. Infection occurs in the genital tract caused by bacteria. Perineal wound care in mothers after childbirth helps reduce discomfort, maintain cleanliness, prevent infection, and promote wound healing (Yuliani, 2022). Therefore, postpartum mothers are expected to maintain nutritional fulfillment patterns for perineal wound healing, especially protein, and not observe certain food restrictions during this period (Kaparang et al., 2023).

Efforts that can be made to accelerate the perineal wound healing process and prevent infection include approaching the patient's family, especially parents. Important aspects they usually adhere to regarding the postpartum period are food menus for postpartum mothers, for example, postpartum mothers must avoid foods containing protein such as meat, eggs, fish, crab, squid, because these are believed to inhibit childbirth wound healing and cause itchy stitches (Yuliana, 2022). Therefore, postpartum mothers need more attention regarding their food consumption as this is a period of self-care. During this time, mothers need to do their best to accelerate the wound healing process. Requirements include fulfillment of calories, protein, fat, and water, as well as quality rest (Sudargo, 2022). Research by Dian, Dewi, Miftakhul in 2020 revealed that there is a relationship between food taboos and the speed of perineal wound healing in postpartum mothers.

The bivariate analysis results of the relationship between food taboos and perineal wound healing speed with $\alpha = 0.05$ obtained a p-value = 0.002, so p-value < $\alpha$ means H0 is rejected and H1 is accepted. It was found that almost half of the respondents, 14 respondents (42.4%), practiced food taboos and most respondents, 19 respondents (57.6%), did not observe food taboos. According to researchers, the speed of perineal wound healing is influenced by food taboos for postpartum mothers.

Researchers also revealed that postpartum mothers who observe food taboos will avoid consuming animal protein. However, nutritional factors, especially protein, both animal and vegetable, will greatly influence the wound healing process in the perineum because tissue replacement greatly needs protein. Thus, in postpartum mothers who observe food taboos, the speed of perineal wound healing tends to be slow.

Survey results conducted by researchers in March in the Working Area of UPTD Non-Inpatient Public Health Center Totokaton found data on mothers giving birth in February reaching 53 (94%) people. Of these 53 postpartum mothers (94%), 36 (67%) experienced spontaneous second-degree perineal rupture. Ten postpartum mothers were visited at home during the survey on day 7 of the postpartum period. It can be concluded that 7 out of 10 postpartum mothers surveyed experienced relatively slow healing. Researchers also asked brief questions about the types of food consumed during the postpartum period, and it was mentioned that postpartum mothers avoid foods with fishy smells such as fish, eggs, meat, crab, squid, which are restricted due to beliefs held by parents from ancient times.

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Two of the seven postpartum mothers experienced fever up to 38.5°C, with perineal conditions still painful, swollen, reddened, and even suppurating. However, in surveys at other times, 3 out of 10 postpartum mothers had perineums that were sufficiently dry and good, and it was known that these postpartum mothers did not observe food taboos.

Based on the above description, it is known that in controlling MMR caused by infection, including birth canal wound infection during the postpartum period, it was mentioned that most postpartum mothers who practice food taboos, especially fishy-smelling foods, simultaneously experience delays in perineal wound healing. Therefore, researchers are interested in conducting research on "The Relationship Between Fishy-Smelling Food Taboos and Perineal Wound Healing Duration in the Working Area of UPTD Non-Inpatient Public Health Center Totokaton"

## METHODS

This is a quantitative research using a cross-sectional design. The population in this study was all postpartum mothers who gave birth in August 2024 who experienced second-degree perineal rupture in the working area of UPTD Non-Inpatient Public Health Center Totokaton. The total population was 53 people based on data from maternal cards/delivery pouches for estimated deliveries in August 2024. The sample size was 46 people, obtained through accidental sampling technique. The research instrument used a questionnaire. Bivariate analysis in this study used the Pearson Chi-Square test.

## RESULTS AND DISCUSSION

### RESULTS

### Respondent Characteristics

**Table 4.1** Respondent Characteristics.

| Characteristic | Criteria | N | % |
|---|---|---|---|
| Age | <20 Years | 1 | 2,2 |
| | 20-35 Years | 40 | 87 |
| | >35 Years | 5 | 10,9 |
| Education | Basic | 19 | 41,3 |
| | Secondary | 24 | 52,2 |
| | Higher | 3 | 6,5 |
| Total | | 46 | 100 |

Based on Table 4.1, it shows that out of 46 respondents, almost all - 39 postpartum mothers (84.8%) - were aged 20-35 years. While based on education level, 24 postpartum mothers (52.2%) had secondary education, 19 postpartum mothers (41.3%) had basic education, and 3 (6.5%) had higher education.

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## Univariate Analysis

**Table 4.2** Frequency Distribution Based on Food Restrictions

| No | Food Restrictions | N | % |
|---|---|---|---|
| 1 | Restricted | 30 | 65,2 |
| 2 | Not Restricted | 16 | 34,8 |
| | Total | 46 | 100 % |

Based on Table 4.2, it shows that out of 46 respondents, 30 postpartum mothers (65.2%) practiced food restrictions, and 16 postpartum mothers (34.8%) did not practice food restrictions.

**Table 4.3** Frequency Distribution Based on Healing Duration

| No | Healing Duration | N | % |
|---|---|---|---|
| 1 | Slow Healing | 44 | 95,7 |
| 2 | Normal | 2 | 4,3 % |
| | Total | 46 | 100 % |

Based on Table 4.3, it shows that out of 46 respondents, the majority of 44 postpartum mothers (95.7%) experienced abnormal perineal healing, and 2 (4.3%) postpartum mothers experienced normal perineal healing.

**Table 4.4** Relationship between Food Restrictions and Duration of Perineal Wound Healing in Postpartum Mothers

| Food Restrictions | Healing Duration | | Total | p |
|---|---|---|---|---|
| | Normal | Abnormal | | |
| Not Restricted | 2 | 14 | 16 | 0,048 |
| Restricted | 0 | 30 | 30 | |
| Total | 34 | 35 | 69 | |

Based on Table 4.4, the results of the study show that out of 46 respondents, 30 postpartum mothers (65.5%) who practiced food restrictions experienced slow wound healing in the perineum. Meanwhile, out of 16 postpartum mothers (34.8%) who did not practice food restrictions, 2 postpartum mothers (4.3%) had normal wound healing. This study used the chi-square test with a significance level of $\alpha = 0.05$. After conducting the chi-square test, the result obtained was p-value = 0.048, meaning $p < \alpha$, so H0 is rejected, and it can be interpreted that there is a relationship between food restrictions and perineal wound healing in the working area of the UPTD Non-Inpatient Health Center Totokaton.

## Discussion

### Characteristics of Respondents

Based on the study, it is known that 40 postpartum mothers (87.0%) are aged 20-35 years, which is more than those aged <20 years (1 postpartum mother, 2.2%) or >35 years (5 postpartum mothers, 10.9%). This means that it is in accordance with the direction from the National Population and Family Planning Agency (BKKBN), where the ideal age range for

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women to marry and give birth is at a minimum age of 20 years. The good age range for giving birth is between 20 and 35 years old.

Age is one of the factors in wound healing. In children and adults, wounds heal relatively faster than in the elderly. Meanwhile, in old age, the body is more often affected by chronic diseases, and decreased liver function can also interfere with the synthesis of blood clotting factors, which results in wounds in the elderly being disrupted and taking longer to heal (Fatimah & Lestari, 2018).

The results of this study are similar to the results of research by Marcelina and Nisa, where almost all respondents (79%) were aged 21-35 years old out of 38 respondents. In the study by Hardianty et al., it was also revealed that almost all of the respondents, 27 respondents (77.1%), were aged 20-35 years old.

Similar to the research conducted by Arma et al., it was found that the 20-35 year age category consisted of 27 respondents (87.1%). Based on the results of the study, the researchers revealed that postpartum mothers in the >35 years age group still followed the culture of food restrictions, resulting in delays in perineal wound healing. Meanwhile, one postpartum mother aged <20 years in the study did not follow the food restriction culture taught by parents or the surrounding environment but experienced delays in perineal wound healing. It was reported that the postpartum mother did not regularly consume the antibiotics provided by the local midwife, citing forgetfulness as the reason. This means that young age does not always guarantee faster wound healing, but there are other factors that cause delays in perineal wound healing, namely medication.

Based on the research results, it shows that out of 46 respondents, 24 postpartum mothers (52.2%) have secondary education, 19 postpartum mothers (41.3%) have basic education, and 3 postpartum mothers (6.5%) have higher education. In Notoatmodjo's theory (2014), it is revealed that education can change mindsets in accepting work, training, work methods, and decision making. Higher education will have broader knowledge compared to lower education levels. To measure the education level of mothers, it can be divided into three categories: basic education (elementary, junior high), secondary education (high school/vocational), and higher education (diploma, bachelor's degree, master's degree, etc.).

The theory of Marcelina and Nisa reveals that the higher the education of postpartum mothers, the more rationally they can think about the correct food restrictions during the postpartum period. Because education is a path taken to obtain information, if postpartum mothers are given clear, correct, and comprehensive information about the dangers of food restrictions, including the consequences, then postpartum mothers will not be easily influenced or try to consume the restricted foods. In the study by Arma et al., the education category of 16 respondents (51.6%) was high school education. Research by Marcelina & Nisa shows that out of 38 respondents, almost all of them (87%) have secondary education. Similarly, in the study by Hardianty et al., it can be interpreted that the majority, 25 respondents (71.4%), have secondary education (high school).

The researchers assume that, in accordance with the theory expressed by previous researchers, the higher a person's education, the easier it is for them to receive information

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and education. In this opportunity, out of 16 postpartum mothers who did not practice food restrictions, 14 postpartum mothers have secondary education, and 2 postpartum mothers have higher education.

These postpartum mothers already understand and know how to respond to the influence of parents and the surrounding environment regarding food restrictions during the postpartum period, so they no longer follow the food restriction culture. However, this does not cover the fact that there are postpartum mothers with secondary and higher education levels who still follow the food restriction culture. It is known that the possibility that occurs is that even though health workers have provided clear information to postpartum mothers about food restrictions, postpartum mothers have not received support from their families, making it difficult for them to avoid the food restriction culture. Because the community's view of taboo matters has become a culture that is widely spread in their lives, they also think that no bad things or unwanted things will happen from food restrictions, and they also do not want to be cursed by their parents.

**Frequency Distribution Based on Food Restrictions**

Based on the results of this study, it shows that out of 46 respondents, 30 postpartum mothers (65.2%) practiced food restrictions, while 16 postpartum mothers (34.8%) did not practice food restrictions. Food restriction is an individual behavior in society to not consume or avoid certain food ingredients because there are cultural prohibitions that are obtained from generation to generation under certain conditions (Noor et al., 2020).

The community's view regarding the culture of food restrictions is a belief for the general public, believing in stories and understanding in the form of myths that are passed down from parents to children, and from one person's words to another. The types of food restrictions for postpartum mothers include: fishy foods (sea fish, eggs, gizzard, liver, crabs, squid, shrimp, goat meat) (Noor et al., 2020).

This is in line with the results of research conducted by Arma et al., which revealed that most of the respondents practiced food restrictions, as many as 19 respondents (61.3%). However, this is different from the results of research by Marcelina and Nisa, which showed that out of 38 respondents, almost all of them (76%) did not practice food restrictions, and a small proportion (24%) practiced food restrictions. A similar thing also occurred in the results of research by Hardianty et al., where the research results revealed that the majority, 20 respondents (57.1%), did not practice food restrictions.

According to the researchers' assumptions, food restrictions are carried out because of beliefs or myths from the surrounding culture. So until now, there are still postpartum mothers who practice food restrictions. In this case, the food restrictions practiced by postpartum mothers are fishy foods such as eggs, fish, meat, shrimp, squid, and gizzard, liver, crabs. Meanwhile, mothers who do not practice food restrictions are able to reject the traditions or culture around them. So it does not cover the truth that the culture of food restrictions is still very attached, as evidenced by the results of the study where postpartum mothers who practice food restrictions are more numerous than those who do not practice food restrictions.

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**Frequency Distribution Based on Perineal Wound Healing Duration**

The results of this study show that out of 46 respondents, 44 postpartum mothers (95.7%) experienced abnormal or slow perineal wound healing. Two postpartum mothers (4.3%) experienced normal healing. Perineal wound healing in postpartum mothers is the process or way of healing from wounds caused by damage to the perineal tissue components where there is damaged or missing tissue in the occurrence. The process of healing the perineal sutures in postpartum mothers with the formation of new tissue covering the perineal wound normally takes 7 days with indicators of wound healing if there is no redness, the wound is closed, the wound is dry, no pus comes out, no heat and fever up to 38°C) with criteria (Kasmiati, 2023).

Hilmiah's theory reveals that the factors that influence perineal wound healing in postpartum mothers include food restriction culture, nutrition, infrastructure, age, medication, heredity, so that the healing process of wounds from childbirth such as perineal sutures will heal faster and better.

Research by Arma et al. revealed that out of 31 respondents, most of the perineal wounds experienced slow wound healing in 20 postpartum mothers (64.5%). This is different from the results of research by Marcelina and Nisa, which showed that out of 38 respondents, almost all of them (82%) had good perineal wound healing. In line with the research by Hardianty et al., it is interpreted that the majority, 18 respondents (51.4%), had normal perineal wound healing speed.

The researchers revealed that the speed of perineal wound healing in postpartum mothers is influenced by, among others, the culture of food restrictions. Postpartum mothers who do not practice food restrictions are more likely to have their perineal wounds heal within 7 days of the postpartum period. Meanwhile, postpartum mothers who practice food restrictions tend to avoid fishy foods (consumption of animal protein), which causes postpartum mothers to experience delays in perineal wound healing. As we know, nutritional needs during the postpartum and breastfeeding period increase by 25% because they are useful for the healing process after childbirth. One of them is a building source (protein). Nutritional factors, especially protein, will greatly affect the wound healing process in the perineum because tissue replacement requires a lot of protein. This means that the wound healing factor (food restriction culture) is closely related to the (nutritional factor) where most of the research results show a slow wound healing process due to limited food sources for postpartum mothers, in this case, protein sources.

However, in this case, the researchers will not explore the nutritional content and how much nutritional needs of postpartum mothers. The researchers only examine the extent to which the food restriction culture affects the surrounding community and whether there is a relationship between the food restriction culture and perineal wound healing. What is interesting from this study is the discovery of other facts, where some postpartum mothers experienced delays in perineal wound healing, not only due to the food restriction culture and nutrition but also other factors, namely (medication, infrastructure, heredity).

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**Relationship between Food Restrictions and Perineal Wound Healing Duration**

Based on the results of the study, it shows that out of 46 respondents, as many as 30 postpartum mothers (65.5%) who practiced food restrictions experienced slow wound healing in the perineum. A total of 16 postpartum mothers (34.8%) who did not practice food restrictions, including 2 postpartum mothers (4.3%) whose wounds healed normally. This study used the chi-square statistical test with a significance level of $\alpha = 0.05$, and from the test results, the p-value = 0.048 was obtained, meaning $p < 0.05$, so H0 was rejected, and it can be interpreted that there is a relationship between food restrictions and perineal wound healing in the working area of the UPTD Non-Inpatient Health Center Totokaton.

Food restriction is an individual behavior in society to not consume or avoid certain food ingredients because there are cultural prohibitions that are obtained from generation to generation under certain conditions (Noor et al., 2020). The community's view of taboo matters has become a culture that is widely spread in their lives. The types of food restrictions for postpartum mothers include: fishy foods (sea fish, eggs, gizzard, liver, crabs, squid, shrimp, goat meat) because they can cause sutures to not dry quickly, itchy sutures, fishy-smelling breast milk, black baby's mouth, fishy-smelling baby (Noor et al., 2020).

Perineal wound healing is the process of replacing and repairing the function of damaged tissue. Factors that influence perineal wound healing in postpartum mothers include food restriction culture, nutrition, infrastructure, age, medication, heredity, so that the healing process of wounds from childbirth such as perineal sutures will heal faster and better (Hilmiah, 2023).

One of the basic needs of postpartum mothers is a good nutritional intake. In the form of high intake of calories, vitamins, fluids, and minerals as well as protein in postpartum mothers will accelerate the process of regeneration of new cells so that postpartum perineal wounds heal faster (Sari & Rimandini, 2014). Protein will greatly affect the wound healing process in the perineum because tissue replacement requires a lot of protein. Nutritional needs during the postpartum and breastfeeding period increase by 25% because they are useful for the healing process after childbirth. One of them is a building source (protein), the most complete protein source is found in milk, eggs, and cheese which also contain lime, iron, and vitamin B (Sari & Rimandini, 2023).

The results of this study are supported by research conducted by Arma et al. From the results of the chi-square test, the p-value (0.000) was obtained, which means that there is a significant relationship between food restrictions and the length of perineal wound healing in postpartum mothers. A similar thing was revealed in the study by Marcelina and Nisa, which showed that there was a relationship between food restrictions and perineal wound healing with a p-value = 0.000.

In line with the results of research by Hardianty et al., it was revealed that the relationship between food restriction behavior and the duration of perineal wound healing in postpartum mothers obtained a p-value of $0.002 < 0.05$, which means that there is a relationship between food restrictions and the speed of perineal wound healing in postpartum mothers, which means the strength of the relationship is sufficient and in a positive direction

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so that the more mothers practice food restrictions, the slower the perineal wound healing. Based on the results of the study, the researchers revealed that most postpartum mothers who practiced food restrictions experienced slow healing of perineal wounds.

These postpartum mothers avoid fishy foods such as eggs, fish, chicken, meat, shrimp, and crabs. This is done because of the reasons for the food restriction culture that has been passed down for a long time from generation to generation, making it difficult for postpartum mothers to oppose this culture because of orders and directions from parents. For postpartum mothers who do not practice food restrictions, the perineal wound healing process is faster and heals well. However, it does not cover other facts that there are other factors that cause delays in perineal wound healing.

During the study, data were obtained for the age of <20 years, as many as 1 postpartum mother with secondary education, and this was her first delivery. Although it is known that the postpartum mother no longer practiced food restrictions, the postpartum mother experienced delays in perineal wound healing. It is known that the postpartum mother often neglected to consume the medication given by the local midwife. The researchers assume that the medication factor is another cause of delays in perineal wound healing.

Postpartum mothers aged >35 years were 5 people, where these postpartum mothers practiced food restrictions and experienced delays in perineal wound healing, 4 of them had basic education, and 1 postpartum mother had secondary education. One postpartum mother with secondary education had a history of 5 deliveries. Seeing this phenomenon, the researchers assume that the older the age of the postpartum mother does not guarantee that the postpartum mother can easily understand the information and education provided by health workers. Likewise with education, previous childbirth experience is a reason for the postpartum mother, so food restrictions are still practiced, all of which result in slower perineal wound healing.

Overall, it was found that as many as 30 postpartum mothers who practiced food restrictions experienced slow perineal wound healing. From the study, as many as 16 postpartum mothers did not practice food restrictions, 2 of them experienced normal wound healing, while the other 14 postpartum mothers experienced abnormal perineal wound healing. It can be concluded that although the food restriction culture has a relationship with the duration of perineal wound healing, there are other factors that play an important role in perineal wound healing.

## CONCLUSION

Based on the study conducted in the Working Area of the UPTD Non-Inpatient Health Center Totokaton, the frequency distribution of food restrictions showed that most postpartum mothers, 30 (65.2%), practiced food restrictions. Meanwhile, the frequency distribution of perineal wound healing duration indicated that the majority of postpartum mothers, 44 (95.7%), experienced abnormal perineal wound healing. The study found that there is a relationship between food restrictions and the duration of perineal wound healing in the Working Area of the UPTD Non-Inpatient Health Center Totokaton.

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