



Traditional Practices of Uud Danum Dayak Mothers During Postpartum Period

Marsela Renasari Presty^{1*}, Anastasia Lina², Agnes Dwiana Widi Astuti³, Trivina⁴, Intanwati⁵

^{1,2,3,4,5} Universitas Katolik Santo Agustinus Hippo

* Corresponding author: m.presty@sanagustin.ac.id

Abstract. Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are recognized as indicators of health status and success of the development implementation. In West Kalimantan Province, the number of maternal deaths in 2020 was 115 with Sintang recording the second-highest. MMR can be reduced through various efforts, such as providing health services during pregnancy, skilled healthcare assistance during childbirth, as well as postpartum care for mothers and infants. These efforts were carried out using healthcare services but the use was influenced by various factors, such as socio-cultural aspects. Therefore, this study aimed to explore the traditional practices carried out by Uud Danum Dayak mothers during postpartum period. An exploratory qualitative study was used with an ethnographic design in Jelundung Village, Serawai Sub-district, Sintang Regency, West Kalimantan Province. Uud Danum Dayak mothers used as subjects experienced postpartum in the last year and 9 informants were also included. Furthermore, a semi-structured interview guide, audio recordings, and field notes were used as the instruments. In-depth interviews lasting for 30 to 60 minutes were the primary data collection method and the entire process was recorded using audio recorders. The data analysis included reduction, presentation, and drawing conclusions or verification. The results showed that postpartum Uud Danum Dayak mothers adhered to traditional practices, including taboos regarding specific foods such as processed fish, chili, and gummy vegetables. Respondents were only allowed to consume boiled food and advised against washing hair or bathing with herbal leaves. The various traditional practices were perceived as negative or positive and the preservation was important for future generations. However, health education and counseling were needed to provide additional information about potential risks associated with these cultural practices.

Keywords: Postpartum Mothers, Culture, Traditional Practices

INTRODUCTION

Asian countries are known to have the highest maternal mortality rate (MMR) with one-third of the 302,000 deaths in 2015 occurring in the continent ^[1]. In Indonesia, MMR is 305 per 100,000 live births ^[2] and this figure falls significantly short of SDG's target, which aims for less than 70 per 100,000 live births by 2030. In West Kalimantan, MMR was 98 with causes including bleeding, infections, metabolic disorders, and hypertension in 2017 ^[3].

MMR and IMR serve as indicators of health status and success of the development implementation ^[4]. In West Kalimantan Province, the number of maternal deaths in 2020 was 115 with Sintang recording the second-highest ^[5]. Efforts to reduce MMR include various measures such as healthcare services during pregnancy, skilled assistance during childbirth, as well as postpartum care for mothers and infants ^[6]. These efforts rely on using healthcare services but the effectiveness is influenced by various factors, such as socio-cultural aspects ^{[7], [8]}.

Currently, cultural practices are prevalent, posing challenges for professionals in maintaining the quality of healthcare. Additionally, factors affecting the likelihood of cultural practices

include mothers' knowledge. This causes socio-cultural practices and beliefs to experience gaps, specifically during postpartum period ^[9].

In a preliminary study on the traditional birth attendant, Bibi Sabik, many mothers strongly adhere to cultural practices. These practices include staying indoors, not wetting hair, consuming only soupy foods, bathing with specific leaf-infused water, avoiding scaleless fish and foods with coconut milk or chili, as well as other prohibitions.

From a health perspective, adhering to these practices, such as staying indoors or following postpartum myths, can have negative impacts on the physical and psychological well-being of mothers. Furthermore, postpartum blues and depression may be experienced without family support ^[10]. Mothers may also face malnutrition due to the imposition of dietary restrictions.

The number of active traditional birth attendants is 3 people who are also village elders. Even though there are midwives in the village, some mothers prefer assistance from traditional birth attendants under certain conditions.

Based on observations, some experience "*Pajon*" during postpartum period. "*Pajon*" is the swelling of both breasts due to inadequate breastfeeding, lack of breast care, and insufficient milk production. Considering the circumstances, this study is interested in examining the traditional practices followed by Uud Danum Dayak mothers during postpartum period

METHODS

The design used was an exploratory qualitative. Exploratory qualitative is research designed to collect in-depth information from personal experiences that are difficult to reach by measuring or calculating numbers, prevalence, or impact that usually focus on quantitative methods. The approach used was an ethnographic method that interprets social groups, the systems that apply and their roles, and the social interactions that occur in a society. Ethnographic methods usually focus on certain activities or rituals in society, language, beliefs, ways of life, and so on. In this study, researchers collected information based on the experiences of Uut Danum Dayak mothers during the postpartum period and also observed the activities and way of life carried out by Uut Danum Dayak mothers.

This study was conducted in Jelundung Village, Serawai Sub-district, Sintang Regency, West Kalimantan Province. Furthermore, the subjects were Uut Danum Dayak mothers with postpartum experience in the last year, totaling 9 informants. The interview guide contains questions about traditional practices carried out by mothers during the postpartum period, the process carried out, the support given to mothers who carry out traditional practices, actions taken by community leaders in traditional practices that harm maternal health, difficulties or the problems you encounter while carrying out traditional practices and the hopes you want.

This study was conducted in Jelundung Village, Serawai Sub-district, Sintang Regency, West Kalimantan Province. Furthermore, the subjects were Uut Danum Dayak mothers with postpartum experience in the last year, totaling 9 informants.

Semi-structured interview guides, audio recordings, and field notes were used as instruments. The primary data collection technique included in-depth interviews lasting 30 to 60 minutes. Meanwhile, data analysis stages comprised reduction, presentation, and drawing conclusions or verification.

Researchers use the following framework in preparing interview guides:

1. Start from big questions, namely relevant broad areas of knowledge.
2. Develop questions from each main area according to the respondent. The aim is to capitalize on participants' experiences.

Data collection was carried out in natural settings, primary data sources and collection techniques were mostly in-depth interviews and documentation studies. Additional tools used by researchers in collecting data include interview guides, notebooks and recording equipment. The primary data collection technique in this research is in-depth interviews. An in-depth interview is

the process of obtaining information for research purposes by means of face-to-face questions and answers between the interviewer and the informant or interviewee, using an interview guide. This interview guide has been tested with a pilot interview with 1 informant. If the results of the pilot interview show that the participant has understood the interview questions asked by the researcher, then the interview can be carried out. Informant recruitment was carried out with the help of a gatekeeper, namely a midwife on duty in Nanga Jelundung Village, to determine informants and make an initial approach. The gatekeeper then introduced the researcher to the informant via telephone and agreed that the informant was willing to come to the researcher's house. Then the researcher went directly to the informant's house to conduct interviews assisted by a translator.

The time and place for conducting the research were carried out in accordance with the agreement that had been established with the informant 1 day before. In this case, the place where the research was conducted based on an agreement with the informant was at the informant's house provided that the family did not interrupt during the interview. Apart from that, the interviewer can also directly observe the condition of the informant's house to ensure the relationships that exist within the family and the situation and conditions of the informant's house which can support the research results. This research obtained permission from the Head of the UPTD of the Serawai District Health Center to conduct research in his work area and has obtained an ethical approval letter from the STIKES Guna Bangsa Yogyakarta Health Research Ethics Commission.

After obtaining the data, the researcher recruited informants with the help of a gate keeper and carried out informed consent by explaining the research information sheet first. Before conducting the interview, the researcher first approached the informant and provided an explanation of the aims and objectives of the research with the help of a gate keeper. By implementing a good approach, trust is established between the researcher and the informant, then the researcher conducts interviews with the informant

The data analysis stages consist of:

1. Data Reduction

After researchers carry out data collection in the field, data will be obtained. Therefore, it is necessary to analyze the data through data reduction immediately. Data reduction is the process of summarizing, selecting the main things, focusing on the important things and transforming the rough data that emerges from notes in the field by reducing or eliminating unnecessary things. Data reduction is used to generate hypotheses regarding the composition of field results. This provides a clearer picture of the data and makes it easier for researchers to collect further data and search for it if necessary.

2. Data Presentation

In this research, the data presentation used is narrative text. Presenting data will make it easier to understand what happened and plan further work based on what has been understood.

3. Drawing conclusions and verification

The initial conclusions put forward are still temporary, and will change if strong supporting evidence is not found at the next stage of collection. And conclusions will be credible if they are supported by valid and consistent evidence.

Trustworthiness can be obtained from four criteria, namely credibility, transferability. Checking the validity of the data in this research uses triangulation techniques. Triangulation is a data checking technique that uses other people outside the data to for the purpose of checking or as a comparison of the data. The triangulation that researchers use in this research is triangulation with data or sources, this technique can use one type of data, for example informants, but some of the informants used need to be positioned from different groups or levels. To facilitate triangulation, researchers used Focus Group Discussion (FGD), where in this group there were key informants who could help examine the data.

RESULTS AND DISCUSSION

The following is a general description of the informants in Nanga Jelundung Village, Serawai, Sintang:

Table 1. Profile and General Description of Informants

No.	Name	Age	Position	Role
1.	Mrs. PR	29 years	Postpartum Mother	Informant 1 is a 29-year-old mother with 2 children aged 8 years and 5 months. During the interview, cultural beliefs were followed for postpartum periods for the first and second children. The first child was delivered with the assistance of a traditional birth attendant, while the second was assisted by a midwife. The informant also confessed to experiencing " <i>Pajon</i> " during postpartum period.
2.	Mrs. LK	20 years	Postpartum Mother	Informant 2 is a 20-year-old mother with a 4-month-old child. The interview results showed that the informant practiced cultural beliefs during postpartum period. The child was born with the help of a midwife and the informant also reported experiencing " <i>Shanon</i> and " <i>Pajon</i> ".
3.	Mrs. RW	26 years	Postpartum Mother	Informant 3 is a 26-year-old mother with 2 children aged 5 years and 6 months. The interview results showed that the informant adhered to cultural beliefs during postpartum period. The last child was delivered with the assistance of a midwife and did not experience " <i>Shanon</i> " during the previous postpartum period.
4.	Mrs. WE	21 years	Postpartum Mother	Informant 4 is a 21-year-old woman with a 4.10-month-old child. The informant followed a belief system during postpartum period. During birth, assistance was rendered by a traditional birth attendant. Furthermore, " <i>Shanon</i> and " <i>Pajon</i> " were reported during postpartum period.
5.	Mrs. MW	19 years	Postpartum Mother	Informant 5, aged 19, has an 8-month-old child. The informant followed a belief system during postpartum period and was assisted by a midwife during childbirth. The informant admitted to experiencing " <i>Shanon</i> " during postpartum period.
6.	Mrs. KE	45 years	Midwife	Informant 6 is a 45-year-old midwife serving in Nanga Jelundung Village. The informant stated that the entire population in Nanga Jelundung Village observed traditional customs passed down through generations. Meanwhile, cooperation between medical practices and traditional practices was necessary. Traditional practices were not eliminated but monitored for positive and negative effects.
7.	Mrs. ES	58 years	Traditional Birth Attendant	Informant 7 is a mother who also works as a traditional birth attendant in the village. The informant admitted to practicing only in the absence of a midwife during childbirth. The informant also stated the importance of adhering to customs or beliefs to prevent undesired occurrences such as " <i>Shanon</i> " and " <i>Pajon</i> ".
8.	Mrs. M	80 years	Traditional Birth Attendant and Community Leader	Informant 8 is an 80-year-old grandmother who works as a traditional birth attendant in the village. The informant admitted to no longer assisting in childbirth due to old age but continues to address issues related to " <i>Shanon</i> " or " <i>Pajon</i> " during postpartum period through traditional remedies. The informant focused on the importance of

				following customs or habits throughout life to prevent undesirable occurrences.
9.	Mr. AT	52 years	Community Leader	Informant 9, aged 52, is a community leader who stated that the life of Uud Danum Dayak community was closely linked to cultural activities. Some were beneficial but with common adverse effects. Certain cultural practices, already passed down through generations, should be preserved, considering specific points.

A total of three themes were developed from this study: "*Mothers' Knowledge*," "*Family Attitudes*," and "*Healthcare Professionals' Actions*." Sub-themes within theme 1 include "*Taboos or recommendations during postpartum period*" and "*Information sources*." Theme 2 comprises "*Family support*" and "*Response to traditions*," while theme 3 focuses on "*Views on healthcare and cultural practices*."

Mothers' Knowledge

The theme "*Mother's Knowledge*" shows the awareness levels of informants concerning cultural role in mothers' lives during the previous postpartum period, and this consists of two sub-themes:

Taboos or recommendations during postpartum period

Based on the interviews conducted, the majority of informants stated different taboos related to eating and drinking during postpartum period. This is evident in the statements made by informants 1 and 3 below:

"We should not eat chili or spicy foods because we are afraid of infections in our uterus. We also should not eat catfish or slippery fish because we are afraid of the uterus dropping. Besides, we should not leave the house due to the fear of Shanon. We can only eat boiled food." (I1PR, 29, 2 children)

"We should not eat fern and pumpkin leaves because we are afraid our breast milk will not come out. We also should not eat fish with scales or slippery fish because we are afraid of the uterus dropping." (I3RW, 26, 2 children)

Besides the taboos, there are recommended practices related to cleanliness during postpartum period according to local cultural customs. Some recommendations are reported by informants 4 and 5:

"After giving birth, we can only stay at home and take a warm bath mixed with momung leaves... we are not allowed to comb our hair, cut our nails, and brush our teeth for 3 days." (I4WE, 21, 1 child)

"After giving birth, we are not allowed to do heavy work like sweeping the house, washing hair, and combing hair for 3 days. We also have to take a warm bath with beken (bay) leaves." (I5MW, 19, 1 child)

Some beliefs among postpartum mothers include the vulnerability of newborns to supernatural beings. This leads most mothers to use various items or tools placed around infants or attached to the hands or feet, as evident in the statement made by informant 2:

"I keep scissors under the bed, usually with a mirror. Then, I tie cloth on my child's hands to ward off ghosts." (I2LK, 20, 1 child)

Based on the Focus Group Discussion (FGD) results with midwives, traditional birth attendants, and community leaders, cultural practices in Nanga Jelundung Village are frequently observed, as stated by informants 6 and 7:

"If it is been passed down from generation to generation, we dare not violate it. Because there are always unfortunate events." (I6KE, 45)

"After giving birth, we cannot leave the house... that rule has been there since ancient times... from our ancestors. When we give birth, we should not go anywhere, fearing we might get sick and various other reasons." (I7WS, 58)

Information sources

Based on the interviews, the majority of informants obtain information from family and social environments, and the experiences of informants 2 and 5 are as follows:

"My mother forbids me from eating all kinds of food. A lot of aunts and parents here also forbid many other things." (I2LK, 20, 1 child)

"I do not know, my parents forbid it like that..." (I5MW, 19, 1 child)

The FGD results also state that habits or customs held by the community have been in existence since ancient times and this is reflected in the statement of informant 8 below:

"We are prohibited from going out, bathing with warm water mixed with leaves, and not eating slippery fish. These prohibitions have been there since the time of our ancestors... for many reasons. Because there are always bad events if the prohibitions are violated." (I8M, 80)

Based on the information obtained from informants, cultural traditions have been practiced based on the recommendations of individuals in the surroundings, such as parents, elders, family, and even neighbors. Therefore, some beliefs have no medical influence and this is evident in the statement of Informant 1, as follows:

"So, it does not have any effect? If we have a fever and breastfeed our child, then we get 'Pajon,' it is not true, right?" (I1PR, 29, 2 children)

Family Attitudes

The theme "*Family Attitudes*" depicts the extent of the family attitudes toward cultural practices observed in the lives of mothers during the previous postpartum period. This theme comprises two sub-themes: "*Family Support*" and "*Response to Traditions*."

Family support

The majority of informants are supported by the family during postpartum period and this is evident in the statements made by 3 and 5:

"I am not allowed to sweep and clean the house. All of that is performed by my husband and in-laws..." (I3RW, 26, 1 child)

"I am not allowed to sweep. My mom and aunt help with that... My husband does not help because he works far away." (I5MW, 19, 1 child)

Even though 1 out of 5 mothers is not accompanied by a husband during childbirth process, the informant does not experience significant disappointment, as stated below:

"I am not disappointed, first because it was a misinterpretation. If it is not mistaken, my husband will not possibly not come. The plan was to come on the 15th, but it turns out the delivery came earlier..." (I1PR, 29, 2 children)

A total of 3 mothers did not experience significant sadness related to social support during the recent postpartum period. This can be observed in the statements of informants 1, 2, and 5:

"I rarely cry because my husband is willing to help. He even made an effort to come down from the forest to accompany me during childbirth." (I1PR, 29, 2 children)

"Yes, I can rest smoothly and my husband rarely gets angry. I focus on the child because it is my responsibility. Household chores are helped by my mother, father, and husband." (I2LK, 20, 1 child)

"My work is assisted by my in-laws and my husband. If there are differences of opinion, it is normal and just talk." (I3RW, 26, 2 children)

Based on the FGD results, women's tasks after giving birth include caring for infants. Meanwhile, household chores, including washing, cleaning the house, and cooking are performed by family members, as reported by informant 9:

"If the husband is away, parents or in-laws come to help with household chores. That is why mothers who have just given birth are not too stressed." (I9AT, 52)

Response to Traditions

Mothers admit that there are customary practices performed after childbirth. These are followed during the recent postpartum period, as stated by informants 3 and 4:

"I am not allowed to do many things. Before the umbilical cord is cut, I cannot leave the house... The prohibition has been there for a long time and I do not know the reason. I just follow what the parents say..." (I1PR, 29, 2 children)

"There are many prohibitions after giving birth. I was prohibited from eating vegetables with sap and told to tie my head in order not to get 'Shanon.' The prohibitions were conveyed by the traditional birth attendant and midwife." (I4WE, 21, 1 child)

Besides accepting and following the traditions, mothers also share feelings during the practice, as expressed by informants 1 and 5 below:

"I felt uncomfortable at home... I wanted to go out because I was dizzy, but I did not get angry." (I1PR, 29, 2 children)

"All those prohibitions made me unhappy. I could not go out and eat what I liked. However, I did not express my unhappiness and just kept quiet." (I5MW, 19, 1 child)

Other informants also express opinions on cultural practices, specifically regarding body hygiene, as stated by informant 3:

"I did not shampoo for 2 weeks, I bathed but did not shampoo... I do not feel anything strange. I feel healthy, no problems at all." (I3RW, 26, 2 children)

Based on the FGD results, informants feel that culture cannot be eliminated or ignored. The risks need to be understood and borne individually when violated as stated by informant 7:

"There are no sanctions if it is not performed... but the risk is borne by the individual. Most likely, they will be scolded, not sanctioned. At most, they will be scolded for eating something forbidden." (I7WS, 58)

Healthcare Professionals' Actions

The theme "*Healthcare Professionals' Actions*" describes informants' acknowledgment of actions taken by professionals or informants in handling health issues in mothers when carrying out cultural practices during postpartum period.

Arising Issues

A total of 3 out of 5 mothers with postpartum history in the past year admit to experiencing "Shanon" and "Pajon." These terms are used to describe issues that occur during postpartum period in Uud Danum Dayak community. *Shanon* is a condition of fever and discomfort experienced by mothers, while *Pajon* is a condition where the breasts increase in size. The experiences of informants 2, 4, and 5 regarding "Shanon" include:

"I have heard about Shanon and experienced it too. I had Shanon for 3 days because I smelled the smell of cooked fish." (I2LK, 20, 1 child)

"A few weeks ago, my body did not feel good for 2-3 weeks. It felt like my legs were being pricked and it hurt a lot... that is all I felt." (I4WE, 21, 1 child)

"Yes, I had a fever for a week because of sweeping. The sound made me feel uncomfortable. I also smelled durian yesterday, maybe that is the reason." (I5MW, 19, 1 child)

Informants 1, 2, and 4 also shared experiences related to "Pajon":

"When my breasts hurt (Pajon), the breast milk is discarded... when I had a fever, I did not breastfeed my children because I was afraid they would also get a fever..." (I1PR, 29, 2 children)

"I once felt my breasts were painful, swollen, probably because of eating raw rice." (I2LK, 20, 1 child)

"I had Shanon for 2 to 3 weeks. My breasts felt hot and swollen because of eating raw rice." (I4WE, 21, 1 child)

Shanon and *Pajon* are often found in mothers during postpartum period. This occurrence is believed by the elders in Nanga Jelundung Village to be a result of violating long-standing taboos, as reported by Informants 6 and 7 below:

"Not all fish are forbidden, but people can get Shanon just by smelling the fish. Shanon can cause dizziness, fever, and then bleeding." (I6KE, 45)

"Yes, mothers were not allowed to eat instant noodles, but they still eat them. Finally when giving birth, they immediately got Shanon due to the smell of the seasoning." (I7WS, 58)

Even though taboos are traditionally practiced and believed to prevent *Shanon* and *Pajon*, the phenomena also pose mental health problems. Informants 1 and 5 admit feeling stressed while adhering to existing taboos, as stated below:

"I feel comfortable and uncomfortable because if the umbilical cord has not been cut, I am not allowed to leave the house. My second child's cord took a long time to be cut. I wanted to go out because I felt dizzy." (I1PR, 29, 2 children)

"All those prohibitions made me unhappy... I could only suppress the feeling of unhappiness... I regretted it last time because I had a child too soon. Sometimes, my sleep is disturbed..." (I5MW, 19, 1 child)

Ways to address the health problems

This sub-theme shows the procedures used to address health issues among mothers in postpartum period, including both medical and non-medical interventions. A total of three women who experience *Shanon* mention ways to address the problems during postpartum period as follows:

"I experienced headaches and my muscles hurt. After that, I asked my Aunt Mene for medicine. The medicine is like the root of a tree in the middle of the road. It is burned and the smoke is applied to the body." (I2LK, 20, 1 child)

"I bathed with momung leaves. The leaves are boiled and then used for bathing while massaging the body to avoid pain..." (I4WE, 21, 1 child)

"When I was sick last time, I sought treatment from a midwife. I took the medicine given until I recovered..." (I5MW, 19, 1 child)

Informants 1 and 2 also reported ways to overcome *Pajon* as follows:

"I obtained treatment from a midwife because I was afraid it would affect my child and make him feverish too... after taking the medicine from the midwife for about a day or more, I felt better." (I1PR, 29, 2 children)

"When I had Pajon, I ate leftover rice present in the washed rice container. That is the condition to get better quickly." (I2LK, 20, 1 child)

Based on the FGD results, informants 6 and 9 share experiences in addressing *Shanon* as follows:

"Yes... both medical and traditional methods are used. For example, if there is a problem and traditional methods are used alongside medical ones, it is okay because in the past there were no midwives." (I6KE, 45)

"They usually go to the midwife if they feel unwell, even if they sometimes use the traditional methods mentioned earlier." (I9AT, 52)

Informants 6 and 8 also stated ways to overcome *Pajon* as follows:

"Medically, the breasts are usually pumped and the breast milk is taken. The difference is that medically, breast milk is not discarded, while traditionally it is discarded." (I6KE, 45)

"The breasts are usually given a concoction made from sweet potato. Its function is to cool down. The fruit is grated and then applied to the breasts." (I8M, 80)

CONCLUSIONS

Traditions or customs practiced during postpartum period are very common among the tribes residing in different regions of Indonesia, including the Dayak tribe in West Kalimantan, specifically Uud Danum Dayak sub-tribe. From ancient times, the practice of adhering to taboos or following the advice of village elders has continued^[11]. Meanwhile, some practices show the potential for negative consequences when analyzed more closely.

Based on the results, 5 informants with postpartum experience report that the culture practiced is passed down through generations. However, the specific impacts of the cultural practices are not certain. These cultural practices are adhered to due to the anticipation that noncompliance may lead to detrimental consequences known as *Shanon* and *Pajon*.

Some postpartum treatments commonly practiced by Uud Danum Dayak tribe include bathing with concoctions and cooking herbs to facilitate the production of breast milk. Besides these treatments, some taboos and recommendations need to be followed during postpartum period, such as restrictions on food consumption and activities. In terms of healthcare, Uud Danum Dayak mothers adopt a dual approach, combining medical and traditional methods. For mothers experiencing *Shanon* and *Pajon*, traditional methods include using roots to smoke the body (treatment for *Shanon*), eating leftover rice, and applying grated sweet potato on the breast area.

After giving birth, mothers are prohibited from leaving the house. The timing varies, but mothers can leave the house when infants' umbilical cord has been detached and dried. Additionally, mothers are forbidden from washing hair for approximately 3 days, brushing teeth,

doing household chores for 40 days, cutting nails, bathing using warm water with herbal mixtures, and eating boiled food. This is performed to prevent Shanon, which may occur when the prohibitions are violated.

Generally, there is no specific order in postpartum care for Uud Danum Dayak mothers in Nanga Jelundung Village. The focus during these cultural practices is on the duration of the prohibitions or recommendations. The average duration of prohibitions on not washing hair, brushing teeth, and combing is 3-5 days, while food prohibitions are 40 days during postpartum period. The determination of the duration for these prohibitions varies in each family. The stronger a family adheres to tradition, the longer the duration of the prohibitions. The influence on the duration of prohibitions is particularly significant when there is a family member used as a traditional birth attendant. In contrast, when a family is more influenced by external information, usually from outside the village, the duration of the prohibitions is shorter.

Based on observations during this study, there are no major rituals performed after giving birth among postpartum Dayak mothers in Nanga Jelundung Village. Major rituals are reserved for marriage, the seventh month of pregnancy, and traditional funeral ceremonies. Regarding hygiene practices, mothers are recommended to take a warm herbal bath for approximately 40 days. The use of herbs has long been practiced in Asian countries such as China, Thailand, the Philippines, Vietnam, and Indonesia. Southeast Asia is known for diverse botanical richness and these herbal plants provide healing effects for various health issues, including fertility, menstruation, abortion, placental and fetal expulsion, pregnancy, and postpartum ^[12].

There are three types of herbs used by Uud Danum Dayak mothers for bathing during postpartum period, such as bay, sembung, and kratom leaves. These leaves provide comfort and alleviate postpartum pain or fatigue. Furthermore, the leaves are cooked and the resulting decoction is used for bathing. Mothers can use only one type of herb or all three since there is no specific rule for selecting the type. After bathing, a "*gurita*", which is a traditional abdominal binder, is provided to help with the process of returning the stomach to the original shape.

According to a study, sembung leaves scientifically known as *Blumea Balsamifera* have positive health benefits. The leaves are found in forest edges, riversides, valleys, or grassy areas, and are valuable medicinal plants in the health field for treating eczema, dermatitis, beriberi, back pain, menorrhagia, rheumatism, and skin diseases ^[13]. According to a study, bay leaves can be used for asthma, cancer, diabetes, endometriosis, postpartum issues, hypertension, stomach ulcers, fever, and skin diseases ^[14]. Similarly, kratom leaves also have several health benefits, and the main chemical compound mitragynine has an analgesic effect ^[15].

The permissible foods for consumption are limited to boiled items, such as chicken or pork. Mothers are advised not to use spices with a strong smell such as turmeric and galangal, while the use of ginger should be limited. Spicy food is also prohibited for 40 days during postpartum period to prevent infections in the abdomen. Mothers are restricted from consuming coconut milk-infused vegetables to prevent a slippery uterus.

Vegetables can only be cooked in clear broth, similar to the process of cooking meat. Likewise, permissible fish should be fresh and not slippery or scaly like catfish and kaloi fish. Consuming slippery and scaly fish is considered to cause the uterus to descend. Vegetables such as pumpkin, fern leaves, and other mucilaginous varieties are discouraged from consumption since the process of breast milk production is reduced. Meanwhile, acceptable vegetables include spinach, katuk (cangkok), wild tubers, and banana blossom. Herbs such as bay or kratom leaves are mixed into dishes during the cooking process to enhance breast milk production.

Prohibitions on consuming specific foods deviate from established theories. This observation is consistent with a study showing that women modify or restrict food intake during pregnancy and breastfeeding ^[16]. According to theory, postpartum mothers need adequate nutrients, including folic acid, calcium, iron, and a vegetarian diet, such as protein and vitamin B12 ^[17]. These nutrients are crucial for addressing nutritional deficiencies in unfulfilled mothers during pregnancy and childbirth.

Food prohibitions can also affect the nutritional intake of newborns since the health of mothers and infants is interconnected. Food prohibitions followed by mothers can indirectly cause

nutritional issues in infants ^[18]. The imposition of certain prohibitions shows that mothers may not fully understand the importance of nutritional content in the restricted foods.

Another interesting practice is the habit of storing sharp objects such as scissors or glass under infants' bed. Scissors and glass are considered a way to ward off ghosts. After giving birth, both mothers and infants emit a scent preferred by ghosts. To counter this, objects such as scissors or glass are placed under the bed. Moreover, there are also black and red fabric bracelets worn around infants' ankles and a white fabric wrapped around the arms with forest fruits referred to as "*kokora*" in the local language.

The black and red fabric is believed to facilitate the production of breast milk, while the white fabric and *kokora* fruits are "charms" to ward off ghosts. Mothers do not offer elaborate explanations for the bestowal of these items but dutifully adhere to the instructions provided by the parents. Another method to ward off evil spirits or ghosts is found in Turkey where placing the Quran and a needle under the pillow is effective. Postpartum mothers believe that evil spirits can disturb mental health, while a yellow fabric is placed on infants' face to prevent jaundice ^[19]. However, this method is not suitable since sharp objects can harm mothers and infants.

Mothers are expected to refrain from household chores such as sweeping, cleaning dishes or dirty clothes, and engaging in other strenuous activities. The focus should be on caring for infants since strenuous activities are feared to cause health issues. The activities, including changing from sitting to standing or walking, must be performed with caution to prevent delay in the healing of injuries incurred during childbirth. Adhering to the recommendations and prohibitions is crucial since any violation may lead to "*Shanon*," a term including discomforts such as feeling hot or cold, shivering, and dizziness during postpartum period.

Physical activity restrictions are also found in mothers of Myanmar nationality. Some restrictions include confinement at home, as well as avoiding sexual intercourse, exposure to wind and cold, the use of soap, heavy household chores and the smell of frying or burning, arguments, and crying ^[20]. Some of these cultural practices contribute to mental issues when performed continuously. Despite the positive aspect of not being permitted to engage in household chores, mothers with free-spirited personalities who derive enjoyment from interacting with numerous people may encounter challenges. Physical activity restrictions can potentially divert mothers from coping with feelings of sadness ^[21].

Some prohibitions or recommendations undoubtedly generate two sides, namely acceptance, and rejection of medical information used to analyze and decide on necessary actions when cultural practices are perceived to be detrimental. From the knowledge of the culture being practiced, mothers are aware of the prohibition or a recommendation to be performed. However, there is uncertainty after examining the understanding regarding the adverse effects of cultural practices.

The practices have been handed down through generations, focusing on the importance of not violating the associated prohibitions or recommendations. The absence of precise information shows the need for additional health education, particularly on the potential effects when engaging in cultural practices without adequate information. Health education is a sufficient means to potentially influence and alter community behavior concerning the execution of traditional practices ^[22]. Besides changing behavior, this variable can also influence individuals' knowledge, attitudes, and behaviors ^[23].

Based on the information obtained through interviews with informants, the family's attitude towards culture is to fully accept the implementation of cultural practices. Informants only violate one or two practices, such as not brushing teeth, while others are carried out with full awareness.

The violation of long-standing beliefs leads to other problems. In this case, the impact of violating prohibitions or taboos is *Shanon* and *Pajon*, which are physical health problems. There are several measures taken to prevent informants from experiencing these problems or applying other methods to heal, considering medical and non-medical aspects.

Based on the accounts of feelings when engaging in traditional practices, informants are pressured and unhappy. This can be an early sign that mothers are experiencing mental health issues after childbirth. A psychological issue commonly experienced during postpartum period is

depression. According to some previous studies, depression can occur due to cultural practices performed during postpartum period. This occurrence threatens mothers with cultural diversity [24], [25], focusing on the need to observe the behavior exhibited by mothers during postpartum period. This is to enable healthcare professionals to detect symptoms of postpartum depression early.

The foundational background of the social theory in the study paradigm shows that individuals engage in certain actions based on deliberate decisions aimed at attaining objectives (26). The care provided by Dayak tribe, specifically Uud Danum Dayak sub-tribe, contains elements of culture. This care can have both short-term and long-term effects [17].

The cultural practices carried out are important to continue and pass on to the next generation. The adverse consequences arising from cultural practices may not be apparent. However, negative effects from violations should be considered rather than a more rational perspective, such as concerns related to cleanliness, and dietary habits. The FGD also suggest that mothers subjected to cultural practices do not encounter excessive stress. This phenomenon may be attributed to the comprehensive support received from parents, in-laws, or husbands during postpartum period.

The avoidance of household chores during postpartum period for Uud Danum Dayak mothers contributes to the prevention of depression. Husbands and parents are responsible for household tasks, ensuring the preservation of mothers' sleep quality. This practice is consistent with study conducted in New York, showing the crucial role of support from partners, parents, or family members in safeguarding the health of postpartum women and reducing the risk of depression [27].

The allocation of household responsibilities among mothers and the broader family contributes to an enhancement in the sleep quality of postpartum mothers. Even though some informants reported occasional awakenings due to the cries of infants, these instances do not impact emotional well-being. Informants are consciously aware that motherhood includes confronting unpredictable circumstances. This contrasts with a study comprising African-American women, where variations in sleep quality were observed between first-time pregnant mothers and those who have experienced childbirth multiple times. The distinction may be attributed to an increase in parity, leading to disruptions in sleep patterns due to factors such as infants' cries and toilet needs [28].

Based on the results, some informants experience *Shanon*. In the event of mothers encountering this health problem, The two methods considered when these problems are encountered are the medical and local approaches, including a midwife and traditional birth attendant. The commonly practiced traditional method includes the fumigation of mothers' body using roots found in the middle of the road. Detailed information on the specific type is not provided, but traditional birth attendants, who regularly assist postpartum mothers, typically supply the roots. Meanwhile, prevention efforts revolve around strict adherence to the prescribed taboos.

Pajon is quite common among first-time mothers shortly after giving birth, primarily from breast swelling caused by improper breastfeeding techniques. In Uud Danum Dayak language, this health problem refers to breast milk damming. The problem is characterized by fever, heat in the breast area, and swelling. Furthermore, the discomfort caused by *Pajon* can be reduced through two approaches. In the medical context, mothers often consult a midwife to obtain fever and pain medication. Traditional methods include the consumption of leftover rice and the application of grated cassava onto the swollen breasts.

The practice of consuming leftover rice is conducted as a measure to ensure that *Pajon* does not persist for an extended duration. The application of grated cassava includes grating old or young tubers and placing on the swollen and warm breasts. After the application, mothers experience increased comfort as the heat is reduced by the coolness of the grated cassava. This application is carried out continuously until recovery, with the dressing being changed every hour. The interesting thing about the method (*Shanon* or *Pajon*) is that medical attention is provided after 1-2 days of traditional treatment. This is because mothers believe that relying solely on traditional methods is not enough. However, traditional methods are abandoned focusing directly on the midwife to assist in the healing process when the case becomes severe.

Despite active participation in cultural traditions, health conditions responses are carried out by obtaining assistance from healthcare professionals to address problems. Positive responses result from support for cultural practices, considering the provision of health education to mothers who observe traditions.

The attitudes of healthcare professionals are certainly influenced by the acceptance from the community residing in the area. Considerations are made by validating the surrounding culture, and practices with adverse effects through health education. Traditional practices observed require health education for patients, relatives, cadres, traditional birth attendants, and community leaders ^[22].

Some interesting aspects observed are informants' belief in the breast milk produced during *Pajon*. Breastfeeding during *Pajon* can make infants sick because the heat felt by mothers might be transmitted to infants. *Pajon* also known as breast milk damming during postpartum period can be addressed by providing health education on breast care ^[29]. Additionally, mothers can use a pump to express breast milk as well as apply warm and cold compresses ^[30].

According to the functionalism theory presented by Malinowski, cultural elements serve functions to fulfill several basic or advanced needs of the community. The basic need in the study on postpartum Uud Danum Dayak mothers is health during postpartum period ^[11]. Based on the discussion on the care of postpartum Uud Danum Dayak mothers, every caregiving practice holds significance, with inherent positive or negative consequences.

REFERENCES

- [1] World Health Organization. (2015). *Postnatal care for mothers and newborns: Highlights from the World Health Organization 2013 guidelines*. Postnatal Care Guidelines, April, 1–8.
- [2] Ministry of Health of the Republic of Indonesia. (2019). *Indonesia health profile 2019* (Vol. 42, pp. 97–119). Ministry of Health of the Republic of Indonesia.
- [3] Department of Women's Empowerment and Child Protection. (2017). Maternal mortality rate in West Kalimantan 2016–2017. Retrieved from <http://data.kalbarprov.go.id/dataset/jumlah-kematian-ibu-di-kalbar-tahun-2016-2017>
- [4] Alvaro, R., Christianingrum, R., & Riyono, T. (2019). *Analysis of RKP and preliminary discussions of APBN*. Budget Study Center of the Expertise Body of the House of Representatives of the Republic of Indonesia, Jakarta.
- [5] Oxtora, R., & Andriani, Y. (2021). West Kalimantan Health Office: 115 mothers died during childbirth in 2020. *Antara News*. Retrieved from <https://www.antaraneews.com/berita/2014200/dinkes-kalbar-115-ibu-meninggal-saat-persalinan-di-tahun-2020>
- [6] Ministry of Health. (2016). *Indonesia health profile 2016*. Jakarta: Center for Data and Information, Ministry of Health of the Republic of Indonesia.
- [7] Aryastami, N. K., & Mubasyiroh, R. (2021). Traditional practices influencing the use of maternal health care services in Indonesia. *PLoS One*, 16(9), e0257032. <https://doi.org/10.1371/journal.pone.0257032>
- [8] Naser, E., Mackey, S., Arthur, D., Klainin-Yobas, P., Chen, H., & Creedy, D. K. (2012). An exploratory study of traditional birthing practices of Chinese, Malay, and Indian women in Singapore. *Midwifery*, 28(6), e865–e871.
- [9] Raman, S., Srinivasan, K., Kurpad, A., Razee, H., & Ritchie, J. (2014). "Nothing special, everything is maamuli": Socio-cultural and family practices influencing the perinatal period in urban India. *PLoS One*, 9(11), e111900.
- [10] Ningrum, S. P. (2017). Psychological factors affecting postpartum blues. *Psychopathic: Scientific Journal of Psychology*, 4(2), 205–218.
- [11] Yuniyantini, U. (2020). *Postpartum maternal health care for Malays in Pontianak*. Universitas Hasanuddin Makassar. Retrieved from <http://dx.doi.org/10.1016/j.sbspro.2013.03.034>
- [12] De Boer, H. J., & Cotington, C. (2014). Medicinal plants for women's healthcare in Southeast Asia: A meta-analysis of their traditional use, chemical constituents, and pharmacology. *Journal of Ethnopharmacology*, 151, 747–767.

- [13] Pang, Y., Wang, D., Fan, Z., Chen, X., Yu, F., & Hu, X., et al. (2014). *Blumea balsamifera*: A phytochemical and pharmacological review. *Molecules*, *19*, 9453–9477.
- [14] Abdulrahman, M. D., Mat, N., Nudin, N. F. H., Manaf, A., Abdulrahman, S., & Moneruzzaman, K. M. (2020). Mineral elemental composition of *Syzygium polyanthum* (Wight). *WALP*, *20*.
- [15] Wahyono, S., Widowati, L., Handayani, L., Sampurno, O. D., Haryanti, S., Fauzi, et al. (2019). *Kratom: Health and socioeconomic prospects*. Jakarta: Balitbangkes.
- [16] Diamond-Smith, N., Thet, M. M., Khaing, E. E., & Sudhinaraset, M. (2016). Delivery and postpartum practices among new mothers in Laputta, Myanmar: Intersecting traditional and modern practices and beliefs. *Culture, Health & Sexuality*, *18*(9), 1054–1066.
- [17] Presty, M. R., & Wijayati, T. (2022). The correlation between nutrition fulfillment culture and prevention behavior on perineal wound infection in postpartum mothers. *Midwifery and Reproduction*, *6*(1). Retrieved from <https://journal.mbunivpress.or.id/index.php/midwiferyandproduction/index10>
- [18] Ramulondi, M., De Wet, H., & Ntuli, N. R. (2021). Traditional food taboos and practices during pregnancy, postpartum recovery, and infant care of Zulu women in Northern KwaZulu-Natal. *Journal of Ethnobiology and Ethnomedicine*, *17*(1).
- [19] Zeyneloğlu, S., & Kısa, S. (2018). Traditional practices for maternal and newborn care among Turkish postpartum women. *Applied Nursing Research*, *39*, 148–153. <https://doi.org/10.1016/j.apnr.2017.11.018>
- [20] Sein, K. K. (2013). Beliefs and practices surrounding the postpartum period among Myanmar women. *Midwifery*, *29*(11), 1257–1263.
- [21] Ta Park, V. M., Goyal, D., Nguyen, T., Lien, H., & Rosidi, D. (2017). Postpartum traditions, mental health, and help-seeking considerations among Vietnamese American women: A mixed-methods pilot study. *Journal of Behavioral Health Services & Research*, *44*(3), 428–441.
- [22] Prastiwi, R. S. (2019). Health education midwife facilities in changing traditional behavior of Indonesian society. *Scientific Journal of Health Education*, *8*(2).
- [23] Apriyani, H., Suarni, L., & Sono. (2016). The influence of postpartum maternal health education on knowledge, attitude, and satisfaction of postpartum mothers at RS M. Yusuf Kalibangan Lampung Utara. *Jurnal Kesehatan Metro Sai Wawai*, *9*(1), 40–45.
- [24] Callister, L. C., Beckstrand, R. L., & Corbett, C. (2010). Postpartum depression and culture: Pesado corazon. *MCN: The American Journal of Maternal/Child Nursing*, *35*(5), 254–261.
- [25] Ding, G., Tian, Y., Yu, J., & Vinturache, A. (2018). Cultural postpartum practices of 'doing the month' in China. *Perspectives in Public Health*, *138*(3), 147–149.
- [26] Tjahyadi, I., Wafa, H., & Zamroni, M. (2019). *Textbook: Local cultural studies*.
- [27] Negron, R., Martin, A., Almog, M., Balbierz, A., & Howell, E. A. (2013). Social support during the postpartum period: Mothers' views on needs, expectations, and mobilization of support. *Maternal and Child Health Journal*, *17*(4), 616–623.
- [28] Christian, L. M., Carroll, J. E., Porter, K., & Hall, M. H. (2019). Sleep quality across pregnancy and postpartum: Effects of parity and race. *Sleep Health*, *5*(4), 327–334.
- [29] Sebayang, W. B., & Ridwan, I. S. (2021). Education on handling breast milk blockage in postpartum mothers at the Nana Diana Helvetia Clinic Medan in 2021. *Jurnal Ilmiah Pengabdian Kepada Masyarakat (Ji-SOMBA, 1)*. Retrieved from <http://jurnal.uimedan.ac.id/index.php/Ji-SOMBA>
- [30] Putu, P., Purnamayanti, I., Ririn, M., & Wulandari, S. (2019). Breastfeeding pain management strategies for postpartum mothers coping with breast engorgement. *Caring*, *3*.