

The Relationship Between Family Support and The Eating Culture of Post Partum Mothers in The Work Area of The Muncan Health Center

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ABSTRACT

The postpartum period is a process that begins after the placenta separates and ends when the uterus returns to its pre-pregnancy state. At that time, the nutritional needs of postpartum mothers increased from before, because they were needed to prepare for breastfeeding and help speed up the recovery process so that family support to accompany postpartum mothers in consuming nutritious food was needed. This study aims to determine the relationship between family support and postpartum mother's eating culture. This study used a correlational descriptive design with a cross sectional approach. The population of this study were all postpartum mothers 0-42 days who were in the working area of the Muncan Health Center in the period from July to August 2021 as many as 76 people. The sampling technique used was total sampling where all postpartum mothers who became the population sampled were 76 people. The instrument used is a questionnaire and the analysis used is the Chi square test. Most postpartum mothers did not get family support, especially instrumental support and informational support, causing most postpartum mothers to practice a culture of abstinence from eating, namely not consuming healthy food recommended by health workers. The p value = $0.018 < 0.05$ ($\alpha = 0.05$), it means that there is a relationship between family support and postpartum mother's eating culture. Family support in assisting postpartum mothers to consume nutritious food has been proven to have a strong influence on the postpartum mother's recovery process. Health workers must be more active in providing continuous health education to the families of postpartum mothers to improve the culture of eating that is not appropriate.

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1. INTRODUCTION

The postpartum period is the period that begins after the placenta is expelled and ends when the reproductive organs return to their original state. The postpartum period starts following the expulsion of the placenta until complete physiological recovery of various organ systems. The

postpartum period is divided into 3 arbitrary phases, ie, the acute phase - the first 24 hours after delivery of the placenta; early – up to 7 days; and late – up to 6 weeks to 6 months (Chauhan and Tadi, 2022).

Handling the postpartum period is very important for the mother and her baby, both physically and psychologically. One of the physical treatments is the fulfillment of proper nutritional needs. Good and balanced nutrition is needed to accelerate the recovery of the health of postpartum mothers which helps the metabolism process, maintenance and plays a role in the formation of new tissue. Nutritional needs during the postpartum period, especially during breastfeeding, will increase by 25%. Increased nutritional needs are used for the healing process after giving birth, as well as to produce sufficient breast milk. These nutritional needs will increase three times from normal needs outside the postpartum period (Solehati et.al., 2020).

Indonesia has a variety of tribes, customs, and cultures. Several studies have shown that there is a relationship between culture and maternal and child health. One of them is a study in the Cibitung area which shows that women do not have sufficient power or empower themselves to choose health services, especially during pregnancy and childbirth. In addition, there are elements of inherited beliefs that also shape the community's knowledge system (Hartati, 2023). Health knowledge includes postpartum mothers' diet and eating behavior.

Indonesia is a country rich in culture, including various customs, languages, and foods spread throughout the archipelago. The culture related to food in Indonesia which is still applied by several regions is food taboo, which is limiting or prohibiting eating certain foods. In Indonesia, there is still a culture of food taboos for several conditions, for example for pregnant, postpartum, and breastfeeding mothers. This food taboo culture is believed to be able to avoid what is believed to be dangerous for the mother and her baby (Unusa, 2023).

Some examples of food taboos for postpartum mothers on Lombok Island are that breastfeeding mothers are prohibited from eating fish so that their milk does not smell fishy. There are many other examples, not only avoiding food as a source of animal protein but also several types of vegetables and fruits.

The cultural factor of food taboo related to postpartum maternal food consumption will affect the nutritional status of the mother. The belief circulating in society by avoiding certain foods during pregnancy or postpartum aims to maintain the health and safety of the mother and her baby. However, the fact is that food taboos can actually increase the risk of nutritional deficiencies in pregnant women, especially protein, fat, vitamin A, vitamin E, and iron (Marmi, 2013).

In Indonesia, many postpartum mothers still abstain from eating, of the 5,123,764 postpartum mothers, 4,406,437 people (86%) abstain from eating, such as abstaining from eating sea fish, eggs, vegetables and spicy foods (Ministry of Health of the Republic of Indonesia, 2015). In the eating habits of the Sasak people, there are still practices or behaviors that prohibit certain types of food, for example you cannot eat vegetables that have fine hairs, you cannot eat fruit and vegetables that hang down. Apart from that, animal protein is also not allowed, such as chicken, chicken eggs and fish. Chickens and chicken eggs are thought to cause itching in the genitals and fish that smells fishy is believed to affect the baby's health, such as diarrhea and itching (Nurbaiti et al, 2014). This phenomenon of food taboos is also found in the community in the Muncan Community Health Center Working Area, in Central Lombok.

Postpartum and breastfeeding mothers who practice eating restrictions without any basis in health science can result in the nutritional needs of themselves and their babies not being met. The mother will experience anemia, subinvolution and infection can occur, while the effect on the baby is disruption of the growth and development process due to insufficient breast milk production. The baby will be susceptible to infection (Bahiyatun, 2019).

Wahyuningsih and Yuliana (2015) found that family support (husband) was related to increased success in breastfeeding infants aged 0-6 months in Kediri, East Java. This shows that husbands support postpartum mothers to breastfeed their babies. This support includes providing nutritious food, comfortable rest, and meeting other needs.

The form of family support for other family members is in the form of moral and material. Having family support will have an impact on increasing the self-confidence of sufferers in facing the process of treating their illness (Misgiyanto & Susilawati, 2014). Therefore, positive support is needed to restore this health condition. To keep the body healthy and strong, postpartum mothers need a balance of nutritious foods every day.

Based on data from 5 villages in the Muncan Health Center Working Area in 2020, it was found that the number of postpartum mothers who abstained from eating was 193 out of a total of 740 postpartum mothers (26.08%). They experience delays in the recovery process, mothers

cannot carry out normal activities, breast milk does not come out smoothly, they look pale and get tired easily. Apart from that, researchers also saw that postpartum mothers were still hesitant and afraid to break the habits of eating taboos which they said had long been adhered to by their community. Considering the importance of food for restoring health, accelerating the process of returning reproductive organ function to normal and producing breast milk, monitoring is necessary. This can be achieved if the family participates in monitoring and conveying information so that postpartum mothers' understanding will increase and the family will try to meet their needs, both in terms of quality and quantity so that postpartum mothers do not abstain. The aim of this research is to determine whether there is a relationship between family support and the eating culture of postpartum mothers in the Muncan Health Center work area, Central Lombok district.

2. METHOD

2.1 Research procedure

The design used in this research is descriptive correlational with a cross sectional approach, namely research to study the dynamics of the correlation between risk factors and effects by approaching, observing or collecting data at one time (Lau & Kuziemy, 2016). The population in this study was all postpartum mothers with babies aged 0 - 42 days in the Muncan Health Center working area, totaling 76 people. This data was obtained from the period July to August in 2021. The sample in this study used the Total Sampling technique, namely 76 postpartum mothers in the Muncan Health Center working area.

2.2 Data analysis

Data analysis was carried out in the following stages, namely univariate and bivariate analysis. Univariate analysis is an analysis of one variable to determine the frequency distribution and percentage of each variable, namely the frequency distribution of family support and eating culture. Bivariate analysis in this research is to look for relationships and prove the hypothesis of the relationship between two variables, namely the independent variable (family support) and the dependent variable (eating culture). The analysis test uses the Chi Square statistical test with the SPSS program with a confidence level of 95% and the chance of error is 5% ($\alpha = 0.05$).

3. RESULTS AND DISCUSSION

Table 1. Sample distribution based on Respondent Characteristics

No	Characteristics	N	%
1	Education		
	Elementary	18	23,68
	Junior high school	8	10,52
	Senior high school	39	51,32
	College	11	14,48
2	Type of work		
	Housewife	67	88,16
	Trader	1	1,31
	Private employee	4	5,27
	Teacher	3	3,95
	Government employee	1	1,31
	Total	76	100

Table 1 shows that the data distribution is based on education level, namely that the majority have a high school education level, 39 postpartum mothers (51.32%) and the majority also have jobs as housewives, 67 postpartum mothers (88.16%).

Table 2. Sample distribution based on Indicators of Family Support in the Muncan Health Center Area

Family support	N	%
Emotional support		
Support	65	85,52
Not support	11	14,48
Total	76	100
Instrumental support		
Support	36	47,36
Not support	40	52,64
Total	76	100
Assessment Support		
Support	61	80,27
Not support	15	19,74
Total	76	100
Informational Support		
Support	29	38,16
Not support	47	61,84
Total	76	100

Based on table 2, it can be seen that 65 postpartum mothers received emotional Support from their families (85.52%). There are 40 postpartum mothers (52.64%) did not receive Instrumental Support, 61 postpartum mothers received Assessment Support (80.26%). %) and postpartum mothers who did not received Informational Support were 47 postpartum mothers (61.84%).

Table 3. Sample Distribution based on Family Support in the Muncan of Health Center working Area

Family support	N	%
Support	33	43,42
Not support	43	56,58
Total	76	100

Based on table 3, it can be seen that there were 43 postpartum mothers who did not receive support or abstaining from eating (56.58%).

Table 4. Sample Distribution based on Cultural eating habits of postpartum mothers in the Muncan of Health Center working area

Cultural eating habits	N	%
Food restrictions (Unhealthy)	45	59,21
No food restrictions (Healthy)	31	40,79
Total	76	100

Based on table 4, it can be seen that more than half of postpartum mothers have food restrictions based on their culture (59.21%). Having dietary restrictions means reducing or limiting nutritious foods or it could be said that their cultural eating habits is unhealthy.

Table 5. Analysis of the Relationship between Support Family with cultural eating habits among women postpartum in the work area of the Muncan Health Center

Family support	Cultural Eating Habits				Total		Pvalue
	Unhealthy		Healthy		n	%	
	n	%	n	%			
Support	14	18	19	25	33	43	0,018
Not Support	31	41	12	16	43	57	
Total	45	59	31	41	76	100	

Table 5 shows that out of 45 people (59%) with a culture of unhealthy eating habits, there are 31 people (41%) postpartum mothers who do not have family support. Meanwhile, of the 31 (41%) postpartum mothers who have a healthy eating culture, only 12 (16%) do not have family

support. More postpartum mothers are found to have unhealthy eating habits in families who do not support them.

3.1 Family Support

Table 2 shows that almost all respondents received emotional support and assessment support, namely from 76 postpartum mothers, 65 (85.52%) received emotional support, 11 (14.48%) did not receive support, while 11 (14.48%) received emotional support. as many as 61 (80.26%) did not receive support, 15 (19.74%). It can be seen that the family always accompanies, pays attention to, encourages and provides motivation to the postpartum mother during the recovery process. The results of this research are in line with the theory which states that emotional support is very necessary, where the family is a safe and peaceful place to rest and for the recovery process and helps emotional mastery (Friedman, 2013). This support is very important in facing the recovery process, postpartum mothers need people closest to them who can provide attention, affection and a sense of security.

The family support indicators used in this research are as follows, there are; (1) Informational support, that is family members providing solutions and advice to problems faced by women; (2) Instrumental support, is support from family members in providing learning assistance to postpartum women and meeting all their needs; (3) Assessment support, is the support of family members who support postpartum women by providing encouragement and approval of ideas or decisions made. Additionally, family members model good habits; and (4) Emotional support, is providing attention and affection so that postpartum women feel safe and comfortable (Ariefudin, 2021).

This research also found that instrumental support and informational support tended to be poor. Of the 76 postpartum mothers, 40 people (52.64%) had instrumental support and 36 people (47.64%) did not receive this support. For informational support, 47 people (61.84%) did not receive support and 29 people (38.16%) received support from their families. Postpartum mothers revealed that the family helps prepare food ingredients, process, serve food and provide information about what should be done and consumed. This research is in line with the theory which states that the family is a source of practical and concrete help, including the need for food, drink and rest and as a provider of information and suggestions (Friedman, 2013). However, what happens in the families of postpartum mothers is that the availability of types of food and how to process them is not in accordance with health science because it is only based on unhealthy family understanding and has been passed down from generation to generation. Families do not seek correct information regarding types of food that contain nutritional value from health workers and families also do not discuss with postpartum mothers about what should be consumed and needed during the postpartum period. Families do not give postpartum mothers the opportunity to express their opinions regarding the types of nutritious food recommended by health workers.

Family support, especially from the husband is very much needed by postpartum mothers for both themselves and their babies. Postpartum mothers who are stressed will reduce breast milk production so that the baby's nutritional intake will be disrupted. There is a relationship between family support (husband) and the success of their baby's breast milk (Wahyuningsih and Yuliana, 2015). This means that a husband who maintains a harmonious relationship with his wife (the postpartum mother), and pays attention to her nutritional needs will improve the health of the mother and her baby.

Family support from husbands (mainly), mothers, in-laws, and others play a role in influencing the psychology of postpartum mothers to be better. This support includes attention, help caring for their babies, being a storyteller, and accompanying postpartum mothers in difficult times. If postpartum mothers have peace, their eating patterns will be better maintained and meet their nutritional needs (Lestari & Bebasari, 2022)

3.2 Food Culture

Table 4 shows that the number of postpartum mothers who abstain from eating is 45 people (59.21%) and those who do not abstain from eating are 31 people (40.79%). Based on the research results, there is still a culture of abstinence from eating among postpartum mothers so they do not consume healthy and nutritious food. They do not consume all types of food that contain animal protein (chicken, eggs, all types of seafood) and vegetables (spinach, soybeans, tomatoes) and vegetables with soup. Postpartum mothers consume food with a menu of crackers and vegetables prepared by sautéing or frying with a little salt and no seasoning. By consuming an unhealthy menu, some mothers can be seen looking pale, less enthusiastic, the involution process is slow, they get tired quickly and breast milk production is reduced. This situation is caused by the

prohibition on consuming several types of nutritious food. The theory put forward by Supariasa (2017) is that postpartum mothers really need adequate and balanced nutritional intake and do not abstain from eating in order to obtain energy and for the process of returning the reproductive organs to their normal form.

Abdalla (2024) found that someone who believes in myths, especially in food consumption, generally comes from a family with a lower level of education. In this study, it was found that postpartum mothers abstain from eating, that is, they do not consume healthy food because they do not dare to dispute the advice or recommendations given by their families. Postpartum women are afraid that if they ignore this prohibition, it will cause their health to be disturbed, for example the genitals will become itchy and muddy, the blood will have a fishy smell, the child will have diarrhea and itching. Therefore, they continue to follow family recommendations and consume every food served even though it does not contain the required nutrients.

In a strong patriarchal society, more food taboos are imposed on women. In addition to Lombok, according to Simborang (2023) there are food taboos based on culture in West Java that prohibit breastfeeding mothers, including postpartum mothers, from consuming food sources of energy, builders (especially animal protein), and regulators. This is contrary to nutritional science because it can reduce the nutritional adequacy of mothers and their babies who are still breastfeeding. Food taboos or restrictions on animal food consumption in postpartum mothers will increase the risk of anemia in mothers and growth disorders for their breastfed babies.

3.3 The Relationship between Family Support and Postpartum Mothers' Eating Culture

Based on the results of this research, there is a relationship between family support and the eating culture of postpartum mothers ($p = 0.018$). For postpartum mothers who do not receive family support, most of them do not receive instrumental support and informational support, where families often prohibit postpartum mothers from consuming nutritious food. Postpartum women need to consume nutritious food as recommended by health workers for the recovery process during the postpartum period. The family also does not provide appropriate information regarding the types of food that are good for postpartum women to consume, and the family really intervenes in processing methods, meal times, and the amount consumed by postpartum women. Postpartum mothers are reluctant to reject advice given by their parents because they feel afraid and feel that this culture has existed since their previous generation and if it is violated, it is believed that it will have a bad impact on the mother and baby. They believe that consuming these prohibited foods will have an impact on the health of the postpartum mother and her baby.

In accordance with the statement by Elisabeth and Endang (2017), abstinence from eating is a prohibition on consuming certain types of food because there is a threat to mothers who violate it and the abstinence from eating is not in accordance with the nutritional value of the food required. Abstinence from eating that occurs among postpartum mothers in the Muncan Community Health Center working area mostly occurs because of the role of parents or close family who understand abstinence from eating. In accordance with Hidayati's (2010) research, by looking at the reality regarding the beliefs and culture that apply to the Sasak tribe, the problem that has quite a big impact is nutritional problems in postpartum mothers. Local community culture is also the cause of behavior that prohibits consuming certain types of nutritious food. The reasons often given are beliefs about ancestors and the supernatural, fear of in-laws or parents and husbands. The culture of abstaining from eating occurs due to a lack of support from the family for the health of postpartum women. Postpartum mothers need support from people around them who provide motivation, encouragement and help mothers accept changes after giving birth. What influences this condition the most is the family.

4. CONCLUSION

Based on the results of research conducted in the Muncan Community Health Center Working Area, it can be concluded that there is a relationship between family support and the eating culture of postpartum mothers in the Muncan Community Health Center working area based on a p -value of 0.018. Poor family support will tend to create an unhealthy eating culture for postpartum women. To achieve a healthy eating culture for postpartum women, good family support is needed so that they can provide healthy food for postpartum women.

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