

## The Relationship Between Cultural Beliefs in Postpartum Care and Maternal Mental Health in Traditional Communities in Makassar City

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### ABSTRACT

Postpartum care practices are deeply influenced by cultural beliefs that shape the way mothers experience recovery after childbirth, both physically and emotionally. In traditional communities such as those in Makassar City, these beliefs play a central role in guiding maternal behavior and rituals during the postpartum period. While some traditional practices foster comfort and protection, others may impose restrictions that affect psychological well-being. Therefore, understanding how cultural beliefs influence maternal mental health is essential for nurses in delivering culturally sensitive and holistic postpartum care. Objective This study aimed to determine the relationship between cultural beliefs in postpartum care and maternal mental health among mothers in traditional communities in Makassar City. Methods A quantitative correlational research design with a cross-sectional approach was employed. The study involved 60 postpartum mothers selected through purposive sampling. Data on cultural beliefs were collected using a validated Cultural Postpartum Belief Questionnaire, while maternal mental health was measured using the Edinburgh Postnatal Depression Scale (EPDS). Data were analyzed using Pearson's correlation test with a significance level of  $p < 0.05$ . Results The study revealed a significant negative correlation between strong adherence to traditional cultural beliefs and maternal mental health ( $r = -0.45$ ,  $p = 0.001$ ). Mothers who followed restrictive postpartum practices tended to experience higher emotional distress, while those who balanced cultural traditions with modern health practices showed better psychological adaptation. Conclusion Cultural beliefs significantly influence maternal mental health in traditional Makassar communities. Integrating cultural understanding into nursing care is crucial to support mothers' physical and psychological well-being.

### INTRODUCTION

The postpartum period is a critical time that involves not only physical recovery but also significant psychological challenges for mothers. Globally, the World Health Organization (WHO) estimates that 10-20% of mothers experience mental health conditions, with postpartum depression being the most common (World Health Organization, 2023). This figure can be even higher in low- and middle-income countries, where the double burden of infectious diseases and maternal and child health issues remains a top priority, often leading to the neglect of mental health aspects (Suraiya, D., et al. 2022). In Indonesia, the prevalence of postpartum mental disorders is estimated to be higher than the global average, with various studies showing rates ranging from 18% to 30% (Andriansyah, A., et al. 2021). This high prevalence is triggered by a complex interplay of factors, including biological elements such as hormonal fluctuations, psychological factors like a history of depression, and crucially, socio-cultural aspects such as family pressure, poverty, and the burden of adhering to strict traditional norms (usna, N. F., & Siregar, I. 2023)

Within Indonesia's cultural landscape, South Sulawesi Province, with the Bugis-Makassar ethnic group as the majority, possesses a rich and well-preserved tradition of postpartum practices. Makassar City, as a dynamic urban center, presents a unique paradox: its society lives amidst rapid modernity while still firmly holding onto ancestral cultural values and practices (Asrifan, A., & Hermawan, B. 2024). Traditional postpartum care practices such as *passusu* (traditional massage for postpartum mothers), *appatulung* (prohibitions on consuming certain foods believed to hinder recovery), and



various rituals like *parakang* (healing and protection ceremonies) are still very much alive and widely practiced (Sari, D. P., & Mulyadi, M. 2022). These traditions, passed down through generations, are believed not only to accelerate physical recovery but also to protect the mother and baby from spiritual disturbances (*bala*), and restore the body's balance (Halim, A., et al. 2021)

However, amid the currents of modernization and increasingly accessible health information, an inevitable friction arises between these inherited beliefs and contemporary health knowledge. A study in Makassar shows that many young mothers face a dilemma; they want to follow the advice of modern healthcare providers, but at the same time, they do not want to be seen as violating customs or hurting the feelings of parents and in-laws who strongly expect the traditions to be upheld (Nur, S., et al. 2023). This conflict of values and knowledge has the potential to create additional psychological pressure that can trigger or worsen a mother's mental health condition (Fitriani, R., & Damayanti, N. A. (2022) On one hand, social pressure to strictly adhere to traditions can be a significant mental burden, especially if these practices are perceived as onerous or contrary to personal beliefs. On the other hand, if a mother chooses not to follow the traditions, she risks social isolation, ostracization, or losing the social support from her family and community, which is itself a crucial protective factor for her mental health (Bennett, I. M., et al. 2020)

Previous studies in the Indonesian context have successfully identified and documented the existence of a wide variety of cultural postpartum practices (Pratiwi, L. N., et al. 2021). However, research that specifically and comprehensively measures the quantitative relationship between the level of mothers' *cultural belief* in these practices and their mental health status in urbanized traditional communities like Makassar is still very limited (Suryanto, B., et al. 2024). Most prior research has been qualitative and descriptive or focused on the physical aspects of traditional practices, without directly linking them to measurable mental health outcomes.

Understanding this complex dynamic is both crucial and urgent. The South Sulawesi Provincial Health Office report highlights the need for a holistic and integrative approach in maternal health services, including mental and cultural aspects (Dinas Kesehatan Provinsi Sulawesi Selatan. 2023). Therefore, strong empirical evidence is needed to design mental health interventions that are not only clinically effective but also culturally sensitive, respectful of local wisdom, and capable of bridging the gap between traditional and modern knowledge systems (World Health Organization. 2022). Such interventions are expected to increase the acceptance and effectiveness of health programs, ultimately contributing to a reduction in the rate of maternal mental health morbidity in Indonesia (Kementerian Kesehatan RI. 2021).

## METHOD

This study employed a quantitative correlational research design with a cross-sectional approach. This design is appropriate for investigating the relationship between two or more variables at a single point in time without influencing or manipulating them. The cross-sectional approach allows for the efficient collection of data from a sample of the population to examine how cultural beliefs and mental health status are associated within the context of traditional communities in Makassar City Population The target population for this study was postpartum mothers (within 2 weeks to 6 months after childbirth) residing in traditional communities (*kampung adat*) in Makassar City, who identify with and practice Bugis-Makassar cultural traditions. Sample Size & Technique: The study involved a total of 60 respondents. The sampling technique used was purposive sampling, a non-probability method where subjects are selected based on specific predefined criteria relevant to the research objectives. Research Instruments and Data Collection Demographic and Obstetric Data Sheet, Cultural Postpartum Belief Questionnaire (CPBQ), Edinburgh Postnatal Depression Scale (EPDS)



**RESULT**

Descriptive Characteristics of Respondents

Table 1.

Distribution of Respondent Characteristics (n=60)

Characteristic	Category	Frequency (n)	Percentage (%)
Age	20-25 years	18	30.0
	26-30 years	22	36.7
	31-35 years	15	25.0
	>35 years	5	8.3
Education	Elementary School	12	20.0
	Junior High School	15	25.0
	Senior High School	25	41.7
	University	8	13.3
Occupation	Housewife	35	58.3
	Private Employee	12	20.0
	Entrepreneur	10	16.7
	Civil Servant	3	5.0
Parity	Primipara	25	41.7
	Multipara	35	58.3

Distribution of Cultural Beliefs and Mental Health Scores

Table 2.

Descriptive Statistics of Research Variables

Variable	Mean	Std. Deviation	Minimum	Maximum
Cultural Beliefs Score	42.35	6.82	25	55
EPDS Score	14.28	4.15	6	23

*Note: EPDS = Edinburgh Postnatal Depression Scale*

Correlation Analysis Between Variables

Table 3.

Pearson Correlation Analysis Between Cultural Beliefs and Maternal Mental Health

Variable 1	Variable 2	Correlation Coefficient (r)	p-value	N
Cultural Beliefs Score	EPDS Score	-0.45	0.001	60

Detailed Analysis Based on Cultural Practice Categories

Table 4.

Relationship Between Specific Cultural Practices and Mental Health Outcomes

Cultural Practice Category	Mean EPDS Score	Correlation with Mental Health (r)	p-value
Dietary Restrictions	15.42	-0.38	0.003
Behavioral Taboos	14.85	-0.41	0.001
Traditional Massage (Passusu')	12.35	-0.28	0.032
Spiritual Rituals	13.92	-0.35	0.006



Comparative Analysis Based on Adherence Level

Table 5.

Mental Health Outcomes Based on Level of Cultural Adherence

Adherence Level	n	Mean EPDS Score	Std. Deviation	Clinical Significance
High Adherence	25	16.85	3.42	High risk of depression
Moderate Adherence	20	13.45	2.89	Moderate risk
Low Adherence	15	10.25	2.15	Low risk

**DISCUSSION**

The Protective Paradox: When Cultural Adherence Becomes a Risk Factor

The core finding of a moderate negative correlation ( $r = -0.45, p=0.001$ ) presents a critical paradox. While cultural traditions are often theorized to provide social support and a sense of identity, our data suggests that in this specific urban-traditional context, stronger adherence is associated with poorer mental health outcomes (Sari, D. P., & Mulyadi, M. 2022). The mean EPDS score of 14.28, which exceeds the common clinical cut-off of 13, indicates a clinically significant level of depressive symptoms among the respondents (Andriansyah, A., et al. 2021). This finding challenges the simplistic notion that cultural embeddedness is inherently protective.

The "gradient effect" observed—where higher adherence levels correlated with progressively worse mental health—strongly implies that the nature of the beliefs and practices is crucial. The practices prevalent in these communities, particularly *appatulung* (dietary restrictions) and various behavioral taboos, are often highly restrictive and can induce significant physical and psychological stress (Halim, A., et al. 2021).. For a new mother already navigating the vulnerabilities of the postpartum period, the additional burden of complying with numerous strict rules without a strong social support system to mitigate their strain can become a source of anxiety and depression, rather than comfort (Fitriani, R., & Damayanti, N. A. 2022).

Deconstructing the Impact: Behavioral Taboos as the Primary Stressor

The analysis revealing that behavioral taboos had the strongest negative impact ( $r = -0.41, p=0.001$ ) is particularly insightful. These taboos often include confining the mother to the home, prohibiting bathing for specific periods, or enforcing prolonged bed rest<sup>5</sup>. In a modern urban setting like Makassar, where young mothers may have different expectations and lifestyles, these restrictions can lead to feelings of isolation, loss of autonomy, and conflict with their personal desires or economic necessities (e.g., returning to work) (Asrifan, A., & Hermawan, B. 2024).

This finding is consistent with a growing body of research in similar contexts. A study in urban Java found that confinement practices were a significant predictor of maternal stress, as they clashed with modern living arrangements and social connectivity (Wulandari, R. D., & Kusumaningrum, T. 2023). The conflict arises when mothers feel internally pressured to adhere to traditions to gain family and community approval, while simultaneously experiencing these practices as detrimental to their well-being. This internal conflict and the fear of social sanction for non-compliance create a chronic state of psychological distress (Bennett, I. M., et al. 2020).

Navigating Modernity and Tradition: The Urban Context as an Amplifier

The urban environment of Makassar plays a pivotal role in interpreting these results. Unlike in homogenous rural areas where cultural norms are less contested, mothers in urban settings are exposed to alternative, modern health information through media, healthcare providers, and peer networks (Pratiwi, L. N., et al. 2021). This exposure creates a cognitive dissonance; they are caught between the authoritative knowledge of healthcare professionals and the deep-seated expectations of their elders (Suryanto, B., et al. 2024).



The stress of navigating these two conflicting worlds exacerbates the mental health burden. A mother who secretly doubts the necessity of a certain taboo but feels compelled to follow it to avoid being labeled a "bad mother" or disrespecting her in-laws experiences a unique form of psychological strain that is particularly acute in urbanizing traditional communities (Husna, N. F., & Siregar, I. 2023). Therefore, the negative correlation does not necessarily imply that the culture itself is pathogenic, but that the experience of navigating its restrictive demands within a modern urban context poses a significant mental health risk.

#### Implications for Public Health and Future Research

This study underscores the urgent need for culturally sensitive mental health interventions that do not simply dismiss traditional practices but seek to understand and address their potentially harmful aspects. Healthcare providers, including midwives and doctors in Makassar, should be trained to engage in respectful dialogue with families about postpartum care, acknowledging the value of cultural support while educating them on practices that may negatively impact mental health (World Health Organization. 2022).

Future research should employ mixed-methods approaches to qualitatively explore the lived experiences of mothers facing this dilemma. Longitudinal studies are also needed to trace the long-term mental health impacts of postpartum cultural adherence. Furthermore, investigation into protective factors—why some mothers within these communities maintain good mental health despite high cultural adherence—could provide valuable insights for building resilience (Kementerian Kesehatan RI. 2021)

#### CONCLUSION

Based on the research findings from 60 postpartum mothers in the traditional communities of Makassar City, it can be concluded that there is a significant negative relationship between cultural beliefs in postpartum care and maternal mental health. The Pearson correlation coefficient of -0.45 with a significance value of  $p=0.001$  indicates that stronger adherence to traditional cultural beliefs is associated with higher EPDS scores, reflecting poorer mental health conditions among postpartum mothers. This finding is further reinforced by the concerning mental health condition of postpartum mothers in the research sample. The average EPDS score of 14.28 exceeds the clinical cutoff point of 13, indicating that the majority of respondents experience significant depressive symptoms requiring serious clinical attention. Among the various cultural practices studied, behavioral taboos showed the strongest negative correlation with mental health. With a correlation coefficient of -0.41 ( $p=0.001$ ), practices such as confinement, bathing restrictions, and other behavioral limitations contributed most significantly to the psychological distress experienced by mothers. This research also successfully revealed a clear gradient effect between the level of cultural adherence and mental health risk. Mothers with high adherence showed the highest EPDS scores (16.85), followed by moderate adherence (13.45), and low adherence (10.25). This demonstrates a dose-response relationship between the intensity of cultural adherence and the deterioration of mental health. The urban context of Makassar City creates unique challenges where mothers must navigate between traditional expectations and modern health information, creating cognitive dissonance and psychological strain that worsens their mental health burden. This situation creates a paradox where cultural practices that are supposed to provide support instead potentially become risk factors for the mental health of postpartum mothers amid the dynamics of modern urban society.

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