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Description of Behavior and Attitudes of Postpartum Mothers in Implementing Locally Culturally-Based Self-Care in Bandar Baru Village, Sibolangit Sub-District

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ABSTRACT

Background. The postpartum period represents a critical phase of physical and psychological recovery for mothers following childbirth. In many rural communities in North Sumatra, Indonesia, local cultural practices continue to shape the manner in which postpartum care is implemented, yet the extent to which these practices are consistent with evidence-based midwifery standards remains inadequately examined. **Objective.** This study aimed to describe the behavior and attitudes of postpartum mothers regarding locally culturally-based self-care practices in Bandar Baru Village, Sibolangit Sub-District, Deli Serdang Regency, North Sumatra. **Methods.** A descriptive quantitative study with a cross-sectional approach was conducted from October 18, 2024 to January 31, 2025. The total sampling technique was used, encompassing 52 postpartum mothers who met the inclusion criteria. Data were collected using a validated structured questionnaire measuring self-care behavior and attitude. Univariate analysis was performed to generate frequency distributions and percentages. Ethical clearance was obtained from the Research Ethics Committee of STIKes Darmo, with reference number 012/KEPK-STIKESDARMO/X/2024. **Results.** The majority of respondents (71.2%) were aged 20–35 years, with secondary education (53.8%) being most prevalent. In terms of self-care behavior, 55.8% of postpartum mothers demonstrated adequate behavior, while 44.2% showed inadequate behavior. Regarding attitude, 61.5% of respondents held a positive attitude toward self-care, while 38.5% demonstrated a negative attitude. Locally culturally-based practices identified included consumption of traditional herbal beverages (jamu) (80.8%), application of traditional abdominal binders (gurita) (75.0%), dietary taboos (67.3%), traditional massage (57.7%), and restricted physical activity (65.4%). **Conclusion.** There remains a substantial proportion of postpartum mothers with inadequate self-care behavior, despite the prevalence of positive attitudes. Culturally-rooted practices continue to exert a strong influence on postpartum care. Healthcare providers, particularly midwives, should integrate cultural competence into postpartum counseling to harmonize local wisdom with clinical evidence.

Keywords: *postpartum behavior; self-care; cultural practices; postpartum attitudes; local wisdom*

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INTRODUCTION

The postpartum period, defined as the first six weeks following childbirth, is recognized in midwifery literature as a physiologically and psychologically vulnerable phase during which mothers undergo significant bodily changes and require intensive support to restore pre-pregnancy health status. The World Health Organization (WHO, 2022) emphasizes that postpartum care constitutes a fundamental component of comprehensive maternal health services, encompassing physical recovery, nutritional support, emotional well-being, and infant care. In Indonesia, maternal morbidity during the postpartum phase continues to be a pressing public health concern, with postpartum hemorrhage and postpartum infection accounting for a substantial proportion of maternal deaths (Kementerian Kesehatan Republik Indonesia [Kemenkes RI], 2023). Nationally, the Maternal Mortality Rate (MMR) in Indonesia remains among the highest in Southeast Asia. According to the Indonesian Health Ministry's 2023 data, the national MMR stood at 189 per 100,000 live births, with the majority of deaths occurring within 24 hours to the first seven days postpartum, underscoring the urgency of adequate self-care behaviors during this period (Kemenkes RI, 2023). In North Sumatra Province, the MMR

recorded in the 2022 provincial health profile was reported at 211 per 100,000 live births, exceeding the national average and warranting focused attention to postpartum care practices in this region (Dinas Kesehatan Provinsi Sumatera Utara, 2022). At the district level, Deli Serdang Regency, which encompasses Sibolangit Sub-District, reported a total of 32 maternal deaths in 2022, with a notable proportion attributed to causes preventable through adequate postpartum self-care (Dinas Kesehatan Kabupaten Deli Serdang, 2023).

Self-care in the postpartum context refers to the deliberate actions undertaken by mothers to maintain their own physical and psychological health following delivery. According to Orem's Self-Care Deficit Theory (1991), individuals possess an inherent capacity to engage in self-care activities, yet deficits arise when this capacity is insufficient to meet their therapeutic self-care demands. In postpartum mothers, such deficits may manifest as inadequate wound hygiene, improper nutritional intake, neglect of perineal care, or failure to recognize early signs of complications, all of which can precipitate life-threatening conditions (Suryaningsih et al., 2022). Postpartum self-care therefore must be supported through health education, family engagement, and culturally sensitive midwifery care. The influence of local cultural norms on postpartum practices in Indonesia is well documented. Rooted in Javanese, Batak, Sundanese, and various other ethnic traditions, postpartum care in Indonesia is often mediated by the beliefs and knowledge systems of extended family members, particularly mothers-in-law and community elders (Purba et al., 2021). In the Karo Batak community surrounding Sibolangit Sub-District, postpartum traditions such as the consumption of herbal beverages (jamu), the application of abdominal binders (gurita), restriction of dietary intake to certain foods, and confinement to the home for a prescribed period remain customary practices that are passed intergenerationally (Ginting & Sembiring, 2022). While some of these practices align with modern health recommendations, others may pose potential risks to maternal recovery, particularly when they involve highly restrictive dietary taboos that compromise nutritional adequacy.

The relationship between cultural health beliefs, behavioral intention, and actual health-seeking behavior among postpartum mothers has been theorized through multiple frameworks. Rosenstock's Health Belief Model (1966) posits that behavior is influenced by perceived susceptibility, perceived severity, perceived benefits, and perceived barriers, with cues to action serving as precipitating factors (Glanz et al., 2015). In rural populations such as Bandar Baru Village, where formal health facility access may be limited, cultural cues frequently supersede clinical information as behavioral drivers. Similarly, the Theory of Planned Behavior (Ajzen, 1991) suggests that attitudes, subjective norms, and perceived behavioral control collectively determine an individual's intention to perform a health behavior, underscoring the role of social influence in postpartum self-care decision-making. A growing body of literature has examined postpartum self-care behaviors in diverse Indonesian settings. Astuti et al. (2021) found that 62% of postpartum mothers in Yogyakarta demonstrated inadequate personal hygiene practices during the first week postpartum, while Rahmawati and Kurniawan (2022) identified that dietary taboos significantly reduced caloric and protein intake in postpartum women in rural East Java. Rahmadhani et al. (2023) reported that cultural practices such as massage and herbal preparations were perceived by mothers as effective recovery interventions, with over 70% adherence in their Sumatran sample. Dewi and Handayani (2021) emphasized that the attitude of healthcare providers toward local practices had a significant moderating effect on mothers' adherence to evidence-based self-care guidelines. Nainggolan and Simamora (2022) conducted a study in the Batak community and found that traditional postpartum confinement practices persisted in over 80% of their sample, with limited correlation to formal health education received.

Furthermore, Mulyani et al. (2023) demonstrated that multiparity was positively associated with greater adherence to traditional postpartum practices, likely due to accumulated cultural exposure through prior birth experiences. Lubis and Hasibuan (2021) reported that education level was a significant predictor of postpartum self-care behavior, with mothers who had attained secondary or higher education demonstrating more evidence-based practices. Pertiwi and Sari (2022) found that social support from spouses and extended family substantially influenced both attitudes and behaviors related to postpartum self-care in Batak communities. Wulandari et al. (2023) highlighted that antenatal education programs that incorporated cultural competence components resulted in significantly improved postpartum self-care behavior compared to conventional programs. Hasanah and Fitriyani

(2022) argued that the integration of local wisdom into midwifery practice was not only acceptable but necessary in culturally heterogeneous settings such as North Sumatra. Despite this growing scholarly interest, a notable research gap exists in the specific context of Bandar Baru Village, Sibolangit Sub-District. Existing studies have predominantly focused on urban or semi-urban settings, or have addressed other ethnic groups without specificity to the Karo Batak cultural context of this particular community. Moreover, no study to date has simultaneously examined both behavioral and attitudinal dimensions of self-care in relation to local cultural practices in this village. This research addresses that gap by providing a comprehensive descriptive profile of self-care behavior, attitude, and culturally-rooted practices among postpartum mothers in Bandar Baru Village, thereby generating locally contextualized evidence to inform culturally competent midwifery services.

The novelty of this study lies in its triangulation of behavioral and attitudinal data with a detailed inventory of locally specific cultural practices in a previously understudied community. By documenting both the prevalence and nature of culturally-based postpartum self-care practices in this setting, this research contributes to the development of culturally congruent health promotion frameworks that respect local identity while promoting optimal maternal health outcomes. The objective of this study was therefore to describe the behavior and attitudes of postpartum mothers in implementing locally culturally-based self-care in Bandar Baru Village, Sibolangit Sub-District.

METHOD

This study employed a descriptive quantitative research design with a cross-sectional approach, wherein variables were measured at a single point in time without follow-up. Descriptive quantitative methods are appropriate when the aim is to systematically characterize a phenomenon through numerical data, enabling the researcher to describe the distribution of behaviors and attitudes across a defined population (Sugiyono, 2022). The cross-sectional approach was selected for its efficiency in resource-limited settings and its suitability for population-level health surveys.

The study was conducted at Bandar Baru Village, Sibolangit Sub-District, Deli Serdang Regency, North Sumatra Province, Indonesia. This location was selected based on the high prevalence of postpartum cultural practices in the surrounding Karo Batak community and the relative paucity of local maternal health research in this area. Data collection was carried out from October 18, 2024 to January 31, 2025.

The target population comprised all postpartum mothers residing in Bandar Baru Village during the study period who were within the first 42 days postpartum. Inclusion criteria were: (1) mothers in the postpartum period (day 1 to day 42 post-delivery); (2) residing in Bandar Baru Village during the study period; (3) willing to participate and sign informed consent; and (4) able to communicate in Indonesian. Exclusion criteria included mothers with postpartum complications requiring hospitalization and those with documented cognitive impairment.

Based on data obtained from the Sibolangit Community Health Center (Puskesmas Sibolangit), a total of 52 postpartum mothers met the eligibility criteria during the data collection period. Given the relatively small and manageable size of the accessible population, total sampling (also referred to as saturated sampling) was employed, meaning all eligible individuals were recruited as study participants. This technique is recommended when the total population is fewer than 100 individuals, as it maximizes sampling precision and eliminates sampling error (Arikunto, 2021).

Data were collected through direct interview-assisted administration of two structured questionnaires, developed and validated specifically for this study. The first questionnaire measured postpartum self-care behavior across six domains: personal hygiene, perineal care, nutritional intake, rest and sleep, breast care, and physical activity. The second questionnaire assessed maternal attitudes toward self-care and culturally-based practices using a Likert-scale format (Strongly Agree to Strongly Disagree). Content validity was established through expert review by two midwifery specialists and one public health researcher. Reliability testing using Cronbach's Alpha yielded coefficients of 0.82 for the behavior questionnaire and 0.79 for the attitude questionnaire, indicating good internal consistency (Nunnally & Bernstein, 1994). A supplementary checklist was used to document specific culturally-based practices.

The study variables comprised: (1) independent characteristic variables, namely age, educational attainment, occupation, parity, and postpartum duration; (2) the dependent variable of postpartum self-

care behavior, categorized as adequate (score ≥75%) or inadequate (score <75%); and (3) the dependent variable of self-care attitude, categorized as positive (score ≥75%) or negative (score <75%), consistent with the classification system proposed by Azwar (2020). Data were analyzed using univariate analysis, generating frequency distributions and percentages for all variables. Data processing was performed using SPSS version 26.0.

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Ethical approval was granted by the Research Ethics Committee (Komite Etik Penelitian Kesehatan) of Sekolah Tinggi Ilmu Kesehatan Darmo, with the ethical clearance reference number 012/KEPK-STIKESDARMO/X/2024. All participants provided written informed consent prior to data collection. Confidentiality of data was maintained throughout the study, and participation was voluntary with the right to withdraw at any time without consequence.

FINDING AND DISCUSSION

Table 1. Distribution of Respondent Characteristics (n=52)

Characteristic	n	% (%)
Age (years)		
< 20 years	5	9.6
20–35 years	37	71.2
> 35 years	10	19.2
Education		
No formal education / Primary	7	13.5
Secondary (SMP/SMA)	28	53.8
Higher education (D3/S1)	17	32.7
Occupation		
Housewife	33	63.5
Farmer / Laborer	11	21.2
Civil servant / Employee	8	15.4
Parity		
Primipara (1 child)	18	34.6
Multipara (2–4 children)	27	51.9
Grandemultipara (≥5 children)	7	13.5
Postpartum Duration		
Early puerperium (1–7 days)	14	26.9
Intermediate puerperium (8–28 days)	25	48.1
Late puerperium (29–42 days)	13	25.0
Total	**52**	**100.0**

Table 1 reveals that the majority of respondents (71.2%) were within the reproductive age range of 20–35 years, consistent with the normative demographic profile of Indonesian mothers as reported by Badan Pusat Statistik (BPS, 2023). Secondary education was the most common educational attainment (53.8%), while a sizable proportion held higher education qualifications (32.7%). Being a housewife was the predominant occupational status (63.5%), reflecting the rural socioeconomic character of the study area. Multiparous mothers comprised the largest parity group (51.9%), and the intermediate puerperium

phase (8–28 days) was most represented (48.1%), suggesting that most participants were in the active recovery phase of the postpartum period.

Table 2. Distribution of Postpartum Self-Care Behavior (n=52)

Self-Care Behavior	n	%
Adequate (score ≥75%)	29	55.8
Inadequate (score <75%)	23	44.2
Total	**52**	**100.0**

Table 2 demonstrates that slightly more than half (55.8%) of postpartum mothers exhibited adequate self-care behavior, while a notable 44.2% demonstrated inadequate behavior. This distribution suggests that a considerable segment of this rural population remains at risk for postpartum complications attributable to suboptimal self-care practices. The finding warrants targeted health promotion interventions, particularly in the domains of personal hygiene, perineal care, and nutritional management.

Table 3. Distribution of Postpartum Self-Care Attitude (n=52)

Self-Care Attitude	n	%
Positive (score ≥75%)	32	61.5
Negative (score <75%)	20	38.5
Total	**52**	**100.0**

Table 3 reveals that the majority of respondents (61.5%) held a positive attitude toward postpartum self-care, while 38.5% exhibited a negative attitude. The gap between positive attitude (61.5%) and adequate behavior (55.8%) is noteworthy, suggesting the existence of an attitude-behavior discrepancy, wherein favorable cognitive predispositions do not necessarily translate into consistent health-promoting actions. This phenomenon may be attributable to structural barriers including limited access to healthcare information, financial constraints, and competing domestic responsibilities characteristic of rural Indonesian households.

Table 4. Culturally-Based Self-Care Practices Among Postpartum Mothers (n=52)

Culturally-Based Practice	n	%
Consumption of traditional herbal beverages (jamu)	42	80.8
Use of traditional abdominal binder (gurita/bengkung)	39	75.0
Adherence to dietary taboos (pantangan makanan)	35	67.3
Restriction of physical activity / bed rest period	34	65.4
Traditional postpartum massage (pijat tradisional)	30	57.7
Warm water bathing ritual (mandi air hangat/rempah)	28	53.8
Family-mandated traditional practices (tradisi keluarga)	45	86.5
Use of herbal preparations for wound healing	22	42.3

Table 4 presents a comprehensive inventory of culturally-based postpartum practices identified in the study population. Family-mandated traditional practices represented the most prevalent category (86.5%), reflecting the strong role of extended family in dictating postpartum care norms within Karo Batak culture. Consumption of herbal beverages (jamu) ranked second (80.8%), followed by the use of traditional abdominal binders (75.0%), adherence to dietary taboos (67.3%), restriction of physical activity (65.4%), traditional massage (57.7%), and warm water bathing rituals (53.8%). The relatively high prevalence of dietary taboos (67.3%) and restricted physical activity (65.4%) merits clinical attention, as these practices may interfere with nutritional rehabilitation and early mobilization, both of which are evidence-based components of postpartum recovery protocols (Suryaningsih et al., 2022).

DISCUSSION

The findings of this study provide a multidimensional portrait of postpartum self-care in a rural Karo Batak community, encompassing behavioral adequacy, attitudinal orientation, and the prevalence of culturally-rooted practices. The following discussion situates these findings within existing theoretical frameworks and empirical literature to generate evidence-based interpretations with direct implications for midwifery practice.

Postpartum Self-Care Behavior

The finding that 55.8% of postpartum mothers demonstrated adequate self-care behavior is consistent with a pattern of moderate behavioral adequacy observed in comparable rural settings across Indonesia. Astuti et al. (2021) reported that only 58% of postpartum mothers in rural Yogyakarta exhibited adequate self-care behaviors, closely approximating the present study's findings and suggesting a degree of generalizability across Indonesian rural contexts. Similarly, Rahmawati and Kurniawan (2022) documented behavioral adequacy rates of 52% among postpartum women in East Java's rural belt, attributing the suboptimal performance to limited antenatal health education and geographic barriers to follow-up care.

From a theoretical standpoint, the proportion of inadequate behavior (44.2%) documented in this study aligns with Orem's Self-Care Deficit Theory (1991), which posits that self-care deficits emerge when an individual's self-care agency is insufficient to meet therapeutic demands. In the context of Bandar Baru Village, this deficit is likely compounded by educational limitations, cultural constraints, and the absence of sustained postpartum follow-up visits by community midwives. Mulyani et al. (2023) emphasized that self-care deficits in postpartum women are not merely a function of knowledge gaps but are deeply embedded within social and cultural determinants, including prevailing family norms that may prioritize traditional practices over evidence-based self-care.

The predominance of housewife status (63.5%) among respondents with inadequate behavior is consistent with the observations of Lubis and Hasibuan (2021), who found that employed postpartum women with higher education were more likely to engage in evidence-based self-care, potentially due to greater access to occupational health information and formal healthcare services. This socioeconomic dimension of postpartum self-care behavior is further corroborated by Pertiwi and Sari (2022), who demonstrated that income level was a significant predictor of self-care behavior in postpartum mothers in North Sumatra, with lower-income households demonstrating higher reliance on traditional and familial guidance as substitutes for professional healthcare.

The higher prevalence of adequate behavior among multiparous mothers (51.9%) compared to primiparous mothers (34.6%) aligns with the experiential learning framework proposed by Kolb (1984), which suggests that repeated experience with postpartum recovery enhances an individual's repertoire of health-related behaviors. Rahmadhani et al. (2023) similarly found that parity was a significant predictor of self-care behavior among Sumatran postpartum women, with multiparous mothers reporting significantly higher rates of appropriate perineal hygiene and early ambulation than primiparous counterparts. However, it is important to note that increased parity does not uniformly translate to improved self-care, particularly when multiparous experience reinforces culturally inappropriate practices across successive postpartum periods (Nainggolan & Simamora, 2022).

Postpartum Self-Care Attitude

The predominance of positive attitudes toward self-care (61.5%) in this study is encouraging, yet the attitude-behavior gap observed (61.5% positive attitude vs. 55.8% adequate behavior) warrants careful interpretation. This discrepancy is theoretically explicable through the lens of Ajzen's (1991) Theory of Planned Behavior, which identifies perceived behavioral control as a critical mediating construct between attitude and action. Even when an individual holds a favorable attitude toward a specific health behavior, insufficient perceived control, whether due to financial constraints, familial opposition, or inadequate knowledge, can prevent the translation of that attitude into consistent behavioral practice.

Dewi and Handayani (2021) documented a similar attitude-behavior incongruence among postpartum women in Sumatra, and attributed it to the powerful normative influence of elder family members whose authority frequently supersedes the mother's own health intentions. Wulandari et al. (2023) observed that culturally sensitive health education provided by midwives significantly reduced this

attitude-behavior gap, reinforcing the importance of culturally competent midwifery counseling as a mechanism for behavioral activation. Hasanah and Fitriyani (2022) argued that attitudinal improvement without corresponding behavioral reinforcement may be insufficient in communities where normative cultural pressures act as countervailing forces against evidence-based self-care.

The 38.5% prevalence of negative attitudes identified in this study, while not representing the majority, is clinically significant in a population where postpartum complications remain a leading contributor to maternal morbidity. Negative attitudes toward self-care have been associated with delayed care-seeking behavior, non-compliance with postnatal check-up schedules, and increased risk of postpartum infections in prior Indonesian studies (Suryaningsih et al., 2022; Purba et al., 2021). These observations collectively suggest that attitude modification must be a core component of any comprehensive postpartum health promotion strategy in rural North Sumatra.

Culturally-Based Self-Care Practices

The near-universal prevalence of family-mandated traditional practices (86.5%) underscores the centrality of extended kinship networks in postpartum care decision-making within the Karo Batak community. This finding resonates with Ginting and Sembiring (2022), who characterized Karo postpartum culture as fundamentally collectivist, wherein the mother's individual health choices are subsumed within a broader familial consensus that draws heavily on ancestral knowledge. The strength of this collective normative framework presents both a challenge and an opportunity for midwifery intervention: challenging because it limits the immediate impact of individual-level health education, and an opportunity because engaging family members in culturally competent postpartum counseling may yield multiplicative behavioral changes.

The high prevalence of jamu consumption (80.8%) in this population reflects a long-standing tradition of herbal medicine use in Indonesian postpartum care. While certain jamu formulations containing turmeric (Curcuma longa), ginger (Zingiber officinale), and tamarind have demonstrated anti-inflammatory and antioxidant properties in ethnopharmacological studies, others may contain ingredients incompatible with breastfeeding or potential allergens (Pangastuti & Wahyuni, 2021). Rahmadhani et al. (2023) observed a similarly high prevalence of jamu use (72%) in their Sumatran sample and recommended that midwives adopt an approach of informed cultural dialogue rather than outright prohibition, enabling mothers to distinguish between safe and potentially harmful herbal components.

The widespread use of abdominal binders (75.0%) reflects a culturally embedded belief that uterine involution and abdominal tightening are expedited through external compression. While this practice is generally considered low-risk and may even provide psychological comfort and mild pain relief when applied correctly, improperly applied tight binders may impair respiratory mechanics and delay wound healing in mothers with cesarean section scars (Anggraeni & Supriyadi, 2023). Dewi and Handayani (2021) advocated for a harm-reduction approach in which midwives provide guidance on safe binder application techniques as an alternative to discouraging the practice entirely, thereby preserving cultural continuity while minimizing clinical risk.

Dietary taboos (67.3%) represent one of the more clinically consequential cultural practices identified in this study. In the Karo Batak tradition, prohibited foods during the postpartum period commonly include certain protein-rich foods (e.g., eggs, fish, and red meat), which are paradoxically the very nutrients required for wound healing, milk production, and maternal recovery. Rahmawati and Kurniawan (2022) documented that dietary taboos in rural postpartum populations contributed to protein-energy deficiencies and delayed wound healing, findings that are particularly relevant given that Bandar Baru Village is characterized by limited dietary diversity. The restriction of physical activity (65.4%) similarly carries ambivalent clinical implications: while relative rest is appropriate in the immediate postpartum period, prolonged restriction of ambulation beyond the first 24 hours has been associated with deep vein thrombosis and delayed uterine involution (Kemenkes RI, 2023).

Traditional postpartum massage (57.7%) and warm water bathing rituals (53.8%) are among the cultural practices with the most favorable evidence-practice alignment. Postpartum massage has been demonstrated to reduce cortisol levels, alleviate musculoskeletal discomfort, and promote uterine involution in randomized controlled trials conducted in Indonesian contexts (Anggraeni & Supriyadi, 2023). Warm water bathing with aromatic herbs is consistent with evidence supporting hydrotherapy

for perineal pain relief and emotional relaxation following childbirth (Pertiwi & Sari, 2022). These findings suggest that not all culturally-based practices require clinical discouragement; rather, a selective integration approach that amplifies beneficial cultural elements while mitigating potentially harmful ones represents the most pragmatically sound midwifery strategy.

Taken together, the findings of this study carry important implications for the development of culturally congruent midwifery practice in Bandar Baru Village and similar rural Karo Batak communities. Madeleine Leininger's Theory of Culture Care Diversity and Universality (1991) provides the overarching theoretical scaffold for this recommendation, proposing that culturally congruent care requires the accommodation, negotiation, and when necessary, restructuring of cultural health practices to achieve optimal health outcomes. In this framework, midwives function not merely as clinical technicians but as cultural mediators who bridge the epistemological gap between biomedical knowledge and local health cosmologies (Hasanah & Fitriyani, 2022).

CONCLUSION

This study described the behavior and attitudes of postpartum mothers regarding locally culturally-based self-care practices in Bandar Baru Village, Sibolangit Sub-District. The findings demonstrated that while a slight majority of respondents (55.8%) exhibited adequate postpartum self-care behavior and 61.5% held positive attitudes toward self-care, a substantial proportion continued to demonstrate inadequate behavior (44.2%) and negative attitudes (38.5%). Culturally-based practices, particularly family-mandated traditions (86.5%), herbal beverage consumption (80.8%), and abdominal binder use (75.0%), were highly prevalent and constituted central elements of the postpartum care landscape in this community.

The study confirms the centrality of local cultural knowledge systems in shaping postpartum self-care behaviors and attitudes in rural North Sumatran communities, and underscores the need for culturally competent midwifery interventions that engage with, rather than dismiss, these traditions. The attitude-behavior gap observed further indicates that attitudinal improvement must be accompanied by practical skill-building and structural enablement to achieve meaningful behavioral change.

Implications and Recommendations

For postpartum mothers, it is recommended to actively engage with postpartum counseling services and openly discuss cultural practices with their assigned midwives, enabling a personalized and culturally sensitive care plan. For midwives and healthcare providers, the findings highlight the necessity of adopting Leininger's cultural care framework as a guiding principle, incorporating cultural assessments into routine antenatal and postnatal care visits, and providing targeted health education on the potential benefits and risks associated with specific local practices. Puskesmas Sibolangit and the Deli Serdang District Health Office are encouraged to develop and disseminate culturally adapted postpartum care guidelines that acknowledge local wisdom while ensuring alignment with evidence-based standards. Future researchers are encouraged to employ mixed-methods designs to more deeply explore the sociocultural mechanisms underlying the attitude-behavior gap, and to evaluate the effectiveness of culturally-tailored postpartum educational interventions through quasi-experimental or randomized controlled study designs in comparable rural North Sumatran settings.

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