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FOOD TABOOS AND PREVENTION OF POSTPARTUM ANEMIA IN THE KARO ETHNIC COMMUNITY

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ABSTRACT

Postpartum anemia is a condition characterized by reduced hemoglobin levels in the blood, which diminishes the blood's ability to optimally transport oxygen to meet the body's physiological needs. Although a global health issue, this condition remains frequently overlooked and under-researched. This study aims to explore the perceptions, meanings, and values associated with cultural practices, such as food taboos, and their relationship to the occurrence of postpartum anemia in the Karo ethnic community. Using a qualitative approach, data were gathered through in-depth interviews with three postpartum mothers. The interviews were conducted over multiple sessions with each participant until responses became consistent. The findings revealed that specific food taboos are practiced during the postpartum period, which are culturally significant but may affect iron intake and risk worsening anemia. Postpartum mothers in the Karo ethnic community avoid consuming seafood and leafy vegetables with hairy surfaces. These foods are restricted due to the belief that they may cause itching. Food taboos among postpartum mothers in the Karo ethnic community can lead to micronutrient deficiencies, contributing to anemia. This highlights the need for health interventions that integrate cultural context and local wisdom.

Keywords: food taboo; karo ethnic community; postpartum anemia

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INTRODUCTION

Postpartum anemia is a condition characterized by a decrease in hemoglobin levels in red blood cells, reducing the blood's ability to optimally transport oxygen to meet the body's physiological needs. Although a global health issue, this condition still receives insufficient attention and is relatively understudied. Several studies, conducted both individually and by research groups, have assessed the prevalence of postpartum anemia. Teshale reported a prevalence of anemia in East Africa reaching 34.85%, with rates varying between 19.23% in Rwanda and 53.98% in Mozambique (Teshale et al., 2020). Meanwhile, a study in Urban Puducherry found that the prevalence of anemia among postpartum mothers was 76.2%. In this study, 45% (1,341 women) had hemoglobin (Hb) levels <11 g/dL during the postpartum period, while 7.1% (212 women) had Hb levels <9 g/dL (Chowdhury & Chakraborty, 2017). There is currently no national data on postpartum anemia in Indonesia from large-scale health surveys such as the Basic Health Research (Riskesdas, 2018) or the Indonesia Health Profile 2021. However, several researchers have reported postpartum anemia rates based on local studies. A study by Darmawati et al. (2022) at Dr. Zainoel Abidin Hospital in Banda Aceh found that 49.0% of postpartum mothers had mild anemia, 10.8% had moderate anemia, and 40.2% were non-anemic. Meanwhile, research by Sudikno & Sandjaja (2016) in Tasikmalaya and Ciamis reported that 86.2% of postpartum mothers had anemia, with 66.2% experiencing mild anemia, 20% moderate anemia, and only 13.8% non-anemic. Anemia is a nutritional problem caused by low dietary iron intake and impaired iron absorption. A narrative review highlights that the most common cause of anemia in pregnant women is iron deficiency, which often stems from inadequate iron stores early in pregnancy (Butwick & McDonnell, 2021).

An observational study by Butwick & McDonnell (2021) revealed that an antepartum hemoglobin level below 10 g/dL is a primary risk factor for postpartum anemia, characterized by hemoglobin levels dropping to 8 g/dL upon hospital discharge. According to Milman (2011), the dominant cause of postpartum anemia is pre-existing anemia before delivery, exacerbated by acute blood loss during childbirth. A study in Kudus found that 93.7% of postpartum mothers adhering to the ”white food restriction" tradition (pantang makan mutih) experienced anemia, compared to only 25% among those who did not follow the practice. Saputri & Wijayanti emphasized that low nutrient intake is a key risk factor for nutritional disorders, such as nutritional anemia and chronic energy deficiency (CED), during the postpartum period. Nutritional anemia itself is the most common form of malnutrition experienced by mothers postpartum.

As a modern nation, Indonesia boasts rich social and cultural diversity reflected in its societal pluralism, traditions, and customs passed down through generations (Brata, 2016). This cultural diversity is also evident in healthcare practices, particularly those related to postpartum maternal care. The Karo ethnic community is one group that continues to uphold traditional cultural wisdom in health practices, especially for postpartum mothers, such as food taboos. Among the Karo people, there is a belief in avoiding certain foods like seafood (fish, shrimp, squid, crab) and leafy green vegetables with hairy surfaces (e.g., yellow pumpkin leaves) due to the conviction that they may cause itching. Objective of the Study:This research aims to explore the relationship between cultural practices, such as food taboos, and the occurrence of postpartum anemia in the Karo ethnic community.

METHOD

A qualitative study was conducted using a phenomenological approach. Data were collected from three postpartum mothers through in-depth interviews, observation, and focus group discussions (FGDs), aiming to gather preliminary information on maternal perceptions, meanings, and values regarding postpartum anemia, while also uncovering aspects related to the local wisdom of the Karo ethnic community in Deli Serdang Regency. Interviews were conducted over multiple sessions with each participant until responses became consistent.

RESULT

In the culture of the Karo community, there is a tradition of imposing food taboos on mothers during the postpartum period. These restrictions are typically enforced by parents, in-laws, and other family members. Certain prohibited foods include specific vegetables (especially those with hairy leaves), chili, shrimp, and various types of seafood. These bans stem from the belief that such foods may trigger digestive issues or allergic reactions in the mother or infant.

"…After delivery, the only food restriction was eggs – but those could be eaten with soft rice and black pepper. That's all…"
"…You just can't eat too much chili before the baby's umbilical cord falls off…"
"…Cassava leaves aren't allowed either, Ma'am…"

Postpartum mothers often feel constrained by these hereditary traditional rules. In practice, some secretly violate the taboos due to social pressure, fearing that defying the advice of elders is viewed as disobedience or even disrespect.

"...My mother-in-law said I can only eat spinach and bok choy – no other vegetables. And I mustn't eat cold food; everything has to be freshly cooked and eaten right away…"
"...No coconut milk either…"

During the postpartum period, the mother's food intake is highly restricted. They are only permitted to consume *bubur sira lada* (a porridge seasoned with black pepper and salt), eggs, and boiled spinach. These foods are believed to shield the mother from negative effects allegedly caused by other foods.
"...So generally, they tend to only eat rice porridge…"
"...If they eat [forbidden foods], they're afraid it'll cause itching – and that it might even affect the baby, making the baby itch too…"
"...Don't eat chili either – they worry the child might get diarrhea…"

The restrictions typically end once the mother begins consuming a specially prepared recovery meal. This dish usually contains spices and *daun terbangun* (a local herb), sometimes mixed with chicken or fish. The concoction is thought to aid in restoring and strengthening the uterus, aligning with the Karo belief that a woman's body rejuvenates throughout pregnancy and childbirth.
"...My mother-in-law said I mustn't eat meat until I've taken the uterine-healing herbal drink…"
"...As for vegetables – she said those shouldn't be eaten either before having the womb-recovery herbs…"

DISCUSSION

The food taboo tradition practiced by the Karo ethnic community for postpartum mothers is part of a cultural heritage preserved across generations. In this practice, mothers who have recently given birth are required to avoid consuming certain types of food during the postpartum recovery period, which typically lasts several weeks to months. The Karo people believe that a woman's body from pregnancy through childbirth is in a state of "rejuvenation." This belief underpins various restrictions, including dietary prohibitions, until the mother consumes a special herbal concoction called *petua beltek*. This remedy is made from a blend of spices and *daun bangun-bangun* (a local herb), often combined with chicken or fish, and is believed to accelerate recovery and enhance breast milk production. During the postpartum period, the mother's diet is highly restricted. Aside from rice porridge and *sira lada* (porridge seasoned with black pepper and salt), only boiled eggs and boiled spinach are deemed safe to consume. The Karo community believes these foods do not disrupt the digestive systems of the mother or infant. However, limiting the diet to these few items poses health risks, particularly because egg whites and spinach contain oxalic acid, which may inhibit iron absorption in the body. These dietary restrictions are rooted in the belief that certain foods can harm the health of the mother and baby, such as causing digestive issues, reducing breast milk quality, or introducing cold or heavy effects on the body. Examples of prohibited foods include:

Seafood

Seafood, such as fish, is often avoided during the postpartum period due to beliefs that it causes a fishy odor or itching. From a nutritional perspective, however, seafood is rich in iron and folate. For instance, 100 grams of seafood contains approximately 1.0–5.0 mg of iron and 5.0–15 mg of folate, which are essential for boosting haemoglobin levels (Andhikawati et al., 2021). This prohibition may inadvertently hinder maternal nutritional recovery post-childbirth.

Shrimp

Shrimp, particularly *rebon* (small shrimp), are rich in iron and could significantly contribute to meeting the iron needs of postpartum mothers. However, they are often prohibited due to beliefs that they may trigger allergic reactions or itching.

Vegetables with Hairy Leaf Surfaces

Vegetables like yellow pumpkin leaves (Cucurbita moschata) and chayote leaves are restricted because they are thought to cause itching in mothers. However, research shows that 100 grams of yellow pumpkin leaves contain 4 mg of iron and 25 µg of folate. A study by Apriyani & Muli (2021) demonstrated that consuming yellow pumpkin leaf shoots significantly increases hemoglobin levels in pregnant women.

Chili

The Karo community prohibits chili consumption during the postpartum period, believing it causes digestive issues (e.g., diarrhea in infants via breast milk). Chili contains capsaicin, the compound responsible for its spiciness. Excessive capsaicin intake may lead to gastrointestinal discomfort, such as burning sensations, nausea, and bloating (Xiang et al., 2021; Van Avesaat et al., 2016). An animal study by Savira et al. (2023) found that high doses of capsaicin can damage gastric mucosal and submucosal tissues.

CONCLUSION

The food taboos practiced by postpartum mothers in the Karo ethnic community, as part of their ancestral traditions, can lead to micronutrient deficiencies and contribute to anemia. Therefore, culturally sensitive nutrition education is essential to bridge local wisdom and modern health principles. Counseling for pregnant women, postpartum mothers, and their families (particularly parents and in-laws) should adopt an approach that respects traditional values while prioritizing scientific evidence on postpartum nutritional needs. Local traditional and community leaders should be involved in disseminating accurate information about nutritious foods for postpartum mothers. Collaboration between healthcare workers and cultural figures will be more effective in shifting community perspectives without triggering resistance to change.

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