



The Impact of *Madeung* Culture on Postpartum Depression in Acehese Mother: A Case Report

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Abstract.

Background: Postpartum depression (PPD) is a common psychological disorder that affects many new mothers worldwide. The prevalence of postpartum depression in Indonesia is around 23.8%, higher than the global average of 13%. Postpartum depression is believed to be associated with cultural practices and beliefs, including *Madeung* culture. *Madeung* culture, also known as "*pantang larang*" in Acehese, refers to a set of traditional customs and beliefs surrounding pregnancy and childbirth in Acehese culture. *Madeung* customs dictate that a new mother must observe a strict regimen of rest and dietary restrictions and refrain from physical activities. The severe dietary restrictions and confinement may lead to feelings of isolation and social disconnection, while the lack of physical activity may contribute to boredom and restlessness.

Case Report: We reported a case of Mrs A, a 26-year-old woman from Aceh, Indonesia presented to the psychiatric clinic one month after giving birth to her first child. She reported experiencing symptoms of sadness, low mood, decreased appetite, and difficulty sleeping. Mrs. A had a history of *Madeung* culture during this period. She was expected to follow strict rules related to diet, clothing, and daily activities. Mrs A reported feeling isolated, lonely, and unsupported during this time.

Conclusion: The *Madeung* culture in Aceh can significantly impact the mental health of new mothers. Healthcare providers need to recognize the potential negative impact of cultural practices on postpartum depression and provide appropriate support and interventions. Education and awareness-raising campaigns can also help to promote understanding and acceptance of mental health issues in the community and to seek consent and treatment if needed.

Keywords : (separated by '-'): *Madeung* culture - postpartum depression

Introduction

The *Madeung* culture is a set of cultural activities that new postpartum mothers in Aceh undergo during the 44 days after giving birth. *Madeung* is a medical technique that uses herbs and traditional methods to help the mother recover from childbirth [1]. New mothers go through a tradition known as a *sale*. During this time, the mother sleeps on a bed made of wooden or bamboo sticks that have gaps, while underneath the bed is a stove containing hot charcoal [2].

This period also involves many prohibitions, such as staying in the mother's room, not leaving the house, not drinking much, eating rice in a bowl, and avoiding acid and spicy foods. The study found that *Madeung* culture in postpartum mothers in Aceh has a relationship with maternal health problems such as limiting physical activity and dietary restrictions [3].

The postpartum period is challenging for mothers, with episodes of depression being twice as high as during other periods in a woman's life [4]. Postpartum depression (PPD) is a type of major depressive disorder (MDD) that occurs during the perinatal period. It is a common complication of childbirth and can result in adverse outcomes for both the mother and child, such as maternal mortality and morbidity, a higher likelihood of infanticide, weaker maternal-infant attachment, and less effective parenting behaviours [5]. The peripartum stage is characterized by sudden and significant shifts in hormone concentrations, and it is a susceptible period to the emergence of mood disorders. The relationship between these two processes is believed to be connected, with hormonal variations potentially contributing to the fundamental neurobiology of postpartum mood disorders. This notion has led to the "ovarian-steroid-withdrawal hypothesis" [6].

Postpartum depression is a severe condition that impacts many women worldwide. Research has demonstrated that cultural elements may trigger the disorder and significantly impact postpartum depression [7].

Case Report

Mrs A, a 26-year-old Acehnese woman, gave birth to her first child at a local hospital. She had a normal delivery, and her baby was healthy. She was discharged from the hospital on the second day after delivery and immediately started the *Madeung* culture. According to the *Madeung* confinement, she and her baby were isolated in a separate room in her house, and only her husband and female family members were allowed to visit. She was required to follow a strict regimen of rest and dietary restrictions for 44 days after giving birth. She was prohibited from leaving the house and had to eat only certain foods. She avoids eating high-protein foods such as eggs, fatty gravy, seafood like shrimp, squid, crab, and foods high in fat, spicy, and oily.

Additionally, she limits her water intake and may only eat roasted or boiled foods, such as roasted or baked anchovies. She must adhere to several other rules, which include wearing a sarong, girdle, and socks at all times, refraining from speaking in a high tone, avoiding sidelong glances, maintaining an upright sitting position, regularly consuming herbal leaf concoctions, and sleeping in separate rooms from her husband. These rules make her confused and anxious, as she fears the negative consequences if she does not follow them. Mrs. A's family strictly enforced these cultural practices.

During the second week of postpartum, Mrs A felt tired and sore, which she attributed to the usual physical changes after childbirth. However, as the days passed, she became increasingly sad and irritable. She found sleeping difficult, had no appetite, and lost interest in daily activities. She also reported feeling guilty and inadequate as a mother, leading to reduced interest in her baby's care and bonding. She had no history of mental health disorders, and her pregnancy and delivery were uncomplicated. Her mother-in-law advised her that her symptoms were due to the pressure of being a new mother, and she was encouraged to rest more. However, her symptoms worsened, and she began withdrawing from her family and social activities. They did not seek medical help for her symptoms and believed they were the result of being disturbed by *Burong*, ghosts that can scare women who were being *Madeung* and recommended seeking treatment from the shaman. Eventually, her husband encouraged her to seek medical help.

The examination showed that Mrs A feared and was anxious about not following the prohibitions and recommendations that her parents and relatives advised. This indicates

that the *Madeung* tradition can impact her mental health. Mrs A also reported feeling isolated, lonely, and unsupported during her *Madeung* time, which she believed contributed to her current depressive symptoms. Upon examination, Mrs A was diagnosed with postpartum depression and was prescribed antidepressant medication and counselling.

Discussion

Postpartum cultural practices can affect the risk of developing PPD, depending on the social support available to new mothers. For example, some cultural practices may involve extended family members providing support and care for the new mother, which can be beneficial in preventing PPD. However, if the new mother does not have access to supportive family members or the cultural practices are not conducive to good mental health, these practices may increase the risk of developing PPD [8,9].

This case report highlights the potential impact of *Madeung* culture on PPD in Acehese mothers. The traditional practices of *Madeung*, such as strict dietary restrictions and confinement, may contribute to feelings of sadness and anxiety in some mothers and may lead to isolation and social disconnection. In the postpartum phase, it is anticipated that the mother will take care of her baby, create a secure setting for the child, establish a bond through communication, familiarize herself with her new responsibilities as a mother, and aid the rest of the family in adapting to the baby and its necessities. However, if women undergo mood disorders during this period, it can cause depression [10]. Some studies suggest that traditional practices utilized during the postpartum period could adversely affect women. Specifically, adhering strictly to these practices could lead to negative psychological impacts. It further noted that these traditional practices could limit a mother's freedom, reduce her self-confidence and autonomy, and increase her risk of depression [11].

The *Madeung* culture in Aceh is deeply ingrained in the community and is believed to benefit new mothers. However, the strict regimen of rest, confinement, and dietary restrictions imposed by this cultural practice can overwhelm some women, leading to feelings of isolation, helplessness, and depression. The *Madeung* culture in Acehese society has positive and negative impacts on postpartum depression. While it provides protection and support for the mother and newborn, it can also lead to social isolation and lack of support, contributing to PPD.

In this case, the patient underwent a comprehensive psychiatric evaluation, including a clinical interview and validated screening tools for PPD. The diagnostic criteria outlined in DSM-5 and ICD-10 were utilized and supplemented by the Edinburgh Postnatal Depression Scale (EPDS) for postpartum depression. Some typical symptoms of PPD seen in *Madeung's* mother include constant sadness and anxiety, loss of interest or pleasure in activities that used to be pleasurable, difficulty sleeping or excessive sleepiness, changes in appetite and weight, fatigue or loss of energy, and feelings of worthlessness. The screening scores were 18 on the EPDS, indicating moderate depressive symptoms. She was also assessed for anxiety symptoms, but the scores were within normal limits. The patient's medical history and physical examination were unremarkable.

Postpartum depression is a type of depression diagnosed when a person experiences at least five depressive symptoms for at least two weeks, and it is typically characterized as a major depressive episode with onset during pregnancy or within four weeks of delivery. The diagnosis requires that either depression or loss of interest in activities must be present in addition to the five other symptoms. The nine symptoms include depressed mood, loss of interest or pleasure, insomnia or hypersomnia, psychomotor retardation or agitation, worthlessness or guilt, loss of energy or fatigue, suicidal ideation or attempt, impaired concentration or indecisiveness, and change in weight or appetite. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) considers postpartum depression as a major depressive episode with peripartum onset, and it is not categorized as a separate disease [12,13].

The Edinburgh Postnatal Depression Scale (EPDS) is the screening tool most frequently utilized to assess postpartum depression. It involves a series of ten questions and is regularly administered to women by their healthcare providers after giving birth. Prior research has indicated that the EPDS is an effective and straightforward means of

identifying early-onset postpartum depression and performing the assessment during the first week after delivery can forecast maternal mood during later postpartum [14].

The severity of the symptoms is assessed through a Likert-type scale ranging from 0 to 3, with a threshold of 9 or higher indicating the likelihood of postpartum depression [15].

Conclusion

The *Madeung* culture in Aceh can significantly impact the mental health of new mothers. Healthcare providers need to recognize the potential negative impact of cultural practices on postpartum depression and provide appropriate support and interventions. Education and awareness-raising campaigns can also help to promote understanding and acceptance of mental health issues in the community and to seek consent and treatment if needed.

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