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Relationship between perineal wound care, abstainment to eating culture and personal hygiene using feminine hygiene (binahong leaf, betel green mint leaf) with perineum wound healing long time

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ABSTRACT

The puerperium lasts from six weeks to six weeks after delivery. The first delivery often results in a perineal tear. Perineal wounds require special care as without proper care, the risk of infection increases. Age, nutritional status, perineal wound care, personal hygiene, medication, tradition, knowledge, environment, socioeconomics and staff handling are factors that influence perineal wound healing. This study aims to determine the relationship between perineal wound care, food restrictions, and personal hygiene using Personal Hygiene with perineal wound healing time in independent midwife practices. The study used analytic observation of case control/retrospective design. The population was postpartum women from the third day to the seventh day after early labor. Non-random, or non-probability, sampling was used in the consecutive or quota sampling method. Slovin's formula was used to collect a research sample of 30 respondents. The results showed that a number of respondents took good care of the perineal wound (27 respondents, 90 percent), did not abstain from food (25 respondents, 83 percent), maintained good personal hygiene (29 respondents, 96 percent), and the perineal wound healed well (24 respondents, 80 percent). Fisher's Exact test results showed perineal wound care had a relationship with perineal wound healing time with a p-value of 0.005 < 0.05; abstinence from food had a relationship with perineal wound healing time with a p-value of 0.000 < 0.05; and personal hygiene had no relationship with perineal wound healing time with a p-value of 0.200.

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INTRODUCTION

Infection during pregnancy is one of the causes of maternal death (Rahayu & Sari, 2017; Safitri & Marniati, 2018). Cases of maternal deaths with postpartum infections in Indonesia in 2016 amounted to 23.5% of 1,015 cases and 17.9% of all maternal deaths with postpartum infections in 2017 (Rahayu et al., 2018; Rahim et al., 2019; Syalfina et al., 2021).

During the puerperium, women are more susceptible to puerperal complications, especially in the first three days after delivery (Fairus & Widiyanti, 2017; Kurniasari & Astuti, 2015; Susanti & Sulistiyanti, 2017). Infection is one of the most common causes of maternal death. Infection can occur in the genital organs due to injury from the placenta or lacerations of the genital tract, including episiotomies of the perineum, vaginal wall, and cervix (Andanawarih, 2021; Oktarina, 2015; Purba Handayani et al., 2020; Yuliana & Hakim, 2020).

Several factors affect the perineal wound (Manuntungi et al., 2019; Rohmin et al., 2017; Sulistianingsih & Wijayanti, 2019; Suryati et al., 2013). Maternal factors include parity and delivery; fetal factors including baby's weight and abnormal position of the fetus; and delivery factors including assisting factors, precipitous parturition, and vaginal delivery such as vacuum extraction, forceps extraction, embryotomy, and episiotomy. Can birth canal injuries or perineal lacerations cause infection of the perineal sutures. It can spread to the bladder and birth canal, causing complications of infection in the bladder and birth canal . If wound healing is delayed, the effect can cause discomfort such as pain and fear of moving, which can cause many problems such as uterine sub-involution, lochia non-fluent and bleeding (Kurniarum et al., 2016; Saridewi et al., 2018; Timbawa et al., 2015).

Based on a preliminary study conducted by researchers at TPMB, Mrs. Delis Rofiana, S.ST stated that there were 75 women who gave birth vaginally / spontaneously in January 2022 - February 2023, where the percentage of mothers who gave birth with perineal lacerations was 92% in January 2022 - February 2023 , the number of postpartum women who visited TPMB Mrs. Delis Rofiana, S.ST was 114 people in January 2022 - February 2023, where the percentage of postpartum women with perineal wound healing time of more than 7 days was 7.9% and postpartum women with signs signs of perineal wound infection include complaints of heat and pain in the wound area, redness and vaginal discharge that smells and open stitches by 3.5% in January 2022 - February 2023. Treatment is in the form of giving oral antibiotics and KIE to keep the area clean genitalia by treating wounds properly and correctly, vulva hygiene, and teaching them to drink enough and eat balanced nutritious food.

Based on this description, the researcher is interested in researching "Relationship of Perineal Wound Care, Abstinence from Food Culture and Personal Hygiene using Feminine Hygiene (Binahong Leaves, Green Betel and Mint Leaves) with Perineal Wound Healing Time in Postpartum Mothers at TPMB Mrs. Delis Rofiana, S.ST "

RESEARCH METHOD

The results of the study obtained 30 respondents who met the research criteria, namely postpartum mothers who were willing to be respondents, postpartum mothers with vaginal/spontaneous delivery, postpartum mothers with perineal wounds degrees 1-2, postpartum mothers in the first week postpartum (early postpartum) day 3 – 7, postpartum mothers without a history of mental disorders and without a history of diabetes mellitus. After conducting further research, data processing was carried out and the following results were obtained:

Characteristics of Respondents

Table 1. Distribution characteristics of respondents

	Category	Frekuensi	Presentase (%)
Age	Healthy Reproduction	21	70,00
	High risk	9	30,00
Parity	Primipara	15	50,00

	Multipara	15	50,00
Work	Work	5	16,67
	Doesn't work	25	83,33
Educational background	Based	12	40,00
	Intermediate	13	43,33
	High	5	16,67

Table 1 shows that the majority of respondents are of healthy reproductive age, namely 21 respondents (70%), in terms of parity, 15 respondents (50%) have Primipara and multipara parity. The majority of respondents did not work, namely as many as 25 respondents (83.3%). And the majority of respondents have secondary education, namely as many as 13 respondents (43.3%).

Perineal Wound Care

Table 2. Distribution of respondents based on wound care

Category	Frekuensi	Presentase (%)
Good	25	83,3
Bad	5	16,7
Total	30	100

Table 2 shows that the majority of respondents had performed good wound care, 25 respondents (83.3%), while 5 respondents (16.7%) had performed bad wound care.

Food Abstinence

Table 3. Distribution of respondents based on food abstinence

Category	Frekuensi	Presentase (%)
Abstinence	5	16,7
No abstinence	25	83,3
Total	30	100

Table 3 shows that the majority of respondents did not abstain from food, namely 25 respondents (83.3%), while the respondents who abstained from food were 5 respondents (16.7%).

Personal Hygiene (Binahong Leaf, Betel Green Mint Leaf)

Table 4. Distribution of respondents based on personal hygiene (binahong leaf, betel green mint leaf)

Category	**Frekuensi**	**Presentase (%)**
Good	29	96,7
Bad	1	3,3
Total	30	100

Table 4 shows that the majority of respondents implemented good personal hygiene, namely 29 respondents (96.7%), while 1 respondent (33.3%) did poorly.

Perineal Wound Healing

Table 5. Distribution of respondents based on wound healing

Category	Frekuensi	Presentase (%)
Good (≤ 7 days)	24	80
Bad (≥ 7 days)	6	20
Total	30	100

Table 5 shows that the majority of respondents experienced good perineal wound healing, namely as many as 24 respondents (80%), while respondents who experienced poor wound healing were as many as 6 respondents (20%).

Relationship Between Perineal Wound Care And Healing Time

Table 6. Fisher's exact test relationship of wound care with perineal wound healing time in postpartum mothers

No	Perineal Wound Healing	Perineal Wound Care				Total		p-value
		Good		Bad				
		f	%	f	%	N	%	
1	Good	24	80	3	10	27	90	
2	Bad	0	0	3	10	3	10	0,005
	Total	24	80	6	20	30	100	

Table 6 In the group with good perineal wound healing, 24 (80%) performed good perineal wound care compared to 0 (0%) perineal wound care, while the group with poor perineal wound healing performed good and bad perineal wound care respectively - there were 3 respondents with a total percentage of 11.1% and 100%.

The Fisher's Exact test yielded a p-value = 0.005 where <0.05, so there was a significant relationship between perineal wound care and perineal wound healing time in postpartum mothers.

Relationship of Food Abstinence with Perineal Wound Healing Time in Postpartum Mothers

Table 7. Fisher's exact test relationship of food abstinence with perineal wound healing time in postpartum mothers

No	Food Abstinence	Perineal Wound Care				Total		p-value
		Good		Bad				
		f	%	f	%	N	%	
1	No Abstinence	24	80	1	3,33	25	83,33	
2	Abstinence	0	0	5	16,7	5	16,67	0,000
	Total	24	80	6	20	30	100	

Table 7 In the group with good perineal wound healing, there were 24 (80%) more food abstinence compared to 0 (0%), while in the group with poor wound healing who did not abstain from food, there were 1 (3, 3) 33%), less than those who abstained from food, namely 5 (16.7%).

The Fisher's Exact test yielded a p-value = 0.000 where <0.05, so there was a significant relationship between food abstinence and the healing time of perineal wounds in postpartum mothers.

Relationship between Personal Hygiene and Perineal Wound Healing Time in Postpartum Mothers

Table 8 Fisher's exact test relationship between personal hygiene and feminime hygiene with perineal wound healing time in postpartum mothers

No	Personal Hygiene with feminime hygiene	Perineal Wound Care				Total		p-value
		Good		Bad				
		f	%	f	%	N	%	
1	Good	24	80	5	16,7	29	96,67	
2	Bad	0	0	1	3,33	1	3,333	0,200
	Total	24	80	6	20	30	100	

Table 8 In the group with good perineal wound healing, 24 (80%) performed good personal hygiene, more than those who performed personal hygiene with poor feminine hygiene, namely 0 (0%), whereas in the group with poor perineal wound healing, the doing good personal hygiene as much as 5 (16.7%) more than those who do bad personal hygiene as much as 1 (3.33%).

The Fisher's Exact test yielded a p-value = 0.200 where > 0.05, so there was no significant relationship between personal hygiene and the healing time of perineal wounds in postpartum mothers.

RESULTS AND DISCUSSIONS

Relationship between perineal wound care and perineal wound healing time

According to the cross-tabulation, the perineal wound healing group performed good perineal wound care as much as 24 (80%) more than the perineal wound healing group with poor perineal wound healing, with a percentage of 0 (0%). The poor perineal wound healing group had 3 respondents, with a percentage of 11.1% and 100%, respectively.

The results of this study are in line with previous research (Siregar, 2021) which found a relationship between perineal wound care and perineal suture wound healing at the HJ Dermawati Clinic in Medan in 2020, with a p-value of 0.004 (p <0.05). A previous study (Oktavia et al., 2017; Sondakh et al., 2021)found a relationship between perineal wound care and perineal suture wound healing in postpartum women at the Widuri Maternity Clinic in Sleman. By using an observational analytic design method with a cross-sectional approach

Relationship of Food Abstinence with Perineal Wound Healing Time

According to cross-tabulation, the group with good perineal wound healing who did not abstain from food experienced an increase of 24 (80%) compared to those who abstained from food, while the group with poor perineal wound healing experienced a decrease of 1 (3.33%) compared to those who abstained. food, which decreased by 5 (16.7%).

There is a significant relationship between food abstinence and perineal wound healing time in postpartum mothers. Fisher's Exact test results show p-value = 0.000 with p-value < 0.05.

The results of this study are in line with previous studies (Manuntungi et al., 2019) which found that almost the majority (76%) of postpartum mothers did not abstain from food and most (82%) of their wound healing was going well. There is a relationship between food abstinence and perineal wound healing at Jemursari Hospital, according to the results of statistical tests, where p = 0.000 < α0.05. Another study (Arma, 2020) supports this research. Data were seen from 31 postpartum mothers (100%) who did not abstain from food 12 (38.7%) respondents, with slow wound healing 1 (3.2) and fast wound healing 11 (35.5%) respondents, and mothers who abstain from food 19 (61.3%) respondents, with slow healing of perineal wounds 19 (61.3%) respondents. showed a significant relationship between food abstinence and the results of the chi-square test, with a p-value of 0.000 (p <0.05).

Relationship between Personal Hygiene and Perineal Wound Healing Period

According to cross-tabulation, the perineal wound healing group which performed good personal hygiene was 24 (82.8%), more than the perineal wound healing group which was poor, namely 0 (0%). The group with poor perineal wound healing performed good personal hygiene by 5 (17.2%), less than the group with poor perineal wound healing, namely 0 (0%).

There is no significant correlation between personal hygiene and perineal wound healing time in postpartum women. Fisher's Exact test results show p-value = 0.200, with a p-value greater than 0.05.

This study is in line with previous research (Reichenbach et al., 2019)where the results of the analysis showed that there was no significant correlation between personal hygiene and perineal wound healing, with a p-value of 0.358 which is greater than 0.05. In this study, old

perineal sores were not only caused by poor maternal hygiene; most of the cause is the environment that does not support. Transmission of germs will occur more easily if people do not maintain proper personal hygiene. One of the problems found in this study was that some participants did not perform personal hygiene because they were worried that their stitches would open or they would feel sore; besides that, some participants did not perform personal hygiene properly (Reichenbach et al., 2019)

CONCLUSION

The final conclusions of this research are (a). There are 21 respondents (70%) in healthy reproductive age and 9 respondents (30%) are at high risk (> 35 years); (b). The parity of primipara respondents is 15 respondents (50%) and multipara is 15 respondents (50%); (c). Respondents who worked were 10 respondents (33.3%) and did not work as many as 20 respondents (66.7%); (d). Most of the respondents had a history of secondary education, namely 12 respondents (40%), elementary education as many as 13 respondents (43.3%), and higher education as many as 5 respondents (16.7%); (e). None of the research respondents had a history of mental disorders and diabetes mellitus so that they met the research criteria; (f). There is a relationship between perineal wound care and perineal wound healing time in postpartum women with a p-value of 0.005 <α (0.05); (g). There is a relationship between food abstinence and perineal wound healing time in postpartum women with a p-value of 0.000 < α (0.05); (h). There is no relationship between personal hygiene and the healing time of perineal wounds in postpartum women with a p-value of 0.200 > α (0.05). Suggestions for future research development are to conduct research with a larger number of respondents to obtain more representative and reliable results, expand the variation of reproductive age in the study by paying attention to healthy and high-risk reproductive age, identify more specific reproductive age categories to see their influence on perineal wound healing time, conduct research with a longitudinal design to observe changes in perineal wound healing time over time, explore more deeply other factors that may be associated with perineal wound healing time, such as lifestyle, genetic factors, or habits of caring for perineal wounds after childbirth, involve a control group in the study to compare the effect of the variables studied to the treatment group, look at psychosocial factors that may affect perineal wound healing time, include a control group in the study to compare the effect of the variables studied on the treatment group, look at psychosocial factors that may affect perineal wound healing time in postpartum women, such as stress levels or social support received, conduct research with more objective methods to measure perineal wound healing time, such as the use of precision measuring devices or photographic techniques that can produce more accurate data.

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