

Original Research Article

Assessment of cultural beliefs and practices during the postnatal period in an urban field practice area of SRMC, Nandyal, Kurnool, Andhra Pradesh

M. Venkateswarlu*, M. A. Mushtaq Pasha, Afsar Fatima

Department of Community Medicine, Santhiram Medical College, Nandyal, Kurnool District, Andhra Pradesh, India

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*Correspondence:

Dr. M. Venkateswarlu,

E-mail: drvenky54@gmail.com

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ABSTRACT

Background: The postpartum period continues to be an important part of the tradition and culture among Indian women. But frequently the health of the postnatal women is neglected. So, the present study aimed to explore the beliefs and practices in the postpartum period regarding diet, rest, hygiene, confinement and assess association between cultural practices and socio demographic characteristics.

Methods: A cross-sectional descriptive study was conducted in the field practice area of urban SRMC Nandyal. The participants were women who had given births in the past three months. The data was collected using a pre-tested semi-structured questionnaire.

Results: Among the 140 women, over 75% of women had increased their diet intake postpartum. Vegetables such as brinjal and fruits like papaya were avoided by 58.5% and 63.6% women respectively. Among the mothers 18.3% consumed less than 500 ml of water every day and 22% did not drink milk at all. Household work was avoided by 67% of the women while 79.6% avoided going outdoors. Many women didn't maintain personal hygiene. Many women took home remedies for faster recuperation. These practices were influenced by the socioeconomic status and the woman's educational status.

Conclusions: Traditional postpartum practices are still popular among women in rural and slum areas in Andhra Pradesh. It is critical to identify the harmful practices and reinforce the positive healthy practices to make postpartum period a healthy and joyful period for the mother.

Keywords: Postnatal, Diet, Hygiene, Home remedies

INTRODUCTION

Childbirth is a time of transition and social celebration in many societies, signaling an adjustment of cultural responsibilities.¹ The postpartum period is a very special phase in the life of a woman. Her body needs to heal and recover from pregnancy and childbirth. A good postpartum care and well balanced diet during puerperal period is very important for the health of a woman.² But cultural practices and food taboos adversely affect the

daily consumption of protein, energy and some nutrients during the first month of nursing.³

It is true that more attention has been given to pregnancy and childbirth while women's health during the postpartum period has been neglected. Such an eclipse ignores the fact that the majority of maternal deaths and disabilities occur during the postpartum period.² Women's progression from birth to child rearing is influenced by economy, religion, kinship system and the growing sophistication of communications and medical

technology.⁴ In some societies there is a continuum between traditional ends, others at the modern end with the majority somewhere in between.⁵ The postpartum dietary and lifestyle habits vary greatly among different countries and cultures. In western countries, instead of restrictions, women are encouraged to eat a well-balanced diet from all food categories and start physical exercises during this period. The traditional postpartum practices face the challenges from western culture due to fast economic growth and globalization in the past few decades.⁶ Elders have an important influence on infant feeding decisions and postpartum care, but little is known about the extent to which their practice is influenced by traditional beliefs and/or recent innovations driven by evidence based research.⁷ In the published reports postpartum practices were studied in other Asian countries, like China and Vietnam, but not much literature is available on the postpartum practices of women in India.⁵⁻⁸ These gaps in the existing knowledge about postpartum practices in rural India necessitated the conduct of the current research study, with the objective of assessing postnatal beliefs and practices with respect to food taboos, personal hygiene, rest and confinement at home.

METHODS

The present study was a community based cross-sectional study taken up in the urban field practice area of Department of Community Medicine, Santhiram Medical College, Nandyal. This area is located within a radius of 7 kms from the college, and from which the 140 sample size was collected at randomly and taking convenient sampling method. The data was entered in the M S Excel-2013 and analyzed by SPSS 16. Chi-square test was applied.

Inclusion criteria

Inclusion criteria were all post-natal mothers in the urban field practicing area of Santhiram Medical College, Nandyal.

Exclusion criteria

Exclusion criteria were people who are not willing to participate in the study; those were not present at their residences during the study.

RESULTS

68.57% of the study participants were 21-30 years, 20.71% of the study participants were 31-40 years and 10.71% of the study participants were <20 years.

59.28% of the study participants were Hindu religion, 29.28% of the study participants were Muslim religion and 11.42% of the study participants were Christian religion.

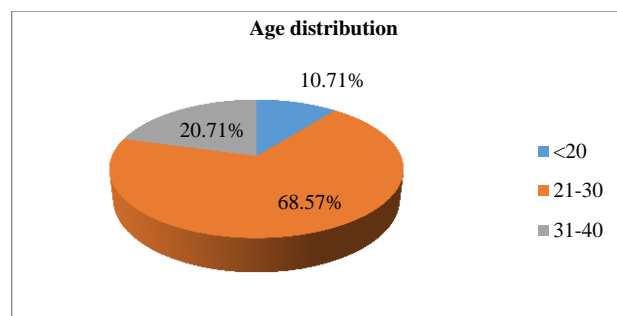


Figure 1: Distribution of the sample by age.

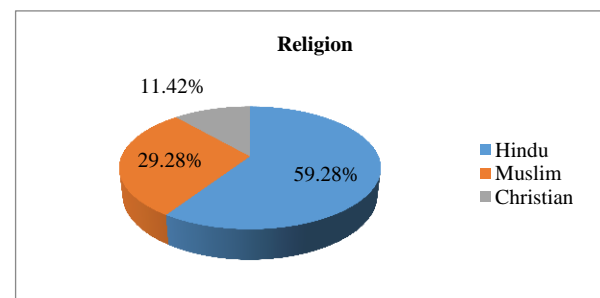


Figure 2: Distribution of the sample by religion.

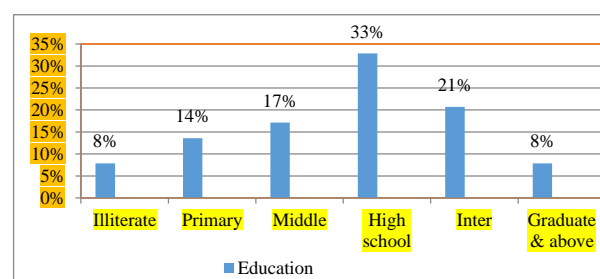


Figure 3: Distribution of the sample by education.

32.85% of the study participants were completed by high school education, 20.71% of the study participants were completed by Intermediate education, 17.14% of the study participants were completed by Middle school education, 13.57% of the study participants was completed by Primary school education, 7.87% of the study participants were illiterate and 7.87% of the study participants were completed by graduation and above.

73.57% of the study participants were housewives, 13.57% of the study participants were unskilled workers and remaining 12.85% of the study participants were doing jobs.

Diet

66.42% of the study participants were middle socio economic class, 25.71% of the study participants were low socio economic class and 7.87% of the study participants were higher socio economic class.

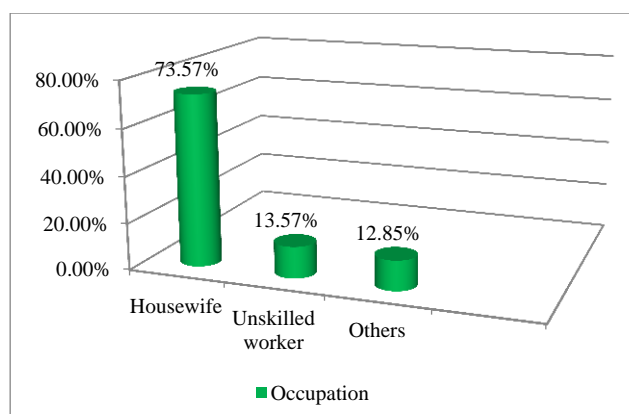


Figure 4: Distribution of the sample by occupation.

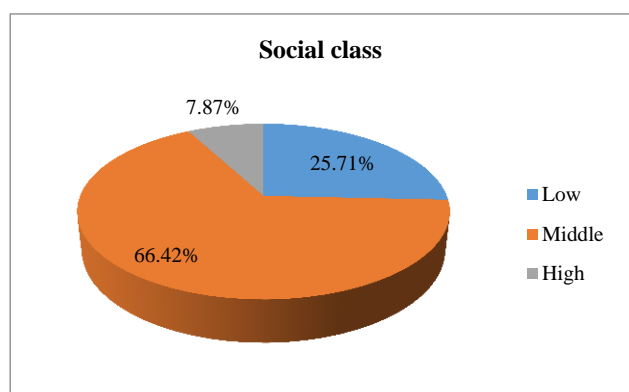


Figure 5: Distribution of the sample by social class.

Consumption of water and milk

Consumption of water and milk general consensus during the postpartum period is about reduced overall consumption of fluids, but not to the extent of causing dehydration. Water consumption refers to water per se and not in tea or other fluids, as there are more restrictions to water usage, than other beverages. Most of the women (61.4%) drank more than 1 liter of water per day; 18.3% of the women drank less than 500 ml of water every day and the reasons for reduced consumption were, elder's advice and the belief that drinking water would cause distension of abdomen and would predispose them to catch a cold. According to one mother, elders' advised to consume less water for the following reason, "Increased water consumption will cause increased of micturition and forces the mother to get up and move around. This increased movement causes back strain. Unlike modern days, in olden times, only Indian toilets were available and toilets were constructed away from homes or the women had to go to the nearby forests (when there were no household toilets). So it would be difficult for the postnatal women to go often to the toilet especially in the night. So, the ladies were not given more water. Going outside the house would also make women vulnerable to evil eye/ghost spirits-dhrishti. It was the same reason for giving limited food during post-natal period-one bowl of rice with Pickle-so that bowel

movement is also limited. Most of the women 52.5% of the women drank two of milk everyday whereas 22% of the women did not drink milk at all due to the belief that the child might develop cold and cough, while some of them did not like the taste of milk.

Table 1: Beliefs and practices with regard to food taboos during the post-natal period.

	Foods items	Reasons obtained
Foods avoided	Mackerel	Causes-nanju (predisposes to infection).
	Brinjal	Causes-nanju (predisposes to infection). Also causes generalized itching.
	Mango	Peel will not get digested, causes cough and cold in the child
	Spinach, Jack fruit	Causes cold and abdominal pain
	Banana, Cucumber, tender coconut	Causes cold for both mother And child
Foods preferred	Curry made of spices	To cool the body
	Jeera/ fenuGreek porridge	To relieve backache and to increase breast milk production
	Yam	To aid in wound healing
	Banana inflorescence and Stem chutney	To remove toxins from the body
	Beetroot	For blood production

Personal hygiene

Vulval and perineal hygiene

Majority of the women 82% were aware of vulval and perineal hygiene. "As there is excessive bleeding, pads should be changed frequently otherwise it will lead to infection. After passing urine too, vulval area should be cleaned with warm water. Clothes if used instead of pads need to be washed in Dettol and dried in the sun. Sometimes this cloth is dried in the bathroom-but this is not as good as drying in the sun" reported the ladies.

Caesarean wound care

The women who had undergone caesarean section took care of wound by cleaning the wound using soap and dettol and keeping the wound dry until it healed, while a few others prevented the exposure of wound to water. Talcum Powder was frequently applied so that the wound would not itch.

Bath

Oil massage and bath were given by the mother or elders in the family to the postnatal women. Regular bath was a universal phenomenon. One fourth of the women 44.2% even took bath twice daily. Oil massage before bath was practiced by 22.8% of the women. According to the mothers during the group discussion, extremely hot water is used for giving bath especially for the lower back (more so when spinal anesthesia is given for caesarean section). "Sometimes the water is so hot, we would scream, but still same water would be used to give bath and our mothers scold us for complaining." Extremely hot water is used for head bath also which according to the mothers was the reason for losing hair till 40 days but elders would say, "Mother starts losing hair when the child starts smiling." It is believed that "if child is happy then mother will lose her hair." One mother said that it was a misconception, but they found it difficult to resist the practice.

Rest

Although 78% of the women slept only for 6-9 hours in a day, only half of them engaged in routine household work and very few (14%) were performing exercises during the postpartum period. While sleeping, it is insisted that they lie in the supine position and cover themselves with blankets, irrespective of the season, said the women during the group discussion.

Confinement at home

Most of the women were housewives. It is a common practice for postnatal mothers to be confined within the house for a period of 40 days after delivery. She is forbidden from going outdoors. Going outside predisposes to infection child will get cold in addition going by bus/auto will cause back pain. Bones will be soft in the postnatal period, so sleeping/taking rest will bring them back to normally". Advantages of confinement as stated were; "Exclusive breast feeding on demand is possible, as mother is always close to the baby. If mother falls sick by going outdoors then child too would fall sick". Many women preferred the practice of confinement to the homes. They wanted to take care of the child as the child was small and there was nobody at home to take care of the child. The women 79.6% did not go out for walks as they were advised by elder's not to go out for 40 days and some of them said they did not find time to as they had to take care of the child most of the time.

Cultural practices

Visitors were avoided by 11.4% of the women, as it was a traditional practice to avoid visitors for 14 days and some believed that it was to avoid infections. Some of the women 24.2% continued to wear warm clothes even

when it was hot to avoid catching infections and also because they were advised by elders.

Home remedies

Garlic medicine, Onion, pepper, ginger based medicine is given to remove toxins and infections from the body. Kalu jeerige kashaya—a very bitter preparation is given compulsorily every day for three days after delivery to remove toxins/ infection producing agents from the body.

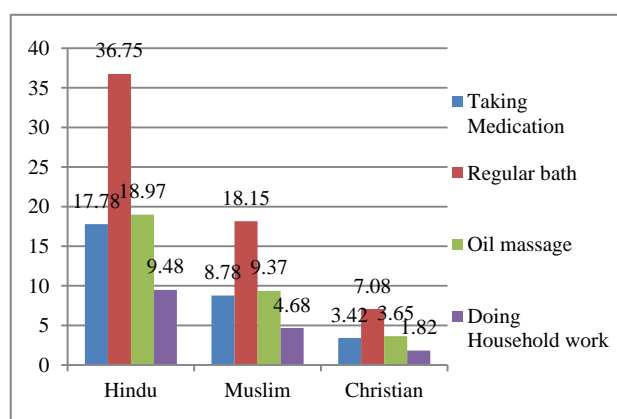


Figure 6: Association between religion and postpartum practices among study participants.

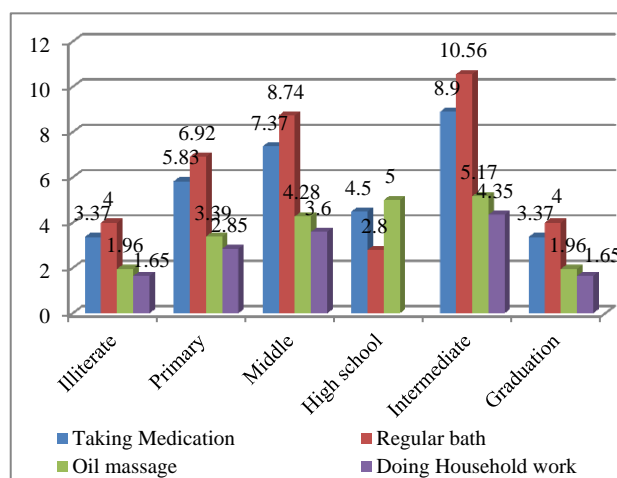


Figure 7: Association between education and postpartum practices among study participants.

Among the total study participants (140), the Hindus were (83) in this 36.75% of study participants were taking regular bath, 17.78% of study participants were taking medication, 18.97% of study participants were taking oil massage and 9.48% study participants doing household work. The Muslims were (41) in this 18.15% of study participants were taking regular bath, 8.78% of study participants were taking medication, 9.37% of study participants were taking oil massage and 4.68% study participants doing household work. The Christians were (16) in this 7.08% of study participants were taking regular bath, 3.42% of study participants were taking

medication, 3.65% of study participants were taking oil massage and 1.82% study participants doing household work. The p value is 0.15 not a significant.

Among the total study participants (140), the illiterate (11) in this 4.0% of study participants were taking regular bath, 3.37% of study participants were taking medication, 1.96% of study participants were taking oil massage and 1.65% study participants doing household work. The primary education (19) in this 6.92% of study participants were taking regular bath, 5.83% of study participants were taking medication, 3.39% of study participants were taking oil massage and 2.85% study participants doing household work. The middle education (24) in this 8.74% of study participants were taking regular bath, 7.37% of study participants were taking medication, 4.28% of study participants were taking oil massage and 3.6% study participants doing household work. The high school (46) in this 16.75% of study participants were taking regular bath, 14.12% of study participants were taking medication, 8.21% of study participants were taking oil massage and 6.9% study participants doing household work. The intermediate education (29) in this 10.56% of study participants were taking regular bath, 8.9% of study participants were taking medication, 5.17% of study participants were taking oil massage and 4.35% study participants doing household work. The graduation (11) in this 4.0% of study participants were taking regular bath, 3.37% of study participants were taking medication, 1.96% of study participants were taking oil massage and 1.65% study participants doing household work. The p-value is 0.96 not a significant.

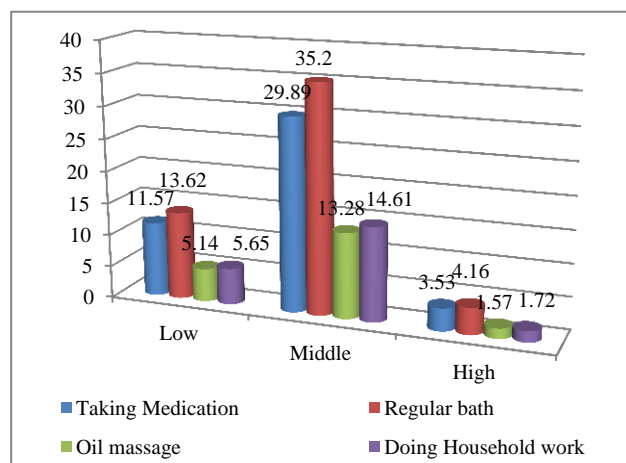


Figure 8: Association between social class and postpartum practices among study participants.

Among the total study participants (140), the low social class were (36) in this 13.62% of study participants were taking regular bath, 11.57% of study participants were taking medication, 5.14% of study participants were taking oil massage and 5.65% study participants doing household work. The middle social class were (93) in this 35.20% of study participants were taking regular bath,

29.89% of study participants were taking medication, 13.28% of study participants were taking oil massage and 14.61% study participants doing household work. The high social class were (11) in this 4.16% of study participants were taking regular bath, 3.53% of study participants were taking medication, 1.57% of study participants were taking oil massage and 1.72% study participants doing household work. The p-value is 0.24 not a significant.

DISCUSSION

A woman who receives utmost care from all her family members during pregnancy and delivery is deprived of this care once she has delivered the baby, as all the center of attention now shifts towards the newborn. Studies done on post-natal women too, focus mostly on infant feeding and rearing practices but not on the changing dynamics for the mother. Irrespective of socio-economic development and educational competence, mothers are still dictated by traditional customs and practices. The assessment of dietary practices indicated that the women consumed a variety of foods during puerperium. The consumption of fruits and vegetables was increased by 35.5% of women in contrast to a study done in Mexico where fruits and vegetables (62%) and legumes (20%) were the most avoided food groups.¹⁰ The intake of meat and fish remained the same or had reduced in the present study in contrast to the study done in Hubei, where it was found that the consumption of meat, fish, poultry and eggs was excessive.⁶ Early postpartum dietary practices among Saudi women revealed that more than one-quarter (26.7%) had increased intake of vegetables and fruits, while an equal proportion of them (24%) had increased the intake of fish and meat.¹¹ The human body is thought to be in equilibrium where a healthy diet should include an adequate balance between hot and cold foods to neutralize each other. The pregnant woman is in a hotter state than normal and during delivery, excessive heat is lost. The woman is susceptible to illness due to cold air coming in from outside or by eating cold foods. That is why eating or drinking cold foods (brinjals, mackerel fish among others) represents a greater risk and should be avoided.¹⁰ Similar cultural beliefs about imbalance between hot and cold seemed to exist among Vietnamese culture as well, where warm foods like lean pork, boiled egg, and sticky rice with turmeric were prescribed to Vietnamese women during postpartum.⁸ Foods like brinjal and mackerel fish were avoided in this coastal population too but the reason was different. It was believed that these foods cause-nanju (predisposition to infection). The traditional postpartum convalescent concepts impacted women's postpartum dietary and health behaviors greatly, especially those residing in rural area or being less educated. Higher education level was positively associated with milk and fruit intake, doing physical exercises and not complying with traditional behavior taboos. This was in accordance with the published report by Liu et al from China.⁶ The postpartum women in the present study were aware of

vulval and perineal hygiene. Careful hygiene to reduce the risk of infection seemed to be an important belief with respect to the vulval and perineal area even in Fujian Province, China.⁵ In the present it was found that most women sleep between 6-9 hours a day (78%), 51.1% involved themselves in household activities such as cooking, cleaning and washing. Exercises as advised by the doctors were practiced by 14%. This was in contrast to a study done in Hubei, where 54.9% of the mothers didn't get out of the bed two days after giving birth.⁶ The belief that a mother should not do housework for the month following delivery, as she is weak and needs rest was common among Chinese women.⁵ The women in this coastal area were advised to stay back at home for 40 days after delivery. Most women did not go out for walks 79.6% as they were advised by elders. This was in agreement with the studies from Hubei and India.^{6,12} The concept of mane maddu (homemade medicines/remedies) was unique to this area where the mothers consumed jeera, fenugreek, garlic, ginger, cumin, banana inflorescence and yam in order to hasten the recovery process and increase the quantity of breast milk. Similar practices have been reported by Choudhry where diet including milk, ghee, nuts, and jaggery was recommended. Dried ginger is eaten in the belief that it helps control postpartum bleeding and acts as a uterine cleansing agent.¹²

CONCLUSION

In conclusion, the present study provided a better understanding of the postpartum practices and the associated factors in the rural area of Nandyal. Certain food taboos and usage of home remedies are difficult to categorize exactly as being harmful or beneficial, while practices such as regular bathing helped in maintenance of hygiene and confinement at home and avoiding visitors could reduce the chances of acquiring infections both by the mother and the child. However, some practices like reduction in the quantity of food intake and the reduction in the amount of milk and water consumption, advocated by elders need to be addressed. These findings may help health workers utilize and build on traditional beliefs to promote health in the postpartum period as well as provide information to discourage potentially harmful practices.

Recommendations

To promotion of the awareness and health education of the mothers about postpartum period, dietary guidelines, and maintain personal hygiene practices.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee.

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