

## ORIGINAL ARTICLE

## PAKISTANI WOMEN'S DIETARY AND BEHAVIOURAL PRACTICES IN POSTPARTUM PERIOD

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**Objective:** To explore women's dietary and behavioural practices in postpartum period. **Methods:** This was a cross sectional study conducted in Department of Gynaecology & Obstetrics FFH Rawalpindi. Five hundred women in their puerperal period coming to FFH responded to the questionnaire and the data were collected. **Results:** Eighty percent of population had some kind of dietary restrictions during this period and majority (73%) had restriction of cooling diet. Eighty four percent of women were advised to take special diet named '*Punjeeri*' during puerperium. In behavioural taboos, 72% of women were confined to their houses, 69% were advised to use extra clothing to cover body and overheating of room to avoid cold air currents. Regarding breast-feeding, most of them started this immediately (67%). Majority of them got information and instructions about puerperal practices from their elderly family member (75%). **Conclusion:** Traditional postpartum behaviours are still very popular in rural area. These are transmitted generation after generation by means of beliefs, customs and taboos.

**Keywords:** Postpartum, dietary practices, behaviour practices.

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### INTRODUCTION

Woman naturally involved in caring also requires care for herself in some periods of life. Puerperium is one of these —the period that starts after delivery of placenta and lasts for next 6 weeks.<sup>1</sup> During this period women and babies are at the risk of serious complications.<sup>2</sup> However, this period is often neglected by health professionals in both developing and developed countries. Over 60% of maternal deaths occur during the postpartum period in developing countries. About 70% of women do not receive any special postpartum care.<sup>3</sup> Good care and good diet during this period can have good effect on her health.<sup>4</sup>

Regarding the healthcare services the puerperal women receive, postpartum care has been constructed essentially within the family, outside the health institutions. Among the family members, it is known that women have a decisive participation in guidance, support and care towards the mother and the newborn. Mother, mother-in-law and traditional birth attendant provide postpartum care at home. They use various traditional practices during the care of postpartum patients regarding body hygiene, food, physical activity, sexual activity, temperature variation exposure, and breast-feeding.<sup>5</sup> It is observed globally that most, if not all, cultures follow certain practices and guidelines for the postpartum period, as it is believed that the body needs healing after physiological changes that occurred during pregnancy and during process of childbirth.<sup>6</sup> The postpartum dietary and lifestyle habits vary greatly among different countries and cultures.<sup>7</sup> 'Doing the month' or 'sitting month' is traditional practice among postpartum women which is well-

accepted and obeyed in China and other Asian countries, such as Korea, Thailand, and Singapore.<sup>8,9</sup> Women who are 'doing the month' are advised to keep windows and doors closed and to lie in bed all the time. They are allowed to eat hot foods (plenty of eggs or meat, drink bowls of chicken soup, brown sugar water, and millet gruel every day) but they are not allowed to eat any raw and cold food because cold food as they believe are not good in this period.<sup>10,11</sup> Chinese population worldwide believes in this traditional practice of doing month. Chinese women who immigrated to Australia, Canada or United States still think 'doing the month' is very important.<sup>12,13</sup> In western countries, women are encouraged to start physical exercises and eat a well-balanced diet.<sup>14</sup> Different cultures all over the world are following different dietary and behavioural customs during puerperium. This study was conducted to explore different dietary and behavioural customs in our population group visiting Fauji Foundation Hospital Rawalpindi, Pakistan.

### PATIENTS AND METHODS

Women who visited FFH Gynaecology Department during puerperium or had puerperium during the last one year were included in this study. Women with medical and surgical complications during their puerperium were excluded to remove the bias. Official permission to carry out this study was obtained from Hospital Ethical Committee. A pilot study was carried out on 30 women who were not included in the study subjects to ascertain the relevance of the questions and to detect any further problems peculiar to the sequence and clarity of the tool. Based on the results of the pilot

study, the questionnaire sheet was reconstructed and made ready for use. After taking the informed consent women were interviewed and pre-tested questionnaires were filled. Each woman was interviewed individually to collect the necessary data. The collected data were categorised, tabulated and analysed using SPSS-18. Patients' demographic characteristics, dietary and behavioural practices were explored.

**RESULTS**

Demographic characteristics (Table-1) show major chunk (76%) of subjects was from rural area and majority (87%) of the family members (mothers and mothers-in-law) involved in postpartum care had no formal education. Though 60% of spouses had education, (Matric and above) but were not involved in decision making regarding postpartum practices.

Regarding dietary practices (Table-2), 80% of population had some kind of dietary restrictions during this period. Out of dietary restriction, 73% had restriction for cold food (fruits, fruit juices, vegetables, cold water, cold drinks and ice cream).

Seventy percent of women were encouraged to eat hot food (butter, nuts, chicken and chicken stock). They believe that their body is in cold state so they need to eat hot food to maintain the equilibrium. In our study most (84%) of the women were encouraged to eat special food called 'Punjjeeri' made of semolina, clarified butter and huge amount of different types of nuts and herbs considering it rich source of energy that women need during this period.

In behavioural taboos (Table-3) majority (72%) of the women were confined to their houses not allowed to go out. They believe going out during this period can be harmful for the women, as they believe in supernatural cause of disease. Sixty-nine percent of women were advised to use extra clothing to cover their body, avoid fans and do over heating of the room even in summer to avoid cold air currents which in their view are not good for their body and may lead to body and joint pains later in life. Seventy-two percent of the women were not allowed to take bath or wash hair and if allowed less frequently with warm water to prevent body swelling, arthritis and rheumatism later in life or a cold, which can be passed to the baby. Similarly hair washing would cause headache. Sixty-seven percent of the women were not allowed to do heavy work or exercise. This restriction was due to the belief that she is weak and housework requires her to be in contact with either water or wind, which will then enter the body and cause arthritis and chronic aches. Sixty-seven percent of women started breastfeeding immediately as they believe that early milk is beneficial and not harmful for the baby. Only 33% of the women started breastfeeding with a delay of 3-4 days, considering early milk is dirty and harmful to baby.

Regarding the source of information for these practices (Figure-1), majority (75%) of them were following the instructions of their elderly family members as they believe that such practices are favourable to maintain their wellbeing. According to their belief, these practices are time-tested since their mothers, mothers-in-law and neighbours have done it and have guaranteed health.

**Table-1: Demographic characteristics of the subjects (n=500)**

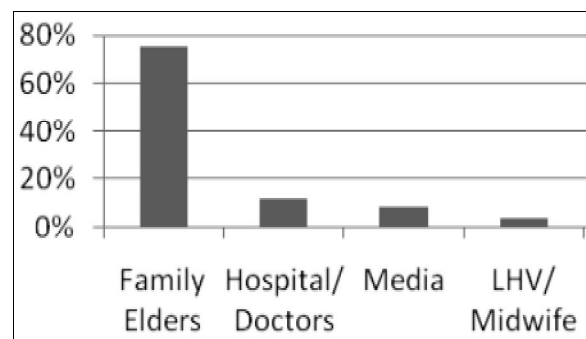
Variables	No.	%
Parity:		
Primiparous	65	13
Multiparous	435	87
Residence:		
Rural	380	76
Urban	120	24
Female education:		
No formal education	285	57
Primary	95	19
Middle	45	9
Matric and above	75	15
Spouse education:		
No formal education	75	15
Primary	40	8
Middle	85	17
Matric and above	300	60
Family education:		
No formal education	435	87
Primary	45	9
Middle	20	4

**Table-2: Dietary practices in puerperium**

Dietary practices	No (%)	Yes (%)
Dietary restrictions	20	80
Cooling diet	73	27
Windy diet	44	56
Hard diet	68	32
Encouraged diets:		
Hot and soft diet	30	70
Special diets	16	84

**Table-3: Behavioural practices**

Behavioural practices	No (%)	Yes (%)
Confinement	27	72
Extra-clothing/extra room heating	31	69
Restriction to physical activity	33	67
Restriction to routine bathing /infrequent bathing	28	72
Breast feeding	33	367



**Figure-1: Information source of behavioural practices**

## DISCUSSION

The postpartum period is a time to recover and take on new roles. It is considered a precarious period as new mother is vulnerable to illness during this period. In many cultures (East Asia, South Asia, and the Middle East) specific traditional practices are observed to achieve good recovery and avoid bad consequences in later life.<sup>15</sup>

In our study, it was observed that majority of woman were following dietary restrictions specially for cold foods (fruits, fruit juices, vegetables, cold drinks and ice cream) and they were encouraged to eat hot (high caloric) food like ghee, nuts, chicken, and chicken stock. They believe that their body is in cold state, therefore they need to eat hot food to maintain the equilibrium. They also had restrictions for hard and 'windy' diet, as they believe hard food could cause abdominal cramps in breastfed baby and is difficult to digest, and that 'windy' diet causes abdominal distension and their body will swell up. Chan SM and Holroyd E also concluded the same in their study that Chinese women are advised to avoid foods which are considered 'cold'; in contrast, foods which are considered 'hot' are encouraged.<sup>11,16</sup> Kim GY also concluded that foods in many cultures are classified as 'hot' or 'cold' based on the presumed intrinsic property of the foods independent of the foods' temperature. Chinese medicine or other ancient medical systems, such as Ayurvedic Medicine, influence many of the dietary practices in Asia, as well as in many other non-Western cultures, including parts of Latin America and Africa.<sup>8</sup>

In our study most of the women were encouraged to eat special food called '*Punjeeri*' made of semolina, clarified butter and huge amount of different types of nuts, considering it rich source of energy that women need during this period. Rice PL also found that green herbs, such as *tshuajquib*, are used as special food by Hmong women for treating aches and pains, losing weight, improving appetite and increasing breast milk.<sup>17</sup> In Korea, brown seaweed *miyuk* and beef broth *miyukgukare* is used for cleansing postpartum blood and increasing breast milk.<sup>18</sup> *Shenghuatang*, a herbal soup is used by some Chinese mothers to help renew blood in the early postpartum period.<sup>19,20</sup> Women in our study were confined to their homes, not allowed to go out, as they believed in supernatural causes of disease. They used extra clothing to cover their body, keep the window closed to avoid cold air currents, which in their view are not good for their body later in life. Hair washing and bathing was less frequent to prevent body swelling, arthritis and rheumatism later in life or a cold, which can be passed to the baby. Similarly, hair washing would cause headache. Women are not allowed do housework during the month, as they are weak and

housework requires her to be in contact with either water or wind, which will then enter the body and cause arthritis and chronic aches. Women observe a period of rest many cultures, in which she is not allowed to do household chores and she is not allowed to go out.

The period ranges between 21 days to 5 weeks. In Korea, a 3–5 week rest period is known as *samchil il*.<sup>21</sup> In China, many women participate in *zuoyue* commonly called as 'doing the month'. This is one month period of rest during which mothers are helped by family members to promote good recovery and allow 'loose' bones to return to their previous positions.<sup>22</sup> In *yuduan*<sup>23</sup> many Thai women remain at home and female family members and their husbands take care of them for about 30 days. Among Muslim women, a 40-day period of rest is observed according to Islamic beliefs.<sup>24</sup> A period of rest is also practiced among Malay<sup>9</sup>, Eastern Indian Hindus<sup>25</sup>, and South Africans<sup>26</sup>. Bathing restrictions or prohibitions are also there in many cultures because of 'hot' and 'cold' beliefs. Cold baths or showers are strictly not allowed to avoid blood clots, sore bones and joints, and an itchy body.<sup>18</sup> In Guatemala, midwives believe that bathing in cold water causes fever, infection, oedema and decreased milk supply, and that too frequent bathing leads to stomach pains or prolapsed uterus.<sup>27</sup> In Mexico, bathing is restricted to protect the mother from cold or 'evil air'.<sup>28</sup> Similar concerns are reflected in some Eastern Indian Hindus and Chinese beliefs that air conditioners and fans are dangerous for new mothers.<sup>10</sup> Thai women practice *yufai*: The mother lies on a wooden bed over a warm fire for 30 days. She wears warm clothes and is wrapped in blankets, they believe *yufai* will flush out retained blood and placenta, increase involution of her uterus, flatten her stomach, remove stretch marks and heal perineal tears.<sup>29</sup> Hmong mothers wear warm clothing to avoid the 'wind' and sleep near a fire for 3 days postpartum.<sup>18</sup> In our study women told that all these dietary and behavioural practices are often passed down from senior females in the family to younger generation as they believe that such procedures are favourable to maintain their wellbeing, since their mothers, mothers-in-law, and neighbours have done it and have guaranteed health. Almost universally early puerperal care is provided by the mothers, mothers-in-law and other female relatives.<sup>30</sup> Senior women occupy the top position in a hierarchical family network, exercising authority and power over daughters-in-law.<sup>31</sup>

## CONCLUSION

Traditional puerperal behaviours are still very popular in rural areas. Many women closely adhere to traditional puerperal practices to avoid illness in later years. Care practices in the puerperium are rooted in cultural constructions. Puerperal practices are transmitted generation after generation by means of beliefs, customs

and taboos. The family stands out as the first vehicle for this socialization. Puerperal care practices, developed and offered by the health professionals do not show effectiveness due to lack of contact of health professionals with the women during this crucial period and because they are in contrast to the family's particular actions and experiences.

## RECOMMENDATIONS

There is need of bridging the gap between the puerperae family's knowledge and the scientific knowledge in order to make the role of health professionals a concrete reality. Antenatal clinics should develop education programs on postpartum nutrition and healthcare for pregnant women and their family members. Early puerperal visits should be made by the health professional to follow up and guide the women during her puerperal period.

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