



## "POSTPARTUM CARE: ASSESSING THE TRADITIONAL MYTH RELATED TO CHILDBIRTH AND UNDERSTANDING POSTPARTUM HEALTH AND NUTRITION".

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### Abstract :

*This paper intends to offer an insight into the myths of motherhood with reference to postpartum nutrition and health issues exploring traditional beliefs around childbirth. Further looking into women's health and nutrition and postpartum depression. It prompts the need to explore further into cultural myths and wrong beliefs present in communities surrounding pregnancy and childbirth leading to harmful consequences. The most reported false belief all over is the eating behaviour such as avoiding certain nutritious foods and traditions related to it. Most of the customs are related to social expectations of what a particular society expects women to do (or not to do) during pregnancy, birth and/or the postnatal period. A qualitative and quantitative study comprising of data from 50 mothers, 6 in-depth face-to-face interviews and few interviews with gynaecologist and health service providers. Women and children are two very vulnerable groups, therefore debunking myths and eliminating harmful practices is very important. This paper stresses that cultural practices, taboos and beliefs during pregnancy and around childbirth found in India act as barriers to good health.*

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### Introduction :

In India giving birth is a time of change and community merriment in many societies. Women's adjustment of cultural responsibilities and movement from birth to childrearing is influenced by traditions, economy, religion, kinship system and customs. While there is a continuum between traditional and contemporary care, with some households operating at the traditional end. Indian culture is highly influenced by traditional beliefs and practices surrounding childbearing. Some traditional practices are beneficial to the mother and baby, whereas other practices are not.

Traditionally, a woman remains at home during this period. During this time, her behaviour in relation to diet, activity and hygiene is determined by tradition. Women's health is directly related to being well-informed about traditional practices concerning pregnancy, birth, and the postpartum period. The problem is many customs and traditions became part of the local culture without any scientific reasoning or connection.



This study aims to gain an understanding of traditional postpartum practices for women and babies, and to investigate the factors influencing such practices further understanding the effects of the traditional practices on health. This study was conducted to determine the traditional practices performed towards the mother care in postpartum period.

### **Role of Culture during Postpartum :**

Postpartum period is considered as a sensitive period as during pregnancy and childbirth significant emotional, physiological, biological and social changes take place in a woman's body and life. Hence a number of traditional practices are performed to look after the well-being of the mother and the baby. The effects of old-style customs and practices on health can sometimes reach negative levels that threaten life, and they may even result in health issues or death.

In majority of Indian cultures and customs, traditional maternal care practices are observed in the postpartum period. It is believed that women are vulnerable to evil powers in this period. Many women have superstitious beliefs. Younger women and those living in major urban areas may be less likely to be forced into these practices or may observe them for a short time.

### **Methodology :**

This study aims to gain an understanding of traditional postpartum practices and to investigate the factors influencing such practices. Specifically looking into the effects of the traditional practices on health and hygiene.

The below study is based on in depth case studies, data collected through Google form from 50 women and few gynaecologist. Secondary data that focused on maternal traditional practices in the postpartum period (i.e. within the first year following childbirth) using qualitative or quantitative methodology. General review articles were also included.

### **Study design :**

This was a descriptive, cross-sectional study conducted to determine the traditional practices performed for the mother's care in the postpartum period.

### **Data collection :**

A random sampling method was used. The data was collected via face-to-face interviews with some women who agreed to participate in the study while most data was collected via google forms. The names mentioned in the case studies are changed to maintain the privacy.

### **Postpartum Nutrition :**

A healthy balanced diet during pregnancy is essential to support healthy mother and her child's growth and development. As pregnancy and the first few years after delivery are critical periods for mothers and child health. It's important for women to adopt a healthy diet and lifestyle during pregnancy and post pregnancy. Traditions and customs have significant impact on her eating behaviours. Mothers report facing more barriers in maintaining healthy eating patterns during the post-pregnancy period, which can place them at higher risk of being overweight or obese at post-pregnancy and during subsequent pregnancies.



Almost all families believed that food viewed as “cold” within TCM should be avoided during this period. Many grandmothers believed most fruit and vegetables to be “cold”, and were unable to identify “warmer”

### **Dietary precautions :**

The most discussed about pregnancy and child birthing myths in the world belong to the eating behaviour pattern. Certain fruits and vegetables are often believed to be bad for consumption in pregnancy.

“Cutting the cord with a dirty apparatus such as a razor blade or sickle increases the likelihood of contracting neonatal tetanus in which WHO estimated 34,019 new-borns died from neonatal tetanus globally in 2015” (WHO, 2017)

### **No bathing or washing hair :**

Traditionally, women are not allowed to bathe or wash hair in the postpartum period. They believed that as the postpartum woman’s skin is loose, water can enter the body through holes in the skin. This will cause body swelling, arthritis and rheumatism later in life or a cold which can be passed to the baby. Similarly, hair washing would cause a headache.

In many cultures it is given for granted that women play the mother role. In this way, the maternal function becomes one of the few universal and enduring elements of the division of labour according to gender.

Women, who tend to abide by social norms, play the established social roles and hide their inner conflicts and tensions, myths of motherhood contribute to suppress the contradiction which is intrinsic to motherhood itself making this contradiction invisible but still painful and hence uncontrollable and potentially devastating “Depression is a major public health problem that is twice as common in women as men during the childbearing years. Postpartum depression is defined within this report as an episode of non-psychotic depression according to standardized diagnostic criteria with onset within 1 year of childbirth (Stewart et al.; 2003, pp. 02).

While postpartum depression is a major health issue for many women from diverse cultures, this condition often remains undiagnosed, the development of a postpartum depression screening program requires careful consideration. Current research suggests that postpartum depression has salient but selective effects on the mother infant relationship, and child growth and development. Young children of mothers with postpartum depression are in cognitive, behavioural, and interpersonal problems than children of a happy normal mothers.

### **Culture & Postpartum Depression :**

Postpartum period is the period that is associated with intense physical and emotional changes leading to anxiety and mood disturbances. There are three degrees of postpartum mood disorders, i.e., “baby blues”, postpartum depression (PPD), and postpartum psychosis. (Manjunath et al, 2011. Pp.231).

Postpartum depression is an undiagnosed health issue and hence often remains untreated. Postpartum depression can lead to long-lasting or repeated depression, which may affect the mother infant relationship and child growth and development. Children of mothers with postpartum depression are at greater risk of being malnourished and underdeveloped. Hence awareness and addressing these issues is therefore a priority as there is absence of healthy organised evidence that looks not only at the complete problem of postpartum depression, but also its associated risk factors.



The factors that contribute to maternal depression include: marital prominence of the mother, unwanted pregnancy, undesirable gender of the baby, poor relationship with a partner, lack of emotional support in family, insufficient social support, , preceding history of depression, or anxiety, childcare , poor physical health of the woman or the baby, and adversarial life events.

One should also be aware of the danger of cultural stereotyping, and of the possibility that the presence of disorders such as postpartum depression in particular cultures may go unrecognized.

“Some traditional practices can delay the diagnosis of disease and have a direct adverse effect on the individual’s health status. For example, if a postnatal infection manifesting with a high fever and delirium is assessed as the folk belief of seeing a demon in a nightmare and if, instead of seeking medical help, rituals such as bringing the woman to a clergyman to pray or burning incense are followed, the sick woman may lose her life. Similarly, waiting for 3 of the daily calls to prayer before breastfeeding the baby can induce hypoglycaemia, and related problems may develop”. (Krahan et al, 2017. pp.190)

### **Case studies :**

When we are breastfeeding, we are hydrating our little one and our self both. Breast milk is about 90 % water. Although research has found that nursing mothers do not need to drink more fluids than what’s necessary to satisfy their thirst, but experts recommend about 128 ounces per day.

But when few cases studies were done we learnt that so many of women were deprived of consuming more water as there was a myth that drinking more water will lead to swelling and thus make you look fat. So surprisingly females were kept thirsty and given a limited amount of water daily.

Thus due to insufficient water intake females face many deficiencies like Chapped lip, Dry and itchy skin, Headaches, tiredness, Lack of energy, moodiness etc.

Another myth that we learnt during our data collection was that an important nutrient vitamin-c was not given to feeding mothers. It was told that the infant may catch cold, cough and fever if mothers consume vitamin c rich fruits especially pineapple, lemon, oranges etc.

In contract to the myth actually vitamin c intake was one of the most beneficial aspect for the feeding mothers as it increased the milk supply along with building a stronger immunity.

When a mother takes Vitamin C in her diet, there is an increase of the vitamin in her breast milk within thirty minutes of her taking it. Her breast milk supply may increase, and for mothers who are already healthy, it will aid them to provide a steady flow of breast milk. When working together with Vitamin E. Vitamin C is a great anti-oxidant and has a very positive effect on breast milk in it, which then get passed on to their babies.

When we collected the data we found some interesting experiences that women wanted to share with us.

Safa said (Name changed), “I was given many baseless, useless and superstitious advises which I did not follow at all. I used my medical background to lead a healthy life post-partum and even after having 2 children by LSCS I have not gained any weight and also have a well-toned abdomen with regular exercises”.



Ruksana said, “I developed mastitis in second week post- delivery. So had to stop breastfeed. This was emotionally stressful for me as I really wanted to feed my baby. I wish I knew proper feeding techniques. As a 1st time mother I struggled a lot to feed my son. I use to be confused over if he had enough milk and as he used to cry, I kept feeding him for longer time but that was wrong n led to mastitis. After mastitis surgery I had to take tablet n then could never breastfed him.”

#### Data collection from online survey and personal face to face interviews :

Some of the questions asked to samples in Data	Yes	NO	sometimes
Post -delivery have you felt tearfulness, poor concentration, despondency, fatigue or irritability?	35.8%	28.3 %	35.8%
Were you confined in a room for 40 days?	11.3 %	66 %	First fewdays-22.6%
Were you told to drink less water than required?	88.7%	9.4%	Sometimes-1.9%
Were you allowed to go out post- delivery immediately in 3-4 days?	25.5 %	75.5 %	–
Were you told not to put hands in cold water for 40 days?	60.4 %	39.6 %	–
Were you told to follow any superstitious ritual during this period?	15.1 %	84.9 %	
Were you told to stop rice for few days after delivery?	Yes-62.3	No-32.9	
Were you made to put cotton plugs in your ears so that you avoid exposure to air?	Yes-54.7	No-24.6	For first few days-18.9
Were you told to use cloth for binding stomach for 40 days?	Yes-69.8	No-30.2	
Did you have any post-partum anxiety, depression or negligence?	Yes-17%	No-50.9	Sometimes-32.1 %

Please check our Google link for the detailed data collection.- <https://forms.gle/4LkAU3tubiAxW9BY8>

#### Conclusion :

Traditional notions and practices in pregnancy and childbirth are still relevant in Indian societies. It includes many aspects of pregnant women’s daily life activities from eating behaviour up to the process and mode of delivery. Poor knowledge or ignorance.

There is need to focus on the women living in disadvantaged socio-economic spaces and other marginalised populations with less education and low economic levels to provide them with best possible awareness and support. Early detection of anaemia and adequate treatment & follow up of severely anaemic pregnant women is therefore life-threatening.



Debunking myths and eliminating practices that may have potential adverse health effects in these groups should be one of a healthcare provider priority especially those in the primary care settings as they are the front liners closest to the community.

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