

Cultural Food Practices among Postnatal Women in a Tharu Community of Birgunj, Province 2, Nepal

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Abstract

Background: Cultural food practices during postnatal period plays a crucial role for maternal and newborn health. This study explored the cultural food practices among postnatal women in a Tharu community.

Methods: A phenomenology research design was followed. Total 10 postnatal women from Tharu community of Birgunj were included purposively Data was collected using in-depth interview (IDI) method using IDI guideline. One focus group discussion (FGD) was conducted among purposively selected 8 postnatal mothers. Obtained data from FGD and IDI were analyzed thematically.

Results: Six out of ten postnatal women ate special food called (**Battissa** and **Madak**) made of 32 ingredients of dry food considering it as hot food. Restricted foods during this period were green vegetables(Kaffa Saag), cauliflowers, pumpkin, carrot and curd with the beliefs that these will cause cold to their newborns. Two mothers restricted Brinjals with the belief that it would cause the caesarean wound infection. Two mothers with preterm babies restricted water and pulses .One with preterm newborn restricted turmeric with belief that it causes neonatal jaundice. Half of them restricted water intake with the beliefs of causing cold to newborns. Food restrictions during postnatal period were based on mothers advised and food belief of mother in laws and family income.

Conclusion: Restricted foods are cauliflowers, pumpkins, green vegetables, brinjals and turmeric. Few restrict water consumption. Crucial factor for food restriction are influenced by mothers and mothers-in-laws. Thus there is a need to promote advocacy programme on nutritious diet for postnatal women including their mothers and in laws.

Key Words: Cultural food practice, postnatal women, tharu community

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I. Introduction

The postpartum health care practices during the six-week period after childbirth is very important to the maternal health and health of newborn. Postpartum period is marked by physiological, psychological and social role change creating adjustment to the role of a mother for postnatal women. [1] Care received during this period determines their physical, psychological and social health and the wellbeing which also have effect on health of their newborn. Proper postnatal care helps to prevent complications after childbirth like maternal anemia and postnatal infections and promote to exclusive breast feeding. [2]

Mostly socio culture factor determine the food practices in different culture. It has been found that in most of the South East Asia regions like India, Pakistan cultural food practices during postnatal period is usually based on maintaining balance between hot foods and cold foods. Postnatal women are more provided light soups which are consider as hot food easy to digest.[3] Along with this different foods such as green vegetables, fruits and milk and curd are restricted considering as cold food.[4, 5] And most of the time postnatal mothers were not allowed to have more water consumption usually within 500 ml and in not in evening time with the belief that it will cause cold to their newborns. [6, 7] Some of these studies had explore these factors such as family types, age and educational status of the mother, economic status of the family, number of pregnancy and role of mother in law on food choices affects cultural food practices. Most of the Primi women with less education and low income followed traditional food restrictions. [8-10]

In a context of Nepal, National Nutritional policy, Nepal, 2017 also has realized that the cultural beliefs and practices about food consumption have profound effect on nutritional status and wellbeing of perinatal women particularly among the postnatal group.^[11] A study in among postnatal women in a Tamang community found that special food like Sundikhole and chicken were in practice considering it as a hot food which provides energy to mothers. They have a belief that buff meat, pork, chilly, potato, fish are not allowed considering that these foods are cold and it harms the mother and neonate.^[12] A study in Northern town of Nepal have found that postnatal women with lower economic condition and living in nuclear family were having less frequency of food two meals a day. Women who got support from the family were eating meals four times a day.^[13] Another similar study among Postnatal women in a Tharu community of Nepal showed that family income plays crucial role for determining food choices during postnatal time.^[14-15]

Till date cultural practices during postnatal period in marginalized people have been less investigated. So this study explored the cultural food practices during the postnatal period specifically focusing on the Tharu community.

II. Material And Methods

Qualitative phenomenological design was adopted to explore the cultural food practices during postnatal period in a Tharu community of Birgunj, Province 2 of Nepal. A total of ten postnatal mothers residing in Agnisai Krishna Sabran VDC, ward no. 3, Matigadha, Ramjanaki Tole were included for an in-depth interview through home visits and 8 postnatal mothers were selected for the focus group discussion. Data was collected in period of January 18th to February 30th, 2020. Purposive sampling technique was used for the selection of the samples. In-depth interview (IDI) guideline and focus group discussion guideline were developed and used as instruments in the study.

Prior to data collection, ethical approval was obtained from Institutional Review Committee of Chitwan Medical College. Written informed consent was obtained from the participants. Further permission for audio-recording and note taking was taken from the participants to capture the true picture of the participant's narration. Participants were also ensured that the information given by them will be kept confidential and only be used for the study purpose. Since the study was conducted within postnatal women of Tharu community, language barriers was considered so one enumerator from nursing background who belonged to Tharu community of the same province and knew Tharu language was recruited for data collection. Principal researcher provided coaching on her roles and responsibilities for data collection. During data collection ethical principles such as volunteer participation for study, right to not answer some questions if they feel discomfort were maintained.

Data was collected for about a period of January 18th to February 30th 2020 through face to face interview technique. Prior to interview, participants were identified, the purpose of the study was explained to them and verbal permission was taken for the inclusion in the study. They were also explained about their role during interview including the proposed time. After that date and time of in-depth interviews were planned. One day before the planned date, reminder call was given to participants and interview was conducted on the scheduled date in a quiet and private place selected by enumerator and participants. In order to understand how postpartum food practices were implicated in the construction of social meaning where following questions were included as broad questions:

1. How do you define healthy food during postnatal time?
2. Could you describe your usual eating pattern throughout a day when you are postnatal?
3. How many meals do you eat in a day during postnatal period?
4. Who told you to make these changes while postnatal?
5. Are there any foods restrictions in your culture during postnatal period if yes could you tell me the causes for restrictions?

The information obtained from the participants was kept safely in the password protected laptop of the researcher. Data were analyzed thematically by following Giorgi's five stages of data analysis. Initially all the information that were audio taped were transcribed by researchers with enumerator. The principal author verified the transcript with enumerator to confirm the meaning of each response. Each meaning units were categorized and clustered into categories and final themes were developed. FGD was organized in one of the health center among the group of 8 participants who gave consent for participating in FGD. All of them were selected purposively in order to have a meaningful discussion. The women belonged to the age group of 20 to 30 years; all of them were Hindu by religion. FGD was conducted in Nepali language and notes were taken. The session for FGD was almost for an hour. Transcription and identification of emergent themes were done according to the objectives of the study. The findings of the FGD were compared with findings of IDI and result was finalized.

III. Results

Part I: Socio-demographic Characteristics of the Participants

The age of the mothers that were interviewed ranged from 22 to 28 years. All were married with mean years of marriage being 2 to 3 years. Almost all had normal deliveries whereas two had preterm and two had cesarean section. One participant had problem meeting food expenses in postnatal time. Husband and father in law were the main decision taker during postnatal period (Table Matrix not shown here)

Part II: Findings from IDI

1. Meaning of Nutritious diet during postnatal period:

Postnatal women understanding about general meaning about nutritious diet plays vital role on the food pattern and the frequency of food intake.

Perceived meaning of nutritious diet during postnatal period:

We found that almost all of them knew the correct meaning of nutritious diet during postnatal. Some explained it as:

Diet means food which is good and safe for mothers and newborns (p1,p4,p5,p6)

Mixed up food of Daal, Bhat and Tarkari healthy for women and newborns (p3,p10)

2. Food allowed during Postnatal Period

Common food practice was found among almost all participants were roti was taken as breakfast and rice and daal (Daal Bhaat) as lunch. Almost half of the participants took food twice a day while the other half took three times a day during this period

Special Food Called Madak is provided to most of the participants

Special local food called *Madak* is considered as hot food and taken by more than half of the mothers with belief that it gives energy to postnatal mothers.

"I ate special local item made up of 32 dry nuts or masala called Baatissa.

I also ate fish which we found our community called "Anharee Fish" considering that it can cause baby healthy" (p12, p10).

3. Food Restricted during Postnatal Period

Green leafy vegetables and vegetables like oil, turmeric (*besar/halad*) pumpkin and cauliflower were restricted considering it can cause cold. Two postnatal women with c/s restricted brinjals with the belief that it can infect their wounds. One postnatal women who had newborns with neonatal jaundice restricted turmeric.

"Till six days I only ate daal and rice only" (P4)

"Turmeric can cause newborns more yellow. My Baby had jaundice on 12 days. I was allowed to have Turmeric (Besar) only after 1month, We believe that Besar will make jaundice deeper (P 1).

"Harioo saaglee pane bachheelai chisso lagchha, Hamro gaon maa sutkerri koobela ma kaffkoosaag panikhana didaina. Chissoo lagchha bacchalai(P1,P7)

"Green vegetables ; KaafhSaag, brinjal and fruits like orange are avoided till six months of child birth baccha sanno chha mahinaa nabhayee samma suntala pane nakhkanee" (P6)

Participant who had C/S mentioned that:

"Brinjal can cause wound pain once I had that and it made my c/s area painful (p4)

"Cauliflower and potato can cause wound infection so they were avoided (P 5).

"I avoided Kalodaal, brinjal, pumpkin because it causes itching in my wound ,radish , curd and green leafy vegetables cause cold to baby so I avoided them as well" (P8).

"Fish is also restricted considered that if taken by postnatal women i may stick on babies abdomen I ate fish in small amount after child birth but later my mother restricted me considering it can stick on abdomen". (p2, p3)

"Because my baby was preterm and admitted in NICU and every one suggested that my baby's intestine is weak and baby might have difficult to digest hard thing. I avoid many foods like pulses, meat, fish, daal. As curd is considered cold food I restrict curd also only ate milk. I also restrict water and daal and liquid its cause swelling of my leg and abdomen distention to my baby as she has small stomach. I ate green leaf vegetables in very few amount." (p9)

4. Water consumption Restriction

Three of the participants expressed that they were not allowed to drink adequate amount of water for few weeks. They reported that they took very little water after 1pm as suggested by their mother in laws with belief that it may cause cold to newborns.

"Mother in law suggested not to eat lot after 1pm considering it may cause harm to my baby as my baby is preterm" (p7).

"I did not drink water after 1pm as told by mother in law we considered that water after 2pm may cause cold to the babies" (p3 & p6).

"I have preterm baby so I restrict liquids till 2 weeks" (p9)

4. Support in Family

Postnatal mother's food habits are influenced by the availability of the support system around them. Some of the mothers got easy food availability with the help of their spouse and family members while others reported difficulty to make food available due to the lack of supportive hands around them.

"My husband and father in law use to bring vegetables and chickens" (p6).

"I am staying at my mother's place and my mother and father support for my postnatal expenses" (p9).

"Good support from family member no any food restrictions".

Another participant mentioned that she was unable to have food she likes to have like fruits due to the unavailability of a person to go shopping and also because of financial constrains.

"Till six days I mostly ate rice and daal no other food. No one was there to go buy foods so I mostly ate rice and daal. I took financial loan from local support called Sahakarri Kosh for managing my postnatal expenses otherwise it would have been difficult for me" (p4).

5. Training has satisfactory effect on Newborns health

One participant who had delivered her second baby reflected that upon getting the opportunity to attend a class on antenatal and postnatal care she has changed her dietary pattern this time during her postnatal period and she stated :

"On my previous delivery I restricted daal for few weeks .But this time I had received training on diet and care for pregnant and postnatal women from health professional (ANMS) so I changed my diet this time with no restriction on food pattern . I even ate fruits sometime. I also ate sweets like Laddu and Zeri. This time my baby has good digestion my child does not have problems of indigestion or diarrhea. NowI don't have problem secretion as well (Mero bacchaa laai kehi samasya chhainna, mero baccha lai mero duud lee pane puge koochhaa. so I am satisfied by what I ate this time." (p2)

IV. Discussion

Meaning of Food in Postnatal Period and Provision of Special food

The food choices and practices of women were influenced by their conceptualizations of general meaning of diet during postnatal period as well as what they believed to be healthy food. We found that among all participants, nutritious food in postnatal women was defined as food mixed up of carbohydrate, protein and vegetables which gives energy to women and is practiced in their culture.

Here, we found that postnatal women were provided with one additional special food called *Battisaa* and *Madak* made up 32 ingredients of dry food considering it as hot food which will cause more milk and energy to women.

Similarly Sharma et al have found that among few Newari postnatal women *Gudpaak* which is considered as a hot food prepared by mixing various dry food is provided to women after delivery till six month. ^[14] Among Tamang of Bhaktapur certain foods like rice, chicken, Sundikhole, are special hot food provided during postnatal period. ^[12] Similarly Higginbutton, 2016 found that a hot food commonly consumed by Punjabi Indian and Pakistani women after birth was *panjiri*, a food prepared with flour, ghee, gond/gondh, nuts, dried fruits, seeds, and spices such as ginger, fennel, cardamom and carom. ^[5] They believed that hot foods helps to restore the body.

2. Food Restriction

Another major finding is that during postnatal period. Women restricted some vegetables and food. Local vegetables called *Kaphsaag* and vegetables like pumpkin, cauliflower, radish and curd are restricted as considering as cold food. They believe that green vegetables can cause cold to newborn. Brinjals are restricted by most of the postnatal women believing it can cause wound infection specifically one women who had cesarean section. Woman who had operative delivery mentioned that *she avoided Kalodaal, brinjal and pumpkin because it cause itching in her wound*. Micro nutrient like turmeric (besar) is also restricted by women whose newborns had jaundice. Fish was also restricted by few of them with the belief that that if it is taken by postnatal women it may stick on babies abdomen. These findings are similar to the findings in coastal region of South India where brinjal and fruits like papaya were avoided along with mackerel fish. ^[4]

On our Focus Group Discussion (FGD) most of the participants expressed that they avoided black pulses (Kalodaal) and pulses as they believed that taking vegetables, daal or pulses after delivery can cause digestive problems to the baby like flatulence and pain in the abdomen. If the mother eats much food or eats vegetables during this period the baby may have a fullness of the abdomen/flatulence.

This findings is similar to FGD by Dehurahe, Pati and Dahury which explored that the new mother should eat only softly cooked rice mixed with rice gruel (*patalbhat*) or warm dry cooked rice (*sukhabhat*). During this period, a mother is allowed to takes thin watery warm softly cooked rice without dal and vegetables till 2 months of delivery. There is a strong belief that fruits like cucumber, custard apple, water melon might cause cold cough in the mother as well as to the baby.^[3] Simiar to this Nadia among 12 postnatal mothers in rural and 12 urban postnatal women of Laputta Township in the delta region of Myanmar explored that certain vegetables and fish were restricted during postnatal period.^[10]

3. Water consumption Restriction

After normal child birth woman should be encouraged to drink about 3000ml of water and other liquids every 24 hours to restore the fluid balance altered by fluid loss during labor and birth process. But our study reported that 4 out of 12 postnatal mothers restricted water after 1pm with the belief that it may cause cold to their newborns as suggested by their mother and mother in laws. Postnatal mothers who had preterm baby also restricted liquids till 2 weeks. She expressed that she restricts water and daal and liquid as its cause swelling of her leg and abdomen and distention to her baby.

Our findings is similar to one hospital based study in India have explored that postnatal women restrict water.^[6] Similarly findings by Hissam Shah among rural community of Penang Malasiya found that water restriction were practiced by postnatal women specifically among increased aged women.^[7]

4. Role of Support System

We also found that family support and income plays a significant role in nutritious diet of postnatal mothers. Few women of this study had support system and easy accessibility of food items while other women faced difficulty to make food available due to lack of support system and low family income. One women who had financial constrain for managing her nutrition diet during postnatal period managed her expenses from taking budget loan from community called (*Sahakarikosh*).

This finding is supported by the study findings of Rana ,2015 in a Tharu community in a Kailali district which identified that family income plays a significant role in nutritious diet within 24 hrs. The dietary serving were more than three times among women with more family income.^[15] Nadia etal, 2016 explored that among women from Myanmar financial barriers was a primary reasons why some women were un able to access enough nutrition.^[10]

Also we found that most of the food pattern during the postnatal period regarding provision of culturally appropriate special diet and restrictions of few foods and water consumptions to the postnatal women were more influenced by the belief of their mothers and mother in laws. Similar findings were obtained from the study conducted among postnatal women in delta region of Myanmar in a laputta Town which found that many women restrict the intake of certain foods despite having knowledge about healthy food during postpartum. The crucial factor behind this practices were based on their mothers-in-laws beliefs.^[10]

V. Conclusion

Postnatal women are practicing their food intake based on their cultural beliefs of hot food and cold food. Along with their routine diet most of the postnatal women are taking extra local food made up of 32 mixed nuts called *madak* and *battisa* considering it as a hot food which gives energy to postnatal mothers. Most of the women restricted vegetables like cauli flowers, pumpkins, green vegetables and brinjals considering them as cold foods. Micro nutrients like turmeric are also restricted by mother having newborn with neonatal jaundice. Almost half of the women restricted water intake after 2 pm with the beliefs of causing cold to newborns. Also taking more pulses is restricted. The crucial factors behind following these practices by postnatal women are based on their mothers-in-laws beliefs and financial income of family.

LIMITATIONS:

This study is conducted among postnatal women from Tharu community in one district which gives descriptions from single setting so the findings may vary among postnatal women residing in other settings.

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