

## Postpartum Food Restriction of Rural Malay Women

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### ABSTRACT

*The postpartum period is recognized as a special time in many societies and is commonly associated with food restriction. During this phase most societies view the mother as vulnerable. Therefore, women in many societies observe a series of postpartum practices which aimed to protect the mothers and their newborn babies, from danger. In Malay culture, certain foods are avoided or even forbidden during the postpartum period following the humoral theory. Humoral theory is probably the most widely influential belief system in the world. In common with people from other parts of the world, Malays believe that some food can be regarded as 'hot and cold'. During the postpartum period, the Malays believe that the mother is in the 'cold' state as they have lost a lot of 'hot' blood during the delivery. Therefore, cold food like certain varieties of fish and certain fruits and vegetables are removed from the diet of a new mother. Due to this, it is assumed that the postpartum diet practiced by Malay women is therefore, lacking in essential nutrients as well as challenging the protein and energy needs of the mothers. Taking an anthropological approach, this paper addresses three major topics: (1) beliefs on the humoral theory; (2) adherence to food restriction; (3) the impact of the food restriction on the diet of rural Malay women. The results showed that majority of rural Malay women adhered to the cultural food restrictions based on the humoral theory during the postpartum period. Based on the finding of the study, it can be concluded that food ideology of the postpartum diet, like any other portion of a belief system, is subject to innovation, interpretation and rationalization.*

**Keywords:** humoral theory, postpartum, food, culture; rural, Malay, women

### 1. INTRODUCTION

Childbirth is one of the most important *rites of passage* in women's life. It is the event of great biological and social importance in many societies (Yeh, 2013; Naser et. al., 2012; Rice, 2000). This is the period where women enter a new phase in her life after marriage. Reproductive health is strongly connected to culture (Laderman, 1984; Lundberg, 2011). Birth experience takes place in a cultural context and is shaped by the beliefs and practices of the surrounding culture. The notions of birth and postpartum care vary considerably with cultural beliefs and traditional practices. Postpartum period is the period consisting of the months or weeks immediately after childbirth or

delivery. It is a time when a woman adjusts, both physically and psychologically, to the process of childbearing. Normally, it takes thirty to forty days for the mothers to recover their health.

People held a common belief that women and infants were vulnerable during the postpartum period (Piperata, 2008). Therefore, women in many societies observed a series of postpartum practice which aimed to protect the mothers and newborn babies, from danger. A review of the literature, revealed descriptions of postpartum practices in a wide range of human societies in Asia (Laderman, 1987; Naser, et.al, 2012; Kaewsarn, Moyle & Creedy, 2003; Yeh, 2013; Sein, 2013, Lundberg, 2011), in Australia (Rice, 2000) and South America (Piperata, B.A, 2008). In many societies, postpartum care is influenced by both traditional beliefs and contemporary healthcare practices (Yeh, 2013). Women are encouraged by the Eastern tradition to follow a specific set of prescriptions and proscriptions to encourage an optimal level of health for them (Kaewsarn, Moyle & Creedy, 2003).

The literature also shows that in many countries majority of the new mothers adhered to traditional postpartum beliefs and practices. Studies conducted in Central Myanmar showed that traditional beliefs and practices surrounding postpartum were highly prevalent among young women. The intentions of these practices are for the well being of both mothers and newborns. These belief and practices were imparted and perpetuated by women's close social network (Sein, 2012). In Thailand, the postpartum Thai women follow a number of traditional practices in the postpartum period, including the consumption of hot foods and fluids as well as other food. Predominantly these practices reflected the traditional Chinese beliefs of 'yin' and 'yang' (cold and hot) (Kaewsarn, Moyle and Creedy, 2003). The result from the study of Taiwanese postpartum women (Yeh, 2013) showed that postpartum practices may still be widely observed in Taiwanese society, and thus confirm the findings of similar studies that have been conducted in Western countries that have substantial Chinese communities such as America, Scotland and Australia (Cheung,1997; Chen, 2011). Study of Vietnamese women in Ho Chin Minh city showed that they adhered to traditional postpartum beliefs and practices particularly the adherence to food taboos aimed at restoring their health and protecting themselves and the babies from illness (Lundberg, 2011). This is consistent with findings of studies of such beliefs and practices in Thailand (Kaewsarn Moyle and Creedy, 2003).

The confinement period of Malaysian societies is around 30 to 44 days which involve the postpartum ritual including the food taboos (Shariffah Suraya, 2013). During this period, most societies view mothers as weak and vulnerable. Laderman (1984) found that Malay women observe a 44 days of confinement period which is called "*dalam pantang*". The most important in the postpartum practices is the adherence to the food restriction (Piperata, 2008). In Malay culture, certain foods are avoided and even forbidden during the postpartum period. Postpartum food restriction is broadly defined as beliefs and taboos on food that is adhered to during the postpartum period by the mothers which are socially constructed and shaped by the perceptions and practices of the culture. It was found that certain foods are avoided and even forbidden during the postpartum period (Manderson, 1981; Laderman, 1984; Shariffah Suraya, 2013). Postpartum mothers are

advised to eat hot foods and avoid the cold food. Postpartum practices which focuses on taboos and the rationality of food avoidance during the confinement, when women's energy and protein needs are higher has been researched (Naser, 2011; Sein, 2013; Piperata, 2008; Lundberg, 2011; Manderson, 1981; Laderman, 1984). Due to this, it is assumed that the postpartum diet practiced by Malay women is therefore, not abiding by the food pyramid and lacking in essential nutrients as well as challenging the protein and energy needs of the mothers.

### **1.2. Aim**

The aim of this study is to examine the practice of postpartum food restriction observed by the rural Malay women in one of the traditional villages in North of Perak, Malaysia. This paper addressed three main questions (i) Do humoral theory influence the choice of food taken during the postpartum period? (ii) To what extent do Malay women in this study adhere to the food taboos (iii) Does the postpartum diet followed by the Malay women contradict with the food pyramid?

## **2. METHODS**

The data presented in this paper was collected as a part of the study on the healthcare of rural Malay women in one of the traditional village in North of Perak. The data was collected over a period of 8 months of stay in the community. A total of 55 women who had gone through delivery process and have experience in giving birth were interviewed. In depth interviews with the Malay women were used to gather information on the cultural ideas surrounding the practice of postpartum and the classification of the restricted foods during the confinement period.

Participant observation and in depth interviews were used to collect contextual data on the practice of postpartum diet. Data were collected on their actual behavior by visiting the new mothers and their babies at home and those of others in the household (documenting advice from the elders; mom, grandmothers). Informal interviews were conducted with the key informants (midwives in the village). Each interview was tape recorded. The considerable time spent living with the communities provided plentiful opportunities to observe and talk with the community members about their lives and beliefs. The author also attended a number of ceremonies and participated in village activities such as attending the ceremonies for the newborn babies. In order to gather information on the food taboos, the participants were asked to list down all the food they take in the diet. Information was recorded on why certain foods were classified as taboo or restricted during the postpartum period.

A thematic analysis approach was used to derive patterns in the women's responses. Recordings of interviews were transcribed for detailed analysis. The transcripts were examined on the women's

explanations related to the concept concerned. From these, several themes emerged. Verbatim quotations are used to illustrate responses on relevant themes.

### **3. FINDINGS**

#### **3.1. Beliefs on the Humoral Theory**

Humoral theory is probably the most influential belief system in the world. It is assumed to be derived from the classical humoral theories of Hippocrates and Galen. According to these beliefs, the body is composed of four elements (earth, fire, air and water) that correspond to four humours (black bile, yellow bile, blood and phlegm). These humours are characterized by varying combination of the four natural properties (hot, cold, wet, dry). The humoral theory followed by the majority of people in Malaysia including the respondents in this study is the categorization of food and medicine, and health and illness in terms of hot and cold.

In Malaysia, the hot-cold classifications are used widely by all three major ethnic groups (Malays, Chinese and Indians). The classification of food as hot and cold in Malaysia could be predicted by nutritive value, since those foods deemed cold tend to have higher water content, less protein, lower fat, lower carbohydrate, less protein, lower fat and fewer calories. Hot foods include animal protein food, fried food, condiments and spicy dishes, herbal concoctions and few local fruits; for example durian and rambutan. The classification relates not to actual temperature of the food or usually to its spiciness or its raw or cooked state, but to the reputed effect of the food on the body. A 'hot' food is said to heat the body; a 'cold' food cools the body. Health is maintained through equilibrium. Overindulgence in a particular food may cause an imbalance of hot or cold and may lead to illness. This classification of food as hot and cold tend to be observed faithfully by the Malay women studied during their confinement period. Besides hot and cold, the Malays also label certain food as gas-inducing, acidic or poisonous. Sometimes, the categories are redundant where the cold food is also a gas-inducing food or vice versa.

Women in the postpartum period are the ones who are strictly required to follow the humeral theory. During the postpartum period, women are advised to consume hot food compared to the cold food. As most of the vegetables and fruits are considered cold, the diet is said to be lacking in essential nutrients needed by women during the postpartum period.

#### **3.2. Adherence to the food restrictions**

In the Malay tradition, the first 44 days after birth is seen as the most dangerous period for a new mother. During this period, a woman is seen as vulnerable to all sorts of illnesses and misfortune. Therefore, a woman must confine herself and observe several prescribed treatments and practices. Food restrictions were observed by the majority of the rural Malay women studied. The main reason for food avoidance is for the wellbeing of the newborns and their mothers.

Mothers in postpartum period are considered cold. Malays believe that the process of delivery, which depletes a mother's body of blood, puts her into a cold state for 40 days of the postpartum period. During this time, her body balance must be restored by the addition of heat internally and externally. The majority of the women interviewed believed that they should eat large quantities of food during the postpartum period. During this period they were weak, and food would help to rebuild their strength, promote their recovery and improve their breast feeding. However, all women put restrictions on what type of food they could eat. They consumed hot or warm food and avoided cold for forty four days to restore their balance. New mothers were asked to eat food considered hot and avoid those considered cold. The foods that were most commonly classified as taboo were vegetables, fruits and certain fish. Meat and fish were regarded as hot and were thought to enrich the blood, help recovery, encourage expulsion of the lochia and stimulate lactation. One woman who delivered her first baby said:

“My mother asked me to eat hot food so that the blood will flow properly. First day after the delivery, I was given hot rice and fish cooked with ginger and black pepper to warm my body. If I eat cold food after birth, my blood would clog. I would be unhealthy and sick all the time”.

The majority of the respondents indicated that the dietary prohibitions play a central role in the practice of postpartum period. Most of them classified food into two broad categories; ‘hot and cold’. In addition to the hot and cold classification of food, Malaysians also distinguished certain foods as gas-inducing, itch-inducing, acidic and poisonous. Malay women in my study believed that some foods, particularly certain varieties of fish and vegetables, can cause digestive disorders and postpartum hemorrhage for the new mothers. Therefore these foods are often removed from the diet of a new mother.

Vegetables have always been classified as cold. They include various tubers (potato, cassava), beans and shoots. Although most vegetables and fruits were considered cold, there were certain vegetables such as leaf mustard and pennywort leaf that can be consumed by the new mothers. The hot foods like ginger and black pepper were eaten by the confined mother. Gingers are believed to warm the body; it was boiled with water to produce a hot drink suitable for the postpartum women. Varieties of herbal mixtures were classified as hot and are believed to be healthy. The composition of these preparations such as roots and mix of herbal concoction was given to the confined mother to help restore her energy.

In the case of *Ina*, a primary school teacher (25 years old) who gave birth to her first child; she was taken care of by her mother during the confinement period. Her mother, *Mak Yam*, is known for her diligence and practice of abstinence and traditional rules; she had given birth to 10 children but still looked healthy and vibrant. Shortly after giving birth, *Ina* was given a tamarind juice mixed together with turmeric, brown sugar and ginger that works to remove all dirty blood remaining in the uterus. In addition, she was also given a drink of medicine cooked in pot (*ubat periuk*) consisting of a variety of plants, such as *Kacip Fatimah (Labisia potherionina)*, *Rhododendron (Melastoma malabathricum)*, elephant root litter (*Goniothalamus scortechinii*), *medang twilight (Cinnamomum*

*inners*) and *mengkunyit* root (*Fibraurea chloroleuca*), that functions to refresh the muscles, cleanse the blood and remove blood clots. In addition, drinking a pot medicine is said to help avoid postpartum depressions.

Food eaten by *Ina* during the confinement period is categorized as hot food. Women after childbirth, according to *Mak Yam*, are forbidden from eating most of the cold foods because it can cause the womb to be swollen and watery. Similarly, acidic foods such as pineapples, mangoes and vinegar may cause slow recovery of the uterine and difficulty for the womb to regain its original size. Finally, gas-inducing food such as fern shoots, corn, cassava, sweet potatoes and pumpkins may cause relapse and hemorrhage.

Food like bean sprouts, most fruits and all kinds of noodles, as well as cold drinks like coconut water were not eaten and drunk; instead they were replaced with lush hot foods, such as non-venomous fish, meat, pepper, ginger, honey and salads (*ulam – ulaman*) consisting of turmeric, *cemumak* shoots, *ulam raja*, pennywort shoots, *lemuni* leaf, papaya leaf and *kaduk* leaf. These foods provide nourishment that can help accelerate the drying and proper healing of women's vaginal stitches. In addition, *Ina* was also fed with anchovies and yellowtail scad fish cooked with black pepper to warm her body. Anchovies are a great source of protein, low in calories and high in omega 3 fatty acids. It is also an excellent source of calcium. Besides that, *Ina* was fed with snakehead fish which is believed to accelerate the healing of wounds internally and externally. Snakehead fish is high in protein (albumin), thus speeding up the wound healing process. This snakehead fish was used to make soup or baked with black pepper. According to *Mak Yam*, in the earlier weeks of birth it is best to eat foods that are dry to help shrink the uterus. Spicy foods, oily and fatty foods should be avoided. Similarly, icy drinks should be avoided because it can cause the veins and womb to become swollen.

The intention of these practices is for the wellbeing of both mothers and the new-borns. Postpartum beliefs and practices are handed down from generation to generation. The interviews also revealed that the taboo status of food was not unanimous. They said that despite general guidelines, each person follows rules slightly different from the other and what is taboo for one person may not be for another. Great precaution is taken with the first child; anything a woman eats that does not make her sick or impedes her or her baby's healing is considered safe to be eaten in the subsequent postpartum periods. This statement was supported with a few cases of some of the Malay women interviewed. One of the women said;

“My mother asked me to try a small amount of a variety of food when I delivered my first baby. If I feel fine and do not make my baby sick, I can continue eating the food moderately” (Kak Ita, 42 years old)

### **3.3. Impact of the food restriction on the diet of rural Malay women**

Malays are said to undervalue many kinds of food, owing to mistaken dietary conceptions and removing foods from diet because of taboos when physiologically they are the most needed. However, the food ideology of the rural Malay women is different compared to the behavior

encountered. In reality, the postpartum women eat a lot of sources of protein. The fish that are allowed during this period are the most common and least expensive species and also among the fattiest and richest in omega oil.

Therefore, although the list of prohibited foods during the postpartum period is long and alarming, in practice, the postpartum mothers still enjoy a lot of food that are rich in protein. According to the humoral system, hot foods are favoured over cold during the postpartum period. However, the humoral system as interpreted by the Malay women in my study did not have hard and fast rules. Not all fruits and vegetables fall under the cold category. A number of them are considered moderate (neither cold nor hot) and some are even hot.

Without compromising their cultural beliefs and ideological integrity, women who thought themselves to be strictly following the postpartum food restrictions were actually eating as much as they wanted of rice, fish (dried and wet), crackers, cakes, spices, varieties of wild vegetables (*ulam-ulaman*), milk and eggs. Eggs were usually mixed with honey and eaten every morning. It is considered good for women who just gave birth. Women in this study practice flexibility; foods which are good and do not affect their health negatively were consumed generously. Below is the sample of types of food consumed by the rural Malay women for the first three days in the postpartum period.

Table 1. Food consumed during the post partum period

| Meal      | Day 1   | Day 2  | Day 3   |
|-----------|---|--|---|
| Breakfast | 1 cup of coffee/milk with crackers  | 1 glass of hot milo with sugar crackers  | 1 glass of milk with cakes  |
| Lunch     | 1 plate of hot rice<br>1 bowl of snakehead soup<br>Mustard leaf soup                  | 1 bowl of hot rice<br>1 bowl of chicken soup cooked with ginger<br>A few slices of oranges | 1 bowl of hot rice<br>A piece of roasted meat cooked with garlic and ginger<br>Mustard leaf soup<br>A few slices of oranges |
| Dinner    | 1 plate of hot rice<br>1 plate of anchovies fried with black pepper<br>Pennywort leaf | 1 plate of hot rice<br>A piece of baked Spanish mackerel<br>Mustard leaf soup              | 1 plate of hot rice<br>Yellow tail scad soup<br>Ulam-ulaman (pennywort leaf, <i>cemumak</i> leaf)                           |

#### 4. DISCUSSION

The findings show that the rural Malay women studied adhered to traditional postpartum diet aimed at restoring their health and protecting themselves and their babies from illness. This is consistent with the findings of studies of such beliefs and practices (Piperata, 2011; Kyi Kyi Sein, 2011). In this rural Malay community, people held a common belief that women and infants are vulnerable during the immediate postpartum period. All women studied reported of observing the postpartum diet after childbirth. Adherence to the prescribed food was very high. The practices had been handed

down to the women by those close to them (others, grand others, mother in laws). The intention of these food restrictions are for the wellbeing of the mothers and their newborns. Malays believe that the greatest threat to a new mother's health is the danger of postpartum hemorrhage. They avoid this by avoiding a number of foods which they believe can cause digestive disorders and uterine hemorrhage.

Malay postpartum dietary rules incorporate a well-developed humoral classified system. Sources of animal protein, including milk and eggs are hot. Cold food like juicy or sour fruits, vegetables plants such as okra, astringent plants, vines, creepers and climbers are avoided. Foods classified as cold in general will not be eaten until the new mother has been ritually released from the postpartum period. Besides hot and cold foods, Malay mothers avoid a number of foods, because they are acidic, gas-inducing, itch-inducing and affecting the new mothers in a negative way.

However, based on the interviews with majority of the women in the village, it was found out that the postpartum prescriptions are not absolute, but acts only as guideposts for behaviour. The only way to know one's susceptibility to food is to try small amounts from a wide variety of foods (including cold, acidic, itch-inducing and gas-inducing foods). If they don't experience any negative effects after consuming the foods during their first postpartum period, they may eat a full diet after each subsequent delivery.

Perceiving the way the rural Malay women view their own humoral balance and their reactions to the restricted foods during the postpartum period can explain much of the variation in adherence to confinement found among contemporary rural Malays. Although they still hold their food ideology integrity, they are more flexible in deciding the kind of foods that they can consume and those that they can't. This may be due to the recent phenomenon arising from the modernization and exposure to scientific medicine; the rural Malay women studied are more open. They consume foods that can increase their energy and do not jeopardize their health.

## **5. CONCLUSION**

The aim of this study was to provide a more holistic perspective of the postpartum practices of rural Malay women in Perak and consider the impact of these practices on their diet. Postpartum beliefs and practices are handed down from generation after generation. Close female relations (mothers, grandmothers, mother in laws) perpetuated these traditional practices.

To achieve this goal, this paper incorporates an emic perspective, which allows for a fuller understanding of why people adhere to such practices, compiled with systematic observations of the actual practices during the confinement period. During the postpartum period, these women observed food restrictions (taboo). Food considered as taboo were indeed avoided. However, the taboo food made little contribution to the diet as a whole, as there is a lot of other food that was taken by the women in their daily meals.

Food ideology like any other portion of a belief system is subject to innovation, interpretation and rationalization. Although women in this study observed the postpartum food restrictions, however, they did not rigidly follow traditional dietary rules, and seem more flexible with taking food that are in line with the food pyramid and did not give any negative effects to their health. Even though they were said to not consider vegetables as necessary and a part of the meal, in reality, the new mothers were eating large quantities of cultivated vegetables (*ulam-ulaman* and certain vegetables) that formed a significant part of their diet. It is sufficient to say that for this sample of women there was no indication that the traditional postpartum diet contradicted with the healthy diet.

The results of this study would help give inputs for policy makers and health service providers to provide culturally sensitive health-care interventions and gaining better cooperation and mutual understanding in given health care. Health care professionals need to give appropriate information especially on food consumption during the postpartum period to the new mothers and their families while paying attention to their cultural beliefs and practices. These demands make it imperative that appropriate knowledge about cultural values are included in the education of midwives, nurses and other health care professionals to increase their cultural awareness and their possibilities to provide culturally congruent care.

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