

The ‘Irrational’ Taboos and ‘Irrelevant’ Traditions Related to Postpartum Women’s Health and Well-Being

(Pantang Larang dan Tradisi ‘Tidak Rasional’ dan ‘Tidak Relevan’ Berkaitan dengan Kesihatan dan Kesejahteraan Wanita Postpartum)

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ABSTRACT

Taboos and traditions refer to myths and non-scientific practices held by people across the world. A variety of taboos are practiced worldwide (including those relating to food, religious, and sexual beliefs), including in Malaysia. Most of the taboos that concern the postpartum period are related to postpartum physiological, emotional, and family dynamic changes. The aim of this systematic review is to explore the traditions and taboos practised among postpartum mothers in Malaysia, and to consider the purpose and health impact of their practice. A systematic search of journals in Malaysia was conducted using eight major databases: Scopus, Ovid Medline, Science Direct, SAGE, PubMed, Wiley Online Library, Google Scholar, and EBSCOhost. Articles from all journals published between 2013 and 2018 were assessed through the PRISMA checklist. From 17,945 papers screened, seven papers were selected for critical analysis using the Mixed Methods Appraisal Tool (2018). It was found that in Malaysia, certain postpartum traditions, including food taboos and behavioural and physical restrictions were conducted with the aim of maintaining the well-being of mother and baby, and to improve the healing process. Some of the practices were found to be irrelevant, whilst others had beneficial health impacts. Based on this review, the practice of certain taboos and traditions during the postpartum period was found to have both advantages and disadvantages. A rational approach is needed to weigh the practice against maternal safety and health. Thus, healthcare personnel should be sensitive to the role of taboos and traditions in the postpartum care of patients. The practice of traditions and taboos should be monitored for safe practice, along with a need for community-based education to avoid any unwanted issues as a result of its practice.

Keywords: Malaysia; postpartum taboo; postpartum traditional practices; taboos; traditions

ABSTRAK

Pantang larang dan tradisi merujuk kepada mitos dan amalan bukan saintifik yang dipercayai oleh masyarakat di seluruh dunia. Pelbagai pantang larang diamalkan di seluruh dunia (termasuk yang berkaitan dengan makanan, kepercayaan agama dan seksual), termasuklah di Malaysia. Kebanyakan pantang larang bagi tempoh postpartum berkaitan dengan postpartum fisiologi, emosi dan dinamik perubahan keluarga. Kajian ini bertujuan untuk meneroka tradisi dan pantang larang yang diamalkan para ibu postpartum di Malaysia dan mempertimbangkan kesan kesihatan dan tujuan amalan yang dilakukan. Carian sistematik dalam jurnal di Malaysia dijalankan menggunakan lapan pangkalan utama: Scopus, Ovid Medline, Science Direct, SAGE, PubMed, Wiley Online Library, Google Scholar dan EBSCOhost. Artikel daripada semua jurnal yang diterbitkan antara tahun 2013 dan 2018 dinilai melalui senarai semak PRISMA. Daripada 17,945 kertas yang disaring, tujuh kertas kerja telah dipilih untuk analisis kritikal menggunakan Alat Penilaian Kaedah Campuran (2018). Ditemui bahawa di Malaysia, beberapa tradisi postpartum, termasuklah pantang larang pemakanan dan sekatan tingkah laku dan fizikal bertujuan untuk kesejahteraan ibu dan bayi dan melancarkan proses penyembuhan. Ada amalan yang dikesan tidak relevan, manakala amalan yang lain berfaedah kepada kesihatan. Berdasarkan kajian ini, amalan tradisi dan pantang larang sepanjang tempoh postpartum didapati mempunyai kebaikan dan keburukan. Pendekatan rasional diperlukan untuk menimbang amalan terhadap kesihatan dan keselamatan para ibu. Oleh itu, kakitangan kesihatan perlu peka terhadap peranan pantang larang dan tradisi dalam penjagaan pesakit postpartum. Amalan adat dan pantang larang perlu dipantau untuk keselamatan, bersama-sama dengan pendidikan berk komuniti untuk mengelakkan sebarang isu yang tidak diingini akibat daripada amalan yang dilakukan.

Kata kunci: Amalan tradisi postpartum; Malaysia; pantang larang; pantang larang postpartum; tradisi

INTRODUCTION

Tradition is the act of handing down customs or beliefs from one generation to the next. These can be based either on fact, or on beliefs and practices arising from the family,

community, or even racial or religious groups, and where they relate to a person’s well-being or protection from harm / ill-health, they are mostly based on a significant reasoning that they are of benefit. Traditions can be passed

on by either word-of-mouth or through the actual practice, well-known to their own community members but with no formal scientific foundation or evidence.

Conversely, the Oxford English Dictionary describes a taboo as 'a social or religious custom prohibiting or restricting a particular practice or forbidding association with a particular person, place, or thing'. There are many types of taboo practiced around the world. The most common taboos relate to food, and religious or sexual taboos (Fadzil et al. 2016).

Religious Taboos - Religions have their own set of taboos. Offending the god or gods is one of the biggest taboos and there are a variety of other taboos that impact daily activities (Fadzil et al. 2016).

Sexual Taboos - Some sexual activities are considered taboo by different cultures and religions, for example, homosexuality, incest, and bestiality are inherently taboo in some cultures. In addition, in some cultures, it is believed that to become a priest, nun, or monk any form of sex is a taboo (Hays 2013).

Food Taboos - The Jewish and Muslim faiths believe that some foods (such as pork and shellfish) are taboo because they are considered unclean. This is what defines 'kosher and halal' (Fadzil et al. 2016). Eating beef is considered taboo according to Hinduism, because the cow is believed to be a sacred animal, hence beef can carry spirituality to the Hindu and is prohibited for consumption (Withers et al. 2018).

Traditions and taboos may vary greatly according to race, religion, culture, or country, however they can also contain many similar concepts (Fadzil et al. 2016; Hishamshah et al. 2010). Some taboos are related to the religious aspects of a community, while others stem from the wisdom of past experiences passed on by ancestors (Lenore 1981). The prevalence of postpartum practice in Malaysia is high. According to a study on urban Malay women with good health literatures who delivered in University Hospital, 91.3% of women reported postpartum taboo practice. The taboo most observed by the Malaysian and Asian postpartum women related to the confinement period, the shortest being 14 days (Syed Abdullah et al. 2016) and the longest being 48 days (Hishamshah et al. 2010). A number of taboos related to food practices and physical activities. These included taking various herbs and practicing traditional massages to warm the body of postpartum mothers, reducing postpartum haemorrhage, improving wound healing, and improving breast milk production (Fadzil et al. 2016). Traditional massage is widely practiced by different ethnicities including the Malay, Chinese, and Indian (Fadzil et al. 2016). Most of the taboos during the postpartum period are related to postpartum physiological changes, emotional changes, and changing family dynamics, as the newly delivered mother assumes the role of motherhood (Hishamshah et

al. 2010; Lenore 1981). Such practices have evolved as life has become more modernised through technology, however, the aim continues to be to maintain healthy physical, mental, and spiritual well-being (Wong et al. 2018). Pregnancy and childbearing is a phase of life that requires special attention because of different physiology experienced from conception to postpartum (World Health Organization 1998). During the confinement period, the mother is still recovering from the stress of childbirth. This can include blood loss, a loss of nutrients, and sleep disruption or deprivation, due to care of the new-born (Sein 2013). Whilst most taboos do not cause harm to the mothers, there are certain taboos that have been practiced for generations that have not been proven to show any scientific relationship with postpartum maternal health (Lenore 1981). To the best of our knowledge, there has been no article review on a comparison between the Malaysian local ethnicities and groups globally of the practice of postpartum traditions and taboos. Therefore, the aims of this study were to identify the types of taboos and traditions practiced by Malaysians during the postpartum period, further classify these taboos into different categories, and to examine similarities and differences of such practices regionally and globally. This will aid healthcare practitioners to recognise why these traditions and practices are utilised, to enable risk assessments of these practice to enhance postpartum safety, health, and well-being of mothers and new-borns, and to strategise a holistic care approach in handling culturally sensitive issues in post-natal care.

LITERATURE SEARCH

A thorough, systematic search was conducted, related to relevant articles from eight major search engines. These were Scopus, Ovid Medline, Science Direct, SAGE, PubMed, Wiley Online Library, Google Scholar and EBSCOhost. The articles were published between 2013 and 2018. The PRISMA checklist was used to clarify the workflow of articles search for this study. The keywords used to search for the articles are stated as below:

'taboo' OR 'custom' OR 'cultural' OR 'superstitious' OR
'tradition'
AND
'women's health' OR 'women's well-being' OR 'mother's
health' OR 'mother's well-being'
AND
'postpartum' OR 'confinement' OR 'post-delivery'
AND
'Malaysia'

The inclusion criteria for the article search for this systematic review were as follows: The focus should be on taboos or any traditions related to women's health during

the postpartum or confinement period; they should be non-medical based; the description of the taboos should correlate with women's health or well-being during the postpartum period; the studies should be conducted in Malaysia; and articles should be published between 2013 and 2018.

There were also exclusion criteria for the study, as follows: A lack of empirical data (no correlation analysis of taboos and women's health or well-being during the postpartum period); the article did not discuss social taboos, food taboos, or cultural taboos related to women's health and wellbeing during the postpartum period; the article focused on issues other than women's health and wellbeing; they were not full papers; and if sample used in the study included multiple populations (such as postpartum mothers compared with medical students).

Titles of articles were screened, based on the inclusion criteria. Then, those abstracts deemed relevant were retrieved and screened again, based on the criteria. Finally, the full-text articles were retrieved and assessed according to both the inclusion and exclusion criteria. In total, the eight databases produced 17,945 articles for screening, which included duplicate articles.

being cross-sectional studies and three qualitative studies). For these studies, samples were drawn mainly from tertiary healthcare centres and local villages. Postpartum women from all major ethnicities in Malaysia were included (namely the Malay, Chinese, Indian, and orang asli). Sample sizes ranged from $n = 55$ to $n = 322$. One qualitative study did not indicate the number of subjects included in the study, but only mentioned that subjects formed five focus group discussions. Research instruments for each study varied, including systematic literature search, clinical tools, structured questionnaires, focus group discussions, and interviews. The data was extracted, synthesised, and subjected to narrative analysis. The mixed methods appraisal tool (MMAT) 2018 version was used to analyse the data synthesised from seven papers in accordance with the research questions. The quality of articles was not a basis for exclusion from the review, as authors had attempted to include as many folk practices as possible, in which the topic often set limitations on the study design and sampling method. Furthermore, statistical analysis was not the priority of this review. By the inclusion of as many articles as possible (including grey literature), publication bias was reduced.

RESULTS

CHARACTERISTICS OF INCLUDED STUDIES

The review included studies from 2013 to 2018, all having been conducted in Malaysia in a setting pertaining to the methods. Seven of the studies included consisted of one systematic review on peer-reviewed journals and grey literature, one randomised, double-blind, two-arm parallel comparative study, five observational studies (with two

CATEGORIES OF TABOOS

FOOD TABOOS/DIETARY RESTRICTIONS

In the category of food taboos, the tight restriction of food choice describes the role of food in various aspects of postpartum care. Fadzil et al. (2016) described food taboos in relation to the 'humoral balance belief system'. This theory focuses on the belief that well-being is based on a balance of the body's four 'fluids'. It is widely believed

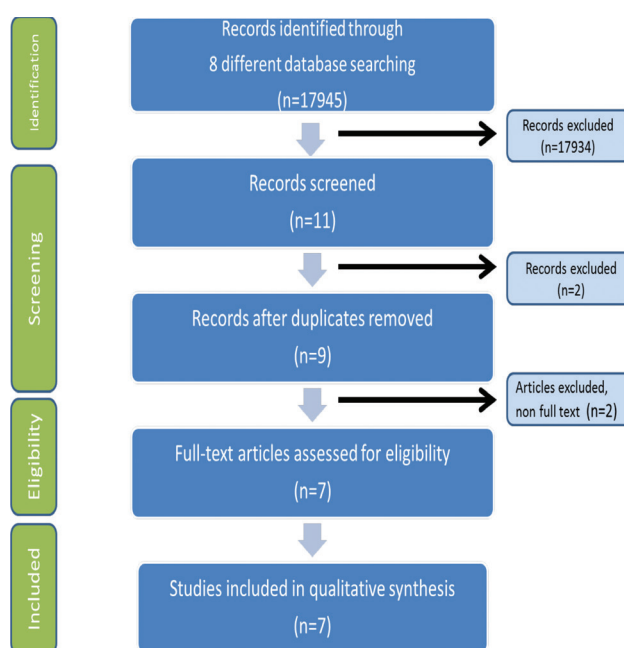


FIGURE 1. Workflow process of articles' selections

TABLE 1. Characteristics of included studies

No.	Author	Sample population	Study design	Tool	Item	Category of taboos
1.	Siti Zubaidah et. al. (2015)	<i>n</i> = 76, post LSCS women (at HUSM, and HRPZ II)	randomised, double blind, two-arm parallel comparative study	numeric pain rating scale (NRS), wound evaluation scale WES	<i>C. striatus</i> extract (<i>Ikan Haruan</i> extract)	food taboos
2.	Teoh et al. (2013)	<i>n</i> = 322, post-partum mothers at UKMMC	cross sectional	visual analogue scale VAS, patient satisfaction scores (PSS) structured questionnaire	herbal medicines	food taboos
3.	Syed Abdullah et al. (2016)	<i>n</i> = 5 focus groups from 4 <i>Temiar orang asli</i> settlement; men and women, midwives, Tok batin	qualitative, NVIVO 8	Focus group discussions (FGDs), audio and video record	salt, MSG, cooking oil, sugar, meat Restriction to human contact Not going to river Work restriction	food taboos Behavioural restriction
4.	Shaukat Ali (2017)	<i>n</i> = 374 pregnant and postpartum women *8 maternal and child health clinics (MCHC) in the Kuala Muda District Health Office	Cross-sectional	self-administered questionnaires	traditional and complementary medicine Biological based therapies	Physical recovery
5.	Fadzil et al. (2015)	Articles from 1970-2012 (Malaysia)	Systematic review	Ovid MEDLINE electronic literature search	traditional and complementary medicine Cold, hot, acidic food (Humoral Theory) Galactagogues food (Carb & Protein Rich food) Massage, <i>Bertungku</i> , <i>Bertangas</i> , herbal wrap, herbal bath, sexual abstinence Restriction of emotionally exhausting activities	Food taboos Physical Recovery Behavioural restriction
6.	Syed Jamaludin, S.S. 2014	<i>N</i> = 55, post-partum women, North Perak	qualitative	Interview and thematic analysis	Hot, cold food Restricted movements Abdominal wrap, herbal bath	Food taboos Behaviour restriction Physical recovery
7.	Jamaludin, S. (2014)	<i>n</i> = 55, post-partum women, North Perak	qualitative	Interview and thematic analysis	Hot, cold food	Food taboos

by all ethnicities in Malaysia (with the exception of the Temiar orang asli), however, categorisations of food items are varied. Jamaludin (2014b) emphasised the importance for policy makers and physicians to be culturally sensitive in handling patients, to achieve holistic care. Teoh et al. (2013) and Fadzil et al. (2016) found that herbal medicine is widely practiced across different ethnicities in Malaysia for postpartum maternal health and well-being. Teoh et al. (2013) also found a higher occurrence of neonatal jaundice among mothers who consumed herbs during the postpartum period ($p < 0.05$). Fadzil et al. (2016) and Jamaludin (2014b) both noted the practice of high carbohydrate and protein food intake as common practice for improving breast milk production. Syed Abdullah et al. (2016) discussed the very different food restrictions practiced by the Temiar orang asli populations, such as refraining from consuming salt, cooking oil, sugar, bush meat, and food preservatives. This was because these foods are believed to cause seizures in mothers and to aggravate pain from wounds.

PHYSICAL RECOVERY

Taboos and traditions related to postpartum physical recovery are related to four main areas: general health; wound healing; beautification; and blood stopping. The most common mode practiced by all ethnicities in Malaysia is traditional massage. The functions of massage include the restoration of energy, wound healing, cosmetic appearance, improve blood circulation, and the restoration of sexual function. There is no detailed description on the place and type of massage used. Ali (2017) described five modes of traditional and complementary medicine practiced, with no detail of modality given other than traditional massage. Fadzil et al. (2016) mentioned extensively the common taboos practiced by the Malay, Chinese, and Indian ethnicities for physical recovery. These included '*bertungku*' (sitting on large, hot stone, and using iron compression to get rid of cold and wind), '*tangas*' (vaginal steam bath), '*salai*' (traditional sauna) - practiced by the Malay, herbal baths practiced by the Indian - to arrest postpartum haemorrhage, '*bengkung/barut*' practiced by

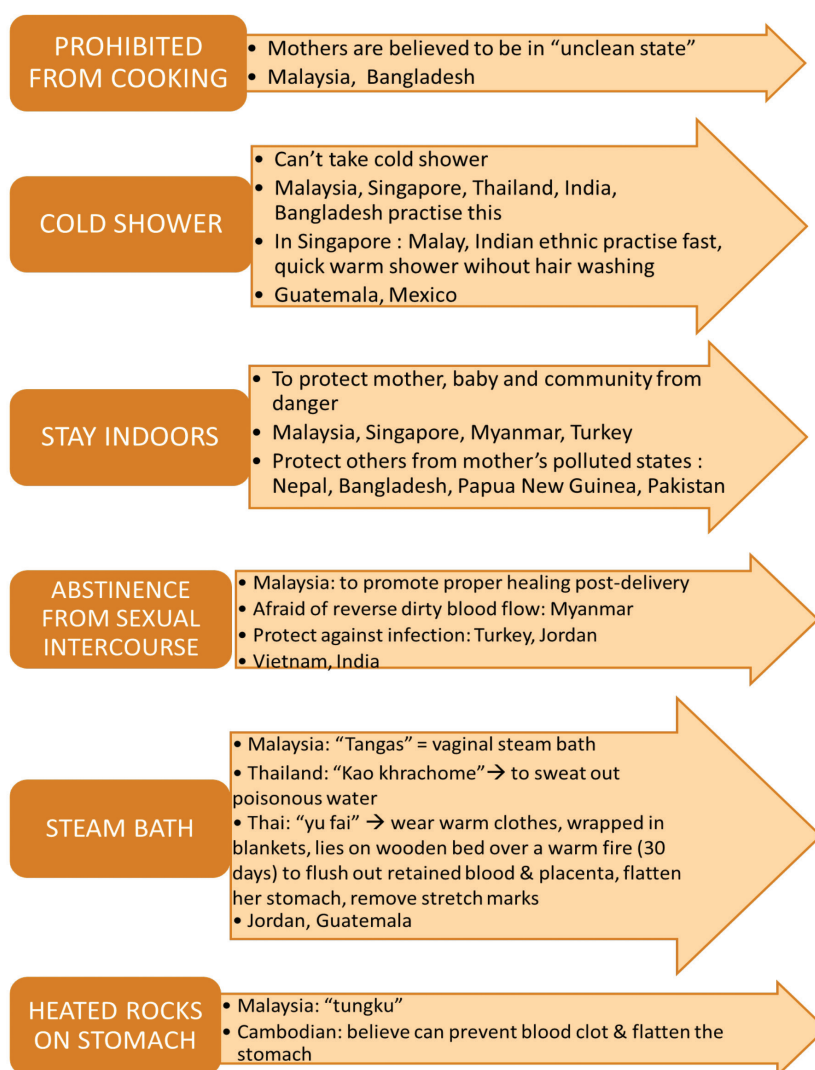


FIGURE 2. Similarities of post-partum taboos and traditions related to behavioural restriction practiced in Malaysia

TABLE 2. Function of food restriction (taboos) practiced

Food taboos	Functions	Number of articles described
	General health	2
	Restore energy / reduce fatigue	3
	Wound healing	3
	Pain relief	3
	Slimming / regain figure / cosmetic	4
	Prevent abdominal discomfort / womb swelling	2
	Restore humoral balance	2
	Improve Blood circulation	3
	Uterine involution	2
	Increase milk production baby's health	5
	Prevent seizure	1

the Malay and herbal wrapping practiced by the Indian, for aesthetic purposes (Fadzil et al. 2016). The effectiveness of these taboos in aiding physical recovery was not described.

BEHAVIOURAL RESTRICTIONS

Three articles discuss taboos related to postpartum behavioural restrictions. These practices may appear to have a weak scientific basis, but when grouped together, it indicates a pattern with regard to the reason for such practices. Jamaludin (2014a) found that restriction of strenuous activities was practiced, preventing aggravation of bleeding which can lead to uterine prolapse. Fadzil et al. (2016) noticed that Malay practices restrict certain emotional activities, such as crying, quarrelling, or overthinking, for better emotional management to avoid postpartum depression. Syed Abdullah et al. (2016) found similar practice among the Temiar orang asli population. Certain behaviour restrictions practiced by the orang asli community are extreme and therefore more difficult to comprehend. Most restrictions were practiced to avoid

seizure, with some restrictions related to spiritual belief. These include the prevention of attack by malevolent spirits. The community believes that malevolent spirits are attracted by the blood of parturition (Samuel 2002; Whittaker 2002) and landscape such as rivers, lakes, caves, and hills are guarded by spirits (PPK & UNICEF 1998) that should not be provoked. Finally, three studies discussed sexual abstinence to prevent uterine prolapse, by religious command (Jamaludin 2014a), and for hygiene (Fadzil et al. 2016).

DISCUSSION

SIMILARITIES OF POSTPARTUM PRACTICES BETWEEN MALAYSIA AND OTHER COUNTRIES

The majority of people in Malaysia believe that during the postpartum period, women are in a weak state and are, therefore, very vulnerable (Sharifah et al. 2016). This is the same in Singapore and Myanmar (Fok et al.

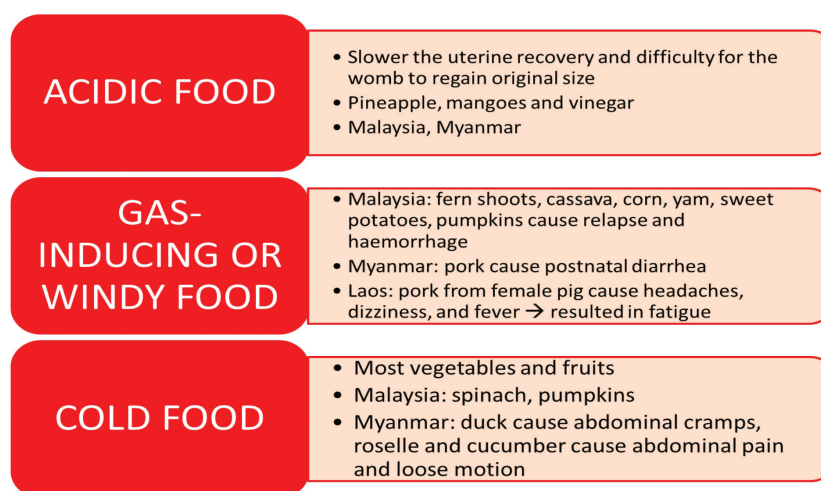


FIGURE 3. Food types for confinement according to humoral theory practiced in Malaysia and across Asia countries

TABLE 3. Reasons of taboos practiced for physical recovery

Physical recovery	Functions	Number of articles described
	Restore energy / reduce fatigue	3
	Wound healing	1
	Slimming / regain figure / cosmetic	1
	Improve blood circulation	2
	Restore sexual function	1

2016; Sein 2013). Just like Malaysian women, almost all postpartum women in Singapore and Myanmar follow food and behavioural taboos (Chen et al. 2014; Sein 2013). Traditional postpartum maternal care practices—such as not being left alone at home, and refraining from sexual intercourse for 40 days—are also commonly practiced amongst women in Turkey (Demirel et al. 2018).

AIM OF CONFINEMENT PRACTICES

Despite many differences between ethnicities and countries, the aims of postpartum practices remain the same. In Malaysia, the aims for adhering to postpartum practice is to maintain a state of well-being of mother and baby, and improve the mother's energy post-delivery, just as in Myanmar and Turkey (Ali et al. 2017; Demirel et al. 2018; Fadzil et al. 2016; Jamaludin 2014a, 2014b; Sein 2013). The humoral concept is practised widely in Malaysia, Singapore, Myanmar, and Vietnam to maintain a balance of hot and cold elements in the body (Fadzil et al. 2016; Jamaludin 2014a, 2014b; Kavle & Landry 2017; Sein 2013). Heat therapy such as warm baths and hot compresses can help to balance hot and cold states by improving blood circulation (Fadzil et al. 2016).

Post-delivery practices are also known to increase milk flow in Malaysia, Myanmar, Bangladesh, and Turkey (Demirel et al. 2018; Edhborg et al. 2015; Fadzil et al. 2016; Jamaludin 2014a, 2014b; Sein 2013). Malay beliefs hold that meat and fish can stimulate lactation, the same as in Bangladesh (Edhborg et al. 2015; Jamaludin 2014a, 2014b). The Malaysian Chinese population believes that consuming chicken, rice wine, fish, and wheat noodles with egg can increase breast milk production (Fadzil et al. 2016), whilst Temiar *orang asli* people believe that drinking cassava root will have the same effect (Sharifah et al. 2016). For the Myanmar people, lactation is enhanced by consuming soup (Sein 2013). Whereas, the Korean people believe that brown seaweed 'miyuk' and beef broth 'miyukguk' achieves the same result (Dennis et al. 2007). Post-delivery women throughout the world undergo confinement with the hope of returning to their pre-pregnancy physique (Fadzil et al. 2016; Jamaludin 2014a, 2014b; Sein 2013).

Other aims of confinement practices among Malaysians include restoring normal sexual and reproductive organs function, as is the case in Myanmar, Vietnam, India, and Turkey (Demirel et al. 2018; Fadzil et al. 2016; Sein 2013;

Withers et al. 2018). Cold, icy drinks are prohibited among Malay Malaysians because they are believed to cause vein and womb swelling (Jamaludin 2014a, 2014b).

Another purpose of the confinement period is to promote wound healing. The Malaysian Malay believe meat and fish can enrich blood, help recovery, and encourage lochia expulsion (Fadzil et al. 2016; Jamaludin 2014a, 2014b). Malaysians believe foods such as pepper, ginger, honey, salads or 'ulam' (for example turmeric, 'cemumak', 'ulam raja', papaya leaf, or 'kaduk' leaf) may accelerate the drying and healing of vaginal stiches. Snakehead fish is believed to increase the wound healing process internally and externally, due to high albumin content (Jamaludin 2014a, 2014b). Myanmar people also believe that chicken meat has wound-healing power (Sein 2013). Vietnamese women consume 'hot' foods during post-partum (such as pig's feet with papaya, red bean, potato, and rice), to stimulate blood flow and promote wound healing (Kavle & Landry 2017).

PHYSICAL RECOVERY

Traditional massages during the postpartum period are for beautification purposes, whilst herbal wraps are used among Indian women (Fadzil et al. 2016). Massage is famous among Malay Singaporean women (Fok et al. 2016). Abdominal binders ('bengkung') are used to support and flatten the tummy in Malaysia (Fadzil et al. 2016). Turkey also practices abdominal wrapping post-delivery (Demirel et al. 2018).

Malaysian and Singaporean women usually take 'jamu' after delivery (Fadzil et al. 2016; Fok et al. 2016). Stews made from a variety of plants, such as 'Kacip Fatimah', Rhododendron, elephant root litter, 'medang' twilight and 'mengkunyit' root are consumed to refresh muscles and cleanse the blood by removing clots (Jamaludin 2014). The Nepalese use 'sathora', a herbal tonic, and 'haluua', a kind of wheat semolina with ginger, cumin, and turmeric, to encourage milk production, warm the mother, and expel childbirth blood (Dennis et al. 2007).

In Malaysia, 'tungku' (hot stone / iron compress / hot compress) are believed to reduce muscle spasms (Fadzil et al. 2016). Thailand postpartum women practice 'yufai' where they wear warm clothes, wrapped in blankets and lie on a wooden bed over a warm fire for 30 days to flush out retained blood and placenta, increase involution of the uterus, flatten the stomach, remove stretch marks, and

Interethnic	<ul style="list-style-type: none"> Chinese culture requires the consumption of alcohol as a source to heat up the body. In the Malays it is prohibited due to religious concerns (Fadzil et al. 2016).
Indigenous Temiar	<ul style="list-style-type: none"> Consumption of meat is prohibited- leads to convulsions, mothers are isolated from the community (Sharifah et al. 2016).
Myanmar	<ul style="list-style-type: none"> Food restriction obliged for well being of newborn. 'Hot', 'cold', 'acidic' and those causing 'hypertension' are avoided. Behavioural restriction also followed (Sein 2013).
Bangladesh	<ul style="list-style-type: none"> Consume dry food cooked without water- to keep the stomach cool and increases breast milk production (Kavle & Landry 2017).
Nepal	<ul style="list-style-type: none"> Green vegetables, pumpkin and apples are avoided- causes diarrhoea in baby (Thapa et al. 2001).

FIGURE 4. Differences of post-partum taboos and traditions practiced in Malaysia as compared to other regions of the world

heal perineal tears. Cambodian women place hot rocks on the stomach to prevent blood clots and flatten the stomach (Dennis et al. 2007).

'Tangas' (vaginal steam bath), are commonly practiced by *Malay* ethnic women in Malaysia (Fadzil et al. 2016). Thailand practices steam baths, where the mother sit on hot bricks and medicinal leaves to sweat out poisonous water and absorb good water, dry the perineum, and assist healing. For Jordanian and Guatemalan women, sitz baths are recommended to facilitate healing (Dennis et al. 2007).

BEHAVIOURAL RESTRICTIONS

Sanitary habits changes in postpartum (Fadzil et al. 2016). Hindus do not allow mothers to cook until the tenth to twelfth day postpartum (Fadzil et al. 2016), whilst Chinese Singaporean women cannot shower (Fok et al. 2016), and in Bangladesh, women considered 'unclean' due to menstrual bleeding, are not allowed to either wash or prepare food. Therefore, housework is generally completed by others (Edhborg et al. 2015). Warm showers are often considered acceptable confinement practice in Malaysia, just like Thailand and India (Choudhry 1997; Kaewsarn et al. 2003). In Singapore, Malay and Indian mothers post-delivery practise fast, quick, warm showers without hair washing (Fok et al. 2016). Guatemalan people believe that bathing in cold water causes fever, infection, oedema, and decreased milk supply, and bathing too soon after childbirth causes stomach pains or prolapsed uterus (Dennis et al. 2007).

The abstinence from sexual intercourse is practiced by Malaysian and countries like Vietnam and India to promote proper healing post-delivery, within between 20 and 100

days considered acceptable (Fadzil et al. 2016; Withers et al. 2018). Myanmar women avoid sexual intercourse during postpartum for fear of reversed dirty blood flow, wound gaping, swelling, pregnancy, and uterine prolapse. Furthermore, they wish to consider the well-being of the new-born, to prevent tingling and numbness, and to follow instructions by elders (Sein 2013). Turkish women also follow the same practices, because mothers are considered unclean for 40 days after the birth. Thus, such practices help to protect against infection (Demirel et al. 2018).

Isolating mothers (for example among the Temiar) is carried out to protect mother, baby and community from danger (Sharifah et al. 2016). Staying at home is also practised among all ethnic groups in Singapore, Myanmar, Bangladesh, and Turkey (Demirel et al. 2018; Edhborg et al. 2015; Fok et al. 2016; Sein 2013). In Nepal, Bangladesh, Papua New Guinea, and Pakistan, the main aim for isolation is to protect others from women's 'polluted' states, up to one month postpartum (Withers et al. 2018).

FOOD TABOOS/DIETARY RESTRICTIONS

Many believe mothers are in the 'cold state' after losing so much blood during delivery (Jamaludin 2014a, 2014b). According to yin and yang belief, Chinese mothers need to restore equilibrium of yin (cold) and yang (hot). Therefore, during the postpartum period while mother are in the state of yin, their diet requires increased yang elements with high energy and protein (Fadzil et al. 2016). Singaporean also believe in this approach (Chen et al. 2014; Fok et al. 2016). The hot and cold balancing concept is also used in 'Ayurveda' medicine and in other Asian and non-western cultures in Latin America and Africa (Fadzil et al. 2016).

TABLE 4. Reasons of taboos practiced for behaviour restriction

Behaviour restriction	Functions	Number of articles described
	Restriction of physical activities	2
	Restriction of dangerous activities	1
	Slimming / regain figure / cosmetic	2
	Restriction of sexual activities	1

In Malaysia, acidic food such as pineapple, mangoes, and vinegar are avoided because it slows uterine recovery and causes difficulties with the womb regaining its original size (Jamaludin 2014a, 2014b). Myanmar women also avoid acidic food during the postpartum period (Sein 2013). Gas inducing foods such as fern shoots, cassava, corn, yam, sweet potatoes, and pumpkins are believed to cause prolapse and haemorrhage among Malaysian women (Fadzil et al. 2016; Jamaludin 2014a, 2014b). The same concept is adopted in Myanmar, whereby foods such as pork are avoided because they are believed to cause postnatal diarrhoea (Sein 2013). Malay and Chinese Malaysian women avoid cold food such as spinach and pumpkins during postpartum (Fadzil et al. 2016; Jamaludin 2014a, 2014b). Meanwhile, Myanmar people believe that cold food (such as duck) may cause abdominal cramps, and vegetables such as roselle and cucumber can cause abdominal pain and loose motions in both mothers and new-borns (Sein 2013).

DIFFERENCES BETWEEN POSTPARTUM PRACTICES AMONG ASIAN AND OTHER COUNTRIES

Postpartum practices and beliefs are practiced throughout the world. While there are many similarities evident among Asian countries, there are also some differences that can be discerned. The most glaring difference is when comparing western and Asian countries. Western and Asian cultures are distinctly different in their beliefs and practices of postpartum care. Asian culture follows more traditional beliefs passed down from ancestors, whereas in western culture, a more modern approach, based on a biomedical model of health is practised. The biomedical model of health focuses more on the physical or biological aspect of disease and illness and excludes the psychological, environmental, and social influences (Wade & Halligan 2004). It is believed that there is no need for special care or restrictions for the new mother to recover as the process of recovering back to pre-pregnancy state will occur naturally within approximately two weeks post-delivery. However, this does not hold true for Asian culture (Hishamshah et al. 2010). Western culture focuses more on infant care during the postpartum period. In non-western culture, importance is placed on the mother's recovery to avoid ill health in later life (Fadzil et al. 2016).

Asian postpartum practices aim to restore the balance of the new mother, as the delivery process is considered to make the mother weak and vulnerable. In the local

Malaysian setting (even with multiple similarities between ethnic groups), some different practices are evident in certain cultures. For example, in the Chinese culture, women are given alcohol to consume during postpartum period as it is believed to warm the body and give heat as the body is in a cold state postpartum. Due to religious restriction, the Malay are forbidden to take alcohol (Fadzil et al. 2016). In the indigenous Temiar group, it was studied that they are prohibited from having any form of meat, as they believe all living things have a spirit and hunting their meat can possibly cause fits. Even meat from reared animals is avoided as they believe it is wrong to kill and devour an animal they have reared (Sharifah et al. 2016).

In comparison to other Asian countries, such as Myanmar, a study by Sein (2013) described that for the protection of the baby's well-being, food restrictions are strictly followed. Hot food ('a puza'), cold food ('aei: za'), food that induces wind or acidity ('lei za'), and food causing hypertension, dizziness and drowsiness ('te' za') are avoided during the postpartum period (Sein 2013). Further, detailed behavioural restrictions were described in a focus group discussion whereby compliance to protect their current and future health was stated (Sein 2013). Examples include: avoiding strenuous household chores, avoiding the smell of frying or burning, avoiding quarrelling, crying, reading, and watching television or video (Sein 2013).

In Bangladesh, women are told to consume dry food cooked without water, rice with mashed potato, and black cumin seed to increase breast milk production and to keep the stomach 'cool' (Kavle & Landry 2017). Thapa et al. (2001) conducted a study in Nepal which showed that green vegetables, pumpkins, and apples were restricted for several months as they were thought to cause diarrhoea in the baby from breast feeding.

CONCLUSION

In conclusion, taboos during the postpartum period are widely practiced by eastern cultures (including Malaysia) compared to the western counterparts. There are both advantages and disadvantages of practicing taboos and traditions during the confinement period. The strategy that should be adopted in tackling the issues of taboos and traditions are as follows: Rationalisation: weighing the practice against maternal safety and health; Innovation: healthcare personnel should be sensitive to the role of taboos and traditions in the postpartum care of patients to attain better doctor-patient trust. This requires holistic care

instead of a superior attitude towards western medicinal practice; Interpretation: the practice of traditions and taboos should be monitored by measurable indicators and directed towards safe practice. The community should be educated that taboos and traditions are not a substitute for medical care and consultation. Therefore, people should be educated to seek timely medical aid. With strategic implications, taboos and traditions may not be irrelevant or irrational after all.

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