

# Assessment of cultural beliefs and practices during the postnatal period in a coastal town of South India - A mixed method research study

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GJMEDPH 2014; Vol. 3, issue 5

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Conflict of Interest—none

Funding— Indian Council of  
Medical Research –Short Term  
Studentship Program

## ABSTRACT

**BACKGROUND** The postpartum period continues to be an important part of the tradition and culture among Indian women. But frequently the health of the postnatal women is neglected. So, the present study aimed to explore the beliefs and practices in the postpartum period regarding diet, rest, hygiene and confinement and assess association between cultural practices and socio demographic characteristics.

**METHODS** A combined quantitative and qualitative study was carried out in the rural areas of Udupi district in Karnataka. Participants for the quantitative study were 110 women who had given birth in the past three months. This was followed by one focus group discussion (FGD) among twelve consenting mothers at one of the rural health centers.

**RESULTS** Among the 110 women, over 80% of women had increased their diet intake postpartum. Vegetables such as brinjal and fruits like papaya were avoided by 65.5% and 73.6% women respectively. Among the mothers 10.9% consumed less than 500 ml of water every day and 10% did not drink milk at all. Majority 94 (85%) were aware of vulval and perineal hygiene. Household work was avoided by 56% of the women while 86.3% avoided going outdoors. Many women took home remedies for faster recuperation. These practices were influenced by the socioeconomic status and the woman's educational status.

**CONCLUSION** Traditional postpartum practices are still popular among women in rural Karnataka. It is critical to identify the harmful practices and reinforce the positive healthy practices to make postpartum period a healthy and joyful period for the mother.

**Keywords:** Postnatal, diet, hygiene, home remedies, mixed method study

## INTRODUCTION

Childbirth is a time of transition and social celebration in many societies, signaling an adjustment of cultural responsibilities<sup>1</sup>. The postpartum period is a very special phase in the life of a woman. Her body needs to heal and recover from pregnancy and childbirth. A good postpartum care and well balanced diet during puerperal period is very important for the health of a woman<sup>2</sup>. But cultural practices and food taboos adversely affect the daily consumption of protein, energy and some nutrients during the first month of nursing<sup>3</sup>.

It is true that more attention has been given to pregnancy and childbirth while women's health during the postpartum period has been neglected.

Such an eclipse ignores the fact that the majority of maternal deaths and disabilities occur during the postpartum period.<sup>[2]</sup> Women's progression from birth to child rearing is influenced by economy, religion, kinship system and the growing sophistication of communications and medical technology<sup>4</sup>. In some societies there is a continuum between traditional ends, others at the modern end with the majority somewhere in between<sup>5</sup>. The postpartum dietary and lifestyle habits vary greatly among different countries and cultures. In western countries, instead of restrictions, women are encouraged to eat a well-balanced diet from all food categories and start physical exercises during this period. The traditional postpartum practices face the challenges from western culture due to



fast economic growth and globalization in the past few decades<sup>6</sup>. Elders have an important influence on infant feeding decisions and postpartum care, but little is known about the extent to which their practice is influenced by traditional beliefs and/or recent innovations driven by evidence based research<sup>7</sup>. In the published reports postpartum practices were studied in other Asian countries, like China<sup>5,6</sup> and Vietnam<sup>8</sup>, but not much literature is available on the postpartum practices of women in India. These gaps in the existing knowledge about postpartum practices in rural India necessitated the conduct of the current research study, with the objective of assessing postnatal beliefs and practices with respect to food taboos, personal hygiene, rest and confinement at home.

## METHODS

A mixed method research design which included a combination of descriptive cross-sectional study and focus group discussion (FGD) was employed to assess postnatal practices among mothers who had recently delivered within the previous three months. The participants were selected from the rural field practice area of the Department of Community Medicine, Kasturba Medical College, Manipal in Southern India. The field practice area covers a population of 45,587 living in 7,164 families spread out in 11 villages. The Department of Community Medicine provides primary health care to the population, through Rural Maternity and Child Welfare homes. The centers are functional 24x7 and manned by Auxiliary Nurse Midwife (ANM) and house-keeping staff. Each center has a fixed day of the week for running the out-patient clinic when doctors from the Department visit the center and provide consultation, treatment and referral to the patients. The ANMs at the center have a very good rapport with the community, as she visits the households in the area and documents the particulars of each member of the family in family folders and updates them in an electronic database. She keeps track of all vital events in her area and has up to date information on marriages, pregnancy and childbirth.

### Sample size

For the cross-sectional study - Assuming that at least 50% of the mothers will be practicing at least one of these cultural beliefs/practices and accounting for alpha error of 5% at 20% relative

precision and 10% non-response rate, using the formula  $4pq/d^2$ , the sample size was calculated to be 110.

For the focus group discussion – 12 willing and consenting postnatal mothers were included, who were not part of the cross-sectional study.

Women in the field practice area, who had recently delivered and had a healthy, living child less than three months of age, were eligible to be part of the study, while those who did not consent were not included.

Institutional ethical committee clearance was obtained before the initiation of the study (IEC-121/2012). Written informed consent was obtained from all the study participants. Eligible participants were identified from the field practice area with the help of the records maintained by the ANM and were interviewed at their homes or at the rural centers using a pre-designed semi-structured questionnaire, by the trained investigator. The questionnaire was developed by the investigators in consultation with subject experts and inputs from the field ANMs and sociologists to cover pertinent areas of interest. The key topic areas of the questionnaire included socio-demographic data, obstetric details, food taboos, personal hygiene, rest and physical activity. The questionnaire was made in English then translated into Kannada the native language of the area; back translated and pilot tested before final data collection.

The quantitative study was followed by a focus group discussion (FGD). Twelve consenting mothers in the field practice area were contacted by the ANM and on a pre-determined date and time convenient to the mothers; the session was conducted at one of the rural health centers. A moderator (Masters in Social Work) and note keeper (Health Educator trained in Sociology) conducted the FGD. Notes were also independently made by the investigators. The themes covered in the FGD were pertaining to Cultural beliefs, practices, influence of elders with respect to dietary practices, hygiene, rest and confinement at home during postnatal period. The moderator ensured active participation of all the mothers and the discussion was held in the local language – Kannada.



Quantitative data was entered and analyzed using Statistical Package for Social Sciences (SPSS) version 15. The results are summarized as percentages and proportions and chi-square test was done to assess the association between postnatal practices and socio-demographic characteristics.

The notes from the FGD made by the different authors were thoroughly read by the authors themselves to identify key issues, concepts and emergent themes. The notes were then compiled to identify key themes which were mutually agreed upon by the research team. The findings of the FGD were correlated and have been discussed alongside the results of the quantitative data. Quantitative data yielded beliefs and practices prevalent during the postpartum period, while the reasoning and the

ideology behind such prevalent beliefs and practices were obtained from the FGD.

## RESULTS

The quantitative study included 110 respondents; 120 women were approached to participate, 10 of them refused as they were preoccupied with care of their infant. The population across the rural field practice area is homogenous in terms of their socio-demographic characteristics so there are no issues regarding the representativeness of the participants. The socio-demographic profile of the participants is described in **Table 1**. Over 70% of the participants belonged to 20-30 years age group. Literacy rate among the respondents was 100%. Most of them were housewives and belonged to the middle socio-economic class, as assessed by modified Pareek and Trivedi scale<sup>9</sup>.

**Table 1 Socio-demographic characteristics of the study participants (n=110)**

Socio-demographic Characteristics	Number of women	%
<b>Age group (years)</b>		
<20	08	07.3
21-30	80	72.7
31-40	22	20.0
<b>Religion</b>		
Hindu	73	66.4
Muslim	34	30.9
Christian	03	02.7
<b>Education</b>		
Primary (1 <sup>st</sup> -4 <sup>th</sup> std)	20	18.2
Middle school till PUC (5 <sup>th</sup> -12 <sup>th</sup> std)	86	78.2
Graduation and above	04	03.6
<b>Occupation</b>		
Housewife	94	85.5
Unskilled worker	06	05.5
Others	10	09.1
<b>Socio-economic status</b>		
Low	32	29.1
Middle	76	69.1
High	02	01.8

The focus group discussion (FGD) was organized at one of the rural health centers, among a group of 12 consenting women, chosen by purposive sampling in order to have a meaningful discussion. The women belonged to the age group of 20-32 years; all of them were Hindu by religion and were literate. One among them was an office administrator and the other was a teacher by profession and the rest were housewives. Most of them belonged to middle socioeconomic status.

The area where the FGD was conducted has a predominant Hindu population, while the quantitative data collection was spread out across various centers. The women have been natives of the area for substantial amount of time such that cultural practices are uniform across different caste and religion and thus would not unduly influence the outcomes of the study. The FGD was conducted in the local language (Kannada) by a moderator trained in social sciences. Notes were audio



recorded and hand written verbatim by the notes keeper. The session lasted for one hour and ten minutes. The notes were then translated from Kannada to English; transcribed and emergent themes were identified according to the various objectives of the study. The findings of the FGD are correlated and discussed alongside the results of the quantitative data.

### Obstetric details

Among the 110 who were interviewed 69 of them had one child, 31 of them were para two, nine others had three living children and one woman had four children. Majority [80 (72.7%)] had an uneventful pregnancy. Puerperal period was mostly uneventful excepting the presence of postnatal morbidities such as breast engorgement, respiratory tract infections and excessive bleeding reported by few women.

### Diet

The postnatal women were asked whether they had increased their food intake after delivery; 106 answered to the question, out of whom 92 (86.8%) replied in the affirmative. Consumption of milk had been increased by 32 (29.1%) of them whereas 69 (62.7%) said to have increased the intake of cereals and 16 (14.5%) had increased the intake of pulses. Chicken was preferred by 64 (58.2%), whereas 41 (37.3%) avoided chicken consumption in the postpartum period. The intake of fruits and vegetables was increased by 39 (35.5%) women while three (2.7%) of them had completely avoided the intake of fruits. Brinjal was avoided in particular by 72 (65.5%) women. Among the fruits banana, sweet lime and apple were preferred whereas papaya was avoided by many 92 (73.6%) participants. **Table 2** describes the food items avoided and preferred during the postnatal period and the reasons for the same as gathered from the FGD.

**Table 2 Beliefs and practices with regard to food taboos during the postnatal period**

	Foods items	Reasons obtained from FGD
Foods avoided	Mackerel	Causes – <i>nanju</i> (predisposes to infection)
	Brinjal	Causes – <i>nanju</i> (predisposes to infection) Also causes generalized itching
	Mango	Peel will not get digested, causes cough and cold in the child
	Spinach, Jack fruit	Causes cold and abdominal pain
	Banana, Cucumber, tender coconut	Causes cold for both mother and child
Foods Preferred	Curry made of spices	To cool the body
	Jeera / fenugreek porridge	To relieve backache and to increase breast milk production
	Yam	To aid in wound healing
	Banana inflorescence and stem chutney	To remove toxins from the body
	Beetroot	For blood production

### Consumption of water and milk

General consensus during the postpartum period is about reduced overall consumption of fluids, but not to the extent of causing dehydration. Water consumption refers to water per se and not in tea or other fluids, as there are more restrictions to water usage, than other beverages. Most of the women [76 (69.1%)], drank more than 1 liter of water per day; 12 (10.9%) of the women drank less than 500 ml of water every day and the reasons for reduced consumption were, elder's advice and the belief that drinking water would cause distension of abdomen and would predispose them to catch a cold.

According to one mother, elders' advised to consume less water for the following reason, "*Increased water consumption will cause increased frequency of micturition and forces the mother to get up and move around. This increased movement causes back strain. Unlike modern days, in olden times, only Indian toilets were available and toilets were constructed away from homes or the women had to go to the nearby forests (when there were no household toilets). So it would be difficult for the postnatal women to go often to the toilet especially in the night. So, the ladies were not given more water. Going outside the house would also make women vulnerable to evil eye/ ghost spirits – ketta kannu, dhrishti. It was the same reason for giving limited food during postnatal period- one bowl of rice*



*with pickle – so that bowel movement is also limited.”*

Mother's reported during the focus group discussion that, *"Doctors' advice increased quantity of water consumption for enhancing breast milk production but elders don't give water."*

The mothers reported that when postnatal women consume water, water requirement of the child is met through breast milk and the infant's urine production would also be adequate. Distension of the abdomen as a disadvantage of water consumption was cited during the interview but women disagreed during the FGD.

Most of the women 60 (54.5%) of the women drank two glasses of milk everyday whereas 11 (10%) of the women did not drink milk at all due to the belief that the child might develop cold and cough, while some of them did not like the taste of milk.

### Personal hygiene

Vulval and perineal hygiene - Majority of the women 94 (85%) were aware of vulval and perineal hygiene. According to them (FGD) *"as there is excessive bleeding, pads should be changed frequently otherwise it will lead to infection. After passing urine too, vulval area should be cleaned with warm water. Clothes if used instead of pads need to be washed in dettol and dried in the sun. Sometimes this cloth is dried in the bathroom- but this is not as good as drying in the sun"* reported the ladies during the FGD.

Caesarean wound care - The women who had undergone caesarean section took care of the wound by cleaning the wound using soap and dettol and keeping the wound dry until it healed, while a few others prevented the exposure of wound to water. Talcum Powder was frequently applied so that the wound would not itch.

Bath – Oil massage and bath were given by the mother or elders in the family to the postnatal women. Regular bath was a universal phenomenon. One third of the women [36 (32.7%)] even took bath twice daily. Oil massage before bath was practiced by 82 (74.5%) of the women. According to the mothers during the group discussion, extremely hot water is used for giving bath especially for the

lower back (more so when spinal anaesthesia is given for caesarean section). *"Sometimes the water is so hot, we would scream, but still same water would be used to give bath and our mothers scold us for complaining."* Extremely hot water is used for head bath also which according to the mothers was the reason for losing hair till 40 days but elders would say, *"Mother starts losing hair when the child starts smiling."* It is believed that *"if child is happy then mother will lose her hair."* One mother said that it was a misconception, but they found it difficult to resist the practice.

### Rest

Although 85% of the women slept only for 6-10 hours in a day, only half of them engaged in routine household work and very few (19%) were performing exercises during the postpartum period. While sleeping, it is insisted that they lie in the supine position and cover themselves with blankets, irrespective of the season, said the women during the group discussion.

### Confinement at home

Excepting two women who were working outside, the rest of them were housewives. It is a common practice for postnatal mothers to be confined within the house for a period of 40 days after delivery. She is forbidden from going outdoors. The reasons for confinement derived from the FGD being; *"confinement provides rest. Going outside predisposes to infection- child will get cold in addition going by bus/auto will cause back pain. Bones will be soft in the postnatal period, so sleeping/taking rest will bring them back to normalcy"*. Advantages of confinement as stated were; *"Exclusive breast feeding on demand is possible, as mother is always close to the baby. If mother falls sick by going outdoors then child too would fall sick"*.

Many women preferred the practice of confinement to the homes according to the focus group discussion. They wanted to take care of the child as the child was small and there was nobody at home to take care of the child. The women 92 (86.3%) did not go out for walks as they were advised by elder's not to go out for 40 days and some of them said they did not find time to as they had to take care of the child most of the time.

### Cultural practices



Visitors were avoided by 10 (9.2%) of the women, as it was a traditional practice to avoid visitors for 14 days and some believed that it was to avoid infections.

Some of the women 24 (21.8%) continued to wear warm clothes even when it was hot to avoid catching infections and also because they were advised by elders.

### Abdominal girth

Measures were taken by 86 (78.2%) of the women to reduce the abdominal girth, among whom 83% tied a saree around the abdomen while the rest of them used a binder for 40 days. The reasons for using an abdominal binder were, "to support the back. In addition, abdominal binder prevents us from eating a lot of food and drinking a lot of water so dual purpose is served (back support + diet control)." Some felt that it does not help in reducing the size of the abdomen, as abdominal size is determined

by personal body constitution. After the 40<sup>th</sup> day there is a ritual of visiting the temple, after which tying of the abdominal binder is stopped.

### Mane maddu (Home remedies)

- Garlic medicine, Onion, pepper, ginger based medicine is given to remove toxins and infections from the body.
- *Kalu jeerige kashaya*- a very bitter preparation is given compulsorily every day for three days after delivery to remove toxins/ infection producing agents from the body.
- *Hippali (Indian long pepper)* is given during postnatal period to help intestines to shrink and come back to normal size.
- *Dashamoolaarishta* an Ayurvedic preparation is universally given to all postnatal mothers for a period of at least one month in order to prevent the mother and the child from catching a cold.

**Table 3 Association between socio-demographic characteristics and postpartum practices among study participants**

Variables	Postnatal practices			
	Taking Ayurvedic Medicines (n=73) N (%)	Taking regular bath (n= 107) N (%)	Having Oil massage (n=82 ) N (%)	Doing Household work (n= 54 ) N (%)
<b>Religion</b>				
Hindu (n=73)	47 (64.4)	70 (95.9)	59 (80.8)	36 (49.3)
Muslim (n=34)	24 (70.6)	34 (100)	21 (61.8)	16 (47.1)
Christian (n=03)	02 (66.7)	03 (100)	02 (66.7)	02 (66.7)
<b>Education</b>				
Primary (n=20)	17 (85.0)	19 (95.0)	17 (85.0)	09 (45.0)
Middle School till PUC (n=86)	56 (65.1)*	84 (97.7)	61 (70.9)	43 (50.0)
Graduation and above (n=04)	0 (0)	04 (100)	04 (100)	02 (50.0)
<b>Socioeconomic Status</b>				
Low (n=32)	20 (62.5)	31 (96.9)	25 (78.1)	17 (53.1)
Middle (n=76)	51 (67.1)	74 (97.4)	55 (72.4)	37 (48.7)
High (n=02)	02 (100)	02 (100)	02 (100)	0 (0)

\*p value<0.05, by chi-square test

The traditional cultural practices during the postnatal period were prevalent across all sections of the community irrespective of their background, religion, education and economic status. Assessment of association between the cultural beliefs and practices and socio-demographic characteristics are described in **Table 3**. Chi-square test to assess association showed statistical

significance only for consumption of ayurvedic medications and educational status; as the educational status improved there were more number of non-users. Actual diet consumption was not quantified during the study and hence statistical association was not done for dietary beliefs and practices.



### Role of elders

The role of elders in the family regarding decision making were summed by the women during the focus group discussion as follows, "We have to listen to elders' and parents because they are right and if something goes wrong the doctor does not come to our rescue but parents do and they are always with us".

### DISCUSSION

A woman who receives utmost care from all her family members during pregnancy and delivery is deprived of this care once she has delivered the baby, as all the center of attention now shifts towards the newborn. Studies done on postnatal women too, focus mostly on infant feeding and rearing practices but not on the changing dynamics for the mother. Irrespective of socio-economic development and educational competence, mothers are still dictated by traditional customs and practices.

The assessment of dietary practices indicated that the women consumed a variety of foods during puerperium. The consumption of fruits and vegetables was increased by 35.5% of women in contrast to a study done in Mexico where fruits and vegetables (62%) and legumes (20%) were the most avoided food groups.<sup>10</sup> The intake of meat and fish remained the same or had reduced in the present study in contrast to the study done in Hubei,<sup>16</sup> where it was found that the consumption of meat, fish, poultry and eggs was excessive. Early postpartum dietary practices among Saudi women revealed that more than one-quarter (26.7%) had increased intake of vegetables and fruits, while an equal proportion of them (24%) had increased the intake of fish and meat.<sup>11</sup>

The human body is thought to be in equilibrium where a healthy diet should include an adequate balance between hot and cold foods to neutralize each other. The pregnant woman is in a hotter state than normal, and, during delivery, excessive heat is lost. The woman is susceptible to illness due to cold air coming in from outside or by eating cold foods. That is why eating or drinking cold foods (brinjals, mackerel fish among others) represents a greater risk and should be avoided.<sup>10</sup> Similar cultural beliefs about imbalance between hot and cold seemed to exist among Vietnamese culture as well, where warm foods like lean pork, boiled egg, and sticky

rice with turmeric were prescribed to Vietnamese women during postpartum.<sup>18</sup> Foods like brinjal and mackerel fish were avoided in this coastal population too but the reason was different. It was believed that these foods cause – *nanju* (predisposition to infection).

The traditional postpartum convalescent concepts impacted women's postpartum dietary and health behaviors greatly, especially those residing in rural area or being less educated. Higher education level was positively associated with milk and fruit intake, doing physical exercises and not complying with traditional behavior taboos. This was in accordance with the published report by Liu et al from China<sup>6</sup>.

The postpartum women in the present study were aware of vulval and perineal hygiene. Careful hygiene to reduce the risk of infection seemed to be an important belief with respect to the vulval and perineal area even in Fujian Province, China<sup>5</sup>.

In the present study it was found that most women sleep between 6-8 hours a day (59.1%), 49.1% involved themselves in household activities such as cooking, cleaning and washing. Exercises as advised by the doctors were practised by 19.1%. This was in contrast to a study done in Hubei, where 54.9% of the mothers didn't get out of the bed two days after giving birth.<sup>16</sup> The belief that a mother should not do housework for the month following delivery, as she is weak and needs rest was common among Chinese women<sup>5</sup>.

The women in this coastal area were advised to stay back at home for 40 days after delivery. Most women did not go out for walks (86.3%) as they were advised by elders. This was in agreement with the studies from Hubei<sup>6</sup> and India<sup>12</sup>.

The concept of *mane maddu* (homemade medicines/remedies) was unique to this area where the mothers consumed jeera, fenugreek, garlic, ginger, cumin, banana inflorescence and yam in order to hasten the recovery process and increase the quantity of breast milk. Similar practices have been reported by Choudhry where diet including milk, ghee, nuts, and jagerry was recommended. Dried ginger is eaten in the belief that it helps control postpartum bleeding and acts as a uterine cleansing agent<sup>12</sup>.



The richness of the qualitative data could have been enhanced by having group discussions with the spouses of the postnatal women and elders of the family, but could not be planned because of time constraint. Health behavior education should be carefully tailored according to local cultural beliefs in order to achieve better maternal outcomes and could be initiated during antenatal period itself. In conclusion, the present study provided a better understanding of the postpartum practices and the associated factors in the rural area of coastal Karnataka. Certain food taboos and usage of home remedies are difficult to categorize exactly as being harmful or beneficial, while practices such as regular bathing helped in maintenance of hygiene and confinement at home and avoiding visitors could reduce the chances of acquiring infections both by the mother and the child. However, some practices like reduction in the quantity of food intake and the reduction in the amount of milk and water consumption, advocated by elders need to be addressed. These findings may

help health workers utilize and build on traditional beliefs to promote health in the postpartum period as well as provide information to discourage potentially harmful practices.

#### ACKNOWLEDGEMENTS

The study was funded by Indian Council of Medical Research –Short Term Studentship program -STS Ref ID: 2012 – 00707.

We also gratefully acknowledge the support provided by Dr. Veena Kamath, Professor and Head of the Department of Community Medicine, Kasturba Medical College, Manipal University, Manipal, Dr. Asha Kamath, Biostatistician in the Department of Community Medicine, Kasturba Medical College, Manipal University, Manipal, the staff of RMCW Home Alevoor and Mrs. Neelavathi for the conduct of the study.

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