

Postpartumhood: Dietary Practices and Breastfeeding Attitudes among Malays

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ABSTRACT

Postpartum care is influenced by both traditional beliefs and contemporary health care practices. This paper explores mothers' perception of food served in the maternity ward of government hospitals, perception of breastfeeding in public and its relation to postpartum wellness, and the role of Baby Friendly Hospital Initiatives (BFHI) in the promotion of breastfeeding. The respondents for this study were 10 Malay mothers aged between 20 and 40 from different educational levels. They adhered to food restrictions based on the hot-cold theory in their postpartum period. The findings indicate that hospitals, though providing a well-balanced diet, should not ignore traditional dietary practices. This is useful for policy makers, programme managers and health care service providers to provide culturally sensitive health-care interventions. Acceptance of public breastfeeding with discretion is evident among Malay mothers and Baby-Friendly Hospital Initiative is recognised.

Keywords: Breastfeeding, hospital, hot and cold, Malay mothers, postpartum food

INTRODUCTION

Many societies regard childbirth as an important rite of passage where women

enter a new phase of life (Yeh, Liu, Tseng, & Liou, 2013; Rice, 2000). Culture plays an important role in the reproductive health of women (Lundberg & Thu, 2011). There are special rituals and customs held during the postpartum period (Manderson, 1981; Lundberg & Thu, 2011). Many societies have their own special practices and rituals to be followed to shield mothers and newborn babies from danger. A review of the literature showed different postpartum

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practices across Asia (Laderman, 1987; Kaewsarn, Moyle, & Creedy, 2003; Yeh et al., 2013; Sein, 2013, Lundberg & Thu, 2011), in Australia (Rice, 2000) and South America (Piperata, 2008). According to Yeh et al. (2013), in many societies, postpartum care is mainly influenced by both traditional beliefs and contemporary healthcare practices (Yeh et al., 2013).

Among Malaysian women, the confinement period is between 30 and 44 days which involve postpartum ritual such as food taboos (Shariffah Suraya, 2013). During this time, most societies view mothers as weak and vulnerable. According to Laderman (1984), Malay women observe a 44-day confinement period which is called “dalam pantang”. Postpartum food restriction is broadly defined as beliefs and taboos on food that were adhered to during the postpartum period by new mothers which are socially constructed and shaped by perceptions and practices of the culture (Piperata, 2008; Yeh et al., 2013). Certain foods are avoided and even forbidden during the postpartum period (Manderson, 1981; Laderman, 1984; Shariffah Suraya, 2013) and mothers are advised to eat only hot food. Postpartum practices which focuses on avoidance of certain food during confinement, when women’s energy and protein needs are higher, have been well researched and documented (Sein, 2013; Piperata, 2008; Lundberg, 2009; Manderson, 1981; Laderman, 1984).

In an ethnographic study of Chinese, Tamil, Malay and Thai women in Malaysia, Henderson (1981) found that most women

followed traditional practices during the postpartum confinement period. In Thailand, the women follow a number of traditional practices in the postpartum period, including the consumption of hot food and fluids. These practices reflect the traditional Chinese beliefs of ‘yin’ and ‘yang’ (cold and hot) (Kaewsarn, Moyle, & Creedy, 2003). Malaysia has supported breastfeeding initiatives that were developed by the United Nations Children’s Funds (UNICEF). Its ‘*Ten Successful Steps of Breastfeeding*’ motivates hospital staff such as nurses and doctors to properly initiate the first efforts of breastfeeding for mothers within the first 24-hours of childbirth.

Postpartum Care and Breastfeeding in Malaysia

The Ministry of Health statistics on birth rate in 2013 (Ministry of Health, 2014) shows an overwhelming majority of women and babies stay in the maternity wards. Majority of women after believe there should be restrictions on types of food served to the new mother. They consume “hot” or “warm” food and avoid “cold” food for a month after birth to restore their balance (Lundberg & Thu, 2011). The hot-cold classification of food, as observed by all ethnic communities in Malaysia, relates not to the temperature of the food or necessarily to its spiciness or its raw or cooked state, but to its reputed effect on the body. In Malay, Chinese and Indian cultures, food is traditionally thought to play a part in the cause and treatment of disease, and knowledge of ‘hot’ and ‘cold’ food was passed down to family members through

experience (Shariffah Suraya, 2013). During the postpartum period, most people believe that mothers are in the “cold” state as they have loss of hot blood during delivery. Malays believed that certain foods must be avoided or even forbidden during the postpartum period following the humoral theory (Laderman, 1987). Therefore, cold food such as certain varieties of fish and certain fruits and vegetables are removed from the diet of a new mother (Manderson, 1981; Laderman, 1987).

This study explored mothers’ perception of food served in the maternity ward as well as their compliance with traditional food taboos. The findings it is hoped will provide policy makers, programme managers and health service providers to consider culturally sensitive health-care interventions by taking into consideration traditional dietary practices into their food menu plan.

Critical Medical Anthropology (CMA) and the Breastfeeding Self-Efficacy (BSE) are the theoretical entry points for this study. Singer (2004) states that the CMA is a theoretical approach within medical anthropology which focuses on the political economy of health and health care while the BSE theory depicts a woman’s breastfeeding confidence as her belief, expectations (past information, prior breastfeeding experiences and observation) skills and knowledge to breastfeed her child successfully (Dennis and Faux, 1999). The present study directly addresses breastfeeding practices and its importance among Malay mothers. Weaning practices are common in Malaysia because the value of sociability begins at the breasts

(Gottlieb, 2004). Public breastfeeding in Malaysia is a social taboo though Malaysian mothers are cultivated to breastfeed publicly by the media (Mohamad, 2011).

Research Questions

- i. What is the perception of mothers on the postpartum food served in the maternity ward?
- ii. To what extent do mothers comply with the traditional postpartum dietary restrictions?
- iii. How would policy makers and health care providers plan for postpartum food menu served in the hospital’s maternity ward.
- iv. What are the attitudes, beliefs and practices (public breastfeeding) and perceptions of Malaysian mothers on breastfeeding during the postpartum period?
- v. How do mothers view the Baby Friendly Hospital Initiatives (BFHI) in Malaysia?

METHODS AND DATA ANALYSIS

A total of 10 Malay mothers, aged 20-40, were interviewed and purposive convenience sampling was used to select participants. The study was conducted in June 2015 in a government hospital in Perak. The participants were assured confidentiality after they were briefed of the purpose of study. Their educational level varied from secondary school to bachelor’s degree. The gatekeeper for this study was the Chief Nurse at the maternity ward who helped to identify mothers who

met the selection criteria. Questionnaire was constructed to obtain knowledge, perception and breastfeeding attitudes and BFHI efforts among Malay mothers. The interviews were

transcribed using thematic analysis and four themes were generated and supported with verbatim quotations.

RESULTS

Table 1
Profile of the respondents

Name of Mother (anonymous)	Race	Age	Educational Level	Occupation	Nuclear/ Extended Family	Number of Deliveries
Azila	Malay	25	Form 5 (SPM)	Military Officer	Nuclear	First delivery
Amirah	Malay	34	Form 5 (SPM)	Housewife	Extended	Third delivery
Hatin	Malay	40	Diploma	Military Officer	Extended	Second delivery
Bashiriane	Malay	38	Form 5 (SPM)	Housewife	Nuclear	Fourth delivery
Lily	Malay	39	Form 5 (SPM)	Housewife	Nuclear	Third delivery
Khuzaifah	Malay	26	Degree	Government Official	Nuclear	Second delivery
Alia	Malay	22	Diploma	Teacher	Nuclear	First delivery
Syazwani	Malay	25	Degree	Housewife	Nuclear	Second delivery
Emma	Malay	27	Diploma	Government Official	Nuclear	Third delivery
Lisa	Malay	39	Degree	Military Officer	Nuclear	Fourth delivery

Demographic details of the respondents

Table 2
Menu in the maternity ward

Breakfast	Morning	Lunch	Tea	Dinner
Coffee/Tea, bread	Biscuits, Tea/ Coffee	White rice, Fish/Chicken (various dishes), vegetables, fruits	Biscuits, Tea/ Coffee	White rice, Chicken/Fish (various dishes), Soup, Porridge

Perception of Food Served in the Maternity Ward

The hospital provides three main meals daily (breakfast, lunch and dinner) and also two light meals in the morning and evening. The food served meets current nutritional standards approved by the nutritionist. Food served in the maternity

ward, according to the Chief Nurse, is different from food served in other wards. It took into consideration traditional dietary practices. Several foods traditionally eaten during the postpartum period were porridge cooked with black pepper to warm the body. One mother mentioned she consumed food offered at the hospital that she believed were

consistent with the traditional practices, though she avoided other foods that she was unsure of. According to the respondents, they were not informed or given menus listing the food served in the maternity ward. They do not have knowledge on the types of fish and vegetables served to them. One mother mentioned:

“I’m not sure of the type of fish they served me. So, I don’t eat it and it is such a waste.”

Majority of the mothers preferred to select their food based on their knowledge of traditional food practices and acceptable nutritional standards. One of the mothers mentioned that she needed nutrient-rich food to maintain her health and to produce breast milk for her baby. Several mothers believed that it was appropriate to eat high-quality food that contains large amount of protein, iron, including fish and chicken but it should be in accordance with traditional practices.

Dietary Practices: Hot and Cold Food

Traditionally, postpartum women were advised to avoid ‘cold’ food in nature, such as vegetables and fruits. One mother mentioned she only consumed food offered at the maternity ward which is consistent with traditional practices.

“I know I cannot eat something cold. I have grilled fish cooked with black pepper to help my recovery. I also drink coffee to warm my body.”

However, majority of the respondents reported that the hospitals do not strictly follow the ‘hot and ‘cold’ food tradition. Sometimes they were served food not in accordance with the traditional practices. Majority of mothers in this study maintained their traditional dietary practices. Although they believed that they should eat large quantities of food during the postpartum food to help to rebuild their strength, promote their recovery, all the mothers had restrictions on what type of food they would eat. Malay mothers in this study believed that they should consume food in accordance with the hot and cold theory. After giving birth, mothers are considered to be in a ‘cold’ state and they should consume hot food. Snakehead (haruan) fish, anchovies cooked with black pepper, garlic and ginger are regarded as hot and thought to help recovery, encourage expulsion of lochia and stimulate lactation. Most of the vegetables and fruits such as cabbage, mangosteen and cucumbers were considered cold and were not consumed by the mothers.

Although they cannot fully name the exact food under the hot and cold category, all the respondents said that they consumed ‘hot’ or ‘warm’ food and avoided ‘cold’ food during the confinement period to restore their balance. One mother said:

“I know I cannot eat something cold. I have hot rice, black pepper and ginger cooked with anchovies. I believed follow the traditional food taboos will help me to recover faster.”

Follow Mother's Advice on Food Intake

Mothers or mother in laws are sources of information for the new mothers especially regarding the do's and don'ts during the postpartum period. Majority of mothers interviewed did not have an in-depth knowledge on food categorised under the hot-cold theory. Mothers are often consulted for advice on the right type of food to consume. Majority of mothers also stated that they strictly followed their mothers' dietary advice.

"My mother told me that I must eat hot food so that my blood will flow properly. I must avoid cold food because I lost blood from birth. If I eat cold food after birth, my blood would clog. I would be unhealthy and sick all the time."

Although more than half of the mothers interviewed were working mothers, their adherence to traditional food practices indicates that they still follow cultural beliefs and practices of postpartum diet.

Prefer "Home Food"

Majority of the mothers interviewed prefer to consume food brought from home and when asked why, they said that they believed that food prepared by their mothers followed the traditional postpartum food taboos and they can eat them without hesitation. One mother said:

"My husband brought me the food from home. So, I don't eat the

hospital food as I am not sure of the kind of food they served."

Majority of the mothers preferred to consume food from home instead of hospital food. They were very selective in choosing the food that they can consume. Most of the time, the food served was left untouched.

Suggestion for Hospital to Provide Well-Balanced Nutrition Food that is Consistent with the Traditional Practice

All of the mothers interviewed believed that they needed a nutritional and well-balanced diet to help them to recover and maintain their health. However, the food served must be in accordance with the traditional dietary practice. The hospital can serve hot food that were traditionally eaten and which are well-balanced during the confinement period. Although, most of the cold food, such as vegetables and fruit were avoided, the mothers generally believed that vegetables and fruit were important as a source of nutrients. They believed that it was acceptable to select 'neutral' vegetables and fruit and to avoid vegetables and fruit that were cold. For example, according to one mother

"Vegetable and fruits are good for my health...for my balanced diet. So, I chose vegetables and fruit that are 'neutral' such as 'mustard leaves (sawi), apples and orange (Sunkist)."

Breastfeeding Practices and Public Breastfeeding

It was not difficult to gauge the attitudes on and beliefs on breastfeeding. Working mothers opt to breastfeed until a certain period of time.

“I plan to breastfeed for 3 months because I work. Breastfeeding can strengthen the bond between a mother and a child.”

Mona, 33 years, military officer

“I will breastfeed for full 6 months as my breast milk is insufficient.”

Syazwani, 27 years old, housewife

Malay mothers acknowledge the benefits of breastfeeding and the role of the family who is supportive of breastfeeding.

“My husband and his family are supportive of breastfeeding but they understand the demand of my job.”

Mona, 33 years, military officer

The relationship between hot and cold foods with breastfeeding practices is visible in efforts to increase milk sufficiency.

“I eat more vegetables and rice to increase my breast milk but the main challenge is insufficient milk.”

Mona, 33 years, military officer

“I believe in eating spinach and radish to increase my breast milk.”

Syazwani, 27 years, housewife

Malay mothers are open minded when it comes to public breastfeeding.

“There’s nothing wrong in public breastfeeding as there are special baby rooms to breastfed.”

“I have breastfed publicly before and I feel that there should be more support for it.”

“Public breastfeeding is usually shunned by public and many opt to breastfeed in private baby rooms.”

Alia, 38 years, teacher

Malaysian mothers understand the value of breastfeeding but they face challenges such as breast swelling and insufficient breast milk. They often from their own mothers or hearsay of what hot and cold foods to eat and what not to eat during the postpartum period as well as during breastfeeding. There is a strong connection between hot and cold foods with sufficiency of milk. Breastfeeding creates a loving bond between mothers and baby which is also economical.

Baby Friendly Hospital Initiatives (BFHI)

The mothers agreed government hospitals are baby friendly hospitals with written policies on breastfeeding. Nurses promote the benefits of breastfeeding and initiate breastfeeding about half an hour after delivery. Respondents of this study claimed that the hospital does not really practice

in-rooming. Babies were brought to their mothers for breastfeeding; the staff use formula milk to feed infants when they are experiencing health issues. Mothers agreed that the hospital staff and nurses educate them on breastfeeding techniques. Breastfeeding on demand is highly supported by nurses as infants are brought to their mothers during feeding time. Artificial pacifiers are not provided. Breastfeeding support groups in the hospitals though are available for first time mothers, the respondents claim they are unaware of their existence.

DISCUSSION

Almost all Malay mothers in this study followed dietary or food prohibitions during the postpartum period. The results from this study suggest that traditional postpartum practices are still widely observed in Malay society, and thus confirm the findings of similar studies that have been conducted (Kaewsarn, Moyle, & Creedy, 2003; Yeh et al., 2013; Sein, 2013, Lundberg & Thu, 2011). The main reason for food avoidance was for the well-being of mothers and their new-born babies. Food classification was based on their belief system of hot-cold theory. They avoid cold and 'itchy' food and eat a lot of hot food such as pepper, rice and anchovies. Mothers in this study generally did not reject the well-balanced postpartum food but it must be in accordance with their traditional dietary practices. Although the hospital tried to serve a well-balanced diet that is consistent with the traditional dietary practices, there is still room for improvement. Mothers should be advised

on the type of fish and vegetables which are suitable and method of cooking it, so they will not hesitate to consume it.

Mothers in this study also relied on their mothers and mother in laws in choosing the right food to eat during the postpartum period. Postpartum beliefs and practices had been handed down to the women by their mothers, mother in laws or grandmothers. This is in accordance with concept of culture (Erickson, 2008), defined as learned, shared and transmitted knowledge of values, beliefs and life ways of a particular group that are generally transmitted inter-generationally and influence thinking, decisions and actions in patterned ways.

Mothers in this study also suggested the hospital menu must include 'neutral' fruit and vegetables in accordance with their traditional dietary practices.

CONCLUSION

Malaysia has experienced rapid economic and technological development during the last decades. Western bio-medicine has influenced the country and quality of life has improved, and conditions of women have changed (Erickson, 2008). Although these changes may have impact on postpartum beliefs and practices, the beliefs in traditional dietary practices are ignored. They are still widely practised by the postpartum mothers.

In providing well-balanced nutrition to mothers, the hospital should take into consideration traditional dietary practices. The hospital can plan menus that are consistent with traditional dietary practices

without compromising the composition of well-balanced nutrient food to avoid wastage. Therefore, health-care professionals, policy makers, nutritionist need to be given exposed about cultural values in planning the dietary in the hospital.

Hot and cold foods that should be eaten during the postpartum period can vary according to each mother and is based on their knowledge from other family members. Data collected supports the humoral theory where Malaysian mothers take into consideration the types of hot and cold foods that they eat during the postpartum period and foods that promote lactation. Breastfeeding practices among Malaysian mothers show a sense of openness and willingness to share insights on the challenges and motivations they face as postpartum mothers. Public breastfeeding can be accepted by Malay mothers. Evidently, BFHI, with the efforts of the hospital's nurses and doctors plays an important role in encouraging mothers to fully participate in breastfeeding practices and techniques.

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