

# Understanding Traditions for Managing Indian Patients during Pregnancy and Post-Partum

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## Abstract

**Introduction** The Indian society is a traditional society following many customs during pregnancy and post-partum. The study is around understanding the cultural beliefs of educated Indian women around childbirth, prevalent in the society. Since Indians are living in different countries, the understanding of such customs can make it easier for obstetrician or midwife to treat such couples and also give relevant information around the belief. 196 women were given an online survey in English to fill post-partum to document the common beliefs. The questions asked tried to understand background of the patient (age, education, occupation, no of children) and also included questions about common customs and traditions practiced during pregnancy and post-partum. The common Indian traditions were highlighted which are followed post partum and during pregnancy. The study concluded some harmful practices still in use can be discouraged and pregnancy is a good opportunity to counsel the couple about scientific evidence based practice and not just myths. Good practices can be carried on.

- **What is already known on this topic** – Indians have a strong, cultural and traditional practices around child birth. Understanding these practices helps the midwife/Obstetrician in promoting good and healthy practices
- **What this study adds** – The practices in pregnancy and post-partum in educated urban population of India. Many Indians are residing in The UK, The USA and other countries. It helps understand traditional beliefs during pregnancy and post-partum for smoother nine months.
- **How this study might affect research, practice or policy** Around 386 thousand Indians reside in The UAE making it around 38% of population. Hence its important to be aware of cultural practices of the population.

**Keywords:** Indian traditional practices, pregnancy, post partum, Online survey, Customs, urban Indian women.

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## INTRODUCTION

India has a long & varied history and an evolving culture based on the political dynamics of the ruling class. Indian medicine also has a long history, its earliest concepts are set out in the Vedas (sacred writings). The golden age of Indian medicine, from 800 BCE until about 1000 CE, was marked especially by the production of the medical treatises known as the Charaka-samhita and Sushruta-samhita, attributed respectively to Charaka, a physician, and Sushruta, a surgeon. Dietetic treatment & associated rituals were important and preceded any medicinal treatment. However, over a period of time the dietary constraints and rituals were modified, rather than on medical basis but on one's perception/knowledge or as updated by elders in the family. Most of these beliefs are followed

today as well and while some are harmless, there are few which can have bearing on the health of expectant mother (during pregnancy or in post-partum recovery) and in some cases the fetus as well. Understanding the traditional practices during pregnancy and post partum in Indian community can help obstetricians or midwives give a better care to Indian women in those nine months. Indian population is increasing across all countries of globe and this study provides understanding the prevalent practices in Indian pregnant women to help them better.

## METHODOLOGY

To understand prevalence of such beliefs, an online anonymous survey (in English) was created, sent out in April 2023, to women who had delivered from

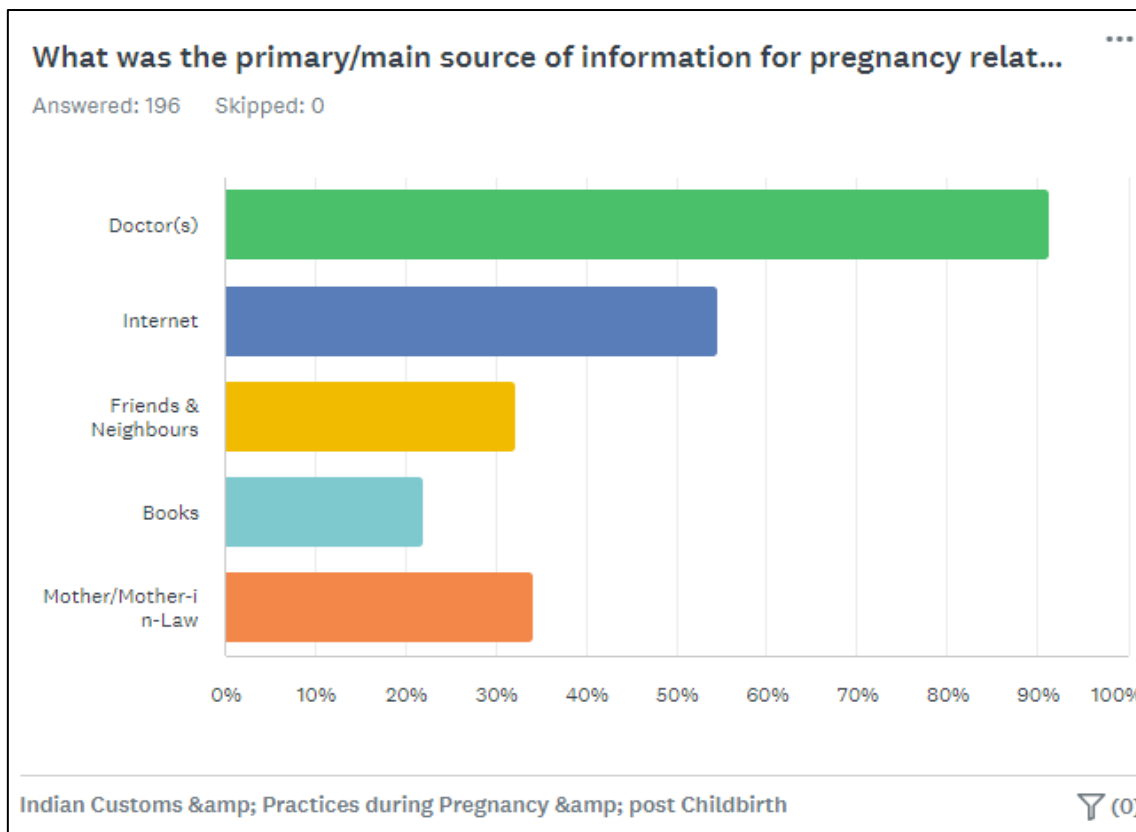
December 2022 onwards under the primary author. The target audience was from Bengaluru, India and primarily from Sarjapur Road area (location of the center). The survey was approved by the ethical committee of the institution as well as included a consent from the patient. The survey contained 17 questions and was administered via email to the patient which included a hyperlink to the survey. The questions asked tried to understand background of the patient (age, education, occupation no of children) and also included questions about common customs and traditions practiced during pregnancy and post-partum.

**RESULTS**

Responses and their analysis are presented below (question by question):

1. Consent (Q1): 196 responses were received. 2 did not provide her consent for using their data for research/ academic purpose, those response has been removed from the findings.
2. Demographics (Q2, Q4, Q5, Q6 & Q7):
  - a. Age Groups: None of the patients was less than 25 years of age, 22% were in the 26-30 age range, 58% in 31-35 & 19% in >35 category

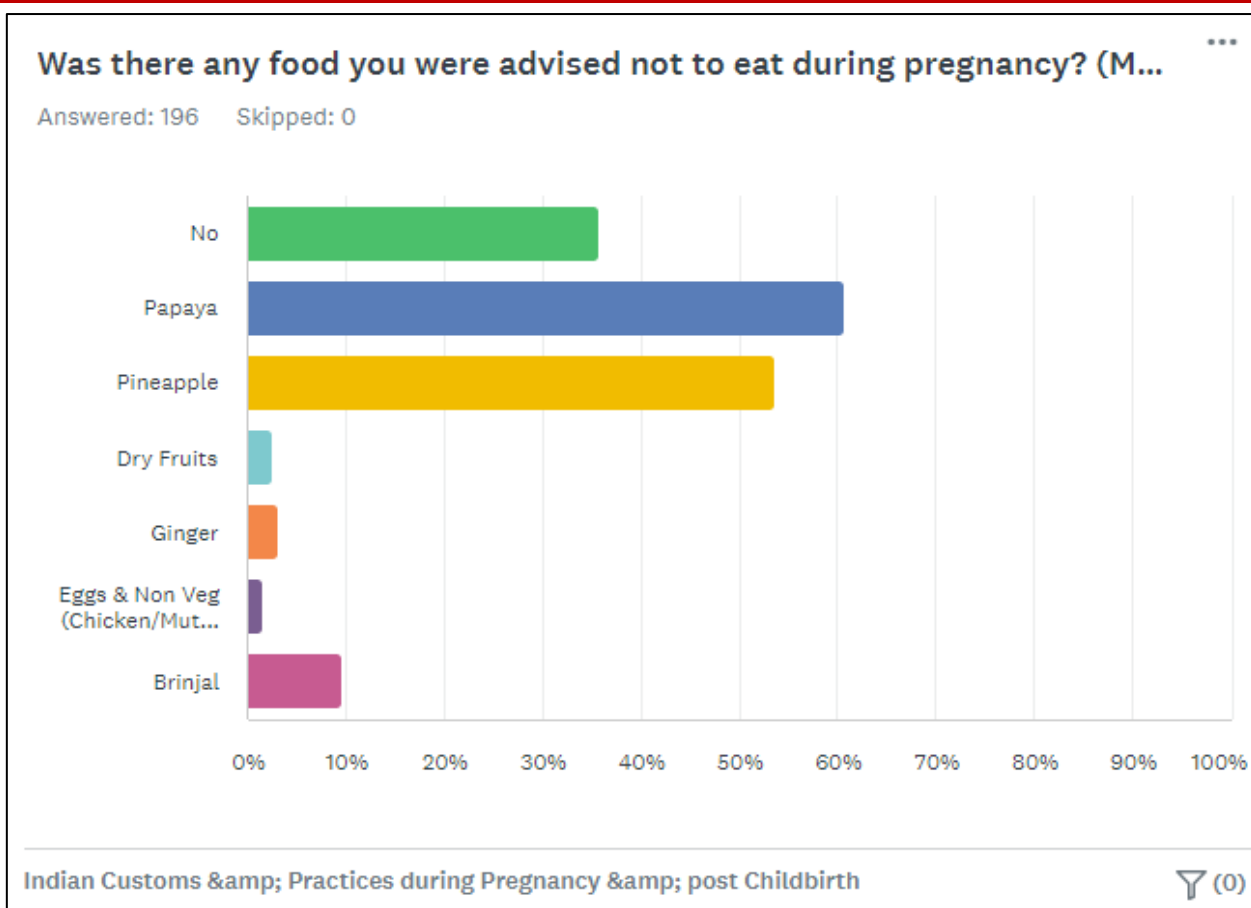
- b. Education Levels: 53% of the respondents were Postgraduate's & 46% were Graduates
  - c. Profession: 885% of the patients were working, while 15% were homemakers
  - d. Religion: 98% of the patients provided their religion while 2% declared themselves as atheists
  - e. Number of Children: 43.3% were primigravida's & 56% were multigravida's
  - f. While there were no further demographic details asked & the sample size/area were limited, one can hypothesize from the above that in Bengaluru, the IT capital of India: education levels are going up, majority of the women are working, women are advancing their age of pregnancy (can also indicate that careers are also being given importance), small nuclear families are increasing and a small minority is also moving away from religion
3. Sources of Information (Q3): Given the education levels of the patients (Q4), it was heartening to note that primary source of information/queries was the doctor followed by Internet/Mother or Mother-in-Law/Friends or Neighbors and lastly Books.



Questions for period during Pregnancy:

4. Dietary Beliefs (Q8): Despite lack of medical basis/evidence, beliefs around food were found to be very strong. Most common myth(s) were advised against consumption of Papaya (60%), Pineapple

(53%) followed by Brinjal (10%), Ginger and Dry Fruits (~3% each). Positive outcome was that 37% of the respondents were not advised any dietary restrictions.



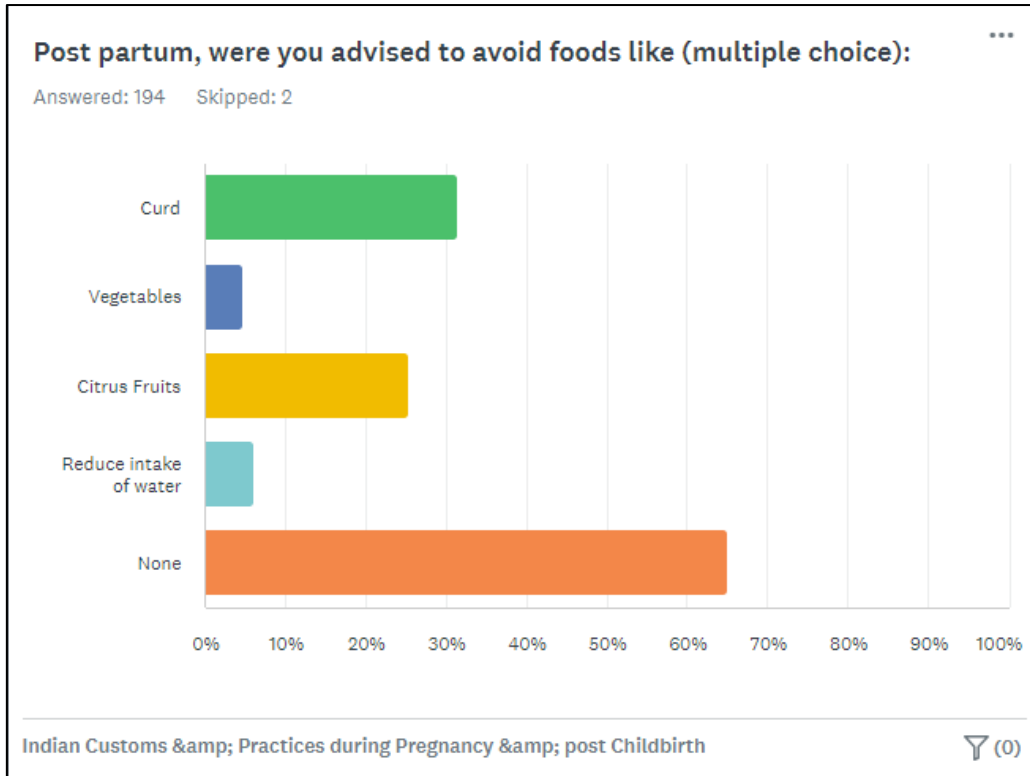
- Physical Activity (Q9): Surprisingly physical activity was not considered a taboo in majority (63%) of the patients however there were still instances of avoiding exercise in pregnancy. Close to 18% of respondents were advised to totally avoid any physical exercise, 11% were advised to avoid walking during first 3 months/ 19% were advised not to take stairs and 22% were advised to avoid travel (specially flights).
- Ultrasounds during pregnancy (Q10): Medical research has proved the utility of ultrasounds for aiding a healthy pregnancy as well as evidence of not harming the fetus in any way. However, there are still proponents of against leveraging ultrasound technology during pregnancy (15% of the respondents). It is important to note that no patient in the doctors care ever refused an ultrasound, which also shows that patients are not bound to myths/beliefs
- Iron consumption during pregnancy (Q11): India's fixation with fair skin isn't confined to marriages and myths around avoiding iron during pregnancy so as to have a fairer child

also exist. Education is the tool that seems to be eradicating such myths/practices from society and it was heartening to note that only 1 respondent reply with a "yes" to this question.

- Increased consumption of Ghee/Butter (Q12): Traditional belief says that if one increases consumption of ghee/ butter in last few weeks of pregnancy, it will aid in having a vaginal delivery and will also aid in reducing labour pains. 36% of the respondents confirmed that they had received such advice.
- Epidural during labor (Q13): Close to 18% patients confirmed that they were advised against taking epidural (as it might cause back pain) or were scared of epidural.

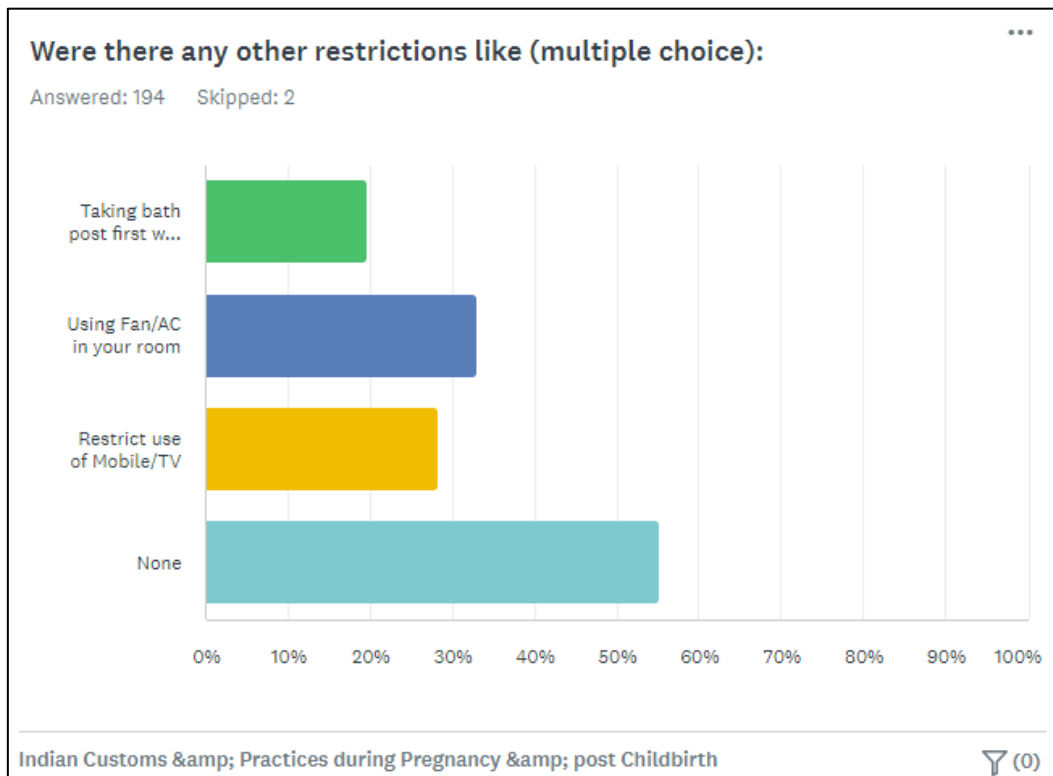
#### Questions for post-partum period:

- Dietary restrictions post-partum (Q14): A healthy 65% confirmed that they had no restrictions, however others reported being told to avoid food like Curd (31%), Citrus Fruits (25%), Vegetables (5%) and even reduce intake of water (4%).



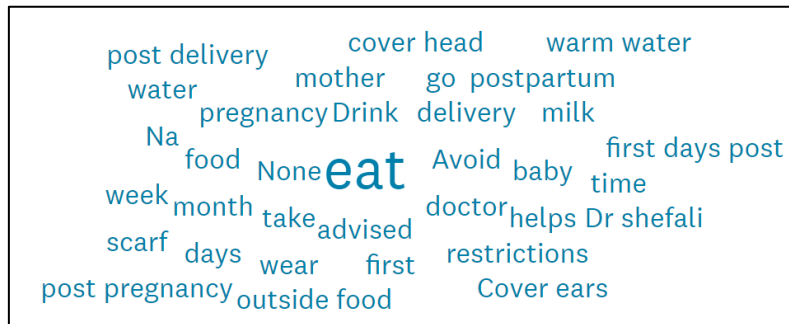
11. Post-partum dietary recommendations (Q15): While 40% of the respondents confirmed they were not advised anything specific to eat, close to 50% confirmed advise for ghee/goond ladoo, 48% for dry fruit ladoo & another 43% for increased consumption of ghee/butter.

12. Other restriction post-partum (Q16): 55% respondents confirmed there were no restriction, around 32% were advised against using Fans/AC's, 28% were advised against using mobile/watching TV and 19.5% were not allowed to take bath post 1 week of delivery.



13. Any other practices/restrictions during pregnancy & post-partum (Q17): This question required a free text response and 75 respondents

gave verbatim feedback, world cloud of which is given below followed by verbatim statements:



- Eat a lot of carbs as in eat for multiple. Zero importance to fibre and proteins in the diet. Avoid using diet recommended by dietitian as it was new age and was different from traditional practices. Avoid speaking to people after surgery. Keep body covered with scarf, and other woollen clothes in normal temperature*
- Postpartum, keeping head and body covered, not brushing teeth were also advised.*
- Post delivery-Always cover head and ears with scarf, wear sweater, heat the body by sitting near charcoal fire. Drink only warm water. Be constrained to room with baby, not to come out of room till at least 3 months. Don't use toothbrush or comb as teeth and hair would get loosened up. Always wear socks/chappal. Take bath with very hot water both for mother and baby. Not to touch or be near husband. Eat soft, warm food.*
- Cover head all the time with a scarf. -Don't eat anything sour/cold as it might lead to cough in the baby - Don't eat foods which might cause gas in the baby, like cauliflower, rajma, besan, etc. - Don't sit cross-legged when pregnant during a solar/ lunar eclipse. Just lie down in 1 position. - Drink hot water (preferably ajwain water) only after delivery to avoid digestion problems - Consume lots of milk/dairy products. - Don't make the new born wear new clothes till 40 days of age. Use pre-loved clothes only. - Drink lots of juices during pregnancy*
- Drinking ajwain warm water for a month 2. Not allowed to do any household chores/walks for a month. 3. Drink 1 lit milk a day (helps improve milk production) 4. Eat ajwain and dry ginger with ghee and Jaggery for first week after delivery*
- Some neighbors advised to take postpartum massage and there are specific Jappa ladies for it. Some advised to lukewarm ajwain water instead of normal water. They believe that this water helps in recovering the wound of the stitches. Some believe that CS mothers get weaker back and are more prone to lower back ache and weight gain. The tummy not getting back to shape after delivery happens mostly for CS mothers. Eating sabudina kheer, saunf, methi and milk for more milk supply. Consuming dry ginger to get relief from gastric and bloating.*
- Couldn't go to sleep in morning. I shouldn't eat all veggies only selected one I should eat.*
- Advised to have all hot foods, like ginger, papaya, methi - post partum and avoid them during pregnancy*
- Restrictions after postpartum:- Not allowed to go out after childbirth for atleast 21 days. Wear woollens all time. No outside food or food which can cause indigestion/gastric(esp besan or chana,diff types of vegetables etc) Drink carom seeds infused warm water till 3 months.*
- Not to go out for atleast forty days, need to take masur dal 3 times*

## DISCUSSION

India is the second most populous country in the world and thereby contributes a large percentage in maternal and neonatal nutrition, morbidity and mortality. Public health approaches are targeted towards accessibility to hospitals, availability of trained birth attendants, emergency obstetric care. However, we also need to pay attention to community practices and traditional belief which shape the behavior of expecting mothers during pregnancy and later in upbringing and medical care of the neonate. Since we have a strong culture and tradition-based society, we need to be aware of the common practices during pregnancy and

childbirth and try to slowly change unhealthy practices as primary care givers [1].

Last two to three decades have seen lots of interest in knowing the traditions and culture in low to middle income countries to provide suggestions which will be accepted easily. The Indian population is inhabiting different countries and hence the Indian practices should be known and understood by care givers In The UK, The US and other European or African [2] countries. Majority of these studies have been done in rural India. However, India is changing and as education and awareness is sweeping the interiors of India, many practices are getting abolished. Our study included modern practices followed by educated women In Tech city of India – Bangalore.

Since our study population included educated women mostly working in IT sector, it did not reflect traditional beliefs practiced in India. However, the main source of information still comes from mothers and mother-in-law who are in smaller cities. Majority of population in Bangalore is migrant population coming from various cities of India for job. Understanding the cultural belief of a population helps in advising and correcting some of behaviors in the population. For example, it is strongly believed in India that having Ghee or butter close to delivery helps in easy delivery. Once obstetricians are aware of this belief, they can counsel the patients around it, the lack of benefit, the harm it can cause and help in changing the practice [3]. Once these mothers today later educate their daughter or daughter in laws, they will be more liberal in their views and more yielding. Slowly changes are set over generations myths are replaced with scientific evidence.

Post partum – the Indians are strict and unyielding about post-partum practices. The women are confined to room and not allowed to come out for 6 weeks in some communities. The food is restricted to watery dal and some vegetables. Fruits, citrus, many vegetables are restricted [4]. Curd (although a good source of nutrients) is majorly restricted. Women are left hungry and asking for food with belief that it will be safe for baby, and it will help her uterus ‘shrink’ faster. Another common belief is to decrease water intake. It supposedly helps reduce the tummy. However, we do see a fair bit of urinary tract infections due to this practice. Constipation and poor lactation are also the effects seen due to this practice.

The practice of eating Ghee sweets (laddoo) and mixture of dry fruits might not be harmful as such. However, since it is a universal practice in India, the overweight, obese, diabetic, or hypertensive mothers are fed similar laddoo leading to persistence in Blood pressure or high sugars. Many women put on more weight after delivery than during pregnancy inviting further PCOS, metabolic syndrome and diabetes in later life.

Many communities do not allow the post-partum mothers to take bath for first 6-14 days. Many a times when we pick up infection from surgical site (SSI) poor hygiene is found to be a contributory factor. I remember a post-partum woman complaining that her mom in law used to stand outside bathroom door to monitor that she should not take bath or wash her face. The mothers are not allowed to use fan or open window. They are supposed to cover their ears so that air doesn’t get in them. It all believed to help in faster recovery.

Many communities don’t allow women to come out of their rooms for first 6 weeks. Lack of social interaction has increased incidences of post- partum depression, cited around 22% by Upadhyay [5].

## CONCLUSION

Understanding age old community practices are important as patients and her family’s behaviour can be dependent on such beliefs. However, one needs to apply the right discretion and ensure good practices are encouraged while superstitions and harmful practices should be avoided [6]. Doctor as a primary care taker can play an important role in slowly dissipating the myths by having joint discussions with the patient and her mother/mother-in-law. Pregnancy is experienced relatively few times in one’s lifetime and all family members should ensure that they provide the right environment or support to the patient so as to make it the most joyous time of one’s life. First understanding the traditional beliefs and then working towards dissipating the harmful practices will help improve the experience and outcome of pregnancy.

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