Original Research Paper



Obstetrics & Gynaecology

TRADITIONAL HEALTH AND FOOD PRACTICES DURING POST PARTUM PERIOD IN KASHMIR

Dr. Rehana Rashid	Senior Resident, Department of obstetrics and gynaecology, GMC Srinagar, Jammu and Kashmir.	
Dr. Shazia Yousuf	Senior Resident, Department of obstetrics and gynaecology, GMC Baramulla, Jammu and Kashmir.	
Dr. Javid Ahmad Sofi*	Senior Resident, Department of General Medicine, Sharda Hospital, Greater Noida, UP. *Corresponding Author	

ABSTRACT Pregnant women and their families expect the post partum period to be a happy time, characterized by the joyful arrival of a new baby. In India, across cultures, the post partum period is given much emphasis. The time is meant for the mother to recuperate after childbirth and for mother-newborn bonding. The holistic approach approach to the post partum period acts as a preventative to post partum depression. A mothers support system should be nourishing and supportive in such a way that she is able to get all help and affection she needs in order to heal well both physically and emotionally after delivery. The traditions post child birth across the world vary depending on the respective country and the tribe. While some are modern, some techniques are old and passed on across generations to make sure the mother receives utmost care, attention and rest to recover. The current paper deals with traditional food and health practices during post-partum period in Kashmir. The study highlights the age old practice of confinement of mother for 40 plus days and the ceremonial bath taken after the baby is delivered.

KEYWORDS: Pregnancy, Childbirth, Post-partum period

INTRODUCTION

The postnatal period is a significant phase in the lives of mothers and babies. It is a time of adaptation to parenthood, of the development of secure attachment for the neonate and young infant, and a time where bonds can develop within the family and with the community Specific maternal mortality/morbidity data relating to the postnatal phase is limited; however, recent figures indicate there are an estimated 303 000 maternal deaths annually resulting from complications related to pregnancy, childbirth or the postnatal period (2). The majority of these deaths occur postnatally, with post-partum haemorrhage (PPH) the most common cause of maternal death (3). Neonatal data are more widely available and recent estimates indicate there are almost three million neonatal deaths (deaths in the first 28 days after birth) each year, most of which are preventable (4). By definition the postnatal period is the phase of life immediately following childbirth. Its duration is culturally variable, but the first six weeks after childbirth is common cross-culturally, and the WHO defines the postnatal phase as beginning immediately after the birth of the baby and extending for up to six weeks (42 days) after birth⁽¹⁾. To achieve the aim of both thriving and flourishing, as well as surviving, it is important that mothers and families are supported and enabled to experience the optimal start in life with their newborn (1). However, the postnatal period is a neglected phase of maternity care with more emphasis and resources placed on antenatal and intrapartum care (5). Childbirth an important event in the life of a female is a period of transition and social celebration in many cultures, signalling an adjustment of cultural responsibilities (6). In most non-Western cultures, women receive special attention and care during this period. In any community, childbirth is a critical period of life and response towards childbirth varies from culture to culture (7)

Traditions In Kashmir:

Traditionally, medicinal and aromatic plants have been used both for consumption and therapeutic use in Kashmir for many years. The nursing women are traditionally asked to follow a particular lifestyle and dietary regime which is a lot different from the diet and lifestyle they maintain before and after post-partum period as in China ⁽⁸⁾.

Post-Partum Phase in a Kashmiri society is characterised strongly by the traditional food and health practices that are collectively known as "Losse-Toan" where the word "Losse" means Nursing woman and "Toan" means "Care."

The period of post-partum is marked by the following practices:

- 1. Confinement
- 2. Diet
- 3. Therapeutic Bath

Confinement

The period of nursing is marked by confinement of mother and the baby. This has also been reported in many other communities in Asia which is done for enhanced care and prevention of infections to the duo (9). Confinement practices have been linked to later maternal health conditions such as postpartum depression (10, 11). The period is characterised by strong social support for the mother usually provided by female relatives and midwives that severely restrict her activities catering to her needs as in other non-western cultures (12). During this phase women are advised to wear loose, long body covering clothes that would keep them warm.

Diet

Special attention is paid to diet of women in post-partum phases. It is of critical importance because her diet has direct bearing on her own health and indirectly the baby. There is a common belief in the region that the diet of a woman during this phase determines the quality of milk produced. The "hotness" and "coldness" of foods determines the choice of foods to be included in per day menu. It is almost a universal practice to avoid cold foods like fresh fruits and vegetables, cold foods and plain water (13). After delivering the baby, a woman is fed light diet of nun chai or the Kashmiri pink salt tea with biscuits. Mutton soup with roti or rice is fed at meal times. Seasonal fruits and vegetables are included in diet. Hund (Taraxacum officianale) and Bathua (Chenopodium album) are weed herbs which are profusely fed to the nursing woman. It is believed to have therapeutic properties that strengthens back and builds up haem in blood. The above diet plan is strictly followed for the first forty days. Gradually, as the mother recuperates normal meals are added into the diet in order to restore normalcy and to acclimatize the nursing mothers body to regular meals.

Therapeutic Bath

The period post delivery of the baby is known as post-partum period which is generally defined to begin one hour after the delivery of Placenta lasting six weeks (14). This therapeutic bath comprising of several herbal plants practised post delivery of baby. Traditionally, it is taken on the fortieth day after delivering of the baby. This is the first bath that a nursing woman undergoes after delivering. Nearly 8-10 herbs constitute the herb grass heap or what is called "Losse Ghassa" in kashmiri. The word "Losse" in Kashmiri means "nursing woman" and "Ghasse" means grass. The herbs are procured from the Bohris or the Traditional Health Practitioners who run specialised shops selling herbal plants and medicines. The herbs are then boiled strongly in water in traditional copper vessels called the "Deg or the Degchi" which are a common utility in every rich or poor household of Kashmir. After boiling enough to extract a decoction of various herbs, the water is poured in buckets for the nursing woman to bathe in.

Usually, the "Losse" sits in the water and foments herself with some of the grass that is deliberately left in this water. This bath is believed to be extremely therapeutic that enables Losse to overcome general weakness, regain body vigour lost during ante-natal phase and delivery, prevent further illness later in life like bone or muscle ache. After the bath, the woman is tucked into a bed which is well quilted and warm. Utmost care is taken to avoid exposure to cold which can render the whole exercise of bathing useless. As per the humoral medicine, pregnancy is seen as a hot state; with parturition heat being lost during delivery the woman comes into a state of excess cold, and during the postpartum period, care should be taken to restore the mother to equilibrium'

Given below is the list of herbs used for preparing the water for

S.No	Scientific Name	Local Name	Part used
1.	Adiantum venustrum	Gyav Theer	Stem and leaves
2.	Oreganum vulgare	Wan Babbar	Leaf and stem
3.	Paenia emodi	Maed Sath	Bark
4.	Tagetus eretus	Gul-e-Tesu	Dried Flower
5.	Phyllanthus Emblica	Amla	Dried fruit
6.	Curcuma longa	Lyedar Gandr	Root

CONCLUSION:

Positive postnatal experience is one in which women are able to adapt to their new self-identity and develop a sense of confidence and competence as mothers, adjust to changes in their intimate and family relationships, including their relationship to their baby, navigate ordinary physical and emotional challenges, and experience the dynamic achievement of personal growth as they adjust to the 'new normal' of motherhood and parenting in their own cultural context. Effective, culturally appropriate family, community and professional support and activities can help women to overcome the exhaustion, and physical, emotional and psychological stress of the early postnatal period. despite the fact that the modern times are greatly influenced by advances in science and technology, our findings revealed that the health and food practices during the vulnerable period of pregnancy and lactation are kept rather traditional. The post-partum phase encompasses period of confinement marked by a special diet therapy followed by the herbal, therapeutic bath. This period makes judicious use of local flora for consumption and therapeutic use. There is strong focus on diet which is wholesome nutritious and homemade.

REFERENCES:

- World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization, 2018. Available at https://apps.who.int/iris/bitstream/handle/10665/ 272603/9789241514064-eng.pdf?ua=1
- WHO, UNFPA, World Bank Group and the United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health
- Organization, 2015.

 Say L, Chou D, Gemmill A, Tunc, alpO", Moller A-B, Daniels J, et al. Global causes of maternal death: a WHO systematic analysis. The Lancet Global Health. 2014; 2(6):e323–e33.https://doi.org/10.1016/S2214-109X(14)70227-XPMID: 25103301 Lawn JE, Blencowe H, Oza S, You D, Lee ACC, Waiswa P, et al. Every Newborn: progress, priorities, and potential beyond survival. The Lancet. 2014; 384(9938):189–205. https://doi.org/10.1016/S0140-6736(14)60496-7. Sacks E, EV L. Postnatal care: Increasing coverage, equity and quality. Lancet. 2016; 4(7):442–3. https://doi.org/10.1016/S2214-109X(16)30092-4. Steinberg, S. 1996. Childbearing research: A Trans-Cultural Review. Social Science and Medicine 4 1765-1784
- Medicine 4, 1765-1784.

 Marshall, L.B. 1985 Infant Care and Feeding in the South Pacific. Gordon and Breach
- Science Publishers, New York.
 Liu N., Mao L., Sun X., Liu L., Chen B. & Ding Q 2006. Post partum practices of
- erperal women and their influencing factors in three regions of Hubei, China, BMC Public Health 6, 274
- Kim-Godwin YS. Postpartum Beliefs and Practices Among Non-Western Cultures.
- MCN, The American Journal of Maternal/Child Nursing, 2003; 28(2): 74–8. Grigoriadis S, Erlick Robinson G, Fung K, Ross LE, Chee CYI, Dennis C-L, et al., Traditional postpartum practices and rituals: clinical implications. Canadian journal of psychiatry Revue canadienne de psychiatrie. 2009; 54(12): 834. Bao W, Ma A, Mao L, Lai J, Xiao M, Sun G, et al., Diet and lifestyle interventions in
- postpartum women in China: study design and rationale of a multicenter randomized controlled trial. BMC public health. 2010; 10(1):103.
- controlled that. BMC public health. 2017, (1):103.

 Kim-Godwin YS, postpartum beliefs and practices among non-western cultures. MCN, The American Journal of Maternal/Child Nursing. 2003; 28(2): 74–8.

 Boer H. De. and Lamxay V. 2009. Plants used during pregnancy, childbirth and postpartum health care in Lao PDR: A Comparative Study of the Brou, Saey and Kry ethnic groups. Journal of Ethnobiology and Ethnomedicine.
- Blenning C.E and Paladine H. 2005. An Approach to post-partum office visit. American Family Physician 72, 2491-2498
- Roasting M.L. 2003 Smoking and Dieting: Malay Confinement in Cross Cultural Perspective. In: The Manner Born: Birth Rites in Cross Cultural Perspective (de L Dundes), pp. 137-159. Walnut Creel, CA: Altamira Press.