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# A COMPARATIVE STUDY TO ASSESS FOOD PRACTICES AMONG POSTNATAL MOTHERS IN SELECTED RURAL AND URBAN COMMUNITY OF KAMRUP DISTRICT, ASSAM

Nursing

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## ABSTRACT

A good postpartum care and well balanced diet during puerperal period is very important for the health of a woman. Since the fetus development and childbirth process is a natural phenomenon in continuity of human life, but the various groups of public with its culture in the whole world have multifarious perception, interpretation and behavior response in implications to health. A descriptive study design was adopted with 60 postnatal mothers of both urban (30) and rural community (30) which were selected using convenient sampling technique. The study found that postnatal mothers must be made aware of food habits (frequency of food eating and food taboos) to avoid nutritional deficiencies during a very crucial phase of her life as well as her child.

## KEYWORDS

Food practice, Food taboos, postnatal mothers

## INTRODUCTION

Postpartum maternal health care influences the health of both the mothers and their children greatly. Like prenatal care, the postpartum health care that is typically provided during the six-week period after childbirth is very important to the mothers' health.[1] Pregnant women in India are bombarded with so many advices and suggestions that they in point of fact end up being puzzled about what to eat and what not to eat.[2] World Health Organization describe postpartum period as the most critical and yet the most neglected phase in the lives of mothers and babies; most deaths occur during the postnatal period (WHO, 2014).

Food taboos are common among around all societies of world, which are particularly perceptible during the pregnancy and lactation period.[3] We have taken up the study in view of the fact that very minimum data is available on the dietary intake of postpartum nutritional practices in Assam among rural and urban women.

## GENERAL OBJECTIVE:

A comparative study to assess food practices among postnatal mothers in selected rural and urban community of Kamrup District, Assam.

## SPECIFIC OBJECTIVES

a) To examine the existing food practices during post natal period of mother.
b) To study the beliefs, practices and superstitions towards food intake during postpartum period.

## MATERIALS AND METHOD

**Study design:** Quantitative (Descriptive)

**Study setting:** Rani CHC (Rural) and Pandu FRU (Urban), Kamrup district, Assam.

**Study Population:** The study population consists of postnatal mother.

**Sample size**: The sample consists of 30 postnatal mother of rural and 30 from urban community.

**Sampling technique:** Convenient sampling technique
**Tool used:** The tool consist of three sections
**Section I:** Demographic data
**Section II:** Frequency of meal taken in a day
**Section III:** Food Taken and avoided and its beliefs

## DATA COLLECTION PROCEDURE

Permission has been taken from the Joint Director of Health Service, Kamrup Metro and Rural, Assam. Informed consent has been taken from the participants and they were explained about the purpose of the study. Data were collected from Rani CHC (Kamrup rural) and Pandu FRU, (Kamrup Metro), Assam in the month of September, 2018.

## ANALYSIS AND FINDINGS

### SECTION I: Demographic data

**Rural community**

- **Age distribution:** 46.70% women are in the age group of 20-25 years, 46.70% women are in the age group of 25-30 years and 6.60 % women are in the age group of 30-35 years
- **Educational status:** 3.33% are illiterate, 40% are primary school, 33.33% are high school, 13.40% are higher secondary and 10% are graduates and above.
- **Occupation:** 90% are housewife and 10% are private employee.
- **Family income:** 70% are having Rs 5001-10000, 26.70% are earning below Rs 5000, and 3.30% are having family income of Rs 10001-15000.
- **Type of family:** 63% women are from Joint family and 37% women are from nuclear family.

**Urban Community**

- **Age distribution:** 63.33% women are in the age group of 20-25 years, 26.67% women are in the age group of 25-30 years and 10 % women are in the age group of 30-35 years
- **Educational status:** 16.67% are illiterate, 33.33% are primary school, 33.33% are high school, 10%are higher secondary and 6.67% are graduates and above.
- **Occupation:** 73.34% are housewife, 23.33% are government employee and 3.33% are having business.
- **Family income:** 23.30% are earning below Rs 5000, 70% are having Rs 5001-10000, and 6.70%, are having family income of Rs 10001-15000.
- **Type of family:** 47% women are from Joint family and 53% women are from nuclear family.

### SECTION II: Frequency of meal taken in a day

**n=60**

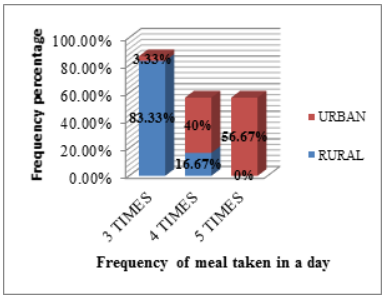


**Figure 1: Percentage distribution of postnatal mother in terms of meal taken in a day**

The data represented in the figure 1 shows that meal taken

- 83.33% of rural mother takes 3 times a meal in a day while in urban it is only 3.33%.
- 16.67% of rural mother takes 4 times in a day while in urban it is 40%, and
- 56.67% of urban postnatal mother takes a meal 5 times a day

**Section III: Food Avoided During Postpartum And It's Beliefs**

**Table I: Foods Avoided During Postpartum**

| Food Items | Belief | Duration Of Food To Be Avoided |
|---|---|---|
| RURAL | | |
| Rice | Causes constipation, uterine involution will be delayed | 1-2 months |
| Egg | Causes dysentery in the child | 1-2 months |
| Mutton | Causes uterine prolapse and constipation | 2 months |
| Mustard oil | It leads to Diarrhea | 1-2 months |
| Yam | Allergy, itching | 1 month |
| Brinjal | It will lead to itching over the wound | 1 month |
| Pumpkin | Baby will have loose stool | 2 months |
| Chilli | Baby will have loose stool, burning maturation, abdominal pain | 6 months |
| Raw mango | Causes profuse bleeding | 1-2 months |
| Tarmarind | Umbilicus of the baby will not heal and cause profuse bleeding | 1-2 months |
| Pineapple | It delays in healing of wound | 1-2 months |
| URBAN | | |
| Bread | Gas formation | 1-3month |
| Mutton, Chicken and Fish | Formation of Keloids and uterine prolapsed | 1-3month |
| Ghee, Butter and Refine oil | It causes loose stool for the baby | 1.5 month |
| Yam | Itching in the private part | 3 month |
| Brinjal | Itching in the wound | 3 month |
| Pumpkin | It will not heal the wound | 1.5 month |
| Chilli | It causes burning micturition, abdominal pain | 1-3 month |
| Tamarind | Causes profuse bleeding | 1-3 month |
| Pineapple | It delay healing | 1-3 month |

## DISCUSSION

The findings of the resent study have been discussed below:

**Demographic profile of the participants:**

- In rural 46.7% of the participants are from the age group 20-25 years and 46.7% from the age group 25-30 years where as in urban majority of the participants are from the age group 20-25 years.
- In rural the majority 40% mothers studied till primary school whereas in urban 33.33% mothers studied till high school.
- In both rural (90%) and urban (73.34%) majority of the participants were housewives.
- In rural majority i.e. 63% participants were from joint family and where as in urban majority i.e. 53% participants were from nuclear family.

**Beliefs for the food avoided during postnatal period**

**The result of the present study demonstrated:**

Mothers from rural area do not consume rice, mutton because they believe that it will cause constipation and uterine prolapsed. And they also do not consume fruits and vegetables like yam, brinjal, pumpkin, raw mango, tamarind as it will cause itching over the wound and delay the healing process. Chilli causes burning maturation.

The result of the study is similar with a study conducted by Shrestha K on food practices among postnatal mothers in a hilly township Chainpurin northeastern Nepal revealed that Garlic, Black paper and Chilli causes abdominal pain, burning urine and bleeding. Banana, Papaya and Mango develops common cold-like manifestations in both mother and child. Green vegetable, Pumpkin, Green bean, Gourd, Tomato etc. believed to be "cold" food; therefore, causes diarrhea and cough in both mother and child.[2]

The present study shows that both urban and rural postnatal mothers have almost common beliefs regarding postnatal diet like they should not consume mutton as it will cause uterine prolapse, ghee butter will cause loose stool, brinjal and pumpkin will cause itching over the wound and tamarind will cause profuse bleeding and will delay the healing process.

A study conducted by Bhakta A, Mani S on cultural, social, religious beliefs & practices in pregnancy among postnatal women revealed that beneficial belief is present more (93%) among rural postnatal women than urban postnatal women 83%. Harmful beliefs are also same in rural area (79%) and in urban area it is 74% regarding consumption of papaya, pineapple, egg mutton etc as it is not good for both mother and baby.[4]

The present study shows that the participants believed that fish should not be consumed as it will cause uterine prolapse and bread consumption will lead to gas formation.

A study was conducted by Shariffah Suraya Syed Jamaludin among 55 Malay women on beliefs and practises surrounding postpartum period. The study revealed that the new mothers were asked to eat food considered hot and avoid those considered cold. The foods that were most commonly classified as taboo were vegetables, fruits and certain fish. Meat and fish were regarded as hot and were thought to enrich the blood, help recovery, encourage expulsion of the lochia and stimulate lactation. Similarly, acidic foods such as pineapples, mangoes and vinegar may cause slow recovery of the uterine and difficulty for the womb to regain its original size. Gas inducing food such as fern shoots, corn, cassava, sweet potatoes and pumpkins may cause relapse and hemorrhage. Spicy foods, oily and fatty foods should be avoided. Similarly, icy drinks should be avoided because it can cause the veins and womb to become swollen.[5]

## CONCLUSION

It can be concluded that postnatal mothers must be made aware of food habits (frequency of food eating and food taboos) to avoid nutritional deficiencies during a very crucial phase of her life as well as her child. Further studies can be done on a large scale to find out food practices of different ethnic groups and communities on our society sothat effective ways to raise awareness among new mothers can be devised.

## RECOMMENDATIONS

Antenatal and postnatal clinic should be carried out sensitization programmes on “Nutrition and health care” for the care required during postpartum. Some visits should include postnatal visits to follow up and guide women to contemporary practices, thereby enabling women to correct eating habits. Furthermore, as well as future studies are necessary to explore the relationship between dietary practices and health outcomes for women.

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