



TRADITIONAL POSTPARTUM CARE PRACTICES IN SEVERAL ASIAN COUNTRIES: A SYSTEMATIC REVIEW

Nurdiana Lante^{1*}, Muh. Syafar², Syamsuar Manyullei³, Yahya Thamrin⁴, Shanty rizkiyani⁵, Andi Nilawati⁶

¹ Doctoral Program of the Department of Public Health, Faculty of Public Health, Hasanuddin University, Makassar, Indonesia

² Department of Health Promotion and Behavioral Sciences, Faculty of Public Health, University Hasanuddin, Makassar, Indonesia

³ Department of Environmental Health, Faculty of Public Health, Hasanuddin University, Makassar, Indonesia

⁴ Department of Occupational Safety and Health, Faculty of Public Health, University Hasanuddin, Makassar, Indonesia

⁵ Department of Health Promotion and Behavioral Sciences, Faculty of Public Health, University Hasanuddin, Makassar, Indonesia

⁶ Department of Midwifery, Graduate School, Hasanuddin University, Makassar, Indonesia

Abstract

Background: Traditional postpartum care practices in several Asian countries have become an important part of local culture and heritage but have not been studied systematically.

Objective: This study aimed to restructure the existing information regarding traditional postpartum care practices in Asian countries to provide a more comprehensive understanding.

Methods: A systematic review involved five stages: identifying the research question, identifying relevant studies, selecting studies, charting data, collating, summarizing, and reporting results. To identify relevant studies, a systematic search was conducted using the PubMed, SCOPUS, Google Scholar, and Proquest databases for articles published between 2013 and 2023. Data from the included studies were charted using a standardized data extraction form. The form includes information on the Subject, Country, Findings.

Results: The findings show that traditional postpartum care practices in West and East Asia include avoiding certain foods, limiting activities to bed rest in South Asia and Central Asia, and that postpartum mothers apply unsafe practices based on cultural beliefs because of the costs and lack of awareness. In Southeast Asia, in general, they adhere to the traditional understanding of health and disease in the postpartum period, which is centered on warming the body, steaming



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through diet, and other heat applications, which are understood as ways of preventing postpartum disease. They carried out this practice to respect traditions and follow the advice of their parents.

Conclusion: The postpartum care practices of Asian countries vary regionally, posing potential risks. Improving standards and collaboration, focusing on women's education and local maternal–child health service providers, is crucial for improving maternal health.

Keywords:

Postpartum care, postpartum cultural practices, postpartum traditions, Asian countries, Systematic Review

Background

Global maternal deaths were estimated to be 303,000 during and after pregnancy and childbirth in 2019. 94% of these maternal deaths occur in developing countries, including several Asian countries, due to preventable causes during pregnancy and childbirth (Alkema et al., 2016). The postpartum period is a period of concern, because more than 60% of maternal deaths occur during this period (Symonds et al. 2023). Improving access to quality maternal healthcare services, skilled birth attendants, and emergency obstetric care is crucial in reducing maternal mortality rates in developing countries (Nelson et al., 2022; Nyamtema et al., 2022). Raising awareness about the importance of postpartum care and early detection of complications can help save mothers' lives (Yosef et al., 2023).

Targets that *set Sustainable Development Goals include reducing the maternal mortality ratio to less than 70 deaths per 100,000 live births by 2030 (Nguyen et al., 2022).* The main causes of death are postnatal hemorrhage (PPH), infection, high blood pressure during pregnancy, and unsafe abortion (Cholishotin, 2023; Sitaula et al., 2021; Zenebe et al., 2023). The risk of maternal death can be reduced through family planning, better access to high-quality antenatal, intrapartum and postnatal services by skilled health personnel (Ekwuazi et al., 2023; Utomo et al., 2021)

While postnatal care practices aim to restore normal function of the sexual and reproductive organs, major changes occur during the postpartum period in the body, which determine the mother's well-being and hope for a healthy future (Adams et al., 2023; Finlayson et al., 2020). Normal feedback mechanisms in the human body involve promotion of wound healing and weight loss (El-Zayat et al., 2019). Complications can arise and, if not treated effectively, can cause health problems and death in the mother. Postnatal care is a worldwide priority program aimed at preventing maternal mortality and for aesthetic purposes (Beňová et al., 2023; Konje et al., 2022; Lythgoe et al., 2021).

On the other hand, various postpartum care practices occur in society due to the many sociocultural beliefs and traditional cultural practices that have long been inherited, making it difficult to implement standard programs that serve women postpartum. However, it is also not fully understood how these postpartum beliefs and practices affect women's health because within ethnic groups, each family inherits a different intensity of beliefs and practices and the possible dangers of these practices (Derakhshani et al., 2023; Jp et al., 2023; Siregar et al., 2021). Despite

long-standing and well-established practices in society, their impact and safety issues are unknown (Dwivedi et al., 2023; Lindhout & Reniers, 2021).

The current high incidence of maternal mortality in several Asian countries means that research related to cultural practices in postpartum care is still very important, so that the standard series of postpartum care is not neglected (Aryastami & Mubasyiroh, 2021; Omer et al., 2021). Increasing postpartum services requires attention as a strategy to improve maternal health. Communities need to understand potentially harmful cultural habits and beliefs so that health education programs can be implemented to deter women from using harmful practices (Buser et al., 2020; Mokhtari et al., 2018; Wulandari et al., 2022). Policies are needed to understand the impact of culture on postpartum care practices so that they can design intervention programs through cultural communication and be accepted by the community (Lemasters et al., 2020; Nurhidayah, 2023).

This study aimed to restructure existing information regarding traditional postpartum care practices in Asian countries to provide a more comprehensive understanding. The novelty of this study lies in how researchers summarize traditional postpartum care practices in several regions of Asia by looking at the findings presented. It is also hoped that this study will provide deeper insight into traditional postpartum care practices in Asia and enrich the maternal and child health literature. In addition, it is hoped that the results of this literature review can become a basis for developing more effective health interventions in postpartum care in Asia.

Methods

The Systematic Review of the Literature This review was conducted to identify cultural practices in postpartum care in several Asian countries and follows a rigorous methodology to ensure the validity and reliability of the findings. The methodology of this systematic review follows the framework developed by Arksey and O'Malley (2005) and involves five stages: (1) identifying the research question; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; and (5) collating, summarizing, and reporting the results.

Identifying the research question

The research question for this Systematic Review was as follows: What are the cultural practices of postpartum care in several Asian countries? The research question was formulated to guide the search for relevant studies and to ensure that the review was focused and relevant.

Identifying Relevant Studies

To identify relevant studies, a systematic search was conducted using the PubMed, SCOPUS, Google Scholar, and Proquest databases for articles published between 2013 and 2023. Keywords for the search process consisted of two domains, namely "Postpartum care in the Asian region" (postpartum care OR postpartum) AND "Traditional postpartum practices" (postpartum culture in Asian countries, OR postpartum cultural practices in Asian countries). This literature review did not limit the type or design of the research.

Selecting Studies

Studies that investigated the identification of cultural practices in postpartum care in several Asian countries were included in this Systematic Review. Studies must be published in English and include human participants. Studies were excluded if the article did not discuss culture, was not from Asian culture, or was not related to traditional postpartum care. Two reviewers independently screened the titles and abstracts of all the identified studies to determine their eligibility for inclusion. Full-text articles were obtained for all studies that met the inclusion criteria or were uncertain of eligibility. The same two reviewers independently assessed the full-text articles for inclusion in this review. Any discrepancies between reviewers were resolved through discussion and consensus.

Charting the Data

Data from the included studies were charted using a standardized data extraction form. The form includes information on the Subject, Country, Findings. The data extraction form was designed to ensure that all relevant information was captured and that the data were consistent across studies.

Collating, Summarizing and Reporting Results

Finally, the findings from the included studies were collated, summarized, and reported in the scoping review. The data were synthesized to identify common themes, patterns, and gaps in the literature. The results of the scoping review were reported in a clear and concise manner. The findings were presented in an easy-to-understand and interpretable manner. The results are also presented in a manner relevant to clinical practice and can provide evidence-based recommendations for traditional postpartum care practices. We graded each study using the levels of evidence proposed by the 2011 Oxford Center for Evidence-Based Medicine levels of evidence (Table 1).

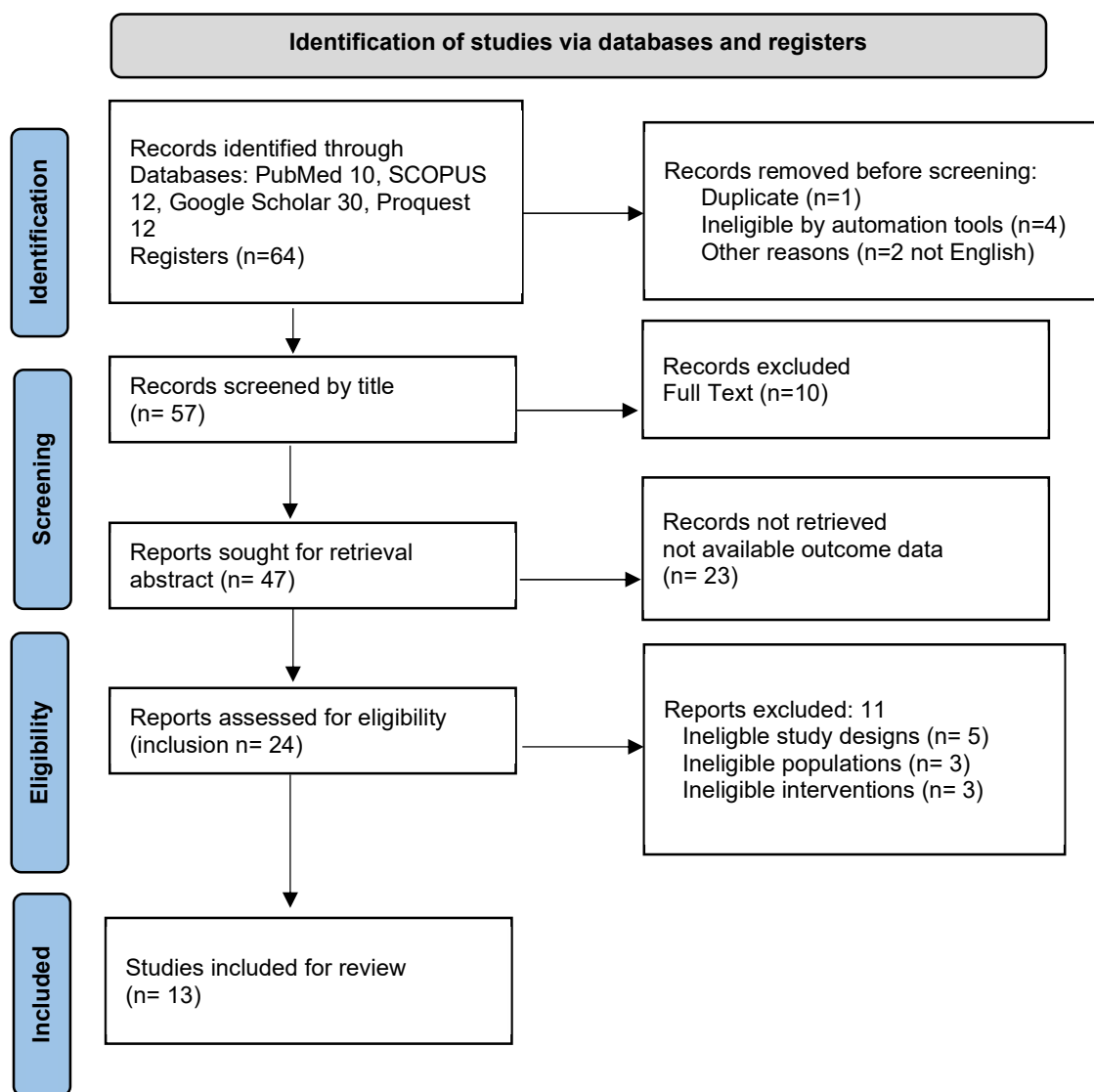


Figure 1. PRISMA flow chart for article selection

Results

An initial search combining all keywords yielded 64 article titles. Records screened by title (57), reports sought retrieval abstracts (n= 47), reports assessed for eligibility (inclusion n= 24), and studies included for review (n= 13) (See Figure 1). The studies in this research were conducted in Asian countries with various postpartum care practice methods in different regions. This study

divides Asian countries into five parts (West Asia, East Asia, Central Asia, Southeast Asia, and South Asia). Found 4 articles conducted in West and East Asia, four in South Asia and Central Asia, and five in Southeast Asia.

Table 1. Review of research related to traditional postpartum care practices in West Asian and East Asian countries

Authors	Subject	Country	Findings
(Zhao et al., 2022)	Postpartum mother	China	Shows that the majority of women in China undergo traditional postpartum practices and there is a significant relationship between cultural practices related to dietary regulation with the incidence of postpartum depression
(Vo & Desai, 2021)	Postpartum Mother	Korea, Taiwan, Vietnam	Lack of social support in appropriate choices for postnatal care can have a negative impact on the well-being of mother and baby.
(Nguyen et al., 2022)	Postpartum mother	China	Shows that respondents believe postpartum practices cause stress but are beneficial for postpartum recovery. Practices include yin and yang as well as postpartum mothers' practices of bed rest as long as possible, avoiding certain foods, avoiding visitors and social activities.
(Okka et al., 2016)	450 mothers who have given birth	Türkiye	Participants consciously did not consume nutrients that were believed to be unsuitable for pregnant and postpartum women and were believed to affect the sex of the baby, waiting for the first call to prayer to start breastfeeding.

Table 2. Review of research related to traditional postpartum care practices in South and Central Asian countries

Authors	Subject	Country	Findings
(Jamee et al., 2022)	Pregnant women,	Bangladesh	This research reveals that appropriate maternal health services during pregnancy and postpartum can increase the level of

	postpartum mothers		good care practices. Apart from that, the educational level and religion of the head of the family are significant to good postpartum practices
(Singh et al., 2022)	Women aged 15-45 years, gave birth within the previous 5 years	India	Receiving quality postpartum services by skilled providers reduces the odds of maternal and neonatal death compared to those who do not receive standard postpartum care
(Sultana & Shaikh, 2015)	Postpartum mothers with children aged 0-1 months	Pakistan	Mothers are not interested in standard postnatal care services available in hospitals and are more concerned with the culture they believe in. This is caused by several factors, including the inability to pay the high costs of postnatal care in hospitals, lack of information about the benefits of standard postnatal care, and concerns about the lack of attention and support provided by medical personnel in hospitals.
(Sinha et al., 2014)	Mothers who gave birth to a baby within the previous 7 months	India	Found that overall sample, 60% of mothers implemented fewer than three safe practices during postpartum. This was based on cultural beliefs and midwifery. Apart from the lack of supervision by midwives and transportation challenges for referrals

Table 3. Review of research related to traditional postpartum care practices in Southeast Asian countries

Authors	Subject	Country	Findings
(Fadzil et al., 2016)	Postpartum mother	Malaysia	There is belief in and adherence to food taboos, use of traditional postpartum massage and postpartum concoctions and care performed by older female family members.

(Abdul Ghani & Salehudin, 2018)	Postpartum mother	Malaysia	There is no significant relationship between sociodemographic data and the postpartum quarantine period, there is a relationship between the number of children and the prohibition on oily food, there is a relationship between age and the practice of body scrubs, and cultural practices very significantly influence postpartum care.
(Bazzano et al., 2020)	Women who have children under 6 months of age	Cambodia	In general, they adhere to a traditional understanding of health and disease in the postpartum period which centers on warming the body, steaming, through diet and other heat applications which are understood as ways of preventing postpartum disease.
(Thet et al., 2016)	Postpartum mother	Myanmar	Postpartum practices balance traditional and modern practices, many limit the intake of certain foods, mothers-in-law have very strong beliefs in providing postpartum care which sometimes goes against health regulations.
(Ros et al., 2018)	Postpartum women, husbands, birth attendants, village heads and health workers	Laos	Participants explained that there was no need for antenatal care if they felt healthy, the need to warm the body by grilling with hot coals after giving birth and the belief that preparing for birth was a bad sign or taboo.

Discussion

Findings in East and West Asian countries show that women in China undergo traditional postpartum practices, and that there is a significant relationship between dietary regulation and the incidence of postpartum depression. This study highlights the important role of diet in women's mental health after childbirth (Zhao et al., 2022). The diet of pregnant women also has a significant impact on their mental health during pregnancy and the postpartum period (Naaz & Muneshwar, 2023; Yelverton et al., 2022; Yu et al., 2023). Therefore, special attention needs to be paid to balanced and nutritious food intake for pregnant and breastfeeding mothers to prevent postpartum depression. Nutritious food can help maintain the mother's physical and mental health as well as

improve the overall quality of family life (Miller et al., 2022). Nutritious foods are high in fiber, protein, vitamins, and minerals, such as green vegetables, fresh fruit, whole grains, and lean meat (Cena & Calder, 2020). In addition, it is important to avoid processed foods high in sugar and saturated fat, which can affect the mental health of pregnant and breastfeeding women (Lane et al., 2024; Puig-Vallverdú et al., 2022). A lack of social support in appropriate choices for postnatal care can have a negative impact on the well-being of mothers and babies (Vo & Desai, 2021). Therefore, it is important for families and communities to provide adequate support for new mothers. Social support can help reduce the risk of postpartum depression and improve overall wellbeing.

In East and West Asia, findings show that postpartum practices cause stress, but are beneficial for postpartum recovery. Practices include yin and yang, as well as the postpartum mother's practice of lying down as long as possible, avoiding certain foods, visitors, and social activities (Nguyen et al., 2022). Postpartum practices involving yin and yang, as well as postpartum maternal practices of bed rest can help in recovery after giving birth. Avoiding certain foods, visitors, and social activities can also help reduce the stress that may arise (Plowright et al., 2024). In postpartum practice, it is important to pay attention to the balance between rest and proper nutrition, so that recovery after giving birth proceeds smoothly. By maintaining a calm environment and avoiding stress, postpartum mothers feel more comfortable and focus on the healing process (Garapati et al., 2023). A unique culture also occurs in Turkey, where participants consciously do not consume nutrients that are believed to be unsuitable for pregnant and postpartum women and that are believed to affect the sex of the baby, waiting for the first call to prayer to start breastfeeding (Okka et al., 2016). They also believed that breastfeeding the baby immediately after the first call to prayer would provide blessings and protection for the child. Breastfeeding immediately after giving birth can accelerate the bonding process between the mother and baby and increase breast milk production. Breastfeeding is also believed to help mothers recover more quickly after giving birth (Wen et al. 2020).

Findings in South and Central Asia show that mothers are not interested in the standard postnatal care services available in hospitals and are more concerned with the culture they believe in. This is caused by several factors, including the inability to pay the high costs of postnatal care in hospitals, lack of information about the benefits of standard postnatal care, and concerns about the lack of attention and support provided by medical personnel in hospitals (Sultana & Shaikh, 2015). Meanwhile, in the overall Indian sample, 60% of the mothers implemented fewer than three safe practices during the postpartum period. This was based on cultural beliefs and midwifery. In addition, midwives lack supervision and transportation challenges for referrals (Sinha et al., 2014). **A lack of safe practices during labor can lead to an increased risk of complications and death of the mother and baby (Çalik et al., 2018; Franchi et al., 2020; Vedam et al., 2019). Therefore, it is important to continue to improve our understanding of and access to safe midwifery practices in India. Greater efforts are needed to increase the awareness and accessibility of safe obstetric practices in India to reduce the risk of maternal and infant complications and death. Measures such as midwife training, improving health**

infrastructure, and community advocacy can help improve safe midwifery practices in the country (Dzomeku et al., 2021; Griffin et al., 2023; Musaddiq, 2023; Sangy et al., 2023).

In Malaysia, there is a belief in and adherence to food taboos, the use of traditional postpartum massage and postpartum potions, and care is carried out by older female family members (Fadzil et al., 2016). Taboos against nutritious foods in pregnant women will result in nutritional deficiencies that can negatively impact the health of the mother and fetus (Abere & Azene, 2023; Amare et al., 2022; Ramulondi et al., 2021; Tela et al., 2020). Therefore, it is important to provide appropriate education regarding healthy eating patterns during pregnancy (Kebbe et al., 2021). In addition, traditional postpartum massage has not been scientifically proven to improve a mother's recovery after giving birth, so it is necessary to consider providing alternative treatments that are more effective (Perlman & Carusi, 2019). In addition, it is important to pay attention to safety and health aspects in carrying out postpartum care so as not to pose a risk to the mother and baby. The care of family members by older people after giving birth is also unwarranted and can pose health risks to the mother and baby (Agrawal et al., 2022). Therefore, it is recommended to follow the recommendations of competent medical personnel to provide postnatal care.

Cambodia generally adheres to a traditional understanding of health and disease in the postpartum period, which centers on warming the body, steaming through diet, and other heat applications, which are understood as ways of preventing postpartum disease (Bazzano et al., 2020). **The application of body warming and steaming is believed to help restore energy balance in the body after birth. In addition, a healthy diet and the application of heat are also considered important for speeding up the mother's recovery process after childbirth. Meanwhile, in Laos,** the need to warm the body by grilling it with hot coal after giving birth and the belief that preparing for birth is a bad omen or taboo (Ros et al., 2018). These cultural clashes demonstrate differences in beliefs and practices regarding postnatal care between different societies. This emphasizes the importance of a culturally sensitive approach to providing health services to postnatal mothers.

The findings of this literature review show that almost all regions of Asia have different postpartum care practices, generally adhering to traditional understandings of health and disease, although some balance traditional and modern practices. The treatment consists of drinking concoctions, rubbing or washing the genitals, limiting certain foods and activities, and the practice of warming the body or grilling with hot coals, which is believed to prevent postnatal illnesses. Treatment options are determined by women's socioeconomic status, education level, and cultural beliefs (Zhao et al., 2022). From the results of research conducted in Cambodia, there are many restrictions and recommendations that women should not perform during pregnancy and the postpartum period. Some traditional postpartum care practices that are applied are potentially dangerous because they are carried out without a logical basis. From a health perspective, this needs to be changed (Culture Care Re-orienting/Restructuring) in postpartum cultural care to abstain from eating because it can affect the mother's nutrition and breast milk in meeting the baby's needs (Nguyen et al., 2022)(Siregar et al., 2021).

The postpartum period is the time of healing and change (Chamberlain et al., 2019). During this period, the reproductive organs slowly returned to their pre-pregnancy state. A diet with sufficient calories, protein, and adequate rest is needed to help this process. Abstinence from eating during the postpartum period can cause serious problems for the mother's nutritional status, quality, and production of breast milk, especially restrictions on the amount of water that the mother can consume during the postpartum period (Ramulondi et al., 2021; Sebeta et al., 2022). Several studies have reported that there are no contraindications for providing nutrition after delivery. Mothers must receive good nutrition by adding calories—200-500 calories from their pre-pregnancy needs (Bazzano et al., 2020; Marshall et al., 2022).

Postpartum mothers must know the form of self-care that will be carried out in a healthy manner according to health standards to prevent infection and death during the postpartum period (Adams et al., 2023; Nchimbi & Joho, 2022). Useful knowledge of postpartum care can be disseminated to mothers in order to expand their knowledge. Therefore, they are able to differentiate between good and bad to ensure that their health is guaranteed (Beraki et al., 2020). Good postnatal care practices can be encouraged among mothers, especially to reduce complications during labor and the postpartum period (Onwuka et al. 2023). Although there is evidence of the importance and benefits associated with optimal utilization of postnatal care from various sources, the adoption of these services remains very low and varies across regions and countries (Abdurrahman, 2017; Bala & Roets, 2022; Konje et al., 2021; Sacks et al., 2022).

Cultural influences in this review are beneficial, but some are detrimental. The right strategy is needed, and does not offend cultural values. not only promotes health, but also helps them understand the process of disease and complications and how to straighten out the beliefs or culture they hold in relation to health (Xing & Jin, 2023). Medical personnel are required not only to be able to provide health services from promotive, preventive, curative, and rehabilitative aspects, but also to be able to correct beliefs held related to different health and become an important image for professional health workers in the local area (Bhatia, 2021; Gizaw et al., 2022). The grouping of several countries in Asia based on region in this review generally includes developing countries, and there is no literature on cultural practices in developed countries in Asia, such as Singapore and South Korea. This finding is relevant to the low maternal mortality rate in the country.

This study is very important to support the development goals of the Sustainable Development Goals. Findings from various countries in Asia require great attention because postpartum complications are one of the main causes of death. Postnatal care interventions are recommended to reduce maternal deaths globally, and health workers should be able to diagnose problems and prevent potential complications with appropriate interventions. From the results of the review, it is clear that there are several detrimental practices for efforts to improve health education through culture-based health literacy, and it is hoped that this review will help achieve improvements in maternal health.

Conclusion

This review shows that cultural beliefs, norms, values, and the socio-economic status of women influence postpartum dietary and physical practices. Each region in several Asian countries has certain traditional practices for postpartum care, and there are some differences between regions. Although there are practices that allow for complications due to extreme postpartum care practices, there are also traditional postpartum care practices that are beneficial for the health of postpartum mothers. The prevention of postpartum complications through care according to health service standards can indirectly reduce the number of maternal deaths. Improving socioeconomic status, women's education, and health services according to standards by midwives, and supervision of traditional postpartum care practices through maternal child health providers in the local area can prevent detrimental cultural practices.

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