ETHNOGRAPHICAL STUDY OF POSTPARTUM PRACTICES AND RITUALS IN ALTIT HUNZA

Rabia Hussain 1, Zubair Ahmed 2, Pari Bano 3

1 Behavioral Scientist, Behavioral Sciences Department, Karakoram International University, Gilgit, 2 Anthropologist, Behavioral Sciences Department, Karakoram International University, Gilgit, 3 Masters Student, Behavioral Sciences Department, Karakoram International University, Gilgit.

Corresponding Author:
Rabia Hussain
Behavioral Sciences Department, Karakoram International University, Gilgit
rabia.hussain@kiu.edu.pk

Abstract: Postpartum, a critical period for both mother and new born baby, entirely changes the life of a woman. This study aims to understand the perception of postpartum, the postpartum practices and rituals in Altit Hunza community, the nutritional regime for the mother and her new born baby, the cultural and health barriers faced by the women during the postpartum period, and to understand their knowledge related to biomedical health care system. Ethnographical and descriptive study was carried out through focus group discussion, interviews and observations. Findings revealed that cultural beliefs strengthen postpartum practices of these women and newborn babies but sometimes these may increase the risk of various problems related to newborn baby. Women who observe cultural traditions and have strong gendered kin support express less symptoms of postpartum depression, easily restore their bodily energy and experience healthy life with their new born babies. In addition, experienced women and dais (traditional midwives) have indigenous knowledge and facilitate women in nutrition and utilization of herbs in prenatal and postnatal care. The effective postpartum practices and rituals based on the specific cultural perspective usually minimize the devastating effects of postpartum in Hunzai women. Further anthropological studies are suggested at the community level.

Key Words: Cultural, Dais, Ethnographical, Hunza, mother, midwives, postpartum, postpartum practices, postpartum rituals

INTRODUCTION

A postpartum period (or postnatal period) is the period beginning immediately after the birth of a child and extending for about six weeks. Both mother and new born baby entails postpartum care that is the care of mother and new born baby after delivery till 40 or 42 days. 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). The woman facing first time of postpartum period, entirely changes her life like emotional, physical, psychological, social and economical. Effective postpartum care is essential to maximize survival of mothers and new born regardless of where woman delivers (Sunanda & Paul 2013). Sometimes this postpartum period has devastating effects on mothers, infants and families in the form of postpartum depression. Postpartum depression (PPD) is common among women in Pakistan, with a prevalence rate ranging from 28 percent to 63 percent, placing it among the highest in Asia (Gulamani, Shaikh, & Chagani 2013). Several factors contribute to the development of PPD in Pakistan, including environmental, cultural and social factors. Cultural and traditional postpartum practices, values and beliefs play an important role in the medical attention-seeking behavior of postpartum mothers as well as in newborn babies during the postnatal period’s traditional and cultural practices followed which affect the newborn (Reshma 2014). Postpartum practices begin immediately after a woman gives birth to a new born baby. These practices have been in existence in all parts of the world. Similarly, placental rituals and other birth-by rituals are common in various societies. These rituals often include culturally determined behavioral sequences which operate as anxiety-releasing mechanisms and they serve to offer a spiritual means of ‘control’ over the future health and welfare of mother, child, and even the community (Bogaret & Ogunbanjo 2008). Much of the woman’s behavior during the postpartum period is strongly influenced by her cultural background. There are many such practices, rituals, beliefs and offerings which either
protection or harm then health of the mother and fetus in utero.

Altit Hunza is a mountainous town of Hunza Valley with great historical, cultural and architectural significance and located at an elevation of around 2200 meters. Hunza’s dialect is Brushushki and belongs to Ismailia community. People of this valley highly dependent on their community structure, cultural beliefs and natural environment. As Altit Hunza surrounding by high mountains, the people especially women and children are vulnerable to the medical and transport facilities, consequently the people prefer to follow their traditional customs, cultural beliefs, and rituals. This study aims to understand the perception of postpartum, to understand the postpartum practices and rituals in Altit Hunza community, and to identify the postpartum care and the nutritional regime for the mother and her new born baby. This study, however, also fosters the cultural and health barriers faced by the women during the postpartum period and their knowledge related to biomedical health care system.

METHODOLOGY

This qualitative research was carried out in Altit Hunza by using ethnographical data collection tools and techniques; focus group discussion, interviews and observations to get an understanding of the socio-economic and cultural context of postpartum practices, beliefs, rituals and traditions that influence women and her new born baby by using snowball sampling technique. Twenty interviews were conducted and three focus group discussions (eight women participated in each focus group discussion) were conducted on the basis of these inclusion criteria: a) new mothers who firstly experience postpartum period; b) old women who have better experience and information about traditional postpartum practices and rituals in Hunza Community; c) women who have minimum three children. The narratives were translated from Brushushki to English language for the understanding and analysis purpose. The analysis has been done on the basis of the women narratives and themes.

ANALYSIS & DISCUSSION

Postpartum period is a growing or transitory period for the newly born baby, delivered mother and the others members of the family, this new phase requires a fabulous changes. Majority women respondents’ perception about postpartum period is that pregnant women have different thoughts related to their selves, body image, and sex of the baby and future planning of newly born baby. In Hunza, postpartum is a social as well as a personal event and has meaning well beyond the simple physiological events which mark it. In early times people of Altit mostly handle such issues by applying local or indigenous methods of postpartum practices. As cultural health practices that depended on the cultural health beliefs and knowledge of mothers influenced the care of their newborn infants. This influence can interfere with health practices in a way that may harm the baby, such as swaddling and salting the infant. However, this influence can also have a positive impact as breastfeeding, but it is not exclusive breastfeeding. Traditional postpartum beliefs and practices are also commonly reported as influencing continued breastfeeding to six months after birth (Rossiter & Yam 2000; Chen 2010; Dennis & Fung 2007).

Due to the vision and superstitious belief of ancient people of Altit were unusual they had no accurate idea about life and its very existence, so on the basis of vision and superstitious belief they had given a sacrifice of male ox or goat, before and after the birth of the child and this every activities was performed on the roof of the house as well as on the main gate of the home. The obscure secrete laid behind performing such an action was to remove the difficulties from the path of the newly born baby and admitted the fact that this sacrifice would he protect and safeguard to the baby throughout his life and entire existence. Respondents shared that, in old times, majority newly born children died due to mismanagement and difficulties in child birth while tacking such critical incidence at home and if the child was born without any complexity, then this child was considered as having God’s blessings, a good fortune and destiny.

In Hunza community, dai (traditional midwife) assist elderly experienced women in the delivery of pregnant women in a specific room at home. These Dais have indigenous knowledge and address women in labor, delivery, and prenatal and postpartum as well as provide herbal massage for the newborns and the mother. Sometimes these das facilitate women in nutrition and utilization of herbs in prenatal and postnatal care. They also provide medical health services and advise female-related problems, abortions, and infant illnesses. Most of the midwives have indigenous knowledge and work independently in a formal health care system. They may or may not have formal training or biomedical training but these
dais have been characteristically recognized by Hunza community as trusty women who have accepted a spiritual calling. This also highlighted by (Walsh, 2006) in Guatemalan traditional midwives study. The dais were first recognized as a tool to serve state interests in the late colonial period, from 1858 onwards (Arnolds 1993) but to date, there are no ethnographic studies of dais or local community midwives in Pakistan. Anthropological conceptions of Pakistani dais are particularly influenced by what is written about South Asian dais in India Bangladesh, and Nepal (Rozario 1998; Jeffery and Jeffery 1993; Pigg 1995). These studies have emphasized the low social status of dais and their role in “birth pollution” at the time of childbirth. They point to the dais’ lack of expertise and minimal involvement in prenatal and postpartum care of women. In addition, Hunzai dais also provide herbs for the care of the mother in order to restore the body energy and increase in breast milk. In Africa, precisely in Igboland the indigenous people used roots and herbs which were obtainable in their ailments for caring of their women and babies both at the ante-natal and post-natal stages (Ejikeme & Ukaegbu 2013).

In early times, there was no concept of specific food for pregnant women like egg or soup which would be beneficial for the health of the newly delivered women. It is believed that the only piece of grain bread improved their health and removed the severity of the pain. Traditional rituals regarding food are still benefiting, using indigenous food like oil, butter, mutuk, moul and chamuriki during postpartum period helps in improving maternal and child health. Majority women agreed that local food is better for prenatal and postnatal period. The dietary prohibitions play a central role in the practice of postpartum period. Mostly food is classified into two broad categories; ‘hot and cold’. In addition, certain foods distinguished as gas-inducing, itch-inducing, acidic and poisonous food. Some foods, particularly certain varieties of fish and vegetables, can cause digestive disorders and postpartum hemorrhage for the new mothers. Therefore these foods are often removed from the diet of a new mother. It is also related with the study of Jordanian community (Jamaludin 2011) similar findings was highlighted. The importance of diet and rest was expressed by many of the mothers (Condon et al. 2003; Schlickau & Wilson, 2005) as well as prioritized care for the maternal body over specific practices related to caring for the infant including feeding (Chen 2010; Groleau et al.’s 2006). Many women emphasized on traditional postpartum practices related to diet, rest and body care to ensure that their body had the energy to produce enough breast milk.

Respondents added that mother-in-law is responsible for overall rituals and practices of child birth. In the absence of mother-in-law all those responsibilities perform by mother of pregnant women or sister. All dirty products and material which are specifically concerned to postpartum period buried under a soil by making small pit, extra-care is given to hide off those clothes or rugs. They hurriedly buried these things in order to avoid from embarrassment; it means that all those things were kept in obscurity so that no external world is the people beyond from the circle of relationship could comment on them. Studies shows that women’s traditional beliefs and practices were often different from those they observed in their new social context and what they learnt from health professionals in the host country. For some women, contradictions and conflict occurred when family and friends took on the dominant cultural practices of the host country and the new mother was somewhat torn between her own more traditional beliefs and those of key family members such as the mother-in-law (Choudhry & Wallace 2012; Condon, Ingram, Hamid, & Hussein 2003; Ingram, Johnson, & Hamid 2003).

Almost postpartum practices are changed in the present era but those houses, few rituals are in practice where old women are present. After the birth of the child any expert of the family cut the umbilical cord of the child and use boiling water give bath to baby to ensure safety from germs and bacteria, after that they wrapped him/her in the piece of cloth. Furthermore, after the third day of the child arrival female members of the family and close relatives collectively washed-up the cloths of the pregnant women and cleaned up all the rugs, carpets and curtains of the home. After the activities or services of ragging and cleaning the home and its surrounding, they ultimately feud fire to the leaves of especial mountain tree locally called “gaaal”. This process was taken in order to remove germs. In addition to it, special kind of local dish called “chamuriki or moul” was made for family members and relatives. Nowadays mostly women prefer hospitals for the delivery of their new born and sometimes it is not possible to perform rituals and practices hence mostly period perform postpartum
periods rituals in first seven days while some practices it for forty days. Another important aspects highlighted by the respondents is the gender differences among celebrating rituals, more happiness showed by the family on arrival of baby boy as compared to baby girl. It is a common belief in Hunza that male is the dominant member of the family can face every obstacle and impedance with a brave heart. Only some people of area perform traditional rituals, but ritual and beliefs totally changed regarding maternal and child health, post-partum practices and other cultural activities due to modernization. The reason is that foreigners visit in large number to see Hunza culture and indigenous people got exposure to foreign cultures and practices. Respondents agree that rituals are shifting with the passage of time. The old rituals regarding sacrifices of animals are least effective in present time because most of the young generation think these rituals and practices impose a negative effect on the society as it is wastage of money and time. Hunzai elders prefer such useless practices due to suspicious, illiteracy and unavailability of medical facilities therefore they focus on old traditional practices. Another factor makes postpartum practices less effective is mass media, education and tourism. Indigenous people of Altit have inadequate notion about postpartum care due to their specific values, cultural beliefs, illiteracy, and poverty. Almost more than half of the married women of the reproductive age group in Altit have poor information or have difficulty in getting information related to biomedical health services. Cultural beliefs strengthen postpartum practices of these women some of which may increase the risk of various problems related to newborn baby. This raises the significance of the socio cultural context of health care related to infant feeding those traditional midwives aware of in order to adapt prevention messages traditional methods like shamans, eye evil and witch crafts. Studies shows that women maintained traditional practices, often ignoring messages from health professionals (Rice & Naksook 2001; Chen 2010). Abuidhail (2014) emphasized on the beneficial cultural practices that should be emphasized by the rural mothers in order to increase their health knowledge and enhance recommended practices. Some studies shows that contradictions and conflict resulted in uncertainty and anxiety in new mothers, particularly if mothers were unable to practice the traditional postpartum rituals of their native countries (or communities), often resulting in the perception of insufficient breast milk (Choudhry & Wallace 2012; Groleau, Soulière, & Kirmayer 2006; Schlickau & Wilson 2005).

CONCLUSION

Postpartum period transforms women's entire life in terms of physical, psychological, social, and emotional perspective and postpartum care is imperative if optimal pregnancy outcomes are to be achieved thus the care which women and their babies necessitate during pregnancy, child delivery and after delivery cannot be neglected. These practices have been in existence in all parts of the world but woman's behavior is strongly influenced by her cultural background to the great extent during the postpartum period and such practices, rituals, beliefs and offerings which either protect or harm then health of the mother and fetus in utero. Childbirth is a time of transition and social celebration in birth to childrearing is influenced by economy, religion, kinship system and the growing many societies, signaling an adjustment of cultural responsibilities women's progression from sophistication of communications and medical technology. In some societies, there is continuum between traditional and modern care, with some households operating at the traditional end, others at the modern end, with the majority somewhere in-between. Internationally, many studies describe the traditional beliefs and practices surrounding childbearing and some beneficial traditional prenatal and postpartum practices (Raven, Chen, Tolhurst & Garner, 2007). It is concluded that women who observe cultural traditions and have strong gendered kin support express less symptoms of postpartum depression, easily restore their bodily energy and experience healthy life with their new born babies. Cultural beliefs strengthen postpartum practices of these women some of which may increase the risk of various problems related to newborn baby. This raises the significance of the sociocultural context of health care related to infant feeding those traditional midwives aware of in order to adapt prevention massages and traditional methods like shamans, eye evil and witch crafts. Sometimes women maintained traditional practices, often ignoring concerns from health professionals. This ethnographic study entails the understanding of postpartum traditional practices and beliefs in Hunza that influence mother and her new born baby.
REFERENCES

Abuidhail, J  
2014 Rural Jordanian Mothers’ Beliefs, Knowledge and Practices of Postnatal Care.  
Quality in Primary Care , 285, 291.

Arnold, D  
1993 Colononizing the body. State medicine and epidemic disease in nineteenth century India, Berkeley

Bogaret, K. V & Ogunbanjo G. A.  

Chawla  
1994 Child-bearing and culture. Women centered revisioning of the traditional midwife. The dai as a ritual practitioner, New Delhi

Chen WL  

Choudhry K, Wallace LM  

Condon L, Ingram J, Hamid N, Hussein A  
2003 Cultural influences on breastfeeding and weaning. Community Pract, 76(9):344–349

Dennis CL, Fung K, Grigoriadis S, Robinson GE, Romans S, Ross L  

Ejikeme, J. N.U, Ukaegbu, M. O  
2013 Traditional postpartum and baby care practice in Edem-Ani. Tourism and heritage studies, 79.

Jamaludin, S. S.  
2011 Beliefs and practices surrounding postpartum period among Malay women.  
proceeding of social science , 409.

Jeffery & Jeffery, P. M.  
1993 Traditional birth attendants in rural North India. The social organization of childbearing, in S. Lindenbaugh and M. Lock (eds.), Knowledge, power, and practice. The anthropology of medicine in everyday life, Berkeley and London 7-31

2008 Household knowledge and paractices of newborn. Preinatology, 144.

Groleau D, Soulière M, Kirmayer LJ  

Gulamani, S. S., Shaikh, K., & Chagani, J.  

Ingram J, Johnson D, Hamid N  

Pigg, S.  
1995 Acronyms and effacement. Traditional medical practitioners (TMP) in international health development. Social Science and Medicine, 41:1, 47-68

Qureshi R, Pacquiao DF  

Raven, J. H, Chen, Q, Tolhurst, R. J. & Garner, P  
2007 Traditional beliefs and practices in postpartum period Fujian. Pragance and Child Birth, 10,11
Reshma, Sujatha R.  

Rice PL, Naksook C  

Rossiter JC, Yam BMC  

Rozario, S.  
1998 The *dai* and the doctor. Discourses on women’s reproductive health in rural Bangladesh, in K. Ram and M. Jolly (eds.), Maternities and modernities. Colonial and postcolonial experiences in Asia and the Pacific. Cambridge, 144-176

Schlickau J, Wilson M  

Sunanda B, Shyne Paul  

Walsh, L. V. & Antonio, J.  

World Health Organization  
2014 WHO recommendations on postnatal care of the mother and newborn. WHO. *Retrieved 22 December 2014*