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Eating Habits of Postpartum Women in Nepal

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Eating Habits of Postpartum Women in Nepal

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The thesis aimed to explore the eating habits of postpartum women in Nepal.

Previous evidences have revealed that maternal malnutrition is a huge challenge in Nepal. Despite of several intervention programs designated to improve the maternal nutritional status and reduce maternal anemia in Nepal, there has been poor improvements in both. Since nutritional status is directly related to food habits, a need to study about eating habits during postpartum phase was realized. Therefore the study was done to identify the food habits of postpartum women and how they define their own practices.

The study was conducted in Changunarayan Village Development Committee of Nepal. Qualitative method was chosen for the study. 8 postpartum women were interviewed during individual semi structured interview sessions. The study was done in collaboration with a public health worker and female health care volunteers. The data was analyzed by using inductive content analysis method.

The findings of the study suggest that the eating habits during this phase depended mostly upon the socio-cultural practice of food prescription and restriction and partly upon the mother's own perception on the diet she needs. The food believed to clean the postpartum wounds, heal the tissues, repair the digestive system, improve lactation, nourish the newborn, build up immune system of the child, healthy growth and development of newborn, and some special food for postpartum phase were allowed to eat. The food believed to harm the newborn and hinder the postpartum healing were restricted to eat. The mother's perception on the food she needs relied on her observation and suggestion from the health care workers.

In conclusion, improving the maternal nutritional status in Nepal demands that the healthcare workers, government of Nepal and other intervening organizations need to understand the food culture as well as the beliefs associated with it and plan intervention programs accordingly in a reflective and analytical way. Postpartum women should be encouraged to eat food rich in micronutrients, follow diet plans and take supplements as needed. The thesis argues that further researches are required to identify the validity of the beliefs associated with food culture as identified by research.

Keywords: Eating habits, postpartum women, Nepal

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1 Introduction

As many of the postpartum women suffer from chronic energy, iron and micronutrient deficiencies, maternal undernutrition remains as a big challenge in Nepal. Like in many other developing countries, maternal nutrition has received inadequate attention. Shrimpton (2012) discusses about the lack of appropriate documentation of the burden of malnutrition among women in Nepal and lack of clear definition of the strategies, approaches and program options for improving the nutritional status of women. The usual Nepali diet offers too little iron in a form that is poorly absorbed and lacks other nutrients that contribute substantially to anemia, including vitamins A and C, folate, riboflavin, and B12 (Pokharel, Maharjan, Mathema and Harvey 2011). While food is a part of tradition and culture, it is also an integral part attached to daily life where changes are made reluctantly and predicted as unfeasible. Developing strategies for improving any dietary habits would require an understanding of the culture and the origin as well as the changes occurred in the food culture over time. Planning should be done accordingly uplifting the good changes and demotivating the bad ones to include nutritious value to the daily meals without harming the values attached with any food cultures.

Several Intervention programs are being carried out with the purpose of improving the maternal and child nutrition status in Nepal. Multi-sector Nutrition Plan (MSNP) 2013-2017 (2023) for accelerated reduction of chronic malnutrition in women and children focuses on the intervention during the first 1000 days of the pregnancy and post-delivery combined (MoHP 2012b). Suaahara project is five-year, comprehensive, community-focused project dedicated to improving the health and nutritional status of pregnant and lactating women (United States Agency for International Development 2016). Civil Society Alliance for nutrition network (CSANN) provides a platform to bring together all the civil society Organizations having a common agenda of nutrition to discuss and update the projects related to nutrition. It also gives training to the affiliated organizations (CSANN 2016). Most of the maternal nutrition programs in Nepal are for maternal anemia. Maternal iron folic acid (IFA) supplementation program for pregnant and lactating women has been initiated by Ministry of Health and Population (MoHP) since 1998 (Ministry of Health and Population 2007, 2012a). According to Nepal demographic and Health survey conducted by MoHP, the prevalence of anemia has reduced from 40.3% to 38.9%, from 2006 to 2011. This modest improvement rate shows poor effectiveness in the programs (MoHP 2012a). Studies on the postpartum food habit and the causal factors provide a follow up on the effectiveness of the implementation of the projects and help to identify the gaps in the interventions. Learning about the influential factors of the eating

culture provides for culture based interventions to promote the eating habits and improve maternal nutritional status in Nepal.

The purpose of the thesis is to explore the eating habits among postpartum women in Nepal.

2 Theoretical background

2.1 Health needs of postpartum women

Postpartum period or post-natal period is the period beginning from the birth of the child and extending for up to 6 weeks. Postpartum phase is the time after birth, in which the mother's body, including hormone levels and uterus size, returns to a non-pregnant state (Postpartum period 2015). Postpartum period is a very important and critical phase of women's life. Though postpartum period lasts for 6 weeks, a woman's body is nonetheless not fully restored to pre-pregnant physiology until about 6 months post-delivery. The initial or acute period (6-12 hours postpartum) is a time of rapid change with a potential for immediate crises such as postpartum hemorrhage, uterine inversion, amniotic fluid embolism, and eclampsia. The second phase or subacute postpartum period, which lasts 2-6 weeks is the phase where the body is undergoing major changes in terms of hemodynamics, genitourinary recovery, metabolism, and emotional status. And the third phase or delayed postpartum period lasts up to 6 months. It is a phase of extremely gradual changes where restoration of muscle tone and connective tissue to the pre-pregnant state occurs. This process of restoration, increased physical activities and the need of lactation demand for a good postpartum care and nutritious food for mother as the mother's body returns to non-pregnant state (Romano, Cassiatore, Giordano, Rosa 2010) (WHO 2013a).

According to WHO (2013a), the postpartum period is the most neglected phase of provision of health care in the life of mother. Most maternal and child deaths occur during this period. Major changes occur during this period which determines the well-being of mothers and newborns. WHO (2013b) recommends that during the post-partum phase, a woman needs to eat a greater amount and variety of healthy food, such as meat, fish, oils, nuts, seeds, cereals, beans, vegetables, green salads, cheese and milk to help her feel strong and well. The mother needs to be assured that she can eat any normal food - these will not harm the breastfeeding baby. In fact, adequate micronutrient intake by women has important benefits for both women and their children, where breastfeeding children benefit from micronutrient supplementation that mothers receive (MoHP 2012b). Though the composition of human milk usually remains unaffected even in situations where the mother's diet is poor, some of the micronutrients like vitamins A, B12, B6 and iodine are closely linked to maternal intake and thus during lactation there is an increased requirement for vitamins A, B6 and C and iodine and zinc to the mothers (Shirtcliff, Jersey and Anderson 2013).

Breastfeeding mothers can follow alternative eating patterns as per the need and be well nourished. The goal should be to fulfill the nutritional requirements by diet rather than supplements. However, the individual mother should take other supplements as needed. For ex-

ample, women who do not get sufficient vitamin B12 from food should take vitamin B12 supplements. Lactating postnatal women who avoid dairy products should take calcium 1200mg and vitamin D 10µg supplements. Vegans who avoid dairy, egg and meat products should plan their diet so as to get sufficient calcium, vitamin D, vitamin B12, calories, protein, iron and zinc (Brown, Issacs, Krinke, Lechtenberg, Murtaugh, Sharbaugh, Splett, Stang and Wooldridge 2011). WHO (2013a) recommends that women should be counselled for nutrition during this phase. Iron (60mg) and folic acid (400µg) supplement should be provided for at least 3 months daily after birth. The mother should take a dose of (200,000 IU) of Vitamin A immediately after delivery or within the 1st eight weeks after delivery. Vitamin A is important for visual health, immune function and fetal growth and development while Iron and folic acid are required to prevent anemia in postpartum women. However anemia and vitamin A deficiency are both important public health problems worldwide (WHO 2016a, WHO 2016b). The mother should also take iodized salt. Very thin and very young mothers need special nutrition counselling too. Women in the postnatal period need to maintain a balanced diet, just as they did during pregnancy.

2.2 Eating practices

Eating practices during post-partum period vary in different societies. According to Meyer-Rochow (2009), food taboos are known from virtually all human societies where dietary rules and regulations may govern particular phases of the human life cycle and may be associated with special events such as menstrual period, pregnancy, childbirth, lactation. He elaborates that some of these taboos are myths and some of them have a modicum of grounding in science. And many of them are still practiced today. Therefore, the partner or other family members need to be educated and informed about the importance of their encouragement to ensure that the woman eats enough and avoids hard physical work.

Dietary pattern of women in reproductive age in Nepal in majority is consumption of starchy staple food while less attention has been given to the consumption of vegetables, meat, fruits and dairy products. This improper dietary intake pattern in women has resulted in the deficiency of essential nutrients (Bhandari, Sayami, Thapa, Sayami, Kandel, and Banjara 2016). According to MoHP (2012b), 39% of the breastfeeding women were anemic as studied in 2011. The main reason of anemia has been identified to be inadequate dietary intake of nutrients necessary for synthesis of hemoglobin, such as iron, folic acid, and vitamin B12 (Bhandari et. al. 2016). The typical dietary pattern of postpartum women, with tea as breakfast and two main meals with a large amount of rice and little amount of side dishes like potato and vegetables has been linked to low dietary diversity and thus resulting in low quantity of micronutrient food compromising their own health and that of their infants (Henjum, Torheim, Thorne-lyman, Chandyo, Fawzi, Shrestha and Strand 2015). Adhikari (2010) summarized that

the inadequate micronutrient intake in postpartum phase is due to the taboo practice of feeding lactating women with Ghee, meat and milk, limiting the mother's diet in postnatal phase and further restricting the mother's diet when the child is ill. WHO (2013b) recommends that the taboos that exist about food which are nutritionally healthy need to be discussed. In order to figure out the practices that are nutritionally healthy and grounded in science as well as the practices that are taboos and promoting malnutrition, it is important to study the eating habits on conceptual basis while identifying the social, cultural, environmental, religious, economic, political and other influences simultaneously. This ultimately provides a strong framework to plan for effective intervention to improve maternal nutritional status in Nepal.

3 Purpose of the thesis

The purpose of the thesis is to explore the eating habits among postpartum women in Nepal. Research Question: What kinds of eating habits are prevailing among postpartum women of Nepal?

4 Materials and methods

4.1 Research method

Qualitative study was conducted to explore the nutritional practices in a community of Nepal. The qualitative study was undertaken with the aim to produce meaningful qualitative evidence that has relevance for wider application beyond the specific sample involved in the research. It has been known that the development of qualitative research is strongly influenced by the ideas about the importance of understanding human behaviors in their social and material contexts; and by the need to understand the meanings that people attach to their own experiences (Ritchie, Lewis, Nicholls and Ormston 2014). As the study was about exploring eating habits of postnatal women, which is a socio-cultural aspect of any community, qualitative method was selected.

The study is also expected to address any programmatic gap in the interventions conducted to reduce maternal malnutrition by actually exploring the factors influencing the eating practices. Therefore, choosing of this methodology was further supported by the idea that qualitative research uniquely contributes a phenomenological understanding of the lived experiences of the research participants, and that perspective can be crucial to addressing social issues and problems more fairly and effectively to professional knowledge (Koch, Niesz and McCarthy 2014).

4.2 Data collection method

First, literature search was conducted by using co-related literatures. Librarian of the University was consulted for any help required in using the online portals. Journals, books, online materials, materials from governmental and institutional sources, etc. were explored for literature search. Supporting literatures and researches were searched from the databases provided from the school like Sciencedirect, ProQuest, Sage, Ebsco, etc. and also different universities' libraries. The literature helped to prepare a basis for the interview. The questionnaire was prepared, tested and then modified as required. Informed consent sheets were prepared. The questionnaire and informed consent sheet were first created in English and then translated in Nepali, the locally spoken language.

After that, coordination was done with a public health care worker as the working life partner. Bhaktapur district was selected as the study area site because of easy accessibility. The district comprised of 14 Village Development Committees (VDCs) and 2 Municipalities. Simple random sampling method was used to select VDC and Changunarayan VDC was selected. Changunarayan is administratively divided into 9 wards. It was targeted to interview 9 women so as to include at least one women from each ward in that particular VDC. Female Community Health Volunteers (FHCVs) were contacted with the help of working life partner. A list of the number of lactating women at that moment in each ward was prepared with the help of FHCVs. Then, systematic random sampling was done so as to include a woman from each ward of the VDC in the study and the final list was made. One of the selected women was not available for the interview and therefore only 8 women were interviewed.

Semi-structured interview, as an in-depth interview, was conducted with the selected postnatal women of the community. Gillham (2005) claims the semi-structured interview to be the most important way of conducting a research interview because of its flexibility balanced by structure. He argues that the data obtained by its unstructured part is of good quality and facilitates a strong element of discovery, while its structured focus allows an analysis in terms of commonalities. Descriptive cross sectional study was conducted. Individual interview was done with each of the participants outside their home where only the researcher, interviewee (with the new born in some cases) and working life partner were present. Nepali language was used for data collection. While the questionnaire also consisted of structured questions, other questions were kept open, that is the direction and character of the answers were also open.

As realized during the interview, most participants preferred answering only in one or two sentences when questions were asked in the form of questionnaires. Therefore the interview

was proceeded as a general discussion in a locally spoken manner. The interviewees were allowed to talk freely and encouraged to do most of the talking. Majority of the questions were created during the interview. The unstructured questionnaire, however, provided a guide on opening a conversation to the topic. All the information relevant or irrelevant to the topic were listened to in order to gain as much information as available. However each time the discussion diverted off the topic, it was brought back to food-relative culture going on during the participants' post-delivery period of life. Merriam (2014) has guided that semi-structured format allows the researcher to respond to the situation at hand, to the emerging worldview of the respondent, and to new ideas on the topic. Whenever the need for detailed disclosures at a particular point in the interview was judged, further discussion on that topic was done. Each interview lasted about 30 minutes. Recorders were used so as to prevent missing of the information. While the researcher participated in the discussion or interview, the working life partner did the transcription. Data collection was conducted for 3 consecutive days. The main theme of the semi structured interview was eating habits of women during the postpartum phase.

4.3 Interviewees

The research was about the post-partum women's dietary practice. The participants were selected by purposive sampling. Since the focus of the study was on the eating practices of the women after giving birth, women who had given birth to a live baby, within 6 months prior to the date of interview were included in the study. Since they were practicing the food habits during that very period, the answers were expected to be more detailed, accurate and it was expected to prevent any lapse like recall bias. Both primiparous and multiparous women were included. Women from all the castes were included.

Women who were mentally ill and women who were physically ill and could not respond were not included for the interview because the answers given by them were interpreted to be affected by the present illness and could or could not be accurate. The women who had given still birth were not included with the concept that their food habits would or would not be common to the women who gave live births. Moreover, the women who were not willing to participate were not included in the study.

4.4 Data analysis method

Data analysis was made in writing. Transcription was done during the interview as well as by repeated listening of the recordings. Reading the transcriptions several times as a whole,

identifying the themes, re-organizing the data to relate those to the research questions, mind mapping and critical thinking was done. The findings of the research was reported and the knowledge gained from the findings was analyzed in a way that the study report provides an understanding of food habits and their importance among postpartum women. The findings are expected to be useful for developing plans for the improvement of nutritional practices and reduction of malnutrition among postpartum women in that as well as in relating area. “In addition to demonstrating to the readers that they were reflexive in collecting, analyzing, and interpreting data, authors of qualitative manuscripts must document that quality standards and rigorous procedures were used to prevent the disregard for and distortion of the experiences and perspectives of the research participants” (Niesz, Koch and Rumrill 2008).

As the study was cross sectional, there were possibilities of recall biases. To prevent those, data collection and analysis was carried out simultaneously as far as possible. Also the use of recorders helped to prevent recall biases. Precautions like self-criticism were taken to avoid researcher’s biases and opinion misinterpretation of the information given by the participants. “Diverse qualitative research approaches have specific expectations for reporting the findings, but all must find ways to draw the reader into the worlds of research participants while, at the same time, providing evidence (in the form of qualitative data) to support the findings that are being presented” (Koch et al. 2014). The report focused to provide sufficient description to allow the readers to understand the basis of interpretation. Quotations were used to demonstrate the grounds on which the interpretation were made and previous literatures were presented as evidences to mention the basis for the conclusion.

5 Findings

The concept resulting in the eating habits so practiced were classified into subdomains and the subdomains those come under certain themes or domains were identified. The domains so identified combine to answer the research question. The findings interpreted from the data shows the eating habits in postpartum stage as a tradition where prescription and restriction of food are followed. The tradition appears to base on the belief of rejuvenating the bodily changes occurred during pregnancy, supporting digestion, improving lactation, providing nourishment to the new-born and preventing any health harm to the new-born. The interview highlighted a concept prevalent in Nepal that considers food to be roughly classified into Hot, Cold, and Neutral or warm categories. In relation to postpartum phase, it was stated that if new mothers eats too much hot food, one would be on heat, and get feeling of hotness, symptoms such as fever, phlegm, worsening of the wounds if there are any, constipation and also cause the baby to suffer from those along with diarrhea. If one consumed too much cold food and drinks, he/she would get cold and get runny nose, cough, and fever and the baby

would also suffer accordingly. This custom was realized to be followed by the interviewees in all of the following domains and subdomains mentioned in this thesis. Warm or neutral categories food were most commonly preferred. Along with the prescriptions of certain food, they stated the restriction of certain food as a vital part of their daily life in postpartum culture. The interviewees also shared a common habit of restricting many of the seasonal vegetables like green pumpkin, chayote squash and many kinds of spinaches.

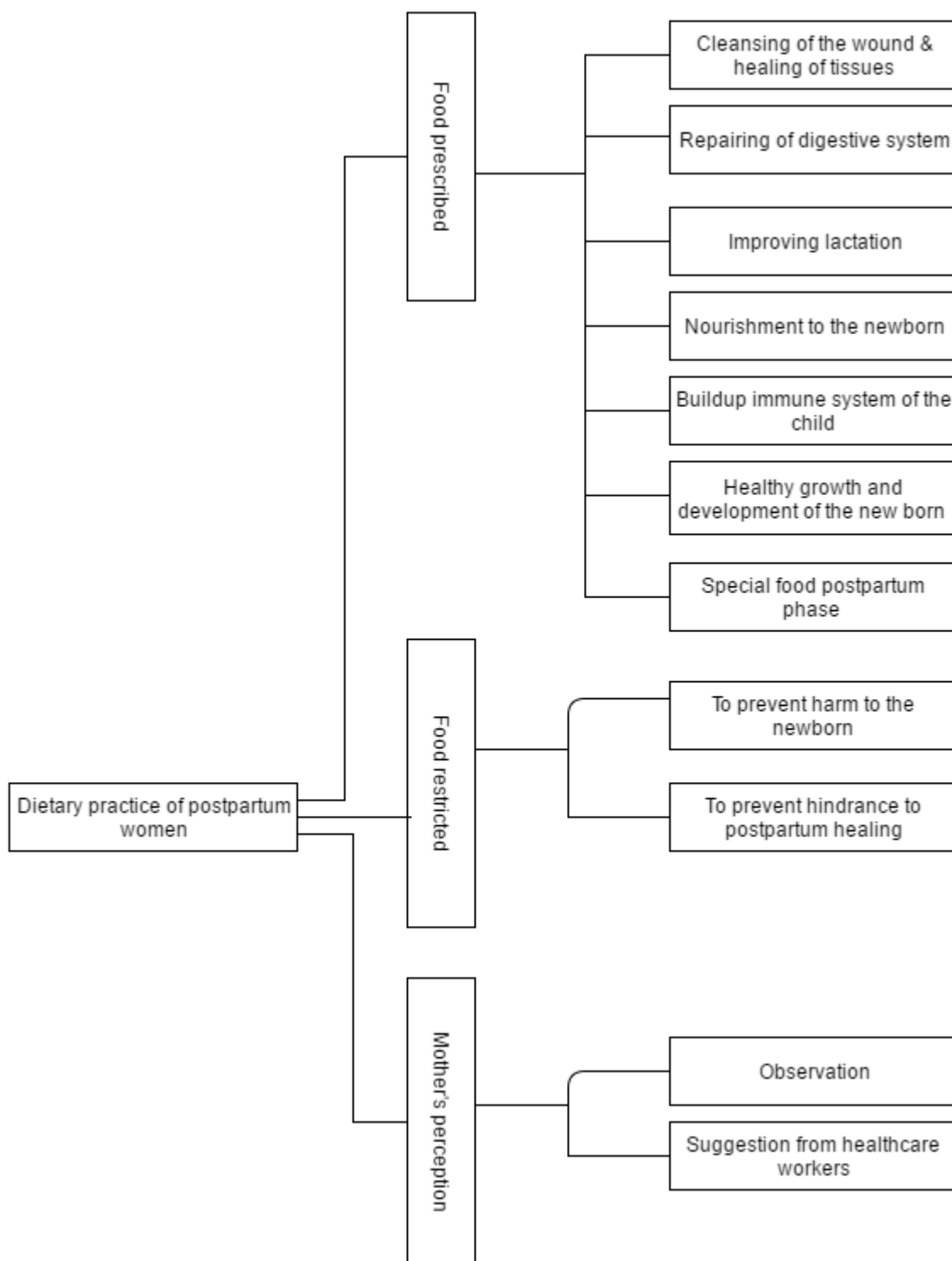


Figure 1: Process of handling and interpreting the raw data from the individual interview from right to left

5.1 Food prescribed or eaten

Most of the interviewees said that they ate 3-4 meals a day. Main dishes for lunch and dinner had rice as the staple with which went a sauce or soup. For some, breakfast and snacks were also a rice recipe. However, breakfast varied among the participants as some reported to drink only tea and others mentioned only sugary water, only thyme soup, rice with thyme soup or tea with biscuits. Lunch or dinner, as said by most of the interviewees, included rice with thyme-seeds soup, lentils, soaked and pressure cooked beans, red meat soup, local chicken, ghee, fenugreek spinach, vegetables like lady's finger or mushroom, milk etc. Other food mentioned to be eaten were fried potatoes, fried rice, dried spinach, rice pudding, *jeri*, *gudpaak* (traditional sweets) etc.

The respondents also revealed the use of herbs in cooking, special food for post-partum period and the culture of food restrictions during post-partum phase. While most of them were not eating fruits since fruits fell into cold category, very few mentioned to eat some. For all the interviewees food was available throughout the year grown in their own yard and/or brought from store.

“सुत्केरी अवस्थामा शरिरलाई चिसो गर्ने खानेकुराहरु खानु हुँदैन, तातो गर्ने खानेकुराहरु मात्र खानु पर्छ भन्ने चलन छ।”

“It is said that during the postpartum period, women are not supposed to eat the food that causes cold in the body, only the ones that causes heat should be eaten”

5.1.1 Cleansing of the wound and healing of tissues

All the interviewees said that the mother's body would become weak after giving birth and the healing process would require special attention in the diet and postpartum care. The interviewees identified the major changes the body to be emptying of the womb space due to the baby's exit that still has unwanted waste to be cleaned and returned to normal size. Loss of fluids while giving birth to the baby and effort needed to give birth were claimed to result in energy loss, organs displacement, and straining of muscles that hurt. At few instances it was repeated that to start the healing, first the mother had to overcome the weakness and therefore energy giving food were eaten. Most of them focused that these changes needed to be healed through diet, rest, warm oil massage and staying in warm places. Some of the interviewees believed that warm soups containing herbs like thyme (*jwano*), fenugreek (*me-thi*), cloves (*lwang*), cardamom (*sukumel*) did the healing while others assumed warm oily and cooked food to help rejuvenate the changes. Most of the food eaten in postpartum period, as revealed in the interview, involved thyme seeds soup, puddings made in ghee, rice

with pressure cooked red lentils, pressure cooked red meat soup (mutton and he-buffalo), *Sutkeriko ausadhi*- a traditional recipe made with dry fruits, herbs, ghee and edible gum, fried potatoes, high caloric food containing ghee and sugar like *jeri*, *gudpaak* etc.

“बच्चा पाएर शरीर कमजोर भएको बेला जे पायो तेही खायो भने कसरी ठीक हुन्छ त?”

“How will someone heal if they eat whatever they got as the body is weak after delivery?”

“अहिले खानेकुरामा हेल्चेक्राई गर्यो भने जिन्दगी भरी ओगनु पर्छ, सधैं कमजोर परिन्छ।”

“If we show carelessness on our diet now, we have to suffer for a life time. We will be weak forever.”

5.1.2 Repairing of the digestive system

Interview with the postnatal mothers revealed that during this period, the digestive system, is considered to be very sensitive, and would absorb only simple, easily digestible food which were thus eaten. Few mothers said that the diet they ate focused on improving the impaired digestive system during the birth while others argued that the demand for healing of the depleted tissues and clearance and relaxation of the womb had resulted in the dietary pattern they follow. Herbs like fenugreek seeds, cloves and asafetida, adequate amount of ghee and oil were commonly believed to improve digestion and smooth bowel movement. Digestion was also claimed to be supported by light spices like turmeric used in cooking, ripe vegetables like yellow pumpkin, ginger, *jaarulo* (pressure cooked rice pudding with vegetables, ghee and red lentil), fenugreek leaves cooked as spinach, chapattis made from wheat flour, soups and fluids.

“बच्चा जन्माउदा धेरै गाह्रो हुने, शरीर कमजोर हुने भएर होला, खानेकुरा पचाउने ओर्ने क्षमता पनि एकदमै घट्दो र्छ। त्यसैले न्यानो तेल ले सेक्ने, तातो गर्ने, पचन सजिलो, रामरी पाकेको खानेकुरा खानुपर्छ जस्तो लाग्छ।”

“The delivery process being very energy consuming and weakening the body, it is realized that the digestive process is also impaired. So I think we should get warm oil massage and eat warm, easily digestible, well cooked food.”

“शरीरले पचाउन सक्ने सामान्य खाना खानुपर्छ। मुख बारेन, जे पायो तेही खायो, नपच्ने कुरा खायो भने पाइल्स हुन्छ।”

“Simple, easily digestible food should be eaten. It will cause piles if we do not follow restriction of certain food is not followed, eat whatever indigestible food we got and if we are not careful.”

5.1.3 Improving the lactation

Many of those interviewed favored eating only warm food in order to improve the lactation. According to most of the interviewees, they ate more quantity of food at this phase in comparison to any other stages in life. Advantages perceived included being able to overcome the weakness and facilitating the production of milk. While all the interviewees reported that they breastfed their babies, some stated to have been following exclusive breastfeeding. An interviewee said that a mother needed to eat healthy and properly to produce good quality and quantity of milk. Another interviewee clarified that improvisation of lactation occurs by eating warm food, but not hot food like strong spices. The most common food closely linked to improving lactation were cooked ripe vegetables (not all) like cooked ripe pumpkin, warm milk, *sutkeriko ausadhi* (it contains almond and ghee), browned garlic in oil while cooking, rice with red lentil and herbs like thyme, cumin, fennel, fenugreek etc.

“हाम्रो बच्चांले सबै पोषण दुधबाटै पाउछ। हामीले राम्ररी खायौं भने मज्जाले दुध आउछ। हामीले आफ्नो ख्याल राखेनौं भने, बिचरा त्यो बच्चांले भोग्नु पर्छ।”

“Our babies receive all of their nourishment through our milk. If we eat properly, we produce adequate milk. If we do not take care of ourselves properly, it’s our poor who suffers.”

5.1.4 Nourishment to the newborn

In all the individual interview sessions, the closest link to the mothers’ dietary habits was reported to be towards the nourishment their newborn gets through the breastmilk. In all the occasions, the nutrition in the breastmilk was also perceived to be completely dependent on the food that the mother eats. Those mothers who followed exclusive breastfeeding were stricter and more careful on their dietary habits as they related breastfeeding to be the only medium through which their newborn got all the nutrients from. Few interviewees also highlighted that in order to provide nourishment to the newborn, the mother needs to be healthy and disease-free in the first place. The regular ways of food preparations were relatively changed so as to facilitate the mothers’ and newborns’ comfort. For example even if spices are very common in Nepali cooking, the food for new mothers contained a very small amount of spices because the use of spices apparently caused heartburn to the new mother and diarrhea to the baby.

“सुत्केरी बेलामा आमा पनि बच्चा जस्तै कमजोर हुन्छ। बच्चालाई चहिने स्यहार माया दिनलाई त हामी नै पहिला बलियो, स्वस्थ हुनुपर्छ नि।”

“New mothers are as delicate as their newborns at this time. In order to give our children all the love and attention they deserve, we need to be strong and healthy”

5.1.5 Buildup immune system of the child

Whereas the new mothers also connected postpartum diet to their overall health, they mainly focused on building the immune system of the child. While some mothers presented their view of well-breastfed baby being immune to many diseases throughout the lifetime, many focused on the immediate health of baby being connected to breastmilk and mother's diet. Many of the interviewees avoided eating raw food including all the fruits since they were regarded as cold food, which were believed to cause common cold and sore throat to the child. Others presented contrasting view that some fruits like apple and pomegranate contributed to the immunity of the child and those could be eaten after warming them by dipping in hot water for a while.

“बच्चा पाएपछी आमा र बच्चा naturally नै चिसो हुन्छ। त्यै भएर तेल ले मसाज, न्यानो ठाउँमा मात्र बस्ने अनि न्यानो खानेकुरा मात्र खाने गर्नुपर्छ। बच्चालाई अनि अहिले पनि, पछी सम्म पनि चिसो लाग्ने, बिरामी हुने हुँदैन।”

“After delivery mother and child both are naturally colder than normal. So apart from warm oil massage every day and staying in warm places, eating warm food is very important. It will prevent the child today and forever from catching cold and being sick easily.”

“फर्सी खाए बच्चालाई चिसो लाग्छ, इश्कुश खाए खोकी लाग्छ।”

“If pumpkin is eaten, newborn will catch cold and if chayote squash is eaten, the newborn will have sore throat.”

“मैले एउटा अंबा खान मनलागेर खाइदिएको, न अंबाले नै हो, न अरु कारण ले नै हो, झाडापखाला लाग्यो।”

“I ate a guava because I really wanted to. Is it because of that guava or not but my baby had diarrhea”.

5.1.6 Healthy growth and development of the new born

The interview from the mothers revealed that another common ground for postpartum diet lies on the belief that healthy mother, feeding healthy breastmilk will contribute to the healthy growth of the newborn. Healthy in terms of breastmilk referred to the milk that's made by mothers eating warm food, soups, lentils, *sutkeriko ausadhi*, thyme soup, pressure cooked meat and avoiding strong spices and cold food like uncooked vegetables, dry food etc. Mothers also said that the amount of milk produced depended on their diet.

"खै, आमाको दुध खान पाएन भने बच्चा राम्रो बढ्दैन, बलियो हुँदैन भन्छ।"

"Well, it is said that if a baby does not get breastmilk, the baby will not grow well, will not be strong."

5.1.7 Special food for post-partum phase

The interviewees had been eating special food prepared and eaten after the 11th day of the delivery of a newborn locally and commonly known as *sukkeri ko ausadhi*. It was described to be prepared by mixing and cooking ghee or clarified butter, dry food like cashew, green cardamom, almond, walnut, raisins, dates, *khoa* (a dairy product made by thickening the milk), coconut powder, *gud* or edible gum resin, brown sugar and milk. It was believed to provide the new mothers with energy to heal the pregnancy effects, rejuvenate, provide vital nutrition and improve the lactation. Once made it was said to be stored in the refrigerator for almost a month, and eaten two tablespoons once or twice a day during the postpartum period. *Washapak* was named to be the pregnancy food popular in this area of Nepal which is made by adding more *gudpak* to the previously mentioned food.

Another food very common during this stage was soup made from thyme seeds known as *jwanoko jhol*, a simple soup made with thyme seeds, little oil, salt and water. Mothers stated this food to be rich in iron contents required during postpartum stage. Also this was regarded as warm food and considered to keep the mother and baby warm, protect from cold and also provide energy for the mother's body to heal after losing blood, fluids and energy during the delivery. The mothers who had fever by any reason after delivery, however avoided the thyme seeds soup.

5.2 Food restriction

As said by all the interviewees, the social custom of restricting the consummation of certain food during the postpartum phase was regarded as equally important as eating healthy food. It was one of the very important factors contributing to the dietary habits of the postpartum women at this community of Nepal. Most of the mothers avoided the food those were considered to be hard to digest and cold food, like raw vegetables like green pumpkin and chayote squash, uncooked vegetables like salads, fruits, cold drinks, alcohol, eggs, radish, chilies, cabbage family, dried beans, black lentils, some varieties of spinach etc.

The restriction culture varied in a way as some mothers said they would consume the dried beans while some mothers said they would avoid those. Also for other food like eggs, chicken,

black lentils, yellow pumpkin, etc., some mothers said to consume those, while others said to avoid. It was found that all the participants relied on their mother-in-law or sister-in-law during this period for food being cooked and served and any food those were believed to be restricted would not be offered in the first place. For some interviewees, restriction was to be strictly obeyed at home, while for others, it was not very strict and the family members would offer some food even if they fell into restricted category.

“बच्चालाई चिसो लाग्ने, मेरो घाउ पाक्ने खाने कुराहरु बार्नु पारीहाल्यो नी।”

“I should definitely avoid the food that causes my child to catch cold and worsens my cesarean wound.”

“दिदैन्न नि त! ऊ बेलाका बुढापाका बुढीहरुले पकाएर खाना खान दिनु पर्यो भन्दैछि त्यस्तै साग, फर्सी, इशकुश, त्यस्तो नहुने चीज चै दिदैन्न।”

“They would just not provide! If the elderly mothers would have to cook and provide food, they would just not offer the food that needs to be avoided by the postpartum women like most of the spinach, pumpkin and chayote squash.”

5.2.1 To prevent harm to the newborn

Interviewees with normal delivery said that they would not eat the cold causing food, but would consume mostly warm food along with the neutral ones. Interviewees showed varied knowledge in their own custom of restriction of certain food in their diet. Some also followed this custom due to the fear of any harm to the baby, fear of being blamed or just because that's how things went on. Whether or not the interviewees believed in food restricting, they presented the common concept as mentioned above that when they eat something, the ingredients in that food will go to the milk and when the baby sucks the milk, it might affect the baby accordingly.

“किन मुख बारेको भनेर मलाई पनि थाहा छैन। पहिलो बच्चा हो, खानु हुँदैन भनेर आमा सासुहरुले नदिनुभएको।”

“I do not know why I am consuming some food and not others. My mother-in-law said that it's my first child and I am not supposed to eat those.”

“बार्नुपर्छ जस्तो त लाग्दैन। मूख बारिराहुन्छ आफुले । त्यैपनि कहिलेकाही बच्चा बिरामी पर्छ अनि सबैले आमालाई सन्का गर्छ। लुकीलुकी केके खायो होला अनि बच्चा बिरामी भयो होला भन्छ।”

“Even If I don't believe in avoiding those food, I do follow the restriction custom. However if the child gets sick everybody doubts on the mother that she has eaten something in privacy.”

“मेरो बिचारमा त फलफूलहरुले राम्रै गर्छ, खानुहुन्छ जस्तो लाग्छ, तर पनि अहिले खायो भने चिसो लाग्छ बच्चालाई, पछिसम्म असर गर्छ भन्याभएर नखाको।”

“In my perception, fruits do good to the baby and we’re supposed to eat fruits, but they say that if we eat fruits now, the baby will catch cold and it will harm the baby forever. That’s why I do not eat fruits.”

5.2.2 To prevent hindrance to postpartum healing

Dietary practice varied considerably depending on the type of delivery. Where generally people with normal delivery ate warm or hot food and avoided cold food, the interviewees who went through cesarean section avoided heat-causing food completely, to prevent the wound from worsening or infections. Apart from avoiding most of the food in cold category, occasionally they would eat one or two varieties of those so as to keep the surgical wound cool. Mothers showed varied perceptions in certain cases. Whereas some of the mothers avoided food like dried beans which were considered hard to digest so as to prevent piles and sooth the weak digestion, others consumed dried beans as being rich in protein after soaking and cooking those inside pressure cooker.

“घाउ पाक्ने खानेकुराहरु नखानु भनेर हस्पिटल मै भन्नु भएको हो। ममी हरूले गर्मी गराउने खाने कुरा खानु हुँदैन भन्नुभयो।”

“I was suggested in the hospital not to eat the food that worsens the wound. My mom said me not to eat heat causing food.”

“Cesarean गरेको भएर घाउ पाक्छ भनेर अण्डा बारेको। गर्मी चीज हो नि त ।”
“Because I passed through cesarean, I am avoiding egg to prevent the worsening the wound. It is a heat causing food.”

5.3 Mother’s perception

Mother’s own perception about restriction or consummation of any diet varied considerably depending on their education, Post Natal Care (PNC) visits and the advices they got. Their perception on their diet also came from observation, health worker’s suggestion, culture of respecting the elders and obeying their suggestions without any questions.

5.3.1 Observation

Very few of the mothers said that they are supporting the diet restriction custom because they have seen the effects in their neighborhood. The participants had also decided on the food they would eat and avoid by observing what symptoms their own newborns show or any relating events in the community. Some assumed that restriction was good for their health

and their baby as well while some thought that it was not necessary and they would not suggest other women to restrict food.

“हामीले जे खायो बच्चाको आची गर्दा पनि त्यही नै निकाल्छ। साग खायो भने हरीयो आची गर्ने के, अन्डा खायो भने भित्र को पहिलो हुन्छ नि, त्यस्तै नै आउने..।”

“Whatever I eat, my baby defecates the same. If I eat spinach, the baby’s defecates greenish stool, if I eat egg, the feces look like the egg yolk.”

“बच्चालाई रुघाखोकी पनि लागेको छ। तर परिवारको सबैलाई लागेको छ। मुख नबारेर भन्दा पनि seasonal रुघाखोकी होला।”

“My baby is suffering from cold. But the whole family is suffering. I think it is seasonal common cold rather than the result of me consuming certain food.”

“खाने कुरा बार्नु पर्छ जस्तो लाग्दैन अहिले चाँही। पहिलो बच्चा जन्मेर हुर्किसक्यो। फलफुल खाएर चिसो लागेको, अन्डा खाएर दिसा लागेको यस्तो देखेको छैन।”

“Now that my first child is now grown up, I do not think we should restrict on our diet. I have never seen any child getting cold when the mother eats fruits or diarrhea when mother eats egg.”

“मेरो आमाजू लाई साग हरु खान दिएको थिएन, ठ्याक्क पायल्स भएर अहिले सम्म गाह्रो भाईरहेको छ। त्यसैले सागहरु सबै खाए मैले।”

“My sister in law was never offered spinach, she is suffering from piles until now. That’s why I eat spinach.”

5.3.2 Suggestion from health care workers

Suggestions from the health care workers also played a vital role in designing a postpartum diet. Some mothers said that they went for PNC visit regularly and took/were taking the iron tablets regularly as they were told and also asked suggestion with the health care workers about postpartum diets. But not all the mothers had been for PNC visit or taking iron tablets regularly, some had stopped taking the tablets and some had not taken at all. The reason so appeared was that they were not clearly informed about the importance of iron tablets for 45 days after delivery.

“Iron चक्की त लिन छाडिसकेँ। १५ दिन जति खाएँ।”

“I have stopped taking iron tablets. I took for about 15 days.”

“Iron चक्की त खाकै छैन। खै कसैले केही भनेन।”

“I never took iron tablets. Nobody told me to.”

While the interviewees agreed that they were given dietary advices during pregnancy, they denied to have received any such advices from health care workers after the delivery. They also mentioned that not any kind of health projects or anti-malnutrition interventions have been organized or reached at their place.

“बच्चा पेटमा हुँदा त हस्पिटलमा पनि, स्वयमसेविका दिदी ले पनि के खाने के नखाने भन्नु भको हो। त्यस्तै गर्या पनि हो।”

“When the baby was still in my womb, I was suggested on what to eat and what not to in the hospital and also by the FCHV. I followed what they said.”

“बच्चा जन्मेपछी बच्चालाई कहिले कहिले के के सुइ लाउने बारेमा चाँही भन्नु भयो, तर मैले के के खाने भनेर त कसैले भन्नु भएन।”

“After the delivery of the baby, I was told on what injections need to be given to the baby and when, but nobody talked about what I should eat.”

Mothers who received the advices also valued social practices more in comparison to health care workers. None of the mothers had been taking any other supplements or mentioned to even know about needs to get any other supplements.

“डाक्टरले भुजै भुजामा पनि जोड गर्नु पर्दैन। आफुलाई पियो अमितो बारे हुन्छ अरु मन लागेको कुरा हरु खानु भन्नुभथ्यो । त्यही पनि बच्चालाई केही होला कि भनेर मुख चैं बारें।”

“Doctor said not just to focus on rice, but eat everything I want except the spices and sour food. However I avoided many food so that those would not cause harm to the baby.”

In some cases the interviewees also accepted to have followed some suggestions.

“पाकेको फर्सी खान हुन्छ भनेर उहाँ दिदीले भन्नुभएको त हो नी।”

“FCHV sister said that I can eat ripen pumpkin.”

“४५ दिन सम्म खानु पर्छ होइन? खाइराछु।”

“To be taken 45 days, isn't it? I am taking.”

6 Discussion

The purpose of the thesis was to explore the dietary habits of postpartum women in Changunarayan VDC of Nepal. Despite of the efforts and interventions by the governmental and non-governmental levels, the prevalence of maternal malnutrition and maternal anemia has remained as a major health issue among women in Nepal for decades. Also while many researches focus on pregnant women, very few researches have been done regarding the health of postpartum women. In this thesis qualitative method was used to identify the general food habit of the postnatal women in this particular community and the reason of the dietary habits so followed by conducting individual interviews. The thesis also outlined the idea of restriction or avoidance of certain food followed by the women during this phase in the particular community.

The findings interpreted from the data showed the eating habits in postpartum stage as a social tradition rather than an individual concept where prescription and restriction of food were followed. This tradition was based on the belief of providing benefits and preventing possible harms to the mothers and newborns. However, the studies so far conducted suggest otherwise. Despite of the high cultural importance placed to postpartum food and care to women's and infant's health as identified in the study, maternal malnutrition has been a public health issue for decades. The cultural practices result in women often not sharing fully of the side dishes which are more nutrient-rich than the staple dishes (Pokharel et al. 2011). This was supported by our data collected in the research which showed a substantially reduced variety of food eaten by the women in this stage. Pokharel et al. (2011) also claim that it is a taboo that exists against eating cold food, such as green leafy vegetables and poor access to food of animal origin which works against proper feeding during lactation. However, planning on reducing the maternal undernutrition should not ignore this socio-cultural basis of the diet and plan by encouraging the good practices and discouraging false beliefs. As mentioned previously, the women's body require 6 months to restore and return to its pre-pregnant physiology, as well as lactation and increased physical activity demands for nutritious food (Romano et al. 2010). The findings suggests that the post-pregnancy diet is based on the concept of restoration of the womb, lactating purpose, etc. This more or less signified that the diet has some grounds that are studied facts and therefore the beliefs may or may not be just a myth. However, the categorization of food that are considered healthy and harmful can be revised by grounding on the same concept.

The research was able to point out that one of the main gap in the interventions so far taken to reduce maternal malnutrition and improve maternal health is the inability of those interventions to reach to the people. Moreover this provides a research based information on eating habits of women to be compared to the interventions currently going on, the path of in-

terventions and the part of the interventions that needs improvement or modification in order to provide for maximum effectiveness in improving the maternal nutritional status in Nepal. National level interventions could include the provision of providing information of those interventions to all the caretakers who would be in one way or the other involved in the care of the women. A randomized control trial study in China showed that the women provided with two hours of prenatal educational session and four postpartum counselling visits showed greater improvement in overall dietary behaviors such as consumption of fruits, vegetables, soybean and soybean products, giving up of traditional behavioral taboos as well as have nutrition and health knowledge than those in the control groups who were provided regular health services and follow up for 42 days (Liu, Mao, Sun, Liu, Yao, Chen 2009). Changes in communication strategies are required in order to improve the effectiveness of the programs.

Apparently no studies were available on the conceptual base of the postpartum diet. So this study provided research-based information on dietary practices of postpartum women to the health care workers as it relates to the concept of providing health care according to the culture, custom and beliefs where they are mostly dominant. The research provided evidences that the culture appears to be dominant over the health care workers' suggestion of postpartum diet given to the mother especially when the caretaker of the food are other family members rather than the mother herself during this period. This indicates the need of interventions to provide guidance to the women as well as her family members so as to include food with more nutritive values in their diet. Programs of family nursing can be included in the gynecology wards where the family members could be provided diet based information and the harms and benefits that the diet causes to the mother and the new-born. Moreover bigger scale studies can be conducted on the food identified as cold food or warm food to find evidences if they do the harm and good, interventions can be done in bigger scale to make food with more nutritive property locally available. The projects or interventions can be done with the sole intention of making those reach people by informing the health care workers including doctors, nurses, health assistants and FCHVs about the ongoing projects. Programs addressing maternal nutrition will have to gather community-specific information in order to design specific interventions for this group of women (Adhikari 2010).

7 Ethical consideration

The ethical principles of research in the humanities and social and behavioral sciences are divided into three areas: respecting the autonomy of research subjects, avoiding harm and privacy and data protection (National Advisory Board on Research Ethics 2009). The participation in the research was done by providing informed consent in writing. The competent individual was provided with all the necessary information and it was made sure that they under-

stand the information adequately. They were allowed and encouraged to ask for any additional information at any point of time. They were assured that declining from the research participation would not affect any services that they receive from the health care center, public health worker or FCHVs and the research would not cause any harm to them. The participants were well informed that their identity and privacy would be protected during and after the research. No legal procedure was required for the conduction of the research. The FCHV, public health worker and interviewees were made well informed about the research.

Consent was taken from the respondents prior to the interview. They were provided an informed consent sheet containing the description and objective of the study. Then they were requested to sign in the sheet mentioning that they have agreed to participate in the interview. For those who were unable to read, the content of the consent sheet was described orally and signature was taken as all of them were able to provide signature. It was planned for the interview to be conducted in a closed room for maintaining the privacy of the information but the participants requested to conduct it outside. However privacy was maintained as the FCHV acted as mediator not to let other people go close until the interview was over.

8 Trustworthiness

Trustworthiness of a qualitative research is often associated with credibility or internal validity and dependability. Health researchers are responsible to not only consider the 'truth value' of their research but also prove that it is credible and valid for professional practice, and that it has quality (Holloway and Wheeler 2013). Since the trustworthiness of content analysis results depends on the availability of rich, appropriate, and well-saturated data, data collection, analysis, and result reporting go simultaneously (Elo, Kääriäinen, Kanste, Pölkki, Utriainen and Kyngäs 2014). To recognize that the saturation is achieved, the data were collected and analysis of the data was started immediately after the first few interviews. Polit and Beck (2012) argue that the use of quotations is necessary to indicate the trustworthiness of results. Quotations of each main context were mentioned from the transcribed text to show a connection between the data and results. Elo et al. (2014) also concluded that it is important to scrutinize the trustworthiness of every phase of the analysis process, including the preparation, organization, and reporting of results. The researcher being a native Nepali language speaker with good English language skills reduced the chances of misunderstanding of the information. Translations were done later for the quotations.

The process of the content analysis, i.e. the context leading to the research, theoretical background, selection method of participants, data collection method, analysis method, evaluation and limitation are reported in the final report for the trustworthiness of the report. Since inductive content analysis was used, the questions of the interview were tried to be

kept unstructured. However a handful of structured questionnaire was also required to find the other factors that may affect the answers of the unstructured questions and helped better understanding. Pretesting of the questionnaire was done in similar setting to maintain the validity of the tools. The questionnaires were modified according to requirement of the study after the pretesting so as to obtain valid information. References of the literature were mentioned clearly. All the relevant and important data were mentioned and analyzed while the irrelevant data were omitted.

9 Limitations

As the data collection was conducted only in a VDC of a district, it might not represent the scenario of the whole district. The study conducted in small village of hilly region limited the scope of the results as Nepal being divided into 3 regional zones on the basis of land structure, mountains, hills and terai where the agricultural pattern is different. Another limitation was that the study did not include women who had given to still birth or who were physically or mentally ill. So there might be missing information which might be important while planning postpartum diet and reducing macronutrient deficiency in women in that region. Although some features may be unique to this context, especially those pertaining to the socio cultural and conceptual basis of postpartum diet, other results nevertheless align with those of previous studies.

10 Conclusion

The main purpose of this study was to explore the eating practice among postnatal women in a Nepali community. While most of the studies have mentioned the culture of non-consumption of food only as taboos (Adhikari 2010, Pokharel et al 2011, Shrestha 2014), further studies are necessary in order to identify the validity of the truth in the beliefs associated with the postnatal dietary cultural practice as well as to measure benefits and harms of the practice. Also as recommended by WHO (2013), the practices need to be discussed as the prescription and prohibition concerns about beliefs of food that are nutritionally healthy. In order to develop an eating pattern and culture that ensures enough micronutrients in the diet of a women during the postpartum phase, it is important that healthcare workers and the organizations intervening to reduce nutritional problems have an understanding of the culture, eating habits and be reflective and analytical in educating and empowering the women as well as her family to eat the food rich in micronutrients, take the supplements and follow the diet plans according to the need.

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Figures

Figure 1: Process of handling and interpreting the raw data from the individual interview from right to left

Appendices

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Appendix 1 Informed consent sheet

Informed consent Sheet

Namaste!

My name is Sadiksha Adhikari. I am from Katunje-9, Bhaktapur. I am studying in the Bachelor of Nursing programme in Laurea University of Applied Sciences in Finland. As a part of our academic course, I am going to conduct a research study on eating practices among postnatal women in Nepal. The objective of this thesis is to assess the eating practice among women during postpartum period. With this sheet I assure that any information that will be obtained will be kept confidential. The research will not provide any harm to you. Also you can deny to participate any time and denying to participate in the research will not affect in any kind of services you are receiving.

Here are a set of questionnaires I need to ask you. These questionnaires are set to fulfill the research objective. All the information you will provide will be kept confidential and will not be misused. During interview, if you felt uncomfortable to answer any question then you can withdraw from the study at any time without giving reason and without any hesitation. However, I believe that you will participate in this interview because the information you will provide are vital for the study. So, if you feel easy to talk to me then I am going to ask you few questions. I request you to provide information as much as possible.

Yes, I agree to participate in this interview

Participant's signature: _____

Participants finger print:
(If needed)

No, I don't agree to participate in the interview

Interviewer's signature: _____

Appendix 2: Questionnaire

| Questionnaire | | |
|--|--|--|
| Type of delivery: Normal/ Complicated/ Cesarean | | |
| a. Socio Demographic section | | |
| S. N | Questions | Possible answers |
| 1 | Age | |
| 2 | Education level | a) Illiterate b) Literate(knows only to write own name) c) Primary (<5 class) d) Lower Secondary (<8) e) Secondary Level(SLC) f) Intermediate level (+2) g) Bachelor Level h) Master Level |
| 3 | Availability of food | a) Enough throughout the year b) Not enough |
| 4 | Number of family members | |
| 5 | Age of last child (in days) | |
| 6 | Sex of last child | |
| 7 | Post Natal Care visit | 1. When 2. To whom |
| 8 | Frequency of breastfeeding (in 24 hours) | |
| B. Eating practices | | |
| 1. How many times did you take food yesterday? Times | | |
| 2. Please explain what did you eat yesterday in breakfast, lunch and dinner? (Probe) | | |

| | |
|---|---|
| Breakfast | 1. 2. 3. 4. |
| Lunch | 1. 2. 3. 4. |
| Snacks (if any) | 1. 2. 3. 4. |
| Dinner | 1. 2. 3. |
| Foods except mentioned above (if any) | 1. 2. 3. |
| 3. Who is supporting you for cooking, serving? <i>(Multiple choice question)</i> | 1. Mother/ Mother in Law 2. Father/ Father in Law 3. Sister /Sister in Law 4. Brother/ Brother in law 5. Others (specify) |
| 4. Have you been suggested to avoid any kind of food? | 1. Yes 2. No |
| 5. If yes, what are the foods? | 1. 2. 3. 4. |

| | |
|--|---|
| | 5..... |
| 6. What might be the reasons for this avoidance? | 1..... 2..... 3..... 4..... 5..... |
| 7. Who suggested you avoiding these foods? | 1. Mother/ Mother in law 2. Other family members/ relatives 3. Neighbors 4. FCHV 5. Health worker 6. Others (specify)..... |
| | |

1. What does nutritious food during postpartum period mean to you?
Tell me about your eating habits during postpartum period.
2. What do you think, are the foods you eat healthy for you? If yes, why? If no, why?
3. What do you think, are the foods you avoid harmful for you? If yes, why? If no, why?
4. If you or a family member had any concerns about eating habits good for postnatal women and newborns, where would you/they go first for help/advice?
What sort of concerns would they be?
Why would you go to the stated place?
5. Have you received any kind of counseling regarding eating practices? If yes, what sort of suggestion and counseling have you got on food to be eaten and avoided? If you have been following those, why do you think it has been easy/ difficult to follow the advices?
6. Do you know if there has been any kind of nutrition related programme launched in this community? Please explain.
7. What suggestion would you like to provide other postpartum women regarding eating practice?
8. Do you have anything else that you want to tell me?

Appendix 3 List of food eaten and restricted as obtained from the data

| Breakfast | Food eaten | | | Food restricted |
|---|--|--|---|--|
| | Lunch | snacks | Dinner | |
| Milk, Bread, Egg, Soup of thyme Tea, Biscuit, Thyme soup Thyme soup, Tea, Horlicks, Biscuits Sugar solution in- stead of tea <i>Tea, Biscuit</i> Thyme soup, rice ausadhi (<i>waspaak</i>) Milk | Rice, Green leaf based curry, meat (only goat/mutton), mushroom, Rice, Lentils, Meat (mutton), Chicken, Rice, Meat (Mut- ton), Chicken, Beans, Milk, Rice, Thyme soup, Rice, Ghee, Thyme soup, po- tato fry, Meat (Mutton), chicken (not broiler but local chicken only), <i>Rice, ghee,</i> <i>thyme soup, Mut-</i> <i>ton, milk Chaku,</i> rice, meat (buffa- lo), some green leaves (methi and chamsur), Rice, Lentils, meat (buffalo), quite a lot of meat rice, ghee, green leaves, chicken soup, meat | Rice fry, rice soup (<i>Jarulo</i>), ausadi, Jeri, Gudpaak (sweets), egg, Rice pudding, Lentil, Green leaf based cur- ry, Meat, Beans, apple Rice, meat soup, jeri (sweets made by deep frying and adding sugar syrup), <i>gudpak,</i> (sweets) <i>egg,</i> <i>beans, lentils,</i> gudpak, jerry, rice, dried green leaf, egg, apple | Rice, pulses (len- tils), Rice, Egg, Lentils, beans, <i>Chaku</i> (sweets), rice, Mushroom soup, Thyme soup, Beans, Rice, Rice, buffalo's meat, Rice pud- ding, goat meat, mushroom, la- dy's finger (sea- sonal vegetable), thyme soup, <i>Rice, ghee,</i> <i>thyme soup,</i> <i>Mutton, Rice,</i> meat, <i>ausadhi,</i> fried potato (not boiled), rice, lentils, fried egg (not boiled), rice, beaten rice, meat | Black lentils, beans, hot and sour food, pumpkin, chayote squash (<i>ishkush</i>), seasonal veg- etable, Mushroom soup, Thyme soup, Beans, Rice fruits, pumpkin, chayote squash (seasonal vegetables), Junk food like noodles, Egg, Fruits, lentils and beans for 15 days after delivery, fruits, Greasy food, spicy food, soybean, black len- tils, some of the green leaf based curry, egg, <i>Broiler chicken, pumpkin,</i> fruits, lentils, beans, po- tato, pumpkin, chayote squash, tea, all food un- der cold category and hot causing food because of fever, thyme, some len- tils, sponge guard, fruits, pumpkin, green leaves, lentils, fruits except ap- ple, pumpkin, potato, chayote squash, cauli- flower |

Appendix 3 represents the data obtained of the food items mentioned to be eaten and avoided during the postpartum period by the interviewees. The repetition of the food item in each column shows commonality of the food among participants.