

Puerperium and its sociocultural dimension from the perspective of women living in Manguinhos – Rio de Janeiro, RJ, Brazil

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Abstract

Introduction: puerperium, also known as postpartum confinement, is defined as a period of forty days after childbirth and is a phase of intense biological, psychological and social changes in women's life. The practice of whole healthcare of puerperas involves understanding their beliefs to live this moment. *Objective:* to represent the senses and meanings of beliefs, prescriptions and interdictions during puerperium of women living in vulnerable social urban conditions. *Methods:* it was a qualitative study, based on an interpretative perspective. Data was constructed using semi-structured interviews, which were recorded and literally transcribed and explored using content analysis in accordance with the thematic and adapted mode... *Results and Discussion:* the group under study constituted of young women and adolescents; the majority did not complete high school, were housewives and lived with a partner. The postpartum confinement represents a period of threat to women's health and life, in which women must be away from physical effort and sexual activity, and requires physical and emotional support from the family and people who are close to them. Women are encouraged to choose light food as chicken, rice, green vegetables and fruits, and avoid "heavy" and fatty foods. To produce good and sufficient milk, they must drink milk, *mate*, beer and liquids. *Conclusion:* postpartum confinement is a biological, historical, social, emotional and cultural process. It is necessary to comprehend the different aspects that delimit practices and attitudes to reach the equilibrium between social and cultural precepts and scientific precepts and to promote a postpartum confinement living with serenity and confidence.

Key words: Postpartum Period. Quarantine. Foods for Pregnants and Breast-feeding Mothers. Health Knowledge, Attitudes, Practice.

Introduction

Puerperium, commonly known as confinement, quarantine or rest, is defined as the postnatal period and consists of a time of intense bio-psychosocial changes in women's lives. It is a period where women are overflowed with strong emotions, feelings, changes and rehabilitation, interactions, meetings and sharing, which characterize it as a sociocultural event permeated by beliefs, customs and interdictions, whose meanings may transcend the physiological events that mark it.¹

Socio-anthropological studies^{2,3} reveal that the beliefs and cultural meanings present throughout the pregnancy and delivery cycle modulate the confinement practices, i.e., modulate a set of dietary restrictions and women's activities during the forty days following childbirth.

Such practices arise from, and are supported by, stories of successful or unsuccessful experiences in women's postpartum period. Once such experiences are passed on successively through generations they gain confidence and reliability and triggers dogmatism, in other words, they become part of the cultural legacy of that social group and are perceived as absolute and irrefutable truth. Accordingly, women understand that confinement is a period of convalescence, of compliance to the norms and rules culturally learnt, which aim to protect them from a relapse.⁴⁻⁶

It is worth remembering that in 1993, by the efforts of feminist social movements, the term health integrality was first used by the Program for Integral Assistance to Women Health (Programa de Assistência Integral à Saúde da Mulher - PAISM). By breaking the mother-child paradigm – in which women are recognized only for their role as mother, nurturer and caretaker, whose greatest concern was to take care of the newborn – it was sought to achieve the vertical dimension of integrality, i.e., that women should be seen as a subject of attention.⁷ However, nearly two decades afterwards, data from the Ministry of Health⁸ indicated that baby evaluation, control of fecundity and the reproductive process were the center of attention of the health professionals and, consequently, also of women in medical consultations during puerperium. In the context of inattention to the puerperal women by the health institutions, postpartum care is effectively accomplished by the family.⁹

Thus, it can be noticed that despite the recognition of the Ministry of Health that actions based only on the biological aspects are not enough to meet all women's needs in pregnancy, delivery and puerperium,¹⁰ the subjective dimensions, whether they are the life story, distress or suffering of these women, have still been neglected by the health professionals. Thus, the understanding of the values and meanings attributed by women during the postnatal period is an extremely important step toward the exercise of the whole care to the woman's health after childbirth.

This work aims to describe the re-interpretation of the senses and meanings of beliefs, cultural prescriptions and interdictions, especially diets, which are attributed to puerperium by urban women belonging to a socially vulnerable group. It is expected that this study contribute to the integration of such sociocultural elements to the women's care in the pregnancy and puerperal cycle, therefore establishing an effective, integral and humanized practice in healthcare.

Methods

Conducted under a qualitative approach and grounded on an interpretative perspective, which assumes human action as significant, this study seeks to be faithful to the women's lived experience and values subjectivity.¹¹

The number of subjects attending this research was defined by the criterion of recurrence and saturation senses,^{12,13} and 18 pregnant women and eight puerperal women were included. All women lived in the region of Manginhos, in Rio de Janeiro, and were identified in a local Basic Healthcare Unit (BHU).

Data were obtained in organized semi-structured interviews conducted in private rooms of the BHU, and were recorded. At the end of each interview, the researchers proceeded to the literal transcription of the tapes and added their own notes to the text.

The analysis of the empirical material was based on an adaptation of the content analysis according to its thematic approach,¹⁴ consisting of a phase of exhaustive reading, when the first questionings were raised, data organization and codification, aiming to the identification of themes, emic categories and "units of meaning" and the review itself.¹⁴

Once the themes, categories and "units of meaning" were identified, the review searched for systems of meanings, beliefs, values and actions related to puerperium. So, a process of reconstruction and understanding of the subjects' self-interpretations began in the context of lived experiences. Concurrently, it proceeded with dialogue and comparison of such reconstructions and understandings with literature.

The study was approved by the Ethic Research Committee of Pedro Arouca National School of Public Health (Process no. 122/04), and the participants signed the Free and Informed Consent form.

Results and discussion

The setting and the research' subjects

The 18 pregnant women and eight puerperal women who participated in the study were between 15 and 46 years old. The pregnant women were 21.2 years on average, and the puerperal women were 29.9 years, and we can say that the group consisted of young women. Seven adolescents were part of the group, six of them being pregnant and one in puerperium. The decision to include adolescents was to obtain a wider range of senses and meanings.

Concerning education and occupation, 14 did not complete high school, seven had some money-earning activity, 15 were housewives, three adolescents said they had no activity, and one was a student.

The majority (18) stated that they lived with a husband or partner, 14 were still living with the first husband, and ten were primiparas. Of the total, six were from the northeast of Brazil and lived in Rio de Janeiro at the time of the interview.

The childbirth confinement period

For the women interviewed, confinement is a 40-day period beginning shortly after childbirth when women are supposed to rest as much as possible.

According to popular belief, confinement represents a time of major threat to women's health and life. During the 40 days following delivery, women live in a stage between health and illness, because their bodies, opened during delivery, will remain exposed to diseases until they are closed again at the 40th day.^{6,9,15,16} Such instable condition is considered dangerous because women in puerperium are with "one foot in the grave,"² and to protect themselves from injuries, they must obey to the rules and keep away from many home activities, which are prohibited during this period.

According to the pregnant and puerperal women, during confinement women cannot have sexual intercourse. The rule is to wait until the end of the period of confinement.

In the study by Salim et al.,¹⁷ who addressed sexuality and body changes during puerperium, according to the women interviewed to resume sexual activity it is necessary to respect "the time of one's own body", because in general it is common to feel fear in relation to the healing of the uterus and perineum, of feeling pain during intercourse and the possibility of a new pregnancy.^{4,17}

Women in this study interpreted that if these two components, physical efforts and sexual activity, were performed, women could "breach" the confinement and begin to feel sharp abdominal pain and headaches, and even "could go crazy".

Failure to follow the rules of childbirth confinement means health problems in the future, because disobeying just one of the prohibited activities during this period would be enough to threaten the women's physical and emotional well-being and ultimately might cause illnesses.⁹ For this reason, the women avoided any activity that required some effort, and those would could afford it dedicated their time to the baby. In this regard, all puerperal women had someone else, often another woman, to help them with the heavier home activities, such as clothes laundering. The pregnant women were also concerned with this aspect and were already making arrangements with family members to provide the support they will certainly need.

In the postpartum confinement, support to the puerperal women is provided by means of a complex network of relationships in which other relative women or close friends give a meaningful contribution in terms of physical and emotional support and in advice on how to care for the women and the newborn.^{9,18}

Although foods have not been pointed as a factor that “breaches” the confinement, during this period women used to be subjected to a strong interference of dietary restrictions. In general, women believed that while healing was not completed, they should not eat “heavy, fatty, spicy or *reimosa* foods (foods that are popularly considered bad for sick people).”

Once the confinement period has the connotation of “danger” to the woman and the baby's health, it is necessary that diets are consistent with such condition of fragility: light, without heartburn spices and low-fat foods.

Studies on riverine and fishing populations^{2,19-21} found that the meaning of “reimosa” food is given to the food that when consumed in vulnerable organic (and symbolic) conditions has a potential danger to the flow of body liquids (humors) due to the low capacity of the body to resist to its effects (strength), causing diseases (relapse).

In this study, foods classified as heavy, spicy or *reimoso* were sausages, pork and derivatives, fatty meat, salted meat, fats, duck, beans (at night), coffee, chocolate, soda, cassava, sweet potato, sardine, fish, seafood, pumpkin, watermelon, and eggs. “So ... you can't eat sausage, y' know? Bacon you can't eat. Dried meat you can't eat. A lot of things you can't eat [...] You can't eat *reimosa* food” (P2).

For the puerperal women, according to the logic of “breach of confinement”, if they eat interdicted preparations/foods, the perineum area, especially “if it has stitches”, could smell bad and even inflame, which would affect healing.

A pregnant woman told that her sister-in-law, for not believing in such prohibitions, “ate *favada* (green beans with calf's foot jelly) when she had a baby and suffered greatly because her stitches inflamed with pus spots for a long time”.

Both pregnant and puerperal women told that such rules and traditions were part of the people's beliefs, i.e., it was the people who dictated it, especially the older ones, passing them on from mother to daughter.

Only one puerperal woman told that she ate eggs because the doctor said that it was OK, but even so she did it some days after delivery. The other women did not dare to eat the prohibited foods during the confinement period, and all pregnant women reported that they in no way would eat the prohibited foods/preparations.

In studies by Maués,² Silva¹⁹ and Nakano et al.⁶ it was observed that the postnatal dietary practices are founded on popular beliefs that claim that there are specific risks to the women's health associated with the intake of some kind of foods such as: pork, eggs and some fish species, with risk of infection in the uterus, fever and vagina discharges; citrus fruits with risks of inflammation. Among the population studied, the common belief is that if a woman eats one of these foods after childbirth she can die or become "damaged", i.e., they might become sterile.

There is a tendency to believe in the prohibitions, even if the health professionals are contrary to these rules. Although pregnant women usually share their doubts with the physician who assists them, the experiences learnt or lived are also considered important to these women.²²

In this study, for most women, if the doctor does not say anything, one should follow what the people prescribe and in any way should eat the foods cited as *reimosos* (harmful to sick people) or heavy. And if the doctor says that there is no problem at all to eat such foods after the childbirth, still it would be better to follow the popular advice, thus avoiding any risk.

The beliefs transmitted by family and social relationships and all previous and current stories surrounding puerperal women build sociocultural values that they carry for life. In the construction of their identities, the contexts in which they live and the knowledge passed on by the older ones are of crucial importance. Therefore, abandoning the sociocultural rules that they have learnt during their life in favor of scientific principles explained by the physician brings insecurity to puerperal women.²³

Some attitudes embodied by the women and brought about by relatives, friends and close people are more valued than scientific knowledge, because they increase the women's confidence and enable them to disclose to society the reproduction of knowledge and functions of a good, responsible and protective mother of a vulnerable being.^{24,25}

Just as there were prohibitions, according to the participants, during the confinement period women can only consume two categories of foods/preparations:

a) “Light food”, which includes chicken, rice, beans, greens, fruits and liver.

The puerperal women reported that they did not eat any kind of meat other than chicken (cooked, stewed, toasted or in soups) during the first days of the childbirth confinement.

The pregnant women also mentioned chicken as the best food to be consumed in this period.

A northeast pregnant woman told that where she lived women who are in the early confinement takes a special broth made with backyard-raised chicken. She had already eaten it earlier, in the previous pregnancy, but as it was her mother-in-law who prepared it and she has not learnt how to cook it, she did not know what to do to have the broth, which was letting her uneasy.

The women reported feeling very hungry after childbirth, but thirst was more emphasized, making water an essential item. “We feel very hungry, very thirsty too, we drink a lot of water.”

b) “Foods/preparations that are good for nursing mothers”, and they cited milk and preparations made from milk – grits, sweet rice, vitamin (fruit blended with milk), etc. – mate tea, black beer and liquids in general.

After delivery, the woman begins the breastfeeding process, which is also full of meanings.

One of the aspects associated with breastfeeding is the mother’s diet. Nursing women need to feed themselves properly to produce good and sufficient amount of milk.

Although it was a commonplace among the women that these foods could help with breastfeeding, boosting milk production, not always they were consumed by the nursing mothers due to economic reasons.

The puerperal woman P1 attributed to God the fact that she had a lot of milk and being able to breastfeed because her diet was still insufficient.

The health professionals, family, society and the nursing women themselves charge responsibilities regarding breastfeeding. As it is an act determined by the living experience of nursing women in society, an experience passed on from generation to generation and even a family tradition, the sociocultural value given to breastfeeding makes women feel pressured to breastfeed, and they are not given the right to make mistakes.^{23,26,27}

A puerperal woman even said that the breast milk is like the mother’s blood: “[...] We must eat everything at the right time, because if not ... The baby nurses the breast milk, but is not fed well, y’know? And you lose weight, ‘cause the baby sucks your blood, as if our breast milk is our blood” (P2).

For the interviewees, in general, pregnant women can eat everything with no harm at all to the baby, but when women are breastfeeding the situation changes. The women believed that everything that the mother eats passes to the baby through the milk, and even worse, some foods interfere with the infant's intestine and may cause colic. They were very afraid of diarrhea, constipation and colic in babies. Thus, the woman that is breastfeeding has reasons to be more concerned with the foods that she eats.

The women believe that to produce milk that they consider strong and of good quality, some minimum health conditions are necessary, among them, a healthy diet, which includes avoiding foods that can harm the infant's health, and consuming foods that are beneficial to the infant's health. Considering the notion that women have about the transfer of nutrients from their bodies to compose the breast milk, a healthy diet goes beyond the need of keeping their own good health or well-being and aims to better meet the baby's needs.²⁸

Concerns with the baby's health become concrete in the postnatal period. In pregnancy, the child was protected in the mother's womb. After birth, women are more attentive to the child's reactions because they could be associated with the mother's diet, according to the statements below: "Avoid eating junk food because of the milk. I believe that foods can be passed through the milk and be harmful to the baby (P1).

I did not eat it! They told me I couldn't eat it, so I didn't. I really wanted it, but I didn't eat. Because I'm deadily afraid of causing colic, or anything else, because of what passes through the milk. So, I don't eat it. I can't eat anything. Only fruits; coffee I can't, sodas. Sometimes I get angry. [...] I'm dying to drink some coke, things like that, but I can't. She does not have colic, anything, so I am afraid she can have it (P4).

So, let's prevent it, right? I won't eat anything much. Because if I ... for example, eat much banana, it causes constipation to the baby, such things. We must know what to eat. It's not all that we can eat when we are breastfeeding because it may be harmful to the baby. We must eat lots of orange because if not the baby will not evacuate and then the baby has colic (P2).

The puerperal woman P4 told that to prevent the occurrence of colic in her baby motivated her to avoid foods of her preference, requiring some sacrifice on her part, but it was justified because it keeps her child away from any suffering, in this case, colic. The same report was found in the study by Oliveira et al²⁹, who identified the prevention of infant's colic as the main reason to exclude some specific foods during nursing. Leafy vegetables often appear as foods that provoke colic in babies, and are removed from the woman's diet. And to treat colic, they say they use teas, both practices present in the common sense.^{23,29}

Thus, the postpartum is a period when women have to take some precautions to ensure a good and quick recovery of their bodies and prevent complications to the baby's health condition, especially those that were breastfeeding.

Conclusion

The confinement period should be considered not only a biological process but also a historical, social, emotional and cultural process. Beliefs influence greatly the women's life during this phase.

It is important that the health professionals understand the sociocultural construction of prescriptions and interdictions during puerperium, which circulate in the society from generation to generation, dictating practices and attitudes. Refutation or disapproval of such practices may cause insecurity and conflict to women in a period of intense feelings and emotions.

One has to consider the logic underlying the beliefs, seeking to reconstruct them, in order to achieve a balance between the sociocultural and scientific principles, so as to provide women with the security they need to experiment confinement with ease, serenity and confidence.

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Received: 6/21/2013

Approved: 9/10/2013

