



## Research article

# Childbirth and Pollution: Exploring the politics of *Prasava Raksha* through food practices in Kerala

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### Abstract

Women's body has been the site of patriarchal control and the formation of gendered ideologies, often subjecting it to multiple cultural interventions, especially while experiencing pregnancy and childbirth. Childbirth is considered a state of ritual pollution for a woman that starts from the day of birth and lasts up to several weeks or months, depending on regional and religious contexts. *Prasava Raksha* is a traditional practice in Kerala where massages, herbal baths, and a specific diet are prescribed for the health and well-being of the mother and child. *Prasava Raksha* can be considered the culturally appropriated version of the practice of pollution, practised by women belonging to Hindu, Christian and Muslim religious sects in Kerala. The purpose of this qualitative ethnographic study is to investigate the cultural context of how women's body has been subjected to patriarchal control, particularly during pregnancy and childbirth, with food at the centre of analysis. This article aims to explore the practice of *Prasava Raksha*, its process and dietary prescriptions, to identify and analyse the cultural politics behind this practice that normalises the patriarchal exploitation of reproductive women. The study uses in-depth semi-structured interviews of 12 women from Kerala who have experienced childbirth and practised *Prasava Raksha* during the postnatal period, in addition to the interviews of a *Prasava Raksha* helper and an OB-GYN.

**Keywords:** Prasava Raksha, Childbirth, Pollution Postnatal care, Food practices.



### Introduction

The standard premise of women's subjugation was justified based on their reproductive biology. It was argued that "women's procreative function was incompatible with intellectual development as all the energy of women was needed for reproductive purposes" (Herbert Spencer in Hanson, 2004, p.12). Gender disparities were deepened through cultural ideologies through political,

**Article History:** Received: 11 July 2023. Revised: 24 August 2023. Accepted: 25 August 2023. Published: 26 August 2023.

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**Citation** Jacob, Alicia. 2023. Childbirth and Pollution: Exploring the politics of *Prasava Raksha* through food practices in Kerala. *Rupkatha Journal* 15:3. <https://doi.org/10.21659/rupkatha.v15n3.12>

religious and legal systems. While efforts have been made to address gender inequality in the socio-economic and political structures, the cultural separation of production and reproduction, which is deeply entwined in patriarchal systems, still works to undermine women. Women's body has been the site of patriarchal control and the formation of gendered ideologies, often subjecting them to multiple forms of cultural interventions, especially while experiencing pregnancy and childbirth. Female autonomy in making reproductive decisions has majorly been restrictive, especially for women from developing countries (Bloom, Wypij, & Das Gupta, 2001), (Osamor & Grady, 2016). The restrictive nature of female autonomy has been a major barrier to improvement in reproductive health. The relationship between women and food has been problematic. Male supremacy and female subordination are reconstructed through foodways and cultural practices. The tactical perpetuation of gender norms through food discourses is implicitly represented within the culture (Speer, 2005). Food is a product of the culture that permeates every aspect of human existence. Gender inequality propagated through religious and cultural systems finds implications in foodways. Further, the concept of purity and pollution in the context of India is an enduring system of social control that remains rooted in gender, caste and religious hierarchy. Childbirth is considered a state of ritual pollution starting from the day of birth and lasts up to several weeks or months, depending on regional and religious norms. Both mother and child come in contact with bodily fluids which, according to religious prescriptions, are impure. The mother and child thus become polluted and is considered vulnerable leading to a temporary confinement for purification and recuperation. The practice of seclusion varies across the country depending on the ethnic, religious, and socioeconomic background. These cultural practices associated with food varied widely from region to region, making each study region-specific as available food groups and consumption patterns remained specific to a geographical area. Similarly, in the context of Kerala, a southern state of India, the period of isolation after childbirth is marked by the administration of the traditional practice of *Prasava Raksha* or *Prasava Sheshruksha*, where traditional ayurvedic practices such as massages and herbal baths along with specific diet are prescribed for the health and well-being of the mother and child. In recent times, *Prasava Raksha* can be viewed as a culturally appropriated version of the oppressive practice of pollution, which is practised by women belonging to Hindu, Christian and Muslim religious sects in Kerala. However, the procedure and length of the practice vary among different religious groups.

### **Purpose of Research**

The purpose of this qualitative ethnographic study is to investigate the cultural context of how women's body has been subjected to patriarchal control, particularly during pregnancy and childbirth, with food at the centre of analysis. There is ample evidence proving the existence of traditional food practices associated with pregnancy and childbirth that restrict woman's autonomy over her body. However, there is a need to investigate the cultural politics behind these practices and their impact on women's health. The central objective is to critically analyse the cultural appropriation of the practice of pollution disguised as *Prasava Raksha* and its connection to the larger issue of gender disparity. This article aims to explore the practice of *Prasava Raksha*, its process and dietary prescriptions, to identify and analyse the cultural politics behind this practice that normalise the patriarchal exploitation of reproductive women.

## Method

This article offers findings from the first phase of a three-phase qualitative ethnographic PhD research that explores the food-eating practices of women during prenatal, antenatal and postnatal phases. This ethnographic study relies on participant observations and interviews. The study uses in-depth semi-structured interviews of 12 women from Kerala who have experienced childbirth and practised *Prasava Raksha* during postnatal period. The interviewees belong to Hindu, Christian and Muslim communities, with 4 participants each representing one community. Further interviews of a *Prasava Raksha* helper and an Obstetrician Gynaecologist were also conducted to attain a comprehensive understanding of the practice of *Prasava Raksha* from a traditional and medical standpoint. The selection of the respondents was determined by snowball sampling. The interviews were conducted in the regional language of Kerala, Malayalam. A total of 14 audio-recorded interviews were then transcribed, translated and thematically analysed. The names and other identifying information of the participants is kept confidential.

## Setting

This research is largely set in Kozhikode, a district in the Malabar region of Kerala. Kerala is a culturally rich state with unique traditions and, more prominently, a community consisting of three major religious groups, Christians, Muslims and Hindus, that coexist amicably. Motherhood, a major rite of passage for women, is marked by a unique set of rites and rituals that foregrounds the relationship between food and women's agency. The role of food is integral in each community and represents different things to different social groups. Pregnancy, though an experience unique to women, instigates a set of cultural norms that have been prevalent for centuries and passed down to new mothers. While there are practices specific to Kerala, these tend to vary based on region and religion. The fieldwork for this research was conducted between November 2022 to February 2023. The researcher, as a native of Kerala, is familiar with the language and culture of the setting, gaining an insider's position and therefore faces a minimum of gatekeeping obstacles. However, she remains an outsider owing to her lack of experience in pregnancy and childbirth.

## Literature Review

Traditional systems and practices related to pregnancy and postnatal care are prevalent in every community with regional and religious variations. Much of these practices centres around food which is a major variable in pregnancy ensuring the health and growth of the foetus, and needs to be monitored consistently during prenatal, and postnatal periods. Researchers provide ample evidence to support the claim that every society has an inherent set of food-related practices and taboos associated with pregnancy and childbirth (Parmar, 2013; Danielewicz, 2017). In a study conducted in Ethiopia a number of taboos related to the intake of certain food items and misconceptions that can adversely affect nutritional status during pregnancy were identified (Zerfu, 2016). Similarly, a study conducted in KwaZulu-Natal, South Africa showed that a majority of participants adhered to cultural food taboos and practices during prenatal and postnatal period significantly impacting maternal health (Ramulondi, 2021). A cross-sectional study conducted among a group of women residing in Sikkim, India showed that more than 86% of the mothers interviewed followed special treatments and food during postpartum (Mukhopadhyay, 2009). A similar study conducted in the rural and urban areas in Shama district of Ghana showed that

cultural beliefs and practices play a significant role in determining the food choices, activities and choice of treatment during pregnancy, delivery and aftercare (Otoo, 2015). A descriptive survey conducted in China related to postpartum care called "Doing the month" showed that apart from dietary measures women are asked to limit their activity at home, and avoid any physical work which led to stress, fatigue, poor role transition, and emotional problems, which can be injurious to their health, create a negative perception of parenting quality, and lead to ineffective parenting behaviour (Zheng et al., 2018). Further, an exploratory qualitative study from Ethiopia provides evidence on Postnatal mental distress in relation to the sociocultural practices of childbirth and postnatal care (Hanlon et al., 2009). Although there is extensive literature on food taboos and cultural restrictions imposed on women from the global south during their pregnancy and postnatal care, most of these studies are quantitative failing to provide a subjective account of the experience and largely focuses on the medical or nutritional aspect of food consumption and overlook the cultural aspect of these traditional practices.

## **Findings and Discussion**

### **Pollution and Childbirth**

In India, the notions of ritual purity, pollution, and defilement are complex and vary immensely based on geographical location, religion, and caste. Generally, purity is associated with the upper castes and pollution with the lower castes. In the context of India, pollution can be temporary; through life cycles such as birth, menstruation and death or through contact with lower caste, which can all be purified through ritualistic prescriptions, or permanent; inherited through caste systems. Female anatomy and reproductive cycles are closely associated with pollution; women are isolated and confined during these times to prevent defilement. During childbirth, the mother and the child come in contact with the blood which is considered impure. Therefore, both the mother and child are considered defiled and isolated for a period of time, based on religious and regional beliefs. The data from the interviews revealed that, apart from the mother and child, in a Hindu household in Kerala, the members of the entire household observe 11 days of *pula*, wherein all the members of the family are considered polluted. Upper-caste Hindus ideally practice seclusion with a restricted diet for 21 to 30 days, while women from Hindu lower castes remained confined for 9 to 11 days. However, women from the Muslim community practice seclusion for an extended period of 40 days, where she is considered polluted and do not participate in religious acts and cooking practices (Bandyopadhyay, 2009) which is extended to 60 days in case postpartum bleeding hasn't stopped. Similar to Hindu traditions, in the Muslim community the entire members of the household are considered polluted and remain in isolation for 12 days. The Christian communities also participate in confinement after childbirth. Although the length of the isolation period varies among various religious sects within Christianity, it is generally considered to be 28 to 56 days long.

The concept of purity and pollution is intimately linked to cooking and eating practices within an Indian household. The new mother is prevented from entering the kitchen and participating in cooking practices during the period of isolation (Achaya, 1994). The new mother is not allowed to leave her room during this period and by extension is not permitted to enter the kitchen or engage in cooking. The new mothers are fed specialised herbal concoctions and endure various food restrictions. The food choices of new mothers during the postnatal period are determined mainly

by the older women of the house or *dais/Prasava Raksha* helpers who are hired to take care of them. While postcolonial writers oppose the view that the concept of purity and pollution contributes to inequality and thereby creates hierarchy, it is impossible to deny its existence (Ram, 2009). The *dai* is a skilled menial worker who assists in removing pollution associated with birth and post-birth care. They are hired to help during childbirth and care of the newborn and mother and are primarily from lower castes and are considered service workers who are permanently impure (Naraindas, 2009). Thereby the pollution of childbirth is not applied to them. Further, the concept of pollution during delivery has been engrained into cultural practices that it is reinterpreted as segregation practised to ensure the well-being of the mother and child as well as time given to mothers to recuperate after childbirth. With increasing socio-economic status, women's perception of ritual pollution transforms strictly into a cultural tradition (Bandyopadhyay, 2009). According to a study by *Kerala Sasthra Sahithya Parishath* titled *Sthreepadhanam Keralasthree Engane Jeevikkunnu? Engane Chinthikkunnu ?* (2013) 39.1% of women follow the custom of isolation due to pollution across different socio-economic groups during menstruation. A majority of 55.8% of these women belong to a Hindu religious background, with Christians and Muslims making up 17.4% and 16.3%, respectively. While 35% of women stated hygiene as the reason for this isolation, the rest considered religion responsible for this practice.

Isolating to do *Prasava Raksha* has been a part of the tradition in Kerala, however, not everyone is aware of the gender politics behind it. It is rarely associated with pollution. A 28-year-old Christian mother says that she was not aware that she had to isolate herself for a long time and she was surprised to find out that she was considered impure after childbirth:

I didn't know that there was the practice of pollution in our religion. But during *Prasava Raksha* I used to go out of my room to get things etc and my aunt told me that I was supposed to isolate myself for 28 days and can only leave the room once the priest comes and said a few prayers and sprinkled holy water. We weren't even supposed to have food with the family. (Interviewed on 6th November 2022)

Similarly, a 33-year-old mother of two, belonging to the Marthoma division of Christianity talks about the idea of pollution in her community:

My parents didn't let me out of my room, I distinctly remember and I was not told why. So, it came later that my father's sister told me that apparently there is a tradition where you can't enter the kitchen for the first 56 days after delivery. Because that is a period of lochia and we will be bleeding and is considered impure. After that, you can enter the kitchen...They don't make it known that we are considered impure, they just tell you that you need time to rest so you can't enter the kitchen. (Interviewed on 23rd January 2023)

Even though, the customs followed by Muslims during *Prasava Raksha* vary from the practices of Christian and Hindu communities, the practice of isolation due to pollution remains a common attribute of all three religions. However, women remain oblivious to the reality behind these practices. A 30-year-old Muslim mother of two, was also unaware of the existence of this practice:

We don't have any religious restriction during pregnancy, but after childbirth, we will have bleeding for 40 days then we are not allowed to go to the mosque or go out...After 40 days we take a ritualistic bath called the 'nalpathe kuli' until then we are not supposed to

meet any men, we have to sit in our room, and only close relatives see us, after the ritualistic bath we have to carry a utensil full of water and enter through the front door of our house (Interviewed on 12th December 2022)

Women are forced to isolate soon after childbirth preventing them from entering the kitchen, thereby, losing their agency in making their own food choices. It is either the elders at home or the help/dai who was hired for postnatal care who is responsible for their diet. Apart from food choices, isolation can also cause mental health issues.

That is the time we need the most support, we are physically and emotionally drained plus the hormone withdrawal...isolation can be dangerous. We might turn into that lady from *The Yellow Wallpaper*.(Interviewed on 28th January 2023)

A 38-year-old woman belonging to the Hindu community, also recalls how the isolation during *Prasava Raksha* and the lack of support had been so taxing that she suffered from post-partum depression and had to take medications. From the participant account, we can draw a clear conclusion that *Prasava Raksha* is a common practice within all three religions. However, the food practices associated with *Prasava Raksha* may change based on the religion and region.

### ***Prasava Raksha* and Dietary Practices**

*Prasava Raksha/Prasava Shihilsa* is a form of postnatal care practised in Kerala, which is offered to new mothers in the form of ayurvedic treatments and traditional diets ideally from the moment of birth up to 6-8 weeks after that. However, the practice of *Prasava Raksha* and pollution are intricately linked. *Prasava Raksha* more often than not becomes a cultural tool, disguised in the form of postnatal care, used to exploit women. The practice of *Prasava Raksha* is followed by most women living in Kerala despite religious, economic and social disparities. All of the participants of this study have undergone *Prasava Raksha*, despite religious differences, although the length and the process varied. The mode of delivery, whether vaginal or caesarean section determines the procedure and length of the treatment. Although women who had a vaginal delivery can start *Prasava Raksha* as soon as they return home after their delivery, women who underwent c-sections wait for two to three weeks before administering *Prasava Raksha* to ensure proper healing of stitches. However, there have been cases where the new mother was forced to start *Prasava Raksha* soon after her delivery despite having a C-section. One of the participants, recalls her gruesome experience of *Prasava Raksha* after a Caesarean section.

An elderly aunt in my family gave me *Prasava Raksha* and we started the bath right after the delivery even though the doctor advised against it. They pour boiling hot water down there and on the chest. It was so painful that I used to scream. They said it will heal the wound quicker but by c-section, the wound got infected and there was pus coming out of it. I had to be hospitalised and it took nearly 2 months for the wound to properly heal (Interviewed on 13th February 2023)

The beginning of *Prasava Raksha* is marked with *Vethukuli* which takes about one to two hours. The mother is anointed with herbal oils and given intense body massages. This is followed by a bath using boiling hot herbal water. Splashing hot water on a woman's labia and perineum is part of the bathing process during *Prasava Raksha* and is believed that shrinks the uterus and bring

comfort to the sore areas. This practice, unfortunately, is unnecessary and torturous as warm water or a sitz bath is ideal for relief (Ramanathan, 2015).

*Prasava Raksha* calls for a restrictive diet which is believed to heal and rejuvenate the body and help produce quality milk for the newborn. *Vethukuli* is given for 7 continuous days and then on alternate days for a month. The new mother is allowed to eat only after the bath. She is served hot rice with ghee and a specially made concoction with *ulli lehyam* on the side. The food must be freshly cooked and served hot. The food is generally bland in nature and cooked without adding a lot of spices. A pinch of turmeric and pepper is permitted for added flavour. Apart from this, the new mother is administered specially prepared traditional food with medicinal properties. Following the specific order as shown in table A, three serving of each item is given to the new mother, with one serving in the morning, the next in the evening and the third one on the morning of the next day. The following evening on the second day the second item is served and thus each of the items is served for 3 consecutive doses one after the other for a total of 20 days.

Sl.no	Prescribed traditional food during <i>Prasava Raksha</i> (in the order of administering)
1	Ginger + honey
2	<i>Chukumuke thripali powder + honey</i>
3	<i>64 kuttam Angadi marrune + karipetti/honey</i>
4	<i>Kodangal</i>
5	<i>Manjal Kuzhambe</i>
6	<i>Manjal Lehyam</i>
7	<i>Thenginde Kumbe puttu</i>
8	<i>Thengin pukula puttu</i>
9	<i>Thengin pukula lehyam</i>
10	<i>Karukachira puttu</i>
11	<i>Ulluva vellam</i>
12	<i>Ulluva varatiyathe</i>
13	<i>Athari puttu</i>

**Table A: Prescribed traditional food during *Prasava Raksha* (in the order of administering)<sup>1</sup>**

This is followed by a round of ayurvedic medicines specific for the woman's needs. In the case of India, there is ample evidence suggesting a definite link between traditional healthcare practices with the science of Ayurveda (Jayasree, 2008). While some of the participants consulted an ayurvedic practitioner and bought the prescribed medicines based on their body's needs, most of the participants were fed the medicines suggested by the hired help or the elders in the family.

<sup>1</sup> The data regarding the process of *Prasava Raksha*, the dietary practices associated with it and the order of administering was obtained through interviews with participants.

Blindly following traditional prescriptions without taking into account the physiological needs of the new mother and obtaining medicinal advice from non-professionals result in creating a negative impact on woman's health during postnatal care and has brought the ayurvedic community into disrepute. Three types of ayurvedic preparations are administered during *Prasava Raksha*, *Kashayam*, a water-based concoction of herbs for specific ailments; *Lehyam*, a semi-solid paste with jaggery as a major component to mask the bitterness of medicinal herbs and finally, *Arishtam*, where herbs are fermented in sugar syrups and has a watery consistency. While some medicines are prescribed to treat a specific ailment that the new mother is suffering from, some are prescribed for her overall health and the health of the baby. However, consuming this preparation without proper consultation in the name of tradition can have long-lasting effects on women's health. As most of these medicines contain a large amount of sugar, the new mother may gain unwanted weight and, in some cases, develop diabetes, especially if she had developed gestational diabetes during her pregnancy. The consequences of taking these medicinal concoctions without medical consultation from ayurvedic practitioners can have an overbearing effect on the woman's health.

Pregnancy invited a lot of Vedic injunctions, especially the hot and cold food prescriptions. However, considerable variations of what is perceived as 'hot' and 'cold' varies from country to country and also among different communities within each country. According to Ayurvedic texts, pregnancy is considered a hot state, therefore, a pregnant woman should avoid consuming hot food groups whereas, the period after childbirth is considered as cold so it is recommended that they consume hot food groups (Achaya, 1997), (Sen, 2014). A recent study conducted a scientific evaluation of the chemical composition and physiological impact based on the properties of 'hot' and 'cold' food and found that food that caused a heating effect on the body was associated with metabolism and sympathetic nervous system enhancement and showed higher oxidation potential and pro-inflammatory effects whereas food that cools the body was associated with anti-inflammatory, and detoxification processes (Ormsby, 2021). The participant interviews showed that the 'hot' and 'cold' food restrictions are prevalent in Kerala irrespective of religious differences. During the first three months of the postnatal period care is taken to incorporate more hot foods like onion, and garlic and avoid cold foods like curd, buttermilk, pulses, and oily food to name a few. Meat such as chicken and mutton are also encouraged as it is believed to have a heating effect on the body. It is customary in Kerala that the new mother consumes a full lamb within the first 56 days post-partum. Each part of the lamb, the meat, the brain, liver, intestine, legs and spine, is served during different stages of postnatal care and nourishes the corresponding part of a mother's body. Additionally, exclusive to Kerala, *Attin brath* is a specialised medicinal preparation prescribed during *Prasava Raksha* which is made using bones and meat of mutton along with 64 medicinal herbs. This broth is then served to the mother before every meal for a week. This medicinal broth is believed to boost immunity, alleviate back pain and reverse the damage done to muscles and bones during pregnancy and childbirth. Similarly, *Kozhimarunne* is also a traditional preparation similar to *Attin brath* but the meat used here is that of a homegrown spring chicken. The meat and bones are sundried and ground into a paste and then fried along with medicinal herbs. *Ulli Lehyam*, is yet another post-delivery food used to increase the production of milk. The major ingredients include onion and garlic both of which are considered



to be 'hot' foods, along with jaggery, a few spices and lots of ghee. All of the above-mentioned traditional preparations follow the rules of 'hot' and 'cold' food prescriptions.

One of the most difficult restrictions imposed on a woman during postnatal care is regulating her water intake based on cultural beliefs. The consumption of water is limited as it is believed to distend the stomach. One of the older participants, a 65-year-old Christian woman recalls her experience:

Women were not allowed to drink even a drop of water during *Prasava Raksha* and that too for three months. Even the curries served along with rice would be so dry, they evaporate all the water content from it. I used to beg and plead with my mother and try to steal water. The only liquid I got was *Kashayam* which was very bitter to drink (Interviewed on 26th February 2023).

The OB-GYN interviewed during the study talked about the repercussions of these practices:

*Prasava Raksha* is not a necessary practice, I gave birth to two children and never did it. There is also a commercial element to it. So, they call dais, they are untrained, they used to help in home-deliveries now they mostly become post-delivery helpers. For most people, it is just a way to make money, but then after carrying the baby for 10 months and undergoing the process of childbirth getting those massages can be relaxing and might even help to reduce the size of the abdomen. But eating a lot of fat and ghee and *Lehyam* makes the woman gain a lot of weight which can cause health issues in the long run. Taking the prescribed supplements is more than enough for the woman to bounce back. Moderation in the diet is key and we always ask them (the mother) to drink plenty of water, plain water, not fruit juices as the sugar content would be higher. Since they are lactating if they don't drink water the chances of dehydration are very high and cause urinary infection and other serious health issues. (Interviewed on 27th February 2023)

Although many of the women from the older generations were forced to follow this restriction, contemporary women are given much more lenience. Water intake is still restricted during the course of certain *Kashayams*. On those days, they are only permitted to drink these medical concoctions which are diluted with water.

### **Sex of the baby and agency of the woman**

Preference for a male child is still prominent in India as it is traditionally believed that the male child of the family carries the family line forward (Bandyopadhyay, 2003), (Yasmin et al., 2013), (Pathak & Arya, 2018). The same holds true for Kerala. Unlike in some other states of India, sex-selective abortion and female infanticide have not been widely reported in Kerala (Rajan et al., 2000). While most of the participants revealed that they prefer a balanced family with a son and a daughter, they believe the elders in their family and husbands do prefer to have at least one male child. A participant recalls how her mother-in-law gave her instructions:

Initially, because my mother-in-law wanted a boy in my first pregnancy so she would tell me to pray incessantly that I get a boy and she would tell me to sit in a certain posture with my legs crossed and stuff like that. I don't know where she got that information so that gender changes magically. But obviously, it is not true and I used to do it for the fun of it (Interviewed on 23rd January 2023)

A study conducted among people from the Nayyar community in Kerala showed that male preference is prominent among middle and low-income groups (Sudha et al, 2007). Therefore, the sex of the baby can impact the quality of care and nutrition given to the mother. The birth of a girl child can also result in women being underfed during the antenatal and postnatal periods. A few of the elder participants had experienced this discrimination or know of someone who had gone through a similar experience:

I went home (natal) during my first pregnancy, but in my second pregnancy because the eldest child is a girl my father-in-law refused to let me go home for childbirth. I got no care. My sister-in-law was home for childbirth during that time and she'd be given a special diet and two eggs and all the *Kashayam*. I didn't even get enough food. Things got worse after childbirth because I had a girl again." (Interviewed on 26th February 2023)

Similarly, the sex of the baby also determines the length of household pollution as well. It is believed that the woman and her family remain polluted for a longer period if the newborn is a girl when compared to a baby boy. As stated in Book 12 of Leviticus, after giving birth to a son, a woman remains impure for a week and has to immerse in a body of water after 33 days of additional isolation. Additionally, the child remains impure until receiving the holy sacrament of baptism. In the case of having a girl child, the woman remains impure for two weeks and has to isolate for 66 days (Leviticus 12: 2-5). This difference in the length of pollution based on the sex of the baby is practised by Hindu, Muslim and Christian communities in Kerala.

The data collected during the study shows a significant impact of the number of pregnancies on the agency a woman has over her body. Women tend to rely on their in-laws and parents for knowledge and support during their first pregnancy and rely on their experience in subsequent pregnancies. A 30-year-old Muslim woman with 2 children says that:

I did whatever they (mother-in-law and mother) told me. Did not even question anything. I was worried I might hurt the baby if I eat something they didn't approve of or avoided something they asked me to eat. In my second pregnancy, I had a little more control over what I ate during *Prasava Raksha*. Because I knew that the baby is not affected as much as my mother let on. I had a boy in my first pregnancy so they didn't bother me much during my second pregnancy. (Interviewed on 12th December 2022)

This shows that women have more agency in subsequent pregnancies and the sex of the first baby is also factored in. A 33-year-old Christian woman with two children recounts:

I regret doing it (*Prasava Raksha*) and gained a lot of weight. In my first pregnancy, I couldn't say no because my parents were fussing over it and it was a big deal for them...In my first pregnancy, I used to listen to everybody and do whatever they wanted and make changes accordingly. There is a lot of *Kshayam* and *Lehyam* and there is something called the Attin (Goat) broth which my father insisted I take. It is basically lamb bones which are boiled and brewed and taste like *chyawanprash* but more liquid in consistency. It is very heavy as you can see fat floating on top of it...Horribly I consumed it and I regret doing that as I gained a lot of weight and am still not able to lose it. In my second pregnancy, I pretty much got a hang of it so I would listen to everybody and do what I wanted...I said

no to *Prasava Raksha*, in my second pregnancy, but it was not met very well and they kept pushing me a lot but I got away with it. (Interviewed on 23rd January 2023)

Most of the women who lived in their natal home during their first delivery were emotionally manipulated into following all the restrictive dietary prescriptions claiming that these practices have a significant impact the growth of the baby who was then breastfeeding. It is clear that women during their first pregnancy tend to rely on elders as a major source of knowledge and are dedicated to following the food restriction imposed on them but in their subsequent pregnancies, they rely on their own experience as well thus being able to negotiate cultural food practices imposed on them during pregnancy. However, the practice of isolation was still practised after each pregnancy and as a result of the restriction of movement the dietary choices of the mothers still rested in the hands of the elders/dais limiting their autonomy in making food-related decisions.

## **Conclusion**

Pregnancy, to most women, is a major milestone as per societal prescription and is a time of angst and confusion. The fundamental transition from a woman to a mother takes a toll on the body and mind of every woman. The postnatal period, the first 6 weeks to 6 months following childbirth, is a critical phase in the lives of both the mother and the newborn. WHO states that most maternal and infant death occur during this period specifically due to neglect and lack of quality care (World Health Organization, 2010). This paper relies on the subjective experience of women from Kerala who have experienced pregnancy and childbirth to comprehend the cultural politics of traditional post-natal practices and the magnitude to which patriarchy manipulates a woman's experience associated with childbirth. While postnatal care aims to improve and promote the health of the woman and child, the environment in which the care is provided has a huge impact on their physical and mental well-being. The study shows that *Prasava Raksha* imposes restrictions on physical movement, cooking and consumption of food on postnatal women making them adhere to patriarchal terms of postnatal care. Restraining woman physically in the name of pollution and dietary regulations and restrictions imposed on them during *Prasava Raksha* takes away the autonomy a woman has over her body and her agency in deciding what is best for her health. While the primary function of *Prasava Raksha* was to provide women with necessary nutrition and to heal their bodies from the impairment caused by childbirth, the politics behind many of these practices cause more harm than good. Strict dietary prescription and confinement can negatively impact women's physical and mental health. The study revealed that primiparous woman due to their lack of experience and the physical inability to function without support after childbirth are forced to follow societal prescriptions and blindly oblige to the practice of *Prasava Raksha*. However, it was observed that women during their subsequent pregnancy was able to negotiate with patriarchal systems. The agency a woman has over her pregnancy and postnatal care is determined by the sex of the baby, number of pregnancies she has experienced, and her education as well as her socio-economic background. The study also revealed that woman belonging to Muslim, Christian and Hindu communities, despite religious differences, equally practiced *Prasava Raksha* with slight variations. Subsequently, most of these practices are traditions that are passed down from generation to generation. This includes foods prepared for the rejuvenation of woman's body after childbirth. While some of these recipes and practices needs to be preserved, each of these practices should be altered to meet the need of the woman

leaving her the autonomy to choose. Further, the findings of this research hold potential to contribute significantly to the field of gender studies, cultural anthropology and women's health. This study provides an overarching insight into the food practices during postnatal care but its scope does not cover the variations of these practices based on caste and class disparities. Future research could delve deeper into the regional variations of similar practices, examining how different societies negotiate the power dynamics surrounding women's reproductive experience. Additionally, this research could pave way for discussions on reforming and reclaiming traditional practices in ways that empower women and challenge patriarchal structures.

### Declaration of Conflicts of Interests

The author(s) declared no potential conflicts of interest.

### Funding Disclosure/Acknowledgement

No funding has been received for the publication of this article.

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