

## Postpartum Dietary Restrictions and Taboos among Indigenous Temiar Women in Peninsular Malaysia: A Qualitative Study

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### ABSTRACT

**Introduction:** The Temiar who ethnically belong to Senoi, one of the major groups of Orang Asli (indigenous people) in Peninsular Malaysia, have their own distinctive food taboos and avoidances during the postpartum period. These traditions are deeply rooted in their culture, customs, values and beliefs system. **Methods:** A qualitative research method involving five focus group discussions were conducted to compare and contrast four different locations: the communities of Pos Tohoi, Pos Simpor, *Rancangan Pengumpulan Semula Orang Asli* (RPSOA) in Kelantan and the community at Batu 12 in Gombak, Selangor, representing different lifestyle experiences and food practices of Orang Asli Temiar in Peninsular Malaysia. All the transcripts were coded and categorised and then 'thematized' using the software package for handling qualitative data, NVivo 8. **Results:** Despite variations in locations, there were five agreed prohibited food items during the postpartum period: cooking oil, salt, monosodium glutamate, sugar, and meat from game or domesticated animals. Dietary restrictions begin immediately after childbirth and varied from seven, eight, and fourteen days to one month. Besides food restrictions, there were other prescribed avoidances for mothers after delivering a baby. **Conclusion:** Prohibitions placed upon women during the postpartum period are intended to protect the new mother, the newborn baby and also the community. It appears that regardless of whether they live in the most traditional or the least traditional locations, the Temiar lineage and societal norms in the form of taboos during the female reproductive cycle are handed down to the new generation by their elders.

**Key words:** Dietary restrictions, focus group discussion, food taboos, Orang Asli Temiar, post-partum women

### INTRODUCTION

The Temiar is one of the sub-ethnic groups that can be found under the Senoi, one of three major groups of indigenous people (Orang Asli) besides the Negrito and Proto Malay (see Table 1). Once, the Temiar could only be found scattered in

the remote forests. Nowadays, although most still live a tradition-bound lifestyle, others have moved out of the forest to settle in more accessible locales. They live by various combinations of swidden farming ('slash and burn' agriculture and crop rotation), hunting, gathering, fishing,

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**Table 1.** Groups and sub-ethnic groups of the indigenous people of Malaysia and their locations

<i>Groups</i>	<i>Sub-ethnic groups</i>	<i>Location</i>
Senoi	Semai	Perak, Pahang, Kelantan, Selangor, Terengganu
	Temiar	
	Jah Hut	
	Mah Meri or Ma' Betisek	
	Che Wong Semoq Beri	
Negrito	Jahai	Kelantan, Perak, Pahang, Kedah, Terengganu
	Kintak	
	Kensiu	
	Lanoh	
	Bateq (nomadic) Mendriq	
Proto Malay	Semelai	Pahang, Johor, Selangor, Negeri Sembilan
	Temuan or Belandas	
	Jakun	
	Orang Kanaq	
	Orang Kuala Orang Seletar	

*Source:* JHEOA (1997)

and trading forest produce. More recently, some men have started to undertake waged employment as day labourers. A few have become lawyers, teachers, doctors or government staff.

As an animistic people, they believe that all entities, human and non-human, seen and unseen, are embodied with a soul or spirit. Temiar people have a rich spiritual life in which these many different entities are recognised and reconciled. They follow sets of rules to maintain an equal and balanced harmony between all entities and to prevent any misfortune or calamity from happening.

Women are often subject to taboos, especially dietary taboos, with specified consequences or penalties for breaking them. Douglas (1994:10) states that "these taboos, inspired by fear, precautions against malignant spirits, were common to all primitive peoples and often took the form of rules of uncleanness." According to Spielmann (1989), avoidances are usually placed on women during critical times

in their reproductive cycle, when their energy requirements are highest (Aunger 1994), for example during the postpartum period. They are usually related to cultural perceptions, customs, and superstitious beliefs of health risk (Wilson 1980; Osemeobo 1994).

As suggested by Laderman (1984), the term taboo implies a rule that may not be broken upon pain of supernatural or societal retribution, thus evoking obedience from all but the most daring or foolhardy. She also states that unquestioning obedience to postpartum prescriptions and proscriptions, if not followed, were feared to result invariably in grave consequences for the mother and/or child. In addition, women who are lactating must avoid foods considered 'indigestible' or 'cold', or foods that are considered difficult to digest, for fear the nursing infant may become ill.

Jennings (1995) reported that the Temiar, as one of the ethnic groups among the Orang Asli, maintain a wide range of food prohibitions in order to avoid illness,

for physical reasons or due to beliefs in the supernatural. Hence, the aim of the research is to gain an understanding of the food taboos and avoidances that Temiar women follow during the postpartum period and the rationale underpinning such practices.

The Orang Asli Temiar are certainly undergoing dietary change, whether they live in forest, resettlement, or urban areas. Considering the limited research so far available on the postpartum food taboos of the Orang Asli, the present study attempts to redress the gap in the literature through gaining an understanding of how Orang Asli Temiar relate to their traditional food taboos and avoidances during the postpartum period in modern times.

## METHODS

Four different locations were selected: the communities of Pos Tohoi and Pos Simpor in Kelantan represented the experiences of Temiar who live in a traditional site; the community of *Rancangan Pengumpulan Semula Orang Asli* (RPSOA) in Kuala Betis, Kelantan represented a transition from forest to rural living; and the community at Batu 12 in Gombak, Selangor, represented the Temiar who live in an urban area.

In each fieldwork location, participants were identified using a snowball approach. A total of five focus group discussions were conducted: one group in Pos Simpor; one group in Pos Tohoi; two in RPSOA in Kuala Betis; and one group in Batu 12, Gombak. For the purpose of this comparative study, each focus group represented a location in which different lifestyle experiences of the Orang Asli Temiar sub-ethnic group indicated that something different might be said about food and food practices.

### Data collection

Focus group discussions (FGDs) consisted of the selected key informants (*Tok Batin* and midwives), and older and young

cohorts of women and men. A list of criteria was drawn up and verified by each potential participant just before the group convened to ensure validity. Each session was conducted in Bahasa Malaysia and was audio-taped and video-recorded to allow the facilitator to focus on the group responses and non-verbal behaviour for later transcription. Data collection took place between January and June 2008.

### Ethical considerations

The questionnaire and the questions for the focus groups were general rather than personally probing in nature. It was important that participants felt at ease and not threatened by the researcher or the data-collection instruments. Every effort was made to achieve this. The research procedures were fully approved by the Human Research Ethics Committee of the University of Newcastle, Australia (approval number H-592-0907).

### Data analysis

Focus group discussions were audio-taped and video-recorded (with permission) and these tapes were then transcribed from oral language to written language. Observation notes were analysed for patterns, themes and categories. All the transcripts were coded and categorised as either a main category or sub category and then 'thematized' using the software package for handling qualitative data, NVivo 8 with each participant identified by a pseudonym.

## RESULTS AND DISCUSSION

### Overview of Temiar postpartum food restrictions

Table 2 presents the lists of the forbidden food items and behavioural avoidances in all research locations including their supposed effect if violated, and the focus of risk. It was notable that the food restrictions seemed to be based on the belief that post-

**Table 2.** Restricted food items and other avoidances during the postpartum period in all locations

<i>Restricted food items and other avoidances</i>	<i>Locations</i>	<i>Reasons or supposed effect if violated</i>	<i>Focus of risk</i>
Cooking oil	All locations	<ul style="list-style-type: none"> <li>To prevent aches and pains in future</li> <li><i>Sawan</i> or convulsion</li> </ul>	Mother
Salt	All locations	<ul style="list-style-type: none"> <li>To prevent aches and pains in future</li> <li><i>Sawan</i> or convulsions</li> </ul>	Mother
Monosodium glutamate	All locations	<ul style="list-style-type: none"> <li>To prevent aches and pains in future</li> <li><i>Sawan</i> or convulsions</li> </ul>	Mother
Sugar	All locations	<ul style="list-style-type: none"> <li>To prevent aches and pains in future</li> <li><i>Sawan</i> or convulsions</li> </ul>	Mother
Meat (Game and other domesticated animals)	All locations	<ul style="list-style-type: none"> <li><i>Sawan</i> or convulsions</li> <li>Manifestation of prohibited animals</li> </ul>	Mother
Eat alone	All locations	<ul style="list-style-type: none"> <li>Mother is deemed impure/polluting</li> </ul>	Father and other people/ community
Father's restrictions	All locations	<ul style="list-style-type: none"> <li><i>Sawan</i> or convulsions</li> </ul>	Baby
Other people's restriction	All locations	<ul style="list-style-type: none"> <li><i>Sawan</i> or convulsions</li> <li>Attract a tiger</li> </ul>	Baby Other people/ community
Not going to the river	RPSOA Kuala Betis only	<ul style="list-style-type: none"> <li>Malevolent spirit attack</li> </ul>	Mother
Work restriction	RPSOA Kuala Betis only	<ul style="list-style-type: none"> <li>Mother needs to recuperate</li> </ul>	Mother

partum women are weak and their bodies cannot handle most foods. The threat of *sawan* (convulsions) was often mentioned. There was also a fear that forbidden foods might contaminate the infant.

#### **Similarities of food restrictions during the postpartum period at the four locations**

For the Temiar, postpartum food restrictions seem severe. Despite variations in locations, there were five agreed prohibited food items during the postpartum period: cooking oil; salt; monosodium glutamate; sugar; and meat from game or domesticated animals. Many societies nominate a special diet for women after childbirth, but Temiar restrictions were different in the low level of nutritional value available for a woman following the restrictions, compared to what she

consumes in most other indigenous cultures. For example, Vietnamese women are often encouraged to consume food in large quantities to rebuild their strength and improve breastfeeding (Lundberg & Thu 2010).

#### *Emphasis on Carbohydrates*

Postpartum women are advised to eat meat, poultry, and soup among Palestinian Bedouin in the Negev (Hundt *et al.*, 2000). Sweet drinks and meals are advised for women in South Eastern Turkey (Geckil, Sahin & Ege, 2009). A special gruel containing a large amount of lake salt containing sodium carbonate and spicy nutritious food are recommended for postpartum women in northern Nigeria (Iliyasu *et al.*, 2006). However, in Temiar society, women are not allowed to consume high-

protein or restorative foods to support their recovery during the postpartum period. The only meal that is allowed to be eaten by postpartum Temiar women is a bland and tasteless gruel made from ground cassava root or rice. This gruel consists of carbohydrates only without other essential nutrients needed to assist with the recovery process.

As animists, the Temiar believe that every living thing has a spirit. Meat from a hunted animal is dangerous as it has a soul and most likely can cause *sawan*. In addition, meat from a reared animal is avoided because the Temiar believe that it is wrong to kill and eat an animal they have reared (at least during the postpartum period). No other reasons for these two prohibitions against meat were given. The woman was supposed to only eat gruel without any side dishes. Some FGD participants from the least traditional community of Batu 12, Gombak said that in the old days, the postpartum woman was not allowed to even eat rice because of the hard texture, for example:

“when we look back, eating rice was forbidden because it is considered hard, she has to eat cassava root. Put it in the bamboo stem then it was... compress, compress, compress... ha... pound, pound, pound, only juice was given, the root itself was not allowed to be consumed.” (Minah, female, 52 years old)

It is believed that drinking the cassava root juice will help to enhance the production of breast milk. This belief is found in some other societies.

The practice of eating a bland, carbohydrate-based diet is common among Ife women in Western Nigeria (Odebiyi, 1989). Like the Temiar, they believe that this will aid the flow of breast milk. Japanese women have a similar practice: they believe that after delivering a baby, they are weak and their stomachs

may not accept certain kinds of food; hence they consume rice gruel because it is said to be easily digested and absorbed (Oishi *et al.*, 2000).

#### *Salt*

The taboo regarding salt during the postpartum period has been widely accepted since ancient times. It is not only common in Temiar society but in other indigenous communities as well. All participants from all locations agreed that salt should not be consumed during the postpartum period. It was explained that salt is prohibited because it is a resource from the outside domain. In order to bring the salt into the human domain, some participants from FGD Batu 12, Gombak mentioned that it should be fried until it turned a colour like brown sugar. However, others said that even fried salt should not be consumed before first being treated by the *Halaq* (shaman) to avoid any harm to the baby.

Participants at all locations mentioned the taboo on salt. Yet the practice of altering the forbidden salt through frying and treatment by the *Halaq* so that it could be consumed was mentioned only by Batu 12, Gombak participants who live in an urban area and are exposed to modernisation. This finding supports Rice's (2004) argument based on her study in Chiang Mai, northern Thailand, that being 'modern' makes women challenge traditional practices and modify them to some extent.

#### **Isolation during the postpartum period and eating alone**

Besides food restrictions, there were other prescribed avoidances for mothers after having a baby. These avoidances were meant to protect the mother, the baby and also the community from supernatural danger. Participants from all locations mentioned that during the postpartum period, the woman must be isolated from the general community, but she receives social support from the midwife and

female relatives, especially the woman's mother and mother-in-law. Support from female family members is important in helping a woman cope with her new status as a mother and this is also the time for them to share their postpartum traditions with the new mother (Lundberg & Thu 2010; Rice 2004; Park & Dimigen 1995), or modify them in some cases. The Temiar emphasise the isolation of the postpartum woman because she is a potential source of pollution for the community.

Focus group participants in all research locations agreed that after birth, the woman must eat alone, separated from the rest of the family. In this regard, there was a difference of opinion in rural, traditional FGD Pos Tohoi. Some agreed that the woman must eat separately while others said the husband could eat together with his wife, if he wanted to. The woman must eat separately from others because she is believed to be unclean and can pollute other people during the postpartum period. This is a common belief among indigenous peoples. For example, a study by Hundt *et al.* (2000) amongst Palestinian Bedouins in Negev found that some husbands regarded their wives as polluted or unclean during the postpartum period. The woman can pollute others and make them sick. Typically, a Temiar woman is not allowed to cook for other people or share eating utensils. A taboo on cooking for the husband during the postpartum period was also observed by Sasak women in Lombok, Indonesia (Hunter, 2002).

If the husband chooses to spend time and eat with his wife during the postpartum period, the husband must also follow the same food taboos, according to the participants. Participants from all locations agreed that the father would also want to hold the newborn baby and so needs to follow the food avoidances; if he does not, he might affect the baby with disease, or harm the baby by contact with restricted foods that he has consumed. In the following excerpt from one male

participant in Pos Simpör, he explained that:

"Let's see, for example, pig, not everyone can eat it. If I, like I said before, when I want to hold my baby, I cannot eat the pig."  
(Ahmad, male, 32 years old)

Besides food restrictions, the father of the baby was also forbidden from using a gun or a trap to hunt animals during the postpartum period.

### **Reasons and consequences if the restrictions are not observed**

Among Pos Simpör FGD participants, the rationale given for a woman's observance of these prohibitions was to prevent any aches and pains that might appear later in the mother's life if they were violated. Whereas participants from FGD Pos Tohoi said some foods were restricted because they could cause *sawan* or convulsions in either the mother or the baby. Often when participants at all locations were asked the reason why certain foods were forbidden during the postpartum period, they would respond by simply saying *sawan*. When I tried to probe for a more detailed answer, rather than describing the nature of the convulsions, they explained the risk of convulsions based on the kind of restricted food that a person consumed, alluding to the category of homeopathic taboos. For example, it was stated that if a woman consumes pig meat postpartum, she will fall to the ground immediately and "convulse like a pig". However, as noted above, pig meat is forbidden to women anyway. It is hard to understand the notion of a pig convulsing, but it is the Temiar notion. If the restriction is not observed. Generally, they refer to any disastrous condition or behaviour that happens after consuming restricted foods as *sawan*, or in their own language, *sabat*.

Participants from RPSOA Kuala Betis, who live between traditional and sedentary lifestyles, were unable to explain the

reasons behind post-partum avoidances. Rather, one female participant simply said:

“I don’t know, but there are taboos practised by our ancestors, so we have to follow them.” (Sarina, female, 43 years old)

There was also agreement about this by study participants from Batu 12, Gombak where they live a modern lifestyle. They said that many of these restrictions exist because of what happened during their ancestors’ time. Even though they could not elaborate on reasons for the traditional dietary restrictions and other avoidances, they still believed in the benefits of obeying them. Obviously since certain food restrictions and other avoidances during the postpartum period were common to all four locations, these represent traditional Temiar food taboos and avoidances. Despite variation in all four locations from most traditional to least traditional, beliefs about food restrictions and other avoidances descended from their ancestors still prevail and can be observed to a greater or lesser extent in each location (Sharifah Zahhura, Nilan & Germov, 2012).

#### **Avoidances relevant to physical features of the landscape**

During the postpartum period, a woman and her baby are considered to be in a state of great vulnerability and danger. At this stage the woman is especially vulnerable to, and at risk of attack by, malevolent spirits who are attracted by blood, especially the blood of parturition (Samuel 2002; Whittaker 2002). The Temiar believe that particular places, for example, rivers, lakes, caves, and hills are guarded by spirits and should not be disturbed (PPK & UNICEF 1998). According to the participants at RPSOA Kuala Betis, there are spirits inhabiting rivers and forests. Hence, in accordance with avoiding risk of attack by spirits, a woman is forbidden from going to the river for any purpose

during the postpartum period. One female participant said:

“Should not go to the river. It is taboo... ha ... if we want to wash our ‘things’.” (Timah, 40 years old).

Here, “things” refers to cloth that is used as a substitute for a maternity pad. Another female participant from RPSOA Kuala Betis implied there were also some postpartum physical work restrictions:

“If the midwife can, she will help washing our “things”, the cloths, because after delivering a baby, we can’t do the laundry, doing heavy work is not encouraged.” (Kinah, 36 years old)

Nevertheless, these two last postpartum behavioural avoidances were mentioned only by FGD participants at RPSOA Kuala Betis. FGD participants from other research locations did not mention river avoidance or heavy work avoidance. It is possible that the other FGD participants forgot to mention them. On the other hand, the FGD participants at RPSOA Kuala Betis who mentioned about the river and work avoidances were from the FGD that consisted of only female participants. Since I am also a female, it is possible that they felt more open to freely answer questions regarding female personal hygiene. Yet, although the FGD participants at Batu 12, Gombak, were also all female, they did not mention the river and work avoidances. This is probably because they were no longer dependent on the river to supply their essential washing and other needs.

#### **Differences in length of the postpartum period and *bukak pantang***

The duration of the designated confinement period varies among cultures. For example, Chinese traditions recognise the first 30 or 40 days postpartum as a special time period for convalescence (Liu *et al.*, 2006). The Palestinian Bedouin women in the Negev

(Hundt *et al.*, 2000), Turkish women (Geckil *et al.*, 2009) and Hausa women in Nigeria (Iliyasu *et al.*, 2006) observe a 40-day postpartum period following childbirth. In the Southeast Asian region, the duration of postpartum restrictions in the Chiang Mai community as reported by Rice (2004) is dependent on the sex of a newborn baby. The length is shorter (for example 27 to 29 days) for a male than a female baby (for example 31 or 32 days). Diet restrictions during the first postpartum fortnight were strictly observed by women in Laos and usually end after three months' postpartum (Barenes *et al.*, 2009). Grace (1996) found that in the past, women in Rajin, a rural area in East Lombok, Indonesia, were confined to their homes for 40 days, but this practice is no longer observed. Now they must observe the postpartum period for the first three to five days only. Cambodian women are particularly cautious about their diet during the postpartum period, which lasts for 30 days (Townsend & Rice 1996). Meanwhile, Malay women in general restrict their diet for 40 days (Laderman, 1983) or 44 days (personal experience) during the postpartum period.

As in other Southeast Asian cultures, in Temiar society, dietary restrictions begin immediately after childbirth and vary from seven, eight, and fourteen days to one month. All focus group participants from traditional and remote Pos Simpor agreed that food restrictions during the postpartum period lasted for fourteen days, but could be extended to one month depending on the mother's condition. Participants from the less traditional locations of Pos Tohoi and Batu 12 Gombak reported that mothers should avoid restricted foods for seven days.

"Just for one week refrain, just for one week then we can eat together." (Rosli, male, 31 years old, Pos Tohoi). "For seven days we just eat porridge. We cannot eat rice or anything else, cannot."

(Jamilah, female, 40 years old, Batu 12, Gombak)

However, the female participants from FGD RPSOA Kuala Betis offered different opinions. Some stated that the food avoidance lasted for seven days; while some participants mentioned that the length was eight days and that in the old days it might last as long as one month.

In practice, the length of time for which the woman must adhere to dietary restrictions and other avoidances in all four different locations was determined by the midwife, the woman's family and in-laws with advice sometimes from the *Halaq*. This emphasis on female support matches the findings of Rice (2004) in Chiang Mai, Northern Thailand, Liu *et al.* (2006) among Chinese women in Australia, and Geckil *et al.* (2009) in Southeastern Turkey. All these studies imply that post-partum women elicit social support from the midwife, the mother, and the mother-in-law. These 'support women' often modify postpartum practices depending on the situation.

#### *Bukak pantang*

When the postpartum period is over, the woman is allowed to eat all kinds of food. The end of the period is marked by a ritual known as *bukak pantang* (breaking food restrictions) and is commonly practised in all four locations. The family will celebrate the day with a feast where the husband will buy quite a few kinds of food, such as chicken, fish, oil, and salt. One male participant from Pos Tohoi commented:

"After that aa ... after one week then we have a feast. A feast for the woman. We celebrate with 'cakrayak' [a feast]. We get foods just for her." (Halim, 45 years old)

The food is then cooked specially for the woman and the midwife to consume. Only the woman and the midwife are allowed to eat the cooked foods. One female participant from RPSOA Kuala Betis



said “she eats together with midwife, other people cannot.” (Kinah, 36 years old)

After the end of the postpartum period has been celebrated with *bukak pantang*, the woman can resume her usual daily activities and chores. The fact that this same structure of belief is to be found in all four Temiar communities indicates that it is both deeply embedded and significant. However, it remains to be seen whether these stated beliefs are always realised in practice.

#### **Adherence to the dietary restrictions and avoidances**

When I inquired about whether all mothers still follow the restrictions placed on them during the postpartum period, study participants from Pos Simpor and Pos Tohoi, the most traditional locations said yes, but only some participants from the less traditional locations of RPSOA Kuala Betis and Batu 12, Gombak said yes. Women from RPSOA Kuala Betis and Batu 12, Gombak may have chosen not to observe the traditional dietary restrictions and avoidances for several possible reasons. Firstly, some women at these two locations gave birth in hospital, so they were unable to observe the traditional restrictions and avoidances because they had already exposed themselves to forbidden foods. Moreover, not all women at these two less traditional locations were willing to comply with the restrictions imposed upon them after giving birth. Some of them felt ambivalent about following the traditional cultural practices because it was more about the expectations of the family or in-laws rather than the wishes of the woman herself (Matthey, Panasetis & Barnett, 2002).

Participants from FGD RPSOA Kuala Betis, the resettlement area that has both traditional and modern elements, agreed that some women still strictly observed the restrictions but some of them choose not to, especially those who gave birth in the hospital. However, some women chose to observe certain traditions believed to be

beneficial. For example, a woman would consume rice only without side dishes such as fish or chicken. One female participant from RPSOA Kuala Betis said:

“Now when we deliver in the hospital we can eat anything. Just eat rice if we want to abstain, do not eat the fish.” (Yanti, 41 years old)

Yet some participants from urbanised Batu 12, Gombak said they still practised the avoidances even though they had given birth in the hospital. One female participant explained:

“...even we who deliver in hospital still adhere to the avoidances... for one week we do not consume the restricted foods.” (Rohani, 33 years old)

However, other female participants in Batu 12, Gombak said that nowadays they no longer follow the restrictions, especially food restrictions. For them, being modern means that tradition can be challenged:

“Ha... in the old days yes ... but now there are some who do not. A woman might not do it because she does not know about it, or she knows but she chooses not to follow the avoidances. They say, when we talk about it, they say just don't say anything about it. That was in the old times, now is modern, ha... like that... he... he... (laughs). So just keep your mouth shut, if you want to eat anything just keep your mouth shut.” (Jamilah, 40 years old)

According to one participant from Batu 12, Gombak, she chose not to observe the dietary restriction after she gave birth in the hospital because she was told that salt would not be damaging. Traditionally, salt is a forbidden food item during the confinement period but she was advised by the nurses that salt is essential to supply

energy and restore wellbeing after giving birth. Living a modern life, she chose to follow the medical advice because she felt that her tolerance level for salt would be much higher compared to the older generations of Temiar.

Apart from the traditional dietary restrictions and behavioural avoidances that must be observed during the postpartum period by Temiar, which may sometimes be potentially harmful, there is one practice common to many cultures (Rice, 2004; Hundt *et al.*, 2000) that we may consider as unambiguously beneficial for women's health. The tradition of help and support from related women and midwives with the daily activity and care of the home and children after delivery proved to be very beneficial not only to the women but also to their babies during the postpartum period. It is concluded by Matthey, Panasetis & Barnett (2002) that this practice has protective functions for the woman. In this private situation, it is also possible the midwife can modify the food avoidances to meet the health needs of the woman.

It may be concluded that a taboo was placed on certain food items during the postpartum period to avoid any possible adverse outcomes of those foods for the mother and also the child. Similarly, a study by Piperata (2008) claims that many practices prescribed for women during the postpartum period are: firstly, to maintain close contact between mother and newborn baby; secondly for the woman to recuperate from delivering a child; and finally to protect the new mother and child from any possible dangers. Piperata's (2008) study was located in the eastern Amazon among riverine communities who lead a similar lifestyle to the Temiar. All these avoidances were part of the culture that came down from their ancestors and then were passed on to the next generation, for example from mother to daughter.

One of the limitations of this study is that the implication of the food taboos during postpartum period on the nutri-

tional status of Temiar women was not attempted because it was not in the research objectives and also due to time and resource constraints. It is suggested that future studies use a combination analysis of dietary intake such as food frequency questionnaire, food diary and 24-h dietary recall in determining the actual nutrient intake and nutritional status of the women.

## CONCLUSION

The postpartum period is one of the important stages in a woman's reproductive cycle. Prohibitions placed upon women during the postpartum period are intended to protect the new mother, the newborn baby and also the community. It seems that regardless of whether they live in the most traditional or the least traditional locations, Temiar lineage and societal norms in the form of taboos during the female reproductive cycle are handed down to the new generations by their elders. Thus ancestral taboos evolve and change according to time, location and generation. Findings from this study can serve as a basic platform to help other researchers to conduct further investigation on the impact of adhering to the dietary restrictions and taboos during the postpartum period on the health and nutritional status of mother and children.

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