

Beliefs and taboos related to the care after delivery: their meaning for a women group*

Crenças e tabus relacionados ao cuidado no pós-parto: o significado para um grupo de mulheres

Creencias y tabúes relacionados al cuidado en el postparto: el significado para un grupo de mujeres

Juliana Stefanello¹, Ana Márcia Spanó Nakano², Flávia Azevedo Gomes³

ABSTRACT

Objective: To identify the meaning of care in the puerperal phase, within the family context. **Methods:** It is a qualitative research, developed with 12 puerperal women and their relatives, who helped them with care after delivery. Data collection was performed by means of semi-structured interviews. The data were analyzed based on the technique of thematic content analysis. **Results:** In the postnatal period, care needs to be doubled, as it affects mother and child, besides the body vulnerability, which is open to diseases. In articulation with these ideas, the recommendations and restrictions as components of postpartum care are justified. **Conclusion:** Care in the puerperal phase is a feminine practice filled with beliefs and taboos that grants women with power of agents in this process, since she bears the knowledge of many generations at the same time that they act as subjects and reinvent the previously established systems, constructing themselves as mothers.

Keywords: Postpartum period; Postnatal care; Maternal-child nursing; Women health

RESUMO

Objetivo: Identificar os significados do cuidado na fase puerperal no contexto familiar. **Métodos:** Trata-se de uma pesquisa qualitativa, desenvolvida com 12 puérperas e respectivos familiares (11) que as auxiliavam no cuidado pós-parto. Utilizou-se entrevistas semi-estruturadas. Os dados foram analisados com base na técnica de análise de conteúdo, modalidade temática. **Resultados:** No puerpério é preciso ter cuidado dobrado, por haver reflexos na mãe e no filho além da vulnerabilidade do corpo, aberto a doenças. Articuladas a estas idéias é que se justificam as recomendações e restrições como componentes do cuidado no pós-parto. **Conclusão:** O cuidado na fase puerperal é uma prática feminina permeada de crenças e tabus, que outorga às mulheres um poder de agentes nesse processo, já que trazem consigo conhecimentos de muitas gerações ao mesmo tempo em que atuam como sujeitos e reinventam sistemas estabelecidos, construindo-se como mães.

Descritores: Período pós-parto; Cuidado pós-Natal; Enfermagem materno-infantil; Saúde da mulher

RESUMEN

Objetivo: Identificar los significados del cuidado en la fase puerperal en el contexto familiar. **Métodos:** Se trata de una investigación cualitativa, desarrollada con 12 puérperas y respectivos familiares (11) que las auxiliaban en el cuidado del postparto. Se utilizó entrevistas semi-estructuradas. Los datos fueron analizados con base en la técnica de análisis de contenido, modalidad temática. **Resultados:** En el puerperio es preciso tener un cuidado extremo, por tener efectos en la madre y el hijo además de la vulnerabilidad del cuerpo, susceptible a enfermedades. Articuladas a estas ideas es que se justifican las recomendaciones y restricciones como componentes del cuidado en el postparto. **Conclusión:** El cuidado en la fase puerperal es una práctica femenina permeada de creencias y tabúes, que otorga a las mujeres un poder de agentes en ese proceso, ya que traen consigo conocimientos de muchas generaciones a la vez que actúan como sujetos y reinventan sistemas establecidos, construyéndose como madres.

Descriptores: Período del postparto; Cuidado postnatal; Enfermería materno-infantil; Salud de la mujer

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¹ Assistant Professor at the Maternal-child Nursing and Public Health Department at Escola de Enfermagem de Ribeirão Preto, USP, Ribeirão Preto, (SP), Brazil.

² Free-Lecturer, Professor at the Maternal-child Nursing and Public Health Department at Escola de Enfermagem de Ribeirão Preto, USP, Ribeirão Preto, (SP), Brazil.

³ Professor, Ph.D., at the Maternal-child Nursing and Public Health Department of Escola de Enfermagem de Ribeirão Preto, USP, Ribeirão Preto, (SP), Brazil.

INTRODUCTION

Puerperium is regarded as a period with greater outcome vulnerability, such as hemorrhages, infections, mammary lactation outcomes and, also puerperal depression. In our practice, we have observed that compared with other phases of the gravidity-puerperal cycle, puerperium is a phase in which women are given less attention by the health team. Taking into account the actions developed with women during hospitalization, the amount of time dedicated to this phase is meager. This is the hospitalization process with actions focused on the labor, without considering the hospitalization time, more and more abbreviated – for vaginal delivery, 24 hours and for cesarean section, 48 hours.

After hospital discharge, the Ministry of Health has considered both program actions to assist the duo in the week after delivery and a puerperal consultation after 42 days⁽¹⁾. The scheduled actions for the medical consultation are meant essentially to control the involution of the pregnancy changes and the beginning of contraception. Such strategies have the purpose of controlling fecundity and reproductive process. Yet, the motherhood feeling is reassured through guidance concerning breast-feeding and care towards the baby. It should be pointed out that premature actions still are not a reality in the public services, since priority is given to the newly born, not to the mother.

Regarding the health care services the puerperae receive, postpartum care has been constructed essentially within family, outside the health institution. A complex relationship network is established around the woman and the newly born, and help actions are structured to care the baby and the puerperae.

In the family milieu, women are instructed about care, and the family spreads beliefs, habits, attitudes and behaviors⁽²⁾. Among the family members, it is known that women have a decisive participation in guidance, support and care towards the mother and the newborn⁽³⁻⁴⁾.

The cultural question in providing care is remarkable, mainly during the postpartum phase. This phase or period is commonly known as “abstinence, diet, quarantine”. These denominations convey other meanings for women: it is a period in which they have to watch, care, and obey certain rules in order to avoid acquiring a disease, which is feared in this phase due to the fact that the puerpera is put in a condition with no cure, with no return⁽⁵⁻⁶⁾.

In this phase, women are seen to be more physically and symbolically vulnerable. They adopt an array of practices related to food, hygiene, sexual activity, breast-feeding maintenance and surgery wound care, or episiorrhaphy^(5,7).

The cultural constructions related to puerperium care constitute this study object. There is specific focus on women health care regarding private matters. Culture influences the several aspects related to human life. However, some authors⁽⁸⁾ argue that culture cannot be evaluated isolated, it should be the constituent of a complex influence mixture that acts in peoples' lives. Such influences can be hired by individuals in the societies where they live, as evidenced by their standpoints and their relationships with other people in the social setting. In this perspective, we assume that the different forms of postpartum care are closely linked to cultural patterns that are meaningful in specific social settings.

This study objective was to identify the care meanings in the puerperal period in the family setting.

METHODS

This is a study with a qualitative approach, developed with puerperae and their families, residing in the city of Ribeirão Preto, SP, and they were treated due to delivery in the Airport Complex Maternity. Even though this institution served as a starting line, the study determining place was the participating families' households.

There was an interview with 12 primiparous puerperae and 11 family members, who were selected for being people with an important role in the postpartum period care. Two puerperae alleged not to receive any help from family or close people, which made the interviews unviable. An interviewee alleged to receive substantial help from two relatives and thus, they were interviewed.

All the subjects were over 18 years old and the women were in up to 40-day postpartum period. This period is known to have the most significant alterations. Primiparous women were chosen given that their motherhood experience differs from women who are not experiencing pregnancy for the first time and those who have already had it. Both the interviewed women and their children should have health status considered to be normal for this period.

The empirical cut was defined by data saturation. The participation began after the signature of the consent form, according to the Nursing Professionals Ethics Code and resolution n.º 196/96⁽⁹⁾. The present study was approved by the Committee of Ethics in Research at Escola de Enfermagem de Ribeirão Preto – Universidade de São Paulo (n.º 056/2004).

It should also be pointed out that fictitious names were used to describe women participating in this study so as to preserve their identities.

Semi-structured interviews were used to collect data. The interview structure was performed by a question script that guided the main theme and also served as

sample characterization. The interviews were recorded in cassette tapes with the informants' authorization and transcribed after the end of the interviews so as to guarantee greater truthfulness and comprehension. The interviews lasted for an hour in average.

The interview contents were categorized according to the content analysis technique⁽¹⁰⁾, thematic modality, in which the presence of certain themes demonstrates its frequency and meaning in the study⁽¹¹⁾. The categories found were analyzed with the cultural perspective, as theoretical reference. It is known that the sociocultural setting influences the care practices^(8,12).

RESULTS

Profile of the study subjects

The puerperae's ages ranged from 18 to 25 years, with a mean age of 21. The interviews were performed in a 10-40 postpartum period with mean of 20 days. Regarding delivery, most of them⁽¹¹⁾ had spontaneous delivery and one cesarean section. Regarding educational background, most of the puerperae⁽⁸⁾ had concluded high school and one had not. Two had concluded ninth grade and one had not.

Concerning occupation, half of them did not have a formal paid job and had their duties in the household. The others had paid activities outside the house, with domestic-related activities, regarded as feminine, such as maids, secretaries and salespeople. Regarding marital status, most⁽¹⁰⁾ lived with their partners. Four were married and six were partnered. The other puerperae were single.

The family members' age varied from 23 to 53 years, with a mean of 38. Most women had already experienced the reproductive period, which demonstrates a search for older people due to their life experience. Regarding kinship, four were mothers, three were mothers-in-law and the other three were partners and one was the interviewed puerpera's sister. It should be pointed out that eight of the relatives who helped with care were females. When it comes to marital status, five relatives were married, two were single, two were widow and two were partnered.

Regarding family income, most of them earned up to three minimum wages, except for a family that earned between three and five minimum wages. The family educational background was divided: five had not started high school, four had finished high school, one had not. One was not literate. Regarding economic activity, 90% of the relatives worked outside their houses and most women in the study had activities related majorly to keeping the house and taking care of children such as maids or nannies. The males had the following occupations: factory worker, street sweeper and

electronic technician.

It should be taken into account that the profile of the subjects, described above, serves to characterize the study specificities. Thus, the findings are not to be generalized.

The subjects' speeches revealed five core themes: *"It's abstinence, then, double care"*; *Beware of "heavy" foods*; *Beware of "chilliness"*; *"Got to be calmer (...) Got to lie down"* and *Sexual intercourse: "got to finish the forty-day period"*.

"It's abstinence, then, double care"

The period after childbirth is filled with beliefs and taboos which are accepted socially and culturally as facilitators of a nice postpartum recovery. Such beliefs relate to the possible dangers that this period represents to women⁽¹³⁾.

"Double" care, as referred by them, implies mother attention to the child, since they have an intimate relationship. However, in the mother body there are some prohibitions and recommendations which may have repercussions over the child's well-being and health.

"... got to be double careful, so as not to hurt her (baby), so as not to hurt me. Just like my mom says that when it's abstinence, then, double care, right, because the mother's body is becoming normal again, the womb..." (Maria, 10 days pp)

The puerperium is identified as a period in which women are vulnerable to diseases. From their standpoints, the care is meant to protect against the dangers. Since delivery, their bodies have been open, exposed to any diseases, coming back to "normal" after the 40 days are over⁽¹⁴⁾.

"... abstinence is something cool, right, if people don't do it, if they don't do it right, they'll have problems and hard problems. Because the body is open, the person's body is open, her body is open while she doesn't give birth and the forty days are over, after childbirth. She's risking her life, to die, her life is in God's hands, until the last day..." (mother Roberta)

Hence, it is important to follow some restrictions so as the following six weeks after childbirth is not "broken", and they might have future problems.

"I seek to rest, right, so as not to break abstinence, I don't do anything heavy, just light things, because you can't make efforts, the food has to be lighter now, got to rest, right, got to care..." (Roberta, 16 days pp)

Everything that is prohibited during abstinence, that is considered risky and prone to break it, is referred by women as "extravagance", something that threatens their physical integrity and well-being, leading to a "relapse"

“... you can't have any extravagance, because it's dangerous. You can do all the rest...” (Maria, 10 days pp)

“... there are relapses, they say. It's the headaches, but I hear that it's headache you end up having” (Fabiola, 11 days pp)

As a consequence of the body closure at the end of the six-week period, all the diseases acquired in this period remain with no cure for life. Therefore, if for any reason the abstinence is broken in a given moment, and some health alteration comes, it is necessary to cure it before the end of quarantine. Then, the body will not “keep” it. Thus, the fortieth day has a special meaning, since this is the last opportunity to recover. That is the reason why it should be observed, according to women.

“...my granny said the period after childbirth is dangerous, but the last day is said to be more dangerous than the first day, you've got to rest on this day. They'd tell me the last days was almost over, and then if you do something on the last day, there's no escape, it's all gone. Every month, there's a way out but not on the last day...” (Roberta, 16 days pp)

Due to the fact that puerperium is a period with a lot of prohibitions and taboos, women often associate it with a recovery period as though they were sick, rather than understanding the countless measures as something that is helping them to prevent.

“...in the first days, you think you're ok and do it slowly. That's when you get a little trouble...” (Fabiola, 11 days pp)

Beware of “heavy” foods

As the six weeks after childbirth is a period of frailty and care, the food intake should be compatible to this situation: light, not too strong, not too spicy.

“... I change the seasoning, seasoning because it's her seasoning. As she's giving milk, she can't eat everything I make, like sweet pepper. There's one that's hot, there's another one that is not. The one that isn't hot she can eat, because of the milk... I always use that colorant. In her food I don't, I use the extract (tomato). So, for more than 8 days I made her food separately because of her milk. Even today I avoid putting too much seasoning in her food. For example, lemon, lemon is acid, right, it's acid. It's bad for her milk. Orange is good vitamin but there's acid. It's not for us. It's because of her baby that has cramps. Understand it's because of cramps, it's not because of her. The food she can eat, the child. These things I have changed in her food” (mother Flávia)

The food intake should be basically changed in function of breast-feeding, since many believe that some foods cause baby cramps such as acid and too spicy foods and soft drinks.

As women are breast-feeding, it is necessary to eat

well, with a diet which in vitamins to provide the child with them through the mother's milk, Furthermore, an appropriate intake is tightly linked to milk production. This was an observation made by the puerperae and their families.

“...she has to eat because she has to breast-feed, right? I want her to have a lot of milk...” (mother-in-law Luísa)

According to women, some meats are problem-causing for health, especially pork, fish and beef. Nevertheless, they do not explain why. It is not advisable to consume these animals meat if they are neutered, nor their guts.

“...some meats she can't eat, right? Not too much grease, not even pork. Pork isn't neutered at all, you can't eat it. People use to say you can't eat it. You can't eat it because it's bad for you, that's what they say. My granny used to say you can't eat neutered animal. When you're in this period you can't. Until now I tell what she used to tell us not to eat, these things like pork intestines, liver, these things you can't eat, either. No anima like cattle, pig, they say it's bad for you...” (mother Roberta)

“... if you eat fish, it goes to the milk, fish is... I don't remember the word, fish, pork, everything goes to the milk. It's bad. She can get a headache, a strong headache. You don't know from where it comes. Then, you'd better avoid these things...” (mother-in-law Fabiola)

Just like the type of food that they are advised to avoid, the preparation should be equally considered, with special attention towards the puerpera who has to eat fresh or newly cooked foods. This way, they can prevent the food from spoiling and some health problems later.

“... The woman during this period can't eat food like, not old food, it's food from the previous day. Sometimes, food on the stove. You forget to keep it at night and just do it the next day...” (mother Ana)

One of the permitted meats is poultry, mainly used to prepare chicken soup and considered to be substantial, light food.

“It's some kind of different foods. Chicken soup for her, she doesn't like it a lot (laughs), but that's the way it is...” (mother-in-law Aline)

Besides the nutritional factor, chicken soup is also hot food. After delivery, it is prudent to avoid cold foods. They may produce an inversion in the blood flow, which may rush to the head causing mental insanity and headaches. Using the same standpoint, another cherished

care is the avoidance of chilliness exposure.

Beware of “chilliness”

The fact that women cannot be exposed to cold air currents, called chilliness by them, not washing their hair, not walking barefoot, not wetting their feet, not being under the sun and not standing in the open air at night. All these taboos obey the “cold” and “hot” principles and are respected so as to avoid future problems: pains and craziness.

“...the other day she was washing the baby’s clothes and water fell on my feet. She said it’s no good and that I can’t be under the sun, that I can’t stand in the open air at night...” (Flávia, 27 days pp)

“...first, during the forty days she didn’t wash her hair because we, you know, they say the head, it’s what controls our body. If you’re not all there, the body doesn’t respond (laughs). The head has to serve, has to be sane to know what it’s doing... my granny told me that if the woman breaks the abstinence, she will get nuts. Your reasoning is gone. Your mind fades. And some women are on the streets talking about the others. One day I saw a young woman where I live, gossiping a lot...” (mother Roberta)

“Got to be calmer (...) Got to lie down”.

The six-week period brings the idea of a recovery period. Thus, resting means pulling through and being safe from probable dangers⁽¹⁵⁾. For this to happen, it is necessary to quit doing some tasks such as lifting weights, leaning or standing on chairs or ladders. Only lighter tasks are allowed.

“... you can’t make efforts because you’ve got two risks. The stitches may open or the body’s mother, she sometimes leaves the body. He said that if the body’s mother leaves the body, you’ll get something in the bladder, I don’t know...” (Maria, 10 days pp)

Another aspect that should be considered is the time after childbirth, mentioned by women and families, as being important. It goes beyond the physical and biological limits of experiencing motherhood. It refers to the emotional status and psychological well-being. Such aspect has been observed in a study on puerperae postpartum behaviors⁽⁵⁾.

“Most of attention, they talk, my brothers-in-law, she (the mother-in-law). My mom calls me asking if I need something. She makes me good things to eat, for me to eat better. ‘Take the medicine, eat well, eat more’. She makes juices, these things with vitamins. It’s been like wonderful care...” (Luísa, 22 days pp)

“... I’ve got to be calmer, I’ve got to lie down more. Then, I seek to. I seek to rest whenever I can. Sometimes, I get angry because there are things to be done and I can’t do them...” (Aline, 15 days pp)

The following weeks after the childbirth experience brings many particular experiences of bodily sensations, which reveal a social construction of common sense, allowing to associate such sensation with a given organ of the body⁽¹⁶⁾. Therefore, women refer to “body’s mother” which is understood by them as an organ in the female body. It accompanies the baby during gestation and after delivery it is “at large” in search of the child.

“I found it strange that after I gave birth to her, I was sitting here in the living room with my mom and I felt something move in my belly. I said ‘mom, what is it that is moving inside of me? I don’t know what it is’. I said ‘now there’s another baby in there’. Then, my mom said ‘no, it’s the body’s mother’. She was looking for the baby because when the baby is in the womb, she is close to it. Then, when it is born, she goes hunting what she was close to. It was warm, right? She was just close to the placenta. She warms the baby. When it is born, she is displaced. Then, she hunts what will warm until the moment she goes back to her place. She keeps moving in the womb. After that, she goes back. The day it is over, she has already gone back. Then, she just leaves again after another pregnancy” (Maria, 10 days pp)

However, they are questioned about more details of the “body’s mother”, they do not know how to characterize it precisely, which does not imply its physical manifestations.

“A small ball inside of us. But when it moves, you feel like a small ball moving inside of you. That’s why we say it’s the body’s mother...” (Maria, 10 days pp)

Sexual intercourse: “got to finish the six weeks”.

Regarding the fact that there are not intercourse, women end up not talking about it, showing embarrassment. However, when questioned, they argue that it is necessary to wait for it to finish and look for medical consultation for contraception. The partner’s insistence is shown. They understand that they should wait until the end of this period. The topic involves power relationship with the couple, which implies several complex aspects in the conjugal relationship.

“I haven’t had intercourse yet. I’m afraid. Only after the forty days. And after I get the shot. Then, it’s ok... (laughs), otherwise, patience” (Marina, 18 days pp)

In the power relationships, the passivity and patience, typical of female behavior, regarding sex, follow the same patterns that women should have in relation to children and to the husband in order to guarantee family harmony, which is necessary for the children to become producers and competent consumers⁽¹⁷⁾. Male sexual

behavior has other features. They search and are assertive to carry on producing and consuming material goods which push the capitalist society.

The sexual concern in this period is focused on contraception rather than on women sexuality. It reflects the fragmented view of the health professional who only looks after female reproduction. Also, it reflects the view of women who are overwhelmed with gender construction and do not allow themselves to have wishes or sexual pleasure.

DISCUSSION

Women, beings naturally involved in caring, also require care in some life periods. Postpartum is one of these periods filled with actions which imply being careful and preventing complications. For that, many secular beliefs and taboos are present and are related to “body hygiene, food, physical activity, sexual activity, temperature variation exposure, breast-feeding maintenance, care with the surgery wound or episiorrhaphy, and care in order to keep calm”⁽⁵⁾.

From the women’s and families’ speeches, it is seen that puerperium care should be doubled for it impacts on mother and eventually on the child. The motherhood social beliefs have an enormous reducing power over the female condition, placing them as beings related to the child. Therefore, female care is thought of as having the aim of beneficial or harmful effects over the child.

Such care demands in the postpartum period take place because these weeks are regarded as a potentially dangerous period for women. They understand that on the delivery day, their “grave” is dug and only closed after forty days. They remain with the “feet in the grave” during puerperium, which justifies all the care during this period⁽¹⁴⁾.

Likewise, women should obey to some restrictions and they need a “resting period” in which “the woman is confined to her house, to family care, with a special diet and respecting certain taboos”⁽⁸⁾.

Among the postpartum obligations women have to obey, those related to food are present. Besides being a nutrition source, foods represent social, religious and economical symbols of a certain culture. Hence, some significant aspects of their arrangements⁽⁸⁾ can be found.

The existence of a series of taboos and myths related to the mother foods with outcomes in the child occurs due to the fact that “women responsibilities to preserve life is notorious in pregnancy and breast-feeding periods, when the mother-child “body-to-body” allows the fantasy of cause and effect”⁽¹⁸⁾.

Thus, women start to avoid certain types of foods that they understand to be inappropriate in the period. They start to pass them to the milk, causing baby cramps

or making the stitches swell. They are said to be heavy foods. Likewise, for women residing in Itapuã, PA, some foods showed to be prohibited because they are passed to the milk. That is the case of fish, greasy foods, acid or sour fruits⁽¹⁹⁾.

Yet, good intake is considered to be necessary to improve milk production. In a study on the use of lactogogues as breast-feeding support, it was found that women understand that eating well is a pre-requisite to produce milk in satisfactory amounts⁽²⁰⁾.

Besides avoiding certain foods, they are also careful when it comes to the hot/cold question. As women are “hot” during puerperium, they should avoid “cold” foods and use “hot” ones such as chicken soups and teas. This practice is believed to come from ancient theories in which some diseases would appear out of the hot-cold contrast⁽⁷⁾.

Another practice filled with meanings is personal hygiene. Another common hygiene rule is not washing the hair for six weeks, which would entail an inversion in the blood flow, leading the blood to rush the head, triggering craziness.

Such conception relies on a humoral theory, also called “hot and cold diseases theory”, which states that diseases may result from the hot-cold effect on the body. “Hot” and “cold” are often symbolic references, not corresponding to the actual temperature itself⁽⁸⁾.

The findings show that these care actions performed by women are not explained or they do not know how to inform their real meaning. However, they continue to perform them because they understand that such procedures are favorable to maintain their well-being, since their mothers, mothers-in-law and neighbors have done it and have guaranteed health. Such practices are then perpetuated.

CONCLUSION

In the empirical universe represented by this research, the meanings and care practices in the postpartum are rooted in cultural constructions. Hence, the cultural perspective is seen as an important contribution for practice, as it allows to recognize and respect diversity, have a proximity relationship in female care, along with their families and therefore, perform a more humanized care.

Postpartum practices are transmitted generation after generation by means of beliefs, customs and taboos. Women will construct themselves as mothers and embed to this cultural representation system. The family stands out as the first vehicle for this socialization, as found in this study,

It is in the family milieu that women will search for care practices resources. Such resources – cultural,

economical and psychological – are often made available by the family and contrast with those made available by health professionals. Therefore, many behaviors recommended by these professionals do not show effectiveness due to the fact that they do not take into account women's particular actions and experiences.

Thus, postpartum practices care developed and offered by the health professionals require the inclusion of other subjects, also agents in this process, who are

the other family members.

Incorporating to the puerperae relationships the social setting where they are and their experiences is indispensable in order to make the role of health professionals a concrete reality. This is how an “in-between” situation will be obtained, with the so-called scientific knowledge and the women knowledge. Thus, women behaviors will be able to be closer to more pleasant motherhood experiences.

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