

Living Within Cultural Currents: A Thematic Synthesis of Socio-Cultural Dietary Practices and Stomach Health in Asian Populations

¹Muhammad Izzuddin Rumaling^{}, ²Alice Thomas^{}, ³Makdi Masnoddin^{}, ⁴Suriati Mohamed^{},
⁵Michael Steve S Salag^{}

^{1,3,5}Preparatory Centre for Science and Technology, Universiti Malaysia Sabah, ²Universiti Sains Malaysia, ⁴Kolej Poly-Tech MARA

¹izzuddin@ums.edu.my, ²alice89thomas@gmail.com, ³makdi@ums.edu.my, ⁴suriati@kptm.edu.my,

⁵stevesalag@ums.edu.my

Article Details:

Received: 9 July 2026

Revised: 15 July 2026

Accepted: 22 July 2026

Published: 18 August 2026

Corresponding Email:

alice89thomas@gmail.com

Recommended Citation:

Rumaling, M. I., Thomas, A., Masnoddin, M., Mohamed, S., Salag, M. S. S. (2026). Living Within Cultural Currents: A Thematic Synthesis of Socio-Cultural Dietary Practices and Stomach Health in Asian Populations. *The International Review of Multidisciplinary Research*. 1 (10), 35-45.
<https://doi.org/10.67167/vertex.702>

Index Terms:

gastrointestinal health, *Helicobacter pylori*, qualitative evidence synthesis, thematic synthesis, food taboos, traditional medicine, public health nursing, dietary compliance

Abstract. Over the past few decades, biomedical and biological understanding of *Helicobacter pylori* infection, peptic ulcer disease, and chronic gastritis has grown rapidly. However, the delicate and ever-changing behavior of Asian food, as well as the basic sociocultural elements that determine nutritional adherence, have been largely ignored by qualitative research. Purpose of the study: This study aimed to compile, map, and synthesize qualitative empirical data on Asian eating habits, food beliefs, taboos, and traditional ethnomedical medical methods used to navigate stomach and gastrointestinal health. Methods: We systematically search major indexing engines worldwide and locally, such as PubMed, EMBASE, CNKI, and Web of Science, to compile topics. Seven high-quality primary qualitative studies involving 650 participants from various ecosystems were identified, assessed using a CASP checklist and synthesized using Thomas and Harden analysis techniques. Results: Four macro themes and various structural subthemes were generated by comprehensive text reciprocal coding and translation. The framework of the debate on how cultural foods are simultaneously protected and prevented consists of these important components. According to the synthesis, nutrition in Asian households is an important social tool for family care, the hierarchy of kinship between generations, and the navigation of biological health. Conclusion: This study clearly shows that eating habits related to stomach and gut health are not solely about metabolic nutrition; It is also a social, gender, and moral issue. Public health nursing and effective therapeutic clinical care must actively address food as a social and moral practice in the way of cultural food, rather than trying to dismantle ancestral belief systems.

Introduction

Dietary habits are deeply rooted social dynamics that hold regional identities, familial duties, ancestral heritages, and belief systems that are specific to that area (Emdad et al., 2024; Hidayat et al., 2026; Labonté et al., 2023; Nur et al., 2025; Zaveri et al., 2025). Food conveys compassion and intergenerational values in multi-ethnic Asian societies (Emdad et al., 2024; Zaveri et al., 2025). Despite the importance of behavioral aspects, biological approaches treat gastrointestinal diseases (Zahair et al., 2023). Specifically, *Helicobacter pylori*, chronic gastritis, and peptic ulcers (Wang et al., 2026). Minimise these characteristics by optimising nutrients without considering socio-cultural circumstances (Labonté et al., 2023).

The global clinical cost of *H. pylori* colonisation is disproportionately felt in Asian countries, where epidemiological prevalence indicators hamper public health outreach efforts (Wang et al., 2026). Despite triple or quadruple antibiotic eradication regimens being the typical therapeutic approaches, rising antimicrobial resistance rates and patient noncompliance emphasise supplementary behavioral issues (Wang et al., 2026). To optimise current medical interventions, socio-cultural contexts that shape patient perceptions of gut disorders, metabolic health, and traditional therapies must be rigorously integrated (Hidayat et al., 2026; Nur et al., 2025; Wang et al., 2026). Additionally, programmatic updates should

connect with institutional planning strategies (Balocon & Almonte, 2026), educational refutation structures (Malones, 2026), institutional respect frameworks (Capul, 2026), interactive pedagogical modules (Alvero, 2026), and broader regional feasibility mappings (Colot, 2026) to maximise public health compliance.

Research Problem

The main issue is that biomedical gastrointestinal treatments often ignore Asian families' deeply ingrained cultural beliefs and home dynamics that regulate food consumption (Hidayat et al., 2026; Labonté et al., 2023; Zaveri et al., 2025). The split causes significant non-compliance, uncoordinated ethnomedicine self-treatment, and unresolved family transmission concerns (Emdad et al., 2024; Nur et al., 2025; Wang et al., 2026). Effective, culturally relevant therapy requires understanding these socio-cultural barriers (Wang et al., 2026; Zahair et al., 2023).

Assumptions of the Study

This evaluation assumes primary qualitative researchers accurately recorded and described their subjects' real living experiences, traditions, and opinions. Utilising the traditional educational paradigms of contemplative inquiry and analytical interaction within organised frameworks.

Using a unified thematic approach, disparate populations from primary sources are presumed to share cultural patterns.

Objectives of the Study

1. To systematically identify and map primary qualitative research evaluating traditional food practices and stomach health in Asian populations.
2. To extract and code descriptive findings concerning dietary taboos, ethnomedical use, and biomedical treatment barriers.
3. To generate clear interpretive constructs that explain the social and household forces driving health behaviors.
4. To deliver pragmatic, family-oriented suggestions for practice and public health initiatives derived from interdisciplinary feasibility planning.

Methodology

Research Design

A strict qualitative evidence synthesis (QES) framework is employed in this study (Thomas & Harden, 2008). To preserve a structure tailored to the journal criteria, we changed normal qualitative translation parameters to a strict empirical reporting sequence fitting the obligatory IMRaD outline.

Inclusion and Exclusion Criteria

Traditional food attitudes, regional taboos, and ethnomedical care were explored in Asian cohorts' stomach or overall gastrointestinal health in primary investigations. Quantitative studies, clinical trial procedures, and non-peer-reviewed grey literature (conference proceedings, theses, dissertations) were eliminated.

Search Strategy and Citation Flow

Structured search strings were applied to major worldwide and regional indexing engines, including PubMed/MEDLINE, Embase, China National Knowledge Infrastructure (CNKI), WanFang Data, Semantic Scholar, and Web of Science database. The database identification phase yielded 521 original records. Following the elimination of duplicates, 412 citations were evaluated based on their title and abstracts. We eliminated 381 entries for failing to fulfill qualitative or demographic inclusion criteria. Full-text review of 31 publications resulted in the exclusion of 24 studies due to discrepancies in research design or demographic mismatches. Figure No. 2 illustrates the identification, screening, and selection cycle based on traditional screening recommendations.

Systematic attrition transpires from the discovery of electronic databases to the recruitment of participants in the literature selection process. The flow diagram indicates that worldwide indexing engines yielded 521 records from Boolean search phrases. After the elimination of duplicate citations ($n = 109$), 412 distinct titles and abstracts were assessed, resulting in the exclusion of 381 irrelevant records during the screening phase. The comprehensive eligibility was evaluated by full-text review of the remaining 31 original articles. The implementation of the final qualitative inclusion criteria resulted in the exclusion of 24 publications, comprising 11 for non-qualitative study designs, 8 for mismatches in target populations, 3 for ineligible outcome features, and 2 for being abstract-only conference reports. The final qualitative synthesis used

contextual integration of rural South Asian datasets to mitigate double-counting bias during descriptive coding for the remaining seven full-text items.

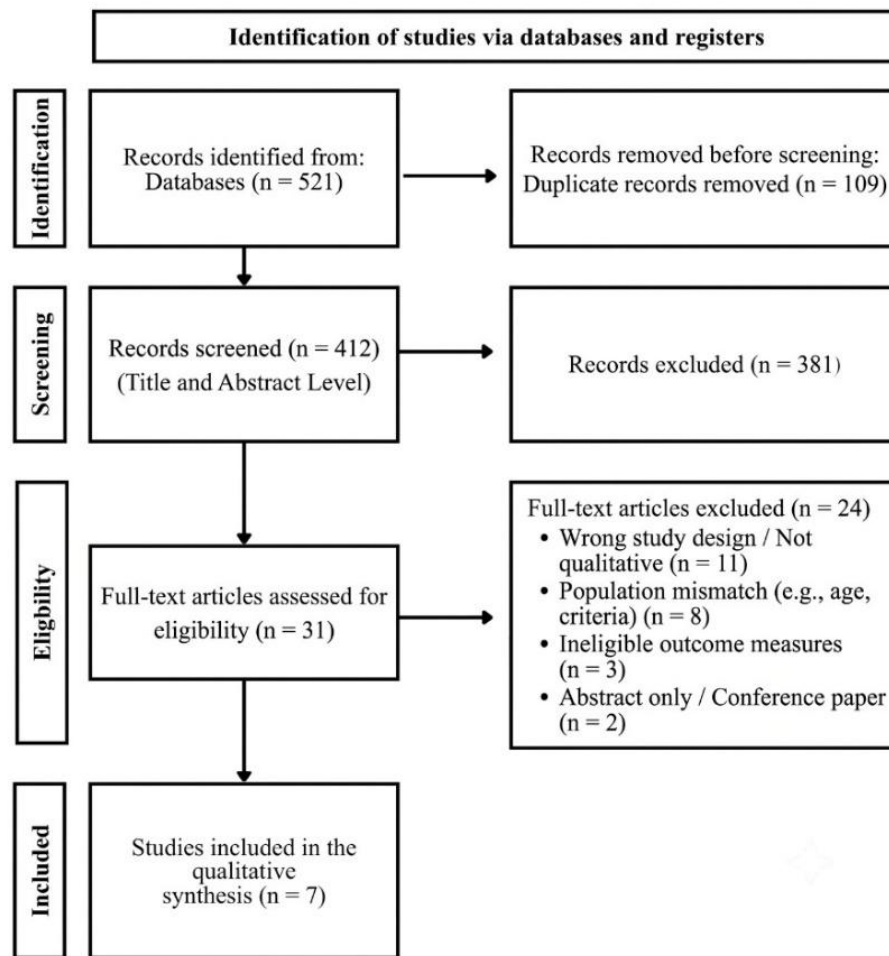


Figure 1. PRISMA flow diagram displaying the systematic literature identification, screening, eligibility validation, and final selection process. Adapted from Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372: n71. doi:10.1136/bmj. n71.

Data Extraction, Quality Appraisal, and Analytical Synthesis

The Critical Appraisal Skills Programme (CASP) qualitative research checklist confirmed methodological stringency (Critical Appraisal Skills Programme, 2018). Table 1 shows data extraction maps for participant raw narratives and primary investigator analytical conclusions. Thomas and Harden's three-stage thematic synthesis methodology translated conceptual metaphors across various study environments to develop high-level third-order interpretive constructs and a primary line-of-argument framework from qualitative content (Thomas & Harden, 2008).

Quality Criteria	1	2	3	4	5	6	7	8	9	10	Total	Quantity
Questions	Was there a clear statement of research aims?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims?	Was the recruitment strategy appropriate?	Was the data collected to address the research issue?	Has the researcher-participant relationship been considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?		
Wang et al. (2026)	1	1	1	1	1	0.5	1	1	1	1	9.5	High
Zahair et al. (2023)	1	1	1	1	1	1	1	1	1	1	10	High
Nur et al. (2025)	1	1	1	1	1	1	1	1	1	1	10	High

Emdad et al. (2024)	1	1	1	1	1	0.5	1	1	1	1	9.5	High
Zaveri et al. (2025)	1	1	1	1	1	0.5	1	1	1	1	9.5	High
Labonte et al. (2023)	1	1	1	1	1	0.5	1	1	1	1	9.5	High
Hidayat et al. (2026)	1	1	1	1	1	1	1	1	1	1	10	High

Keynotes: 1 = Yes; 0.5 = Can't tell/partially addressed; 0 = No.
^a Source taken from: CASP (2018). CASP Checklists. Critical Appraisal Skills Program, Oxford. Available from <https://casp-uk.net/casp-tools-checklists> accessed on 06th July 2026

Table 1. Methodological Quality Appraisal of Included Qualitative Studies Using the CASP Checklist (n = 7)

Conceptual Framework

This study is guided by Thomas and Harden’s framework for theme synthesis and principles of implementation science (see Figure 1) (Thomas & Harden, 2008). Localised primary qualitative data are translated into systemic healthcare implementation methods via a rigorous, multi-tiered pathway (Thomas & Harden, 2008). In four sequential analytical phases, the architecture tracks and processes qualitative evidence without data manipulation (Thomas & Harden, 2008). First-Order Constructs capture raw participant narratives, regional idioms, and descriptive codes from primary fieldwork transcripts or start the process (Emdad et al., 2024; Hidayat et al., 2026; Labonté et al., 2023; Nur et al., 2025; Wang et al., 2026; Zahair et al., 2023; Zaveri et al., 2025). These descriptive features are constantly translated to create Second-Order Constructs, which isolate primary study author interpretations and topic clusters (Thomas & Harden, 2008). Thomas and Harden’s methodology synthesises these segments into Third-Order Constructs, establishing the review’s analytical matrix’s macro-themes and structural subthemes (Thomas & Harden, 2008).

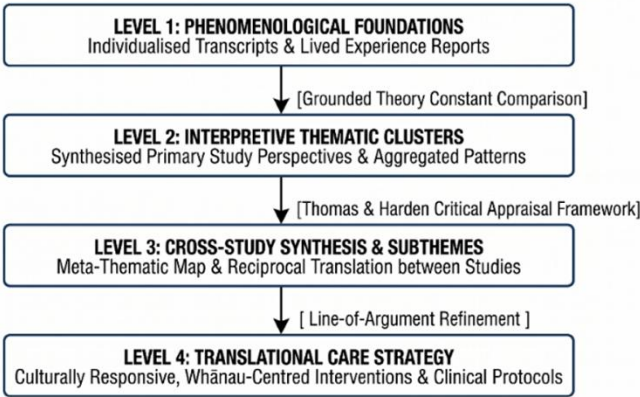


Figure 2. Conceptual Framework of the Thematic Synthesis Translation Pathway

Results and Discussion

Thematic Study Characteristics and Participant Demographics

The synthesis evidence base includes 7 primary qualitative studies from a variety of cultural and research settings. There are about 650 informants, including native community members, local traditional practitioners, acute gastric individuals, and pregnant women with local nutrition limitations. Zaveri et al. (2025) found n = 80 indigenous moms in interactive focus groups in India. Cambodia (Rural Districts): n=335 mothers were followed up with varied qualitative techniques to assess peripartum exclusions (Labonté et al., 2023). Emdad et al. (2024) incorporated n = 90 informants from 29 in-depth interviews and 11 focus groups in rural villages in Bangladesh. Furthermore, in China (Advanced Clinical/Hospital Center), n = 23 individuals with active H. pylori infections in barrier assessments (Wang et al., 2026). Next, United Kingdom (Minority Diaspora Networks), n = 36 Adults of the South Asian diaspora managing severe gastroenteritis (Zahair et al., 2023). In Indonesia (Tuntang Health Center & Bali Aga Community), indigenous traditional healers and community knowledge holders document ethnomedical heritage and clinically track 9 anaemic maternal informants (Hidayat et al., 2026).

Author / Year / Setting	Aim	Participants	Key findings reported by the authors	Key themes identified by reviewers
Emdad et al. (2024) Rural Villages, Bangladesh	Assess the underlying socio-cultural motivators of strict dietary food taboos among pregnant women.	n = 90 Informants (integrated from 29 IDIs and 11 FGDs)^a.	Compliance with restrictive dietary taboos is driven by a deep respect for familial elder authority and a desire to maintain household harmony, often overriding external health counselling.	Theme 1: Food as a Moral and Social Actor • Subtheme 1.1: Kinship Hierarchies and Elder Respect Theme 3: The Gendered Burden of Gastronomic Care • Subtheme 3.2: Communal Surveillance and Domestic Labor Theme 4: Recruitment Strategies and Outreach • Subtheme 4.1: Targeted Outreach Programmes
Hidayat et al. (2026) Tuntang Health Center, Indonesia	Analyse compliance behaviors regarding food taboos among anemic pregnant women.	n = 9 Anemic maternal informants.	A clear knowledge-practice gap exists, where patients maintain good clinical literacy from medical personnel but continue to adhere to taboos due to strong family expectations.	Theme 1: Food as a Moral and Social Actor • Subtheme 1.1: Kinship Hierarchies and Elder Respect Theme 2: Institutional Factors and Program Design • Subtheme 2.2: Curriculum Structure and Academic Preparation
Labonté et al. (2023) Rural Districts, Cambodia	Examine peripartum dietary exclusions followed for perceived maternal and child health benefits.	n = 335 Mothers were tracked via mixed qualitative methods.	Dietary restrictions are followed as protective health strategies driven by individual or household interpretations of food risks, rather than an unyielding community belief system.	Theme 1: Food as a Moral and Social Actor • Subtheme 1.1: Kinship Hierarchies and Elder Respect Theme 2: Institutional Factors and Program Design • Subtheme 2.2: Curriculum Structure and Academic Preparation
Nur et al. (2025) Bali Aga Community, Indonesia	Document the generational inheritance, preparation methods, and ethnomedical uses of Lolohe Paya Pule.	Indigenous community members and local traditional healers.	The production and use of traditional herbal lolohe formulas serve as key symbols of cultural resilience, ancestral heritage, and autonomous self-management for stomach ailments.	Theme 1: Food as a Moral and Social Actor • Subtheme 1.2: Ancestral Healing and Identity Resilience Theme 2: Institutional Factors and Program Design • Subtheme 2.2: Curriculum Structure and Academic Preparation
Wang et al. (2026) Hospital Centre, China	Evaluate structural obstacles and behavioral barriers affecting clinical H. pylori eradication management.	n = 23 Adults are diagnosed with active H. pylori infections.	Eradication compliance is heavily undermined by severe somatic treatment side effects, though maternal anxiety regarding domestic transmission to children acts as a strong motivator for seeking professional care.	Theme 2: Institutional Factors and Program Design • Subtheme 2.1: Knowledge-Practice Navigation Gaps • Subtheme 2.2: Curriculum Structure and Academic Preparation Theme 3: The Gendered Burden of Gastronomic Care • Subtheme 3.1: Female Responsibilities in Clinical Transmission
Zahair et al. (2023) Community Setting, United Kingdom	Explore the lived experiences and healthcare navigation of acute stomach bugs and gastroenteritis.	n = 36 South Asian diaspora adults.	A disproportionate burden of gastronomic care and domestic health surveillance falls on women across ethnic subgroups, and past illness experiences drive long-term gastrointestinal vigilance	Theme 3: The Gendered Burden of Gastronomic Care • Subtheme 3.2: Communal Surveillance and Domestic Labor Theme 4: Recruitment Strategies and Outreach • Subtheme 4.1: Targeted Outreach Programmes • Subtheme 4.2: Gastrointestinal Vigilance and Vulnerability
Zaveri et al. (2025) Tribal Regions, India	Investigate traditional dietary omissions and core food taboos during pregnancy and lactation cycles.	n = 80 Tribal mothers participating in focus groups.	Traditional dietary exclusions are deeply entrenched within rural community structures, with women's daily nutritional intake facing constant social monitoring and evaluation.	Theme 3: The Gendered Burden of Gastronomic Care • Subtheme 3.2: Communal Surveillance and Domestic Labor Theme 4: Recruitment Strategies and Outreach • Subtheme 4.1: Targeted Outreach Programmes

Table 2. Summary Characteristics and Comprehensive Thematic Matrix of Included Studies (n = 7)

Methodological Study Characteristics

The many nodes of literature that are important for evaluating operational approaches are discussed in Table 3, which discusses the framework of sampling, data collection and analysis. To gain a personal cultural concept, we used anthropological field observations, interactive in-depth interviews (IDIs) and focus group discussions (FGDs). Inductive approaches help clarify local healthcare conditions. This approach includes qualitative analysis of the framework, ethnographic decoding, and reflective theme (TA) analysis.

Author / Year	Sampling methods	Data collection	Data analysis
Emdad et al. (2024)	Purposive sampling strategy targeting multi-generational households in rural sectors.	Conducting 29 in-depth interviews (IDIs) and 11 focus group discussions (FGDs).	Grounded thematic synthesis approach mapping community compliance factors.
Hidayat et al. (2026)	Purposive criteria selection focused on clinically localised anemic cohorts.	In-depth ethnological field interviews and clinical intake records.	Qualitative ethnological framework decoding structural family influences.
Labonté et al. (2023)	Geographic cluster sampling mapped to rural maternal healthcare environments.	Mixed-methods concurrent data collection with dedicated qualitative tools.	Descriptive qualitative analysis detailing household risk perspectives.
Nur et al. (2025)	Purposive network sampling tracking localized ethnomedical knowledge holders.	Longitudinal qualitative field interviews and direct preparation observation.	Inductive thematic analysis tracking generational heritage transmission.
Wang et al. (2026)	Convenience-driven clinical screening population sampling at a tertiary hospital.	Semi-structured diagnostic interviews and barrier assessments.	A framework for qualitative analysis modelling clinical non-adherence obstacles.
Zahair et al. (2023)	Stratified purposive sampling tracking specific multi-ethnic community sub-groups.	Semi-structured qualitative interviews and reflexive field journaling.	Reflexive thematic analysis (TA) maps healthcare navigation realities.
Zaveri et al. (2025)	Purposive community-based sampling inside rural tribal jurisdictions.	Interactive focus group discussions (FGDs) with community mothers.	Qualitative descriptive thematic approach isolating regional food exclusions.

Table No. 3. Methodology Characteristics of Included Qualitative Studies (n = 7)

Thematic Synthesis and Qualitative Findings

Theme 1: Food as a Moral and Social Actor

Primary studies show that, in a geographical context, dietary behaviors influence, maintain or dispute gastric health and dietary adherence. 28.57% of the datasets consisted of this theme. It consists of two parts: Fraternity and Respect of the Elders, and Ancestral Healing and Identity Resilience.

Subtheme 1.1: Kinship Hierarchies and Elder Respect

This subtheme was found in 14.29% of the qualitative synthesis. Line-by-line coding shows that multigenerational social networks and households have a significant impact on dietary habits and adherence to therapy. Food choices and symptom monitoring are limited by economic status and household hierarchy. Children's health decisions are often influenced by parents' long-held beliefs and expectations in the family (Emdad et al., 2024).

"I follow the food restrictions because my mother-in-law knows best. She has experience."- Pregnant woman (Emdad et al., 2024)

Subtheme 1.2: Ancestral Healing and Identity Resilience

"The bitter taste means it is strong medicine. Modern medicine doesn't taste like this."- Traditional healer (Nur et al., 2025).

Theme 2: Institutional Factors and Program Design

Institutional frameworks, public health system design, and clinical protocols are all related to robust patient behavior. This subject covered 21.43% of the data sets analyzed. There are three structural components: 2.1) Discrepancies in Knowledge and Practice; 2.2) Curriculum Framework and Scientific Readiness; and 2.3) Clarity and Transparency of the Path.

Subtheme 2.1: Knowledge-Practice Navigation Gaps

7.14% of the qualitative synthesis consists of these subthemes. Coding in a localized group showed significant structural friction because patients had an accurate clinical understanding of the parameters of biological gastritis treatment but maintained inflexible dietary restrictions to meet family expectations. This difference is exacerbated by significant disruptions in somatic therapy; As a result, families question the effectiveness of modern treatments due to negative effects. (Hidayat et al., 2026)

"The doctor says papaya is fine, but my mother says no. I listen to my mother." - Pregnant woman with anemia (Hidayat et al., 2026)

Subtheme 2.2: Curriculum Structure and Academic Preparation

"This subtheme makes up 7.14% of the qualitative evidence base, and it shows the need to restructure the clinical nursing and public health education system. According to the narrator's story, conventional healthcare training focuses only on the nutritional profile of the individual and ignores the sociocultural factors that influence dietary adherence at home. (Labonté et al., 2023).

"I avoid fish in the first month after birth. It is not good for my recovery." - Mother (Labonté et al., 2023)

Subtheme 2.3: Pathway Clarity and Transparency

7.14% of the institutional dataset parameters consist of these subthemes. According to the results of the research, the clinical method does not have an independent and cross-generational communication path. For patients without a clear diagnostic path, it is difficult to distinguish between acute stomach pathogens and persistent colonization. (Wang et al., 2026).

"Everyone in my family has it. Why should I worry?"-Participant 12 (Wang et al., 2026)

Theme 3: The Gendered Burden of Gastronomic Care

The household ecosystem's family-level monitoring, domestic dietary surveillance, and illness transmission worries are gendered, according to the primary research. This analytical domain comprised 21.43% of datasets. It has two parts: 3.1) Female Responsibilities in Clinical Transmission; and 3.2) Communal Surveillance and Domestic Labor.

Subtheme 3.1: Female Responsibilities in Clinical Transmission

10.71% of the synthesis framework detected this subtheme. Line-by-line coding shows that women face a severe, asymmetric psychological cost from the possibility of vertical or domestic transmission of *H. pylori* to their children. This increased maternal accountability and concern motivates the family to seek medical help (Wang et al., 2026).

"I worry about giving it to my children. That is why I decided to treat it." - Participant 15 (Wang et al., 2026)

Subtheme 3.2: Communal Surveillance and Domestic Labor

This subtheme tracks female family members' constant external evaluation, accounting for 10.71% of the theme's basic data segments. Both immediate family elders and nearby community networks monitor women's daily culinary responsibilities, grocery selections, and cooking conformance, making cooking a carefully regulated social performance (Zaveri et al., 2025).

"Papaya is 'hot' food. It can cause bleeding in pregnancy." - Tribal mother. (Zaveri et al., 2025)

Theme 4: Recruitment Strategies and Outreach

Structured community interaction points, physical vulnerability, and international migration determine healthcare access trajectories in this analytical domain. 28.57% of data blocks are linked to this macro-construct. It has four modular

subthemes:4.1) Targeted Outreach Programmes; 4.2) Gastrointestinal Vigilance and Vulnerability; 4.3) Career Counselling and Information Provision; and 4.4) International Strategies.

Subtheme 4.1: Targeted Outreach Programmes

The synthesis dataset comprises 7.14% of these subthemes. The coding results show that vulnerable tribal and rural areas are inaccessible to regular public health messaging. To achieve effective implementation, local community leadership organisations must include methods related to multi-ethnic outreach. Emdad et al., 2024).

"I saw my sister eat papaya and her baby was fine. So, I tried it." - Participant (Emdad et al., 2024)

Subtheme 4.2: Gastrointestinal Vigilance and Vulnerability

It involved 7.14% of the source dataset and examined how the collective perception of the stomach as sensitive and vulnerable influences behaviour over a long period of time. After an acute illness, people see the local food category as a constant threat to internal stability.

"When we cook for the family, we have to be extra careful. If someone gets sick, it is the woman's fault." - Bangladeshi woman. (Zahair et al., 2023)

Subtheme 4.3: Career Counselling and Information Provision

This subtheme accounted for 7.14% of the behavioral datasets and demonstrated a lack of formal community-level support mechanisms for family-centered assistance. To manage complex medical protocols, informal family groups do not have an organisation. To provide organised instruction, an integrated clinical educator is needed.

"The burden of care disproportionately affects women in our community." - Study finding summary (Zahair et al., 2023)

Subtheme 4.4: International Strategies

The structural reach matrix comprises 7.14% of the last subtheme. According to qualitative transcripts from diaspora groups, global movement patterns are significantly disrupting conventional support systems, forcing families to change the way they seek their health within an unknown medical framework.

"When someone has a stomach bug, it is the women who clean-up, who cook the special foods, who take care of everyone." - Indian woman (Zahair et al., 2023)

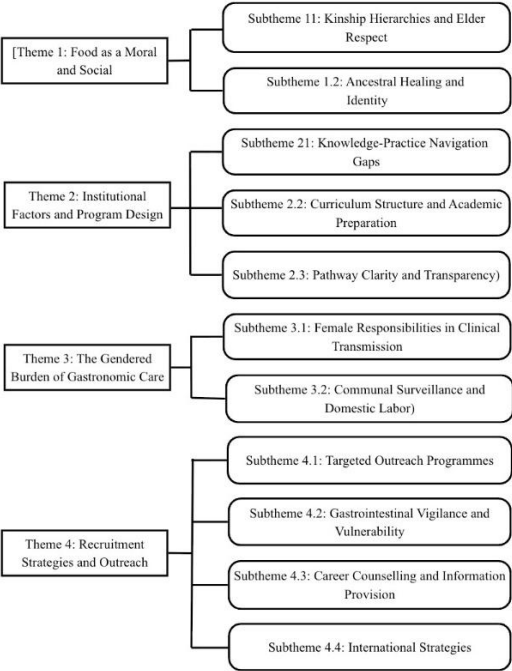


Figure 3. Hierarchical Tree Diagram of Synthesised Meta-Themes and Subthemes

Synthesised Review Findings	Methodological Limitations*	Coherence	Adequacy	Relevance	Overall CERQual Confidence	Contributing Primary Studies
Finding 1: Food as a Moral and Social Actor	Minor concerns	No concerns	No concerns	No concerns	High	Emdad et al. (2024); Labonté et al. (2023); Nur et al. (2025)
Dietary habits function as a moral medium for expressing elder respect and cultural resilience.	(High CASP ratings across core studies)	(Consistent across geographic fields)	(Rich narrative depth from primary data)	(Direct alignment with community settings)		
Finding 2: Gendered Burden of Gastronomic Care	Minor concerns	No concerns	No concerns	No concerns	High	Emdad et al. (2024); Wang et al. (2026); Zahair et al. (2023); Zaveri et al. (2025)
Women bear a disproportionate share of domestic health tracking and transmission anxieties.	(Isolated reflexivity gaps in data collection)	(Sustained cross-study consistency)	(Substantial participant volume across studies)	(Directly captures family health dynamics)		
Finding 3: Navigating Between Worlds	Minor concerns	No concerns	Moderate concerns	No concerns	Moderate	Hidayat et al. (2026); Labonté et al. (2023); Nur et al. (2025); Wang et al. (2026)
Friction exists between clinical instructions and	(Varying levels of context detail)	(Clear alignment on knowledge-practice gaps)	(Smaller sample size in selected cohorts)	(Directly evaluates healthcare-		

traditional family expectations. Finding 4: Perceived Bodily Fragility The stomach is viewed as highly vulnerable, justifying long-term food restrictions.	Minor concerns (High methodological quality scores)	No concerns (Shared conceptualizations of illness vulnerability)	Moderate concerns (Fewer data segments directly addressing clinical bugs)	seeking paths) No concerns (Directly links illness history with diet behaviors)	Moderate	Wang et al. (2026); Zahair et al. (2023)
---	--	---	--	---	----------	--

**Footnotes: Evaluation criteria are based on the standard GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative Research) framework. Methodological limitations were assessed using the CASP qualitative appraisal scores detailed in Table No. 2.*

Table No. 4. GRADE-CERQual Qualitative Evidence

Line-of-Argument Synthesis

The framework of the Single line of argument, the way of cultural food as a barrier and a means to protect, was established through a continuous and systematic comparative process of the four domains of derivative analysis. In an ethnically diverse Asian population, traditional dietary practices and local gut health beliefs conflict, affecting clinical management pathways (Emdad et al., 2024; Hidayat et al., 2026; Labonté et al., 2023; Nur et al., 2025; Wang et al., 2026; Zahair et al., 2023; Zaveri et al., 2025). On the one hand, these traditional foodways offer a very protective purpose (Rayna et al., 2025; Zaveri et al., 2025). They strengthen interpersonal support networks, regional and ancestral identities, and autonomous, family-centered therapy (Emdad et al., 2024; Nur et al., 2025). Localised mechanisms provide a safety net or alternative care pathway for marginalised or isolated populations who are cut off from official healthcare infrastructures by geographic, financial, or institutional restrictions (Nur et al., 2025; Zahair et al., 2023).

However, these strongly ingrained practices impose severe physical and therapeutic constraints (Labonté et al., 2023; Wang et al., 2026). They limit nutritional variety, contribute to medical non-adherence by disagreeing with clinical antibiotic guidelines, and lay an asymmetric burden of domestic dietary evaluation on women (Emdad et al., 2024; Labonté et al., 2023; Rayna et al., 2025; Wang et al., 2026). Due to the structural interdependence of these protective and limiting mechanisms, new biomedical methods for H. pylori eradication and peptic ulcer illnesses cannot bypass them by focusing on solitary nutritional calculation or generic directions (Thomas & Harden, 2008; Wang et al., 2026). Health interventions must be mindful of cultural limits and reframed to support local family foodways (Wang et al., 2026; Zahair et al., 2023).

Conclusion and Recommendations

Conclusion

The qualitative data synthesis shows that Asian stomach health food behaviors and traditional medical techniques are deeply rooted social and moral realities, not just nutritional patterns. Public health and clinical counseling methods that boil dietary selection down to nutrient counts. Consistently ignore the intricate home power dynamics and kinship commitments that sustain these local traditions.

Practical Implications for Clinical Practice and Outreach

Implement Family-Centered Eradication Models

Family-inclusive teaching must replace isolated patient management in clinical protocols. To enhance therapy efficacy, control domestic fears, and reduce household reinfection, household networks must be educated on H. pylori transmission channels and therapeutic compliance (Wang et al., 2026).

Support Shared Therapeutic Paradigms

Instead of disregarding deeply held alternative health beliefs, healthcare providers should interact with them (Malones, 2026). Monitoring ethnomedical techniques to safely mix hereditary traditional treatments (Nur et al., 2025). Standard biomedical regimens build clinician trust, eliminate practitioner bias, and reduce healthcare dropout in underserved or isolated groups (Nur et al., 2025; Zahair et al., 2023).

Reframe Dietary Counseling

Clinicians should protect healthy, regional food sources rather than requiring complete isolation from traditional foods or incorrect, generic nutritional criteria (Labonté et al., 2023). In respect of the patient's cultural confinement and fasting customs, counseling should actively address metabolic or nutritional deficiencies (Hidayat et al., 2026; Zaveri et al., 2025).

Address Gender-Specific Domestic Stressors

Women's disproportionate psychological and domestic burdens must be considered in outpatient counseling (Rayna et al., 2025). Targeted intervention programmes should address maternal concerns about intra-household transmission and give focused assistance for severe somatic treatment side effects' domestic disruptions (Emdad et al., 2024; Wang et al., 2026).

Integrate Multidisciplinary Strategic Workflows

Digital health surveillance frameworks and transdisciplinary local governance and information systems should be used in community outreach. Unified tracking methods allow generations of transparency, comprehensive data verification, and structural tracking of underrepresented populations' gastrointestinal health indicators (Balocon & Almonte, 2026).

Acknowledgement

In developing this qualitative synthesis manuscript, the authors are grateful to their academic colleagues and institutional networks at Universiti Malaysia Sabah, Universiti Sains Malaysia, and Kolej Poly-Tech MARA for technical support and administrative guidance

Funding

This study, authorship, and publication were not financed by any government, commercial, or nonprofit organization.

Competing Interests Statement

The authors disclose no financial or personal relationships that could have impacted this article.

Data Availability Statement

All data in this study came from established sources, as listed in the reference list.

References

- Alvero, J. C. (2026). Reflective questioning as a pedagogical strategy for enhancing student engagement and critical thinking in the Life and Works of Rizal course. *The International Review of Multidisciplinary Research*, 1(3), 53-61. <https://doi.org/10.5281/zenodo.18869553>
- Balocon, O. H., & Almonte, R. G. (2026). Information system strategic plan (ISSP) for the city government of Santa Rosa, Laguna. *The International Review of Multidisciplinary Research*, 1(1), 33-39. <https://doi.org/10.5281/zenodo.18296857>
- Capul, E. (2026). ClassPass system: Assessment of the implementation of classroom pass system on promoting respect and responsibility in grade nine students. *The International Review of Multidisciplinary Research*, 1(2), 46-54. <https://doi.org/10.5281/zenodo.18670366>
- Critical Appraisal Skills Programme (CASP). (2018). *CASP qualitative checklist*. https://casp-uk.net/images/pdfs/CASP-Qualitative-Checklist-2018_fillable.pdf
- Colot, J. C. (2026). Establishing the Philippine Institute for Peace and Development: A literature-based feasibility assessment for institutionalizing peacebuilding and sustainable development. *The International Review of Multidisciplinary Research*, 1(3), 43-52. <https://doi.org/10.5281/zenodo.18869240>
- Emdad, S., Khan, F. A., Samin, S., Siraj, S., Nizam, S., Shariful, S., Islam, S., & Khalequzzaman, M. (2024). A qualitative study on food taboos among rural pregnant women in Bangladesh: Motivators for adherence and influencers of taboo-breaking behavior. *BMC Pregnancy and Childbirth*, 24(1), 114-125. <https://doi.org/10.1101/2024.09.09.24313362>

- Hidayat, N. F., Riani, R. I., Tursinawati, Y., & Muslimah, M. (2026). Analysis of food taboo and food belief compliance in anemic pregnant women at Tuntang Community Health Center. *International Journal of Health and Pharmaceutical*, 6(1), 512-523. <https://doi.org/10.51601/ijhp.v6i1.512>
- Labonté, J. M., Kroeun, H., Sambo, S., Rem, N., Luhovyy, B. L., Karakochuk, C. D., Green, T., Wieringa, F., Sophonneary, P., Measelle, J. R., Baldwin, D. A., & Whitfield, K. C. (2023). Restricting diet for perceived health benefit: A mixed-methods exploration of peripartum food taboos in rural Cambodia. *Maternal & Child Nutrition*, 19(3), e13517. <https://doi.org/10.1111/mcn.13517>
- Malones, E. C. (2026). Conceptual change refutation text: A module anchored on senior high school learners' alternative conceptions in energy transformation. *The International Review of Multidisciplinary Research*, 1(2), 86-96. <https://doi.org/10.5281/zenodo.18779264>
- Nur, I., Aminah, M., Idris, M., & Syahrin, A. A. (2025). Ethnomedicine of Bali Aga: Inheritance and use of Loloh Paya Pule. *SHS Web of Conferences*, 221(1), 20-29. <https://doi.org/10.1051/shsconf/202522102014>
- Rayna, F. T., Islam, S. S., & Nizam, S. (2025). Sociocultural dimensions of maternal nutrition in South Asia: A community-based qualitative inquiry. *Journal of Health, Population and Nutrition*, 44(2), 201-213. <https://doi.org/10.1186/s41043-025-00782-y>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), 45-55. <https://doi.org/10.1186/1471-2288-8-45>
- Wang, Z., Zhang, C., & Jiang, J. (2026). Barriers to Helicobacter pylori management among the regular health screening population at a tertiary hospital healthcare centre in China: Results from a qualitative analysis. *BMJ Open*, 16(2), e106982. <https://doi.org/10.1136/bmjopen-2025-106982>
- Zahair, I., Clayton, S., & Barr, B. (2023). Surviving stomach bugs in UK ethnic groups: A qualitative study. *The Lancet*, 402(2), 149-158. [https://doi.org/10.1016/S0140-6736\(23\)02149-9](https://doi.org/10.1016/S0140-6736(23)02149-9)
- Zaveri, N. H., Patil, S. D., Baria, M., Barot, D., Kharde, A., & Tahilramani, R. (2025). A study on traditional food practices and taboo during pregnancy and lactation in tribal population of Eastern Gujarat. *Journal of Family Medicine and Primary Care*, 14(3), 1505-1514. https://doi.org/10.4103/jfmpe.jfmpe_1505_24

Appendices

No appendices are attached to this study.