

**The awareness of nutrition in pregnancy time and effect of taboos cultural, customs and food availabilities**

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**Abstract**

**Introduction:** Pregnancy and lactation require greater need for nutrition for a mother but the situation becomes more complicated when a pregnant or a lactating woman follows or forced to undergo certain dietary restriction for the benefits of her baby. This study was conducted to know about the food taboos followed during pregnancy and early part of lactation by the women residing in a rural area.

**Methods:** Institutional based cross-sectional study was conducted. Three hundred seven pregnant women were selected for the study. All governmental health institutions were included for the study. Data were entered in to Epi-Data version 3.1 and exported to SPSS version 20 for analysis. Multiple logistic regression analysis was conducted to identify independent predictors of food taboo.

**Results:** Twenty-seven percent of pregnant mother encountered food taboos. Avoided food items by pregnant mothers were linseed, coffee, tea, cabbage,

porridge, wheat bread, banana, pimento, groundnut, salty diet, nug, sugarcane, pumpkin, and coca drinks. Reasons mentioned for avoidance of this food items were plastered on the fetal head, making fatty baby which is difficult for delivery, fear of abortion, and fetal abnormality.

**Conclusions:** Our study revealed that considerable proportion of food taboo exists during pregnancy in the study area. This can be improved by strengthening the nutrition counseling components of antenatal care follow-up.

**Keywords:** Food, Taboo, Pregnancy, Coca Drinks.

**Introduction**

Taboos are defined as a social or religious custom prohibiting or restricting a particular practice or forbidding association with a particular person, place, or thing. Taboos differ from customs as custom is frequent repetition of the same behavior; way of behavior common to many; habitual practice; or method of doing which may not be inhibitory. Taboos are often integrated

with the culture, traditional in nature, and are carried out as convention or as per advice of the elderly.

Food taboo is abstaining people from food and/or beverage consuming due to religious and cultural reasons. It can be permanent or temporal. Permanent food taboos are avoiding food and/or drinks throughout their life, while some foods are avoided for certain periods of time. These restrictions often apply to women and are related to the reproduction cycle (during pregnancy, birth, and lactation periods).

Pregnant women have faced dietary deficiency due to food taboo. Some pregnant women, who live in rural area, are obliged to have food taboo that restrain calorie and specific nutrients. Although in the real scenario pregnancy requires more calorie, some food items are considered to be good or bad by the community during pregnancy.

**Methods and Material**

The study was conducted in descriptive, observational study with cross-sectional design, and was done through a mixing of both qualitative and quantitative approaches. Data were collected through focus group discussion (FGD).

Institutional based cross-sectional study was conducted among women attending ANC. The sample size determination was used with the assumption of confidence level =95%, critical value Z=1.96 (from significance level  $\alpha=5\%$ ), and degree of precision=0.05, Then the sample size was calculated using the formula for single population proportion.

Since the target population in the study area was less than 10,000 (i.e., 2000) we use the formula  $n = \frac{no}{1 + \frac{no}{N}}$ , where no is the number of pregnant women:  $= \frac{200}{1 + \frac{200}{2000}} = 181$  So, total sample size was 180.

**Inclusion Criteria**

ANC patient visiting.

**Exclusion Criteria**

Patient having known medical disorder with diet restriction.

**Results**

In total, 44 women participated in four FGDs. Their age ranged from 18 to 32 years. They had education maximum up to class X. About 31.8% of them were Hindu and 68.2% were Muslim.

Table 1: Sociodemographic Characteristics respondents (n=44).

Characteristics	No. (%)	Range	Mean (SD)
<b>Age of the respondent</b>			
≤20	11 (25.0)	18-32	22.73 (±3.24)
21-25	25 (56.8)		
26-30	6 (13.6)		
≥31	2 (4.5)		
<b>Religion</b>			
Hindu	14 (31.8)	-	-
Muslim	30 (68.2)		
<b>Type of family</b>			
Nuclear	20 (45.5)	-	-
Joint	24 (54.5)		
<b>No. of child</b>			
0	24 (54.5)	0-3	0.8 (±0.06)
1	8 (18.2)		

**Food Taboos during Pregnancy:** Twenty-nine percent of respondent avoid three or more food/drink items during pregnancy. Twelve food and/or drink items were prohibited by the study participants.

**Fruits and Vegetables:** Certain fruit and vegetables were taboo during pregnancy such as banana 108, cabbage 134, chicken 100, and sugarcane 99, pineapple 98. Pregnant women believed that the reason for the taboo is that when they consumed banana, something is attached to the head of the fetus, chicken burns the fetus, cabbage disturbs the fetus, and sugarcane increases the seminal fluids.

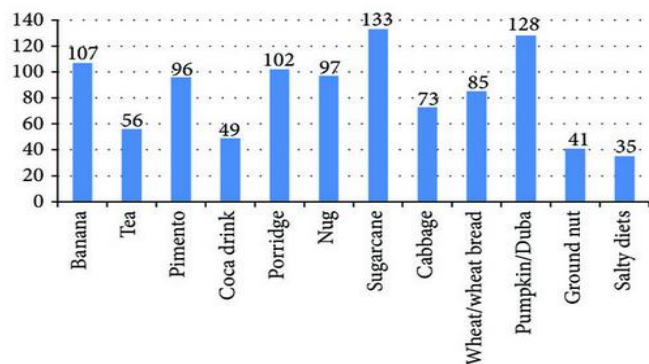
**Cereals and Salty Diet:** The result of this study indicated that cereals were taboos like pumpkin 88, wheat 75, groundnut 128, and salty diets 33, The study participants avoid pumpkin and ground nut because they assumed that these foods increase the weight of the fetus, making it difficult to deliver.

**Drinks:** Drinks like coffee, tea, coca, were restricted due to burning the fetus and causing abnormality and coca drink causes abortion.

Table 2: Food taboos in pregnancy

Variables	Having food taboo		COR(95%CI)	AOR (95%CI)	P-Value	
	Yes	No				
Age of the mother	15-19 years	11	38	1.00	1.00	
	20-24 years	40	94	0.68(0.316,0.464)	2.971(1.711,5.159)	0.001
	25-29 years	28	65	0.672(0.301,0.502)	3.358(1.638,6.886)	0.001
	≥30 years	2	22	3.18(1.646,15.70)	12.716(2.429,66.58)	0.003
Income of the mother	<650birr	21	119	1.00	1.00	
	650-1000birr	22	42	0.337(0.168,0.674)	0.290(0.132,0.638)	0.002
	1001-1500birr	16	28	0.309(0.143,0.667)	0.281(0.111,0.715)	0.008
	≥1500 birr	22	30	0.241(0.117,0.494)	0.330(0.117,0.929)	0.036
Previous ANC attendants	Yes	63	18	1.00	1.00	
	No	161	58	1.22(1.89,5.408)	2.33(1.257,4.336)	0.007

Graph 1: Food taboo in ANC attendants in each food items and drinks



**Discussion**

The finding of this study revealed that 27% of study participants had food taboo which is a smaller amount than the proportion of food taboo in different studies done. The possible difference could also be because of study time, study area, and increase within the knowledge of the mother in the time of the study. During this study, some fruits were

avoided although they are important in the period of pregnancy.

According to this study, nursing mothers were advised not to eat something that could cause increase acidity in the newborn. Also, infantile colic and diarrhea were other concerns. For these reasons, citrus food and foods with many seeds were forbidden. On the other hand, study from Bihar noted that all participants followed a form of restrictive diet following delivery in order to recover and prevent post-delivery complications. Similar study conducted outside India also admitted these nutritional restrictions of pregnant and nursing mothers which frequently have some ecological backgrounds (necessity to protect the resource or to monopolize the resource). Mothers also rejected several foods (the majority [73%] avoided two or more food and 50% three specific foods) in a study conducted in Mexico and those rejected foods belonged to all the basic food groups.

**Conclusion**

There were low proportion of food taboos in the study area and were obligated to avoid specific food items due to cultural and traditional view. Though traditional avoidances and dietary restrictions are still practiced, the adherence to taboos is slowly diminishing. Requires changes or modification. There is need for improving paramedical staff for correct diet counseling.

Women, who were of old age, had low income, and had not had previous ANC attendance, were more practicing food taboos. Regular antenatal care plays a serious role. But there's a scope for proactive diet counseling of the pregnant lady and overall diet awareness in general population along with improvement in literacy and socioeconomic status of women in the society.

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