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Association Of Food Related Taboos With Socio-Demographic Variables Among Pregnant Women

Dr. Tejasvi Arjaria, Dr. Varuna Pathak, Dr. Neha Rajput

ABSTRACT

Background: Poor nutritional intake is one of the most troublesome health problems which negatively affects pregnancy and birth outcomes There is lack of adequate nutritional intake which can be partly attributed to food related taboos. Prevalance of these taboos are affected by socio-economic status, education. Aims & Objectives: This study aims at determining the association of food related taboos with socio-demographic variables among pregnant women attending ANC services from SZH Bhopal. Methods: An institution based prospective observational study conducted in Sultania Zanana Hospital Bhopal for the time period of one year. With the help of predesigned questionnaire women were asked about their beliefs regarding taboos and misconception related to dietary habits during pregnancy. Result: Study subjects who were educated (80.7%) and belonged to upper and upper-middle (1.1% & 25%) class had less food related taboos during pregnancy as compared to those who were uneducated and belonged to middle and lower-middle class. Food taboos were found to be significantly associated with education (p=0.00*) and SES (p=0.00*). Conclusion: The study showed that food taboos and traditional beliefs relating to pregnancy exist and larger proportion of women believe in old unscientific stories. This can be improved by reinforcing the nutrition counselling component of ANC. There is a need for nutrition education and awareness generation among women. Raising education starting from primary level to reduce taboos/misconceptions can have a huge impact on improving nutritional status of pregnant women and thereby improving birth outcomes.

Keywords: Food taboo, misconceptions, Pregnancy

INTRODUCTION

How does any human agree to being the only source of nutrition and support for another one? But this is what mothers do by getting pregnant, they risk everything to give life to another. Pregnancy is a length of time of increased physiological demands of nutrition .This period enforces extra demands of nutrition and calorie requirements. Taboos are different from customs as custom is frequently doing the same practice, it is a way of behavior common to many; habitual practice; or method of doing which may not be inhibitory.[1] In spite, diet restrictions due to the false belief or food taboos during the extremely important time of pregnancy may compromise the woman's ability to fulfill the increased demands of the essential nutrients, hence putting the woman at an increased risk of adverse pregnancy outcomes [2]. Pregnant and lactating women in various parts of the world are forced to withhold themselves from nutritious and beneficial foods.[2,3,4] Every society, whether rural or urban, high or low socioeconomic family have their own taboos in almost every aspect followed throughout the way of life. Particularly woman's life, starting from very childhood through menarche, marriage, child bearing, motherhood, and finally widowhood, is governed by various taboos. Out of this, taboos related with pregnancy and immediately after child birth are uncountable. These are chiefly dietary but also affect woman's personal hygiene, rest, and lifestyle. Pregnant women who were practicing food taboos had significance on lower body weight and unhealthier babies [5, 6]. A Food taboos during pregnancy are influenced by different factors like dietary counseling, whether attending antenatal care (ANC) clinic or not, younger age, less educational status, and multiparous and pregnant women. Culture and belief also influence maternal eating pattern during pregnancy [7]. An adequate healthy balanced diet is, for that purpose is important during pregnancy and lactation to prevent "nutritional stress."[5] Dietary taboos related to these periods are not only destructive to a mother's health but also affect the fetus. Lack of right information concerning food intake of pregnant women could be a obstacle for the improvement of their nutritional status. Thus, the purpose of this study is to determine the prevalence of food taboos among pregnant women, types of food taboos and its reason for avoidance. This paper will assess the association of food taboo practices with different demographic variables , and its effect on birth weight during pregnancy women attending antenatal check-up at the maternal and child health clinic in Sultania Zanana Hospital Bhopal M.P.

Maintaining well nutritional status of pregnant women and keeping their health are important by assessing the gap about food taboo. This will give scientific evidence for policy maker and programmers to design possible strategy, to address the problem, furthermore, for the health care workers to intervene based on the finding of the study.

METHODOLOGY

Study area, setting and period

The study was conducted in Sultana Zanana Hospital, which comes under Obstetrics and Gynecology department of Gandhi Medical College Bhopal Madhya Pradesh. This study was conducted from 1 July 2020 to 30 June 2021.

Study design and population

Intuitional based Prospective observational study was conducted at Department of Obstetrics and Gynecology, Sultania Zanana Hospital, Bhopal.

Sample size and sampling technique

As the average ANC Mother visiting the OPD of SZH (Fitting into inclusion criteria) was 60 on the basis of OPD registration record. 5% of ANC mother visiting OPD were selected by random sampling, sample was estimated to be 144 in 4 months and the selected mothers were further interviewed again on their second and third ANC visit. Sampling was done every alternate day.

Data collection methods

After obtaining ethical clearance from Institute's ethical committee, written consent was obtained from all the study participants attending the antenatal clinic patients. At their first visit personal history, socio demographic details, detailed history regarding present pregnancy along with detailed past obstetric history was obtained from all the study participants. With the help of pre designed questionnaire women were asked about their belief regarding different kind of taboos and misconception related to dietary habits during pregnancy.

RESULTS

Table:1- Distribution of study participants related to Food Taboos

		Frequency	Percentage (%)
Food Taboos	Absent	88	61.1
	Present	56	38.9
	Added Foods	35	24.3
	Ghee	10	6.9
	Saffron	10	6.9
	Both Ghee and Saffron	15	10.3
	Foods Avoided : Papaya and Cold foods	21	14.6
Reasons for food taboos	Abortion	22	14.3
	Hearsay	8	5.8
	Fair Child and Easy Delivery	27	18.8

Table: 2 - Cross tabulation of food taboos and reason behind them.

Food related Taboos	Reasons for Food Taboos			Total
	Abortion	hearsay	Fair child, easy delivery	
Ghee	0(0%)	3(30%)	7(70%)	10(17.9%)
Saffron	3(30%)	1(10%)	6(60%)	10(17.9%)
Papaya and cold	19(90.5%)	2(9.5%)	0(0%)	21(37.5%)

foods				
Ghee and saffron	0(0%)	2(13.30%)	13(86.70%)	15(26.8%)
Total	22(39.30%)	8(14.30%)	26(46.40%)	56(100%)

Table:3- Association of Food related taboos with Socio-demographic variables

Socio-demographic variables		**Food related taboos**				**p value**
		Yes		**No**		
		Frequency (N)	**N %**	**Frequency (N)**	**N %**	
Education	Uneducated	30	53.6	17	19.3	**0.00***
	Educated	26	46.4	71	80.7	
Residence	Rural	34	60.7	55	62.5	0.83
	Urban	22	39.3	33	37.5	
SES	>7008 (upper class)	1	1.8	1	1.1	**0.00***
	3504-7007 (Upper middle class)	5	8.9	22	25.0	
	2102-3503 (Middle class)	15	26.8	39	44.3	
	1051-2101 (Lower middle class)	22	39.3	23	26.1	
	<1050 (Lower class)	13	23.2	3	3.4	
Type of family	Nuclear family	22	39.3	46	52.3	0.12
	Joint family	34	60.7	42	47.7	

DISCUSSION

This study was aimed at assessing food taboos and related misconceptions during pregnancy in Sultania Zanana Hospital Bhopal. Like other regions of the country, food related taboos and related misconceptions influence the dietary practice of some pregnant women in the study area.

Table 1 shows that almost 38.9% of the study subjects had some food taboo related to pregnancy. Among them 24.3% added some kind of food in their diet and 14.6% avoided some food from their diet.

Table 2 shows that the most common food added in the diet was saffron and ghee and most common reason for adding these foods was easier delivery and fairer child. Most common food avoided was papaya and cold foods and 90% study subjects avoided that in fear of abortion.

It is obvious observance of food taboos and adhering to related misconceptions about dietary prohibitions can negatively affect the nutrition and health status of pregnant women as well as the health, development and life-long being of their growing babies.

Table 3 shows association of food related taboos with socio-demographic variables. Study subjects who were educated (80.7%) and belonged to upper and upper middle (1.1% & 25%) class had less food related taboos during pregnancy as compared to those who were uneducated and belonged to middle and lower middle class. Food taboos were found to be significantly associated with education (p=0.00*) and SES (p=0.00*)

These findings aligned with the previous studies carried out in East Africa populations, including one in Sudan, one in Shashemene district Ethiopia and one in both Nigeria and Sudab. Results of all studies ,like this one, indicated that higher maternal education was associated with a reduced likelihood of observing pregnancy food taboos. This might be due to knowledge that they gain from reading which may simultaneously boost their healthy eating practices. Similar results were reported by Sritama Chakarbarti et al, they found out that taboos were present regarding consumption of various fruits, vegetables, meat, fish, and eggs during pregnancy. These were followed mainly to prevent miscarriage, promote easy delivery, and prevent fetal malformations [57].A study among 1,200 women from all districts of Tamil Nadu in India showed that 82% of women avoided papaya during pregnancy and saffron was believed to be responsible for fairer skin of the baby by the participants [58]. In studies conducted outside the country, Gamuchrai et al reported in their study that overall, 37% of the women reported one or more food practices shaped by local cultural taboos or beliefs. Most foods were avoided for reasons associated with pregnancy outcome, labor and to avoid an undesirable body form for the baby. Some pregnant women consumed herbal decoctions for strengthening pregnancy, facilitating labor and overall health of both themselves and the fetus.

CONCLUSION

As a conclusion, adherence to culturally-based food beliefs is evident in pregnant women found in SZH Bhopal. Low educational status and low socio-economic status were found to be negatively associated with observing food related taboos during pregnancy. Thus there is a need for nutrition education and awareness creation about the presumed nutritional consequences of following the food taboos. As a short term intervention this kind of education should be developed and disseminated during ANC follow-ups, and should target not only pregnant women but also their family members. In the longer run the literacy level of mothers should be improved across the life cycle from early childhood through adolescence.

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Conflicts of interest: nil

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