

FOOD TABOOS AND SUGGESTIONS AMONG MADURESE PREGNANT WOMEN

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Article Received on
03 Feb. 2019,

Revised on 24 Feb. 2019,
Accepted on 17 March 2019

DOI: 10.20959/wjpr20195-14582

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ABSTRACT

The study revealed that food taboos and misconceptions pregnancy exist, one-half of the women in the study area were obligated to avoid specific food items due to cultural and traditional views. Less educated women were, the more they practice food taboos. The less educated women were, the more likely to observe more food taboos. This observation underscores the importance of educating women and providing nutrition education aimed at changing mothers' attitudes towards appropriate feeding practices.

KEYWORDS: Food taboos, suggestions, *pregnant women*.

INTRODUCTION

Maternal nutrition is very important for the course and outcome of pregnancy. Successful pregnancy and lactation require adjustments in maternal body composition, metabolism, and function of various physiological systems. A diet that meets maternal nutritional needs is required for these adjustments, so that maternal well-being is safeguarded with the birth of a healthy infant.^[1]

Whether rural or urban, people have their own beliefs and practices. Taboos and misconceptions during pregnancy have been part of Indian cultures since centuries. The avoidance of certain food items and incorrect knowledge regarding its benefits can deprive women of adequate nutrition. A balanced and adequate diet, therefore, of utmost importance during pregnancy and lactation to meet the increased needs of the mother, and to prevent 'nutritional stresses. In various parts of the pregnant women in various parts of the world are forced to abstain from nutritious foods as a part of their traditional food habits. During pregnancy, the nutritional requirements of women increase to support optimum fetal growth

and development. Poor maternal nutrition during pregnancy usually results in low birth weight. Food taboos have been identified as one of the factors contributing to maternal undernutrition in pregnancy; especially in rural.^[2]

Pregnant women avoid specific foods due to several reasons. Some pregnant women avoid foods as a result of a strong dislike (aversion) developed the following pregnancy. Other women avoid on medical grounds. In developing countries, however, a substantial number of pregnant women avoid specific foods due to cultural beliefs or impositions. The practice of avoidance of foods due to cultural food beliefs is referred to as food taboos.^[3]

Cultural food restriction during pregnancy is a common practice, particularly in developing countries. High prevalence of food taboo practice was reported in several areas of the world. In one of the communities in Nigeria, for example, it was found that about 66% of women avoided milk^[4] while in another side, observed that practically all pregnant women avoided meat (98%). In Iraq, a study by Boucher revealed that fatty foods and sweets are abstained from by a sizeable proportion of pregnant women.^[5] Similarly, a study by Toyota in Mauritania indicated that eggs and goat's meat are the major taboo foods during pregnancy in the area.^[6]

Food taboos among rural women have been identified as one of the factors contributing to maternal undernutrition in pregnancy.^[7] Pregnant and lactating women in various parts of the world are forced to abstain from nutritious and beneficial foods.^[8] In various studies, it was seen that pregnant women in various parts of the world are forced to abstain from nutritious foods as a part of their traditional food habits.^[9]

Food taboo is a deliberate avoidance of a food item for reasons other than simple dislike from food preferences. In some societies, food taboos are often meant to protect the human individual and the observation, for example, that certain allergies and depression are associated with each other could have led to declaring food items taboo that was identified as causal agents for the allergies.^[10] It is believed that any food taboo, acknowledged by a particular group of people as part of its ways, aids in the cohesion of this group, helps that particular group maintain its identity in the face of others, and, therefore, creates a sense of belonging.^[11]

The avoidance of certain food items and incorrect knowledge regarding their benefits can deprive women of adequate nutrition, especially during the critical periods of pregnancy when it is of great benefit to the mother and her fetus.^[12]

Background

Among all communities, whether rural or urban, people have their own beliefs and practices. Some are based on centuries of trial and error and have positive values while others may be useless or harmful. This is true for food also. Some food items are considered good and some are bad at different stages of life.^[13]

Food taboos are known from virtually in all human societies. Probably food taboos exist in one form or another in every society on Earth, for it is a fact that perhaps nowhere in the world, a person, a tribe, or an ethnic the group makes use of the full potential of edible items in its surroundings.^[14]

It is the regular avoidance of food that turns into a tradition which ends up eventually as a food taboo. Food taboos and misconceptions during pregnancy have been part of Indian cultures since centuries. The avoidance of certain food items and incorrect knowledge regarding its benefits can deprive women of adequate nutrition.^[15] Therefore, a balanced and adequate diet is most important during pregnancy and lactation to meet the increased needs of the mother and to prevent “nutritional stress”.^[16]

Food taboos have been identified as one of the factors contributing to maternal undernutrition in pregnancy.^[17] In various studies, it was seen that pregnant women in various parts of the world are forced to abstain from nutritious foods as a part of their traditional food habits.^[18]

In Indian custom, food taboos and beliefs are more common. So, food taboos in urban slums will affect the pregnancy outcome because the majority of slums having compromised environmental condition, poor health care services, illiteracy, and ignorance.^[19]

Food taboo is abstaining people from food and/or beverage consuming due to religious and cultural reasons.^[20] 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).^[21] Pregnant women have faced dietary deficiency due to food taboo. Some pregnant women, who live in a rural area, are obliged to

have food taboo that restrains 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.^[22] Food taboos among pregnant women are varying from culture to culture and community to community especially in rural settings. Pregnant women who were practicing food taboos had significance on lower body weight and unhealthier babies.^[23] Food taboos have an influence on pregnancy even though they need about 300 extra calories per day, especially during the later pregnancy period. When a baby grows quickly, additional calories should come from nutritious foods, so they can contribute to a baby's growth and development.^[24]

To the major problem of food, taboos are preventing pregnant women from accessing a well-balanced diet, resulting in a high prevalence of low birth weight and harm to mother and baby.^[25]

Pregnant women living in rural have more food taboos and misconceptions. This may be improved by strengthened nutritional counseling program. Empowering health extension workers in providing effective nutrition counseling should be explored given the overburdened public health system.^[26]

MCH clinics must play a leading role in coordinating this effort of awareness creation. They should also put mechanisms that can routinely identify women observing food taboos, assess the reasons and provide appropriate nutrition education. Other governmental and nongovernmental organizations and various public associations, such as women's Associations should also be actively involved in eliminating these harmful beliefs.^[27]

Pregnant women should be encouraged "eating up" during pregnancy and to provide supplementary food to poor women who cannot afford. In addition, the health education programs should take cognizance of the popular beliefs regarding food during pregnancy and use innovative means to minimize their negative and maximize their positive nutritional effects.^[28]

Mohler^[29] reported that there are two general food taboos for adult women of Waluguen in Tanganyika. They are not allowed to eat eggs or twins' bananas as they are supposed to lead to the risk of having twins, which is a serious misfortune. Other beliefs of consumption of eggs by women are that may lead to irregular menstruation or disappearance of it altogether

and that if a woman becomes pregnant, the child will be stillborn. According to Ramanamurthy^[30] in India, communities food items perceived is 'hot' are often believed to be harmful to pregnant women and those perceived as 'cold', believed to be beneficial, although in a few community's effects are believed vary in different stages of pregnancy and also on the individual physical constitution. Moreover, a fairly common ethnic physiological theme in India is that a balance of 'hot' and 'cold' is necessary for body's well being and since pregnancy generates a state of 'hotness' it is desirable to bring a balance taking 'cold' foods. According to Wilson^[32] in many cultures, strong taboos limit the amounts, or kinds of food, a pregnant woman may choose from those which her society defines as a food. Often protein foods, the best liked and most valued items of cuisine are denied in all or part of pregnancy to women in various African tribes and in many other populations as being too strong for an individual in such a delicate condition.^[33]

In a bid to address every aspect of maternal health care, researchers should expand the objectives of their research to include nutritional taboos and misconceptions, outline the corresponding health implications and conduct same to reflect nation relevance.

METHODS

A cross-sectional study was conducted in the Alkark hospital in Iraq, totally 200 antenatal women were selected by simple random sampling method. After explaining the purpose of the study, informed oral consent was taken among these women. Data were collected by interview using a pre-tested and semi-structured questionnaire. Apart from socio-demographic details, women were asked about the different kinds of taboos and misbelieve they followed during pregnancy. Modified Kuppaswamy classification was used to grade the socio-economic status. This survey was conducted over a period of 3 months (July to September 2018). The houses with doors locked and those who were not willing to give consent were excluded from the study.

RESULTS**Table (1): The socio-demographic characteristic of pregnant women.**

Characteristics	N=200
Age	
20	26
21-30	154
Above 31	20
Educational	
Illiterate	43
Primary	78
Intermediate level	23
Secondary level	43
University and above	13
Occupation	
Working	
Not Working	123
Total	200

Table (2): Months of pregnancy.

Months	N
1-3	14
4-6	63
7-9	123
Total	200

Table 3: Refusing to eat certain foods during pregnancy among pregnant women.

Refusing	N
Yes	167
No	33
Total	200

The study showed that a large group of pregnant women (167) refrained to eating some foods during pregnancy. This may deprive pregnant women of essential nutrients. This result is similar to what was found by (Marchant *et al.*, 2002) in Tanzania who revealed that (69%) of the pregnant women refrained from eating some kinds of food during pregnancy.

The study also showed the types of food desisted from by pregnant women as The majority of the pregnant women (76%) avoided eating red meat, while (12%) of them avoided eating eggs, (13.4%) avoided eating white meat and (61.5%) avoided drinking milk. The mentioned food types are so essential for pregnant women who will be deprived of the benefits found in these types.

These results in accord with those of a study carried by (Choudhry et al. 1997) in Indonesia. They concluded that (44.6%) of the pregnant women avoided eating red and white meat while (15.2%) avoided to eat eggs, and (25.9%) avoided drinking milk.

The study also showed the majority (64.1%) of pregnant women refused to eat certain foods during pregnancy for personal reasons. This result is similar to what (Marchant et al., 2002) in Tanzania revealed. They found that (75.8%) of the pregnant women refused to eat certain foods during pregnancy for personal reasons. A large group of pregnant women refused to eat certain foods during pregnancy for personal reasons such as (46.2%) from whom because craving, (17.2%) from whom because nausea, this result is similar to what (Marchant et al., 2002) in Tanzania revealed. They found that, (32.2%) from whom because of craving and (20%) from whom because of nausea. A considerable group of pregnant women (35.9%) stated that the reason for not eating certain types of food during pregnancy was due to social norms which prohibit the consumption of such types of food during pregnancy and these are related to social taboos in the community. This result is in line with a study carried by (Barenes et al., 2007) who concluded that (41.1%) of the pregnant women related the reason for food refraining to the reason that they were socially prohibited. Also due to community reasons, the majority of the pregnant women (67.3%) avoided eating red meat such as camel meat during pregnancy because it causes difficulties during delivery and (15.4%) of them avoided eating eggs during pregnancy because they cause the disease to mothers. These results were similar to what was found by a study carried by (Choudhry et al. 1997) in Indonesia. They revealed that food taboos in the community (80%) of the pregnant women desisted from eating certain foods like red meat, fishes and other food from rivers because they lead to difficulties during delivery and they cause the fetus to be upside down in the womb, while (22%) for them did not eat eggs during pregnancy because they cause diseases to mothers. The study also showed that (56%) of the pregnant women preferred to eat certain types of food such as milk and fruits during pregnancy because they strengthen the mother's immune system and protect mothers from diseases.

This result agrees with that of (Barrenness al., 2007) who concluded that (55.3%) of the pregnant women preferred to eat certain types of food such as milk, milk products, and fruits during pregnancy because they strengthen the mothers' and fetus's immune system and protecting mothers from the disease. The study showed that there was a significant association between refraining from eating certain foods during pregnancy among pregnant

women and their residential area, P. Value = (0.000). This result is in line with that of (Barenes *et al.*, 2007) who found a significant association between refraining from eating certain foods during pregnancy among pregnant women and their residential area, P. Value = (0.000), it seems that the practice of food taboos is more dominant in rural areas than in urban areas. This may be attributed to the strong traditional cultural/religious beliefs and practices relating to pregnancy and the post-partum period. The study showed that there was a significant association between refraining from eating certain foods during pregnancy among pregnant women and their level of education P. Value = (0.000). This result accords to that of a study carried by (Atkin, 2013) who revealed that there was a significant association between refraining from eating certain foods during pregnancy among pregnant women and their educational level P. Value = (0.000). They examined food beliefs and eating habits among 40 first-generation Bangladeshi migrants living in Great Britain. The authors concluded that individual food taboos were in large part determined by the level of education and by culture.

Undernutrition, especially during pregnancy, is prevalent in developing countries, and incidence of 10–40% has been reported in by some studies in Iraq.^[34]

The mean age, parity, and gestational age at booking (age of pregnancy at the time a woman first attended ANC) reported in this study is comparable to 25.2 years, 3.6 and 7 months, respectively, reported in a previous study, although no correlation was found between nutritional practices/taboo among ages and parity.^[35]

All the respondents believed that pregnant women should eat more to ensure healthy babies. The prevalence of food taboos observed in this study is therefore relatively low when compared to prevalence rates reported elsewhere in Africa.^[36]

It is thought that the relatively low prevalence of food taboos observed in this study is due to the better engagement in farming and the availability of livestock products. Because most of the women were engaged in one form of trade or the other, it means that they may be able to afford some nutritious diet for themselves. Contrary to a previous study^[23] that reported that food taboo correlated well with educational standards attained by the women, the present study did not report a high prevalence of food taboo despite the poor literacy status. In Iraq, practically all women avoided livestock products such as meat, milk, and cheese.^[37]

This is one of the serious disadvantages of observing food taboos since the major sources of protein which are essential nutrients needed for the rapidly growing fetus are avoided. The present study, on the contrary, showed that these women took adequate meat and fish.

The high intake of meat, fish, fruit, and vegetable in this study was commendable. Some researchers have suggested that a dietary pattern characterized by high intake of vegetables, plant foods, and vegetable oils decreases the risk of preeclampsia.^[38]

Palm oil/groundnut oil intake was also good among the respondents (86%). It has been shown that maternal Vitamin A status in the later part of pregnancy is significantly associated with fetal growth and maturation.^[39]

Therefore, red palm oil, a rich source of bioavailable Vitamin A, could be used as a diet-based approach for improving Vitamin A status in pregnancy.^[40]

The safety of red palm oil consumption has been established.^[41] Evidence has been provided for the health benefits of red palm oil, including supporting cardiovascular health in both experimental animals and humans.^[42]

Most of the respondents in this study did not practice pica. Pica is a deliberate desire for substances that are largely nonnutritive, such as paper, clay, metal, chalk, soil, glass, or sand. It is prevalent among pregnant women.^[43]

It is associated with medicinal treatment, spiritual and ceremonial behavior as well as chronic hunger, folk medicine, traditional cultural activities, and social customs. The prevalence varies and may be as low as 0% or as high as 68%. The prevalence of 17% reported in the current study is lower than 45.6% or 74% reported in other studies.

The reason for this prevalence was unclear but may be due to religious or cultural reasons. The merits and demerits of pica have been extensively studied.^[44]

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