



A REVIEW ON FOOD PRACTICES AND TABOOS DURING PREGNANCY

Avi Patel^{1*}, Dr. I. S. Anand² and Priyanka Rathod³

¹Research Scholar, Shri Sarvajani Pharmacy College Mehsna-384001, Gujarat, India.

²HOD & Professor, Department of Pharmacology, Shri Sarvajani Pharmacy College Mehsna-384001, Gujarat, India.

³Assistant Professor, Department of Pharmacology, Shri Sarvajani Pharmacy College Mehsna-384001, Gujarat, India.

***Corresponding Author: Avi Patel**

Research Scholar, Shri Sarvajani Pharmacy College Mehsna-384001, Gujarat, India.

Article Received on 06/03/2021

Article Revised on 27/03/2021

Article Accepted on 16/04/2021

ABSTRACT

Pregnancy is the most precious phase of woman's life. Maternal undernourishment during pregnancy adversely affects the pregnancy and birth outcomes. Taboos and food practices are a part of Indian culture since centuries. Every community whether urban or rural has their own beliefs. This article reviews some of the food practices and taboos during pregnancy in parts of India. Food taboos are still prevalent in many Indian regions. Most of the foods avoided were nutritious and inexpensive. There were no scientific explanations of the avoidance and harmfulness of some foods and practices. Increasing literacy status may reduce prevalence of taboos and misconceptions. There is need for health education programs in rural areas regarding nutrition which will in turn improve the maternal and child health.

KEYWORDS: Taboos, myths, food practices, pregnancy, nutrition, maternal.

INTRODUCTION

Pregnancy is a period of physiological and psychological change and throughout the world precautions are taken to maintain well-being during this important time.^[1] Pregnancy imposes the need for considerable extra calorie and nutrient requirements. A balanced and adequate diet is therefore, of utmost importance during pregnancy and lactation to meet the increased needs of the mother, and to prevent nutritional stress.^[2] Nutrition plays an essential role with regard to maternal and child health. However, this aspect is inevitably interlinked to perceived notions and beliefs with regard to food to be consumed by pregnant and lactating women. Studies have also shown existence of practices and beliefs like denying pregnant and lactating women of known nutritious food items owing to their traditional food habits.^[3]

Taboos and myths during pregnancy have been part of Indian cultures since centuries.^[4] Food taboos have been identified as one of the factors contributing to maternal under nutrition in pregnancy, especially in rural areas.^[2] The avoidance of certain food items and incorrect knowledge regarding its benefits can deprive women from adequate nutrition. A common belief supporting these pregnancy related taboos is that breaking them may cause abortion or deformity in newborn.^[4] The lack of prenatal education on nutrition and health during pregnancy, as well as accessibility to hospitals and clinics are other barriers to healthy maternal and child

outcomes. Many factors influence pregnancy outcomes, such as poor maternal nutrition, birth spacing, maternal age (under 15 years or over 35 years), inadequate prenatal care, lifestyle behaviors, and poverty.^[5] A number of diet surveys among women in Indian communities and hospitals have shown that the dietary intake of a high proportion of them is deficient in some essential nutrients, and that there is almost universally no increase of intake among low income group women during pregnancy.^[6]

Maternal undernourishment may pose an increased risk of prematurity, low birth weight and developmental anomalies. The deficiency of iron and a few other nutrients in the food consumed by low income group Indian women is reflected in the wide prevalence of anemia among them both in their non-pregnant and pregnant condition.^[6] Severe anaemia in pregnant women increases maternal morbidity and mortality.^[3] It is well known that in India and other developing countries a large proportion of babies die within the first five years of life because of their low birth weight and that maternal malnutrition is primarily responsible for low birthweight.^[6]

Several intervention studies in India and elsewhere have shown the positive effect of nutrient supplementation programs during pregnancy on birth-weight and other reproductive outcomes, if they are designed and implemented properly.^[6] Hence, it seems reasonable to

recommend that the programs in India to encourage "eating up" during pregnancy and to provide supplementary food to poor women who cannot afford it should be strengthened. It may be desirable to emphasize the usefulness of mother's increased intake during pregnancy in making the baby strong rather than large or heavy.^[6]

Foods considered to be harmful

Generally, foods are avoided during pregnancy because of three possible causes: miscarriage, difficulty in labor, and fear of abnormality in child. The fruit that is most widely believed to be harmful in India is papaya as it was considered to be abortifacient. Next in order of their reported harmfulness are banana, jackfruit and pineapple.^[6] Pineapple avoidance was also found in some parts of Tamil Nadu, the major reason for abstaining it was its presumed power to cause abortion.^[1]

In many areas of India large sections of population do not normally take animal foods because of religious prohibition or because they are not affordable.⁶ Restrictions of non-vegetarian food during pregnancy were not conspicuous. Out of the 1067 non-vegetarians, vegetarians, and qualified non-vegetarians, 138 (12.9 percent) believed in the harmfulness of eating non-vegetarian items during pregnancy. The most common reason given for abstaining from animal food during the first three to seven months was that the sight or smell of these food items would cause vomiting.^[1] In some regions citrus foods and groundnut were also avoided during pregnancy due to multiple reasons.^[2] Foods considered hot and, therefore, bad for the mother and fetus or newborn were papaya (70%), pumpkin (55%), buffalo milk (20%), chicken (1%), and eggs (6%).^[7]

All mothers believed that certain foods when consumed increased the body temperature and were thus avoided. Potatoes and spices, fish, papaya, sesame, milk, egg, jackfruit, unripe mangoes and red meat were considered to increase body heat and were avoided to various extents in the diet. Sesame seeds and jackfruit caused wheezing, seizures and pneumonia in child, if it was consumed ante-natally.^[3] Ginger was also avoided in parts of Tamil Nadu as it is considered to be hot due to its spicy and burning properties. These properties are believed to cause bleeding of the uterus and hence abortion.^[1] Similarly reported the beliefs of people from 19 states in India, which explained that the eating of red meat, chicken, eggs, milk, jack fruit, spinach and many others were supposed to harm the baby or the mother in some manner if taken during pregnancy.^[8]

Myths and misconceptions

The myths and misconceptions are a part of Indian tradition and culture from centuries. The major reason for following them is force of the elder people of family and harm that is believed to cause for not following the belief. Skin colour of the baby was a priority. Fairer skin is attributed to increased physical attractiveness and all

efforts were taken by the parents to lighten the skin colour.^[3] Common misconception was "consumption of saffron by pregnant woman results in a fairer skin child".^[9]

Generally, dark colored fruits and vegetables were avoided as it might cause dark complexion of baby.^[4] On the other side food items made of raggi, though nutritious was avoided for the fear that it may darken the baby.^[3] Fused double banana (as a cause of twin pregnancy) were avoided by pregnant women in many studies.^[2,9,12,13,14] The fruits which were hard and had to be opened such as coconut and bel were avoided in pregnancy as it caused difficult/obstructed labor.^[4]

In many Indian communities' studies indicates that the phenomenon of "eating down" during pregnancy both in belief, system and in actual practice is quite common in India and may have negative effect on many pregnant women's nutritional level which is anyway low for other reasons. However, whether or not an increased consumption of food during pregnancy can lead to disproportionately large babies causing an increased occurrence of obstructed labor in India needs to be assessed carefully.^[6]

No cultural taboos have been found regarding physical activity during pregnancy. Working-class and farm women continue their work, including fetching water and carrying heavy loads, until labor begins.^[7] Twins and higher order multiples are considered unlucky. The cause for twins or multiple births is seen as a work of fate or destiny. Profuse bleeding before delivery is seen as a good sign because the bleeding is thought to purify the uterus, producing a clean, pure child. Bleeding during the 5th month is seen as a sign of a male fetus.^[15]

Most women from the working class, a low socioeconomic background, and/or rural areas (80% of the Indian population live in rural areas) are tradition bound (Raman, 1988). Most of these women prefer home delivery attended by a local, untrained midwife (dai) or by a birth attendant who is an experienced village woman. In most instances, the preference for a local dai over a trained midwife is because of the former's familiarity with local customs and traditional practices—the practices often criticized by trained professionals.^[16]

CONCLUSION

There are high prevailing food taboos during pregnancy irrespective of literacy status. Since maternal nutrition in pregnancy is pivotal to pregnancy outcomes, there is a need for nutrition education and awareness generation among women.^[10] Most of the foods restricted were inexpensive and nutritious. Many beliefs stated for each food item had no scientific explanation.^[3] There are very less number of studies on food misconceptions about food in pregnancy, as India is a country with diverse cultural backgrounds, there is a need for more research.^[9]

It had been documented that demographic characteristics and socio-cultural factors play a major role in nutritional practices.^[11] By promoting an understanding of the mechanisms and risks of fetal growth restriction, cultural practices may change and encourage the reconsideration of food restrictions in pregnant women.^[5] The health education programs should take cognizance of the popular beliefs regarding food habits during pregnancy in urban, urban slums & rural area and use innovative means to minimize their negative and maximize their positive nutritional effects.^[10] With increase in literacy status such taboos/misconceptions can be reduced. There is need for nutrition education and awareness generation among women.^[2]

REFERENCES

1. Ferro-Luzzi EG. "Food avoidance of pregnant women in Tamil Nadu." In *Food, Ecology and Culture*, 1980; 101–108.
2. Parmar, Ankita, et al. "A Study on Taboos and Misconceptions Associated with Pregnancy among Rural Women of Surendranagar District." *Healthline PISSN*, 2013.
3. Catherin, Nisha, et al. "Beliefs and Practices Regarding Nutrition during Pregnancy and Lactation in a Rural Area in Karnataka, India: A Qualitative Study." *International Journal of Community Medicine and Public Health*, 2015; 2(2): 116.
4. Chakrabarti Sreetama, and Abhik Chakrabarti. "Food Taboos in Pregnancy and Early Lactation among Women Living in a Rural Area of West Bengal." *Journal of Family Medicine and Primary Care*, 2019.
5. Lennox, Jessica, et al. "Eating Practices during Pregnancy: Perceptions of Select Maasai Women in Northern Tanzania." *Global Health Research and Policy*, 2017.
6. Nag, Moni. "Beliefs and Practices about Food during Pregnancy: Implications for Maternal Nutrition." *Economic And Political Weekly*, 1994.
7. Choudhry, U. K. "Traditional Practices of Women from India: Pregnancy, Childbirth, and Newborn Care." *Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN / NAACOG*, 1997.
8. Babu KS. "Illness and health care in Madugula Mandal of Andhra Pradesh." *Man India*, 1998; 78(3&4): 255-68.
9. Rajkumar Patil, et al. "Taboos and misconceptions about food during pregnancy among rural population of Pondicherry." *Calicut Medical Journal*, 2010; 8(2): e4.
10. BC, Narasimha; Ks, Ravish; Ts, Ranganath. "Prevailing Food Taboos among Pregnant Women in Urban Slums of Bengaluru- a Cross Sectional Study." *RGUHS National Journal of Public Health*, 2016; 1(1): 10–12.
11. Lakshmi G. "Beliefs and practices about food during pregnancy among Savara and Jataputribes." *Arch Pharm Bio Sci*, 2013; 1(2): 21-5.
12. Jerzy K, Delma P, Nathan K, Totona C, Sophie S, Ethel K. "Food taboos and traditional customs among pregnant women in Papua New Guinea: Missed opportunity for education in antenatal clinics." *Contemporary PNG Studies, DWU Research Journal*, 2013; 19: 1-11.
13. Piasecki, Alexandra M. "Maternal nutrition practices and perceptions in Bihar, India." Emory University's Electronic Thesis and Dissertation repository, 2013.
14. Zalhura SSA, Nilan P, Germov J. "Food restrictions during pregnancy among indigenous Temiar women in Peninsular Malaysia." *Mal J Nutr*, 2012; 18: 243-53.
15. Emmanuel, A. An exploratory study to assess the knowledge of married women regarding pregnancy-related health problems in a resettled colony of U.T. Chandigarh. Unpublished master's dissertation, Post Graduate Institute for Medical Education and Research, Punjab University, Chandigarh, India, 1989.
16. Raman, A. V. Traditional practices and nutritional taboos. *Nursing Journal of India*, 1988; 79(6): 143-166.
- 17.