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A Study of Taboos and Beliefs Associated With Pregnancy and Lactation among Women Visiting OPD at Tertiary Care Hospital

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Abstract: Poor Maternal nutrition, especially in rural setting adversely affects pregnancy and birth outcome. In all cultures, certain beliefs exist surrounding what facilitates a good pregnancy and its outcome as well as negative sanctions. Taboo and misconception regarding food, nutrition, rituals which people follow are discussed in this study. A Cross-sectional study was done on females attending ante natal care OPD at tertiary care hospital at Jaipur. A predesigned questionnaire was used. Before interview, subjects were informed the purpose of the study. All pregnant women attending the OPD were interviewed regarding different kind of beliefs, misbeliefs, taboos related to pregnancy, diet, food habits, and breastfeeding. Out of 400 women interviewed 50 percent were between 20-30 yrs and 36 percent were illiterate. Most common taboos were use of knife or kala tika to prevent evil eye, use of herbal medications for having son, covering of head and ears after delivery and use of castor oil or ghee to facilitate normal delivery and avoidance of certain foods, considering them hot and cold. Reasons were many as they cause abortions, difficult labour. Larger population of women and their families still believe in old unscientific tales. With increase in literacy status such taboos and misconception can be removed. There is need of nutritional education and awareness generation among women.

Keywords: Taboo, Misconception, pregnancy, hot and cold food.

INTRODUCTION

Pregnancy and child birth are almost universally associated with culturally based ceremonies and rituals. Culture plays a major role in the way a woman perceives and prepares for her birthing experience. Pregnancy is usually viewed as a normal physiologic phenomenon that does not require any intervention by health care professionals. Only in the event of a problem will pregnant women seek medical advice. Maternal nutrition is very important for course and outcome of pregnancy. Successful pregnancy and lactation require adjustments in maternal body composition, metabolism and function of various physiological systems.

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 from 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 [1]. 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 [2, 3].

During pregnancy, the nutritional requirements of women increase to support optimum foetal growth and development. Poor maternal nutrition during pregnancy usually results in low birth weight and high prenatal and infant mortality. Food taboos have been identified as one of the factors contributing to maternal under nutrition in pregnancy; especially in rural [4].

The present study of aimed in describing different taboos and misconception in women regarding pregnancy and lactation visiting OPD

AIMS AND OBJECTIVES

To explore taboos and misconception associated with pregnancy and lactation

MATERIALS AND METHODS

Cross-sectional study was done on females attending ante natal care OPD at tertiary care hospital at Jaipur. A predesigned questionnaire was used. Before interview, subjects were informed the purpose of the study. All pregnant women attending the OPD were interviewed regarding different kind of beliefs, misbeliefs, taboos related to pregnancy, diet, food habits, breastfeeding, and post natal practices. Modified Prasad's classification was applied. Data was analysed using SPSS (Statistical Package for the Social Sciences) window

RESULTS

Total of 400 women were interviewed who visited ANC OPD. Most of the women were between 20-30 years that is about 50 % (Table 1). Regarding literacy status 36% were illiterate and 28 percent had studied till primary class (Table 2). Similar study conducted by Rajkumar patil *et al.* had majority of participants in 25-34 yrs and were illiterate [5].

Regarding occupation 43 % were farmers and 30 % were housewife (Table 3) 72 % females believe that shape of abdomen decide whether in utero fetus is male or female, and consumptions of white things like Rasgulla make baby fairer. "May you bathe in milk and bloom among sons" is the traditional blessing bestowed to young women.

Pregnancy is viewed today also in most of the rural families as a normal physiological phenomenon that does not require any intervention by health care providers. Only in event of a problem is a visit to a doctor is warranted. During entire childbearing period the elder women in the family provide information, guidance and assistance. They just by looking at the abdomen can predict the sex of the in utero baby.

86% believed that as female is weak after delivery so covering head will protect from headache in future.

Table-1: Distribution according to age

Age (years)	No(400)	Percentage (%)
Less than 20	35	8.7
20-25	113	28.25
25-30	115	28.75
30-35	90	22.5
More than 35	47	11.75
Total	400	

Table-2: Distribution according to education status

Education status	No (n=400)	Percentage
Illiterate	145	36.25
Primary	113	28.25
Secondary	90	22.5
Higher secondary	29	7.25
Graduate	18	4.5
Post graduate	5	1.25

Table-3: Distribution according to occupation

Occupation	No (n=400)	Percentage
Housewife	120	30
Labourers	88	22
Farmer	174	43.5
Professional job	18	4.5

DISCUSSION

The research about food to be consumed or avoided during pregnancy and child birth differentiates food as hot and cold. Nutrition-related practices during pregnancy are based on a belief that 'hot' foods are harmful and 'cold' foods are beneficial. Because pregnancy generates a hot state, pregnant women are advised to attain balance by eating cold food and

avoiding hot food. Cold foods are recommended in early pregnancy to avoid miscarriage. Hot foods are encouraged during the last stages of pregnancy to facilitate labour. In study conducted by Ali Ns *et al.* 12 % women believed in restricting some food items during pregnancy which was different from ours where 60% believe in avoid some or other kind of food [6].

Table-4: Different misconceptions and taboos

S. No	Taboos/misconception	No of females believe	Don't believe	No idea	Percentage(who believe in taboos)
1	Shape of abdomen can decide the sex of baby	288	38	74	72
2	Consumption of white things will make baby fair	215	61	124	53
3	Avoidance of certain food(hot and cold foods)	240	50	110	60
4	Eating less to avoid heavy baby	124	250	26	31
5	Drinking ghee or castor oil to facilitate normal delivery	315	37	48	78
6	Use of desi/herbal drugs or planned mating time for male child	330	50	20	82.5
7	Secluding mother and child for 40 days postpartum	278	100	22	69.5
8	Use of knife, kala tika to keep away evil eye	370	15	15	92.5
9.	Giving honey, or sugar water to new born	215	170	15	53.7
10	Burying of placenta of male child at home	154	76	170	38.5
11	Avoiding bathing till 6th day (chati puja)/sacred bathing	272	110	18	68
12	Covering of head and ears	344	24	32	86
13	Excess bleeding post-partum means complete cleaning of uterus	154	170	76	38.5

The following foods are considered hot

- Meat, eggs, fish, ghee
- Onion, garlic
- Papaya, banana
- Dates, jaggery
- Most spices, including ginger and chillies.

The following foods are considered cold

- Milk, yogurt, buttermilk
- Wheat , Rice
- Green leafy vegetables

Practice of eating less is common as it is believed that excessive eating will result in large babies and difficult deliveries or Caesareans

Male child is considered superior to female as he is expected to support whole family. So boy is an investible resource (hence receive prompt medical attention). Women consume herbal medication for having male child, as well as follow various advice regarding mating time, day, position in order to conceive a baby boy. Drinking ghee, castor oil is another misbeliefs for having smooth normal delivery.

Child birth considered as “untouchable” (sutak). Women and child kept isolated for specified period of post partum, till she gets sacred bathing. The

period of seclusion and confinement of postpartum women varies across regions. In many regions, the confinement period of postpartum women can be up to 40 days. Confinement is practiced to protect mother and infant from exposure to disease and from evil spirits. Both mother and child are considered to be in a vulnerable state after birth. The placenta of male child is buried in house to keep enemy or evil spirit from seizing and influencing the well being and longetivity of infant.

Putting of kala tika, or keeping knife around baby will also protect from evil spirit is common belief in 90 % of females as well as their relatives.

Profuse bleeding after delivery may be viewed as a good sign linked to the purification of the uterus. Certain food (hot foods) given so excess bleeding occurs some women may be required to follow a diet of puffed rice, tea and hot water for the first three days after delivery. The consumption of milk, butter, ghee and some types of fish is encouraged due to the belief that these foods will increase the quantity and quality of breast milk. Postpartum women may consume a large quantity of garlic, to aid in the contraction of the uterus or to ‘dry the womb’.

CONCLUSION

Health education among the women of child bearing age can improve the knowledge. It was concluded that many women still believe in old unscientific taboos during pregnancy and lactation. There is a need of nutritional educational and awareness generation program among population

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