

Review Article

Taboos and Beliefs among Pregnant & Lactating WomenUzma Ali¹, Dr. Hummara Azim²¹Research Scholar at Institute of Home Science, University of Kashmir, Hazratbal, Srinagar, Jammu and Kashmir, India²Sr. Assistant Professor Institute at Home Science, University of Kashmir, Hazratbal, Srinagar, Jammu and Kashmir, India***Corresponding Author:**

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Abstract: 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. Poor maternal nutrition, especially in rural settings, affects pregnancy and birth outcome. Taboo food and drink are food and beverages, which people abstain from consuming because of a religious or cultural prohibition. The food is classified into two categories as Hot and Cold. Hot food items are avoided during pregnancy as it is thought that it will cause abortion. Cold food items are avoided during lactation period as it might affect the quality and quantity of milk production.

Keywords: Taboos, nutrition, pregnant, lactating.

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 birth of a healthy infant.

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'. 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 foetal 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 under nutrition in pregnancy; especially in rural.

REVIEW OF LITERATURE

Mooler [1] 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 become pregnant, the child will be still born.

According to Ramanamurthy [2] in India, communities food items perceived is 'hot' are often believed to be harmful for pregnant women and those perceived is 'cold', believed to be beneficial, although in a few communities effects are believed vary in different stages of pregnancy and also on individual physical constitution. Moreover, a fairly common ethno 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 [3] 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.

Matthews and Benjamin [4] carried out a study to assess the influence of a health education project in a five rural areas of Tamil Nadu with varying extent of MCH services. They found that in areas with no or very little services 38-93 percent of women thought that baby's health would not be affected if they did not eat enough food during pregnancy. Over three quarters of women in those areas did not take any additional food during pregnancy. In areas with better and longer services 71 to 83 percent of women thought that baby's health would be affected if they did not eat enough food during pregnancy. So the MCH services seem to have had an effect on women's belief regarding proper food during pregnancy.

According to Rao [5] in a diet survey of 68 pregnant women in three villages of Karnataka, 30 refused to indicate the specific amount of food eaten by them during the last 24 hours because of their belief that being specific could have an adverse effect on their nutrition. Most of the rest 38 women ate less during pregnancy partly due to their decreased appetite and partly with a view to restrict the size of the baby and avoid difficult childbirth.

A cross-sectional study was done by Santos *et al.*, [6] in Guadalajara, Mexico to identify food taboos among nursing mothers who participated in a breast-feeding programme. The study includes 493 nursing mothers who were interviewed 10-45 days after delivery. A chi-square test was used for finding an association among food taboos, mother's characteristics, and demographic variables. 50.3% of the mothers avoided at least one food in their diet after childbirth due to beliefs that it was harmful during breastfeeding. Forty-seven percent avoided three or more foods. Fruits and vegetables (62%) and legumes (20%) were the most avoided foods. These food taboos were associated with living more than 10 years in Guadalajara city, breast feeding experience, no prenatal information about breast feeding and other people's suggestion to complement breast feeding. A supportive approach and efficient communication, taking into account mother's characteristics, might reduce the gap between scientific recommendations and nutritional practices of mothers willing to nurse their infants.

According to Puri & Kapoor [7] the taboos and myths associated with women's health among Rural and Urban adolescent girls in Punjab showed that 32.885% urban girls were aware of the prevalent myth that no vegetarian diet should not be taken during pregnancy because of religious reasons, 59.48% Urban and 49.12% Rural girls think that cold milk may do some harm to the foetus. 15.68% urban and 16.52% rural girls told that taking papaya was a taboo for pregnant women as it might lead to abortion, 50.88% of urban and 40.92% of rural girls were not aware of any diet taboos observed in pregnancy.

CONCLUSION

Health education among the women of child bearing age can improve the knowledge. It was concluded that many women still believes in old unscientific taboos during pregnancy and lactation. With increase in literacy status such taboos/misconceptions can be reduced. There is a need of nutritional education and awareness generation programs among all stratas of population.

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