



TABOOS AND MISCONCEPTIONS ABOUT FOOD DURING PREGNANCY

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ABSTRACT:

Pregnancy is one of the most nutritionally demanding times in a woman's life. Although it is a normal physiological process but it is a time when the nutritional needs of the mother and the fetus must be met through careful choice of foods. Even before pregnancy begins, nutrition is a primary factor in the health of mother and baby. A well-balanced diet before conception contributes to a healthy pregnancy. All societies have traditional beliefs regarding harmful and beneficial foods for women during pregnancy. There are also beliefs regarding the optimal amount of food to be taken during pregnancy for a successful reproductive outcome. These beliefs may or may not conform to the modern biomedical notions about the proper types and amount safeguard maternal nutrition, adequate growth of fetus and safe delivery. 285 pregnant mothers attending private maternity homes (PMH) and 215 attending government medical hospital (GMH) in their last trimester were selected through purposive sampling. Data was collected using interview cum questionnaire method. The questionnaire was divided into two parts. In the first part it had questions related to demographic profile of pregnant women and in the second part the questions related to special foods consumed and avoided during pregnancy were asked. Data was analyzed using Mean, Standard Deviation and Chi-square test. Results of the study revealed that 68.06% PMH and 27.45% GMH mothers were consuming special foods during pregnancy. 56.49 % PMH mothers and 44.66% GMH mothers avoided certain foods during pregnancy due to several reasons. Papaya was found to be avoided by 40.00 % PMH and 28.37 % GMH mothers. The consumption of green leafy vegetables ($\chi^2 = 12.72$, $P < 0.01$), dry fruits ($\chi^2 = 29.28$, $P < 0.01$), Sprouts ($\chi^2 = 12.98$, $P < 0.01$) were found to be significantly higher among PMH mothers. The GMH mothers not consuming any special foods ($\chi^2 = 80.93$, $P < 0.01$) were also significantly higher than PMH mothers. The consumption of papaya was found to be significantly avoided by higher number of PMH mothers.

Key words: Misconceptions, Pregnancy, Special foods, Taboos





INTRODUCTION :

Pregnancy is one of the most nutritionally demanding times in a woman's life. Although it is a normal physiological process but it is a time when the nutritional needs of the mother and the fetus must be met through careful choice of foods. Even before pregnancy begins, nutrition is a primary factor in the health of mother and baby. A well-balanced diet before conception contributes to a healthy pregnancy (Shahid et al 2011).

All societies have traditional beliefs regarding harmful and beneficial foods for women during pregnancy. There are also beliefs regarding the optimal amount of food to be taken during pregnancy for a successful reproductive outcome. These beliefs may or may not conform to the modern biomedical notions about the proper types and amount safeguard maternal nutrition, adequate growth of foetus and safe delivery (Nag, 1994).

All people, whether rural or urban, 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 (Park and Park 2007). This is true for food also. Some food items are considered good and some bad at different ages of life. Food taboos are known from virtually all human societies. Probably food taboo (as unwritten social rules) exist in one form or another in every society on Earth, for it is a fact that perhaps nowhere in the world, a people, a tribe, or an ethnic group, makes use of the full potential of edible items in its surroundings. (Harris and Ross, 1987, Mintz and du bois 2002). It is the regular avoidance of a food that turns into a traditional which ends up eventually as a food taboo (Harris and Ross, 1987). There are some avoidance and restrictions which exist in our society as well as in other





developing countries worldwide, which can be harmful for maternal health.

MATERIALS AND METHODS :

285 pregnant mothers attending private maternity homes (PMH) and 215 attending government medical hospital (GMH) in their last trimester were selected through purposive sampling. Data was collected using interview cum questionnaire method. The questionnaire was divided into two parts. In the first part it has questions related to demographic profile of pregnant women and in the second part the questions related to special foods consumed and avoided during pregnancy were asked. Data was analyzed using Mean, Standard Deviation and Chi-square test (Garrette, 1969)

RESULTS AND DISCUSSION:-

Table I: Demographic Profile of the Pregnant Women

Variables	Characteristics	Pregnant Women	
		PMH N=285	GMH N=215
Mean Age (Years)		26.26 ± 3.66	24.43 ± 3.24
Mean Per capita income (Rs)		2974.45 ± 1963.43	678.60 ± 554.25
Literacy status (%)	Illiterate	0.35	2.79
	Literate	99.65	96.12
Type of family (%)	Nuclear	78.25	79.53
	Joint	21.75	20.47
Mean Family Size		3.72 ± 1.79	3.83 ± 1.49

The perusal of data presented in Table 1 shows that the mean age of PMH women was 26.26 ± 3.66 years and GMH mothers was 24.43 ± 3.24 years. The mean monthly per capita income of pregnant women of PMH (2974.45 ± 1963.43) was higher than GMH (Rs. 678.60 ± 554.25)





mothers. A majority of pregnant women of PMH (99.65%) and GMH (96.12%) were literate. A majority of pregnant women of PMH (78.25%) and GMH (79.53%) belonged to nuclear family. The mean family size of PMH and GMH mothers were found to be 3.72 ± 1.79 and 3.83 ± 1.49 respectively.

Table II: Distribution of pregnant women according to special foods consumed

SN	Special Foods Consumed	PMH N=285	GMH N=215	χ^2
1	Fresh Fruits	62 (21.75)	33 (15.35)	3.27
2	Green Leafy Vegetables	62 (21.75)	21 (9.77)	12.72**
3	Dry Fruits	40 (14.04)	01 (0.47)	29.28**
4	Sprouts	28 (9.82)	04 (1.86)	12.98**
5	Soya Milk	02 (0.70)	-	-
6	No Special foods	91 (31.92)	156 (72.55)	80.93**

**P<0.01 (The number in parenthesis indicates per cent cases)

Table 2 depicts that 68.06% PMH and 27.45% GMH mothers were consuming special foods during pregnancy. Fresh fruits (21.75%), green leafy vegetables (21.75%), dry fruits (14.04%) specially dates and almonds, sprouts (9.82%) and soya milk (0.70%) were found to be the special foods consumed by PMH mothers. However very few GMH mothers were consuming fresh fruits (15.35%), green leafy vegetable (9.77%) and sprouts (1.86%) may be due to very poor economic conditions. These foods were being consumed for a healthy child and safe delivery. Pregnant mothers were consuming these foods on either advice of doctor or elderly family members. A majority GMH mothers (72.55%) mentioned that they were consuming the same food which the whole family is consuming.





Few PMH mothers were aware of vitamins and minerals contents of fresh fruits and green leafy vegetables. They also knew about the health benefits of sprouts. Soya milk was found to be consumed due to its higher protein content. It was observed that the majority of PMH and GMH women had come to stay with parents during the last trimester of pregnancy. These women were found to be given ample special foods by their mothers. The consumption of green leafy vegetables ($\chi^2 = 12.72$, $P < 0.01$), dry fruits ($\chi^2 = 29.28$, $P < 0.01$), Sprouts ($\chi^2 = 12.98$, $P < 0.01$) were found to be significantly higher among PMH mothers. The GMH mothers not consuming any special foods ($\chi^2 = 80.93$, $P < 0.01$) were also significantly higher than PMH mothers.

Table III: Distribution of pregnant women according to foods avoided

SN	Foods Avoided	PMH N=285	GMH N=215	χ^2 Value
1	Papaya	114(40.00)	61(28.37)	7.28**
2	Banana	02(0.70)	14(6.51)	12.61**
3	Spicy Food	28(9.82)	11(5.12)	3.78
4	Pickle	06(2.11)	08(3.72)	1.18
5	Eggs	00(0.00)	01(0.47)	-
6	Sweets	07(2.46)	01(0.47)	-
7	Any other	04(1.40)	00(0.00)	-
8	No Special foods	124(43.50)	119(55.34)	6.88**

** $P < 0.01$ (The parenthesis indicates per cent cases)

Results of the study revealed that 56.49 % PMH mothers and 44.66% GMH mothers avoided certain foods during pregnancy due to several reasons. Papaya was found to be avoided by 40.00 % PMH and 28.37 % GMH mothers. Some avoided it due to doctor's advice and few considered it as a hot food. Banana was avoided by 0.70% PMH and 6.51 % GMH mothers due to its cold nature, considering that consumption of banana will lead to cold and cough. Spicy foods were avoided due to heartburn whereas pickles were avoided due to doctor's advice for salt restricted





diets. 2.46% PMH and 0.47% GMH mothers were also found to have stopped consuming sweets during pregnancy as prescribed by doctor owing to their tendency of high blood glucose levels. Other foods being avoided by PMH mothers included curds, cashew nut, pineapple and cold drink due to food fads. Egg was found to be avoided by GMH mothers considering it as a hot food where may lead to miscarriage. The consumption of papaya was found to be significantly avoided by higher number of PMH mothers. Whereas banana was avoided by significantly ($\chi^2 = 12.61, P < 0.01$) higher number of GMH mothers. A study among 1200 women from all districts of Tamil Nadu in India showed that 82 % of women avoided papaya during pregnancy.

A study on the nutritional behavior of expectant mothers in rural India reported that 64% of pregnant mothers were restricting all foods during the first 6 months, believing that a small baby would be easy to deliver. Other reasons mentioned were the difficult to digest, advice of mothers-in-law or health care workers. Certain foods were considered hot and abortifacient and were avoided and for so-called "cold" foods, buttermilk, orange and curd were not taken during pregnancy for the fear of having bad effects on the fetus (Grewal *et al*, 2008).

CONCLUSION: Mothers consuming special foods like green leafy vegetables, dry fruits and sprouts were significantly higher in PMH group. Mothers avoiding banana and papaya were significantly higher in GMH group and PMH group respectively. There is a need of nutrition education and awareness generation among all strata of population. The need of the hour is to removal of misconceptions regarding foods and to include locally available nutrient dense foods during pregnancy.





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