

Original article

A study on taboos and misconceptions associated with pregnancy among rural women of Surendranagar district

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Abstract

Background:

Poor maternal nutrition, especially in rural settings, adversely affects pregnancy and birth outcomes. In many local communities, pregnant women have food taboos with consequent depletion of vital nutrients. This study is aimed at describing women who are likely to have certain taboos/misconceptions during pregnancy.

Methodology:

A cross sectional study was conducted in rural area Khodu of Surendranagar. 100 households were selected by simple random sampling. Pre - tested questionnaire was used to collect information. All the women above 18 years of age were interviewed.

Results:

Out of 198 women interviewed 32.9% were in 25-34 years age group. Majority of women (52.0%) were illiterates and 41.4% were housewives. Majority of them (39.0%) belonged to social class V. About 77.0% women had some kind of taboos/misconceptions associated with pregnancy. Most common taboos/misconceptions seen were avoidance of some food/fruit during pregnancy (48.1%). About 31.7% said consumption of saffron results in fair skin of the child and 20.2% women had multiple other misconceptions. Most common food avoided were Papaya (53.5%), Ground nut (13.6%) and citrus food (24.7%). Reasons given for not consuming these foods were many. About 52.1% said abortion as a reason, 26.0% said it causes placental disruption and 21.9% gave multiple answers like hot food, cold food, seizures, difficult labour etc.

Conclusion:

Larger proportion of women still believes in old unscientific tales. With increase in literacy status such taboos/misconceptions can be removed. There is a need for nutrition education and awareness generation among women.

Keywords:

Taboo, misconception, health, food, pregnancy.

Introduction:

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.¹

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 is therefore, of utmost importance during pregnancy and lactation to meet the increased needs of the mother, and to prevent “nutritional stress”.² 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.^{3,4,5}

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 pre-natal and infant mortality. Food taboos have been identified as one of the factors contributing to maternal under nutrition in pregnancy; especially in rural.⁶

The present study is aimed to explore some of the taboos and misconceptions associated with pregnancy among the rural women of Surendranagar.

Aims and objectives:

1. To explore some of the taboos and misconceptions associated with pregnancy.
2. To correlate the findings with the socio-demographic factors.

Materials and methods:

A cross sectional study was conducted in field Area of Primary health Care , Khodu Surendranagar. Total 100 households were selected by simple random sampling and door to door survey was conducted. A pre-designed semi-structured questionnaire was used.

Before interview, subjects were informed about the purpose of the study. The houses with door locked and those not willing to give consent were excluded from the study. All the women above 18 years of age were included in the study.Total 198 women were interviewed. Apart from socio-demographic details women were asked about the different kinds of taboos and misbelieves they followed during pregnancy.Modified Prasad’s classification was used to grade the socio-economic status. Data was analysed using SPSS windows.

Results and Discussion:

Total 198 women from rural area Khodu of Surendranagar district were interviewed. Women above 18 years of age were taken for the study. Most of the women i.e. 32.9% were between 25-34 years age group followed by 29.3% were 44 years and above. Regarding literacy status 52.0% women were illiterates (Table 1). In a similar study conducted by Rajkumar Patil et al majority of participants (24.5%) were in age group 25-34 years of age and most of them were illiterates(91.3%).⁷ Regarding occupational status about 41.4% women were house wives and 80.3% were married (Table 2). About 39% of the women were from socio-economic class V according to

modified Prasad’s classification. Out of 198 women, majority belongs to Socio economic class v (39%) followed by IV (25%), III (20%), II (8%) and I (8%).

Table1: Distribution of study population according to age and educational status.

Socio- demographic factors	Frequency (N=198)	Percentage (%)
Age (Years)		
18-24	44	22.2
25-34	65	32.9
35-44	31	15.6
44>	58	29.3
Educational status		
Illiterate	103	52.0
Primary	26	13.1
Secondary	34	17.1
Higher secondary	19	9.5
Graduate and above	16	8.0

Table 2: Distribution of Study population according to occupation and type of family

Occupation	Frequency (N=198)	Percentage (%)
Farmers	47	23.7
Labourers	31	15.6
Housewife	82	41.4
Business	38	19.3
Marital status		
Married	159	80.3
Unmarried	13	6.56
Widowed	26	13.1

Table 3: Different taboos/ misconceptions present in the study population

Taboos/Misconceptions	Frequency (N=152)	Percentage (%)
1. Shape of face, abdomen or built can predict gender of the baby.	15	9.8
2. Avoidance of some food/fruit during pregnancy.	73	48.1
3. Consumption of saffron results in fairer skin of child.	48	31.7
4. Pregnant women should take total bed rest.	6	3.9
5. Others*	10	6.5

Table 4: Association between presence of taboos and literacy status of women

Taboos /Misconceptions	Illiterate (103)		Literate (95)	
	Frequency	%	Frequency	%
Yes	93	90.3	59	62.2
No	10	9.7	36	37.8

($\chi^2=22.014$, d. f. =1, $p<0.0001$)

Literacy is an important determinant for health and disease so literacy status was compared with presence /absence of taboos and their reasons between literates and illiterates. There was significant association of literacy status with presence of taboos as shown in the table 4.

Table 5: Association between avoidance of any food during pregnancy and literacy status

Avoidance of any food	Illiterate (103)		Literate(95)	
	Frequency	%	Frequency	%
Yes	42	40.7	31	32.7
No	23	22.5	29	30.5
Don't know	38	36.8	35	36.8

($\chi^2=2.51$, d. f. =2, $p=0.3407$)

In our study 48.1% women had some taboos associated with avoidance of food but there was no significant difference regarding this misconception between literates and illiterates (Table 5). In a study conducted by Ali NS et al 12% women believed in restricting some food items during pregnancy this was different from our finding due to difference in community setting. But there was no significant difference among education levels and food avoided, similar to our study finding.⁸

Most common food avoided were papaya (53.5%), citrus food (24.7%) and groundnut (13.6%). Reasons for not consuming such food were abortion, placental disruption and multiple others (Table 6). A study done in Tamil Nadu showed that 82% women avoided papaya during pregnancy⁹. In our study 53.5%

believe in not consuming papaya during pregnancy. In a study done by Puri S and Kapoor S it was reported that 16.5 % women believed that papaya can cause abortion similar to our study finding. Papaya, mango , brinjal are considered to be 'hot food' . People believe that 'hot' food items are avoided during pregnancy as it is thought that it will cause abortion. Similarly 'cold' foods are avoided during lactation as it might affect the quality and quantity of milk production.¹⁰

Table 6: Food avoided during pregnancy and the reasons for not consuming such food

Food avoided	Frequency (N=73)	Percentage (%)
Papaya	39	53.5
Groundnut	10	13.6
Citrus food*	18	24.7
Others**	6	8.2
Reasons for not consuming food		
Abortion	38	52.1
Placental disruption	19	26.0
Multiple answers***	16	21.9

(Citrus food*: Orange, lemon, buttermilk, curd .others**: brinjal, tea, milk; multiple answers***:hot food, cold food, seizures, difficult labour, overweight)

Table 7: Misconception about saffron consumption during pregnancy and literacy status

Misconception	Illiterate (103)		Literate (95)	
	Frequency	%	Frequency	%
Yes	35	33.9	13	13.7
No	24	23.4	48	50.5
Don't know	44	42.7	34	35.8

($\chi^2=19.07$, d. f. =2, $p<0.0001$)

Misconception regarding consumption of saffron results in fairer skin of child was seen in 33.9% illiterate women as compared to literates in whom only 13.7% had such misconception. There was a significant difference regarding this

misconception between literates and illiterates (Table 7).

Conclusion and Recommendations

In our study it was found that many women still believe in old unscientific taboos during pregnancy. With increase in literacy status such taboos/misconceptions can be reduced. Maternal nutrition in pregnancy is pivotal to pregnancy outcomes. There is a need for nutrition education and awareness generation among women.

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“A healthy attitude is contagious but don't wait to catch it from others. Be a carrier.”

Tom Stoppard

“Time and health are two precious assets that we don't recognize and appreciate until they have been depleted.”

Denis Waitley

“Good health and good sense are two of life's greatest blessings.”

Publilius Syrus