

Dietary Practices and Food Taboos Among Mothers during Pregnancy and after Delivery in Two Selected Rural Locations of Bangladesh

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Introduction

The nutritional status of population depends in many ways on the various socio-economic and cultural aspects of life. Traditional food beliefs of various kinds persist even after many changes have taken place in food habits in different parts of the world. These food beliefs are mostly concerned with the dietary restriction of an individual. The nutritionally vulnerable groups of any population are pregnant, lactating women and children. It has been observed that there exists a number of food taboos regarding the diets of the pregnant women in various parts of the world. The taboo against meat and egg are particularly well-known and reported from many countries. Northern people of Thailand believe that beef is poisonous and may cause rashes. They believe that if they eat meat and egg during pregnancy, the foetus will grow too big and cause a difficult delivery. In postnatal period, many mothers do not eat meat, fish and certain vegetables. The reason for this taboo is the belief that those food will result in abnormality of the blood circulation, in illness and death or severe diarrhoea. During the two weeks after delivery mothers usually restrict their diets to rice, salt and sometimes little dried or salted fish ¹. A survey on dietary habits of 200 selected pregnant women in South Carolina, USA demonstrated wide range of food taboos existing among them, cheese was not eaten by 6.5% of the pregnant women thinking that it would lead to "dry labour". Drinking of milk during pregnancy was also believed to develop cancer of the mother or the developing fetus ².

In India, hot foods include split peas, raw sugar, buffalo milk, eggs and fish, the especially hot foods are meat, onions and garlic. Milk, it is believed, must not be taken with either meat or fish because of the belief that these produce heat. Regular and habitual consumption of the extra hot food produces a 'hot' temperament and a readiness to anger. Cold foods include leafy vegetables, carrots, chestnuts and curd ³. A South Indian rural woman is considered impure during her menstrual periods and her confinement. During these times, she is isolated and is not expected to touch anything. She is barred from the kitchen. She is often given less food which deteriorates the nutritional status of the women when she is in need of more dietary care ⁴.

A report from Malawi points out that women during pregnancy cannot eat an animal food for the fear of transferring the traits of the animal to the child. Eggs, milk and even chicken is out of question and it is almost impossible to get a balanced diet for a pregnant Malawi woman ⁵. In Malaysia, some fishes are categorized as poisonous and are not usually eaten ⁶. In Pakistan, a study among pregnant and lactating mothers revealed that cauliflower, turnip and potatoes are not consumed as these items can cause stomach upset ⁷.

Bangladesh is the densest country in Asia. Seven hundred and thirty three persons live per square kilometer⁸. With the country's economic limitations, the pregnant women are also affected by food taboos which was shown in the recent Nutrition Survey⁹.

This study was conducted to have a closer view to the food habits and taboos of mothers during pregnancy and immediately after delivery in two places of Bangladesh.

Materials and Methods

The study areas, Munshiganj Sadar and Tongibari upazila were preselected by the Maternal and Child Health based Family Planning Project at Munshiganj. Out of 70 mothers' club of this project in those areas, 33 clubs were purposively selected. A questionnaire was developed and pretested. This pretesting was done with the help of experienced dietary interviewers in another rural location other than Munshiganj Sadar and Tongibari upazila. Finally the questionnaire was modified. The questionnaire is of open-type and the responses of the pregnant women in terms of their dietary practices were recorded by the interviewers.

Sixty four mothers each having at least one child below 5 years of age were interviewed during August-September, 1986. All the mothers belonged to lower socio-economic class (land less). The interviewers and the investigators had to move to the selected mothers' clubs mostly by using motorised boats.

Results

Table--I shows the distribution of the respondents by their age. Most of the mothers are in 25-34 years age group and only 6.2 percent mothers were 40 years and above.

Table--II shows the respondents by their education. Most of the mothers were illiterate.

Table--III shows percent of mothers by the type of common food items which they avoid during pregnancy because of the fear of various beliefs.

Table--IV shows the mother who restrict different foods immediately after delivery. This table also shows the reasons for restrictions.

Table--V shows the distribution of mothers who take different special foods immediately after delivery. This table also shows the reasons for taking these food.

Discussion

Nutrition in foetal life and infancy is reflected in the health and mortality in early life and is linked with the subsequent development, survival and health in adulthood. Numerous studies have been positively correlated maternal nutrition with the infant birth weight¹⁰. The problem of low birth weight affects some 20 million newborn babies annually, mainly in the developing countries¹¹. Low birth weight is recognised to be mostly due to maternal malnutrition, often in chronic nature initiated in premarital life and early childhood. In other words, malnourished mothers replicates their own image in perpetuating malnutrition through their progeny maintaining the stage of undernutrition in the developing countries. This study demonstrated that many foods are restricted during pregnancy and immediately after delivery which is nutritionally unsound. It can be observed from the Table III that a considerable number of the women restrict "Bowal" fish, "Puti" fish and pulses during pregnancy which are available protein sources. Furthermore, after child birth restriction of vegetables and rice result in inadequate consumption of

vitamins, minerals and caloric. This kinds of restriction have been practiced by the advice of elder members of the family. This is in conformity with the study conducted in South Carolina and India (2, 4).

Regarding giving of special foods after delivery, it can be noticed from the findings in table V that majority of the respondents took mashed potato and "Kaloziira" paste for various health reasons. Consumption of "Kaloziira" paste was related to relieving body pain, increase in milk yield and reduction of excess body fluid. However, this needs a separate scientific study both in the laboratory and also clinical trials to prove these hypotheses. All the dietary restriction, during pregnancy and immediately after delivery adversely affect the nutritional status of the pregnant and lactating mothers which can be solved mainly through nutrition education and by undertaking other nutrition intervention programmes. This study only uncovered the dietary restrictions and special dietary additions affecting the nutritional status during pregnancy and after delivery.

Table I *Distribution of respondents by age groups (N= 64).*

Age groups (years)	Percent
Below 20	1.6
20 -- 24	15.7
25 -- 29	28.0
30 -- 34	29.8
35 -- 39	18.7
40 +	6.2
Total	100.0

Table II *Distribution of mothers by education (N = 64)*

Level of Education	Percent
Illiterate	71.9
Upto class V	18.8
Class VI -- X	3.0
S. S. C.	1.6
Others	4.6
Total	100.0

Table III Percent distribution of mothers by the type of food avoidance and by reasons (N = 64).

Food items/ Scientific/English name	Reasons*			
	(1)	(2)	(3)	(4)
'Bowal' fish (Wallaga Attu)	12.5	--	1.6	--
'Gojar' fish (Carany crumenophthalmus)	6.3	--	3.1	--
'Puti' fish (Burbus sp.)	14.1	--	--	--
'Mirka' fish (Cirrhina Mrigala)	--	1.6	--	6.3
'Hilsha' fish (Clupea ilisha)	3.1	--	--	--
Pulses	10.9	--	--	--
Vegetables	1.6	--	--	--
Pineapple	--	9.4	--	--

Reasons* 1. Indigestion and loose motion, 2. Miscarriage, 3. Fear of evil spirit, 4. Convulsion of the baby.

Table IV Percent distribution of mothers who restrict food after child birth by fooditem and reasons.

Food items/ No. of mother	Reasons*						
	R 1	R 2	R 3	R 4	R 5	R 6	R 7
Rice (n = 13)	38.5	--	7.7	38.5	7.7	--	7.7
Pulses (n = 17)	29.4	29.4	--	11.8	5.9	29.4	29.4
Meat (n = 18)	5.6	33.3	--	16.7	11.1	5.6	27.8
Sour food (n = 16)	12.5	31.3	18.8	18.7	6.2	--	12.5
"Puti" fish (n = 7)	14.3	14.3	--	--	28.6	--	14.3
"Bowal" fish (n = 9)	22.2	33.3	--	--	22.2	11.1	11.1
Vegetables (n = 27)	18.5	48.1	3.7	7.4	11.1	--	11.1
Milk (n = 7)	--	--	--	--	57.0	--	43.0

Reasons * R 1. Will be harmful to both mother and child, R 2. Will cause child to have diarrhoea, R 3. Mother will take longer time to heal, R 4. Will delay the uterus coming to normal size, R 5. Causes indigestion and loose motion (Sutika), R 6. Fear of evil spirit, R 7. Advice of elders

Table IV Percent distribution of mothers receiving special food with reasons.

Food items/ No. of mother	Reasons*							
	R 1	R 2	R 3	R 4	R 5	R 6	R 7	R 8
Potato mashed (n = 40)	22.7	14.9	22.7	24.9	2.5	4.9	2.5	7.4
Banana mashed (n = 20)	20.0	15.0	20.0	25.0	—	—	5.0	15.0
'Kaloziira' paste (n = 45)	35.5	15.5	17.8	13.3	2.3	4.4	2.3	8.9
Cumin seed/ <i>Nigelia sativa</i> Linn (n = 4)	20.0	—	20.0	60.0	—	—	—	—
Fish (n = 4)	—	50.0	—	25.0	—	—	—	25.0
Pulse (n = 3)	—	33.3	33.3	—	—	—	—	33.3
Vegetables (n = 13)	15.4	7.7	7.7	46.2	7.7	—	—	15.4
Bread (n = 9)	33.3	—	44.4	11.1	—	11.1	—	—
Hot water (n = 15)	26.6	—	33.3	26.6	6.7	6.7	—	—
Tea (n = 5)	—	60.0	40.0	—	—	—	—	—
Milk (n = 5)	20.0	—	—	20.0	—	20.0	40.0	—

Reasons * R 1. Relieves body pain, R 2. Increases milk yield, R 3. Reduces excess body fluid, R 4. Improves mother's health, R 5. Prevents 'Sutika', R 6. Improves baby's health, R 7. Elder members advised to do so, R 8. Increases milk yield and reduces excess body fluid

Summary

Traditional food beliefs and practices of various kinds have been associated with poor nutritional status of mothers. This study was designed to have an in-sight about the dietary intake of the mothers during pregnancy and immediately after delivery. The location of the study was Munshiganj Sadar and Tongibari Upazila and the respondents were the members of Mothers' Clubs. This study uncovered most of the existing dietary practices and food taboos which needs further deeper investigation.

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