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**Original Research Article**

# Food taboo and food preference among the rural and urban lactating mothers of Paschim Medinipur district of West Bengal

**Shreyosi Mitra***

Department of Anthropology, Vivekananda College for Women, Kolkata, West Bengal, India

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***Correspondence:**
Dr. Shreyosi Mitra,
E-mail: shreyosim@gmail.com



## ABSTRACT

**Background:** Food taboo is a prohibition against consuming certain foods and food preference refers to the way in which people choose from among available comestibles on the basis of biological or economic perceptions including taste, value, purity, ease or difficulty of preparation, and the availability of fuel and other preparation tools. This cultural practice can be studied from different theoretical perspectives.
**Methods:** For the present study total number of 948 [Hindu rural caste (347), Hindu urban caste (356), Lodha (245) rural areas] lactating mothers were chosen for collecting data regarding their socio-demographic features and the cultural practices (food taboo and food preferences during the period of lactation) followed by them. Both interview and case study method was applied for collecting data. SPSS 16.0 was used to entry and analyse the data.
**Results:** Reveals that hindu caste rural participants showed significantly higher preference for certain food items compared to their urban counterpart and the Lodha participants. Significantly, more number of HCR participants showed preference towards certain food items during lactation to improve the quality of breast milk. Result also shows that there were significant differences across hindu caste rural than their urban counterpart and the Lodha participants with respect to all the variables related to food taboo.
**Conclusions:** Cultural practices have influenced the health behaviour like breastfeeding practices of the lactating mothers.

**Keywords:** Food taboo, Lactation, Caste, Tribe

## INTRODUCTION

Food taboo and food preference can be studied from different theoretical perspectives. The functionalists relate the popularity of a food to its function in a particular society, with food taboos seen as a result of the various environmental conditions surrounding the food itself[1]. One such condition includes ecological efficiency or the ecological costs or benefits of food consumption. For example, plants have the lowest ecological cost, followed by herbivores and carnivores.[2] Ecological efficiency, therefore, explains why generally human beings are less likely to eat carnivores. From this premise of understanding, avoidance and preferences toward the consumption of certain food items has developed. Scholars like Douglas argued that food serves to provide certain cultural boundaries and contributes to identity formation in a given culture.[3] Again, Shalin argued that any form of cultural expression is usually representative of what is happening in an individual's subconscious mind, and there is an inverse relation between edibility and humanity.[4]

In human societies, as a part of cultural practice, lactating mothers are restrained from and encouraged to consuming certain food items; but the trend is not universal.[5] The major problem that has not been focused so far is the myth lying behind food taboos, prejudices, false beliefs

and on certain queer feeding behavious. For example, consuming certain kind of food stuffs are believed to be non-nutritious for lactating mother for the cause of child's health.[6-9] A number of research works conducted on food taboos among the lactating mothers in Brazilian, Chinese, Mexican, Indian and Vietnamese communities showed that all these communities have imposed certain do's and don'ts regarding diet for the lactating mothers.[6,10-13]

Women in India are often confronted with numerous socio-cultural factors that negatively impinge upon their physical well-being. In a traditional Indian society, the nursing of the new born are restricted and governed by a number of taboos relating to their behaviour, mobility, decision making, and status within the family, type of clothes they wear and food items consumed.[14-18] For example, lactating mothers from rural Bihar and that of Karnataka and from rural and urban Tamil Nadu are proscribed from and prescribed for consumption of certain food items for the better milk production, majority of which were non-nutritious.[19-21] Again, among the rural mothers of Puducherry (India), food items like curd, butter, cheese, amla (gooseberry), grapes, custard apple and green leafy vegetables are considered as cold and consumption of these food items during lactation is believed to cause cold and cough to the child.[22] In contrast, the lactating mothers of Kashmir valley are encouraged to consume food stuffs like juices of green and leafy vegetables (like spinach and ash gourd) and sabu dana (sago) mixed with water to increase the quality and quantity of breast milk. All these food items whether tabooed or preferred provide insufficient nutrition to the new born and the mother which in turn affect the growth of the child.[23]

In view of this above, the present study was conducted to compare food preference and food taboo observed by lactating mothers between Hindu caste (rural and urban) and Lodha populations residing in West Medinipur, West Bengal.

## METHODS

The present work was empirical research. It was an original study based on ground research work. The duration of the study was from July 2014 to June 2016.

For conducting this, a total number of 1028 mother-child dyad belonging to Bengali Hindu caste populations from rural [Hindu caste rural (HCR 372)] and urban areas [Hindu caste urban (HCU 386)] and from the Lodha community (270) were identified.

All the participants fulfilled the following criteria of the study: lactating at the time of interview, having their last child aged between six and twenty-four months and volunteered to participate. Finally, 948 of the participants [HCR (347), HCU (356) and Lodha (245)] volunteered to participate and/or were available at the time of the data collection. The mothers who had twin birth were excluded from the study. Thus, the overall participation rate was 92.2% [HCR 93.8%; HCU 92.2%; Lodha 90.7%].

### *Ethical clearance*

The study protocol was approved by the 'ethical clearance committee', University of Calcutta.

Data types on the following item numbers 1 and 2 were collected using well-tested self-designed schedule/ questionnaire.

### *Socio-demographic aspect*

Information on socio-demographic aspects include ethnic identity of the participants, age at the time of interview (in years) of the mother-child dyad at the time of interview, and mother's age at marriage (years), sex of the child, mother's completed years of education (years), residential status, occupational types, family types, number of family members and per capita monthly household expenditure of the participants [INR (in Indian rupees)]. Number of family members was categorized into three groups following its tertile distribution as (category 1: 3-5, category 2: 6-10, category 3: ≥11). Data on per capita monthly household expenditure of the participants were categorized into four groups following quartile distribution. (Category 1: INR≤1500/- category 2: INR 1051-2000/-, category 3: INR 2001/- 8500/- category 4: INR≥8500/-).

### *Details of preferred and tabooed food*

In the present study the food items which were taken by or forbidden for the lactating mothers were categorized into two categories: category 1: food preferred [reason (s), source of advice and food items preferred]; category 2: tabooed food [reason (s), source of advice and food items tabooed).

### *Case studies*

Case studies were taken from the participants for making a qualitative appraisal about their attitude and perception towards the food items avoided, preferred and tabooed during their lactating period. The participants were asked to share their lived experience (case histories) regarding the attitude and perceptions. A total number of 15 case studies were collected [(HCR =5 HCU =5 and Lodha =5)].

### *Statistical analysis*

Descriptive statistics were used to present the trend in the socio-demographic profile of the mother-child dyad and mothers' knowledge and sources of knowledge regarding the practice of food avoidance, preferences and taboo during their lactating period. Bivariate statistics like one

way ANOVA, $\chi^2$ and Fishers Exact test were applied. SPSS version 16.0 was used to analyze the data.

## RESULTS

Table 1 reveals that there were significant differences in socio-demographic variables among the participants across HCR, HCU and Lodha populations. For example, most of the participants from HCU and Lodha populations lived in nuclear family and with family member ≤5 (category 1).

The completed years of education of Hindu caste (HC) participants, irrespective of the place of living was below the secondary level. More than half of the Lodha participants were engaged as day laborers (69.4%). On the other hand, most of the HC participants were engaged in government service. The per capita monthly house hold expenditure of most of the HCR and Lodha households fell in category 2 (INR 1501-2000) and category 1 (INR≤1500) respectively. The mean age of the rural participants at the time of interview was lower than their urban counterparts ($p<0.05$).

Table 2 reveals that HCR participants showed significantly higher preference for certain food items compared to HCU and Lodha participants. Significantly, large number of HCR participants showed preference towards certain food items during lactation to improve the quality of breast milk (60.5%) compared to HCU and Lodha participants. Juicy and leafy vegetables (72.3%), followed by traditional homemade food were preferable to the HCR and Lodha participants; on the other hand, commercialized health drink was the most preferred food to the HCU participants. The main source of information for these preferred food behaviour to the rural [HCR (53.3%) and Lodha (2.8%)] participants were the elderly female members of their family, where as social media (31.5%) was the main source of information to the HCU participants.

**Table 1: Information related to the socio-demographic variables of the participants.**

| | HCR | HCU | Lodha | F/$\chi^2$, df and p | Total |
|---|---|---|---|---|---|
| **Family types** | | | | | |
| Nuclear | 104 (29.9) | 261 (73.3) | 220 (89.8) | $\chi^2$=41.1, df=2, p=0.001 | 585 |
| Joint | 200 (57.6) | 95 (26.7) | 23 (9.4) | | 318 |
| Extended | 43 (12.4) | 0 (0.0) | 2 (0.8) | | 45 |
| Total | 347 (100.0) | 356 (100.0) | 245 (100.0) | | 948 |
| **Number of family members** | | | | | |
| Category 1 | 123 (35.4) | 199 (57.5) | 161 (65.7) | $\chi^2$=5.1 df=2, p=0.001 | 440 |
| Category 2 | 124 (35.7) | 156 (43.8) | 63 (25.7) | | 386 |
| Category 3 | 100 (28.9) | 1 (0.3) | 21 (8.6) | | 82 |
| **Completed years of education (years)** | | | | | |
| **Mean ±SD** | 7.66±3.90 | 9.46±3.22 | 2.30±2.77 | F=292.6, df=945, p=0.001 | |
| **Occupational status** | | | | | |
| Non-working | 310 (89.3) | 285 (80.1) | 75 (30.6) | $\chi^2$=2.63, df=1 p=0.001 | |
| Working | 37 (10.7) | 71 (19.9) | 170 (69.4) | | |
| **Occupational types** | | | | | |
| Homemaker | 310 (89.3) | 285 (80.1) | 75 (30.6) | Fisher Exact Test value =2.3 df=2, p=0.001 | 670 |
| Service | 27 (7.9) | 71 (19.9) | 0 (0.0) | | 98 |
| Other | 10 (2.9) | 0 (0.0) | 170 (69.4) | | 180 |
| **Per capita monthly household expenditure (INR)** | | | | | |
| Category 1 | 100 (28.8) | 49 (13.7) | 152 (62.0) | $\chi^2$=7.2 df=3 p=0.001 | 301 |
| Category 2 | 103 (29.7) | 87 (24.5) | 70 (28.3) | | 260 |
| Category 3 | 78 (22.5) | 83 (23.3) | 23 (9.7) | | 184 |
| Category 4 | 66 (19.0) | 137 (38.5) | 0 (0.0) | | 203 |
| **Age at the time of interview (years)** | | | | | |
| **Mean±SD** | 23.53±3.45 | 25.60±3.19 | 23.9±3.59 | F=32.0, df= 945, p=0.001 | |

Table 3 reveals significant differences across HCR, HCU and Lodha participants with respect to all the variables related to food taboo. For example, none (100.0%) of the Lodha participants followed this cultural practice unlike their Hindu caste [HCR (86.4%), HCU (4.2%)] counterparts. Consumption of animal protein (30.8%), followed by sweet/ sour food items (29.4%) were tabooed food items for the HCR participants since these items are not considered conducive for the production of better quantity of breast milk. In most of the cases, the peer

group members advised the lactating mothers about the tabooed food items (83.5%).

**Table 2: Information related to food preference among the participants at the time of lactation.**

| | HCR | HCU | Lodha | | Total |
|---|---|---|---|---|---|
| **Informed about food preference** | | | | $\chi^2$ =3.8, df=1 p=0.003 | |
| Yes | 331 (95.4) | 182 (51.1) | 7 (2.8) | | 520 |
| No | 16 (4.6) | 174 (48.9) | 238 (97.2) | | 428 |
| **Reasons behind food preference** | | | | | |
| For improving the production of breast milk quality | 210 (60.5) | 70 (19.6) | 3 (1.2) | | 283 |
| For improving the production of breast milk quantity | 121 (34.8) | 112 (31.5) | 4 (1.6) | $\chi^2$=32.8, df=2 p=0.001 | 237 |
| Not applicable | 16 (4.6) | 174 (48.9) | 238 (97.2) | | 428 |
| **Most preferred food items** | | | | | |
| Juicy and leafy vegetables | 251 (72.3) | 30 (8.4) | 7 (2.8) | Fisher exact test value =63.9, df=3, p=0.001 | 288 |
| Health drink mixed with or without milk | 30 (8.6) | 152 (42.7) | 0 (0.0) | | 182 |
| Others*** | 50 (14.5) | 0 (0.0) | 0 (0.0) | | 50 |
| Not applicable£ | 16 (4.6) | 174 (48.9) | 238 (97.2) | | 428 |
| **Sources of knowledge about preferred food items** | | | | | |
| Social media | 46 (13.2) | 112 (31.5) | 0 (0.0) | Fisher exact test value =74.7 df=4, p=0.001 | 158 |
| Health professional | 100 (28.9) | 20 (5.6) | 0 (0.0) | | 120 |
| Peer group members | 185 (53.3) | 50 (14.0) | 7 (2.8) | | 167 |
| Not applicable£ | 16 (4.6) | 174 (48.9) | 238 (97.2) | | 428 |

**Table 3: Information related food taboo among the participants.**

| | HCR | HCU | Lodha | | Total |
|---|---|---|---|---|---|
| **Practice of food taboo** | | | | $\chi^2$=88.3, df=1 p=0.001 | |
| Yes | 300 (86.4) | 15 (4.2) | 0 (0.0) | | 315 |
| No | 47 (13.6) | 341 (95.8) | 245 (100.0) | | 633 |
| **Reasons of following food taboo** | | | | | |
| For the sake of child's health | 35 (10.1) | 5 (1.4) | 0 (0.0) | | 40 |
| For improving the production of breast milk quality | 15 (4.3) | 0 (0.0) | 0 (0.0) | Fisher exact test value =229.5, df=3, p=0.001 | 15 |
| For improving the production of breast milk quantity | 250 (72.0) | 10 (2.8) | 0 (0.0) | | 260 |
| Not applicable | 47 (13.6) | 341 (95.8) | 245 (100.0) | | 633 |
| **Tabooed food items** | | | | | |
| Cold | 31 (8.9) | 2 (0.6) | 0 (0.0) | | 33 |
| Sour/ sweet | 102 (29.4) | 5 (1.4) | 0 (0.0) | Fisher exact test value =196.6, df=4, p=0.001 | 107 |
| Spicy | 60 (17.3) | 8 (2.2) | 0 (0.0) | | 68 |
| Animal protein | 107 (30.8) | 0 (0.0) | 0 (0.0) | | 107 |
| Not applicable£ | 47 (13.6) | 341 (95.8) | 245 (100.0) | | 633 |
| **Sources of knowledge of these tabooed food items** | | | | | |
| Social media | 5 (1.4) | 2 (0.6) | 0 (0.0) | Fisher exact test value =229.0, df=3, p=0.002 | 7 |
| Health professional | 5 (1.4) | 0 (0.0) | 0 (0.0) | | 5 |
| Peer group members | 290 (83.5) | 13 (3.6) | 0 (0.0) | | 303 |
| Not applicable£ | 47 (13.6) | 341 (95.8) | 245 (100.0) | | 633 |

***Case studies***

*Culture and attitude*

The attitude towards health behaviour is often reflected in the interactions of the members of various ethnic groups. This tends to be viewed by the components of a particular culture, its area and traits. One needs to understand the cultural milieu that influence to shape the attitude and perception of the members of that particular culture. Independence versus dependence orientation also contributes to health care behavior. Independence in our

society has often been equated with growth and maturity and psychologic health parameters and it is not a developmental stage but a value which influence one's attitude and perceptions.[24] The degree to which person participates in their own health behaviour or not taking responsibility for decision making is guided and sometimes determined partially.[25]

In the present study the food preferences during lactation is one of such 'decision oriented attitude' of the lactating mothers which have been perceived and being practiced.

It was found that although the participants from Hindu caste populations (rural/urban) showed food preferences during their lactation period, but the choice of food and reasons for its preferences varied. For example, most of the HCU participants preferred to have certain kind of health drinks, which according to them is necessary for increasing the production of quantity of breast milk; on the other hand, the HCR participants believed that the local food items, especially green and leafy vegetables can increase the production of quality and quantity of breast milk. They were also found to consume certain kinds of traditional and homemade food items, in order to improve the quality of milk production.

Some of the excerpts of the cases are presented below:

A participant from urban area said:

"*I was worried about the quantity of my breast milk production for the first couple of months after the delivery of my child. My child used to remain drowsy and often refused to suckle! While discussing this matter with one of my friends, I got to know that lactating mothers should take health drinks which will help to increase the production of breast milk. So, I choose to have the 'Mothers' Horlicks' (a branded health drink).. and I found it to be useful*…."

Another participant from rural area stated:

"*My mother-in- law says that the lactating mothers should always retain sufficient amount of fluid in the body by the consumption of juicy and leafy vegetables for increasing the production of quantity and quality of breast milk. Following her advice, I used to consume juicy and leafy vegetables since day one of my lactation period. I am thankful to her because I found this to be useful".*

Another rural participant told:

"*On advice of the elderly female kin members I followed food taboo for the first 21 days after child delivery. The other lactating mothers of this village also practice the same food taboo. During this time period I was restrained from taking animal protein. I was also given a special kind of food called 'Aamani'. It is a homemade food comprised of ghee (clarified butter), garlic and boiled rice. I had to consume this food once daily. We believe that the consumption of this traditional food item help to boost up the quantity and quality of breast milk. Although I did not like this food for its bad smell and taste yet I continued to have this only for the sake of my child's health*".

Ethnic diversity contributes to the richness and creativity of a society. Each ethnic group brings to the larger society the traditional ways of world view which include the behavioural patterns of health. This is mainly based on the experiences accumulated from one generation to the next.[26]

It is reflected in The presnt study that the choice of food items of the lactating mothers has been guided not only by the social environment but also by their ethnic background. For example, the members of the Lodha community do not have any food preferences at the time of lactation. It reveals that the members of the Lodha community do not perceive any specific food items that can increase the quantity and quality of breast milk of a lactating mother.

For example, a participant from Lodha community stated:

"*We generally do not have any concept in our community of having any special kind of food items during lactation that enhance the quality and quantity of breast milk*".

*The scenario of food taboo during lactation*

Dietary practices are probably the most unshakable learned behavior, and food taboo has great symbolic importance. In general, across the world, hot and cold food items are tabooed during the lactating period.[24,25,27] Although the forms of this value system vary by geographic region and national boundary and basically have no physiologic or nutritional basis for the determination of which substance considered or particularly tagged as tabooed food whether it is as hot or cold.[28]

In The presnt study, the variation exists in the practice of food taboo during lactation among HCR participants. Very few of the urban participants had knowledge about this practice but they did not go through it.

For example, an urban participant stated:

"*I have heard about this practice, but I did not find it useful to follow this custom. I believe mothers' nutrition is very important during the time of lactation. So, I used to have all sorts of food items and doctor asked me to have plenty of water, so I did so and it was useful to me and my child".*

Consumption of certain food items such as animal protein (fish, meat, and eggs), milk or milk products, sour or sweet food was strictly restricted to the lactating mothers

of rural areas. These food items were considered as rich food that can affect the quality of breast milk and thereby may affect the health of the lactating child.

For example, a rural caste participant said:

"*I was advised by my grandmother to avoid all kinds of animal protein diet and food items that are sour/sweet in taste. I followed this practice for two and half month after the onset of my lactating period. It is believed that consumption of animal protein at the time of lactation can affect the quality of breast milk by making it hot and heavy which will be difficult to digest by the lactating child*…."

Another participant from the same community stated:

"*My child suffered from digestive problem when she was five month old. At that time my child was exclusively taking breast milk. No medicine helped to get over from this digestive problem. At that time one of my friends advised me not to take spicy food and animal protein since these food items affect the quality of breast milk. I followed her words and it worked miraculously*"!

On the contrary, none of the Lodha participants were found to follow any food taboo during the lactating period.

For example, a participant from Lodha community told:

*"I am not aware of any food taboo being practiced at the time of lactation. I generally used to consume all sort of food items that my family could afford during the first few months of lactation. Since, our family struggled to procure the basic food items, I used to take all types of food items during lactation".*

## DISCUSSION

Successful lactation requires 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 healthy infant.[23] Twin factors of physical activity and active production of breast milk makes additional demands for energy yielding foods, proteins and other nutrients.[29]

The present study shows that there are significant differences in food preferences among the lactating mothers Hindu caste (rural and urban) participants. Majority of the HCR participants showed an inclination towards juicy and leafy vegetables followed by homemade traditional food for producing better quality of breast milk. In contrast, the HCU participants preferred to have commercialized food for producing the maximum quantity of breast milk. Similar trends have been found in two other studies conducted in Rajasthan and in Hyderabad.[30,31] The present study reveals that the elderly women encourage the lactating mothers to consume ghee (clarified butter), nuts/crisp rice and garlic as found in another study from Andhra Pradesh and in West Bengal.[13,32] These food items are considered to be useful in mending their uterus after child birth and also for the health benefit of the child.

This contrast picture of food preferences between the HCR and HCU mothers during lactation might be viewed in the light of ecological efficiency theory or the theory of cost effectiveness.[1] It has been argued that a preference for a food depends on the easy availability of food resources in the surrounding environment. In this study, the preferences were given to homemade and traditional food items and leafy vegetables for the HCR mothers since these food items are abundantly available the rural locality. This might be the cause of the HCR participants for choosing these kinds of food items. On the other hand, the choice of commercial food items for the betterment of milk secretion by the HCU participants might be influenced by their urban culture and social-environmental boundaries in which they have been adapted and accustomed in, which actually reflects one of the functionalist theories given by Douglas.[2] The presnt study demonstrated that the practice of food taboo during the lactation period is the highest among the HCR participants and observance of these taboos are believed to be helpful for child health. This result is in consistent with some of the studies conducted in Asia, Africa, and Latin and North American countries.[6,33-40] Very few of the HCU participants of The presnt study practice food taboo, contradicting the findings of a study conducted among the urban mothers of Mexican city.[41] The prsesnt study also observed that consumption of animal protein, sour, spicy and sweet food items during lactating period might make the quality of breast milk difficult for the new born to digest. The trend is similar for other studies conducted in Bihar and Karnataka.[42,43]

In contrary to these findings, this study also showed that the Lodha participants do not observe any food taboo or food preferences owing to their poor socioeconomic condition. However, the present study contradicts the findings available on other tribal like, Munda, Kharia, Kisan, Bhuyan, Oram and Gond.[44]

This cultural practice generally influence the practice of breastfeeding as whole so policies should be focused and implicated on debarring this cultural practices and makes awareness programmes to maintain the sustainability of the breastfeeding practices.

The strength of the recent work is its methodology to collect data i.e. the case study method by which the detailed and vivid descriptions of the cultural practices have been depicted by the participants themselves.

The limitation of the present work is the number of data, a greatrer number of data representation from Lodha

populations could present a better representation of this cultural practices among them.

## CONCLUSION

The study confirms that cultural boundaries often influence the formation of a given cultural trait.

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