Maternal Food Taboos, Dietary Habits and Cultural Beliefs of Weight Gain During Pregnancy in Rural Central Ethiopia

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Introduction

• Nutrition in early life plays significant role during adulthood.

• Improvements in maternal and child nutrition can reduce multiple risks of poor pregnancy outcomes.

Leading reasons for women's malnutrition include:-

– Low dietary intakes,
– inequitable distribution of food,
– improper food storage /preparation,
– infectious diseases & poor care
– dietary taboos,
Introduction

• In developing countries, women are also susceptible to:
  – various misconceptions,
  – perceptions,
  – believes,
  – teachings and behaviors towards certain food during pregnancy and lactation

• In Ethiopia, there is paucity of evidence on dietary habits and cultural believes of pregnant mothers.
Objectives

To explore maternal dietary habits, food taboos and cultural believes towards weight gain during pregnancy among pregnant women in rural Central Ethiopia.
Methodology

• Cross-sectional qualitative study design
  – 38 Key informant in-depth interview with
    ▪ selected pregnant mothers,
    ▪ grandmothers,
    ▪ health workers,
    ▪ traditional healers and
    ▪ other knowledgeable peoples
  
  – 8 Focus group discussions
    • Pregnant mothers (4) and husbands (4)

  – Passive observation
Methodology

Data analysis

• Preliminary manual analysis was an inherent part of the data collection and Manual thematic content analysis was performed on the data

• As more data emerged from everyday encounters, the meaning of certain ideas and concepts were made to take similar thought.

• A separate analysis notebook helped in the revision and refinement of the questions as the study proceeded.

• Each audiotape interview were professionally transcribed word by word in Afan Oromo language and then translated to English.
Result and Discussion

1. Participants

- 38 KII in four districts of Arsi Zone
  - 23 were elderly (grandparents) and
  - 6 of them community leaders,
  - 9 were health professionals
  - privately interviewed for about 30 (25 – 55) minutes.
- median age was 56 (23 – 92) years.

- 8 FGD were held for about an hour and half duration each.

- 59 participants (33 pregnant mothers and 26 husbands) in 8 groups
Result and Discussion

2. Dietary Habits

• Participants unanimously replied mothers don’t change diets during pregnancy or eat what they so called ‘same’ or ‘available’ food which is similar to the pre-pregnancy state.

• A senior midwife in a one of the rural health center said: ‘…I have lived here over ten years …. Though we counsel pregnant mothers on additional and balanced diet, they just stick to usual food as most are busy at work ….”

• This is consistent with the findings of previous quantitative surveys

• A Key reasons for highly prevailing nutritional disorders of pregnancy, poor birth outcomes & subsequent neonatal, infant and child mortality?
Result and Discussion

• Consumption of meat, organ meet and fish is reported to be very rare.
  – meat consumption is limited to annual festivities and some other occasions

• A grandmother in the age of seventies who lived there for long time said:
  ‘‘...though we have adequate cattle and other domestic animals, it is uncommon to eat unless the animal is ill to death. On holidays; however, everyone slaughters domestic animals, at least chicken, ..., ...”

• This will inevitably leads to limited access and benefit to the health benefits of ASF.
Result and Discussion

• Limited consumption of fruits and some vegetables

• A middle aged husband of a pregnant mother FGD discussant from one of the districts said:

  ‘... my wife is pregnant .... she needs varieties of foods including fruits and vegetables ... but as we don’t produce these she seldom eats these ...’
Result and Discussion

- Poor appetite and illness due to gastric irritation and dyspepsia occurring during pregnancy.

- Mothers either avoid specific food groups that aggravate the condition or decreasing or modifying their consumption.

- Among the food staffs mentioned in this regard, is the consumption of fermented injera and hot wet with pepper or spice.

- A focus group discussant mother explains this sayng:

  ‘… we usually eat unfermented, (locally called ‘aflegna’) enjera to tolerate acidity of the Injera. We also use non-pepper (alcha) 'wet' to avoid gastric irritation …. Some mothers even decrease to take any food at all …’
Result and Discussion

• Different responses about the Intake and compliance to IFA.

• Some mothers said that they get the IFA tablets from health center and comply to take it as prescribed,

• A sizable proportion of the FGD discussants, even if they could get the tablets, they usually discontinue taking tablets, as they are too much irritant to take.

• A middle aged pregnant woman who complains to have anemia (diagnosed at health center) said:

  ‘.... The nurse gave me many packets of IFA tablets in three rounds, but I couldn’t take more than ten... I got mad of the gastric irritation.... I have told the problem for the nurse but she told me to take it after food with ample of water, I didn’t get better....’
3. Food Taboos

• Non-conclusive and divergent opinions were entertained.
  – Some mothers and health workers believe that it is an old story out that foods are taboos to eat.
  – Some elderly people, husbands of grad mothers and older pregnant women believe that there are taboos associated with pregnancy.
Result and Discussion

• The first category of taboo of pregnant mothers mentioned is the taboo of eating leafy vegetables.

• Rural peoples believe that if a pregnant woman eats leafy vegetables, this will go to the womb and attach to the baby’s head causing particles to appear on the fetal head at delivery.
Result and Discussion

• Taboos related to the consumption of milk and milk products
  – Same reason as consumption of vegetables,

• An old man who is a husband of pregnant mother in an FGD discussant said:
  ‘...we believe that milk should be avoided by pregnant women, especially during late pregnancy as this is it will directly go to the womb and attaches to the baby’s head,... I have seen the same with my naked eye a bay born full of milk products on the head... full creams and cheesy substances...’
Result and Discussion

• On the other hand, almost all of the same participants believed that to have too small baby is also not good.

• A medium sized male baby is the preferred birth outcome

• A husband of a pregnant mother in the FGD discussion said:

‘…. We need safer and healthy delivery of our wives, so a middle sized baby, is most preferred … once born safe, we can feed him after birth, … to have too big or too small baby is not recommended in any ways. . . .”
Result and Discussion

4. Believes on Weight gain during Pregnancy

• This is just a continuation of the above believes and practices
  – Having too big baby is very dangerous to the life of the mother and the child a well.
• An FGD discussant pregnant mother in a louder tone said:
  ‘…. it is very risky if the abdomen of pregnant women gets too big, we often decrease food intake to limit the size of the baby, as we believe that it is the food we eat is causing that….’
Conclusion and Recommendation

• Many of the dietary habits, believes and practices of the mothers are against scientific recommendations.

• A considerable proportion them had misconceptions and taboos that can potentially affect their nutritional status and related health outcomes of the newborn.

Therefore

• Attention to the issues via IEC/BCC
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THANK YOU !!!!