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Documentation of indigenous beliefs and practices related to food intake and food avoidance during pregnancy in Kangra and Una district of Himachal Pradesh

¹Anupriya, ²Raj Pathania, ³Madhur Katoch and ⁴Rohit Singh

¹Ph.D. Scholar, Department of Human Development and Family Studies, Punjab Agriculture University, Ludhiana, Punjab, India

²Professor and Head of the Department, Department of Human Development and Family Studies, CSKHPKV, Palampur, Himachal Pradesh, India

³ Assistant Professor, Department of Human Development and Family Studies, CSKHPKV, Palampur, Himachal Pradesh, India

⁴Ph.D. Scholar, Department of Food and Nutrition, CSKHPKV, Palampur, Himachal Pradesh, India

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Corresponding Author: Anupriya

Abstract

Various indigenous practices and beliefs related to food intake or avoidance during pregnancy vary widely across different culture and regions. This study was aimed to compare the food intake and food avoidance practices in the selected districts and to document and validate the indigenous practices in Kangra and Una district of Himachal Pradesh. A total sample of 150 rural women (75 respondents from each district) was selected for the study. A self-structured questionnaire was prepared in Hindi for data collection. Door to door survey was conducted and data were collected through interview method. Consent was taken assurance was given to maintain confidentiality of the respondents. 30 ayurvedic doctors were consulted from both districts to validate the food consumed or avoided during pregnancy. Findings indicated that walnut and *ghee* were consumed by pregnant women in Kangra and Una districts respectively. *Panjeeri/sundh* was recommended in both of the districts. During pregnancy papaya and raw rice were avoided in both of the districts and doctors validate restriction of these food items as the craving of raw rice results in anemia reported by doctors and papaya was recommended to be avoided in the first trimester as it may lead to abortion/ miscarriage. Pregnant women followed these practices as a part of their cultural belief.

Keywords: Panjeeri/Sundh, miscarriage

1. Introduction

A healthy and well-nourished society is widely regarded as a moral obligation, a fundamental human right, and an essential foundation for sustained social, economic, and optimum human development. As such, it is a key indicator of a nation's progress. Inadequate nutrition leads to poor health outcomes, undermining human dignity and well-being. Food insecurity and malnutrition remain significant global challenges, with pregnant women and children under five being particularly vulnerable. During pregnancy, maintaining a nutritious diet is of paramount importance. Research has established a clear link between inadequate maternal nutrition and adverse outcomes such as preterm birth, small for gestational age, low birth weight, and foetal macrosomia (Black *et al.*, 2013) [4]. Furthermore, poor maternal nutrition has been associated with long-term consequences, including increased susceptibility to disease and delayed physical and cognitive development in offspring (Christian *et al.*, 2010). Additionally, inadequate diets during pregnancy have been linked to a higher risk of maternal complications, such as eclampsia, caesarean delivery, and postpartum difficulties (Black *et al.*, 2013) [4].

In many societies, pregnant women are advised to modify their diets for various reasons, and information about necessary dietary practices during pregnancy is obtained from diverse sources. Some women seek knowledge from healthcare providers and scientific resources, while others rely on religious, cultural, or familial traditions. For instance, pregnant women may choose to reduce caffeine intake based on information about its effects on pregnancy outcomes. However, a significant number of women receive dietary advice from cultural, religious, or tribal sources, or from family elders who pass down traditional knowledge. In line with these cultural, traditional, or religious beliefs, some women may avoid certain foods during pregnancy, even when such restrictions might be detrimental to maternal and fetal health.

Food taboos, cultural practices or norms that prohibit or discourage the consumption of specific food types are prevalent across both rural and urban settings. Although some of these taboos may have health benefits, they can also lead to significant nutritional deficiencies and health risks for mothers and fetuses. Understanding local dietary taboos during pregnancy is therefore crucial for public health

interventions. It will help to avoid certain nutritional deficiencies in pregnancy. This study aims to examine the dietary taboos, associated misconceptions, and influencing factors among pregnant women in Himachal Pradesh. Therefore, this study was planned with the objective to:

Objectives

1. To document and validate the indigenous practices in Kangra and Una district of Himachal Pradesh.
2. To compare the practices between the selected districts.

2. Materials and Methods

The study was conducted in two districts of Himachal

Pradesh. Kangra and Una district were selected randomly for the study. Two blocks namely Bhawarna and Bhedu Mahadev were selected randomly from Kangra district and similarly two blocks were selected from Una namely Amb and Haroli from each block 5 villages were selected. A total sample of 150 was taken for survey. A door-to-door survey was conducted and data were collected through personal interview method by visiting each respondent personally at home. After the collection of data gathered information was tabulated on the excel sheet. Frequencies and percentages were calculated for the comparison of different practices.

3. Results and Discussion

Table 1: Socio-personal characteristics of respondents

Age (Year)	Kangra (n=75)	Una (n=75)	Total(N=150)
20-40	22(29.35)	25(33.30)	47(31.30)
40-60	31(41.30)	27(36.00)	58(38.60)
60-80	17(22.60)	15(20.00)	32(21.30)
80>	5(6.66)	8(10.60)	13(8.60)
Category	Kangra(n=75)	Una(n=75)	Total(N=150)
General	22(29.33)	28(37.33)	50(33.33)
SC	14(18.67)	28(37.33)	42(28.00)
ST	20(26.67)	-	20(13.33)
OBC	19(25.33)	19(25.33)	38(25.33)
Family type	Kangra(n=75)	Una(n=75)	Total(N=150)
Nuclear	21(28.00)	19(25.33)	40(26.66)
Joint	54(72.00)	56(74.66)	110(73.33)
Qualification	Kangra(n=75)	Una(n=75)	Total(N=150)
Illiterate	2(2.66)	6(8.00)	8(5.30)
Primary	12(16.67)	7(9.30)	19(12.66)
Matric	8(10.67)	5(6.66)	13(8.60)
Senior secondary	6(8.00)	17(22.60)	23(15.33)
ITI	10(13.33)	11(15.00)	21(14.00)
Graduation	10(13.33)	16(21.33)	26(17.33)
Post graduation	18(24.00)	10(13.30)	28(18.60)
PhD	9(12.00)	3(4.00)	12(8.00)
Qualification	Kangra(n=75)	Una(n=75)	Total(N=150)
Illiterate	2(2.66)	6(8.00)	8(5.30)

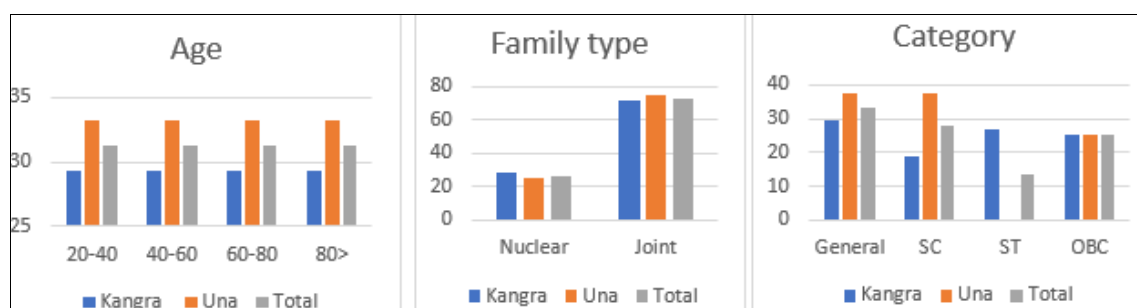


Table 1: depicts the frequency and percentage distribution of age of woman respondents. In district Kangra, majority of respondents 41.30 per cent were in the age group of 40-60, followed by 29.30 per cent in 20-40 years of age group. Whereas, 22.60 per cent were in 60-80 years of age group and only 6.66 per cent were older than 80 years. Whereas in district Una, the majority of respondents 36.00 per cent were in 40-60 years of age, followed by 33.30 per cent in 20-40 years of age. About 20.00 per cent from 60-80 years of age and 10.60 per cent were above 80 years of age. Percentage distribution of caste of the respondents. Majority of respondents in Kangra i.e., 29.33 per cent were from the

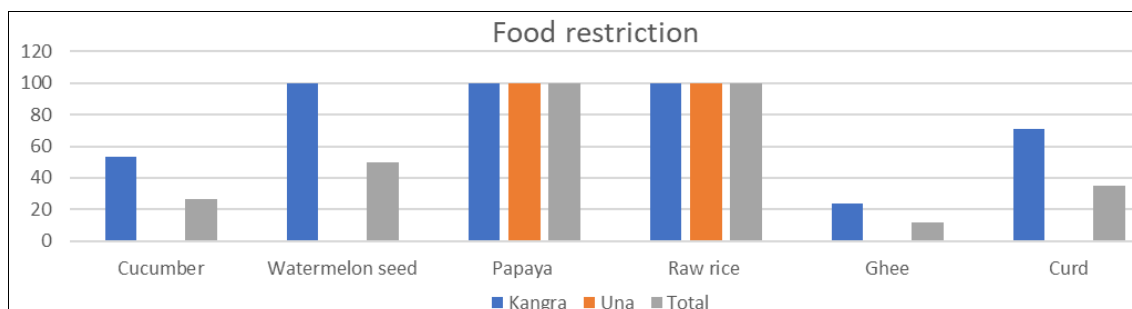
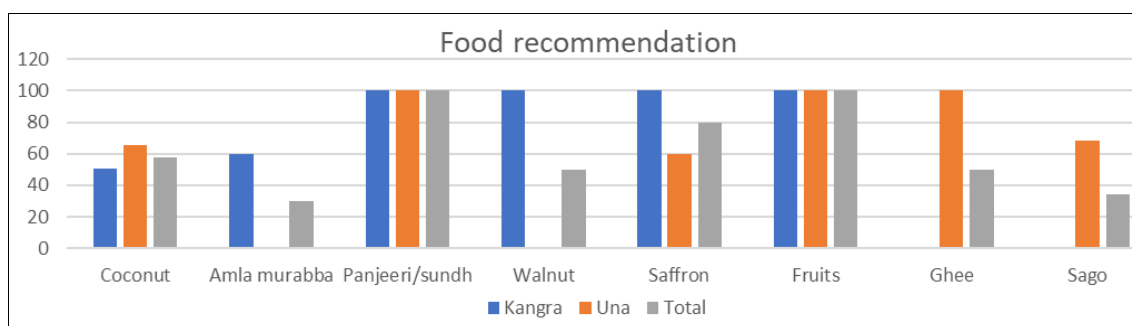
general category, followed by 26.67 per cent who belonged to ST category and were 25.33 per cent from the OBC category. Nearly 18.67 per cent were from the SC category. Whereas from district Una, the one third of respondents were from the general and SC categories, i.e., 37.33 per cent each followed by 25.33 per cent from OBC. Majority of the respondents from both the districts belonged to joint families, i.e., 72.00 per cent and 74.66 per cent were from district Kangra and Una respectively. Respondents from district Kangra were qualified up to post-graduation (24.00 per cent), followed by (16.67 per cent) respondents qualified up to primary, 13.33 per cent respondents from each district

were qualified up to ITI and graduation, 12.00 per cent were PhD, 10.67 per cent were matric, 8.00 per cent were senior secondary pass and only 2.66 percent of respondents were illiterate. Whereas in Una 22.60 per cent of respondents were qualified up to senior secondary, followed by 21.33

per cent who were graduates, 15.00 per cent from ITI, 13.30 per cent were post-graduate, 9.00 per cent were qualified up to primary, 8.00 per cent were illiterate, 6.66 per cent were matric pass and only 4.00 per cent were having PhD degrees.

Table 2: Comparison in percent wise distribution of rural pregnant women regarding food intake and avoidance.

Food recommended	Kangra (n=75)		Una(n=75)		Total (N=150)	
	Yes	No	Yes	No	Yes	No
Coconut	38(50.70)	37(49.30)	49(65.3.00)	26(34.70)	87(58.00)	63(42.00)
<i>Amla murabba</i>	45(60.00)	30(40.00)	-	-	45(30.00)	105(70.00)
<i>Panjeeri/sundh</i>	75(100.00)	-	75(100.00)	-	150(100.00)	-
Walnut	75(100.00)	-	-	-	75(50.00)	75(50.00)
Saffron	75(100.00)	-	45(60.00)	30(40.00)	120(80.00)	30(20.00)
Fruits	75(100.00)	-	75(100.00)	-	150(100.00)	-
<i>Ghee</i>	-	-	75(100.00)	-	75(50.00)	75(50.00)
Sago	-	-	51(68.00)	24(32.00)	51(34.00)	99(66.60)
Food restricted						
Cucumber	40(53.30)	35(46.70)	-	-	40(26.60)	110(73.30)
Watermelon seeds	75(100.00)	-	-	-	75(50.00)	75(50.00)
Papaya	75(100.00)	-	75(100.00)	-	150(100.00)	-
Raw rice	75(100.00)	-	75(100.00)	-	150(100.00)	-
<i>Ghee</i>	18(24.00)	57(76.00)	-	-	18(12.00)	132(88.00)
Curd	53(70.70)	22(29.30)	-	-	53(35.30)	97(64.60)

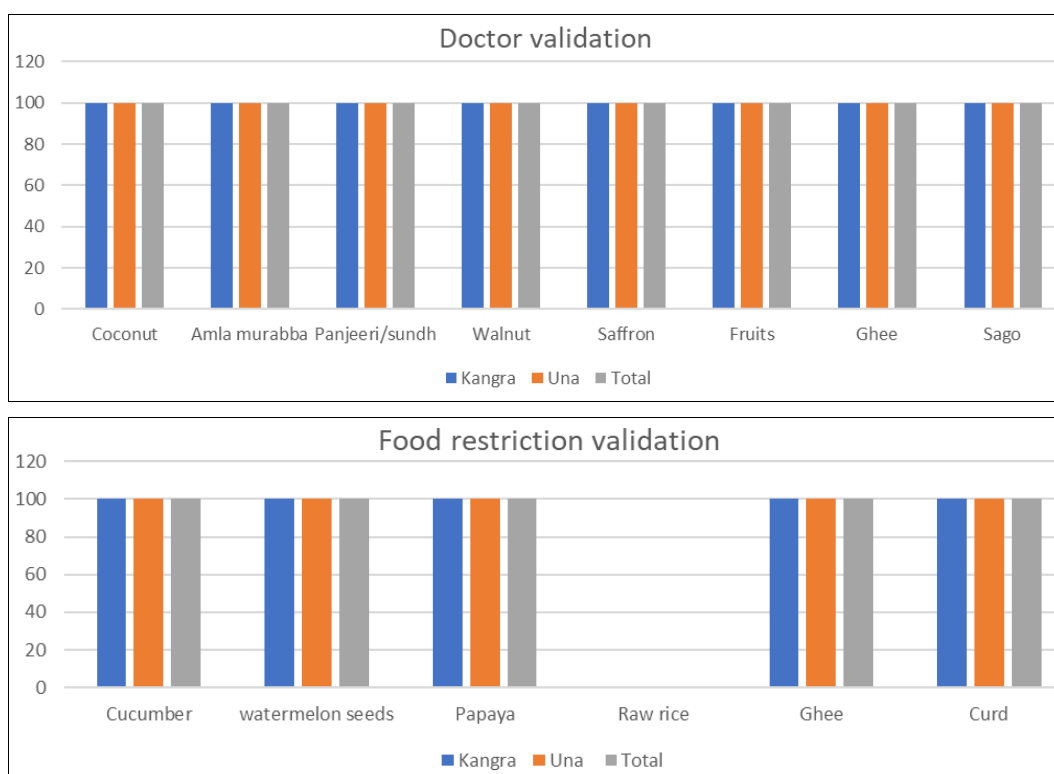


Perusal of data in table 2 shows that the coconut (58.00 per cent), panjeeri/sundh (100.00 per cent) (mixture of dry fruits), saffron (80.00 per cent), and fruits (100.00 per cent) were recommended by the majority of respondents in both the districts. The reason behind consumption of coconut and saffron was to improve the skin colour of children. Parmar *et al.* 2013^[1] said consumption of saffron results in fair skin of the child. Whereas amla murabba (60.00 per cent) and walnut (100.00 per cent) were recommended in district Kangra only. Ghee and sago were recommended in district Una only. In case of, the food restrictions during pregnancy, papaya (100.00 per cent) was restricted during pregnancy as it is believed that its juice can cause miscarriage. (Chakrabarti, 2019)^[2] stated that generally, foods such as

papaya and fruits with multiple seeds were avoided during pregnancy because of three possible causes: miscarriage, difficulty in labor, and fear of abnormality in child. Raw rice (100.00 per cent) was restricted by the majority of respondents in both districts. Whereas cucumber (53.30 per cent), watermelon seeds (100.00 per cent), *ghee* (24.00 per cent), and curd (70.70 per cent) were restricted in Kangra district only. The reason behind these food restrictions was to prevent miscarriage, as it is believed that cucumber or watermelon seeds and curd have *thandi taaser* that can cause miscarriage. Whereas consumption of *ghee*, makes the child weigh more, that can cause complication during delivery.

Table 3: Percent distribution of ayurvedic doctor's validation regarding food intake and avoidance during pregnancy.

Foods recommended	Kangra (n=15)		Una (n=15)		Total (N=30)	
	Yes	No	Yes	No	Yes	No
Coconut	15(100.00)	-	15(100.00)	-	30(100.00)	-
Amla murabba	15(100.00)	-	15(100.00)	-	30(100.00)	-
Panjeeri/sund	15(100.00)	-	15(100.00)	-	30(100.00)	-
Walnut	15(100.00)	-	15(100.00)	-	30(100.00)	-
Saffron	15(100.00)	-	15(100.00)	-	30(100.00)	-
Fruits	15(100.00)	-	15(100.00)	-	30(100.00)	-
Ghee	15(100.00)	-	15(100.00)	-	30(100.00)	-
Sago	15(100.00)	-	15(100.00)	-	30(100.00)	-
Food restricted						
Cucumber	-	15(100.00)	-	15(100.00)	-	30(100.00)
Watermelon seeds	-	15(100.00)	-	15(100.00)	-	30(100.00)
Papaya	-	15(100.00)	-	15(100.00)	-	30(100.00)
Raw rice	15(100.00)	-	15(100.00)	-	30(100.00)	-
Ghee	-	15(100.00)	-	15(100.00)	-	30(100.00)
Curd	-	15(100.00)	-	15(100.00)	-	30(100.00)



Perusal of table 3 shows that foods recommended in both the districts were nutritious, rich source of vitamin C, rich source of antioxidants, protein rich, source of starch and provides instant energy. They only recommended restriction was consumption of raw rice as it causes anemia and could leads to stomach ache.

4. Conclusion

The dietary preferences and restrictions reflects the local beliefs and traditions related to food and pregnancy. From the recent study it was concluded that walnut was recommended in district Kangra only. Whereas Ghee was recommended in Una only. Intake of panjeeri/sundh was recommended in both districts. Avoidance of foods like papaya and raw rice was restricted in both districts and even doctors validate restriction of these food items as the craving of raw rice indicates anemia and papaya was needed to be avoided in the first trimester. People followed these

practices religiously as these practices are a part of their cultural belief.

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