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Traditional Food Habits and the Discourse on Women's Nutrition in Indian Society

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ABSTRACT

Traditionally held notions of food, nutrition, energy and fertility are intricately related to one another in configuring a single continuum which anthropologists conceptualize as cultural development processes. However, modernity in all its myriad forms has brought about an abrupt change in the very mode of food production, food preparation and consumption patterns, that have more often adversely impacted the very reproductive performance of women, inflicting upon them pains and miseries which they had never encountered before. In this context, modern biomedicine as an agenda of modernity has been a major source of concern for both the academics and the common men alike. Medicalization as necessitated by the change in maternal food habits actually trickles down from a more macro level political-economic processes through which the agenda of modernity is accomplished. However, this development needs to be located within the broader discourse of modernity in order to have a better perspective on the challenges facing us today, especially in health sector. The major driving force behind medicalization has been the power and control exerted by the medical profession on the domains of maternal food and nutrition. The cultural-temporal sequencing of the various naturally occurring reproductive experiences of women residing in rural locales is therefore severely altered by the intervention of change in food habits, at more micro level. Under these circumstances it becomes imperative on our part to study the role played by the changing maternal food habits in situating the discourse between medicalization as an agenda of modernity and the indigenous perceptions of institutional healthcare. In fine, the author tries to focus more on the interaction between women and the medical personnel wherein the former are more dependent on the latter vis-à-vis food and nutrition, that are further accentuated by divergence of their respective perspectives and practice rather than their convergence.

Key Words: Maternal Food Habits, Women's Reproductive Healthcare, Modernity, Medicalization, Rural South India

Introduction

When humans harness a part of the natural environment around them to produce food as a basic prerequisite for their survival, they are in effect creating an intrinsically powerful cultural meaning system of their own. Even in its rudimentarily physical form, food apparently implies a particular means of mass production and domestic preparation, inter-group and intra-group commensal relations, and patterns of distribution and consumption that people inherit and propagate culturally. It therefore represents a highly variegated and nuanced social reality in an organically condensed form. According to Levi-Strauss (1966),

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even the simplest form of food habits, say as that of peasants, symbolize the complex cosmological origins and the world view of the people who follow them. Over a period of time many anthropologists have demonstrated that, food in all its varied forms, can denote either hierarchy or egalitarianism, integration or diversification, hegemony or inclusion, and assimilation or alienation, as brought out by various works namely, Firth (1973), Geertz (1960), Ortner (1978), Strathern (1973), Young (1971), to name a few.

More recently, among the anthropologists who have studied the various aspects of food and food habits, there have been two major schools of thought. One, is that of the Symbolists or Cognitivists who sought to explain the individual based variations in the perception of food habits, for example the work of Douglas (1966) which studied how people embody the metaphorical social ideas related to food and food habits. This school also includes the works like that of Tambiah (1969) which focussed on the phenomenon of socially embeddedness of food preferences and prohibitions. As against this, there was the other school of thought within anthropology, represented by the so called Utilitarians who were more oriented towards the understanding that food and food habits are merely a matter of exploitation of the natural environment around us, as propounded by Harris (1966, 1977). These Schools of thought were seen as part of an unfinished agenda or an unresolved paradox within anthropology which has been succinctly brought out by Sahlins (1976) as “culture” and “practical reasoning” which is more akin to the “nature v/s nurture” debate going on in other behavioural and social sciences. According to Sahlins (1976) the opposition between “culture” and “practical reasoning” when it comes to beliefs and practices related to food and food habits can never be compromised because he assumes that,

> “there is never a true dialogue between silence and discourse: on the one side the natural laws and forces ‘independent of man’s will’ and on the other the sense that groups of men variously give to themselves and their world”

However, it’s been observed that there is no one to one relationship between the natural world and the meaning we give to it. The dialogue is still continuing and the mankind is engaged in new and multifarious ways of maintaining that relation. Such relations may be expressed in the form of preferences and avoidances which either fit into the cultural meaning systems of the society in more cognitive or a symbolic sense or just remain as uncodified human biological processes which never get expressed through the culture of the people as exemplified by the concept of “practical reasoning” by Sahlins. It is the former preposition which is of immense importance to the realm of anthropological studies. Before going into the

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central thesis of the paper we shall have a brief overview of the food habits within the Indian context.

Food Habits in the Indian Context

Speaking within the Indian context, food of any kind and variety, acts a strong idiomatic expression, an agency or a powerful medium that gives meaning to a highly chaotic and diverse social reality which the people embody in the contemporary scenario acoording to Appadurai (1981). Food, in this part of the world, both as a medium and as a message encodes a complex set of normative and ethical propositions by acting as a distinctive social marker which effectively brings to the fore the similarities as well as the dissimilarities that exist at various levels of Indian society. Even the apparently simplest type of the Indian cuisines can be hard to understand when it comes to the way in which it is prepared, ingredients or the items it is made up of, manner in which it is served to the people, at what time it is served, to whom it is served first and so on. Therefore, it can very well be said that, food in India, determines and defines the very contours and the context of social intercourse between the various sections of the society. This can very well be observed during the rites and rituals, fairs, festivals, feasts, and even fastings or any other social occasions that are closely linked to the life courses and life styles of people sometimes irrespective of the cultural background and socio economic status of the various sections of the society as brought out by the study of Ramanujan (1968). The very next question that arises is, what accounts for such a multiplicity if perceptions relating to food habits in India? Why there is such a semiotic load on food, wherein it's almost ubiquitous within the cultural landscape of India?

This is owing to the fact that, India apart from china is probably the only region in the world which has been engaged in the practice of a kind livelihood pattern called agriculture for well over two thousand years now, on a consistent and sustainable basis. It is a well known fact that India is basically an agrarian society with unequal distribution of land holdings and other inputs required for cultivation, which ultimately has its own implications for the practice of food habits at more micro level. Food habits at the grassroots level are determined by a peasant based agrarian form of social organization that constitutes the core of rural India. Similarly, Rural north Karnataka is based on the same basic principle of Indian society which primarily centers around a kin based agrarian social system which pervades all aspects of the social life. Highly ritualistic kin-groups localized Patrilineages - *Manetana*,

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inter-generational and inter-caste relations – *Jati Padhati*. Jajmani System and bonded labour - *Aya* and *Jeeta Padhati,* and peasant – agrarian relations are critical to the practice of food habits in the rural settings of South India.

The density, scope, and taxonomic complexity of Indian symbolic thought in regard to food habits is difficult to capture in a brief space. Khare (1976) has placed us in his debt by a series of essays which outline the implications of this meaning/symbolic system and its cultural manifestations of food habits in the Indian context. In a very real sense, in the rural Indian thought, food, in all its physical and moral forms, is the cosmos. It is thought to be the fundamental link between men and gods. Men and gods are co-producers of food, the one by his technology and labour (the necessary conditions) and the other by providing rainfall and an auspicious ecological situation (the sufficient conditions). Men assure this co-operation by feeding/sacrificing the gods and eating their leftovers (*prasada*). Thus, at the most abstract level, the production and consumption of food are part of a single cycle of transactions with the gods. Under this large rubric fall a host of specific ideas about kinds of food ("raw" and "cooked"); their appropriateness for a variety of contexts (such as death and marriage); the transactional logic of giving and receiving in establishing a hierarchy among living beings; the ranking of various kinds of foods according to the relationship between the food and its user or eater or cook; and the inherent thrust of food towards distribution-hence the concern with the regulation of food transfer, exchange, transaction, and circulation (Khare 1976). Even this highly simplified summary should suggest the elaborateness of the indigenous symbolic schematization of food as a bearer of moral properties, cosmic meanings, and social consequences.

The link of this macro scheme of meanings to food exchanges has been explored care-fully by Marriott (1968, 1976, 1978) in a series of essays over an 11-year period. Marriott (1978) has proposed that Indian thought reverses the general assumption of Western social science that intimacy correlates inversely with rank. He suggests that, in Indian social thought, intimacy and rank are positively correlated, so that the more unequal the transacting dyad the more likely their food transactions are to be intimate (as measured by the nature of the foods shared and the context of sharing). This Indian inversion of the reigning assumption of Western social science in regard to intimacy and rank makes sense, according to Marriott, since the Indian social thought does not rest on the conception of the "individual" as a bounded, indivisible, and stable unit, but rather sees the individual as being composed of smaller units of thought and substance which are unstable, permeable, and themselves

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rankable. Given the equally atomized and differentiated conception of food substances in Indian social thought, it follows that intimate food exchanges should sustain diversities in rank, rather than abolish them.

With this background, we are now in a position to move ahead into a more specific and critical area of research that forms the prime focus of this paper, and something that seriously impinges on the reproductive healthcare of women, namely, maternal food and the impact of modernization.

The Social Construction of Maternal Food Habits in India

All societies have their own traditional beliefs regarding the harmful and beneficial foods that shape the existing perceptions and practices of women's reproductive healthcare in general and maternal food in specific, considering the whole gamut of reproductive life course of both women and men. There are also beliefs regarding the optimal amount of food to be taken during pregnancy or during the other stages of reproductive life cycle for a successful reproductive outcome. These beliefs may or may not conform to the modem biomedical notions about the proper types and amount of food needed by pregnant women to safeguard maternal nutrition, adequate growth of foetus and safe delivery. Many studies have shown that the food taken by a large section of pregnant, natal or post natal women in India is deficient in caloric content, protein and other nutrients ; a leading cause of maternal and child mortality. Three well known reasons for low nutritional status of pregnant women in India are,

(i) Widespread poverty and economic impoverishment as an outcome of the "political economy" of agricultural food production and domestic food preparation as mention earlier in the paper.

(ii) Discrimination against women and female children in household food distribution and in governance based reproductive healthcare, and

(iii) Lack or poor quality of antenatal, natal and post natal care.

Whether or not the beliefs and practices regarding maternal food are significant and sufficient reasons for the low nutritional status of pregnant women and undesirable reproductive outcome in India is an important question which has been hardly addressed by scholars. Anthropologists and nutritionists have conducted studies on various aspects of food beliefs and practices of maternal health in Indian communities, and hospitals but most of

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these are limited by narrow disciplinary perspectives and have not discussed in any depth, the possible effects of specific beliefs on the dietary behaviour, maternal nutrition and on reproductive outcome. For instance, the belief of 'eating less' - the belief that pregnant women should eat less than before pregnancy or should not increase the diet during pregnancy mainly to limit baby size and avoid a difficult delivery, is known to be common in India and many other countries. A critical issue in planning and delivering proper food and other health services that are nutritionally, obstetrically and culturally appropriate for pregnant women is whether this belief has a significantly harmful effect on reproductive outcome in India and, if so, what should be and can be done about it. The following features may throw some light on this question.

'Hot' and 'Cold' Foods

The concepts of 'hot' and 'cold' foods are quite widespread in India and many other countries but the underlying criteria for classifying foods as 'hot' and 'cold' are often not clear. Although there seems to be some consensus regarding the classification of specific foods as 'hot' and 'cold' and the perceived consequences of taking them in a localised cultural settings, considerable variation exists in this respect of not only between different countries but also within a country and within its various regions. The studies in India reviewed for this paper indicate that in Indian communities food items perceived as 'hot' are often believed to be harmful for the maternal health of the women and those perceived as 'cold' believed to be beneficial, although in a few communities effects are believed to vary in different stages of reproductive life span and also on the predisposing individual physical constitution. Moreover, a fairly common ethnophysiological theme in India is that a balance of 'hot' and 'cold' is necessary for body's well-being, and since pregnancy generates a state of 'hotness', it is desirable to bring a balance by taking 'cold' foods (Mathews and Benjamin 1979; Nichter and Nichter 1989; Pool 1987; Ramanamurthy 1969). Therefore, the diversity in food restrictions and prescriptions in different parts of India is often due to the variation in the classification of specific foods as 'hot' and 'cold'.

Foods Believed to be Harmful

According to the findings of studies reviewed for this paper, restrictions during pregnancy in India seem to be more prevalent for fruits than for any other food category. The fruit that is most widely believed to be harmful in India is papaya. Next in order of their

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reported harmfulness are banana, jackfruit and pineapple. Other fruits which are mentioned as undesirable during pregnancy in one or more studies are coconut, custard apple, dates, groundnuts, guava, jambu fruit, mango, melon, nuts and palmyra fruits. Twin bananas are believed to be undesirable for pregnant women in Andhra Pradesh and Tamil Nadu for the fear of giving birth to twins. Among the Bhil women of Gujarat most fruits are believed to be harmful for pregnant women in the third semester of pregnancy because the fruits are believed to be 'cold', causing a sticky layer of 'fat' formed around the foetus making it stuck to the womb (Pool 1987). Fruit products, such as honey, jaggery, molasses and sugar are believed to be harmful in some communities but for different reasons. Other reasons, also perhaps associated with 'hotness', include causation of uterine haemorrhage, white discharge from vagina and diarrhoea. Behavioural evidence of the belief regarding harmfulness of papaya, a widely available multi-seasonal fruit in India is not adequate. Banana is mentioned as harmful for pregnant women in both the states of Andhra Pradesh as well as in Gujarat and also in Karnataka and Tamil Nadu. Banana is perceived as 'hot' in some places and 'cold' in others, but it is uniformly believed to be harmful though the reasons for the belief varies from place to place. Jackfruit and pineapple are believed to be harmful for pregnant women in some communities and the most common reason given for their avoidance is that they are 'hot', often but not necessarily implying that they may induce abortion. Jackfruit is believed to cause infection in both mother and foetus in Karnataka. Eggplant seems to be the most commonly prohibited vegetable during pregnancy. In the studies reviewed for this paper, next in order of prohibition are pumpkin and sweet potato. Other vegetables mentioned as harmful are ashgourd, bamboo shoot, bittergourd, bottlegourd, beans, cucumber, drumstick, potato, spinach, sweet potato and watergourd. Among the grains, wheat and rice are more commonly believed to be harmful than others. Wheat has been mentioned as an harmful item in Gujarat. Other grains reported to be mentioned as harmful during pregnancy in various communities of India include bengalgram, horsegram, millet and pulses. Among the seeds believed to be harmful during pregnancy, sesame seeds were more commonly mentioned than any other. However, In Tamil Nadu sesame seeds are thought of as being endowed with special power of life and fertility, and of stimulating the-ovaries thereby hastening maturity. The reputed quality of sesame in promoting menstrual discharge makes it dangerous during pregnancy. In Tamil Nadu mustard seeds are also believed to be abortificient but only by a small section of population. In many areas of India large sections of population do not normally take animal foods because of religious prohibition or because they are not affordable. For religious reason

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beef is taboo among the Hindus who constitute over 82 per cent of India's population. Non-vegetarians in various communities, however, sometimes take chicken, goat, lamb or pork. The commonly cited reason for avoiding meat is its quality of 'hotness' which induces abortion.

Beneficial Foods

The scanty data available regarding foods believed to be beneficial hardly allow any generalisation. In general, items that are perceived as 'cold' are believed to be good for pregnant women. Milk, milk products and fruits were believed to be beneficial in Gujarat, Karnataka and Uttar Pradesh communities but in Andhra Pradesh and Tamil Nadu communities these were not mentioned as such. The Ayurvedic System of medicine, documented in *Charaka-Samhita* recommends milk, butter and clarified butter ('ghee') for the well-being of pregnant mother. Existence of beliefs regarding beneficial effect of specific food items on pregnant women does not necessarily imply their increased consumption because they are usually relatively expensive. Only higher income group women are likely to get some advantages out of such beliefs. There is general belief that, food items which were not believed to be harmful for pregnant mothers were good for them.

Nutritional Consequences

A number of diet surveys among women in Indian communities and hospitals have shown that the dietary intake of a high proportion of them is deficient in some essential nutrients, and that there is almost universally no increase of intake among low income group women during pregnancy. The deficiency of iron and a few other nutrients in the food consumed by low income group Indian women is reflected in the wide prevalence of anaemia among them both in their non-pregnant and pregnant condition. The reported prevalence rate of anaemia among pregnant women (haemoglobin less than 1 Ig/dl) ranges from 40 to 50 per cent in some urban areas and 50 to 70 per cent in some rural areas. The deficiency in dietary intake and its negative effect on the nutritional status of low income group women, both non-pregnant and pregnant can be attributed mainly to widespread poverty and sex discrimination against women in household food consumption. Although India has been virtually self-sufficient in food for maternal health, it was difficult for them to find out the actual consumption of these items. Available information indicates that milk and milk products are believed to be beneficial in some communities and harmful in others but since these are

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relatively costly food items, pregnant or post natal women, at least of low-income groups, are likely to derive very little nutritional benefit because of a positive, belief about them.

Thus we can see that, it is a well known that in India and other developing countries a large proportion of babies die within the first five years of life because of their low birth weight and that maternal malnutrition is primarily responsible for low birth weight. Also, several intervention studies in India and elsewhere have shown the positive effect of nutrient supplementation programmes during pregnancy on birth weight and other reproductive outcomes, if they are designed and implemented in a culturally appropriate way. It seems reasonable to recommend that the programmes in India to encourage "eating more" during pregnancy and other stages to provide supplementary food to poor women who cannot afford it should be strengthened. In addition, the health education programmes should take cognisance of the popular beliefs regarding maternal food in different regions of India and use innovative means to minimise their negative and maximise their positive nutritional effects.

Modernization, Medicalization and the Changing Role of Maternal Food Habits in Reproductive Healthcare

With the advent of modernity in the form of large-scale industrialization, mechanization of traditional agricultural practices and domestic food preparation, and the subsequent shift towards monetary, the delicate balance that women shared with the age old traditional practices as that of maternal food and food habits is severely altered. The fast dwindling forest cover due to large-scale mining and the spread of industries in the agricultural fields has brought about an abrupt shift in their occupational patterns of the rural people. The sources of the livelihood are fast vanishing and this is acting as a demographic squeeze on the populations which survives on subsistent economy. These developments have finally forced the rural population to move out of their traditional set up in search of new and sustainable livelihoods for themselves. The support system that took care of the women through various reciprocal institutions in the form of various kin-relations like that of economic, political and magico-religious practices has been rendered unviable. The social organization that held together the family, economy, religion and the traditional maternal food habits is itself undergoing a change. This has far reaching implications for both the maternal health and other reproductive healthcare practices of women at grass root levels.

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Under these circumstances, when a woman develops any kind of reproductive health complications, she has no other alternative but to go in for western bio-medical mode of treatment.

The existing reproductive healthcare practices of the villagers further shape their perceptions towards the newly emerging reproductive exigencies at various stages of their lives. According to the villagers, the women are facing new kinds of complications that can be categorized as *BP* (variation in blood pressure), *pits* (convulsions) and *margakke bandilla* (obstructed labour) which they had never heard of in the past.

The most widely shared belief relating to the origin of the above stated reproductive problems among the people in rural south India is lack of *kasu* (physical strength) in the present day women. The two main reasons that account for loss of strength are the change in type of food consumed and the nature of work they indulge in, prior to childbirth. The food that is consumed by the women itself lacks strength because it is made of food grains that are produced using chemical fertilizers and hybrid seeds which was not the case earlier. The very cropping pattern has undergone a change owing to the advent of commercialization of *kamata* (agriculture) to serve the needs of the market economy. The large scale mechanization of agricultural food production has lead to the change in nature of work and daily chores of women. The women have started leading a more sedentary lifestyle, which people believe will lead to complications during pregnancy and childbirth. And it is for this reason that they are not able to induce pain during delivery which at times leads to fatal consequences. These conditions make way for the medicalization of pregnancy and childbirth practices among the people, and the first casualty is the traditionally held maternal food habits and nutritional care.

However, one thing that needs to be stressed in all these instances mentioned so far is that, women of the village prefer to take traditional home made food if everything is *sarala* (goes on well) that is, without any complications. This further connotes that, if the delivery takes place at home, the *soolagitti* (traditional birth attendants) will not use abusive language and misbehave with the woman during delivery as it is most often done in the case of hospital deliveries. They are also scared of the unruly behavior of the medical personnel who ill-treat them during the process of treatment. The women of the village reported that the *sistergalu* (nurses) at the hospital even beat them if they do not follow the medical procedures during treatment. Apart from this in hospitals they do not get hot water. The women of the village consider that the care they receive both during and after the childbirth is critical for the well

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being of the mother and the child and therefore of the whole family. At home, hot water bath is given immediately after delivery by applying *bevina tapla* (neem leaves) and *arshina* (turmeric) paste mixed in *kobbari yenne* (coconut oil) which helps in reducing the body pain and keeps the body warm, *alavi* (juice made up of pulses) is given to *bananti* (delivered woman) to regain the lost strength. But in case of hospital treatment, such care is not possible; instead they are given *kavina injection* (painkiller injections). But, the people believe that *kavina injections* (painkiller injection) are only a temporary relief and the neem, turmeric paste and hot water bath will be helpful for the woman for their life time. It is more out of helplessness and inconvenience that the women go to hospitals for reproductive healthcare. They do not appreciate the care given in the hospitals. In fact they consider hospitals to be most uncomfortable places for such type of a care.

Conclusion

Thus, from the above discussion it is evident that the agricultural food production, family structure and the health care system are the domains under which modernity and traditional practices of maternal food habits interact to create new and unforeseen reproductive realities for the people of the villages in rural South India. The shift that can be seen in all the above three domains of people's life has severely altered the reproductive health seeking behaviour of childbirth marked by dislocation of the very notion of maternal food habits as seen from the traditional point of view.

Apart from taking into account the impact of modernity on maternal food, the present study has the potential for the reconstruction of gender roles within the context of maternity. The new reproductive technologies introduced as a part of medicalization have shaped the existing notions of womanhood vis –a - vis maternal food. However, the critical question that still needs to be answered is whether modernized and medicalized food habits have curtailed or enhanced the reproductive status of women in the rural areas. But as of now the women are torn apart from their existing cultural-temporal sequence of the various stages in their reproductive lives owing to the compulsive interference of new reproductive technologies in the form of assisted pregnancy, child birth and child care. An effort has been made to study the discourse between traditional knowledge of food habits and a highly modernized medical power at an operational level and thereby arrive at the inter-linkages that exist at a macro level.

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