

Food related taboos & misconception during pregnancy in Rural areas of Vadodara & Savli District.

A Report by:

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PG/20/059

Under the guidance of-

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Certificate of Approval

The following dissertation title **“Understanding food related taboos & misconception during pregnancy in Rural areas of Vadodara & Savli Taluka”** at **“IIHMR”** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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Name Dr. PANKAJ GUPTA

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Signature

Pankaj
Sumesh
Suresh

Certificate from Dissertation Advisory Committee

This is to certify that Dr. Ruchi Sharma, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. He/ She is submitting this dissertation titled “Food related taboos & misconception during pregnancy in Rural areas of Vadodara & Savli District” at “IIHMR (Nutrition International)” in partial fulfilment of the requirements for the award of the PGDM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor Name- Dr. Divya Agarwal

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Designation- Associate Dean

Designation-

Organization -IIHMR

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled “Food related taboos & misconception during pregnancy in Rural areas of Vadodara & Savli District” and submitted by Dr. Ruchi Sharma .Enrolment No. PG 059/2020 under the supervision of Dr. Divya Agarwal for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 1st January 2022 to 16 January 2022 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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FEEDBACK FORM

Name: Dr. Ruchi Sharma

Name of the Organisation in Which Dissertation Has Been Completed: IIHMR-DELHI

Area of Dissertation: Vadodara, Gujarat

Attendance:

Objectives achieved:

Deliverables:

Strengths:

Suggestions for Improvement

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date:

Place:

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IIHMR

In the world of Research, The IIHMR Delhi is adding to the improvement of wellbeing and populace arrangements, procedures, program checking, assessment and age of new information. Throughout the long term there has been an extension in the nature and extent of tasks and examination concentrates on embraced by the Institute. The reach is wide; from studies including review and information age to exploratory and influence investigations of wellbeing administrations and projects. The Institute went into strategy innovative work in a significant manner, impacting strategy making at the state and local government levels. A portion of the tasks are interpretative in nature and have concocted new understandings of ground reality.

- **M-Health Based Neonatal and Child Infectious Disease Syndromic Surveillance and Monitoring at ChildCare Centres (Anganwadis and Kindergartens) in Hyderabad**

Funding agency: Department of Health Research

Anganwadi centers that take care of pre-school children are at high risk for transmission of infectious diseases as they have the population that is vulnerable to infections in a group. IDSP that addresses the issues related to infectious diseases gets the surveillance data from PHC through the field visits of the ANMs and ASHAs. Since timeliness is critical in surveillance,

our study proposes to test the feasibility of having a mobile-based Neonatal and Child Infectious Disease Syndromic Surveillance system that can provide timely alerts, promote preventive measures and risk profiling of disease outbreaks among Under 5 population. The system will monitor the parameters according to the 'S' form of IDSP and track the children using Geospatial Mapping.

Since private kindergartens/nursery schools (KGs) that are out of reach of IDSP network are higher than AWCs especially in the urban areas, they are also included as reporting units. GIS Mapping of the location of the reporting center (AWC and schools) and providing unique identification for the children will help in maintaining the electronic health record of the child for easy tracking and monitoring.

The study has completed two phases where the system has been designed and developed based on inputs from the field. In the next phase, the system will be implemented and evaluated for its applicability and efficiency [A](#).

- **Healthcare seeking behavior for Malaria – An ethnographic study of health service seekers and healthcare providers in a tribal dominated district of Chhattisgarh**

Funding Agency: ICMR

Malaria related morbidity and mortality is relatively higher in tribal-dominated states of India, including Chhattisgarh, the State which has not been covered under the Intensified Malaria

Control Project. Chhattisgarh accounted for 17 percent of all malaria cases in 2017, second only to Orissa. Malaria was the main cause of deaths among children aged 1 – 15 years as well as among those who are in above 50-years of age groups and one among the six major causes of rural deaths reported in the State. Healthcare seeking behavior among the tribal group is complex and cannot be understood from a single lens. Tribals have a pluralistic perspective of any disease and malaria is no exception. Accordingly, the two year study attempts to capture the pluralistic view of tribal regarding malaria and how it influences their health-seeking behavior with the broader aim of designing a targeted intervention while taking into account the health system perspective in the state of Chhattisgarh. [A](#)

- **Lifestyle Intervention to reduce the risk and prevalence of hypertension among Urban Poor of Delhi: Quasi-experimental study**

Funding agency: ICMR

Hypertension is a common but dangerous condition. High blood pressure increases the risk of heart disease, stroke, kidney disease, cancer, osteoporosis, and dementia. As per National Family Health Survey-4, 2015-16, prevalence of hypertension for men and women are 14.8% and 11% respectively. However, many who are affected by high blood pressure are unaware that they have it because there are no warning signs, which is why it's called the "silent killer". Thirty-seven years of scientific evidence conducted by Dean Ornish, M.D. and his colleagues in collaboration with the UC San Francisco and other leading academic institutions shows that

changes in diet and lifestyle can make a powerful difference in your heart function and overall well-being.

In our study which is of 2 years duration, an attempt is made to assess whether environmental or lifestyle (smoking, excess alcohol, urban living, psychological stress, reduced physical activity, unhealthy diet, excess salt intake, overweight and obesity etc) factors are associated with high blood pressure in urban poor living. Objective is to assess the effect of lifestyle intervention on hypertension, which will be achieved through lifestyle interventions, providing information on hypertension to community through technology and promoting the use of public health facilities existing nearby and coordination with other department/program/ stakeholders working in the area, such as NGOs, etc. Expected outcomes are reduction in raised blood pressure through changes in lifestyle and with use of technology, awareness of high blood pressure education program on the primary prevention of hypertension and increase in utilization of the public health facility by urban poor in a year. In Delhi, since UPHCs provides services under National Program for Prevention and control of Cancer, Diabetes, Cardiovascular diseases & Stroke (NPCDCS) as per NHM guidelines at facility and in the community (i.e slum) through ASHAs i.e community health workers so the study is being conducted in collaboration with urban primary health centre (UPHC) covered under National Urban Health Mission.

An intervention area, covered by 4 ASHAs (approximately 2000 households and 500 households per ASHAs) under Urban primary health centre is being identified.

- **Planning and piloting an integrated disease control campaign in Uttar Pradesh**

Integrated health campaigns combining two or more campaigns have been seen to leverage the strengths of compatible programs and avoid geographic and temporal duplications in efforts. The most common reported benefits for integrated campaigns are that they enhance population coverage and are cost effective, client-oriented, equitable and locally owned. The project attempts to explore ways to develop a collaborative plan for an integrated health campaign and pilot the plan in the districts of Gorakhpur and Deoria in Uttar Pradesh. The activities will involve a local landscaping for implementing integrated campaigns, developing a collaborative plan for an integrated campaign, demonstrating the plan on a limited scale in both the districts and documenting the experiences. Currently data collection is ongoing.

- **Implementation research to situational analysis and recommend an improved program model to improve adherence to IFA and calcium in selected areas of selected states in India**

Funding agency: Nutrition International

Iron-deficiency, which is one of the most prevalent nutrient deficiencies in the world, is one of the most common causes of anemia particularly affecting young children, pregnant and postpartum women. The iron-deficiency anemia and maternal under-nutrition account for at least twenty percent of global maternal deaths. India contributes to eighty percent of the maternal deaths in South Asia. Despite India witnessing a declining trend in anaemia during

2006 – 2016, anaemia remained highly prevalent in children and pregnant women with a very little improvement among non-pregnant women. The Government of India (GoI) has been implementing two focused programs, namely, Anemia Mukh Bharat (AMB) and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) to address the need of comprehensive maternal nutrition and reducing anaemia. Along with this, the GoI has also initiated a calcium supplementation program. However, the coverage and compliance of both these programs for pregnant and postpartum women remain suboptimum and possess several operational challenges. The 2 year study aims to systematically investigate, through Implementation Research (IR), the factors that facilitates/ enables or hinders the program pertaining to maternal nutrition, come up with mitigation strategies, and inform scale up. This two-year long IR, which is divided into three phases of formative research, designing, and implementation phase, will evaluate an Improved Model of Implementation, in two states of India, namely, Madhya Pradesh and Gujarat. The study has just started, and necessary preparatory activities have been completed for data collection.

INTRODUCTION

A Taboo is a ban on something based in a cultural sensibility that perceives it as excessively repulsive, sacred or allows only by certain people. Taboos are explicitly prohibited by custom and/or religion. Restrictions contrast from customs as custom is successive reiteration of a similar way of behaving; method of conduct normal to many; ongoing practice; or technique for doing which may not be inhibitory.

Restrictions are frequently coordinated with the way of life, customary in nature, and are done as show or according to pressure of the elderly. Pregnancy forces the requirement for impressive additional calorie and supplements for a mother. A satisfactory adjusted diet is, along these lines, of most extreme significance during pregnancy and lactation to forestall "wholesome pressure.

Pregnancy forces the requirement for extensive additional calorie and supplements for a mother. A satisfactory adjusted diet is, hence, of most extreme significance during pregnancy and lactation to forestall "nutritional stress". Pregnancy is one of the most healthfully requesting related with toxemia and hypertension, both of times in a lady's life. Despite the fact that it is a typical which can prompt expanded perinatal mortality.

In physiological cycle however it is the point at which the dietary expansion, foetal under nourishment has been viewed as necessities of the mother and the embryo should be met through related with expanded dangers of mental and neuro-cautious selection of food sources. Indeed, even before pregnancy starts, social impedance, as well as some innate sustenance is an essential consider the soundness of mother and oddities (for example brain tube abandons). Under sustenance is child.

An even eating routine before origination contributes a significant component liable for low birth weight which to a solid pregnancy. is a significant component for high new-born child and maternal death rate. Fitting nourishing practices on the time of improvement in the belly is basic for the other hand assume a fundamental part in deciding ideal wellbeing 1health of the youngster, both upon entering the world and long subsequently. One and advancement of babies. of the main gamble factors at this stage is maternal sustenance.

Deficient sustenance builds dangers of a Nutrition is the fundamental area of general wellbeing interest and extensive variety of gestational and perinatal issues. Low especially maternal sustenance plays a superb part as it's not birth weight is particularly significant, for this not just one just influencing the strength of the mother yet additionally our eventual fate of the primary drivers of perinatal mortality, yet in addition has age. Sound start mostly relies upon long haul consequences for improvement and wellbeing status.

OBJECTIVE OF THE STUDY

- To find out food related misconceptions during pregnancy by Rural community of Vadodara
- To find out any myth and ideologies the community is having behind their perception of these food related taboos & misconception

RESEARCH METHODOLOGY

- Study Design: Cross Sectional Study
- Sampling Method: Convenient Sampling
- Total Population: 4,22,000
- Selected Group: Pregnant Women
- No. of Respondents: 144
- Inclusion: Pregnant Women in Rural areas of Vadodara & Savli Taluka
- Exclusion: Non-Pregnant Women
- Time of Study: 10 April 2022 to 10 June 2022
- Tool used: Semi Structured Questionnaire, mostly having Close ended Questions

A cross-sectional study was done on pregnant women in antenatal care (ANC) follow-up at selected Healthcare & Wellness Centre w.r.t Primary Health Centre & Sub Centre done between April and June 2022. Using a semi-structured questionnaire, I assessed whether respondents' observed food taboos, what types of foods they avoided, their perceived reasons for avoidance, diversity of respondents' diets during pregnancy, and respondents' socio-demographic characteristics. Information assortment procedure in-regulation or medical care laborers. Certain food sources were A Questionnaire (close - finished) was planned in Gujarati/English thought about hot and abortifacient and were kept away from and for this reason, containing two segments to survey the supposed "Hot" food varieties, papaya, jaggery, Bengal gram, ghee & brinjal were convictions and judge the use of these convictions in their not taken during pregnancy for the apprehension about having terrible eating regimen

consumption during pregnancy. Consent was taken before the beginning of study and confidentiality was given consequences for their information about the privacy of their data.

Government Programme

Services to Pregnant women

- All pregnancies are registered either by community health workers or at health facilities.
- All registered pregnant women are provided three antenatal check-up which also include Blood Pressure measurement and ruling out any complications, high risk factors
- The Pregnant Women are given two doses of Td vaccines.
- The Pregnant women are also provided Iron Folic Acid supplementation, Albendazole and Calcium Supplementation as per guidelines.
- Institutional deliveries are encouraged by all stakeholders, in unavoidable circumstances deliveries by trained personnel in safe and hygienic surroundings are ensured.
- In case of complication referrals are made either to First Referral Units or higher health facility as per the requirement for Management of obstetric emergencies.
- Spacing of at least three years between children is encouraged.
- Antenatal and postnatal check-ups are restructured across the state.

Supplementary Nutrition Programmes

- In order to improve the nutritional status of women and children, this Ministry is implementing Supplementary Nutrition Programme under Anganwadi Services and Scheme for Adolescent Girls under the Umbrella Integrated Child Development Services (ICDS) Scheme to children (6 months to 6 years), Pregnant Women, Lactating Mothers and out-of-school Adolescent Girls (11-14 years).
- The details are as under:

S. No.	Categories	Types of food	Nutrition Norms
Supplementary Nutrition under Anganwadi Services			
1.	Children (6-36 months)	Take Home Ration	Energy – 500 Kcal Protein – 12 to 15 g
2.	Children (3-6 years)	Morning snack and Hot cooked Meal	Energy – 500 Kcal Protein – 12 to 15 g
3.	Severely malnourished children (3-6 years)	Take Home Ration	Energy – 800 Kcal Protein – 20 to 25 g
4.	Pregnant women & Nursing mothers	Take Home Ration	Energy – 600 Kcal Protein – 18 to 20 g

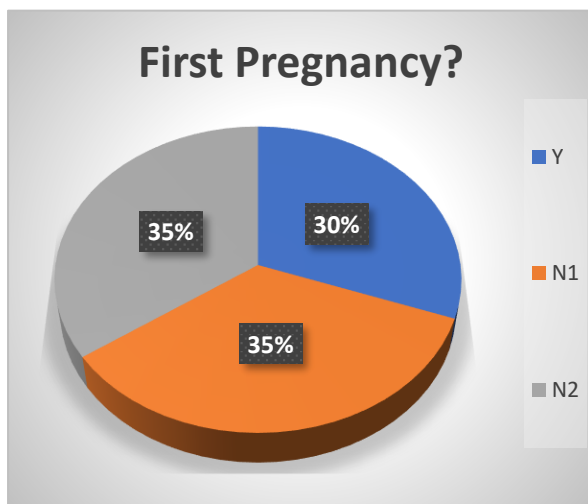
Reporting & Monitoring

TeCHO Application/ Information System

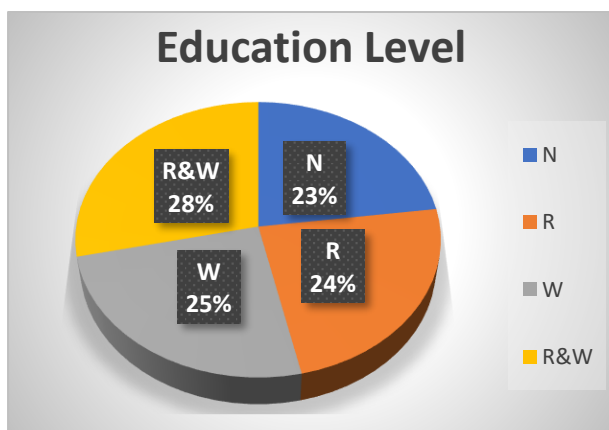
Gujarat technology enabled community health operations, by using IT solutions to capture service delivery across levels of care i.e., from community to secondary level facilities. TeCHO + is a mobile and web-based application functioning as a job aid at various level from community to the state level administrators for improving coverage and quality of health services, i.e. android application based of ASHA, MPW, CHO's. Web based portal for service provider at PHC/block /district/state level. The TeCHO+ project was launched on 8th October 2017. Use of TeCHO has enabled as real time data entry of the beneficiaries and service delivery possible.

RESULT

A total of 144 pregnant women with an age range of 18-30 years were questioned with the pre-designed semi-structured questionnaire tool. The most common age is 26 years, more than 11% are pregnant by the age of 26. Out of which 8 % are those who are becoming pregnant for the second time. 2% are those who are pregnant for the third time approx. 1% are those who are conceiving for the first time in this age.



Out of 144, 30% are those who are pregnant for the first time, 35% are those who are pregnant for the second time and have 1 child and 35% are those who are pregnant for the 3rd time and have 2 Children.



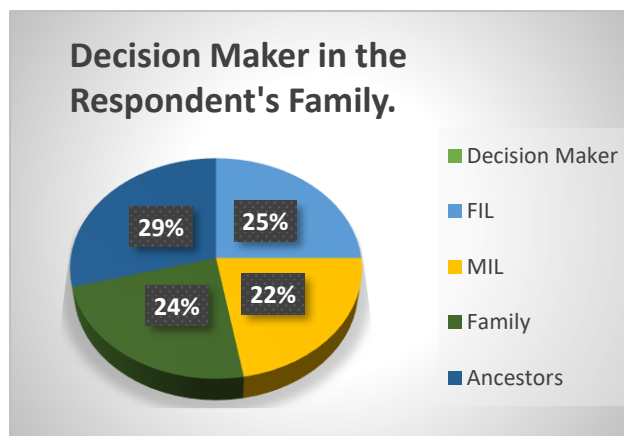
The above pie chart depicts the Education level in Vadodara & Savli District., N: Never been to School, R: Read Only, W: Write Only and R&W: Read & Write Only.

Out of 144 Pregnant Women 28% women are those who know how to Read & Write.

24% women who knows how to read only. 25% Women who knows basic writing like how to do the signatures, as mostly 12% of them are daily labourers who only knows how to sign.



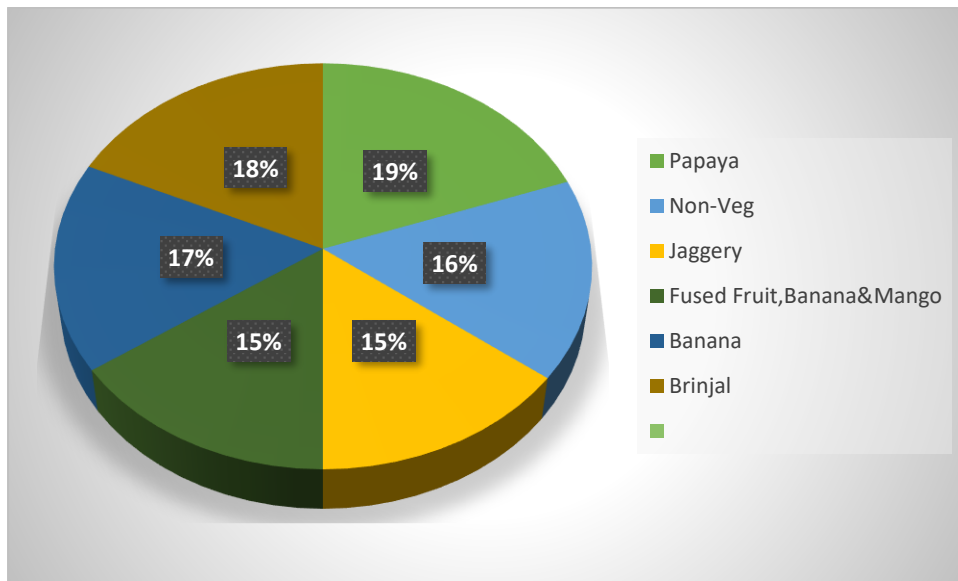
(The Above Pie chart depicts the stage of trimester the pregnant women of Vadodara & Savli)



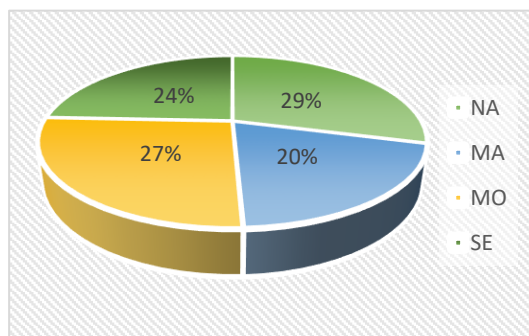
Food Avoidance during Pregnancy

Many concepts and beliefs have been seen about what to eat and what not to eat during pregnancy, often we hear that elders pass on the lessons learned from their past experiences

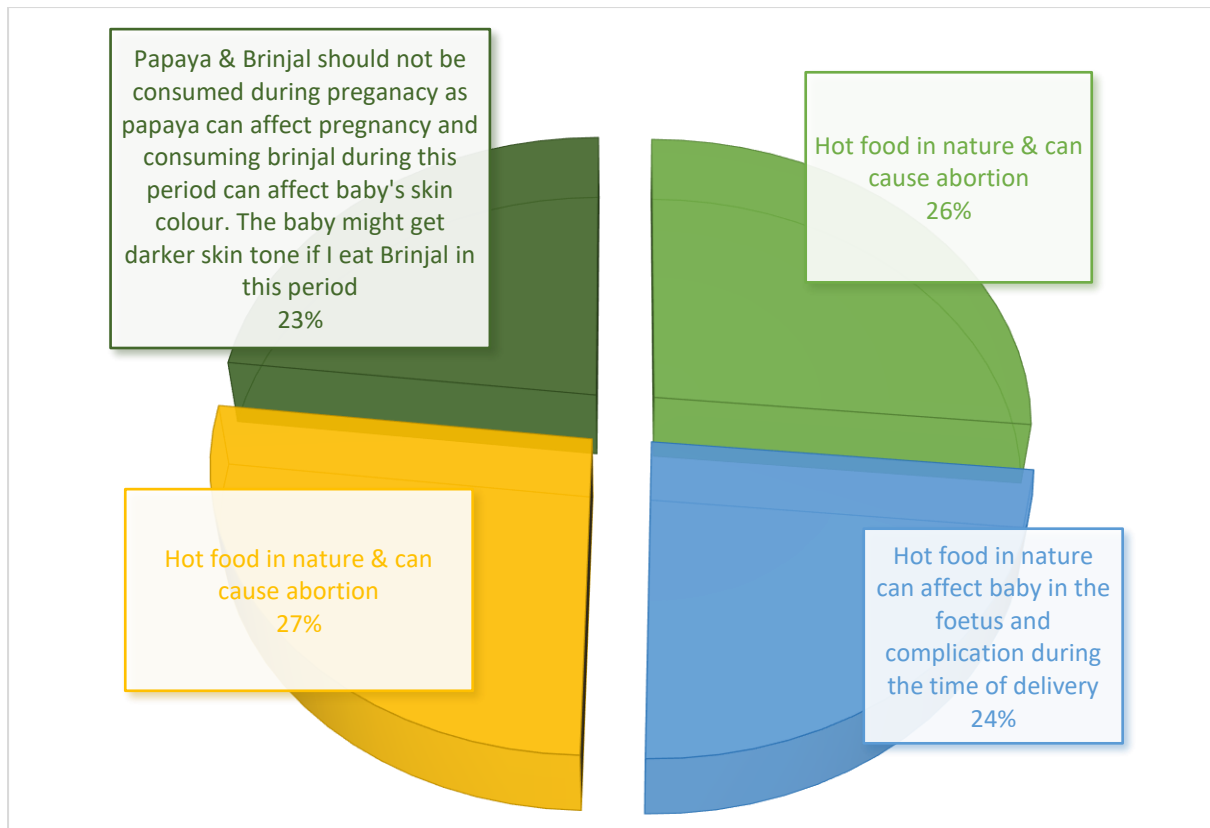
to their new generation. So, one such belief is this notion that what should be eaten or what should not be eaten during the time of pregnancy.



This pie chart depicts the food items forbidden by Pregnant women in Savli & Vadodara Block.



The above pie chart depicts the status of Anaemia in pregnant Women In Vadodara & Savli Block.



This Pie Chart depicts The Major Reasons for which certain food items are forbidden by the Pregnant Women here in Vadodara & Savli Block.

During the Time of Study i.e. from 10 April 2022 to 10 June 2022, many women have shared their diet pattern, through which I got to know that these women are not consuming a lot of nutritious fruits and vegetables due to this myth. Now, here in Savli & Vadodara Block, 11% of women believes that Eggplant should not be eaten during pregnancy because 21 % believes that it can affect fetus's skin tone. Like, if a pregnant woman consumes brinjal during pregnancy then the baby will be born Black. And some believes that Brinjal is hot in nature (“*Garam taaseer hoti hai*”) so, it should not be eaten because it can harm the body and may lead to Miscarriage. Whereas, Brinjal/Eggplant is itself is a nutritious food item.

It helps in the development of the Fetus as it provides Vitamin A&E. Brinjal also contains Folic Acid, which boosts the development of Red Blood Cells in the developing Foetus. Other Food item like Mango, Sesame Seeds, Banana, jaggery, Fused Banana, Papaya & Non-Vegetarian Food.

According to Ayurveda, pregnant mums should avoid heating foods. The logic behind it is that excessive heat in the body can lead to a miscarriage or induce premature labour. Some examples of heating foods according to Ayurveda include papaya (*papita*), *laal mirch*, mango (*aam*), pineapples (*annanas*), dry ginger (*saunth*), fish, nuts and eggs [A](#)

17% Pregnant women believes that If a Pregnant Woman eats Papaya, then it leads to miscarriage as because Papaya fruit is hot in nature and this can badly affect the pregnant women's body. Infact it also helps in cleaning the system so it may also affect the mother's womb. Whereas, a leading Insurance Company Star Health Insurance have released an article where some certified Doctors have stated that "*Eating papaya in pregnancy is okay, but it should be ripened enough to have otherwise, which can lead to miscarriage*" [B](#) .

Whereas, Unripe papaya features a component called papain and latex. The presence of latex in papaya is papain, which your body may perceive as the prostaglandins that may encourage labour, which can often lead to miscarriage. The presence of papain in unripe papaya is not good for the foetus. It weakens the membrane which is around the foetus.

12% Pregnant Women believes that Jaggery is also have Hot tendency and they can have miscarriage if any pregnant women consume it during her pregnancy period. Whereas,

Jaggery is the best replacement of sugar. So, if any women who is habitual of tea, can replace sugar with jaggery or she can have Gud-chana /Jaggery & Roasted Bengal Gram. It's not only high in Iron content but also have other health benefits like it have a high nutritious value and provide proteins, minerals, and folic acid which are essential during pregnancy. Jaggery alone have many health benefits like ,It is also known to purify blood and breast milk, thereby offering nourishment to the baby during pregnancy and even after birth. Therefore, you may replace refined sugar with jaggery in your diet.

Level Of Education Forbidden Food by Pregnant Women	Never been to School, N=29	Read Only, R=33	Write Only, W=48	Read & write, R&W=34
Papaya	29	21	29	20
Jaggery	21	4	18	5
Brinjal	25	28	39	22
Fused Fruits, Fused Banana & Mango	2	6	11	2
Non Veg	23	16	12	7

Table 2: Food taboos in pregnancy and their possible reasons

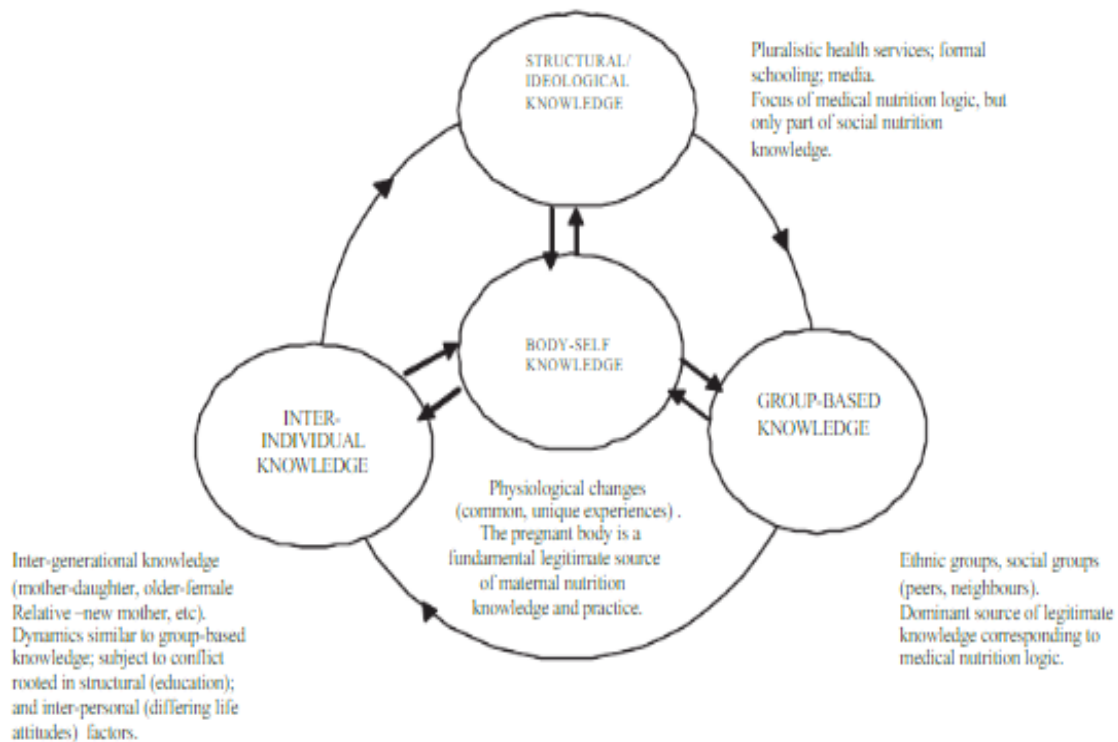
Food Item	Reasons for Restriction
Papaya, Jaggery, Ghee, sesame seeds, Brinjal & non-vegetarian food	Miscarriage
Banana, Fused fruits & vegetables	Twin pregnancy
Brinjal & dark colour food item	Affects foetus skin tone /Dusky skin shade of new-born

DISCUSSION & CONCLUSION

Vadodara & Savli Block face difficulties since they neglect to integrate ladies' view points on food and nourishment and their everyday food and sustenance rehearses: (a) to document the substance, sources, and elements of ladies' convictions about pregnancy foods; (b) to distinguish food works on during pregnancy and their mediating factors; & (c) to inspect the degree to which these portrayals and practices related to or veered off from master information.

As indicated by clinical nourishment rationale, rebelliousness is credited to “faulty” social information and unfortunate admittance to master sustenance knowledge and mediations. The emphasis on friendly nourishment rationale, in any case, highlights the complex variables supporting the connections pregnant ladies have with food and likewise its utilization or nonconsumption. Three key insights rise out of this review:

1. Women draw on pluralistic information sources to figure out pregnancy and pregnancy abstains from food, including lay and master information.
2. Key components of social nourishment rationale and clinical sustenance rationale intersect. These incorporate specific suggested and disallowed foods.
3. The pregnant body is a significant go between of pregnancy food practices.



Pluralistic Knowledge on Pregnancy Foods and Nutrition: Most ladies drew on various wellsprings of information to figure out pregnancy nourishment and food rehearses: lifeworld's, wellbeing frameworks, educational settings, the broad communications, and, above all, their own pregnancy experiences. Cycles of legitimation relied upon whether the centre was on reach and nature of information and type and efficacy of nutrition intervention; these cycles were established all the more comprehensively inside evolving life and special pregnancy encounters. Food sources that prevented anaemia or alter mild to moderate anaemia (e.g., leafy green vegetables, jaggery & brinjal is a good source of iron), reinforced the pregnant body (e.g., ghee, sprouts, Bengal gram and nuts) and gave general wellbeing improving capabilities (e.g., vegetables and fruit).

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Financial Support & Sponsorship

Nil.

Conflict of Interest

There area no conflict of Interest

Questionnaire/Tool

Date Of Interview

મુલાકાતની તારીખ

Age of the Participant

સહભાગીની ઉંમર

Place Of Residence

નિવાસ સ્થળ

1. Vadodara/ વડોદરા
2. Savli/ સાવલી
3. Migrated (if yes then how long you have been living here)

સ્થળાંતર કરેલ (જો હા તો તમે કેટલા સમયથી અહીં રહો છો)

Current Marital Status/ વર્તમાન વૈવાહિક સ્થિતિ

1. Married/ પરિણીત
2. Divorced/ છૂટાછેડા
3. Single/ સિંગલ
4. Others/ અન્ય

Educational Level/ શૈક્ષણિક સ્તર

1. Never been to school/ ક્યારેય શાળાએ ગયો નથી
2. Read only/ ફક્ત વાંચો/
3. Write only/ ફક્ત લખો
4. Read and write both/ બંને વાંચો અને લખો

Current Occupational Status/ વર્તમાન વ્યવસાયિક સ્થિતિ

1. Self-employed / સ્વ-રોજગાર
2. Daily labourer / દૈનિક મજૂર
3. House Wife
4. Private Job

Who is decision maker in your family / તમારા પરિવારમાં કોણ નિર્ણય લેનાર છે?

1. Mother/Mother-in-law/ માતા/સાસુ-સસરા
2. Father/Father-in-law/ પિતા/સસરા
3. Husband/ પતિ
4. You
5. Joint Decision/Mutually Decide/ સંયુક્ત નિર્ણય/પરસ્પર નિર્ણય

6. Don't know/ ખબર નથી

Which trimester you are in / તમે કયા ત્રિમાસિકમાં છો?.....

Is this your first pregnancy / શું આ તમારી પ્રથમ ગર્ભાવસ્થા છે?

1. Yes / હા
2. No (If no, when was the first pregnancy) / ના (જો ના, તો પ્રથમ ગર્ભાવસ્થા ક્યારે હતી)

How many times did you give birth / તમે કેટલી વાર જન્મ આપ્યો (in Numbers)

What is your Hb level / તમારું Hb સ્તર કેટલું છે?

1. Non-Anaemic / Non એનામિક નથી
2. Mild Anaemia / મીલ્ડ એનિમિયા
3. Moderate / મધ્યમ
4. Severe / ગંભીર

If Anaemic,

Are you taking IFA/Calcium Tablets / શું તમે IFA/કેલ્શિયમની ગોળીઓ લઈ રહ્યા છો

1. Yes
2. No

If yes,

From where are you taking the treatment for Anaemia/

1. Private Clinic / ખાનગી ક્લિનિક
2. Government Health& Wellness care centre /સરકારી આરોગ્ય અને સુખાકારી સંભાળ કેન્દ્ર

Nutritional and behavioural related factors/ પોષણ અને વર્તણૂકને લગતા પરિબલો

Type of Diet / આહારનો પ્રકાર

1. Vegetarian / શાકાહારી
2. Non-Vegetarian / માંસાહારી
3. Only egg / માત્ર ઈંડુ

How many times do you eat per day when non-pregnant / જ્યારે ગર્ભવતી ન હોવ ત્યારે તમે દિવસમાં કેટલી વખત જમો છો

1. One meal in a day /દિવસમાં એક વખતનું ભોજન
2. Two meals/day / બે વખત ભોજન/દિવસ
3. Three meals /day / ત્રણ વખત ભોજન/દિવસ
4. More than 3 meals/day / દિવસમાં ૩થી વધુ ભોજન

What is status of your appetite now / હવે તમારી ભૂખનું સ્ટેટસ શું છે?

1. Increased /વધેલ
2. Decreased /ઘટેલ
3. No Change /કોઈ ફેરફાર નથી

Do you include dairy products into your diet / શું તમે તમારા આહારમાં ડેરી ઉત્પાદનોનો સમાવેશ કરો છો?

1. Yes / હા
2. No/ ના
3. Sometimes

Do you include fruits/seasonal fruit into your diet / શું તમે ફળો/મોસમી ફળોને તમારા આહારમાં સામેલ કરો છો

1. Yes/ હા
2. No / ના

Are there any food/s forbidden for pregnant women into your culture /શું તમારી સંસ્કૃતિમાં સગર્ભા સ્ત્રીઓ માટે કોઈ આહાર/આહાર નિષેધ છે??

1. Yes / હા
2. No / ના

If yes, (Skip the below question if no)

જા હા, તો (જો ના હોય તો નીચેના પ્રશ્નને છોડી દો)

Can you please name some/ મહેરબાની કરીને અમુક નામ આપો.....

Why they are forbidden / તેમની મનાઈ શા માટે કરાય છે?.....

Who asked you to not to have it/કોણે તમને તે ન લેવાનું કહ્યું હતું?.....

Have you come across any such incident/s in which there has been any problem in pregnancy due to eating prohibited food / શું તમે આવી કોઈ ઘટના સામે આવી છે કે જેમાં પ્રતિબંધિત ખોરાક ખાવાના કારણે ગર્ભવિસ્થામાં કોઈ સમસ્યા આવી હોય?

1. Yes (Can you please share the incident in detail)/હા (શું તમે કૃપા કરીને આ ઘટનાને વિગતવાર જણાવી શકો છો)
2. No/ના
3. Believed on hearsay / સાંભળીને વિશ્વાસ બેઠો હતો કે હું બોલી રહ્યો છું

Do you chew tobacco?

1. Yes
2. No

Consent Form

My name is Dr. Ruchi Sharma and I'm here to collect data for the purpose of assessing food taboos and related misconceptions among pregnant women in Rural area of Vadodara and Savli districts. The information you provide will help us in identifying foods that are wrongly prohibited during pregnancy for the improvement of the maternal and child health nutrition. You will be interviewed on some questions for about 10 minutes. You have the right to participate in, refuse as well and drop out of the study at any time you want. The research has no associated risk and no compensation will be given for the time you spent with us. I hope you will agree to participate since your information is important to successful accomplishment of the study.

May I begin the Interview now?

1. Agree
2. Not Agree

Thank you for your willingness to participate in this study

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