

A STUDY ON FOOD TABOOS THAT PREVAILS AMONG THE TRIBAL WOMEN WITHIN AIZAWL DISTRICT, MIZORAM, INDIA.

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Abstract: Study on Food taboos is very crucial in providing correct information to individual attitude towards certain food. The common beliefs, traditional customs, myths, practices related to health and disease in turn influence the health seeking behavior of autochthonous people (Balgir, 2004). Throughout Mizoram, different plants are utilized for local medical practices. The research focus on women as they are a key component in food management of tribal family. In the study, a random sampling method was adopted to select 200 women in the age group of 25 to 55 years (100 women from urban and 100 women from rural) in Aizawl district, Mizoram. Questionnaire pertaining to assess food taboos was design. From the study, it was observe that more than one third of the respondents believed in the taboos related to consumption of certain non-vegetarian food, juices, green leafy vegetables and certain other vegetables. Majority of the respondents agree that ground crab and banana flower is good for jaundice (63%) and Sarzuk(silverberry) leaves are good for relieving pain during menstrual period (78%). Factors such as Place of stay($p=0.000$), occupation ($p=0.000$), income ($p=0.000$) and marital status ($p=0.036$) show a significant influence on the food taboos.

Keywords: Taboos, Women, Food, Vegetables, Rural, Urban, Tribal.

I. INTRODUCTION

The health status of any community is influenced by the interplay of health consciousness of the people, socio-cultural, demographic, economic, educational and political factors. The common beliefs, traditional customs, myths, practices related to health and disease in turn influence the health seeking behaviour of autochthonous people (Balgir, 2004). The lifestyle of the people of the state of Mizoram, especially their extensive consumption of tobacco coupled with consumption of smoked meat and vegetables resulted in the high incidence of cancer. Currently, Mizoram tops all the states of India in consumption of tobacco, according to the National Health Survey-III (2005 and 2006).

The link between food and identity is supported by the assertion that “the sentiments of belonging via food do not include only the act of classification and consumption: but also the preparation, the organization, the taboos, location, symbols, form”. Identity is constructed and affected by a multitude of significations surrounding food practices.

Many plants are considered to have medicinal values by local tribes and many plant parts are taken for certain illness and health problems. Lalfakzuala et al. (2007), states that in Mizoram, Sumbul (wild ginger) raw plant is taken as a remedy of tonsillitis. Thingthupui leaves and bud decoction are good for curing diarrhea and dysentery. Aieng (turmeric), the rhizome juice is used as antiseptic. Decoction of tea leaves is used as astringent, stimulant and diuretic. Sarzuk (silverberry) root decoction is good for expelling placenta. Other practices and beliefs related to food also persist.

The tribal women, constitute like any other social group, about half of the total population. However, the health of tribal women is more important because tribal women work harder and family economy and management depends on them. There is a need for proper study of different group of women perception towards various traditional food, practice on self-prescription of medicinal plants and ethnology existing within different community. The study attempt to study the traditions, customs, beliefs and taboos related to food that prevails among the women of Mizoram.

II. METHODOLOGY

Those permanently settled in Mizoram and who belong only to Mizo society were selected for the study. It include women residing in urban (Aizawl city) and rural women (Darlawn and Sawleng Village) of Aizawl district in Mizoram. A random sampling method was adopted to select 200 women in the age group of 25 to 55 years (100 women from urban and 100 women from rural) in Aizawl district, Mizoram. Women only in the age group of 25 to 55 years were selected for the study. The study sample compose of only willing participants.

A questionnaire was developed and used to elicit information from women of Mizoram. The data collected were analyzed using Statistical Package for Social Sciences (SPSS version 13).

IV. RESULT

Table.1 Percentage distribution of respondents based on food taboos towards other vegetables.

Sl. No	Taboos	Strongly agree		Agree		Don't know		Disagree		Strongly disagree	
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
1	Boiled sumbul root is very good for hypertension.	0	0	40	68	35	22	25	10	0	0
2	Ash gourd is good for curing severe diarrhoea.	0	0	60	67	40	33	0	0	0	0
3	Egg and fermented soyabeans consumed together in a meal can lead to food toxicity.	0	0	0	56	36	25	64	19	0	0
4	Sticky rice should not be consumed during last trimester of pregnancy.	0	0	25	83	43	49	32	43	0	0
5	Twisted cluster beans should not be consumed during last trimester of pregnancy.	0	0	39	47	50	53	11	0	0	0
6	Archangkawm(Broken bones tree) is good to cure hepatitis.	0	0	47	77	50	23	3	0	0	0
7	Sarzuk is good for easy labour at child birth.	0	0	44	34	43	66	33	0	0	0
8	Jack fruit should be avoided during pregnancy.	0	0	74	42	44	46	44	12	0	0

Majority of the rural (68%) and urban (40%) respondents agreed that boiled Sumbul root is very good for hypertension. Major percentage of urban (60) and rural (67) agreed that Ash gourd is good for curing severe diarrhoea. 56% of the rural respondents agreed that Egg and fermented soyabean consumed together in a meal can lead to food toxicity. 53% of rural respondents did not know whether twisted cluster beans should not be consumed during last trimester of pregnancy, seventy seven per cent of rural respondent agreed that Archangkawm is good to cure hepatitis. Majority of rural (66%) respondents agreed that Sarzuk is good for easy labour at child birth.

The influence of place of stay on food taboos was analyzed using One Way Analysis of Variance (ANOVA) and the findings showed that place of stay has significantly influenced the food taboos ($F = 108.868$, $P = 0.000$) at 1 % level. From the mean score it is evident that there are more food taboos and beliefs prevailed among rural group than the urban group, as the mean score for the rural respondents (mean score = 62.55) is lesser than that of the urban (mean score = 67.00) respondents.

Table.2 Influence of marital status on food taboos

Variable	Marital status	N (200)	Mean	Std. Deviation	F-value	P-value
Taboo	Single	31	63.96	2.67	3.378	0.036
	Married	162	65.05	3.87		
	Widowed	7	61.85	3.18		

The influence of marital status on food taboos was analyzed using ANOVA and the findings showed that marital status has a significant influence on the food taboos ($F = 3.378$, $P = 0.036$) at 5% level

Table.3 Influence of occupation on food taboo

Variable	Occupation	N (200)	Mean	Std. Deviation	F-value	P-value
Taboo	Housewife	42	65.38	3.85	14.62	0.000
	Unskilled	80	63.16	3.60		
	Skilled	78	66.10	3.21		

The results show a significant difference on the influence of occupation on food taboos ($F = 14.62$, $P = 0.000$) at 1% level. From the mean score, it is evident that the respondents involved in skilled work has lesser food taboos (mean score = 66.10) compared to those respondents who were in unskilled (mean score = 63.16) jobs and homemakers who are not gainfully employed (mean score = 65.38).

Table.4 Influence of income on food taboos

Variable	Income in Rupees	N (200)	Mean	Std. Deviation	F - value	P - value
Taboo	2001 to 5000	4	63.75	0.50	20.870	0.000
	5001 to 10000	94	63.15	3.75		
	More than 10000	102	66.30	3.13		

The mean score shows that the respondents who were earning a higher income of more than rupees 10,000 per month had lesser food taboos than others who earned lesser income ($F = 20.870$, $P = 0.000$).

IV. DISCUSSION

It was observe that more than one third of the respondents believed in the taboos related to consumption of certain non-vegetarian food, juices, green leafy vegetables and certain other vegetables. Majority of the respondents agree that ground crab and banana flower is good for jaundice (63%) and Sarzuk leaves are good for relieving pain during menstrual period (78%). Factors such as place of stay($p=0.000$), occupation (0.000), income($p.0.000$) and Marital status(0.036) show a significant influence on the food taboos.

The level of food taboo with an income less than 5000 rupees per month show minimal difference with income ranging between 5000-10000 rupees per month. From the study it is evident that food taboos still prevail among the rural and urban women in spite of high literacy level. However, the study conclude that literacy play an important role because the lesser food taboos the higher skilled individual.

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