

## A Qualitative Exploration of Food Taboos among Lactating Women and Common Reasons for Adherence in Pastoralist Community of Afar, Eastern Ethiopia

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**Background:** Women are especially prone to food taboos during the various stages of reproductive cycle, such as menstruation, pregnancy, childbirth, and lactation. In pastoralist communities, which face frequent food insecurity and poor access to health care, restricting food intake of lactating women could pose a considerable risk of malnutrition for both women and newborns due to the high energy demands of milk production. Nonetheless, evidence germane to the issues faced by pastoral communities is scarce. Therefore, the current study aimed to explore food taboos among lactating women and reasons for adherence in the Afar pastoralist community of Ethiopia.

**Methods:** An exploratory qualitative study was conducted from March 01 to 29, 2016. Four focus group discussions and eight in-depth interviews were conducted using semi-structured guides, considering information saturation in determining the number of purposively selected participants. Informed written consent was obtained after assuring confidentiality. Verbatim transcriptions of audio recordings were coded and analyzed inductively using Atlas.ti Version 7. Inter-coder reliability, probe, data triangulation, peer debriefing, and bracketing were applied to assure trustworthiness of the data.

**Results:** Taboos on cold foods and beverages, solid foods such as locally prepared breads, and foods prepared outside the home were reported, applicable to lactating mothers during the first 45 days after delivery (approximately 6 weeks). According to this study, food taboos are strictly followed in order to prevent gastrointestinal illness (indigestion, bloating, diarrheal disease) for the woman and child. The taboos are cultural, rather than religious, in origin and mainly propagated by female elders.

**Conclusions and recommendations:** In combination with the disadvantaged status of women and generally poor nutrition in the Afar community, food taboos targeting nutritionally rich and accessible food items may put lactating mothers and their newborn babies at risk. However, the food taboos described in this study appear to have originated from generations of observing diarrheal disease transmission and are in fact intended to protect the woman and infant. We recommend working with female elders and using context-specific behavior change communication to improve the community's understanding of food sanitation and nutrition, as well as to challenge cultural bases for adherence to food taboos.

**Key words:** Food taboo, nutrition, lactating women, child health, pastoralist, Afar, Ethiopia