

THE INFLUENCE OF TABOO FOOD CULTURE ON NUTRITION OF PREGNANT WOMEN IN THE KONJO COMMUNITY IN BULUKUMBA DISTRICT

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ABSTRACT

Many cultures are believed to be irrational and hereditary to control themselves and their families to avoid danger. For this reason, abstinence, prohibition, or taboo is made which is nothing but a moral attitude to protect oneself from bad things that might happen. Objective: To determine the effect of taboo food culture on the nutritional status of pregnant women in the community in Bulukumba Regency. Methods: This study uses quantitative research, sampling techniques, and probability sampling techniques with a total sample of 60 respondents. Research results: Based on the results of the chi-square test, the p-value is $0.002 < 0.005$ that there is a relationship between taboo food culture and the nutritional status of pregnant women in accordance with the hypothesis, H_a can be accepted. Conclusion: Based on the results of research conducted in the Working Area of Puskesmas Batang, Kajang, Herlang Bulukumba Regency on 60 respondents it can be concluded that there is an influence of taboo food culture on the nutritional status of pregnant women in the Konjo community in Bulukumba Regency.

Keywords: culture; konjo community; nutrition, pregnant women; taboo food

INTRODUCTION

Indonesia Solid describes Indonesia's future state, especially the region, nation, and state characterized by its population, who live in a climate that promotes a healthy lifestyle, can organize quality welfare fairly and equitably, and achieve the highest level of welfare in Indonesia. The territory of the Unitary State of the Republic of Indonesia (NKRI). A strong, independent, and equitable society is the vision of the Ministry of Health from 2017 to 2020 (Ministry of Health, 2020). The World Health Organization (WHO) reported in 2015 a maternal mortality rate of 216 per 100,000 live births. According to information from the Indonesian Ministry of Health, the number of pregnant women was estimated at 35.20 percent in 2016, 37.36 percent in 2017, and 38.36 percent in 2018. Women were evaluated (17.3 percent). There were 4,125 pregnant women in Indonesia, according to the 2016 SDKI report. The number of pregnant women in Indonesia is estimated to reach 5,112,269 in 2017-250 per year. Meanwhile, the number of pregnant women in Indonesia per year reached 6,345,000 in 2018 (Indonesia Basic Health Survey 2019).

The average number of pregnant women (78.7%) was found in the South Sulawesi Provincial Health Office profile in 2016. The number of pregnant women in 2017 was (70.93%). According to welfare data, the number of pregnant women in South Sulawesi Province in 2016 was 151,450. The number of mothers giving birth to children in 2017 was 179,468 per year. In contrast, the number of pregnant women per year reached 180,570 in 2018 (Dinas Kesehatan Provinsi Sulawesi Selatan, 2019). In 2016, according to information, 15,200 pregnant women visited the Bone District Health Office. According to Mustar M., in 2020, there were 15,113 visits by pregnant women in 2017 and 14,911 visits by pregnant women in 2018. Judging from the profile of the Bulukumba District Health Office in 2014, the information of pregnant women visits was 7,774 individuals

(102.7%), while the number of pregnant women was 6,437 individuals (89.1%). Given this information, where local wellbeing is fundamentally crucial in the improvement of worldwide and community wellbeing, especially for maternal wellbeing, this should be visible from various strategies around the world, particularly maternal medical issues, which are still a reasonable improvement goal as stated in the Sustainable Development Goals (SDGs). (Bulukumba District Health Office Profile, 2021)

According to World Health Organization data, SEZ affects 35-75% of pregnant women worldwide. A key indicator of general wellbeing is maternal mortality. According to WHO data in 2018, the mortality rate in developing countries increased from 5-10 per 100,000 live births to 750-1,000 per 100,000 live births (Winkjosastro, 2018). Women of childbearing age (WUS) who suffer from Chronic Energy Deficiency (CHD), especially those whose upper arm is less than 23.5 cm, experience hunger more often. According to Basic Health Research, the incidence of SEZ among women of childbearing age aged 15 - 49 years has a risk of 24.8% (Riskesdas, 2018). The nutritional status of pregnant women is an indicator of the health status of a community. Malnutrition is a cause of chronic energy deficiency (CED). SEZ affects women of childbearing age (WUS), especially those with arm circumferences less than 23.5 cm. The 2013 Basic Health Research (Riskesdas) found that 24.2% of adult women of childbearing age between the ages of 15 and 49 years had IBD, and 20.8% were underweight. In 2018, the prevalence of IBD dropped to 14.5% in non-pregnant women and 17.3% in adult pregnant women (National CEC = 31.8%).

According to the 2017 Nutritional Status Monitoring (NMSM) findings, adult women aged 15 to 19 years had the highest association of SEZ across all age ranges, with 33.5% of pregnant women and 36.3% of non-pregnant women being related. The distribution of SEZ among pregnant women is 16.87%, and non-pregnant women is 17.72%, which places it above the normal population of 34.59% in the South Sulawesi region. Conversely, the prevalence of SEZ among non-pregnant women in Bulukumba Regency is still higher than the general rate of 17.46 percent. Welfare Research and Development Agency, 2018). The persistent energy deficiency that occurs in women of childbearing age is a result of backhanded factors, such as weather and direct factors from individuals supported by the use of supplements on a case-by-case basis, supplements stored in the body are utilized to overcome problems. If the current situation continues indefinitely, the stored supplements are used as a source of energy and will be depleted so that it will cause a decrease in the tissues in the body (Afriansyah, A, 2018).

However, this absence of information about pregnant women can be considered in various issues about food prohibition/restraint or actions (patient behavior). Fauzia's exploration of pregnancy legends found that information comes from two parts, first from today's wellbeing as meetings or proposals from specialists and labor assistants. Meanwhile, conventional information is believing in different limitations and suggestions during pregnancy. This is influenced by the growing information and data from the society at large that is coming in step by step. However, conventional information is partially abandoned by the local environment because there is a comfortable connection in the local social environment, so the tendencies covering the local home will affect their mentality and behavior. (Pasaribu, et al, 2018) Indonesian women's unique experiences with untouched food cannot be separated from the strong cultural focus on men. This study uses narrative accounts to show that women are more likely than men to be given the power to frame,

modify, and manipulate food in social settings. It also shows how some dietary restrictions are enforced, which differs from health education.

Women, especially those who are pregnant or breastfeeding, may not consume the types of high-protein foods necessary for their health. Women suffering from food deficiencies that could jeopardize their health result from the initial approach of restricting food intake. Government support and education disrupts women's awareness of the urgency of the situation. According to Saptandari (2012), many things are related to the use of beliefs, prohibitions, delusions, and embargoes that prevent people from utilizing the food available to them in food, nutrition, and welfare studies. Many cultures are believed to be irrational and hereditary to control themselves and their families to avoid danger. For this reason, abstinence, prohibition, or taboos are made, which is nothing but a moral attitude to protect oneself from bad things that might happen. Food restrictions are related to the need to share food assets. Truly influencing such tendencies or mentalities is not difficult, given that these perspectives have been ingrained since adolescence. Many legends are not worth accepting because they do not make sense, but many of them are plausible and learned. The belief in the presence of an outside force controlling life caused as many people as could be expected to know how to control themselves and their families to stay away from harm. Thus, bans, prohibitions, or restrictions were made, which were simply ethical dispositions to guard themselves against bad things that might happen (Kartikowati, 2014).

According to Humaeni (2015), it is easier for women to believe in the rejection of modesty, not entirely in that mindset, but instead in the understanding contained in the statements of the guardians, especially mothers. From youth, adolescence, adulthood, pregnancy, childbirth and breastfeeding, women are always forced by obstacles. Among the periods of life, pregnant women are the most restless and have restrictions, as this is related to the condition of the undeveloped organism in the body. One of the food taboos that often feature in Indonesian culture today is dietary restrictions, especially the prohibition of eating certain types of food due to the lack of risk or taboos for people who eat them. In this danger, a great and heavenly power may have the choice to fight against those who ignore it (Susanto, 2019). Based on medical record information obtained at the Kajang Health Center, Bulukumba Regency, where the number of pregnant women increased from 315 in 2020 decreased to 310 recalled until September 2021. The number of pregnant women facing SEZ in 2022 and above was as many as 101 people and decreased in September 2023 to as many as 101 people, 84 people. (Puskesmas Kajang 2023)

Based on medical record information obtained at Puskesmas Herlang, Bulukumba Regency, the number of pregnant women who rose from 283 every year in 2020 has decreased to 228 since September 2021. With the number of pregnant women facing SEZ in September. 2021 and above from 36 individuals. (Herbal Health Center 2021). Based on medical record information obtained at Puskesmas Batang, Bulukumba Regency, the number of pregnant women increased from 197 in 2022 to 156 in 2023. The number of pregnant women facing SEZ increased from 30 in 2022 and decreased by 21 people in 2023 (Puskesmas Batang, 2023). Based on information obtained by the Village Midwife of Puskesmas Batang Bulukumba Regency, the community still believes in food taboos during pregnancy, one of which is the prohibition of consuming meat because the child is afraid of excess fat and affects the delivery process, squid - stingray squid, and tight fruit such as bananas because it is feared that the child born can experience conjoined twins. Based on the description above, this study was conducted to determine the effect of taboo food culture on the nutritional status of pregnant women in the community in Bulukumba Regency.

METHOD

This type of research uses quantitative research, which examines social phenomena from the participants' perspective. The population in this study were all pregnant women of Konjo community in Batang, Kajang and Herlang Health Center Working Areas with a total population of 437 people. This research sample consists of pregnant women of the Konjo community who obey the taboo in the working areas of Batang, Kajang, and Herlang health centers. The sample was obtained by probability sampling as many as 60 people from the population.

RESULTS AND DISCUSSION

Table 1.

Characteristics based on age of respondents

Age	f	%
Risk (<20, >35)	13	21,67
Not at risk	47	78,33

The average age of the study respondents was 22-30 (78.33%), with the youngest respondent being 18 and the oldest being 37 (21.67%).

Table 2.

Characteristics based on Respondents' Upper Arm Circumference Size (LILA)

LILA	f	%
LILA <23.5	27	45
LILA >23.5	33	55

Table 2 shows the size of LILA <23.5 respondents were 27 respondents, and >23.5 were 33 respondents.

Table 3.

Frequency distribution of respondents based on the relationship of taboo food culture with the nutritional status of pregnant women in Bulukumba Regency

Taboo Eating Culture	f	%	Nutrition Status	f	%	P - Value
Compliant	60	100	Good	31	51,7	0,002
Non-compliant	0	0	Less	29	48,3	

The table above shows that the Konjo community's taboo food culture is 100% practicing the culture and the nutritional status is less as many as 29 (48.3%) respondents and 31 (51.7%) respondents have good nutritional status. *Chi-square test* was conducted to determine how much the relationship between taboo food culture and nutritional status obtained a p-value of 0.002, smaller than 0.05 ($0.002 < 0.05$), so H_a is accepted, which states that there is a relationship between taboo food culture and nutritional status. Indonesian society is inseparable from practices or customs passed down from generation to generation and developed into habits. One of them is the almost universal prohibition of certain foods for pregnant women. The study's results show that cultural taboos have a significant relationship with nutritional status. Pregnant women who abstain from food will negatively impact the nutritional intake of the mother and fetus and their ability to prepare for birth.

In some cultures, abstaining from food actually reduces a person's intake of essential nutrients, which can lead to health problems such as chronic energy deficiency (CED) and anemia in pregnant women. Lack of nutrients, especially protein, can also lead to malnutrition which can cause

complications such as bleeding, blood deficiency, underweight pregnant women, and poor labor. SEZ which in turn causes the mother's body to be less prepared for labor, making it more difficult and requiring the mother to walk for a long time. In fact, it has the potential to increase the maternal mortality rate (MMR) and the risk of premature birth in some circumstances. Interviews with Konjo pregnant women, especially in the working area of Puskesmas Batang, Kajang, and Herlang of Bulukumba Regency revealed that they still hold culinary taboos for pregnant women. Before there were culinary taboos, some pregnant women would experience bleeding while still in the womb, and when their babies were born, they were unhealthy and had a very slow growth rate compared to other children their age. So that they no longer eat the foods they used to eat when they were pregnant and there are no more similar incidents because of the culinary taboos.

They believe this perception is the basis of the taboos still followed from generation to generation. Beliefs and information passed down through generations about the existence of culinary practices or perceptions in this environment, as well as the social, cultural, and environmental factors of the community. As a result, pregnant women are prohibited from eating squid, stingrays, octopus, shrimp, crab, jackfruit, pineapple, and other seafood. Because they are considered taboo foods, pregnant women are afraid to eat them for fear of being punished or threatened if they do. Because of parental encouragement or motivation, pregnant women cannot eat certain foods, even though the nutritional content of these dishes is beneficial for normal-body pregnant women and poor labor.

CONCLUSION

Based on the results of research conducted in the Batang, Kajang, Herlang Health Center working area of 60 respondents with the research title of the relationship between taboo food culture and the nutritional status of pregnant women in the Konjo community in Bulukumba Regency, it can be concluded that the taboo food culture of the Konjo community is still thick in the region and there is a relationship with nutritional status according to the chi-square test conducted using SPSS with a p-value of 0.002, so there is a relationship between taboo food culture and nutritional status in pregnant women in the Konjo community in Bulukumba Regency.

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