

## **BELIEFS REGARDING DIET DURING CHILDHOOD DIARRHEA IN LANGMEIDONG VILLAGE, MANIPUR**

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*With due diverse cultural and social environments set up, different communities have different understandings and perceptions about diseases and illnesses. In order to facilitate successful medical intervention, it is imperative to understand the common health concerns people have, their perception of the causes and the methods employed by them in terms of treatment/cure and prevention. Among the many ailments that plague the human population globally, diarrhea remains one of the most common forms of illness, especially among children. The study was made to bring out indigenous understanding and perceptions on feeding practices during childhood diarrhea that have shaped from their local and socio-cultural set-up. General illiteracy, superstitions, and a lack of information about proper dietary practices are major problems in India. Mothers, sometimes, with their local understanding and perceptions restrict the provision of food to their children during illness. To a medical anthropologist, integrating the belief system within a community with modern medical knowledge paves the path for evolving successful health care facilities. Intensive field based study was carried out in the village Langmeidong, Manipur in order to explore and understand the health care behavior of primary care givers, in this case the mothers and grandmothers. The study found that instead of providing more nutrition during diarrhea to meet children's increased nutritional demand, mothers restrict food. Such beliefs are deeply rooted and can only be changed with vigorous health education. Nutritional education must therefore be imparted to mothers of children with common ailments.*

**Keywords:** *Beliefs, Childhood Diarrhea, Diet, Manipur*

### **INTRODUCTION**

Diarrhea is the second leading cause of death among children under five globally. Nearly one in five child deaths, about 1.5 million each year, is due to diarrhea (WHO/UNICEF, 2009). Childhood diarrhea accounts for four to five million deaths annually, and in many areas is one of the most common causes of death in young children. It accounts for 20 percent of all the deaths in India (MHFW, 2011).

Anthropologists and other social scientists have investigated beliefs and practices associated with diarrheal diseases (mainly among children) and ORT, dietary management, breastfeeding and other pertinent issues. The insights,

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knowledge and belief systems from the community's own viewpoint, derived from a small number of carefully selected community members are very useful to programs attempting to change human behavior. (Haroun *et al.*, 2010). Beliefs regarding food restrictions during illnesses were widespread amongst both the educated and uneducated respondents. Such beliefs play a very significant role on the nutrition status, because these restrictions, if severely imposed, compromise the nutritional status of the patient, already at risk from poor appetite, enhanced needs or increased losses from the gastro-intestinal tract (Niloufer Sultan Ali *et al.* 2003). The present study tried to identify the respondents' indigenous and explanatory understanding regarding food restrictions and food preferred during the most common childhood illness, diarrhea. Such studies resulting out of communities' beliefs and attitudes might help in evolving a culturally relevant educational program, which might help to increase the consumption of nutritionally adequate foods during illnesses.

#### **MATERIAL AND METHODS**

The present study is based on information collected during the period of intensive fieldwork in Langmeidong village, Thoubal district, Manipur. The anthropological methods of observation and in-depth interviews with key informants including mothers and grandmothers living in the field site were utilized.

The focus of the study was on the health care behavior of mothers and grandmothers as primary care takers. In each household, mothers were interviewed regarding the special foods taken and avoided during diarrhea in under-five children. In-depth interview of 58 respondents who were caretakers of the children from the study area were the main sources of the present study. According to the State Health Management Information System (2009-10), diarrhea and dehydration rank top most common diseases among the children under five years of age. Thoubal district shows the highest number of diarrhea cases among children less than five years of age in Manipur.

#### **RESULTS**

In the world of cosmopolitan medicine, public health and epidemiology, a child who suffers from diarrhea and loses weight can quickly become malnourished, and therefore needs all the food and fluid he or she can take, since food can help control the diarrhea and help the child recover quickly. However people attribute certain explanatory models to illness as they try to explain it with special reference to the underlying systems of beliefs in different cultures (Weiss, 1988, Joshi, 2004). The present study tried to bring out

indigenous and explanatory understanding on feeding during childhood diarrhea.

This study confirms that diarrhea is a common and serious health problem in this area specifically among children under five. A total of 58 female respondents with age range from 22–75 years were interviewed. All of them were married and lived in joint families. A majority of the respondents (50%) were literate and amongst them almost 30% were educated above intermediate level, 23% were educated up to the primary level and 7% were illiterate. Occupation-wise, 48% of mothers were engaged in agriculture, 34% stayed at home, 12% were self employed (including embroidery and weaving) and 6% were govt. employees.

The study revealed that most of the rural mothers (92%) expressed that they maintained restricted diet during diarrheal episode. They stated that during diarrheal episode, food intake should be maintained and restricted to small quantity and to some specified or particular foods which they perceived to be light and easily digestible. Only 8% of the respondents expressed that they maintained normal diet.

The major sources of information about restriction of various foods during different illnesses were relatives including mother, grand-mother, and mother-in-law. They restrict diet because they perceived diarrhea among children is caused by indigestion and during diarrhea children have poor appetite, children show signs of being unable to digest normal food, digestive system was weak/disordered, normal quantities of food were too much for a weak digestive system, and normal quantities would aggravate loose motions. Table 1 Provides Information Regarding the Major Food Items Restricted by the Respondents during Childhood Diarrhea.

**Table 1**

<i>Restricted food</i>	<i>Number (in %)</i>
Spicy and oily food	50 (86%)
Fermented foods ( <i>hawaijar, bamboo shoot</i> )	46 (79%)
Meats	43 (74%)
All varieties of fruits (mainly restricted to sour fruits) and juices	44 (76%)
Milk	40 (69%)
Milk tea	40 (69%)
Curd	40 (69%)
Eggs	29 (50%)
Fish (curry and fried)	18 (31%)
Fresh green vegetables	10 (17%)
All varieties of dhal	6 (10%)

*Note:* Total percentage exceeds 100%, because of multiple responses.

During childhood diarrheal episode, foods items including spicy and oily foods (86%), meat (74%), fermented foods (*hawaijar*, *bamboo shoot*) 79%, fruits (76%), milk (69%), fishes (31%), eggs (50%), green vegetables (17%), dhal (10%) etc were perceived as harmful and were restricted. When asked why foods were considered to be avoided during the diarrheal episode, the answer varied according to the mothers' perception of the foods. They categorized those foods as harmful during attacks of loose motions for their inherent properties. A large percentage of the respondents perceived those restricted foods as having laxative properties, causing stomach trouble, generating body heat, difficult to digest, and potential stomach irritants.

It is revealed that change of diet was maintained during the attack of diarrhea. 92% of the respondents preferred some particular food items which they perceived to be easily digestible. They preferred to eat mainly simple foods prepared without oil and spices during a diarrheal episode. Table 2 Preferred Food Items During Childhood Diarrhea in Langmeidong Village, Manipur.

**Table 2**

<i>Preferred food</i>	<i>Number (in %)</i>
Simple boiled food ( <i>Chamfut</i> )	53 (91%)
Softly boiled rice	26 (44%)
Red tea	23 (40%)
Bread	23 (40%)
Dried fishes	13 (22%)
Sugar-salt solution	11 (19%)
Gruel ( <i>chapon</i> )	8 (14%)
Banana	10 (17%)
Potatoes	6 (10%)
Sweet potatoes	4 (7%)

*Note:* Total percentage exceeds 100%, because of multiple responses.

91% preferred to feed the children *chumfut* which was prepared by boiling water mainly with cucumber, cabbage, bottle gourd etc. Soft rice (44%), red tea (40%), breads (40%) dried fishes (22%), sugar-salt solution (19%), gruel (14%), and potatoes (10%) are preferred as they are described as easily digestible foods to feed children during diarrhea.

## DISCUSSION

The aim of this study was to determine the community beliefs and understanding that have been formed from their cultural and social surroundings toward diet practices during childhood diarrheal episodes.

Despite the biomedical context, understanding behavioral attitudes such as how and why people act and perceive the way they do, will help in successful intervention. Thus learning about community perception and understanding about the disease becomes vital for any program directed towards combating childhood diarrhea. Information about diet during illnesses showed that many caregivers followed faulty dietary practices, which is the highlight of the study. The study revealed that during diarrheal episode, restriction of food items and lowering the normal diet are practiced by most of the mothers. These findings were similar to several studies like the work of Bentley *et al.* in Peru and Negeria (1988), Kapil U *et al.* (1990), Gupta S *et al.* (1983), Kapoor P. *et al* (1993), Lozoff B *et al.* (1975) and Malahanabis, (1983). It was also revealed that there is a shift in diet towards foods that mothers consider light foods, away from foods they consider heavy. Bentley's (1988) study in North India showed a clear shifting of diet during the diarrheal illness, from harmful foods to helpful foods as perceived by mothers.

With diverse environments, different communities have their own understanding regarding diseases and act accordingly with their indigenous understanding. The study revealed during diarrheal episode, most of the respondents avoided milk products and pulses, however the study of Kapoor and Rajput(1993) observed in Rewa that pulses and cow's milk were also given frequently during diarrhea. Again in the study of Bentley (1988) in North India curd and yoghurt were perceived as helpful food. Bread was perceived as preferred food in the present study by the mothers, contrary to the studies of Bentley (1988) and Niloufer Sultan Ali *et al* (2003) in Pakistan found that bread and *roti* were believed to be harmful food during a diarrhea episode.

This study shows that mothers in rural areas are very particular about their indigenous and explanatory beliefs and practices which were influenced by their local setup. It can be concluded that while planning a nutritional and health education program, such indigenous beliefs regarding accepted and restricted foods in the particular area should be given due consideration.

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