

# Exploring the food taboo among fisherman families in Bulukumba District, South Sulawesi Province, Indonesia

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## Abstract

**Background:** Food taboo is one of the social phenomena that can influence people's health status, including women in fisherman families. Some types of food categorized as taboo may contain high nutrients. Food taboo practices still occur because people are afraid that bad things will happen if they ignore them.

**Objective:** This study aimed to explore the food taboo among pregnant, breastfeeding, and adult women in Bira Village, Bulukumba District, South Sulawesi Province, Indonesia.

**Methods:** This study employed a phenomenological design. Eight participants were selected using the purposive sampling method. Data were collected in 2022 using semi-structured interviews and were analyzed using summative content analysis using NVivo software.

**Results:** Several types of food were categorized as taboo, such as Lela fish, moringa fruit, pineapple, stingray, moringa leaf, squid, and mango. Most participants agreed that they just follow what the older people suggest, which might not make sense since all those foods contain many nutritional ingredients.

**Conclusion:** The study findings serve as an input for public health professionals and other related stakeholders to address this cultural issue and provide understanding to the community not to avoid taboo food, which is essentially beneficial for their health.

Keywords: food taboo; women; fisherman; Indonesia; cultural belief; practice

## Background

Maternal deaths in some parts of Indonesia remain high. Strong cultural beliefs and practices in a multiethnic country like Indonesia may constitute risk factors regarding maternal health. Cultural and religious beliefs and practices include food restrictions that comprise inescapable causes of anemia (Gross, 2009). Some kinds of food are

forbidden to eat in terms of beliefs, like eggs, snails, and beans, even though these foods are rich sources of high-quality protein. The food or drink that should not eat or need to be forbidden limits people's dietary intake, which may result in poor nutrient outcomes (Mohammed et al., 2019).

Additionally, beliefs to avoid other kinds of animal protein sources have been identified as stemming

from cultural and religious beliefs (Dwumfour-Asare & Kwapong, 2013). The marine sector is one sector that decreases the intake of nutrient food because of the food taboo practice. For instance, the fisherman's family avoids some type of fish to prevent bad things come to the family.

Some region of Indonesia mostly consists of the least developed provinces, which still need more attention from the central government. The development has been planned to be implemented quickly in marginal and border areas to increase new growth (Indonesia Development Forum, 2018). In Indonesia, poverty is most severe in the remote eastern islands (Rumkel, 2015). One report from the Ministry of National Development Planning/National Development Planning Agency described that poverty levels were still high in most provinces in Eastern Indonesia. Many cases of lowered quality of health related to women of reproductive age have existed in Eastern Indonesia. The low health status remains high in the area that occurs the custom and culture, and also the role of access to community health care involves only 4 km in Java and Bali Islands, while it reaches 32 km in Papua (World Bank, 2007). Furthermore, this condition worsens due to a lack of access to health services, technology, and natural resources.

In 2015, the Indonesian Central Bureau of Statistics presented the island's maternal mortality rates (per 100,000 live births). Sumatra was 344, Java-Bali was 247, Kalimantan 466, Sulawesi 282, Nusa Tenggara-Maluku and Papua were 489 and the national rate was 305 (Badan Pusat Statistik Republik Indonesia, 2015). Additionally, access to health services in Eastern Indonesia remains low, as revealed by the percentage of professional birth attendants who helped deliver in 2016. Indonesia comprises a complex ethnographic and linguistic area characterized by traditional and cultural divisions (Asvi Warman Adam, 2019). The eastern islands showcase a high diversity, as evidenced by several distinct ethnic groups having strong social and cultural beliefs. Related to socio-cultural practices in Eastern Indonesia, the causes of anemia are multifactorial, including environmental, sociologic, and economic parameters (Righetti, 2014). In 2013, the five provinces with the smallest percentage of skilled birth attendants who help with delivery were Eastern Indonesia (Kementerian Kesehatan Republik Indonesia, 2015).

Some cultural practices in this society may affect the prevalence of anemia among reproductive-aged women. Ethnographic research conducted by the Ministry of Health in the Muyu ethnic population in a remote area of Papua revealed that cultural beliefs and practices had exposed women to harmful conditions (Laksono et al., 2014). The Research and Development Agency of the Ministry of Health Indonesia researched 12 ethnic groups, revealing that women's health is a major concern because they believe in mysticism. Therefore, pregnant women must avoid some kind of food to prevent the influence of evil spirits. This study aimed to explore the food/drinks that are healthy and taboo, the reason behind them, and the perception between Dayak and Melayu ethnic groups compared to the ANC (Antenatal Care) guideline. The objective of this study is to explore the specific food/drinks that are taboo, the reason behind them, and the perception among fisherman's families in Bira Village, Bonto Bahari sub-district, Bulukumba District, South Sulawesi Province, Indonesia.

## Methods

### Study Design

This qualitative study used phenomenology as the research design. In phenomenology, all the meaning of the study, including all the parts during the data collection, is valuable and essential. This study used descriptive phenomenology representing participants' truth to describe their world (Koch, 1995). This study focus on the understanding of lived experiences of the participants regarding the food taboo (Romney et al., 2020). In detail, Heideggerian phenomenology was used in this study (Koch, 1995; Richardson, 1974). That theory was used because this study aimed to understand the history of food taboos among fisherman families.

### Setting

This study was done in the Bira Village, Bonto Bahari sub-district, Bulukumba District, South Sulawesi Province, on 4 March 2022. The Kajang and Konjo ethnic groups predominantly live in Bulukumba. However, the Konjo people are the majority ethnic group living in Bira Village.

### Participants

The study employs eight individual semi-structured interviews with open-ended questions to answer the research questions. The participants were three

pregnant women, three breastfeeding women, and two adult women. All of them were relatives of fishermen. The participants were selected based on purposive sampling with inclusion and exclusion criteria. The inclusion criteria were the participants who lived in Bira Village, while the exclusion criteria were those who refused during the interview. A total of eight participants have met the saturation point, which is the condition when there is no additional information from the participants. They tend to report and inform the same information.

### Data Collection

The in-depth interview was chosen to meet the research objectives because informants can share their experiences during pregnancy and breastfeeding periods without any interruption from other household members. Informants also can talk freely and have no intervention. The interview questions consist of open-ended questions. The interview guide is enclosed in the application. The interview questions include participants' perceptions of food and drinks those pregnant and breastfeeding women are not supposed to eat and encourage them to eat and their reasons.

### Data Analysis

Data were analyzed using summative content analysis (Creswell & Poth, 2016). The analysis counts the frequency of key points mentioned by the participants. The collected data include age, sex, ethnic group, religion, educational level, occupation, parity (for pregnant and breastfeeding women), and specific foods and drinks that are prohibited. Identification numbers were assigned to all the interview participants, and all identifiable information (e.g., personal names and contact information) were removed from the interview records. The audio files of the interviews were transcribed verbatim and translated into English. The interview transcripts were analyzed by themes derived from the data and

compared to participants' characteristics. The analysis of this data were done using NVivo 1.0.

### Trustworthiness

Triangulation has been done to ensure trustworthiness. The triangulation consists of an in-depth interview, observation, and document review. The in-depth interview was to understand the food taboo practices, which include the type of food or drink and the reason behind it. The observation was aimed to confirm and strengthen the information, which consists of observation of the physical environment around the village and house of participants. The document review consists of examining the journal with a similar topic conducted in the neighboring village, scripture, newspaper, and custom book.

### Ethical Consideration

The permission to collect the data has been issued by Postgraduate Program Universitas Negeri Makassar with the number 1384/UN36.10/KM/2022. Written consent was obtained from the participants before the interviews, and they could withdraw at any stage of the interview. The researchers did not have a personal tutor role with any selected participants.

## Results

Generally, respondents were females aged between 19 to 35 years old, which means they were in the reproductive period. According to education level, one participant did not attend any education level, three graduated from elementary school, three others attended high school, and the rest finished the university. In terms of the relationship with the fisherman, three of them were wives, two were daughters, two were granddaughters, and the rest were daughters-in-law (Table 1).

**Table 1** The sociodemographic background of the participants

Specific group (name initial)	Age (year)	Education level	Relationship with the fisherman
Pregnant woman (LR)	24	Elementary school	Wife
Pregnant woman (IT)	27	High school	Granddaughter
Pregnant woman (SW)	21	Elementary school	Daughter in law
Breastfeeding woman (LM)	30	High school	Daughter
Breastfeeding woman (AZ)	29	High school	Wife
Breastfeeding women (UG)	24	University	Wife
Adult woman (IH)	19	Not educated	Daughter
Adult woman (DG)	35	Elementary school	Granddaughter

A total of 8 participants have contributed to this study had different sociodemographic backgrounds. The sample size of the participants has limited due to the saturation point, which means the participants

added no additional information. The information about food which categorized as taboo and the reason behind it is provided in **Table 2**.

**Table 2** Type of food categorized as taboos and the underlying reasons

Type of food or drink	Reason categorized as taboo	Group of people
Lela fish	The baby will have big eyes (belok)	Pregnant women
Moringa fruit	The baby will be infected with a disease	Pregnant women
Pineapple	Miscarriage	Pregnant women
Stingray	The baby will have a weakness like a stingray	Pregnant women
Moringa leaf	The baby will have a stomach-ache	Breastfeeding women
Squid	The baby will have black skin	Pregnant women
Mango	Make the smelly body	Adult women

There are seven types of taboo food which was identified during the in-depth interview, as mentioned:

*“...Lela fish is one of food we need to avoid. Old people told me it will lead to having big eyes of the bay” (LR)*

*“Moringa fruit, as my parents described, will lead the baby to have diseases. I have to follow their suggestion to avoid that...” (IT)*

*“I and other pregnant women I thought them avoid the pineapple, especially the young pineapple since most of the people believe it will lead the miscarriage” (SW)*  
*“...Stingray lives at the bottom of the sea; they move slowly like such as weakness. The people from the previous generation believed if pregnant women ate stingrays, the baby would be like a stingray with such weakness. So once our family got the stingray, mostly we decided to sell it compared to consume by ourselves” (SW)*

*“Squid produces the black ink, so old people believe the black ink will lead the baby to have black skin. My father got many squids last night, but they told me to eat another food to avoid the bad things if I ignore the taboo food” (IT)*

The taboo food among pregnant women was reported more than taboo food for breastfeeding women. There is only one food which said as taboo during the data collection.

*“Moringa leaf, yes, I can find it easily, but they told me to choose other types of vegetables. As they know that the moringa leaf will lead the baby to have a stomachache...” I am not sure about that, but they emphasize me just to avoid it, don't it that because of the bad things will happen to the baby” (LM)*

Other respondents reported the same thing as LM, in which the moringa leaf was considered taboo. Besides that, no other food was found taboo during the data collection. However, for adult women, older people are told to avoid mango to avoid a smelly body.

*“My grandmother told me to avoid mango, so my body will not be smelly. I just follow it even though sometimes I still eat the mango when I want...” (IH)*

Generally, pregnant women are the group of people who need to avoid many types of food taboos compared to breastfeeding and adult women. The fisherman families who were pregnant, breastfeeding, or adult women needed to avoid taboo food even though their family got the sea animals. They considered selling it compared to be consumed by the women. These social phenomena need to be prevented because those food categorized as taboo are the food containing high nutrition that women and babies need.

## Discussion

The first category is food taboo for pregnant women. Most informants mentioned the tabooed food for pregnant women compared to other categories. The items categorized as taboo for pregnant women are fruits which the most mentioned effect is abortion (bad things), and seafood. The role of the family is significant in encouraging women to eat or not eat the food. It showed by the attention of family members to care for the woman and the baby. The practices of tabooed food may differ between educated and uneducated participants; some know

about it but decide not to follow it. Others know about the food taboo and decide to follow it because they fear negative things will happen to them. Most participants could not explain the reason behind the food taboo for pregnant women; they only briefly described the consequences if pregnant women do not follow it. So, the women and husband have good obedience to the parents or parents-in-law because even though the parents did not explain the reason behind it, they still follow the tabooed food practices to prevent bad things to the mother and baby. Food taboo for breastfeeding women was mentioned a bit; most participants explained that the tabooed food for breastfeeding women is the same as for pregnant women because they have similar characteristics. Some cultural practices may lead to food taboo practices. Ethnic group was significantly associated with anemia due to food taboo practice in Tanzania (Msemo et al., 2018).

In Indonesia's context, ethnicity plays a role in the way of life, which must be practiced. For example, some ethnic groups prohibit pregnant women from consuming fish. In addition, cultural beliefs in ethnic groups are usually linked to the mystic. Regarding ethnicity in this study, the ethnic group from Kalimantan and the Maluku Islands may have better access to meat and fish. For example, Maluku is one of the biggest fishery sectors in Indonesia and contributes the highest GDP in the province (Teniwut, 2016). Around 80% of fisheries products are distributed to the local market, while the rest are generally to the Asian market (Ariansyah, 2017). Sources of animal protein, including fish and meat, are mostly consumed as fresh, while the other product is dried, salted, smoked, boiled, or fermented (Food and Agriculture Organization, 2011). The possible reason is the linkage between ethnicity and meat and fish intake; that may be assumed some ethnic groups may have meat and fish intake behavior.

Compared to pregnant women, breastfeeding women need to pay attention to breastmilk products, and pregnant women need to focus on the fetus's development in the womb. The tabooed food might be the same because their characteristics may be the same, especially for pregnant women; they also need to prepare for the lactacy period after delivery. Beliefs are shaped as the result of culture. Some kinds of food-related to nutrient intake may create the risk of malnutrition. Food and dietary intake

patterns are related to religious beliefs, as revealed that vegetarian diets contributed to malnutrition based on a qualitative study in India (Chatterjee & Fernandes, 2014).

In terms of cultural practices in Eastern Indonesia, some ethnic groups are still practicing their customs and tradition. Not infrequently, these cultural practices are dangerous to women. For example, the ethnic groups of Hatam, Sough, Lereh, Walsa, and Moi Kalabra in Papua believe that pregnancy, delivery, and the postpartum period are natural steps in life (Dumatubun, 2002). Therefore, they have to obey related rules in their ethnic group, and if they are violated, they will become ill. The delivery process takes place in a small hut in the forest because they believe that pregnant women's blood will bring unluckiness to men in terms of hunting and farming. Bleeding during delivery results from pregnant women violating the sacred rules, so they have to be treated using traditional herbs. Bleeding after delivery is a normal process and without urgency for them because, in this way, dirty blood is eliminated. They also believe that swelling in the legs results from black magic and passing a forbidden place. The role of the dukun or shaman is very important for ethnic groups in Indonesia because they believe that disease and sickness are caused by magic. Another example in East Nusa Tenggara, the Sasak ethnic group in Lombok, believes that pregnant women are banned from eating squid, shrimp, crab, chicken, eggs, meat, stingray, catfish, and marine fish because they will complicate the delivery and increase the risk of bleeding (Armini et al., 2009). Therefore, they also are banned from eating durian, rambutan, sugar cane, cucumber, banana, and jackfruit because these fruits may cause miscarriages. According to anemia, bleeding treatment in ethnic groups in Papua is inappropriate from the medical point of view, and food taboos in East Nusa Tenggara result in insufficient nutrition to cover the needs of pregnant women.

## Conclusion

The practices of food taboo in Bira Village still occur, especially for pregnant and breastfeeding women. The food taboo found in this study is Lela fish, moringa fruit, stingray, squid, mango, pineapple, and moringa leaf. Most of the informants could explain the reason behind avoiding those kinds of foods.



They just follow what the older people suggest. The reason explained made no sense since all those foods contain many nutritional ingredients. The qualitative design is the most appropriate way to explore taboo food practices because the participants can describe each item in detail. Food taboo is related to dietary intake and the implications for social, cultural, religious, educational, and economic aspects of society.

#### Declaration of Conflicting Interest

The authors declare no conflict of interest in this study.

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#### Author Contribution

All authors contributed to all phases of the study and were accountable in all stages of the work.

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