**Cultural beliefs, food taboos and the impact on the health of mothers and children**

Dear Editor,

The excellent and timely article published by Dialo et al. [1] in this journal highlighting that women modify their diet during pregnancy and breastfeeding due to cultural beliefs and taboos offers an opportunity to discuss and broaden awareness of the importance of these cultural practices on the nutritional status of mothers and children and their impact on current and future health.

Maternal nutrition - which is influenced by environmental, social, economic, lifestyle, and cultural beliefs, among others - is fundamental to the development of pregnancy, fetal growth during the intrauterine period, and the health of the child during the first 1,000 days of life [2,3].

Food taboos are culturally imposed prohibitions on the consumption of certain foods due to social, religious, cultural, or health-related beliefs [4] and constitute a serious global public health problem [5]. Such restrictions are often imposed, limit access to foods rich in macro- and micronutrients during pregnancy and breastfeeding, diverge from guidelines for adequate maternal nutrition, and contribute to worsening hidden hunger in several regions of the world [6,7].

Many women learn and value dietary taboos within the family and pass them on to society, demonstrating an intention to avoid harm to their children's health, obey cultural norms and customs, and respect the wisdom of elders [4]. In some Asian countries, mothers avoid certain foods during pregnancy, postpartum, and breastfeeding, especially highly nutritious animal foods, vegetables, fruits, and spices, due to deeply rooted beliefs and taboos in their community [5].

In pregnant and lactating women, these practices have been observed to cause intrauterine growth restriction, low birth weight, and prematurity, contributing to increased prenatal complications and maternal mortality [3]. Pregnant women with compromised nutritional status are more prone to birth complications, haemorrhage, and anaemia, which contribute to increased morbidity and mortality. Children who experience intrauterine growth restriction due to inadequate maternal nutrition during pregnancy are at greater risk of stunted growth and decreased mental and physical abilities [4,8].

Since food taboos are a phenomenon observed in almost all human societies around the world [8] and pose a risk of nutritional deficiencies for mothers and children, more research is needed to understand, assess, and propose interventions aimed at improving the health conditions of more vulnerable groups such as pregnant women, breastfeeding women, and children under 2 years of age [3,7]. Achieving adequate nutritional conditions for mothers and children requires addressing socioeconomic inequalities, improving health infrastructure, and training professionals in various fields who are culturally sensitive to the cultural determinants of different societies [5].

It should be emphasised that educating people in general, and notably women, about the risk of malnutrition when dietary taboos are followed is the first step toward improving the health of both mother and child [4]. To this end, it is necessary

to impart knowledge through both formal education and health education during prenatal and well-child visits, improving nutritional education and counselling practices to help women make appropriate dietary choices during crucial periods of life [2,3]. It is known that breaking dietary taboos, including nutritional counselling by health professionals, increasing family knowledge about maternal nutrition, reducing the reinforcement of taboos, and avoiding negative consequences from the consumption of taboo foods, contribute significantly to improving nutritional status [6].

Conflict of interest: none

References

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