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## NUTRITIONAL TABOOS AMONG JOLA ETHNIC GROUP IN THE WEST COAST REGION OF THE GAMBIA

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**M**alnutrition is one of the leading causes of morbidity and mortality of children in the world. In the Gambia, malnutrition is one of the major public health problems. Among the factors determining its high prevalence, cultural norms play a crucial role. Food taboos influence the amount, frequency, and quality of nutrients that mothers and children consume. In this qualitative study carried out in the West Coast Region of The Gambia, seventeen mothers whose ethnic affiliation is Jola were interviewed. The objective was to describe their food taboos and how they influence their nutritional health. The findings of this study demonstrate that some of the taboos practiced by the Jola may be regarded as contributing factors to protein-energy malnutrition in children, pregnant and lactating women. The findings will inform the design of future health education strategies targeting malnutrition in this specific cultural context. Malnutrition in children under-five living in developing countries is one of the major leading causes of disease and mortality. It leads to long-term consequences such as impaired cognitive development, growth impairment, and poor academic performance. The Gambia is the smallest country in West Africa, lying along 487 km from the Atlantic Ocean to the east, following the shores of the river Gambia. Two million, three hundred sixty four thousand people inhabit this small Republic according to the 2013 census. Most of the Gambians have their tribal affiliation within the following ethnic groups: Jola, Fula, Mandinka, Manjago, Sarahulle, Serere and Wolof. The Jola form the majority in the eastern part of West Coast Region (WCR), the southernmost administrative department of the country

and where this present study was implemented. Traditionally, the Jola are peasants. They dwell in villages for the most part. Cultural norms, taboos, and beliefs lie within the contextual factors included in the stratum basic causes of malnutrition according to the categorization established in the UNICEF Food-Care Health conceptual framework. It is assumed that taboos, customs, and beliefs contribute to malnutrition among the Jola in different ways.

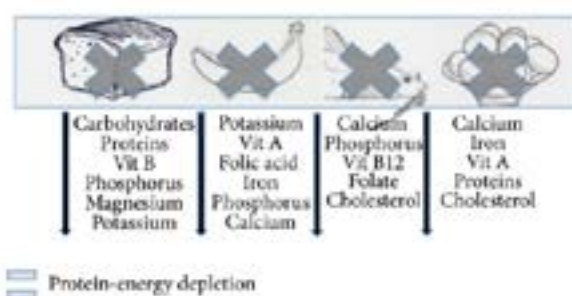


Figure 1: To illustrate the impact of these taboos, see the following chain-reaction as an example. If bread is not eaten, the pregnant woman is reducing her intake of carbohydrates, proteins, vitamin B, phosphorus, magnesium and potassium. Potassium can be obtained from eating banana, but banana

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is also a taboo. By not eating banana she is reducing the amount of vitamin A, folic acid, iron, phosphorus, and calcium. Calcium could be obtained from catfish—which is very abundant in the river Gambia—but it is also a taboo. Eggs are also a taboo, which leads to a decrease in the intake of calcium, iron, Vitamin A, proteins, or cholesterol. How can then a woman that does not eat catfish, bread, banana, and eggs and cannot afford to buy meat avoid animal protein and energy depletion during pregnancy?

## References

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## Biography

Ismaila Jammeh is one of the renowned Nutritionists in Gambia, focusing on infant and maternal health. The high prevalence rate of malnutrition in Gambia is the basis of his passion to study protein energy malnutrition (PEM). He has undertaken a series of nutrition research, targeting both lactating mothers and children under five as the most vulnerable groups to malnutrition in Gambia. He is the nutrition focal person of several local Gambian communities. He participates at the annual immunization exercise against polio, which usually targets infants from 0 to 5 years.

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