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Food customs and cultural taboos*

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The significance of food in the life of man is not altogether confined to its nutritional and biological order. Since the dawn of history, indeed from prehistory, food has had extremely important functions besides, festal, communal and spiritual in nature. These were factors of great historical importance in the material, social and spiritual evolution of man.

In ancient Egypt, the use of food in religious ritual especially as a sacrifice for gods and for the spirit of the dead was of great spiritual significance. In his efforts to harmonize himself with his greater cosmos, man was led to appeal to his deities and to the preternatural forces around him which he revered and feared, through his offering the most cherished of all his possessions – his food. In return, his fears were eliminated and he gained some degree of psychological serenity. It is, therefore, evident that food was the first offering from the seen world to the unseen world- in other words, the first medium of contact between the two worlds-the natural and the supernatural. In view of the primacy of food in life in the material and spiritual senses, the concept of food became institutionalized very early in the life of man. Indeed the concept of the “Elysian Land”- the paradise for the elect among the Egyptians – was a concept of a utopian world where food is abundant and land is bountiful and where the barrier between mortal beings and immortal gods ceases to exist. In that divine milieu, man is exalted beyond his status. He is transfigured to a semi-divine being.

Evidence of the spiritual importance of food in prehistory is illustrated by the copious findings in catacombs and tombs of the dead where food was piously laid to help sustain the soul in its resurrection. In this, the position of bread is paramount.

Moreover, food constituted a distinguishable mark of status not in the strict economic sense which is self-evident, but in symbolizing the gulf that separates celestial divinities, divine kings and terrestrial beings.

The Olympic gods of Greece fed on nectar which was not given to be the prerogative of earthly beings. Even last century we are told that Mohamed Mukhtar, a military governor in an East African occupied country, had to abolish by sheer force, and old custom rigorously observed in the Horn of Africa which made it unlawful for the subjects of local kings to partake of certain delicious articles of food specified which were only allowed to the king and his royal household. In one instance the public was not allowed to eat dates which were for the king alone.

It was in ancient Egypt that the action of yeast, Khemt-ni, was first known and bread was first leavened. The importance of this step in nutrition can hardly be exaggerated. Moreover, in the Ebers’ and Edwin-Smith papyri the use of articles of food for therapeutic purposes was an established practice, perhaps more common than the use of drugs, and this is quite conceivable as there is reason to believe that


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nutritional deficiencies were more prevalent in the past than today.

There is further evidence suggesting that perhaps some of the dramatic recoveries reported in this type of treatment were overwhelmingly psychological. It is difficult to see how a dish of dates prescribed to a patient bed-ridden for months could possibly bring relief to the sufferer almost all of a sudden. In a seventeenth century chronicle we are told that this was prescribed by a physician to a patient whose name was given, and a member of the family taking the caravan route in earnest in a round trip of fifteen days brought the dates from another part of the country and dutifully laid them before the patient, who on partaking of the fruit brought by his nephew made a sudden and spectacular recovery. Perhaps the rigorous trip in the mind of the patient was the major psychological issue that triggered the process of recovery. His disease must have been largely if not exclusively psychological.

The advent of the Four Humour Theory of the Ionian philosophers and the rigid classification of disease and diet according to humoural types, brought nutrition into a prominent place in the concept of health and disease, and the use of rigid systems and regiments of nutrition for the sick became formalized as the most crucial part of the healing art.

Rhazes, the great Islamic physician of the tenth century A.D., in one of his aphorisms summed up this trend of the art of prescription in the following: “Never use medicines when you can use foods and never use combined drugs if you can use simple ones”. Indeed the preoccupation with nutrition became so great during that epoch that it became a subject of literary and anecdotal arts. In the book of The Thousand and One Nights one finds one of the best and most lucid commentaries and perhaps correct descriptions of the signs and symptoms of humoural disorders and their management which cannot be rivaled even by the more scientifically ordered description of Daoud Al Antaki, the famous blind physician of Antioch who died early in the seventeenth century, whose book represents, in many countries of the Arabic-speaking East, the home encyclopaedia of medicine.

Rhazes in his book Al-Mansouris expounded his theme in a lucid and masterly manner for the medical student and the practitioner which has never been excelled in technical scholarship. It was during his epoch that the humoural theory had reached its climax.

Food customs and taboos

There is no doubt that the ecological and the cultural as well as the experiential determine the trend of food habits. Man has arrived at his food recipes by a long process of trial and error and it may be that the most elementary society has developed its national menu by empirical experimental methods which in some way are the product of experience valid in time, space and level of cultural sophistication. It is therefore conceivable that tradition and utility constitute the process of acquiring taste. Indeed, culture is a huge conditioning machine.

Bell the famous elephant hunter who shot perhaps more elephants than any hunter in history, totaling over a thousand, was able to maintain his health perfectly during the years of his wanderings in Central Africa by a system to which he adhered closely in relation to his food. Whenever he went hunting he enquired from the local people about their native food to which he adhered on the score that they arrived at their recipes by a long process of trial and error. He was discriminative, however, against certain foods which do not appeal to common taste. In the region of Lake Rudolph he found, for example, that fresh milk was rarely used and that the inhabitants invariably allowed it to go sour before consumption. It seemed, however, that some form of contamination was so common that milk became a vehicle of infection which the acid tended to eliminate. Incidentally, when Bell ran short of tobacco and was led to use the native tobacco, he
enjoyed it enormously but made the remark that “it had a drug effect”. Bell never realized that he was smoking hashish.

The impact of modern medicine in general and paediatrics in particular on nutrition was not altogether benevolent initially in this region. It tended to estrange people from their national diets to which they had become adjusted and accustomed through a long process of conditioning, in many instances, without being able to provide a better alternative within the easy reach of the public. In self justification it must be made clear that we have no pretension to claim this argument as an unconditional support to national diets. Far from it, the object is to illustrate the event as an error of technique characteristic of health procedures that ignore the cultural aspect of health completely. This was certainly the story in the past.

It was Dr. Norman Corkill, however, who first pioneered the nutritional value of some articles of food in the Sudan. His clinical sense coupled with keen interest in the culture enabled him to detect some important nutritional value in some of the national recipes, especially regarding vitamin content. The attitude before rested him on the historical attitude which took it for granted that they had no such values. Surely certain food habits have proved valuable in relation to peculiarities of climate, geography and territorial needs.

The cultural implications in nutrition are extremely important and remarkably complex. For example, in certain patriarchal cultures where male children receive preferential for obvious reasons such as manpower, etc. it is paradoxical to find that the mortality among boys is decidedly higher than among girls. The preferential care given to boys has been to their detriment. Perhaps in this, nutrition is more responsible than anything else. Erring on the excessive side was fatal. The decline in child morbidity and mortality as an achievement of modern medicine in the last few years in this region has had its repercussions in quite different quarters, this is to be expected. It has been influential for example, in the gradual decline of polygamous marriages which persisted in some urbanized areas, mainly on the ground of the high mortality of children. In fact, the persistence of high infantile mortality constitutes an important factor in the maintenance of polygamy. Efficient health services for the mother and child may be instrumental in reversing the marriage pattern to the monogamous type. Even morbidity may affect the pattern of marriage and the sex life in the same way, especially in the tribal society, where manpower and sheer numbers have economic and survival values. It thus becomes conceivable why nutrition may have an appreciable effect on the existing sociological patterns of family institutions and constellations. It implies also the important role of nutrition in the social order.

Food taboos arise mainly on the basis of religious or cultural scruples some evolve from other forms of collective experience. They have the force of tradition and tradition dies hard. The religious factor in food habits is difficult to eliminate and food taboos of religious type are productive of immense economic waste. As articles of faith they are impossible to eradicate. Some paramount taboos are cultural and are propagated by diffusion from original sources. They become psychologically effective by conditioning.

Among desert folks there has always been the belief that when fish and milk are taken together, sickness invariably arises. The indisposition is allergic. It is believed that there exists an incompatibility between milk and fish. But surely milk is the staple diet of these communities which does not vary the year round and the fish meal is occasional and exceptional since fish is more likely to precipitate allergic reactions by itself, especially if fish is not one of the regular items of food of the community, the ordered of causality is confused. The blame is thrown of the combination rather than on the human constitution.
In this respect, the ancient Egyptians were perhaps the first to apprehend the idea of allergy. Since allergy is commonly associated with fish and other marine foods, it is significant that the fish in the hieroglyphic language stands as a symbol for vomiting, disgust and other types of associated physical disturbances. There is evidence, however, that allergy may indeed be at the root of certain types of food idiosyncrasies which may extend from one individual by diffusion. In cases of mothers’ idiosyncrasy, this may spread to the children who, in consequence, may grow up with it. This is commonly seen in the case of milk. But the best illustration of wide diffusion is found in historical records. We are told by Al Tunisi that in Darfur, during the last century, there existed the custom that when the king falls off his horse during a State occasion, everybody must fall off his horse.

Some individual forms of food prejudice may arise on a basis of conditioning very much like treatment in chronic alcoholics.* Some idiosyncrasies and habits may indeed arise on purely psychological grounds. They may be spurred by a single accidental experience, especially in neurotics. But the classical example of food faddiness is the hypochondriac. The effect of replacing one tranquilizer by another has been salutary to them. It has enabled them to attain their emotional balance. It may be that in the past food faddiness was a result of isolation and the great variation in diets of people. The humoural theory has had a great deal of influence in that respect.

Furthermore, I believe that food allergy and food incompatibilities of all types are more common today among developing countries, where national menus are undergoing great change, especially among the emerging middle classes. This came in the wake of the agricultural and other industries in this region, especially in relation to cotton.

Space does not allow us to deal with other forms of food taboos, especially in the field of mysticism and food peculiarities characteristic of the social fads and fashions which appear from time to time among certain classes, such as the recent movement of naturalism or the return to nature. Surely asceticism cannot be divorced from mysticism. The road to mysticism is asceticism.

During the last few years, as a result of the great changes in the economic conditions and social values, there have been remarkable changes in the customs and habits of feeding which are extremely important from the health point of view. In some countries, sudden economic advantages have produced, among other things, allergic reactions, ingestant, inhalant and contactant, from new foods, new perfumes and new textile dyes respectively.

For our purpose it may be said that the change in diet was perhaps initiated by the First World War. It came with the sudden post-war expansion of international trade, boosted by post-war politics and the diversion of war effort into trade effort. This, with the access to more economic advantages in developing countries, due to the high market values of raw materials, the scientific development of agriculture and animal husbandry, the introduction of non-indigenous food resources, nutrition has changed for the better. The coordination of international trade facilities, modern transport and last but not least, the growing interest of governments in nutrition, which has become an important part of the health programmes, are also important.

Travel in the desert has become revolutionized by canned foods. These were salutary to many developing countries where means of communication were still primitive. Canned foods were introduced to these countries during World War I, and have since become an integral part of the diet of many people.

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*It consists of injecting antibuse while serving the alcoholic with his drink. Antibuse gives rise to feelings of nausea and vomiting and the association between vomiting and antibuse may in a short time produce a Pavlovian conditioning, i.e. the sight of the alcohol may produce vomiting.*

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food have even changed the traditional attitude towards travelers. In the past, the desert tradition made it obligatory on anybody to provide hospitality to the traveler for three days. In those days travelers used to equip themselves with some dried meals, preserved by ingenious methods, such as powdered gravy or meat conserved in animal fat. A meal could thus be prepared in a few minutes by the addition of hot water only. Canned foods have eliminated a great deal of food risks to travelers although they have their own inherent risks. They have revolutionized travel by mechanized means or by beasts. They have also contributed an occasional supplement in the form of sardines or fruit, to nutrition.

Moreover, the canning industry has reduced the problems of the housewife considerably. Dehydrated vegetables and half-processed meals, ready made soups and snacks are today available. The kitchenette has taken the place of the laborious kitchen. The housewife or the bachelor does not need so much personal experience but relies on trade experience. Literacy is an important factor today and the illiterate finds it so difficult to cope with the situations of life; food culture as a part of health education would not work in the absence of literacy.

The kitchen was perhaps the first significant place where the male and female functions overlapped. The conditions prevailing during and after the war managed to break the barrier between the roles of men and women. Manpower in war industry and the rationing situation were instrumental. The kitchen was perhaps the first institution where the housefather was “domesticated” a process which started with helping in the dish-washing. It was the first manifestation in the home that the roles of men and women are not altogether different. In this age, it is felt that perhaps it is necessary for every young man to know how to prepare a simple meal for himself. This is particularly true of students.

The development of super heat for cooking has passed its early experimental phase and facilities are now being made available, at least in the United States, for big institutions, commercial and otherwise, and food can now be cooked in a matter of a few minutes. Many people believe that by this method the food loses a great deal of its nutritional and appetizing value. However, this is not a big problem which will defy solution. But the process surely has its dangers and risks.

Since the second world war there has been a great deal of change in the formal restaurant services which, in the west and north America, have become important nutritional institutions for the working classes who normally have their lunch outside the home. This is dictated by their time-tables. The “help yourself” cafeterias and corner Houses provide very good, nutritious and appetizing meals which are very cheap. In view of increasing patronage, these institutions have become interested in the study of the food needs and the psychological factors in their clients and a lot of experimental work is being carried out. Undoubtedly, they will have a great deal of influence on nutrition in the future.

In this Region, the feeding of industrial workers has not yet been implemented as part and parcel of the responsibility of the employer. We understand that FAO is interested in this. In view of the growing industrial trend, this may be very important.

Experimental kitchens are very important to pioneer in this Region, because food habits are changing rapidly and national foods are moving in the direction of international recipes. More vegetables, fruits and international ingredients are available and the change to a higher level of living is introducing some new elements in nutrition with which the people are not likely to cope without help in an organized way.

Moreover, the deficiency in protein is still one of the major problems in this Region. It is astonishing that, in some places rich in fish, the people living there suffer from protein
hunger, either as a result of food idiosyncrasy or communication problems. The use of fish meal may solve this especially because of its cheapness, and the mild fish smell in the meal be an advantage rather than a disadvantage.

This office is probing the establishment of simple experimental kitchens for the purpose of the practical instruction of mothers, within the framework of the maternal and child health services. I do not think that this would be expensive to organize, as kitchens need simple utensils and an experimental kitchen should try to cope with the level of the home and the mother. The role of the public health nurse in this is extremely important. The mother may be able to learn to cook better for a sick child from this because cooking is one of her intimate interests as a mother. In some countries, the incentive is a free meal for her child. Moreover, these centres have proved to be social centres for the mothers themselves, where they exchange news and gossip. This is a unique opportunity for health education. Indeed, health education, school health services and the curricula of home economics for girls in schools, intramural and extramural, are important agencies for food culture. In this Region, the most important nutritional deficiency affecting mothers, infants and children of school age is iron deficiency anemia, which has to be dealt with along medical and nutritional lines.

In the absence of an ordered school health service, a trained female social worker can prove very useful in the sphere of nutrition. Indeed, she may be more useful than other personnel, because of her potential affinities with the family and easy access to it.

The problem of nutrition is, in the first place, a problem of national production and distribution, of food culture and food lore, and of national and international programmes for the promotion of the nutritional status. As a result of international cooperation, famines are now practically eliminated. Moreover, better methods of storage have been made possible today for grains. On the other hand, the growing trend of industrialization has disturbed the balance in many countries, self-sufficient before. In their preoccupation with industry, agriculture has been neglected, as a result of which they have become dependent on the international market. This dependency is threatening in war time, when danger to nutrition may therefore occur, although it has its contributory aspect to the balance of international trade during peace time.

Finally, the rapidly growing rate of population in many developing countries is creating a strain on their existing resources. In some countries of this Region there is the tendency to double their population every forty-five years. In one country, this was possible to provide for by radical changes in irrigation and agriculture. It is hoped that they will be able to cope with it in the future by reclamation of land and the further development of their water system.

In the history of the Region, there were distinctly three phases which tended to recur regularly in the past: a phase of prosperity, followed by increased population, followed by catastrophe.

**Food Adulteration**

This paper will not be complete without a passing comment on food adulteration which is a productive source not only of malnutrition but also of serious food infections and food poisoning.

Lombroso, last century made the significant remark that perhaps food adulteration constitutes a very serious risk to nutrition and health. Notwithstanding he felt that perhaps sufficient consideration was not given to it.

The practice of food adulteration is assuming serious proportions today especially in cases of institutions such as schools, hospitals, prisons, etc.

This subject is outside the purview of this paper and has multiple facets which in the main are legal, analytical, penal, etc.