

Traditional Knowledge on Indigenous Foods in the Communities of Tamilnadu- An Exploratory Cross-Sectional Study

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Abstract: *Introduction:* Traditional food knowledge is the knowledge passed from one generation to another generation. Ancient Tamil peoples believe “Unavamarundhu” which means “Let’s food be thy medicine and medicine be thy food”. Indigenous food system helps to improve the quality of life. *Objective:* This study was conducted to assess, collect and document the traditional knowledge on indigenous foods followed in the Communities of Tamilnadu. *Methods:* A cross sectional study was conducted through Focus group discussion and one on one interview method among the 202 selected women Respondents in the age group 30-90 years old. *Results:* Knowledge assessment of the selected Respondents reveals that the majority of the people from the age group above 80 (71.6%) possess more traditional knowledge. People in the age group of 30-39 (10.5%) years possess least traditional knowledge. Even though we have plenty of awareness about exclusive breast feeding, still most of the Respondents prefer to include the sugar syrup as first food for infants due to superstitious belief. *Conclusion:* The above study concluded that the traditional knowledge to indigenous food was decreasing gradually, if this situation persists, we may lose our precious traditional knowledge on food in future. Indigenous food preparations are rich in nutraceutical compound which aids for better well being and improve immunity. So it is important to document the indigenous food in order to protect and preserve our traditional knowledge.

Keywords: Document, Indigenous Food, Traditional Knowledge, Tamilnadu, Women

1. Introduction

Traditional knowledge often forms part of people’s cultural and spiritual identity [1] of most local communities. It is a key constituent of a Community’s social and physical environment and, as such, its preservation is of paramount importance. The preservation, protection and promotion of the Traditional Knowledge-based innovations and practices of local communities are particularly important for developing countries like India [2].

India has a rich culinary heritage that has evolved over centuries. Traditional foods give an exquisite vision of India’s rich cultural heritage. Each region of India, and the world, is diverse in its food habits. Each region has its own recipes; it cooks with different ingredients and, it eats differently. Traditional food habits across the country are primarily based

on a holistic approach to nutrition. However, with rapid urbanization, our eating habits are also rapidly changing, and we run the real danger of losing our rich traditional food knowledge, built with the wisdom of centuries [3].

Authentic ancient Tamil food contains a wealth of erudition on health sciences. An ancient Tamil person believes “Unavamarundhu” which means “Let’s cooking be thy medicine and medicine be thy food”. The traditional authentic food, organized with close-by fixings and direct cooking procedures are known to have incredible dietary advantage [4]. The meals subculture and traditions of Tamil Nadu has been formed by means of its long history, unique Geography, and substantially motivated by way of the different rulers, vacationers and associates [5]. Indigenous food practice was followed normally during infancy, puberty, pregnancy, lactation and other common ailments like fever,

cough and cold etc by different religion. The recipes of the special food followed during mentioned occasion was unique for Tamilnadu.

Traditional food system plays a significant role in maintaining the well-being and health of Indigenous People. Yet, evidence abounds showing that the traditional food base and knowledge of Indigenous People are being eroded. When there was no refrigerator, we can observe that folk groups gave more attention to protect easily perishable food items such as milk, vegetables and other such consumables. The knowledge of the traditional food system can change this scenario. Awareness created on traditional food system can contribute to create a healthy society to build strong nation. The traditional knowledge of food is considered to be the best for particular geographical condition. Changing food pattern can damage the good health of the society. So, it is vital to know the importance of good food habits of our own tradition and balanced diet [6].

In order to protect and preserve our India's traditional food knowledge and critically understand the value and deep significance of what it can offer to the world in terms of health, traditional knowledge, ingredients and recipes, a process of documenting, must begin. The documentation of traditional knowledge is a process in which Traditional Knowledge are identified, collected, organized, registered or recorded [7]. Based on the above points, the present study is designed to collect and document indigenous food knowledge from various communities residing in the Tamilnadu. The main objective of this study is to collect information on indigenous food knowledge during different life events, assess traditional food knowledge among various age groups in different communities and document the collected traditional food knowledge in the form of a book.

2. Materials and Methods

2.1. Study Design

An Explanatory cross-sectional study was conducted to comprehensively document the traditional knowledge on indigenous food practice followed in the various district of the Tamilnadu.

2.2. Selection of Area

Study population was selected from the various districts (Chennai, Coimbatore, Vellore, Erode, Karur, Namakkal, Ranipet, Salem, Trippur, Krishnagiri, Dharmapuri, Trichy, Karaikudi, Madurai, Nilgiris, Thiruvananthapuram) of Tamilnadu. Samples were selected through the simple random method based on different religion.

2.3. Selection of Sample

As women from the age group of 30 years to 90 years play an important role in food preparation process they were selected as the study participants. The Data was collected from Dec 2020 to March 2021 through simple random

sampling.

2.4. Sample Size

Total sample size (n)=202

The sample size was not based on sample size/power calculations, but rather presents the number of available person in the Coimbatore district who willing to share their knowledge.

2.5. Qualitative Methods

Qualitative enquiries were conducted using focus group discussions [8].

2.6. Selection of Tool

Interview is one of the popular methods of research data collection. The main purpose of interview as a tool of data collection is to gather data extensively and intensively. According to Oakley, [9] qualitative interview is a type of framework in which the practices and standards be not only recorded, but also achieved, challenged and as well as reinforced. Most of the qualitative research interviews are semi-structured, lightly structured or in-depth [10]. Semi structure interview is used for this study. The study protocol mainly focus on the Group Discussions and One on One Interview.

2.6.1. Inclusion Criteria

Age (30-90 years old).

Female.

Religion- Hindu, Muslim and Christian.

Willingness to Share their Knowledge.

Individual with Good Mental Health.

2.6.2. Exclusive Criteria

Poor mental health.

Person with poor health status.

Person Having Alzheimer's disease and Parkinson's Disease.

Not willing to participate.

2.7. Collection of Data

Socio demographic data like age, residential area, religion and literacy status of each individual member were collected from selected participants.

Indigenous Knowledge data like Special Food practice and its recipe followed during Infancy, Puberty, Pregnancy, Lactation and Other Condition like cold, cough, fever and indigestion were collected through group discussion and one on one interview method. After collecting the recipes were grouped into 8 food groups as listed below:

1. Cereals and Millets,
2. Pulses and Legumes,
3. Milk and Milk Products,
4. Fruit and Vegetable,
5. Nuts and Oilseeds,
6. Meat, Poultry and Fishes,

7. Spices and
8. Sugars

2.8. Ethical Clearance

Ethical approval -PSG/IHEC/2021/Appr/Exp/035 was obtained from the PSG Institute of Medical Sciences and Research, Coimbatore for the study. Informed Consent was obtained from each participant after explaining the aims & objectives of the research orally. Confidentiality was maintained during the entire course of study.

2.9. Data Analysis

Data were tabulated and analyzed using IBM SPSS Statistics software version 20, chi-square test and correlation

was performed to assess the association between two variables.

Documentation helps to restore our valuable traditional knowledge. So the collected 33 indigenous food recipes were documented into a book in title of "Secret Indigenous Recipes from the kitchens of Tamilnadu, India".

3. Result and Discussion

Out of 202 selected participants, the majority of the people were in the age group of 39-30 years (37.5%) followed the age group 49-40 years (22.5%). and the age group of above 80 (5.5%) was the least population (Table 1).

Table 1. Age in years of the Selected Participants.

Age group	Number in percentage (%) (N=202)	Mean and Std. Deviation
Above 80	11 (5.5)	83.10+ 2.378
79-70	17 (8.5)	74.00+2.898
69-60	22 (10.5)	63.85+3.014
59-50	31 (15.5)	53.27+2.852
49-40	46 (24.5)	44.25+3.148
39-30	75 (37.5)	34.59+2.471

3.1. Knowledge on Traditional Food Practice of the Selected Respondents

Knowledge has a direct relationship with age; our study showed that aged women (above 70 years) were possessing good knowledge on special foods when compared to 30-39 years age group (Figure 1).

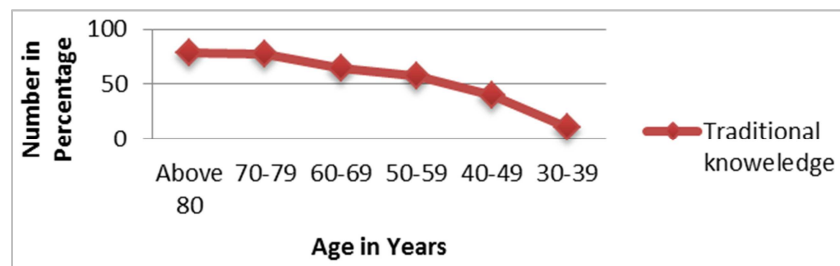


Figure 1. Overall Knowledge on Traditional food in age category wise of the selected respondent.

Muslim Respondents (53.3%) exhibited greater traditional practice knowledge followed by the Hindus (37.3%) and Christians (32.45%) (Figure 2).

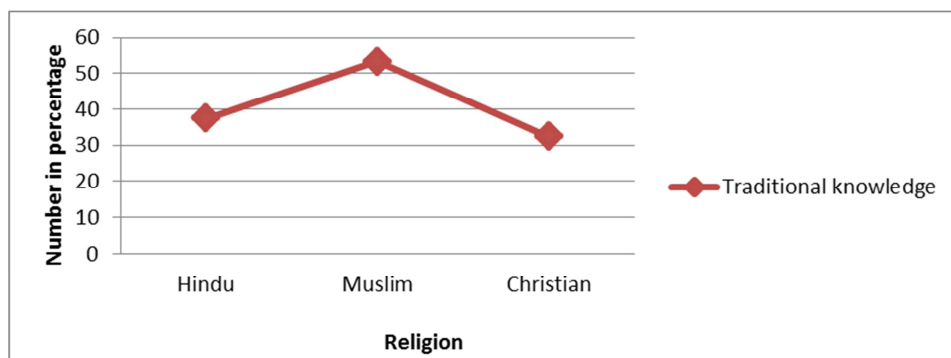


Figure 2. Overall Knowledge on traditional food practice between different religions of the selected respondents.

Majority of the women residing in rural area (45.5%) shared immense knowledge followed by Semi urban (36.6%) believes

physician and theories urban area (17.96%) women (Figure 3).

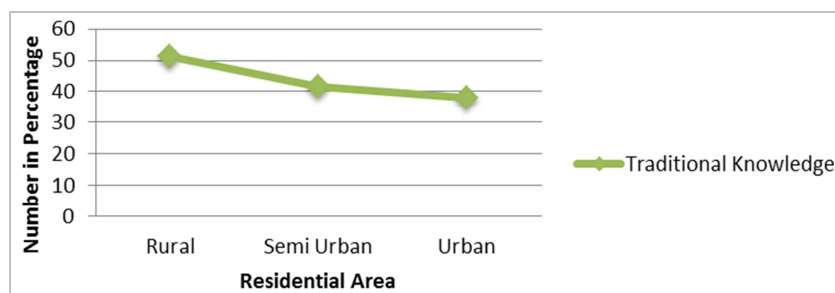


Figure 3. Overall Knowledge on Traditional food Practices in Residential area category wise of the Selected Respondents.

Illiterate women prefer traditional food practices whereas the literate (Figure 4).

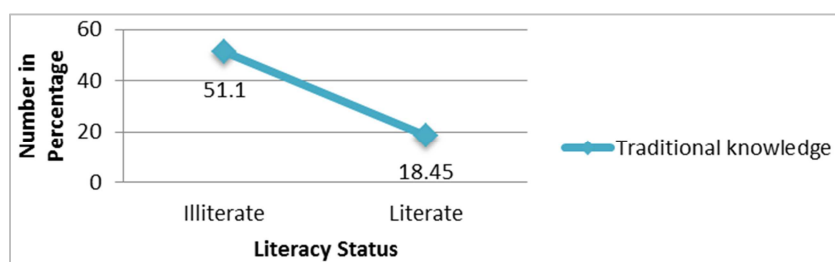


Figure 4. Overall Knowledge on Traditional food Practices in Literacy status category wise of the Selected Respondents.

3.2. Food Groups Preferences During Different Life Stages and Disease Condition of the Selected Respondents

Cereals and millets, pulses and legumes, nuts and oilseeds and meat, poultry and fishes were preferred and included more during Lactation and Puberty than other life events. Majority of the women preferred milk and milk products during puberty and pregnancy. Fruits and vegetables especially green leafy vegetables were preferred to consume during disease condition, lactation and pregnancy because of its medicinal properties. Spices were preferred during all the life events and illness conditions due to its anti oxidant and antiseptic properties. Sugars were included more during infancy and puberty due to their superstitious belief.

3.3. Food Group Preferences of the Different Religions of the Selected Respondents as Traditional Practices

Hindus preferred to include more amount of spices, sugars, nuts and oilseeds and fruits and vegetables as special foods whereas Muslims preferred to consume more spices and meat, poultry and fishes than other food groups whereas Christians preferred to include more amount of spices and sugars as special foods.

3.4. Traditional Food Recipes

3.4.1. Traditional Food Recipes Followed During Infancy

Ooru ennai: It is a Mixture of castor oil and breast milk which helps to increase the weight. It improves bowel movement.

Orappan/Urai maranthu: It helps to improve appetite, digestion and prevent diarrhea due to indigestion. It reduces

the bloating and flatulence. It improves sleeping. It prevents cold and cough.

Sathu maavu: It helps to increase the weight. It improves digestion. It was rich nutrients that aids for infant's growth and development.

Herbal Extracts: It helps to prevent and reduce the cold and cough. It increases the immunity and act as antioxidant.

Pomegranate and poppy seeds mixture: It has anti inflammatory effect. It helps to increase the immunity and sharpen the memory. It aids for better digestion. It helps to control the diarrhea in adults.

3.4.2. Traditional Food Recipes Followed During Puberty

Raw rice puttu: It helps to relive menstrual cramps.

Bengal gram halwa: It helps to strengthen the body and relive menstrual cramps. This recipe is mainly followed by Muslim.

Harira: It helps to strengthen hip bone and relive menstrual cramps. This recipe is also mainly followed by Muslim.

Dates leghyam: Helps to maintain serum hemoglobin level. It helps ease the tiredness and pain during menstruation. This recipe is mainly followed by Christians.

3.4.3. Traditional Food Recipes Followed During Pregnancy

Fennel seeds kashayam: It helps to reduce heat pain. It contains polyphenols and anti oxidants. It has Anti bacterial property.

Cumin seeds kashayam: It will help to reduce heat pain, indigestion and oedema.

Curry leaves stem kashayam: It will help to reduce false labor pain and acts as Immunity booster.

Drumstick stem soup: It is rich in anti oxidants and helps to boost immunity.

Rice water kashayam: It helps to reduce heat pain. It is rich in B complex vitamin and anti oxidant.

3.4.4. Traditional Food Recipes Followed During Lactation

Selavu kulambu: It helps to increase milk secretion and clean the uterus. It has Anti inflammatory, Anti oxidant and anti septic property.

Pacha Selavu: It has Anti microbial and anti inflammatory activity. It helps to prevent bloating and clean the uterus.

Garlic leghyam: It helps to increase milk secretion/ It has Anti inflammatory property and Anti septic property.

Herbal rasam: It acts as Immunity booster. It has Anti oxidant and anti microbial property that helps to prevent Cold and cough.

Asafoetida cubes: Prevent bloating, flatulence and indigestion.

3.4.5. Traditional Food Recipes Followed During Illness Condition

Delonix elata and ballon vine soup: It helps to reduce swelling and pain in joints. It has Anti inflammatory activity and it helps to reduce tiredness.

Dry ginger kashayam: It helps to relive from sore throat. It acts as Immunity booster. It has Anti oxidant and anti septic activity that helps to reduce cold, cough and fever.

Holy basil leaves (Thulasi) kashayam: It helps to boost immunity. It has Anti oxidant and anti septic activity that helps to reduce lung congestion.

Carom seeds water: It helps to reduce bloating and flatulence and aids for better digestion (Table 2).

Table 2. Traditional food recipes followed during life stages and disease conditions of the selected Respondents.

S. no	Life stages and disease condition	Recipe	Medicinal Property
1	Infancy	Orappan / Urai maranthu	Immunity booster Helps in indigestion Antiseptic Powerful laxative
		Ooru yennai	Anti inflammatory effect Help for weight gain Help to meet nutrient requirement
		Sathu maavu	Help to digestion Aids for growth and development Anti oxidant
		Herbal extract	Anti septic Anti inflammatory Immunity booster Anti inflammatory
		Pomegranate and poppy seeds mixture	Immunity booster Aids for better digestion
2	Puberty	Raw egg + sesame oil	It helps to relive menstrual cramp
		Black gram dal Kali	It help to strengthen the hip bone
		Fenugreek kali	It help to reduce heat in body
		Raw rice puttu	It helps to relive menstrual cramps
		Bengal gram halwa	It help to relive menstrual cramps
		Harira	It helps to strengthen the body It help to relive menstrual cramps
		Dates leghyam	Helps to maintain serum hemoglobin level It help ease the tiredness
		Fennel seeds kashayam	It helps to reduce heat pain It contains polyphenols anti oxidants
		Cumin seeds kashayam	Anti bacterial property It will help to reduce heat pain, indigestion and oedema
		Curry leaves stem kashayam	It will help to reduce false labor pain Immunity booster
3	Pregnancy	Drumstick stem soup	It helps for constipation It is rich in anti oxidants Immunity booster
		Rice water kashayam	It help to reduce heat pain Rich in B complex vitamins Rich in anti oxidant
		Selavu kulambu	It helps to increase milk secretion Anti inflammatory property Anti oxidant and anti septic property
		Pacha selavu	It help to clean the uterus Anti microbial and anti inflammatory activity
4	Lactation		It help to prevent bloating
			It help to clean the uterus

S. no	Life stages and disease condition	Recipe	Medicinal Property
5	Cold and cough	Selavu rasam	It helps to increase milk secretion Anti inflammatory property Anti oxidant and anti septic property It help to clean the uterus It helps to increase milk secretion
		Garlic leghyam	Anti inflammatory property Anti septic property It help to clean the uterus Immunity booster
		Herbal rasam	Anti oxidant and anti microbial property Prevent bloating, flatulence and indigestion
		Asafoetida cubes	Anti oxidant and anti septic activity
		Climbing brinjal leaves (thuthuvaalai) rasam	Immunity booster
		Holy basil leaves (Thulasi) kashayam	Immunity booster Anti oxidant and anti septic activity
		Mexican mint (Karupuravalli) kashayam	Immunity booster Anti oxidant and anti septic activity It help to relive from sore throat
		Dry ginger kashayam	Immunity booster Anti oxidant and anti septic activity
		Turmeric milk	Anti microbial activity It help to reduce sore throat
		Kashayam	Anti inflammatory effect Anti oxidant activity
6	Fever	Leghyam	It help to reduce tiredness Immunity booster
		Carom seeds water (omam seeds)	It help to reduce bloating and flatulence Aids for better digestion
		Buttermilk with asafoetida	It help to reduce bloating and flatulence Aids for better digestion
		Lemon mint water	It help to reduce bloating and flatulence Aids for better digestion
7	Indigestion	Poppy seeds kashayam	Help to maintain electrolyte balance during diarrhea It help to reduce ulcer induce stomach pain
		Delonix elata and ballon vine soup (Vathanarayanan and mudakathan soup)	It help to reduce swelling and pain in joints Anti inflammatory activity
			Help to reduce tiredness
8	Leg pain/ joint pain		

Several studies from Asia, Africa and South America have demonstrated high nutritive value of wild plants and traditional indigenous foods and their consumption leading to better intakes of vitamins and minerals [11].


3.5. Taboos Followed During Life Stages of the Selected Respondents




Even though we have plenty of awareness about exclusive breast feeding, still most of the Hindus (89.4%) and Christians (78.2%) prefer to include the sugar syrup as first food for infants due to superstitious belief Whereas Muslims (86.7%) prefers to include their holy water know as zumzum water as first foods for infants. Hindus (9.2%) and Christians (5.7%) did not provide breast milk for first 3 days after infant birth. So infant does not able to get colostrums from their mother. Palm jaggery is rich in iron but is avoided because

Hindus (26.1%), Muslims (5.8%) and Christians (17.3%) thought that it makes baby black. After menarche Green leafy seeds with milk were given. Christians (23.6%) and Hindus (18.7%) believe that it makes to increase their future generation fertility rate. Christians (7.4%) believed that egg and non veg consumption during menarche can causes excess sweat odour. Rice was not given for first 3 days after delivery (35.2%). Water was not given to mother, because Hindus (18.3%) and Christians (11.8%) believe that may cause oedema in stomach. Murrel (viral meen) was not given to mother. Christians (10.6%) believed that it causes excess saliva secretion in baby. Cold foods was avoided to prevent wheezing (30.2%) (Table 3).

In India, dietary habits of pregnant women are highly influenced by food fads, cultural taboos, customs and religious believes [12].

Table 3. Taboos followed during life stages of the selected Respondents.

S. No	Life stages	Taboos
1	Infancy	
		After immediate birth sugar syrup was given, it makes infant future successful. Some people believed that it help to release meconium (black stool) After 3 days of birth, sugar syrup alone should be given.

S. No	Life stages	Taboos
2	Puberty 	After menarche Green leafy seeds with milk were given. It makes to increase their future generation. Egg and non veg foods should not given, in order to avoid sweat odour
3	Pregnancy 	Raw mango and ashes should eaten Palm jaggery is avoided, because it makes the infant into black colour Papaya, pineapple, sesame seeds, chicken and crabs should avoid preventing miscarriage.
4	Lactation 	Rice should not given for first 3 days after delivery Water should not given to mother, because it cause oedema in stomach Murrel (viral meen) should not given to mother. It causes excess saliva secretion in baby Cold foods should avoided

3.6. Botanical and Common Name of the Indigenous Foods

Indigenous food contains nutraceutical component which to aids to maintain body hemostasis. It has anti oxidant property that helps to reduce oxidative stress. It have act as immunity booster that helps to reduce the illness. It has anti inflammatory and anti septic activity. Indigenous foods aids

for better quality of life. It helps to protect both physical and mental health. Fruits and vegetables contain anti - oxidants, which have been credited with disease fighting properties, and assist the body to reduce the risk of many non-communicable diseases [13]. Indigenous fruits and vegetables provide vitamins and essential minerals (Table 4).

Table 4. Botanical and common name of the indigenous foods.

S. no	Botanical name	Common name (English)	Common name (Tamil)	Nutraceutical component	Source
1.	Acorus Calamus	Sweet Flag	வசம்பு	Asarone and Volatile Siloxane	Vinayak, Thangadurai, et al [14]
2	Curcuma Longa	Turmeric (Raw)	விரலி மஞ்சள்	Silicic Acid	Prasas & Aggarwal [15]
3	Terminalia Chebula	Myrobalan	கடுக்காய்	Curcumin	Grover & Bala [16]
4	Piper Longum	Long Pepper	திப்பிலி	Chebolic Acid, Chebulagic Acid,	Liu, Jiang, et al [17]
5	Glycyrrhiza Glabra	Liquorice	அதிமதுரம்	Piperine	Brown [18]
6	Myristica Fragrans	Nutmeg	ஜாதிக்காய்	Glycyrrhizin	Muchtaridi, Subarnas, et al [19]
7	Alpinia Officinarum	Galangal Root	சித்தரத்தை	Myristicin	Basri, Taha & Ahmad [20]
8	Zingiber Officinale	Dry Ginger	சுக்கு	Flavanoids	Grzanna, Lindmark & Frondoza [21]
9	Ocimum Tenuiflorum	Holy Basil Leaves	துளசி	Terpenes, And Phenolic Compounds	Pattanayak, Behera, et al [22]
10	Coleus Amboinicus	Mexican Mint Leaves	கற்பூரவள்ளி	Eugenol	Wadikar & Patki [23]
11	Cucumis	Mukia	முசுமுசுக்கை	Carvacrol, Thymol	Dhanaraj & Jegadeesan [24]
12	Maderaspatanus	maderaspatana	வெற்றிலை	β-sitosterol	Ji, Li, & Zhang [25]
13	Piper Betle	Betel Leaves	கசகசா	Xenohormesis	Michelle, John, et al [26]
14	Papaver Somniferum	Poppy Seeds	நல்லெண்ணெய்	Morphine	Pathak, Raj, et al [27]
15	Sesamum Indicum	Sesame Oil	வெந்தய விதைகள்	Linoleic Acid	Snehlata & Payal [28]
16	Trigonella Foenum-Graecum	Fenugreek Seeds	உளுந்து	Trigonelline, Galactomannans	Girish, Pratape & Prasad [29]
17	Vigna Mungo	Black Gram Dal	பேர்ச்சம் பழம்	Galic, Protocatechuic	Martin, Cherif, et al [30]
18	Phoenix Dactylifera	Dates	சீரகம்	Polyphenols	Patil, Sahadeo, et al [31]
19	Cuminum Cyminum	Cumin Seeds	கறிவேப்பிலை	Cuminaldehyde	Rajendran, Pallaiyan & Selvaraj [32]
20	Murraya Koenigii	Curry Leaves	முருங்கைக்கீரை	Monoterpenes, Linalool	Sultana & Anwar [33]
21	Moringa Oleifera	Drumstick Leaves	மிளகு	Quercetin And Kaempferol	Capasso, Izzo, et al [34]
22	Piper Nigrum	Pepper	சின்ன வெங்காயம்	Piperine	Liguori, Califano, et al [35]
23	Allium Cepa	Shallots	பெருங்காயம்	Quercetin And Kaempferol	Augustine & Sreeraj [36]
24	Ferula Assafoetida	Asafoetida	பூண்டு	Assafoetidin, Ferulic Acid	Yoo, Kim, et al [37]
25	Allium Sativum	Garlic	தூதுவளை	Allicin	Balakrishnan, Purushothaman, et al [38]
	Solanum Trilobatum Linn	Climbing Brinjal		Sobatum	

S. no	Botanical name	Common name (English)	Common name (Tamil)	Nutraceutical component	Source
26	Phyla Nodiflora	Turkey Tangle Leaves	பொடுதலை	Flavonoids	Lin, Yen, Chen, et al [39]
27	Delonix Elata	White Gul Mohur	வாதநாராயணன்	Phenolic Compound	Ghada [40]
28	Cardiospermum Halicacabum	Balloon Vine	முடக்கத்தான் கீரை	Pinito	Wei, Chen, et al [41]
29	Commiphora Caudata	Hill Mango	கிளுவை	Lignans, Flavonoids, Glycosides	Reddy, Sudhakar & Sriram [42]
30	Trachyspermum Ammi	Carom Seeds	ஓமம்	Carvacrol, Thymol	Nisar, Shafaq, et al [43]
31	Anethum graveolens	Dill seeds	சதகுப்பை	Carvone, limonene and coumarins	Jana & Shekhawat [44]

3.7. Statistical Analysis

Correlation was performed to assess the relationship between age and traditional knowledge. The Pearson correlation between age and traditional knowledge is 0.606.

This shows that there is a positive correlation between age and traditional knowledge, hence traditional increases with the age (Table 5).

Table 5. Correlation between age and traditional knowledge of the selected Respondents.

Correlations		Age	Traditional knowledge
Age	Pearson Correlation	1	0.606**
	Sig. (2-tailed)		0.000
	N	202	202
Traditional knowledge	Pearson Correlation	0.606**	1
	Sig. (2-tailed)	0.000	
	N	202	202

**, Correlation is significant at the 0.01 level (2-tailed).

Chi- square test was performed to assess the association between residential area and traditional knowledge. In Pearson Chi-square test the P value for residential area and traditional knowledge is 0.005 which is lesser than the level of significance ($P < 0.05$). Hence our null hypothesis (H_0) was accepted. So that there is an association between the residential area and traditional knowledge.

Cross tabulation between the residential area and traditional knowledge shows that out of 58 urban people, 22 (37.9%) people possess traditional knowledge. out of 67 Semi urban people, 37 (55.2%) people possess traditional knowledge. out of 75 urban people, 51 (68%) people possess traditional knowledge (Table 6).

Chi- square test was performed to assess the association between residential area and Literacy status. In Pearson Chi-square test the P value for residential area and Literacy status is 0.004 Which is lesser than the level of significance ($P < 0.05$). Hence our null hypothesis (H_0) was accepted. So that there is an association between the residential area and Literacy status.

Table 6. Cross tabulation between residential area and traditional knowledge of the selected Respondents.

Residential Area * Traditional Knowledge Cross Tabulation (N=202)				
Count		Traditional Knowledge		Total
		No	Yes	
Residential Area	Urban	36	22	58
	Semi urban	30	37	67
	Rural	24	51	75
Total		90	120	202

4. Conclusion

The above study concluded that the traditional knowledge on indigenous food was decreasing gradually, if this situation persists, we may lose our precious traditional knowledge on food in future among the younger generations. Indigenous food aids for better well being and it is rich in antioxidant and nutraceutical compound that helps to reduce oxidative stress and its ill effects. It has anti microbial and anti inflammatory activity. So it is important to document the indigenous food in order to protect and preserve our traditional knowledge. We could also note that even in 21st century food taboos are more prevalent among the people of Tamilnadu.

Future Recommendation

We have to create awareness about our indigenous food and its importance among younger generation to preserve our traditional foods. We can educate the children through animated video/ pamphlet/ infographics.

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Conflict of Interest Statement

The authors declare that they have no competing interests.

Authors Contribution

Anusuya Devi conceived and designed the study. Anusuya Devi and Sathiya supervision the study. Dheephiga collected and analyzed the data, prepared the manuscript. All the authors contributed to critique and modification of the manuscript, read, and approved the final version. Dheephiga is responsible for the submission for publishing the article to Science PG.

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