World Scientific Research
Vol. 11, No. 1, 22-28, 2024
ISSN(E) 2411-6661/ ISSN(P) 2518-0177
DOI: 10.20448/wsr.v11i1.6269

Food taboos among pregnant and lactating mothers in Osisioma local government area, Abia State, Nigeria

Ada Daisy Oguizu[1]✉
Monica Nwankwo[2]


(✉ Corresponding Author)

[1]*Department of Public Health Sciences, Faculty of Basic Medical Sciences, College of Medical Sciences, Rivers State University Nkpolu- Oroworukwo, P.M.B. 5080 Port-Harcourt, Rivers State, Nigeria.*
[1]*Email: ada.ejekwu@gmail.com*
[2]*Department of Human Nutrition and Dietetics, Michael Okpara University of Agriculture, Umudike, P.M.B. 7267, Umuahia, Abia State, Nigeria.*
[2]*Email: monicanwankwo66@gmail.com*

Abstract

This research delved into the phenomenon of food taboos among rural pregnant and lactating mothers in Osisioma L.G.A. A total of 262 participants were chosen through a simple random sampling method, and a structured questionnaire was utilized to gather data on the socio-demographic and economic characteristics, family structure, food taboos, and feeding practices of the respondents. The study employed a multi-stage sampling technique. Initially, twenty communities were randomly selected from a pool of thirty. Subsequently, six health centers and two hospitals were purposively chosen from the available eleven health centers and six hospitals, respectively. The findings revealed that cultural beliefs and practices played a pivotal role in the food intake of the mothers. Approximately 44.3% of the mothers acknowledged the existence of food taboos within their vicinity. A quarter (45.4%) of the mothers observed food taboos during pregnancy. Major reasons given by the women as to why they avoided some foods include fear of difficult delivery, fear of abortions and discoloration of the fetal body. Avoiding foods during pregnancy might have long term impact on the mother and baby. The study advocates for the nationwide implementation of nutrition education programs during pregnancy, childbirth, and lactation, emphasizing on the critical nutrients.

Keywords: Food taboos, Lactating mothers, Osisioma, Pregnant mothers, Nigeria.

Citation | Oguizu, A. D., & Nwankwo, M. (2024). Food taboos among pregnant and lactating mothers in Osisioma local government area, Abia State, Nigeria. *World Scientific Research*, *11*(1), 22–28. 10.20448/wsr.v11i1.6269
History:
Received: 4 November 2024
Revised: 6 December 2024
Accepted: 20 December 2024
Published: 30 December 2024

Publisher: Asian Online Journal Publishing Group

Funding: This study received no specific financial support.
Institutional Review Board Statement: The Ethical Committee of the Michael Okpara University of Agriculture, Nigeria has granted approval for this study.
Transparency: The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.
Competing Interests: The authors declare that they have no competing interests.
Authors' Contributions: Both authors contributed equally to the conception and design of the study. Both authors have read and agreed to the published version of the manuscript.

Contents

Contribution of this paper to the literature

This paper will provide valuable insights into the cultural practices and beliefs surrounding food consumption among pregnant and lactating women in a specific Nigerian context. This can enhance understanding of how cultural factors influence dietary choices during pregnancy and lactation. By identifying specific food taboos, the paper may contribute to discussions on maternal and child health. The findings can inform healthcare providers and policymakers about local beliefs and practices, allowing for culturally sensitive health education and interventions that respect and address these taboos. Overall, this paper adds to the existing body of knowledge by documenting specific food taboos and their implications, which can inform both local practices and global discussions on maternal health.

1. Introduction

Pregnancy demands a nutritious diet to support the health of both the mother and the developing fetus. A balanced intake of various foods—including green and orange vegetables, meats, fish, legumes, nuts, whole grains, and fruits—is essential to meet the increased nutritional needs during this critical period [1]. However, many pregnant women, particularly in low- and middle-income countries, face challenges accessing a healthy diet due to cultural food taboos. These taboos, which involve abstaining from certain foods for religious, cultural, or hygienic reasons, can significantly hinder adequate nutrition [2]. Research conducted in various parts of Africa has shown that traditional beliefs often compel women to avoid nutrient-rich foods during pregnancy and the postpartum period, leading to maternal and fetal malnutrition [3]. The inadequacy of micronutrient intake can result in various forms of malnutrition, which poses risks to both mother and child. Many cultures hold the belief that avoiding specific foods protects maternal and fetal health, yet this can increase the likelihood of deficiencies in essential nutrients such as proteins, fats, vitamin A, calcium, and iron [4]. The persistence of these food taboos, often passed down through generations, reflects deep-rooted cultural values, leading women to fear potential harm to their unborn babies if they disregard these practices [5]. Factors such as previous personal experiences, societal expectations, and respect for elders further reinforce these dietary restrictions. Unfortunately, these cultural beliefs often conflict with medical recommendations regarding optimal nutrition for pregnant women.

Consequently, food taboos have emerged as a significant contributor to maternal undernutrition, particularly among rural women [6]. The avoidance of certain nutritious foods, coupled with misinformation about their benefits, deprives women of vital nutrients during a crucial time for both their health and that of their infants. In regions like Nigeria, specific examples illustrate how pregnant women may avoid foods like snails, eggs, and milk due to fears surrounding fetal development [7]. Given that sociocultural factors influencing food taboos remain insufficiently studied, this research aims to assess the prevalence and impact of these practices in the Osisioma Community, focusing on pregnant women and lactating mothers.

2. Materials and Methods

2.1. Study Design

A cross-sectional study design was utilized to conduct this investigation.

2.2. Area of Study

This study was carried out in Osisioma Ngwa Local Government Area of Abia State. Osisioma Ngwa is a Local Government Area located in Abia State, Nigeria, with its headquarters situated in Osisioma town. Covering an area of 198 km² (76 sq mi), it has a population of 219,632 according to the 2006 census. The name "Osisioma" is derived from the Igbo language, where "Osisi" means tree, plant, or wood, and "Oma" signifies good, fine, or beautiful. Thus, Osisioma can be translated as "good tree," "fine plant," or "beautiful wood." This name is inspired by the Delonix regia, a striking ornamental tree known for its fern-like leaves and vibrant flowers, commonly referred to as the royal poinciana or flamboyant tree. Osisioma Ngwa L.G.A is a commercial and tourist area. Majority of the residents engage in farming, trading, business, craftsmanship, and various artisanal activities.

2.3. Population of Study

The study population consisted of pregnant and lactating nursing mothers attending the Postnatal clinic in Osisioma Ngwa Area of Abia State.

3. Sample Size Calculation

The sample size was calculated using the formula by Araoye [8].

$$N = \frac{Z^2 \times P\,(100\text{-}P)}{X^2}$$

Where n = Sample size.

Z= Confidence level which was taken as 95% with a degree of probability of 1.96.

P= Estimated prevalence of undernutrition among pregnant women in Nigeria which was taken as 21.8% [9].

X= Level of precision taken to be 5%.

The sample size was therefore calculated as follows:

$$N = \frac{1.96 \times 1.96 \times 21.8\,(100-21.8)}{5^2}$$

$$N = \frac{3.8416 \times 21.8\,(78.2)}{25}$$

$$N = \frac{3.8416 \times 1704.8}{25}$$

$$N = \frac{6549.2}{25}$$

$$N = 262$$

3.1. Sampling Procedure

A multi-stage sampling approach was employed for this study. Initially, 20 communities were randomly selected out of 30 communities. Subsequently, six health centers and two hospitals were purposively chosen from the total of 11 health centers and 6 hospitals, respectively. In the final stage, thirty-five pregnant/nursing mothers were randomly selected from each of the designated health centers and hospitals, resulting in a total sample size of 262.

3.2. Informed Consent

Prior to data collection, participants were briefed on the study's objectives and requirements. They were assured that all information provided would be treated with utmost confidentiality, solely used for research purposes, and safeguarded against third-party exposure. Verbal consent was obtained from all participants before their inclusion in the study.

3.3. Data Collection

Data gathering was conducted using a closed-ended questionnaire designed to collect information on participants' socio-demographic and economic characteristics, family structure, food taboos, and feeding practices.

3.4. Statistical Analysis

Prior to data entry, the entire questionnaire was meticulously reviewed by the principal investigator. Data were entered into excel and then exported to Statistical Package for Social Sciences (SPSS) version 22 statistical software for analysis. Chi-square tests were conducted to determine the association between dependent and independent variables. Statistical significance was set at a P value below 0.05, and results were presented through textual descriptions, tables, and figures. Descriptive statistics (frequency and percentage) were utilized to analyze socio-demographic and economic characteristics as well as food taboo.

4. Result and Discussions

Table 1 Shows the Socio-demographic characteristics of the Respondents. According to the informants, the age range of all participants falls between 21 and 50 years, with the youngest informant being 23 years old and the oldest 42 years old. Of the mothers surveyed, 45.0% were married, 23.3% were single, 19.8% were divorced, and 11.8% were widowed. Married mothers often lived with their husbands, who provided support and contributed to meeting the needs of pregnant women. Additionally, the cultural influence of their mothers-in-law led married women to adhere to various food taboos. Single mothers, comprising the majority of participants at 23.3%, faced challenges such as disownment and had to engage in menial work to support themselves and their children. These single mothers lacked guidance on food taboos and thus had no restrictions on their dietary choices. Divorced mothers, accounting for 19.8% of the participants, were aware of food taboos but did not practice them, while widowed mothers (11.8%) adhered to a few taboos due to their circumstances. The educational background of the respondents varied, with 13.7% having non-formal education, 17.9% primary education, 37.0% secondary education, and 31.3% tertiary education. Educational attainment played a crucial role in determining dietary patterns during pregnancy and lactation. The data indicated that respondents with lower education levels, particularly those with primary and secondary education, tended to follow food taboos, whereas those with higher education levels were less likely to adhere to such restrictions. Participants were categorized based on income levels, with 21.8% earning less than ₦30,000, 34.0% earning between ₦31,000 and ₦40,000, and varying percentages falling into higher income brackets. Women in the lower income category faced limitations in food choices due to financial constraints, resulting in a lack of adherence to food taboos. Conversely, those with higher incomes had more flexibility in their dietary decisions. Occupational choices were influenced by educational background, with tertiary-educated women typically earning higher salaries ranging from ₦61,000 to ₦71,000 and above. Those with primary and secondary education often engaged in trading, farming, or business ventures due to limited employment opportunities. A significant proportion (22.9%) of respondents were housewives who relied on others for financial support.

Table 1. Socio-demographic characteristics of the respondents N=262.

Variables	Frequency	Percentage
Age		
Less than 20 years	15	5.7
21-30 years	114	43.5
31-40 years	94	35.9
41-50 years	39	14.9
Marital status		
Married	118	45.0
Single	61	23.3
Divorce	52	19.8
Widow	31	11.8
Level of education		
Non-formal	36	13.7
Primary	47	17.9
Secondary	97	37.0
Tertiary	82	31.3
Occupation		
Civil servant	69	26.3
Farmer	60	22.9
Housewife	38	14.5
Unemployed	20	7.6
Trader/Business	75	28.6
Income		

Variables	Frequency	Percentage
Less than ₦30,000	57	21.8
₦31,000-₦40,000	89	34.0
₦41,000-₦50,000	27	10.3
₦51,000-₦60,000	37	14.1
₦61,000-₦70,000	35	13.4
More than ₦71,000	17	6.5
Number of children		
1	53	20.2
2	184	70.2
Greater than or equal to 3	25	9.5
Antenatal care facility		
Government hospital	179	68.3
Private hospital	55	21.0
Maternity home	22	8.4
Traditional birth attendant	6	2.3

Table 2 illustrated the Food Taboos prevalent among pregnant and lactating women. Approximately 44.3% of the mothers acknowledged the Existence of food Taboo within their vicinity, which contradicts the research by Wbalem, et al. [10] indicating a higher awareness among mothers in Ethiopia regarding Taboos during pregnancy. A notable 29.4% of the mothers expressed Uncertainty regarding the Presence of food Taboo in their surroundings, while 26.3% affirmed the Absence of any food taboos. Furthermore, less than half (45.4%) of the mothers observed food taboos during pregnancy, consistent with Ekwochi, et al. [11] findings that a minority (36%) of mothers in South-East Nigeria refrained from certain foods due to cultural taboos.

Table 2. Food taboos among pregnant and lactating women.

Variable	Frequency	Percentage
Presence of food taboo in respondent's area		
Yes	116	44.3
No	69	26.3
I do not know	77	29.4
Total	262	100
Observation of food taboo		
Yes	119	45.4
No	143	54.6
Total	262	100

Table 3 illustrates the food taboos adhered to by the participants. Approximately 31.7% of the mothers refrained from consuming grass cutter during pregnancy, aligning with the results of Awo, et al. [12] which indicated that less than half of the mothers in Ebonyi State avoided grass cutter while pregnant. The majority (68.3%) of the mothers did not observe this taboo. A small percentage (13%) of the mothers avoided ukpo fruit (walnut), which contrasts with the findings of Oluleke, et al. [13] among pregnant women in Ile-Ife, where only 2.6% avoided walnuts. The vast majority (86.6%) of the mothers did not abstain from consuming walnuts. Less than half (40.8%) of the mothers consumed palm wine to enhance breast milk production, contradicting the findings of Chikezie, et al. [14] which reported that the majority (60.2%) of breastfeeding mothers in South-Eastern Nigeria consumed palm wine for this purpose. Roughly 16.8% of the mothers avoided pork during pregnancy, consistent with the findings of Awo, et al. [12] which stated that 14.3% of mothers in Ebonyi State refrained from pork consumption while pregnant.

Eighteen percent (18%) of the mothers avoided beans and vegetables during breastfeeding, contradicting the findings of Tela, et al. [15] which reported that approximately 45.5% of women in Northern Ethiopia avoided legumes such as beans. A portion (27.5%) of the mothers refrained from consuming oranges during pregnancy, lower than the findings of Gamuchirai and Charlie [16] which noted that about 42% of pregnant women in the Eastern Cape, South Africa avoided oranges. Roughly a quarter (25.2%) of the mothers did not consume snails during pregnancy, contradicting the findings of Awo, et al. [12] which indicated that over half (56.9%) of the mothers did not consume snails.

The majority (74.8%) of the mothers consumed snails. A minority (12.2%) of the mothers refrained from consuming peppers during pregnancy, differing from the findings of Ramulondi, et al. [17] which reported that the majority (62%) of Zulu women do not consume chili peppers during pregnancy. The majority (75.2%) of the mothers consumed peppers during pregnancy. Approximately 24.8% of mothers did not consume eggs during pregnancy, mirroring the findings of Awo, et al. [12] which reported that around 25.3% of mothers in Ebonyi State avoided eggs during pregnancy. The majority (75.2%) of the mothers in this study did not avoid eggs during pregnancy.

Table 3. Practiced food taboo among the pregnant and lactating mothers N=262.

Variables of practiced food taboo	Frequency	Percentage
Avoided grass cutter		
Yes	83	31.7
No	179	68.3
Avoided eating ukpo fruit (Walnut)		
Yes	35	13.4
No	227	86.6
Avoided eating native pear (*Dacryodes edulis*)		
Yes	42	16.0
No	220	84.0
Drank palm wine to increases breast milk quantity		

Variables of practiced food taboo	Frequency	Percentage
Yes	107	40.8
No	155	59.2
Avoided eating pork during pregnancy		
Yes	44	16.8
No	218	83.2
Avoided eating beans and vegetable during breast feeding		
Yes	48	18.3
No	214	81.7
Avoided taking orange during pregnancy		
Yes	72	27.5
No	190	72.5
Avoided eating snails during pregnancy		
Yes	66	25.2
No	196	74.8
Avoided eating plenty pepper		
Yes	32	12.2
No	230	87.8
Avoided eating egg		
Yes	65	24.8
No	197	75.2
Avoided eating of corn porridge during breast feeding		
Yes	56	21.4
No	206	78.6

Table 4 delineated the rationales for adhering to these food taboos. Approximately 39.7% of the mothers espoused the notion that consuming grasscutter could protract labor, while the majority (60.3%) dismissed this belief. Ekwochi, et al. [11] documented that around 28% of mothers in the southeastern region of Nigeria who abstained from consuming grass cutter harbored the conviction that its ingestion would lengthen labor. A minority (16.4%) of the mothers held the belief that the consumption of ukpo (*Mucuna Sloanei*) during pregnancy would result in the child falling ill after meals, whereas the majority refuted this notion. According to a study by Oluleke, et al. [13] conducted among pregnant women attending primary health care centers in Ile-Ife, Nigeria, these mothers avoided walnut consumption to prevent skin bleaching in their offspring. A scanty 17.9% of the mothers maintained the belief that indulging in native pear (*Dacryodes edulis*) during pregnancy would lead to the child frequently developing boils and abscesses, while the overwhelming majority (82.1%) did not subscribe to this belief. A significant proportion (58.0%) of the mothers were of the opinion that the consumption of palm wine enhances the quantity of breast milk, while 42.0% were skeptical of this claim. As per a study by Chikezie, et al. [14] breastfeeding mothers in South-Eastern Nigeria adhere to nutritional beliefs and practices, asserting that palm wine consumption provides additional nutrients to lactating mothers. Nineteen percent (19%) of the mothers believed that consuming pork during pregnancy would cause the baby to clench its fists, while the majority (80.2%) dismissed this notion. Research by Oluleke, et al. [13] indicated that pregnant women attending primary health care centers in Ile-Ife, Nigeria refrained from pork consumption due to religious convictions. A fraction (22.1%) of the mothers maintained the belief that the consumption of beans and vegetables during breastfeeding would induce purging in the baby, while the majority (77.9%) rejected this notion. Tela, et al. [15] reported that in Northern Ethiopia, legumes (beans and chickpeas) are avoided due to the belief that they cause abdominal cramps in both the mother and fetus, prolong labor, exacerbate labor pains, and induce miscarriages. Twenty-four percent (24%) of the mothers harbored the belief that consuming oranges during pregnancy would result in the child having "Jedi-Jedi," while 75.6% of the mothers did not endorse this belief. Gamuchirai and Charlie [16] highlighted that most pregnant women in the Eastern Cape, South Africa abstained from consuming oranges due to the belief that it would result in the child being born with a yellow complexion, yellow pimples/rashes, yellow eyes, and cracked lips, which are deemed abnormal.

Approximately 24.8% of the mothers believed that consuming snails during pregnancy would lead to the baby excessively salivating, while 75.2% dismissed this belief. Ekwochi, et al. [11] reported that some mothers refrained from consuming snails during pregnancy as they believed it would make their babies sluggish in life and prone to excessive salivation. A minority (12.6%) of the mothers subscribed to the belief that consuming copious amounts of pepper during pregnancy would result in babies with parched skin, contradicting the findings of Ramulondi, et al. [17] which indicated that most Zulu women avoided chilies due to the belief that it would cause the baby to have scorched skin or dark marks, rashes, blisters before birth, diarrhea, red spots, and excessive crying. The vast majority (87.4%) of the mothers in this study dismissed this belief. A fraction (28.6%) of the mothers believed that pregnant women who consume eggs would give birth to overweight babies, while 71.4% did not support this belief. In certain regions of Nigeria, pregnant women refrain from consuming snails, eggs or milk "due to fears that the children may develop undesirable habits post-birth" [18]. Approximately 27.9% believed that the consumption of corn porridge during breastfeeding would induce purging in the baby, while the majority (72.1%) of the mothers rejected this belief.

Table 4. Reasons for practicing food taboos by the mothers.

Variables	Frequency	Percentage
Believed that grass cutter prolongs labour		
Yes	104	39.7
No	158	60.3
Total	262	100
Believed that if a pregnant woman eats ukpo (*Mucuna Sloanei*), her baby will always be sick after feeding		
Yes	43	16.4
No	219	83.6
Total	262	100
Believed that eating native pear (*Dacryodes edulis*) during pregnancy will cause the baby to constantly have boils		

Variables	Frequency	Percentage
and abscesses		
Yes	47	17.9
No	215	82.1
Total	262	100
Believe that drinking palm wine increases breast milk quantity		
Yes	152	58.0
No	110	42.0
Total	262	100
Believe that eating pork during pregnancy will make the baby to have fists		
Yes	52	19.8
No	210	80.2
Total	262	100
Believe that eating beans and vegetable during breast feeding makes the baby purge		
Yes	58	22.1
No	204	77.9
Total	262	100
Believe that taking orange during pregnancy will make the baby have "Jedi-Jedi"		
Yes	64	24.4
No	198	75.6
Total	262	100
Believe that mother who eats snails during pregnancy will have a baby who salivates frequently		
Yes	65	24.8
No	197	75.2
Total	262	100
Believe that mother who eats plenty pepper will have babies with skin parches		
Yes	33	12.6
No	229	87.4
Total	262	100
Believe that a pregnant woman who eats egg will have a fat baby		
Yes	75	28.6
No	187	71.4
Total	262	100
Believe that eating corn porridge during breast feeding makes a baby purge		
Yes	73	27.9
No	189	72.1
Total	262	100

5. Conclusion

The cultural beliefs and practices play a pivotal role in disseminating nutrition messages within the community. These beliefs significantly impact pregnant women, infants, and the broader community. Many of these entrenched beliefs and practices have been transmitted across generations without scientific substantiation or validation, potentially jeopardizing the health of mothers and their newborns post-delivery. Interventions and educational initiatives are imperative to enhance the dietary quality of mothers, especially among those adhering to cultural customs that may be detrimental to maternal and offspring health outcomes. Nutritional deficiencies often stem from dietary trends, emphasizing the importance of health-seeking behavior and the abandonment of harmful traditional culinary methods such as discarding rice water post-cooking and excessive peeling of vegetables. Rejecting modern child-rearing practices like bottle feeding and embracing contemporary, nutritionally sound feeding practices are essential for fostering the well-being of children in Osisioma Local Government Area.

References

[1] Ö. Tunçalp *et al.*, "WHO recommendations on antenatal care for a positive pregnancy experience-going beyond survival," *BJOG: An International Journal of Obstetrics & Gynaecology*, vol. 124, no. 6, pp. 860-862, 2017. https://doi.org/10.1111/1471-0528.14599

[2] World Health Organization, "Healthy diet," No. WHO-EM/NUT/282/E. World Health Organization. Regional Office for the Eastern Mediterranean, 2019, 2020.

[3] M. A. Kominiarek and P. Rajan, "Nutrition recommendations in pregnancy and lactation," *Medical Clinics*, vol. 100, no. 6, pp. 1199-1215, 2016. https://doi.org/10.1016/j.mcna.2016.06.004.

[4] T. Shwetha, R. Shwetha, I. Krishna, and R. Usha, "Food taboos among pregnant and lactating mothers in Tumkur: A qualitative study," *International Journal of Community Medicine And Public Health*, vol. 4, no. 4, pp. 1060-1065, 2017. https://doi.org/10.18203/2394-6040.ijcmph20171324

[5] O. A. Oni and J. Tukur, "Identifying pregnant women who would adhere to food taboos in a rural community: A community-based study," *African Journal of Reproductive Health*, vol. 16, no. 3, pp. 67-75, 2012.

[6] L. Fouda, M. Ahmed, and N. Shehab, "Nutritional awareness of women during pregnancy," *Journal of American Science*, vol. 8, no. 7, pp. 494-502, 2012.

[7] B. Payghan, S. Kadam, and R. Reddy, "A comparative study of nutritional awareness among urban-rural pregnant mothers," *Research & Reviews: Journal of Medical and Health Sciences*, vol. 3, pp. 95-99, 2014.

[8] M. O. Araoye, *Research methodology with statistics for health and social sciences*, 115-122 ed. Ilorin: Nathadex, 2003.

[9] Nigeria Demographic and Health Survey, *National population commission federal Republic of Nigeria Abuja, Nigeria*. Maryland, USA: ICF International Rockville, 2018.

[10] A. Wbalem, K. T. Abera, S. Agumasie, and T. R. Kedir, "Food taboos among pregnant women and associated factors in Eastern Ethiopia: A community-based cross-sectional study," *SAGE Open Medicine*, vol. 10, pp. 1-11, 2022.

[11] U. Ekwochi, C. D. Osuorah, I. K. Ndu, C. Ifediora, I. N. Asinobi, and C. B. Eke, "Food taboos and myths in South Eastern Nigeria: The belief and practice of mothers in the region," *Journal of Ethnobiology and Ethnomedicine*, vol. 12, pp. 1-6, 2016. https://doi.org/10.1186/s13002-016-0079-x

[12] C. G. Awo, C. C. Onyenekwe, and A. U. Chinedu, "Assessment of food taboo practices among pregnant women in the rural communities of Ebonyi state, Nigeria," *International Journal of Health Sciences and Research*, vol. 12, no. 6, pp. 77-83, 2022. https://doi.org/10.52403/ijhsr.20220609

[13] M. O. Oluleke, A. O. Ogunwale, O. S. Arulogun, and A. L. Adelekan, "Dietary intake knowledge and reasons for food restriction during pregnancy among pregnant women attending primary health care centers in Ile-Ife, Nigeria," *International Journal of Population Studies*, vol. 2, no. 1, pp. 103-16, 2016.

[14] O. J. Chikezie, A. I. Chike, O. I. Ignatius, I. K. Ndu, and U. A. Umeh, "Ethnographic study of perspective and attitude of breastfeeding mothers towards the use of elaeis guineensis sap as galactagogue among igbo women of Southeastern Nigeria," *Gynecology Obstetrics & Reproductive Medicine*, vol. 28, no. 1, pp. 31-37, 2022.

[15] F. G. Tela, L. W. Gebremariam, and S. A. Beyene, "Food taboos and related misperceptions during pregnancy in Mekelle city, Tigray, Northern Ethiopia," *Plos One*, vol. 15, no. 10, p. e0239451, 2020. https://doi.org/10.1371/journal.pone.0239451

[16] C. Gamuchirai and S. Charlie, "Food taboos and cultural beliefs influence food choice and dietary preferences among pregnant women in the Eastern Cape, South Africa," *Nutrients*, vol. 11, no. 11, p. 2668, 2019. https://doi.org/10.3390/nu11112668

[17] M. Ramulondi, H. de Wet, and N. R. Ntuli, "Traditional food taboos and practices during pregnancy, postpartum recovery, and infant care of Zulu women in northern KwaZulu-Natal," *Journal of Ethnobiology and Ethnomedicine*, vol. 17, pp. 1-19, 2021. https://doi.org/10.1186/s13002-021-00451-2

[18] O. Ogbeide, "Nutritional hazards of food taboos and preferences in mid-West Nigeria," *The American Journal of Clinical Nutrition*, vol. 27, no. 2, pp. 213-216, 2000. https://doi.org/10.1093/ajcn/27.2.213