

Assessment of Food Taboo Practices among Pregnant Women in The Rural Communities of Ebonyi State, Nigeria

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ABSTRACT

Background: Food taboo practice is a menace that have affected pregnant women greatly as well as the outcome of their pregnancies. Food taboo is the avoidance of essential food nutrients by women in the rural areas mostly during pregnancy. Most of the pregnant women in the rural communities of Ebonyi state, Nigeria indulges in one or more food restrictions without any considerations of its effects on their pregnancies. Thus, this study assessed food taboo practices among pregnant women in the rural communities of Ebonyi state, Nigeria, using descriptive cross-sectional survey with Three hundred and sixty-four (364) respondents as the sample size.

Aim and Objectives: To assess and document the food taboo practices among pregnant women in rural communities of Ebonyi State, Nigeria and ascertain the reasons for the Food taboos practiced by pregnant women in some rural communities of Ebonyi State.

Results: Result of the analysis showed that all the respondents in the study area engage in one form of food taboo or the order, avoiding foods like grass cutters, squirrels, Cakes and pastries among others and reported religion, culture, superstitious believe as their reasons.

Conclusions: Food taboo in the rural communities of Ebonyi state, Nigeria is basically related to traditional/cultural beliefs, ignorant, lack of nutrition education and superstitious belief. The study therefore recommends among other things that there should be an increased collaboration between the health care providers and the communities to enhance compliance with the practices of adequate food intake in the families especially among the pregnant mothers.

Keywords: Food, Taboo, Pregnant women, Rural communities, Intrauterine growth retardation, prematurity, pregnancy outcome.

INTRODUCTION

Food taboos among rural women have been identified as one of the factors contributing to maternal under nutrition in pregnancy (Oni & Tukur, 2012). Pregnant mothers want to have healthy babies, and this concern is a major influence in the change in pregnant mothers' dietary behaviors (Morris,

Strömmer, Vogel, *et al.* (2020). This desire should be viewed as a motivation for pregnant mothers to improve their diets. Therefore, the pregnant women tend to adhere strictly to prevailing food restrictions. Pregnant women avoid certain foods for a range of reasons, some of these relate to factors associated with pregnancy outcome

and birthing process to avoid undesirable features in the baby (Oni & Tukur, 2012). In a recent study by Withers, Kharazmi & Lim (2018), the most frequently reported taboos during pregnancy included restrictions on the consumption of linseed, honey, milk and nuts which ordinarily are good sources of calories, protein and vitamins. Women avoided these foods for fear of giving birth to a “fatty baby”, having babies with discolored skin, abortion and stillbirth (Ngozi, 2012). Fruits and vegetables which are highly nutrient dense are also limited. Fruits such as mango, orange, avocado pear, pineapples are not eaten and the reason is to prevent the baby from getting worms, malaria and diarrhea during childhood.

Many vegetables are also taboos particularly those that are green in color as they are assumed to cause the baby to be bald and develop bad odors (Olusanya, Okpere & Ezimokhai 2015). Eating eggs and fruit together or meat with cheese was also considered harmful to mother and baby (Olusanya, Okpere & Ezimokhai, 2015). In addition to these foods, Olusanya, Okpere and Ezimokhai, (2015) also reported avoidance of potatoes and sugar cane by pregnant women so that their babies won't grow too big and lead to difficult labor.

In some societies, food taboos are often meant to protect the pregnant women and their unborn children. For example, certain allergies which are thought to be associated with depression could be the reason for declaring food items that were identified as causal agents of these allergies “taboo”. It is believed that any food taboo acknowledged by a particular group of people as part of their culture aids in the cohesion of the group and helps that particular group maintain its identity and therefore, creates a sense of belonging among the group (Ngozi, 2012).

In some parts of Ishan, Afemai, and Isoko tribes of Delta state, Nigeria, pregnant women avoid snails, whereas pregnant women of the Asaba Division are neither allowed to eat eggs nor drink milk “because it is feared the children may develop bad

habits after birth” (Ogbeide, 2016). Women of the Ika division of Delta State, Nigeria is forbidden to consume porcupine as that is thought to cause a delay in labor (Ogbeide, 2016).

Maternal diets during pregnancy have gained a lot of attention over the years. This is due to the recognition of the increased physiologic, metabolic and nutritional demand placed on the pregnant woman by her gravidity (Olusanya *et.al.*). The dietary intake of pregnant women needs to provide energy and nutrients for the mothers, as well as the fetus.

Studies have shown that inadequate dietary intake in pregnancy can lead to unfavorable outcomes. Insufficient intake of dietary and supplemental iron can lead to iron deficiency anemia, with its attendant consequences, including an added risk for morbidity and labor complications (Ogbeide, 2016). In line with this fact, the UNICEF advocated improving and expanding delivery of key nutrition interventions during the critical 1000-day window covering a woman's pregnancy and the first two years of her child's life, when rapid physical and mental development occurs (Powell, 2012). In sum, cultural norms, taboos and beliefs may influence what mothers eat during pregnancy and this in turn may affect the birth weight and subsequent wellbeing of their babies.

The avoidance of certain food items and incorrect knowledge regarding their benefits can deprive women from adequate nutrition during the critical period of pregnancy when it is of great benefit to the mother and her fetus. Feeding habit has been regarded as an important determinant for fetal growth (Ekwochi, Osuorah, Ndu, *et al.* (2016). Infant size, such as birth weight and length, were reported to affect not only infant mortality but also childhood morbidity (Powell, 2012). Despite the implication of food taboos, it is still widely practiced by African women and mostly women in rural areas. There is therefore need to ascertain what these women know about these practices and the factors that are contributory

to the practice of food taboos among pregnant women.

Aim and Objective

The aim of this study is to document the food taboo practices among pregnant women in some rural communities in Ebonyi State, Nigeria in order to ascertain if it posed any risk to the pregnant women.

MATERIAL AND METHODS

A cross-sectional study was employed to assess the presence and practices of food taboos during pregnancy in the rural communities of Ebonyi state, Nigeria. And three hundred and sixty-four pregnant women were used for this study.

Inclusion criteria:

All the pregnant women who are indigene and were residing in the rural areas of Ebonyi State at the time of this study and were willing to be part of this study were included.

Exclusion criteria:

Any woman who has never been pregnant or pregnant but not residing in the rural areas of Ebonyi State at the time of this study were excluded from the study. Also, women who even though are pregnant and

residing in the rural areas of Ebonyi state but are not indigene of the place as well as not obeying the food taboo practices prevalent in the area were excluded.

RESULT

Three hundred and sixty-four (364) copies of questionnaire were administered; all were properly filled and fit for analysis. Therefore, the return rate was 100.0%. The result of the analysis has been presented with tables and charts.

Table 1 shows the result of socio-demographic characteristics of the expectant mothers. Majority of the mothers 170 (46.7%) were between 26 – 35years and 105 (28.8%) were 36 – 45years. On their marital status, 185 (50.8%) were married and 73 (20.1%) were single. Majority of the women 184 (50.5%) had their highest educational level to be Secondary school and 108 (29.7%) attained tertiary education. Majority of the women 143 (39.3%) and 129 (35.4%) were Artisans and Traders, respectively. A good number of the women 163 (44.8%) and 120 (33.0%) has their family income to be 30,000 – 99,000 and less than 30,000 naira, respectively. More than half of the proportion of the women 245 (67.3%) were Christians and 107 (29.4%) of them has their parity to be three (3).

Table 1: Socio-demographic Characteristics of the Expectant Women

Characteristics	Respondent (%)
Age group	
15-25 years	89 (24.5)
26-35 years	170 (46.7)
36-45 years	105 (28.8)
Marital Status	
Married	185 (50.8)
Single	73 (20.1)
Divorced	49 (13.5)
Widowed	57 (15.7)
Level of Education	
Primary	72 (19.8)
Secondary	184 (50.5)
Tertiary	108 (29.7)
Occupation	
Civil Servant	42 (11.5)
Artisans	143 (39.3)
Traders	129 (35.4)
House wife	50 (13.7)
Family Income Status (Naira)	
<30000	120 (33.0)
30000-99000	163 (44.8)
100,000 and above	81 (22.3)

Characteristics	Respondent (%)
Religion Affiliation	
Christian	245 (67.3)
Muslim	41 (11.3)
Traditionalist	38 (10.4)
Others	40 (11.0)
Parity (number of delivery)	
1	50 (13.7)
2	71 (19.5)
3	107 (29.4)
4	69 (19.0)
5 and above	67 (18.4)

Field survey 2021

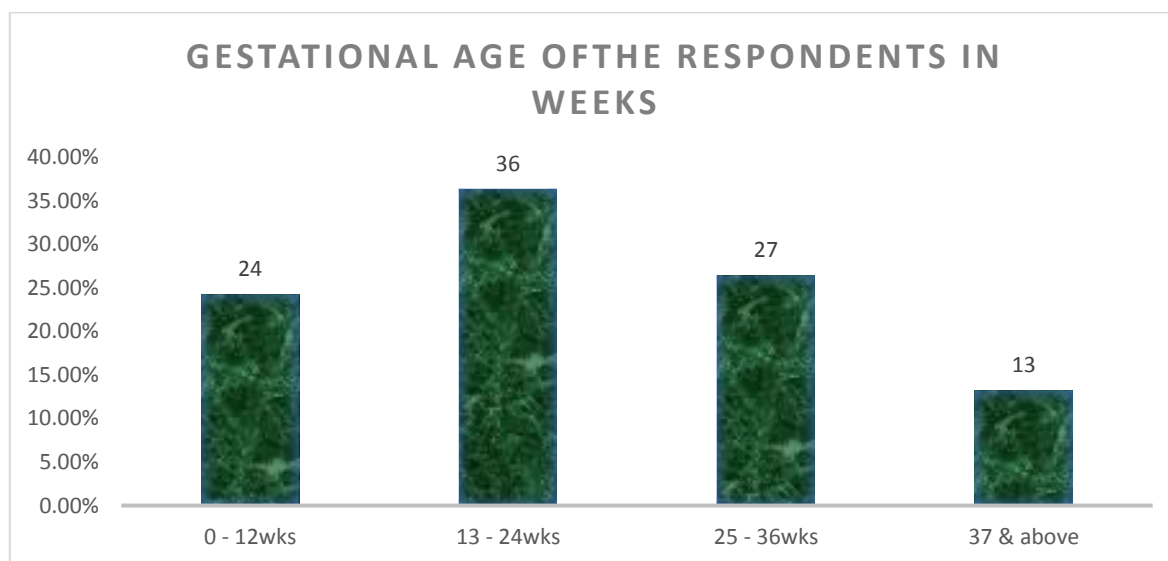
Findings from Table 1 reveals that majority of the respondents 170(46.7%) were within 26 to 35 years, 105(28.8%) were within 36 to 45 and 89(24.5%) were within the age of 15 to 25 years.

On the respondent's Marital status, 185(50.8%) which forms the majority were married while others were single mothers, widows, divorced but pregnant mothers, 73(20.1%), 57(15.7%) and 49(13.5%) respectively. On the respondents' level of education, Majority 184(50.5%) attained secondary education while 108(29.7%) attended tertiary education and 72(19.8%) attended only primary education. This implies that all the respondents had different levels of formal education which the researcher relates to the free education available in Ebonyi state in the time of the survey.

On the occupation of the respondents, majority were artisans, traders, house wives

and civil servants, 143(39.3%), 129(35.4%), 50(13.7%) and 42(11.5%) respectively. This indicates that there are more skilled labourers existing in the rural areas of Ebonyi State while on the annual income, majority of the respondents 163(44.8%) earned approximately 30,000.00 and 99,000.00 naira, 120(33.0%) respondents earned less than 30,000.00 naira and only 81(22.3%) earned above 100,000.00 naira. This reflects on the financial status of the respondents implying the poverty level of the rural women in Ebonyi State.

On the religious affiliation, the respondents were Christians, Muslim, traditional and other religion, 245 (67.3), 41(11.3%), 38(10.4) and 40(11.0%) respectively. The parity of the respondents were 1, 2, 3, 4, 5 and above, 50(13.7%), 71(19.5%), 107(29.4%), 69(19.0%) and 67(18.4%) respectively



Filed survey 2021

Fig. 1: Chart showing Gestational Age of the pregnant Mothers (Respondents)

The charts above reveal the gestational age of the respondent's pregnancies in percentage as follows;

36% of the respondents were within 13 to 24 weeks of pregnancy, 27% were 25 to 36 weeks, 24% were 0 to 12 weeks and 13% were 37 weeks and above.

Table 2: Food Taboos Practiced by Pregnant Women

Type of Food	Frequency (%)
Squirrels	223 (61.3) **
smaller birds	221 (60.7) **
Frogs	207 (56.9) **
Snail	207 (56.9) **
Rabbits	164 (45.1) **
Pawpaw	161 (44.2) **
Grass cutter (Nchii)	157 (43.1) **
Wine and beer	131 (36.0) **
Sugary drinks	96 (26.4) **
Eggs	92 (25.3) **
White meat	77 (21.2) **
Chocolate	76 (20.9) **
Cakes and pastries	70 (19.2) **
Pigor Pork meat	52 (14.3) **
Red meat	48 (13.2) **

Field survey 2021 (multiple response**)

The Table above contains the list of prohibited foods by pregnant women in the rural communities of Ebonyi state. Most of the foods prohibited are known to have high level of proteins, vitamins and beverages which means that these pregnant women are left with more of carbohydrates giving foods

Table 3: Reasons for food restriction (food taboos) by pregnant women

Reasons	Yes (%)	No (%)
Culture/ religion is the reason	112 (30.8)	252 (69.2)
Superstitious belief is reason	144 (39.6)	220 (60.4)
Effect of such food on the fetus	247 (67.9)	117 (32.1)
Ignorance / illiteracy is reason	190 (52.2)	174 (47.8)

Field survey 2021

Table 4: Relationship between maternal educational level and the practice of food taboos

Animal	Educational Status			Total (%)	Chi Square	P-Value
	Primary (%)	Secondary (%)	Tertiary (%)			
Squirrels						
Yes	47 (21.1)	111 (49.8)	65 (29.1)	223 (100.0)	0.610	0.737
No	25 (17.7)	73 (51.8)	43 (30.5)	141 (100.0)		
Grass cutter (Nchii)						
Yes	30 (19.1)	83 (52.9)	44 (28.0)	157 (100.0)	0.608	0.738
No	42 (20.3)	101 (48.8)	64 (30.9)	207 (100.0)		
Frogs						
Yes	45 (21.7)	111 (53.6)	51 (24.6)	207 (100.0)	5.930	0.045
No	27 (17.2)	73 (46.5)	57 (36.3)	157 (100.0)		
Sugary drinks						
Yes	23 (24.0)	39 (40.6)	34 (35.4)	96 (100.0)	5.841	0.048
No	49 (18.3)	145 (54.1)	74 (27.6)	268 (100.0)		
Snail						
Yes	36 (17.4)	103 (49.8)	68 (32.9)	207 (100.0)	3.080	0.214
No	36 (22.9)	81 (51.6)	40 (25.5)	157 (100.0)		
Rats						
Yes	32 (19.5)	86 (52.4)	46 (28.0)	164 (100.0)	0.486	0.784
No	40 (20.0)	98 (49.0)	62 (31.0)	200 (100.0)		

Field survey 2021

The reasons for tagging some foods taboo were itemized on Table 3 above. Result shows that 247 (67.9%) avoid certain food during pregnancy because of the effect of such food on the fetus and that such foods will make their delivery to be difficult. A good proportion 112 (30.8%) reported culture/ religion as the reason for not eating bush meat like Grass cutter during pregnancy because it will cause their labor to be difficult and prolonged delivery. Many proportions of the expectant mothers 144 (39.6%) reported superstitious belief as the reason and that eating snail in pregnancy will make their baby to be sluggish in life and spit too much. More than half 190 (52.2%) of the expectant mothers were not eating the taboo foods during pregnancy because of ignorance and illiteracy.

It is obvious that the factors responsible for food prohibition in pregnancy in the rural areas of Ebonyi State is multifactorial as both cultural, religion superstition, ignorance and illiteracy are all indicated as the reason for the food taboos.

Hypothesis

Ho: Maternal educational level does not significantly influence the practice of food taboos among pregnant women in rural areas of Ebonyi state

There is a significant relationship between the maternal education and their practices of some food taboos such as Frogs ($\chi^2 = 5.930; P = 0.045 < 0.05$), Sugary drinks ($\chi^2 = 5.841; P = 0.048 < 0.05$). This implies that lesser percentage 24% of women with tertiary education does not see eating of frog during pregnancy as a food taboo. Also, a smaller number of women 35% with tertiary education does not see consumption of sugary drink as a taboo during pregnancy.

This reveals that mothers' levels of education have an effect on the practice of food taboos in the study area as mothers with tertiary education were less involved in different levels of food taboos.

DISCUSSION OF FINDINGS

Food taboo practices is a menace that have wrecked several havocs on pregnant women, their family and the society at large. Adamo (2016) stated that "one man's food is someone else's poison" According to him food taboos represent unwritten social rules mainly based on religion or historical reasons that regulate food consumption in a community. This supports the finding which revealed that more than half of the respondents, 223 (61.3%), 221 (60.7%), 207 (56.9%) and 207 (56.9%) forbids eating Squirrels, Smaller Birds, Frogs and snails, respectively. Other food seen as taboo by the expectant mothers are rabbits 164 (45.1%), pawpaw 161 (44.2%), grass cutter 157 (43.1%) and wine and beer 131 (36.0%). This is in line with Barfield (2015) that there may be as many as 300 reasons for particular avoidance of food nutrients.

Ugwa (2016) in his study found that there are some associations between socio-demographic factors and nutritional practices. This is also supported by another study conducted by Arzoaquoi, Essuman, Gbagbo, Tenkoran, Soyiri and Laar in 2014, as their results showed that all the participants in their study area were aware of the existence of food prohibitions and beliefs targeting pregnant women in Upper ManyaKrobo. The study identified snails,

rats, hot foods, and animal lungs as taboos during pregnancy.

Result of this study further showed that 247 (67.9%) avoided starchy food like 'garri' (cassava flakes) and nodules in pregnancy because they will make their baby to have excess weight which will be difficult to deliver except by caesarian section which predisposes pregnant women to starvation and its associated consequences. A good proportion of the respondents, 112 (30.8%) said they avoid eating bush meat like Grass cutter when pregnant because it will cause difficult and prolonged labour during delivery. Many of the expectant mothers 144 (39.6%) did not eat snail in pregnancy because they believed it will make their baby to be sluggish in life and spit too much while 190 (52.2%) of the respondents avoided eating the taboo foods during pregnancy because they believed it will cause miscarriage to their pregnancy. The study also identified snails, rabbits, hot foods, and animal lungs as tabooed during pregnancy. This was in line with the study conducted by Arzoaquoi, Essuman, Gbagbo, Tenkoran, Soyiri and Laar (2014), as their results showed that all the participants were aware of the existence of food prohibitions and beliefs targeting pregnant women in Upper ManyaKrobo.

Analysis of the in-depth Interview (IDI) showed that greater percentage of the expectant mothers 12(46.2%) of the midwife nurses stated that significant number of the pregnant women delivers low birth weight babies, 6(23%) indicated anaemia in pregnancy, 4 (15.4%) Maternal and child death while 2(7.8%) revealed intrauterine growth retardation /death and Low immunity on both the mother and child. This is in line with the study by Baker, (2004) which stated that certain practices of food taboos lead to maternal malnutrition and this can limit the neurological development in the fetus. Furthermore, maternal malnutrition due to food taboo may increase the risk of maternal infection, and impair development of the fetal immune system. Result from the in-depth interview also showed that majority of

the nurses working in the rural communities of Ebonyi state 14 (53.8%) responded that sensitization and more creation of awareness will go a long way in curbing the menace of food taboos, while 6(23%) reported elimination of certain socio-cultural practices as the cure, 2(7.7%) responded that governmental & other socio-cultural institutions' policy /laws against the ugly practice should be upheld and 1(3.8%) reported appreciation in form of gift to be the cure, production of more relevant foods and food/nutrition education as the ways forward in curbing food taboos in the rural communities of Ebonyi State.

CONCLUSION

This study has shown that many of the pregnant women in the rural communities of Ebonyi State have the knowledge of food taboo existence in their communities. Unfortunately, most of them do practice food taboos still. Meanwhile, many of the pregnant women said they were not forced to avoid any food but they are doing it because of what they were told concerning those foods they avoid and what it can cause the woman during pregnancy and child birth. The study revealed that the practice of food taboo in the rural community of Ebonyi state is basically related to traditional/cultural beliefs, ignorant, lack of education and superstitious belief.

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