

# The Influence of Food Taboo on the Nutritional Status of Pregnant Women, Women Breast Feeding Their Babies and Children in Ugboha Village in Esan South East Local Government Area of Edo State, Nigeria

Okoebor Rita

Department of Sociology, Edo State College of Nursing Sciences, Benin City, Edo State, Nigeria.

✉: ritaokoebor@yahoo.com; (+234) 8033903424

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## Abstract:

The knowledge of nutrition and food taboos do have an apparent impact which is likely to bring about positive and negative health outcomes. This research aimed at exploring practices of food taboos held by expectant women, women breast feeding their babies and children and the effects on their nutritional status. A descriptive one-time cross-sectional survey with the use of in-depth interviews on 80 participants that were selected through purposive sampling from the communities under investigation was adopted. The findings revealed that beliefs that are wrapped in the culture and religion of the participants of the research were found to be the main factor influencing the practice of food restrictions among expectant women and women breast feeding their babies and children, as the above mentioned categories were observed to be more prone to malnutrition owing to their being subjected to different degrees of malnutrition practices thereby increasing their chances of developing negative health outcomes which put their health in a compromising state. Proper sensitization of the right nutritional practice by health workers is carried out to educate the indigenes of Ugboha.

**Keywords:** beliefs, food-taboos, nutritional-health, practices, prohibition.

## 1. Introduction

ACCORDING to UNICEF (2020) [1] malnutrition could be defined as an acute or persist state of undernourishment whereby a number of different levels of quality or low nutrition and immune system response result in the change of the composition of the body and diminishing of its functions. Nigeria is the second highest burdened country with cases of nutrients deficiency in children that are less than five years of age in the globe, it has 32 percent prevalence rate of nutrients deficiency in children that are less than five years of age [1]. Two million children have been estimated to experience great deal of nutrients deficiency in Nigeria and of every 10 children affected only two are on treatment [1, 2]. The country also has an estimated 7% women of reproductive age experiencing great deal of nutrients deficiency. The level of complete breast milk practice has not helped in the past ten years as only 17% of infants are on complete breast milk in the first six months of their lives [1, 3]. It is only 18 percent of children between 6 to 23 months of age that are being fed with low amounts of essential nutrients. Children from communities from the northern part of Nigeria are worst hit with two types of nutrient deficiency, namely, being prevented from growing or developing and emaciation of the body [4]. Increased level of nutrients deficiency present important public health and development challenges for Nigeria [1]. Inability to grow and develop contributes to high level of death of children that are less than five years of age, and it is

associated with poor level of cognitive development, it lowered a child's ability to learn in school and leads to low productivity in adulthood which contributes to economic loss of the Gross Domestic Product (GDP). Findings from studies revealed that Nigeria has an increased level of infant, child and maternal morbidity and mortality globally, with infant death level presenting standing as 56.20 deaths for every 100 babies born, the morbidity level of children that are less than five years of age stands at 220 for every 1000 babies born while maternal mortality stands at 814 for every 100, 000 live births [1, 2]. Pregnant women, women that are breastfeeding their babies, young children are the most affected groups [4, 5].

The nutritional status of people in a society is considered a key indicator of evaluating a country's level of development since a population of good nutritional status is an ethical duty of any nation and is in consonance with human rights and it is also a prerequisite for improved social, economic and human development [6, 7]. Ill-health resulting from malnutrition affects an individual's well-being dignity. Having access to safe and good nutrients in adequate remains a challenge for approximately 815 million people across the world regardless of whether they are rich or poor nations. The unequal availability of food is the cause of disproportionate level of nutrients deficiency among some groups of people [6, 7, 8].

In sub-Saharan Africa, not having access to food and malnutrition remain as major challenges, of women in their reproductive age (particularly women expecting their babies)

and children that are below five years of age being at highest risk [6, 7]. Women in the sub-Saharan region of Africa are exposed to the condition termed as “hidden hunger” [8]. “Hidden hunger” is the lack of, or insufficient intake of micronutrients, resulting in different types of nutrients deficiencies, such as anemia and deficiencies of iron, vitamin A and zinc, among others. Hidden hunger can happen even in the presence of adequate energy and protein intake [9, 10]. Around the world, about 9.8 million women do not have sufficient vitamin A deficient and iron are they are anemic, and this situation results in about 18% of women dying while giving birth in developing countries [1, 2, 4]. Not having access to food leads to under-nutrition which affects early childhood development, as it affects the proper function of the brain and central nervous system of a child [1]. The intake of nutritious food is vital for babies and young children’s growth and wellbeing because the first 1000 days of a child’s life are critical for optimal growth, health and development [1, 2, 4]. Taboo regarding food consumption is a restriction on what foods to be considered as appropriate for consumption, appropriate ways to eat foods and those foods to be considered inappropriate [9, 10]. Taboo regarding food is present in all societies of the world [1, 12]. The restriction regarding food could forbid a group of people from eating some types of food or partially prohibit another group from eating certain food types during a particular time [12, 13, 14]. The health belief system and food taboos of a given society are interconnected but operate uniquely from the social context from which they emanate from. The practice of food taboos in many communities in Nigeria reflects intra-household power dynamics that operates on the bases of age and gender as parameters of social expectations [3].

Research has revealed that food restrictions in most societies where they are practiced are geared towards children, women and other marginalized groups. Taboos regarding food reduce the necessary nutrients that the generality of people need for good health. Food taboo is not rooted in science rather; it is embedded in the cultural beliefs and practices of people [8, 9, 14, 15].

Since the 2000s, the trend of development has targeted the timely eradication of malnutrition through specific nutritional interventions of the provision of micro- and macronutrient supplements to Nigerians [16, 17, 18]. Despite the timely intervention on the improvement of nutritional health of Nigerians, increasing numbers of research demonstrate that the nutrition-targeted programs have not met global standards, and they have failed to address the complex socio-ecological causes of malnutrition [19, 20, 21]. There are complex interactions that emanate from familial arrangements which are necessary for decisions regarding the way food is processed and dietary patterns in many communities in Nigeria. While the interplay of power in the family context is diverse, the association between age and gender put women and young children in a marginalized position within the household [22]. The relationships between older and younger women (for example, those between wives and their mothers-in-law), women who have lost their husbands and their sons, husbands and wives, and older and younger men (between father and son) strongly reflects pattern of hierarchal power structures [23]. It is worth noting that mothers-in-laws and

their sons’ wives’ relationships are significant to decisions concerning food and therefore strongly affect household feeding pattern [24].

The Nigerian government and the International Organizations had been rendering assistance to programs at community level in Nigeria [1, 2, 4]. UNICEF has increased its specialization in supporting government policies and ensuring that there is accountability in the financing of nutrition programs and that revealed the factors that cause poor nutritional status of Nigerians such as bad harvest, low disposable income of Nigerians, owing to poverty, inflation of consumable goods, poor feeding nutritional practices and implanting measures to fight these problems [1]. As important as the above-mentioned steps of foreign donors and those of the government at the three tiers of authority in improving the nutritional status of Nigerians. Despite the efforts of UNICEF, Nigeria is faced with worsening cases of malnutrition in the world [2, 4].

This study places emphasis on the effects of food taboos on the nutritional wellbeing of expectant women, women breastfeeding their children and those with young children in study. It specifically aimed at:

1. Describing beliefs and practices relating to food taboos among expectant women, nursing mothers and their children.
2. Finding out the types of food that are prohibited by expectant women, nursing mothers and their children,
3. Determining the reasons behind beliefs and practices relating to food restriction and their impact on the nutritional status of the population under investigation.

The study is built around the functionalist culture theory of health and ill-health which associate the state of health of people to cultural beliefs and practices they hold. This theory posits that elements of culture could make people healthy and prevent them from falling sick while others could cause harm [25, 26, 27]. Cultural practices may prevent people from having environmental harms [25, 27, 28, 29]. Normative practices could help people adapt to their environment and prevent health related problems [15]. Cultural practices could encourage the breeding of pathogens that cause diseases and could become a barrier to proper health and illness behavior [25, 27, 30, 31].

## 2. Methodology

### I. RESEARCH DESIGN/POPULATION OF THE STUDY

This study was a qualitative one which adopted a descriptive design and was adopted. Data was obtained from the field work through in-depth interviews that comprised 80 people who participated in the study. 20 interviewees were selected from each of the selected communities and the participants comprised 10 expectant women, 5 nursing mothers and 5 women with children less than five years of age.

### II. SAMPLING TECHNIQUES

The non-probability technique was used to select the following communities: Emado, Uzogbon, Idegun and

Ihenemen, all in Ugboha village in Esan South East Local Government of Edo State. The communities embarked on the study were those with large populations and the people were fully engrossed in traditional beliefs and practices. The selected groups were considered ideal to investigate the objective of the study in line with findings from existing studies of being the worst affected group of food restriction.

### III. METHOD OF DATA COLLECTION

The research instruments were made up of unstructured questions formed from the objectives of the study. The first sets of questions were to determine the degree of awareness of the existence of food restrictions of the participants, the second sets of questions were to investigate food types that were restricted and the rationale behind the prohibitions and the last set of questions were to determine the reason behind the observation of the beliefs of food restrictions.

### IV. METHOD OF DATA ANALYSIS

Data was analyzed through the in-depth interviews that were recorded later listened to by the researcher, they were transcribed, themes were developed, and direct quotations of the interviewee's responses were written according to the themes they represent. The researcher listened to the recorded interviews to get familiarized with the content of the conversation. The speech of the interviews was written down. The researcher tagged everything the interviewees said with the codes she manually generated to maintain the anonymity of the interviewees. The deductive coding was used; the researcher started with a set of codes and maintained them. The codes were based on the research questions raised in the study and excerpts were assigned to the codes from the data from the interview. The researcher organized the codes into categories that include W1 to W 80 which was used to represent the real names of the interviewed categories of women.

### V. RESEARCH VALIDITY

Prior to conducting in-depth interviews with the participants, key informant interviews (KIIs) were conducted with four nutrition, mother and child care specialists from the General Hospital at Ubijaja, the administrative headquarter of Esan South East Local Government Area where Ugboha village is located to provide the researcher with information regarding household food and nutritional habits of the people. Key informant interview provided the researcher to have insight into nutritional practices in the studied communities. A mini study was conducted in two communities in Emado with the use of twenty participants to test the validity of the research instrument.

## 3. Results

### I. AN OVERVIEW OF THE FINDINGS OF THE STUDY

Information surrounding food restrictions and wellbeing emerged easily from the following open-ended questions: "Do you avoid certain food types? What are your reasons?" The questions were designed to probe the issue under study. The themes and subthemes that emerged relate to food taboos in accordance with those affected by the taboos and particular period they are affected. The health beliefs held by the people in the studied communities followed specific patterns and

were found to affect certain individuals during specific phases of their lives. The themes formed during analysis were presented in accordance with the patterns of occurrence: (1) food taboos practiced by expectant women, (2) health beliefs held by nursing mothers, (3) food taboos practiced by mothers with infants and young children, and (4) food restrictions that are not based on gender.

### II. ELICITING THE VIEW OF THE PARTICIPANTS ON THEIR AWARENESS OF BELIEFS AND PRACTICES REGARDING FOOD RESTRICTION DURING PREGNANCY, BREAST FEEDING PERIOD AND FOR YOUNG CHILDREN

Here are the views of the participants:

Similar ideas were expressed by the participants on their awareness of food restrictions in the domain. W1, a 28-year-old woman and a nursing mother in Emado expressed her ideas thus, "I am on the know of some kinds of food be they; meat, fish, vegetables, fruits and even herbs that that people are restricted from consuming among the Esan people. Pregnant women, nursing mothers, young children, the elderly and those sick with certain ailments in Esan land are faced food restrictions. Esan people are known to be blessed with food; however, they do have restrictions concerning what type of food to consume and not to consume. Participants W5, W19, W26, W47, W62, W78, and W80, a 19 year old pregnant woman from Emado, a 31 year old woman with three young children from Emado, who is 22 year old and a nursing mother from Emado, a 22 year old pregnant woman from Uzogbon, who is 17 year old and an expectant woman from Idegun, a 26 years old woman with four young children from Ihenemen and a 24 years old pregnant woman from Ihenemen expressed the similar ideas, they all agreed that there exist among the Esan people food prohibitions. Their ideas were, we are aware that there are restrictions regarding food. The restrictions range from animals, certain fish, leaves, fruits, certain types of yams, certain types of cassava, reptiles with the food restrictions unending. Different categories of people in Esan land have different food taboos, for example, believers and worshippers of some deities like Olokun that is, the goddess of the water and Ogun that is, the god of iron have some food restrictions, and the old are prohibited from eating certain food types. The Esan people do not feed their babies and young children with some varieties of food because they are prohibited. People are instructed to stay away from some types of food during pregnancy and when breast feeding babies.'

The views of W15 who is 21 years old and a nursing mother from Emado , W18 is a 30 years old woman with five young children, from Emado, W32 is a 25 years old pregnant woman from Idegun,, W57 is a 50 years old woman with five children from Idegun, W59, is an 18 years old pregnant woman from Ihenemen and W72 is a 32 years old nursing mother from Ihenemen, all had similar ideas and their ideas were expressed thus "Truth be told, Esan people forbid a lot of things, there are different taboos governing almost all aspects of life of the people, the people are aware of varieties of food types that Esan people are restricted from consuming. There are some food types that are forbidden by the generality of Esan people,

be they old, young, rich, poor, male, female, pregnant women or nursing mothers while some other food types are for specific categories of people that is, there are food types that people suffering from certain health conditions are restricted from eating, there are some food types that the old are to stay away from, there are also some that men are prohibited from eating, there are others that women are prohibited from eating, for example, Esan women are prohibited from eating the gizzard of chicken and the testis of any animal, these parts are solely reserved for men. There are many other types of food that pregnant women and nursing mothers are prohibited from eating.”

Majority of the participants had a divergent idea from those expressed by the above-mentioned interviewees. Their ideas were expressed; thus, it is a well-known fact that the people from Esan land have some many rigid cultures. They are renowned for several cultural beliefs and practices, and some of them seem to be very illogical. There are many restrictions regarding food. There are restrictions regarding wide ranges of foods. Food such as: meat, fish, herbs, vegetables and fruits are restricted. There are even restrictions on how and when to eat the food types in Esan land. Our candid opinion is that all foods are created by God, so, we tend to eat anything available to us even when we are aware that there are restrictions governing them, the reason for our position is because God all created all things.

### III. THE VIEWS OF THE PARTICIPANTS WERE SOUGHT ON FOODS PROHIBITED AND REASONS FOR THEIR PROHIBITIONS

There was similarity in the ideas of the participants. The participants ideas were expressed thus, “W3, is a 20 years old pregnant woman from Emado, W11, is a 17 years old nursing mother of one child from Emado, W19, is a 24 years old woman with two young children from Emado, W22, is a 26 years old woman with three children from Uzogbon, W33, is a 41 years old woman with five children from Uzogbon W46, is a 19 years old pregnant woman from Idegun W51, is a 23 years old pregnant woman from Idegun, W56, is a 34 years old woman with three children from Idegun, W58, is a 27 years old woman with three young children W59, is a 50 years old woman with five grown children from Idegun, W61, is a 20 years old pregnant woman from Ihenemen, W64, is a 21 years old nursing mother from Ihenemen W77, is an 18 years old pregnant woman from Ihenemen and W79, is a 25 years old woman with three young children and also an expectant mother, from Ihenemen “ During pregnancy, women avoid eating snail because it is believed to make babies salivate excessively and also make babies sluggish due to the slimy nature of snail. The fear of not giving birth to a sluggish and dull child makes pregnant women to adhere to this belief. Every ideal mother wants her child to be smart and agile and as a result, they avoid eating snails. Grass cutter meat is avoided during pregnancy; the reason is because it is believed that eating grass cutter meat during pregnancy results in prolong labour and complicated childbirth. Women also avoid drinking milk during pregnancy and when they are breast feeding their babies. It is believed that the creaming nature of milk results in the discharge of pox from the baby’s eyes. Women also avoid eating food that is too peppery and

hot. It is believed that the consumption of hot and peppery food during pregnancy would make babies temperamental when they grow into adults. Women are also prevented from taking beverages during pregnancy, the reason for this restriction is to prevent their babies from growing too big in size; thereby, resulting in difficulty during childbirth since the virginal may be too narrow to allow for easy passage of a baby that is too big. Pregnant women, women breast feeding their babies and even other women with young children in Ugboha avoid drinking coconut water. It is believed that coconut water makes a child unintelligent. However, women eat baked clay during pregnancy because they believed it makes the skin of their babies smooth and shiny, however, eating it during lactation or giving them to children to eat is prohibited because it is believed to make the stomach of a baby or young child dirty and filled with gases. Pregnant women are also to avoid sweet things like soft drinks, malts, candy, chocolate because these mentioned things are believed to cause dysentery and diarrhea. Pregnant women are prohibited from eating the testis and breast parts of animals because it is believed that doing that would make them give birth to children with abnormal sex organs like giving birth to a baby with both sex organs. Eating with breakable plates are prohibited for pregnant women because they are believed to cause rashes for their babies, pregnant women were to eat with plates made of clay. Pregnant women are to avoid excessive craving for food, especially the ones that they cannot easily provide for at that appointed time, rather, they are to quickly pinch the ir stomachs and rob them with their right hands each time they have such crave for food because it is believed that craving for food not readily available would lead to a situation whereby, their babies would be born emaciated and would suffer from stunted growth.”

W6, is a 27 years old woman with three young children, from Emado, W20, is a 29 years old nursing mother with two additional young children, two and four years respectively, from Emado, W45, is a 26 years old woman with two young children from Uzogbon, W45, is a 19 years old nursing mother from Uzogbon, W 49, is a 40 years old woman with five children, from Idegun, W38, is a 17 years old nursing mother from Idegun W71, is a 41 years old woman with six children from Ihenemen and W75, is a 22 years old woman with two children all expressed their similar ideas thus, , “ Caring for children is the responsibility of parents and mothers have the most responsibility of caring for children, however, the truth remains, that not every food type that the Ugboha’s culture permits people to eat or feed their children. For example, people from Ugboha’s culture cannot give their children coconut water to drink because it is believed to make children dull and behave like fools and Ugboha people adhere to these restrictions regarding food. The people want their children to grow and be healthy, but they tend to avoid giving them too much of chicken and eggs and the above-mentioned food types are tasty and when children become used to eating them, they may start stealing to satisfy their urge for them. Ugboha people avoid giving their children sugary things like chocolate, candy, ice-cream, icing-biscuits, juice, soft-drinks and beverages with sugar because the above-mentioned food types are believed to cause dysentery, diarrhea and worm infestation. W78, is a 33-year-old woman with six children

from Ihenemen said, "I don't give my children sugarcane, bananas and mangoes because they are too sweet and could cause diarrhea related diseases and worm infestation."

#### 4. Discussion

This research was embarked on to determine the reasons behind the adherence to food taboos and the impact these food restrictions have on the nutritional status of Ugboha people. The study revealed that culture and beliefs found in religion were the underlying reasons behind the adherence to food restrictions in Ugboha and the adherence to food restrictions can compromise the nutritional status of those who adhere to them. The findings revealed different food taboos that restrict consumption of important staple foods such as fruits and vegetables by members of Ugboha people.

The use of qualitative method, with in-depth interviews with a sample size of 80 participants was too small as it did not cover majority of the target group, so making generalization from the result of the small sample size of 80 participants was one major limitation of this research. The use of nonprobability sampling owing to the non-availability of data from the National Population Commission on the communities under investigation did not reflect complete representation of the population of the research. It is therefore recommended that future studies should include the use of a quantitative approach to increasing the sample size and a random probability method should be used to select the sample size.

Despite the above limitations, this study contributed to knowledge. The scientific community would benefit from the findings of this research and prospective researchers would find this study useful as it would serve as source from which they can get information.

It was observed in this research that there were restrictions on some food types for pregnant women, nursing mothers and young children in Ugboha village and these food types range from oil, fat, vegetables, fruits and meat. The findings are in consonance with previous studies of [2, 10] who stated that pregnancy and breast feeding periods in many cultures in Nigeria and other parts of the world are periods that are characterised by the adherence of series of food restrictions. [16] in his study stated similar traditional beliefs of the nutritional practices among pregnant women and women who are breast feeding their children in rural Nigerian settings.

Women avoided carbohydrates during pregnancy to avoid gestational weight gain (GWG). Interviewees attributed complications during childbirth to excessive GWG. The above finding had been revealed in rural Ethiopia, Niger, and the Central African Republic and in other contexts aside Africa [7, 29]. While excessive gaining of weight during pregnancy acts as a threat to antenatal health, moderate GWG of 15 to 40 pounds which is the required baseline Body Mass Index of the woman is a normal body weight of meeting the energy requirements of pregnant women [19] The findings revealed that women in Ugboha who lack the ability to get and distribute sufficient food to support prenatal health and the development of fetus during the first 18 weeks of pregnancy are dependent on effects of carbohydrate- and fat-limiting restrictions. Poor feeding during pregnancy is considered important for the developing fetus because of continuous cell

multiplication and this could affect the development of organs and survival of the child [3, 18].

Although the restriction of the consumption of oil and fat reduces the chances of experiencing morning sickness, starchy foods were restricted for the whole pregnancy period. The above idea seems to connect with the kind of health challenges being avoided during pregnancy. Women falling sick during the morning period of the day, was most apparent health challenges of six months of pregnancy while the fear birthing big size babies continues through the entire period of pregnancy. Removing of starchy food from the prenatal diet could result in malnutrition in women, which has negative impact on the wellbeing of a child as it results in low birth weight in children, that is, birth weight of below 2500 g. In Nigeria, malnutrition in women is considered the main cause of high death rate of newborn which is standing at 52 deaths for every 1000 babies born [13]. Low birth weight was also linked with prolonged challenges in child development such as: abnormal growth, illness, and cognitive problems [29].

Considerably, maternal and child health risks were linked to low birth weight, the fears that were voiced by interviewees concerning gestational weight gain and complicated birth were notable. The results from public health research shows that heavier birth weight of 4000 g and above can cause severe health challenges for pregnant women and children [3, 18]. The possibility of obstetric complications could be higher for mothers who experienced chronic malnutrition during childhood, and this appears to be a common occurrence in Ugboha that is leading to smallness in stature of most adult individuals. Contracted uterus and narrower pelvis result in smaller size foetus and increases chances of uterine rupture, complicated labour, and other severe health changes [9]. Communities in Ugboha village (and the entire Nigeria) had a long history of children not growing to their full height and weight which, in the last ten years, has reduced [10]. Thus, food restrictions during pregnancy had observed to deal with obstetric complications brought on by early childhood malnutrition of women who, with recent improvements in nutrition, give birth to proportionally larger infants. The above findings should equip health practitioners with information to combat health challenges regarding complicated child births to reduce food taboos during pregnancy. Currently, major investment has been made to increase the number of deliveries assisted by skilled health care practitioners such as: physician, nurse, or midwife.

Findings of this research revealed that the beliefs and adherence of food restrictions among the residents of Ugboha were not anchored on systematic investigation and generalization, rather, they are anchored on cultural, religious and superstitious beliefs of the people and they are fully inbuilt in the minds and hearts of the people. The behaviour of people was influenced by cultural values which in turn also impacted on value change. The above relationships between cultural values and behavioural change could be severe in the light of dire consequences. Despite visible investments in nutritional education in the last 3 decades, little progress has been made in identifying interventions that contributed to sustained, long-lasting improvements. There were no clear outcomes of the above-mentioned investment programs on nutritional education that reflected the lack of attention placed

on resolving social norms, cultural practices, and historic factors that influenced nutritional habits. This research contributed to knowledge by identifying food restrictions and health practices that may impact nutrition. The findings characterized food taboo within the sociocultural context of communities in Ugboha village. The findings of this study suggested that issues relating to gender play an important role in influencing nutritional knowledge and habits among residents of Ugboha village. These findings supported previous studies of [8, 10] who stated that there had not been any found association between the consumption of snails by pregnant women and sluggishness of their babies and there is no relationship between the consumption of grass cutter meat by pregnant women and unusually long and complicated labour during childbirth.

The results of this research revealed that there is no association between the consumption of eggs and chicken by children and stealing habits. In accordance with existing literature, the consumption of egg by children had a important positive impact on their growth and development. Two studies, one of which was based on observation and the other was randomly controlled research associated early introduction of eggs during complementary feeding to reduced level of stunting in children [10, 14]. It is worthy of note, randomly controlled research revealed an association between acute diarrhoea and egg consumption; though it was not whether foodborne illness, allergy, or reporting bias contributed to that result [21]. Current research shows the role of egg consumption and the improvement of nutritional status of children, reducing the effect of restrictions in egg consumption during early childhood may present a way to resolving malnutrition among residents in Ugboha village. Findings also correlated with previous studies of [9, 21] who revealed that the root cause of belief and adherence of food restrictions are embedded in beliefs, values, attitudes and behaviors of a given people and the sociocultural environment of a people play an important role too.

Results showed that adherence of food restrictions could have serious health implication on the nutritional status of pregnancy women, women breast feeding and children because it could result in the depletion of important nutrients that is needed for growth, for building up and maintaining the bodies. Overwhelmingly, the results of this study revealed that food restrictions and health practices disproportionately affect individuals whose intersecting identities confer higher risk of nutritional vulnerability within hierarchies at household level during specific period in their lives and the findings supported the previous studies of [1, 2, 13, 29]

From theoretical perspectives, the results of this research agreed with the functionalist culture theory of health and ill-health that postulates that cultural beliefs and practices pose as obstacles to the right nutritional practices, ideal health-seeking behavior and compliance with medical advice [25, 26, 27].

The results from this research which also aligned with the results of other research done in other parts of the country and outside Nigeria had given rise to the following recommendations:

1. Adequate sensitization of the indigenes of the studied communities to enlighten them on the right nutritional practices to engage in by healthcare workers in the

locality. Pregnant women, lactating women and children can be encouraged to eat varieties healthy diets that have essential nutrients. For example, they could eat different healthy diets that are relatively cheap with more of home-produced fruits, vegetables and protein rich foods such as legumes, seeds and nuts and to include minimum amounts of foods of animal origin and this would greatly impact on the nutritional health of women and those of their children.

2. Health practitioners residing in the communities that were studied should enlighten indigenes on the harm associated with food restrictions and the need for them to stop the practices.
3. All triers of government should formulate programs and policies toward alleviating the poor living condition of the citizens of Nigeria.
4. The local government whose control is within the jurisdiction where this research was done should provide nutrients supplements to hospitals within their jurisdiction to improve nutritional status people whose nutritional health had been compromised by adherence to food restrictions.
5. Local government should provide microcredit for women in their locality to empower them to enable them to be in a better position to meet the nutritional needs of their families.

## 5. Conclusion

Different food types were prohibited in Ugboha village, these foods ranged from meat types, vegetables, fruits, beverages, carbohydrates and snacks for different reasons. Food restrictions were built on the culture and religion of a people, and these practices were deeply seated in their minds and hearts. Pregnant women, women breast feeding their children and young children in Ugboha village were badly affected by the different food restrictions as their nutritional healths were compromised.

Food restrictions and health practices were interwoven and influenced by cultural practices that are very difficult to separate. The emphasis of the study was on how the embedded interactions between health beliefs and practices of food restrictions do impact on the outcome of health of a people. The emphasis on food restrictions and health practices reflects themes identified during this research. This study revealed correlational effects of health practices among the studied population. It revealed that there is a high level of vulnerability of participants to malnutrition with severe impacts on their health and poor feeding habits were evident in poor household structure. The above patterns contributed immediate health effects to expectant women, nursing mothers and children below the age of five years. Among the above identified subpopulations, more demand for basic needs, was evidence and this intersected with restricted intake of fruit, milk, vegetables, meat, eggs and fish which were necessary part of Nigerian dishes.

## Ethical Approval

This research has only been submitted to this journal for review and possible publishing. The author can guarantee the trustworthiness of this research. Sources from which this

research drew information would be provided if anyone needs them. All steps required in doing research with human participants were followed. Although there were no ethical committees in the local government areas where the study was conducted, four specialists on nutrition, maternal and child health of the General Hospital at Ubiajia, the administrative headquarters of Esan South East Local Government Area where Ugboha approved the study after careful consideration of the objectives of the study methodology, particularly the research instrument. The participants in this study were not induced financially, cajoled or coerced to participate in the research. The confidentiality of the participants' responses was maintained; the researcher ensured that the identity and information given by the participants were not disclosed to third parties. The objective of the research was spelt out before the interviews started. Existing copyright was duly followed.

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