



(RESEARCH ARTICLE)



Traditional beliefs and practices during pregnancy, childbirth and postpartum among childbearing women in Oyi local government area of Anambra State, Nigeria

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Abstract

Cultural beliefs and practices are among the factors that determine the peculiarities of peoples' way of life. This study focused on traditional beliefs and practices during pregnancy, childbirth and postpartum among childbearing women in Oyi Local Government Area, Anambra State Nigeria. The objectives of the study were to determine the healthy and harmful traditional beliefs among childbearing women, determine reasons why childbearing women indulge in harmful practices, determine the association of demographic characteristics of the childbearing women in Oyi Local Government Area of Anambra State with their indulgence in harmful traditional practices during pregnancy, childbirth and postpartum. Descriptive cross-sectional research design was utilized for the study; a sample of 400 respondents was selected through multistage sampling technique. Data were collected using a questionnaire on traditional beliefs and practices during pregnancy, childbirth and postpartum. Data collected were analysed using frequencies, percentages, Kruskal-Wallis test and Spearman-rank order correlation. The results showed that 93.3% of the respondents believed that childbearing women should eat well to produce enough breast milk. 38.5% of the women indicated their beliefs in avoiding eating meat of ugly animals. 43.75% of the respondents had the belief that pregnant women should not look at ugly animals, 64% of the respondents indicated that it is an acceptable reason for pregnant women to eat a special type of clay because it contains minerals that strengthen the bones of the baby, 40% indicated that applying palm kernel oil to the umbilical stump hasten healing of the stump. There was significant association between indulgence in harmful traditional practices and marital status of the childbearing women: $k= 13.01, p<0.01$. Also, Age was significantly related to their indulgence in harmful traditional practices: $Rho= -0.11, p =0.03$. Healthcare providers should be sensitive to their clients' cultures when developing plan of care and should organize educational campaigns to help change harmful cultural beliefs and practices.

Keywords: Traditional beliefs; Traditional practices; Pregnancy; Childbirth; Ostpartum; Childbearing women

1 Introduction

The most extremely critical periods in the health of women are pregnancy, childbirth and postpartum (WHO, 2015). While childbirth is a biological event, the pregnancy and labour experiences surrounding it are mostly social concepts shaped by cultural perceptions (Kaphle, Hancock and Newman, 2013). Since birth is a turning point, beliefs make women to abide by certain traditions. Starting from the desire to get pregnant, the woman is encouraged to abide by various processes imposed by cultural beliefs (Kultur, 2008).

Traditional beliefs are behaviours that people accept to be true especially the ones without proof (Haileyesus et al., 2018). These beliefs are peculiar to different cultures and are passed from generation to generation. It is what people

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in a certain culture think that have existed over a long period (Haileyesus et al., 2018). These beliefs dictate what is presumed acceptable about food, daily activities, employment, self-care, and access to maternity care. During pregnancy, childbirth and postpartum periods, there are deep-rooted beliefs (Claudia et al., 2017). These beliefs can be healthy or harmful. In Ethiopia, foods that are white like milk, meat, potato, and banana are forbidden by pregnant and lactating mothers (Smith-Oka, 2012). It is a belief that consuming these foods makes the mother ill. During childbirth, 58% of women give birth at home, and 85% in rural areas give birth outside a health facility in Nigeria (Larsen, 2017).

In most communities in Nigeria, childbearing women carry out some traditional practices which include nutritional taboos during pregnancy and lactating period, preference for traditional birth attendants during delivery and bathing the baby in salt water to prevent her from smelling bad (Osi-ogbu, 2015). Some of these beliefs and practices may be harmful for a community and beneficial for another depending on the social, economic and ecological environment (Alonso, 2014). In the rural communities of South-South Nigeria, some of these traditional practices are traditional massages and use of herbs for treatment (WHO, 2013). According to World Health Organization, almost all maternal deaths (99%) occur in developing countries with more than half occurring in sub-Saharan Africa (WHO, 2018). It has been documented that 34.5% of births are attended by skilled health professionals in Nigeria (Nigeria Demographic and Health Survey, 2014). This implies that many childbearing women consult traditional birth attendants during delivery and have used these traditional practices at one time or the other.

Certain cultural beliefs are beneficial, harmful, or culturally acceptable and may have symbolic importance to local people (Okeke, Ugwu, Ezenyeaku, Ikeakor and Okezie, 2013). These beliefs play important roles in seeking medical care by childbearing women. It is against this background that the researchers in this study examined the traditional beliefs and practices during pregnancy, childbirth, and postpartum with reference to the childbearing women in Oyi Local Government Area of Anambra State, Nigeria.

Objectives of the Study.

- To determine the healthy traditional beliefs during pregnancy, childbirth, and postpartum among childbearing women in Oyi Local Government Area of Anambra State.
- To find out harmful traditional beliefs among childbearing women in Oyi Local Government Area of Anambra State during pregnancy, childbirth, and postpartum.
- To determine reasons why childbearing women in Oyi Local Government Area of Anambra State indulge in harmful traditional practices.
- To determine the association between marital status of the childbearing women in Oyi Local Government Area of Anambra State and their indulgence in harmful traditional practices during pregnancy, childbirth and postpartum.
- To find out the relationship between age of the childbearing women in Oyi Local Government of Anambra State and their indulgence in harmful traditional practices during pregnancy, childbirth and postpartum.

1.1 Theoretical Framework

This study hinges on Madeline Leninger's theory of cultural care diversity and universality (1995). The focus of Leninger's theory is to provide care measures that are in harmony with an individual or groups cultural beliefs, practices and values. This she termed "culturally congruent care" (Leninger, 1991). Inclusive in the key terms that are crucial in Leninger's cultural care theory (1995) are the following tenets:

- Health refers to a state of well-being that is culturally defined and valued by a designated culture
- Cultural care preservation or maintenance refers to nursing care activities that help people of particular culture retain and use core cultural care values related to healthcare concerns or conditions.
- Cultural care accommodation or negotiation refers to creative nursing actions that help people of particular culture adapt to or negotiate with others in healthcare community in an effort to attain the shared goal of an optimal health outcome for client(s) of a designated culture.
- Cultural care repatterning or restructuring refers to therapeutic actions taken by culturally competent nurse(s) or family to enable or assist a client to modify personal health behaviours for beneficial outcomes while respecting the client's cultural values.

2 Material and methods

2.1 Design and Sampling

The research design that was adopted in this study was cross-sectional descriptive survey design. Multistage sampling method was used to select the sample size for the study. Simple random sampling technique was used to select one health center from each of the five communities (Nteje, Ogbunike, Awkuzu, Umunya, Nkwelle-Ezunaka) in Oyi Local Government Area of Anambra State in Nigeria. Purposive sampling was used to select 100 women who were indigenous from each of the communities in the Local Government Area, giving a sample size of 400 respondents that were used for the study.

2.2 Instrument for Data Collection

Questionnaire on Traditional Beliefs and Practices during Pregnancy, Childbirth, and Postpartum (QTBPDP) developed by the researchers were used to collect data for the study. The questionnaire consisted of four sections. Section A consisted of items that elicited information on demographic variables such as age, occupation, marital status and educational status, Section B consisted of items on healthy traditional beliefs (e.g. After childbirth the woman should eat very well to produce enough breast milk, etc), Section C consisted of items on harmful traditional beliefs (e.g. pregnant women should not stay with individuals born breech to avoid complicated labour, etc). Section D consisted of items on reasons why childbearing women indulge in harmful traditional practices (e.g. eating egg during pregnancy causes baldness in babies, etc). Sections B to D of the instrument required "Yes" or "No" responses for the items. Response to either Yes or No option = 1 point. The instrument was subjected to face and content validity by experts in Humanities, African and Asian studies, as well as Measurement and Evaluation.

2.3 The instrument QTBPDP was tested for reliability using test-retest method.

Twenty (20) copies of the instrument were administered to 20 childbearing women in a Primary Health Centre in same Local Government Area that was not used for the study. Cronbach's alpha was used to test the internal consistency of the instrument and an alpha value of 0.839 was obtained.

2.4 Method of Data Collection

Ethical approval was obtained for the study and informed consent was obtained from the respondents. Respondents who indicated not to participate were not included in the study.

Information on the activities in the primary health centres across the communities was obtained to know when most childbearing women in the communities visit the health centres so as to get people from different villages. The childbearing women in the communities were reached through the Nursing Officers in the Primary Health Centres in Oyi Local Government Area. The primary health centres were visited by the researchers and three research assistants. The research assistants were given comprehensive explanation of the aim of the study, how it will be carried out, and what was required of them to do during the administration of the questionnaire. The purpose of the study was explained to the childbearing women prior to administration of the instrument. Any item not properly understood was carefully explained to them. For those that could not read and write, interview method was used in data collection and their responses were filled-in for them by the researchers. Four hundred (400) copies of the questionnaire were administered to the respondents in the five communities in Oyi Local Government Area of Anambra State within three (3) months duration and the same number was returned.

2.5 Method of Data Analysis

Frequencies, percentages, Kruskal-Wallis test and Spearman Rank order correlation were used in data analysis. Data obtained were analyzed using the Statistical Package for Social Sciences (SPSS) (version 20) software. The hypotheses were tested at 0.05 level of significance.

3 Results

Table 1 Demographic characteristics of the respondents

Variables	Frequency	(%) Mean/SD
Age	400	200 28.94/ 6.753
Marital status		
Single	40	10.0%
Married	341	85.3%
Divorced	10	2.5%
Widowed	9	2.2%
Total	400	100%
Educational status		
No formal education	37	9.3%
Primary	72	18.0%
Secondary	201	50.2%
Tertiary	90	22.5%
Total	400	100%
Occupation		
Business/trading	135	33.8%
Self-employed	184	46.0%
Civil servant	64	16.0%
Others	17	4.2%
Total	400	100%
Parity		
First pregnancy	30	7.5%
Second pregnancy and above	370	92.5%
Total	400	100%
No. of children		
One	73	18.3%
Two	81	20.3%
Three	108	27.0%
Four and above	115	28.7%
No response	23	5.7%
Total	400	100%

Table 1 shows that the mean age of the respondents was 28.94 ± 6.753 . Majority (85.3%) of the respondents were married. Those that were single 10%, while respondents that were divorced and widowed made up 2.5% and 2.2% respectively. Majority (50.2%) of the respondents had secondary school education, 22.5% of them had tertiary education, 18% had primary school education and 9.3% of the respondents had no formal education. In terms of

Occupation, majority (46%) of the respondents were self-employed, 33.8% of respondents were traders, 16% were civil servants while 4.2% were engaged in other forms of income generation.

In terms of parity, majority (92.5%) of the respondents had more than one pregnancy while 7.5% of them had their first pregnancy. Majority (28.7%) of the respondents had more than three children, 27.0% had three children, 20.3% had two children, 18.3% of the respondents had one child.

Table 2 Healthy traditional beliefs among childbearing women in Oyi L.G.A (n=400)

Items on healthy traditional belief Items	Frequency (%) "Yes"	Frequency (%) "No"	Total
After childbirth, the woman should eat well to produce enough breast milk	372 (93 %)	28 (7.0%)	400 (100%)
After childbirth, the woman should stay with her Mother-in-law to avoid another pregnancy	137 (34.2%)	263 (65.8%)	400 (100%)

The result from table 2 above shows that 372 (93%) of the respondents believed that the woman should eat well to produce enough milk, while 137 (34.2%) of the respondents believed that the woman should stay with her mother-in-law after childbirth to avoid another pregnancy.

Table 3 Harmful traditional beliefs among childbearing women in Oyi L.G.A (n=400)

Items on harmful traditional beliefs	Frequency(%)Yes	Frequency (%) No	Total
When a pregnant woman has sexual intercourse before her date of delivery, she will give birth to an albino.	35(8.75%)	365(91.25%)	400 (100%)
A pregnant woman should not look at ugly animals to avoid their baby from taking the shape of the animals.	175(43.75%)	225(56.25%)	400 (100%)
A pregnant woman should not eat meat of ugly animals to avoid their baby from taking shape of the animals.	154(38.5%)	246(61.5%)	400 (100%)
Giving birth at home is better than going to the hospital so that older women with experiences will assist during childbirth	54(13.5%)	346(86.5%)	400 (100%)
Pregnant women should not stay with individuals born breech to avoid complicated labour.	109(27.2%)	291(72.8%)	400 00%)

The result from table 3 above shows that 175(43.75%) believe that pregnant women should not look at ugly animals, while 154 (38.5%) believe that pregnant women should not eat meat of ugly animals.

Table 4 Reasons for indulging in harmful traditional practices among childbearing women in Oyi L.G.A (n=400)

Items on harmful traditional practices with reasons for practice	Frequency (%) 'Yes'	Frequency (%) 'No'	Total
Eating of eggs during pregnancy causes baldness in babies	74 (18.5%)	326 (81.5%)	400 (100%)
Eating of snails by pregnant women makes babies sluggish in life and causes excessive salivation.	140 (35%)	260(65%)	400 (100%)
Pregnant woman eating a special type of clay contains minerals that strengthen the bones of the baby	256 (64%)	144 (36%)	400 (100%)
Performing traditional cut during hard labour makes it easier	113 (28.25%)	287 (71.75%)	400 (100%)
Giving palmkernel oil or cow milk first to the newborn baby helps to cleanse the baby's digestive system	79 (19.75%)	321 (80.25%)	400 (100%)
Applying palm kernel oil to the umbilical stump helps it to heal faster.	160 (40%)	240 (60%)	400 (100%)
Applying cow dung to the umbilical stump helps it to heal faster	19 (4.75%)	381 (95.25%)	400 (100%)
Applying ashes to the umbilical stump helps it to heal faster	55 (13.75%)	345 (86.25%)	400 (100%)
Pouring hot water and applying palmkernel oil to the circumcision site using a feather enhances its healing	130 (32.5%)	270 (67.5%)	400 (100%)
Bathing the baby with salt water helps remove dirt and prevents the baby from smelling	126(31.5%)	274 (68.5%)	400 (100%)

In table 4 above, 256 (64%) of the respondents indicated that it is an acceptable reason for pregnant women to eat a special type of clay because it contains minerals that strengthen the bones of the baby while 160(40%) indicated that applying palm kernel oil to the umbilical stump helps it to heal faster.

Table 5 Kruskal-Wallis test assessing the association between indulging in harmful traditional practices and marital status of the respondents

Variables	Class	Mean rank	K	P
Harmful Traditional practices				
Marital status	Single	249.33	13.01	<0.01*
	Married	196.57		
	Divorced	216.30		
	Widowed	114.78		

KEY *= significant at p=0.05

Table 5 shows that the p-value was <0.01, hence the null hypothesis was rejected. There was a significant association between marital status and indulgence in harmful traditional practices by the childbearing women.

Table 6 Spearman rank's order correlation assessing the relationship between age and indulgence in harmful traditional practices among the respondents

Variables	Rho	P
Age		
Harmful traditional practices	-0.11	0.03*

KEY *= significant at p=0.05

In table 6, the p-value was 0.03, hence the null hypothesis was rejected. Age of the childbearing women in Oyi Local Government Area of Anambra State significantly correlated with their indulgence in harmful traditional practices.

4 Discussion

4.1 Healthy traditional Beliefs

Findings from the study showed that almost all the respondents (93%) had the belief that childbearing women should eat well to produce enough breast milk (Table 2). Similarly, Biza in 2012 found out that 82.4% of mothers indicated the importance of eating a balanced diet during pregnancy. The finding is also in line with the observation of Ugwa (2016) on nutritional practices and taboos among pregnant women attending antenatal care at general Hospital in Kano Nigeria. From the study, 100% of the respondents believed that women should eat more during pregnancy to have healthy babies.

4.2 Harmful traditional Beliefs

It was also found in this study that 38.5% of the women indicated their beliefs in avoiding eating meats of ugly animals (Table 3). The belief is that it makes the baby ugly. Ekwochi et al. (2016) in their study on Food Taboos and Myths in South Eastern Nigeria, found out that approximately half of the respondents believed in avoiding one food or the other during pregnancy. Also, in this study, 13.5% of the respondents believed that giving birth at home is better than going to the hospital (Table 3). Jose et al. (2019) in their study to determine maternal and infant care beliefs and practices of Aeta mothers in the Philippines reported that almost all the mothers had home delivery to adhere to their traditional beliefs.

4.3 Reasons for Indulging in Harmful Traditional Practices

This study showed that the respondents had reasons for indulging in some harmful traditional practices, eg 35% of the respondents indicated that eating snails during pregnancy makes the baby sluggish and causes excessive salivation in the baby (Table 4).

Ekwochi et al. (2016) in their study to find out the Food Taboos and Myths in South Eastern Nigeria reported that approximately 37% of the respondents avoided eating snail during pregnancy because they believe it makes the baby sluggish and salivate excessively like the snail. Snail meat is a rich source of protein, trace elements, and minerals necessary for growth and development (Ekwochi et al, 2016). Its consumption might decrease maternal malnutrition. Health providers should intensify campaigns to convince childbearing women about the nutrient value snail meat. It is noteworthy that the respondents indicated their reasons for indulging in some traditional practices (Table 4) even though those practices are harmful. These practices could be influence of taboos and myths which are culturally rooted. Health care providers should solve this problem by providing or suggesting alternative healthy practices which are culturally acceptable to the childbearing women. According to Leninger (1995), culture specific and congruent care should be provided to people of diverse cultures. This approach implies cultural care, cultural care accommodation or negotiation and cultural care restructuring. Culturally- based care prevents illness and maintains wellness (Leninger, 1995).

4.4 Association between indulgence in harmful traditional practices and marital status

Findings from this study indicated significant association between indulging in harmful traditional practices and the marital status of the childbearing women: $k=13.01$, $p\text{-value} < 0.01$ (Table 5). This finding aligned with the report of Tela et al. (2020) in their assessment of food taboos and related misperceptions during pregnancy in Mekelle City, in which marital status showed a significant association with food taboos. Contrarily, in the study of Legesse et al. (2015) to

determine factors associated with colostrum avoidance in Ethiopia, it was reported that marital status was not significantly associated with harmful practices.

4.5 Relationship between age and indulgence in harmful traditional practices

Also findings from this study showed that Age of the childbearing women in Oyi Local Government Area of Anambra State significantly correlated with their indulgence in harmful traditional practices: $Rho = -0.11$, $p\text{-value} = 0.03$ (Table 6). Ayaz and Efe (2009), in their study to determine potentially harmful practices during pregnancy, delivery and postpartum among Turkish women noted that age of the respondents correlated with their practice of holluk and bathing baby in salt water to prevent the baby from smelling bad. Also, the study of Ugwa (2016) to determine the nutritional practices and taboos among pregnant women attending antenatal care at General Hospital in Kano, Northwest Nigeria showed statistical significant association between age of the respondents and their nutritional taboos and practices. Similarly, Alparslan and Demirel (2013) in their study to identify traditional neonatal care practices among mothers in Turkey reported that a significant difference was found between age and harmful practices. Contrarily, the study of Legesse et al. (2015) to determine factors associated with colostrum avoidance among mothers in Ethiopia reported that age was not significantly associated with harmful traditional practices.

5 Conclusion

This study showed that most childbearing women in Oyi Local Government Area of Anambra State of Nigeria had healthy traditional beliefs and practices even though some harmful traditional beliefs and practices were still in existence. Marital status and age of childbearing women in Oyi Local Government Area of Anambra State were significantly associated with their indulgence in harmful traditional practices.

Recommendations

Healthcare providers should be culturally sensitive when developing plan of care for their clients, they should encourage healthy traditional beliefs and practices among their clients and discourage unhealthy beliefs and practices through educational campaigns and use of culturally sensitive approach.

Compliance with ethical standards

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Disclosure of conflict of interest

The Authors declare that they have no conflict of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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