

Exploring the Relationship Between Social Media Use, Cultural Beliefs and Food Taboos on Dietary Choices Among Pregnant Women in Koti

Hemlata Abhange¹ and Manjari vaka²

Student ¹, Assistant Manager ²

Department of Nutrition and dietetics, Secunderabad
Kasturba Gandhi Degree and PG College, Telangana.
hemlataabhange@gmail.com

Abstract: *Pregnancy is a critical period during which maternal dietary practices significantly influence maternal and fetal health outcomes. Dietary choices during pregnancy are often shaped by multiple factors, including social media exposure, cultural beliefs, and food taboos. The present study aimed to explore the relationship between social media use, cultural beliefs, food taboos, and dietary choices among pregnant women in Koti, Hyderabad. A cross-sectional study was conducted among 200 pregnant women aged 25–35 years using a structured questionnaire administered through Google Forms. Information regarding demographic characteristics, pregnancy-related details, social media usage, nutritional awareness, cultural beliefs, food taboos, and dietary practices was collected. Data were analyzed using IBM SPSS Statistics. Descriptive statistics, correlation analysis, and significance testing were performed to assess associations between study variables. The findings revealed that social media served as an important source of nutrition information and significantly influenced food choices and supplement intake. A positive correlation was observed between educational status and nutritional awareness ($r = 0.298$, $p = 0.001$). Social media use was positively associated with food choices ($r = 0.342$, $p < 0.001$) and supplement intake ($r = 0.389$, $p < 0.001$). Cultural beliefs and food taboos continued to affect dietary behaviors, leading to the avoidance of several nutrient-rich foods during pregnancy. The study highlights the need for evidence-based nutrition education and culturally sensitive interventions to improve maternal dietary practices. Strengthening awareness through healthcare professionals and reliable digital platforms may contribute to better maternal and fetal health outcomes.*

Keywords: Social Media, Cultural Beliefs, Maternal Nutrition, Nutritional Awareness, Supplement Intake

I. INTRODUCTION

Pregnancy is a crucial stage in a woman's life characterized by increased nutritional requirements to support maternal health, fetal growth, and development. Adequate nutrition during pregnancy contributes to positive birth outcomes, reduces the risk of maternal complications, and promotes the long-term health of both mother and child. Conversely, poor dietary practices may lead to nutritional deficiencies, low birth weight, preterm delivery, gestational complications, and impaired fetal development. Therefore, understanding the factors that influence dietary choices during pregnancy is essential for improving maternal and child health ⁽³⁾

Dietary behaviors among pregnant women are influenced by a complex interaction of personal, social, cultural, and environmental factors. In recent years, social media has emerged as a powerful platform for accessing health-related



information. ⁽⁴⁾ Pregnant women increasingly rely on social media platforms such as Facebook, Instagram, YouTube, WhatsApp, and health blogs to obtain information regarding nutrition, pregnancy care, food safety, supplementation, and lifestyle practices. The accessibility and convenience of these platforms have made them important sources of health information. However, the accuracy and reliability of information shared through social media vary considerably, which may positively or negatively influence dietary decisions.⁽⁵⁾

In addition to modern digital influences, cultural beliefs continue to play a significant role in shaping maternal dietary practices. Cultural traditions and family customs often guide food choices during pregnancy and may influence perceptions regarding foods considered beneficial or harmful. These beliefs are deeply rooted in societal norms and are frequently passed down through generations. While some traditional practices may support healthy eating behaviors, others may lead to unnecessary dietary restrictions that can affect nutritional adequacy.⁽⁶⁾

Food taboos are another important factor influencing dietary intake during pregnancy. Food taboos refer to cultural or traditional restrictions that discourage the consumption of specific foods based on beliefs rather than scientific evidence.⁽⁷⁾ In many communities, pregnant women are advised to avoid foods such as papaya, pineapple, eggs, fish, meat, or certain spices due to concerns about miscarriage, difficult labor, excessive fetal growth, or other perceived adverse effects. Such restrictions may limit the intake of essential nutrients, including proteins, vitamins, minerals, and healthy fats, thereby increasing the risk of nutritional deficiencies.⁽⁸⁾

India is a culturally diverse country where traditional beliefs and practices continue to influence maternal nutrition. At the same time, increasing internet penetration and smartphone usage have expanded access to social media and online health information. Pregnant women are therefore exposed to both traditional beliefs and modern digital sources of information, which may simultaneously shape their dietary choices.⁽⁹⁾ Understanding how these factors interact is important for developing effective nutrition education programs and maternal health interventions.⁽¹⁰⁾ Although several studies have investigated maternal nutrition, limited research has examined the combined influence of social media use, cultural beliefs, and food taboos on dietary choices among pregnant women in urban Indian settings. To explore the relationship between social media use, cultural beliefs, food taboos, and dietary practices. The findings may provide valuable insights for healthcare professionals, nutritionists, and policymakers in designing culturally appropriate and evidence-based nutrition education strategies aimed at improving maternal and fetal health outcomes.⁽¹¹⁾

In addition to modern digital influences, cultural beliefs continue to play a significant role in shaping maternal dietary practices. Cultural traditions and family customs often guide food choices during pregnancy and may influence perceptions regarding foods considered beneficial or harmful. These beliefs are deeply rooted in societal norms and are frequently passed down through generations. While some traditional practices may support healthy eating behaviors, others may lead to unnecessary dietary restrictions that can affect nutritional adequacy.⁽¹²⁾



Food taboos are another important factor influencing dietary intake during pregnancy. Food taboos refer to cultural or traditional restrictions that discourage the consumption of specific foods based on beliefs rather than scientific evidence. ⁽¹³⁾In many communities, pregnant women are advised to avoid foods such as papaya, pineapple, eggs, fish, meat, or certain spices due to concerns about miscarriage, difficult labor, excessive fetal growth, or other perceived adverse effects. Such restrictions may limit the intake of essential nutrients, including proteins, vitamins, minerals, and healthy fats, thereby increasing the risk of nutritional deficiencies.⁽¹⁴⁾

India is a culturally diverse country where traditional beliefs and practices continue to influence maternal nutrition. At the same time, increasing internet penetration and smartphone usage have expanded access to social media and online health information. Pregnant women are therefore exposed to both traditional beliefs and modern digital sources of information, which may simultaneously shape their dietary choices. Understanding how these factors interact is important for developing effective nutrition education programs and maternal health interventions.⁽¹⁵⁾

Although several studies have investigated maternal nutrition, limited research has examined the combined influence of social media use, cultural beliefs, and food taboos on dietary choices among pregnant women in urban Indian settings. The findings may provide valuable insights for healthcare professionals, nutritionists, and policymakers in designing culturally appropriate and evidence-based nutrition education strategies aimed at improving maternal and fetal health outcomes.⁽¹⁶⁾

During pregnancy, the nutritional and mental well-being of the mother plays a crucial role in the long-term development and health of the child. A well-balanced and nutrient-dense diet is essential for the proper growth and development of the baby throughout pregnancy. An adequate intake of key macronutrients and micronutrients is vital for supporting healthy fetal organ development, cognitive abilities, and the resilience of the immune system. ⁽¹⁷⁾

A well-balanced diet that is abundant in nutrient-rich foods—such as whole grains, vegetables, fruits, dairy products, legumes, fish, and lean meats—is essential to full fill caloric requirements during pregnancy. Evaluating maternal health, which includes dietary history and micronutrient levels, is vital for identifying potential risks and ensuring sufficient nutrition.. Exclusive breastfeeding is advised for the initial six months, with continued breastfeeding recommended throughout the first year and beyond. Personalized nutrition plans, created in collaboration with healthcare professionals, are essential for optimizing health outcomes for both mother and infant .This manuscript underscores the significance of comprehensive nutritional strategies during pregnancy and lactation to mitigate risks and promote healthy growth and development for both mother and child. ⁽¹⁸⁾

Food taboos encompass food restrictions practiced by a group that go beyond individual preferences. During pregnancy and lactation, food taboos may contribute to inadequate nutrition and poor maternal and infant health. Restriction of specific fish, meat, fruits and vegetables is common among peripartum women In addition to affecting individual health,



malnutrition has long-term economic consequences for families and the nation. It is important to comprehend food taboos and individual preferences for specific foods.⁽¹⁹⁾

Maternal satisfaction, health outcomes, and shared decision-making are significantly influenced by the quality of communication between healthcare providers and pregnant women, making it a crucial aspect of maternal healthcare. Effective communication ensures that pregnant women receive appropriate care during pregnancy and childbirth. It is a key indicator of patient-centered care, where empathy, clear information sharing, and active listening help build trust between healthcare professionals and expectant mothers. This, in turn, enhances women's satisfaction with their care experiences Fortune. In order to lower maternal problems and mortality, maternal health care are offered to women all over the world during pregnancy, childbirth, and the postpartum period. However, cultural views about the disposal of the placenta and the use of contraceptives are two subthemes that evolved with cultural beliefs and practices after birth due to the lack of access and ineffective use of these services globally. A more comprehensive awareness of and attention to cultural beliefs and practices surrounding pregnancy and childbirth is necessary to improve maternal health outcomes. The number of people using social media for health-related purposes is increasing, but little is known about the support systems that are in place. Communication between patients and providers could be enhanced by knowing how social media groups operate.⁽²⁰⁾

II. METHODS AND MATERIALS

Study Design

A cross-sectional descriptive study design was used. This design helps to assess the role of social media, cultural beliefs, and food taboos on dietary choices during pregnancy at a single point in time. It is suitable for identifying prevalence and association

Sample size

The sample size consisted of pregnant woman's who met the inclusion criteria and were willing to participate in the study. A convenience sampling technique was used to select participants based on accessibility and willingness.

Selection of subjects – pregnant women

Inclusion criteria

- Pregnant women aged 25–35 years and Women in any trimester of pregnancy
- Women residing in the selected study area during the study period
- Pregnant women who use social media platforms (e.g., WhatsApp, Instagram, YouTube, Facebook)
- Women willing to participate voluntarily and provide informed consent
- Pregnant women attending antenatal clinics / community health centers

Exclusion Criteria

- Women with high-risk pregnancies requiring therapeutic diets (e.g., severe pre-eclampsia, gestational diabetes, chronic renal or cardiac disorders)
- Pregnant women with diagnosed mental or cognitive impairments affecting response reliability
- Women who are severely ill or hospitalized at the time of data collection
- Pregnant women who do not use social media at all
- Women who are severely ill or hospitalized at the time of data collection and are not willing to participate or not providing informed consent

Tools and techniques



Data collection was carried out using both personal interviews and a structured Google Forms questionnaire and Informed consent was obtained from all participants prior to data collection using a consent form, ensuring voluntary participation and confidentiality. The questionnaire consisted mainly of closed-ended questions along with a few open-ended questions to capture detailed responses. Data was collected from participants on an individual basis, ensuring personalized responses and minimizing bias.

Data Collection Tools – Sections include

Socio-demographic details
Pregnancy – related information
Food taboos during pregnancy knowledge and perception
Depth of cultural beliefs
Nutrition knowledge and awareness
Impact on maternal health
Certain beliefs and positive impact on pregnant women
24-Hour Dietary Recall Method- To assess actual food intake

III. STATISTICAL ANALYSIS

The collected data were coded, cleaned, and analyzed using IBM SPSS Statistics Version 25.0. Descriptive and inferential statistical methods were applied to evaluate the influence of social media, cultural beliefs, and food taboos on dietary choices during pregnancy.

Descriptive statistics such as frequencies and percentages were used to summarize socio-demographic characteristics, pregnancy-related information, food taboo practices, nutrition knowledge, cultural beliefs, and social media usage patterns among pregnant women. Tables and charts were generated to present the distribution of responses clearly and systematically.

To examine relationships, associations, and predictive factors related to dietary practices and food taboo adherence during pregnancy, the following statistical techniques were employed:

Corelation Analysis

Pearson's Correlation Analysis was used to determine the strength and direction of relationships between selected study variables such as education level, social media influence, cultural beliefs, family pressure, nutritional awareness, and food taboo practices.

The correlation coefficient R measures the degree of linear association between two variables. A p-value less than 0.05 was considered statistically significant.

The formula used is:

$$R = (\sum (x_i - \bar{x})(y_i - \bar{y})) / \sqrt{[\sum (x_i - \bar{x})^2] [\sum (y_i - \bar{y})^2]}$$

The value of r ranges from -1 to +1:

$R > 0 \rightarrow$ Positive relationship
 $R < 0 \rightarrow$ Negative relationship
 $R = 0 \rightarrow$ No relationship

Chi square test of independence

The Chi-Square Test (χ^2) was used to determine whether significant associations existed between categorical variables such as education level, type of family, gestational age, cultural beliefs, social media usage, and food taboo practices.

This test evaluates whether two categorical variables are independent or significantly associated. Statistical significance was determined at a 5% level of significance ($p < 0.05$).



Multiple Linear Regression Analysis

Multiple Linear Regression (MLR) analysis was performed to identify the major factors influencing food taboo practices among pregnant women.

In this analysis:

- Dependent Variable: Food Taboo Score
- Independent Variables: Social Media Use, Cultural Beliefs, Family Pressure, and Education Level

The regression model used is expressed as:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon$$

Where:

- Y = Food Taboo Score
- B_0 = Intercept
- $B_1, \beta_2, \beta_3, \beta_4$ = Regression coefficients
- X_1, X_2, X_3, X_4 = Independent variables
- ϵ = Error term

The regression model was evaluated using Beta coefficients (β), R , R^2 , Adjusted R^2 , standard error of estimate, and p-values to determine the significance and predictive strength of each independent variable.

A significance level of $p < 0.05$ was considered statistically significant throughout the analysis.

IV. RESULTS AND DISCUSSION

Dietary choices during pregnancy are influenced by multiple social, cultural, and environmental factors

General information of the participants.

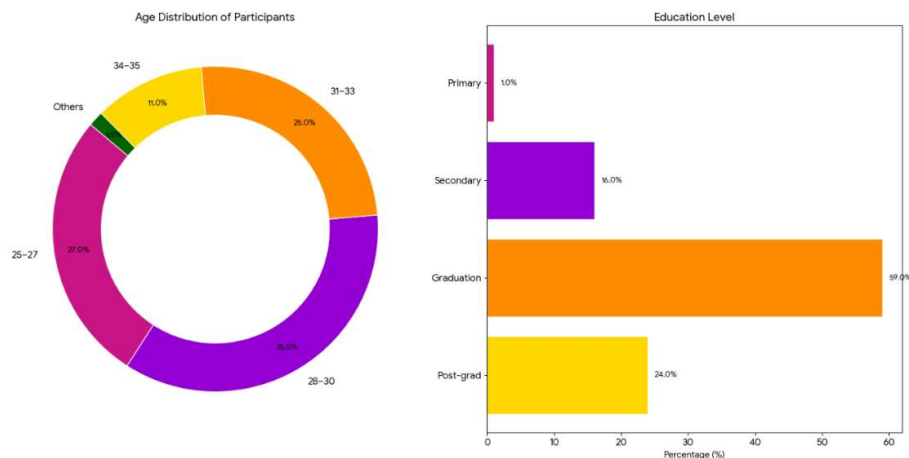


Fig 1. Age distribution of the participants

Age distribution

Most respondents (35.5%) were in the age group of 28–30 years, followed by 27.0% in 25–27 years and 25.0% in 31–33 years. A smaller proportion were 34–35 years (11.0%), while only 1.5% belonged to others (<25 or >35 years). This indicates that the majority of participants were in the early to mid-reproductive age group.



Education Level

Most respondents (59.0%) had completed graduation, followed by 24.0% with post-graduation and 16.0% with secondary education. Only 1.0% had primary education. This suggests that the study population was largely well-educated.

Pregnancy-Related Information

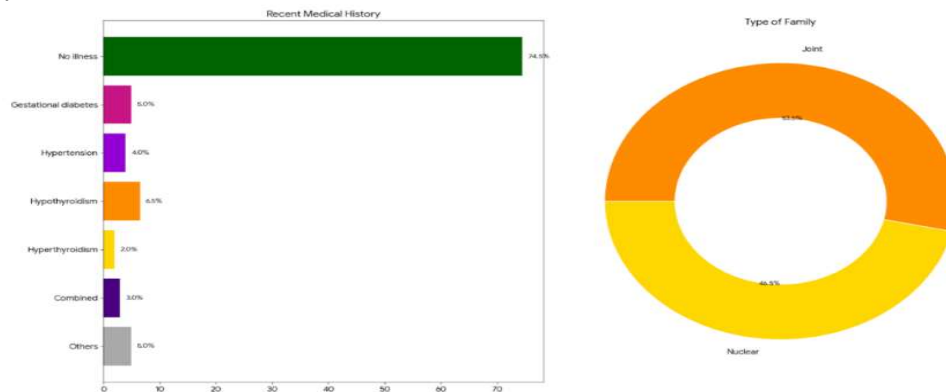


Fig 2. Recent medical history and type of family

Medications Prescribed During Pregnancy

The most common prescription was a combination of iron, folic acid, calcium, B-complex, and protein supplements (43.5%). This was followed by other combinations including additional supplements or medications (19.5%). Smaller proportions received iron with folic acid and calcium (15.0%), iron only (8.0%), folic acid only (6.0%), iron with folic acid (5.5%), and calcium only (2.5%). This suggests that most women received multi-nutrient supplementation during pregnancy.

Source of Nutrition Advice

The majority of respondents (59.5%) reported that they receive nutrition advice from dietitians, followed by 39.0% from doctors.

Social Media Influence on Food Choices

More than half of the respondents (57.0%) agreed that social media influences their food choices, while 33.0% remained neutral. Only a small percentage disagreed or strongly disagreed. This suggests that social media plays an important role in shaping dietary behaviors during pregnancy.

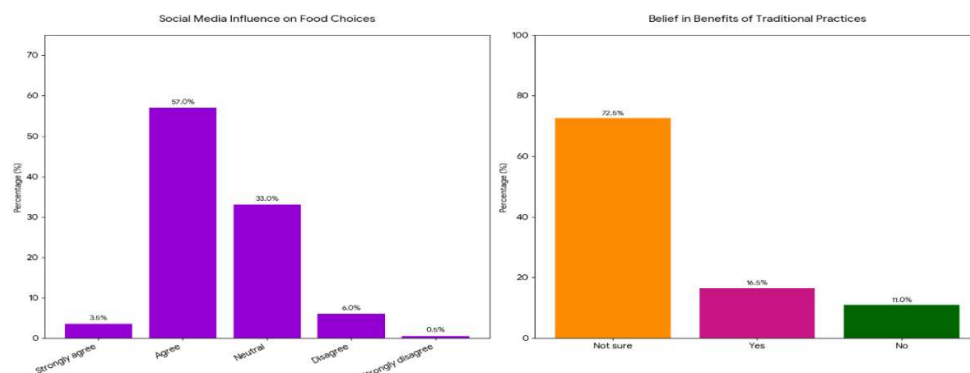


Fig 3. social media influence on food choices and belief in benefits of traditional practices



Cultural Beliefs Encourage You To:

The majority of respondents (65.5%) reported that cultural beliefs encourage them to avoid certain foods, while 17.5% follow special food practices and 17.0% reported increased food intake. This indicates that avoidance-based practices are the most common cultural influence on diet.

Belief in Traditional Practices

Most respondents (72.5%) were unsure whether traditional practices are beneficial, while 16.5% believed they are beneficial and 11.0% did not. This reflects uncertainty among pregnant women regarding the effectiveness of traditional dietary practices.

Foods Avoided During Pregnancy

The majority of respondents (71.5%) reported avoiding papaya, followed by 56.0% who avoided pineapple. A smaller proportion avoided other foods such as certain vegetables and pulses, while very few avoided meat, fish, or eggs. Only 6.0% reported no specific food avoidance. This indicates that avoidance of particular fruits is highly prevalent during pregnancy.

Reasons for Avoiding Foods

Most respondents (69.0%) avoided foods due to fear of miscarriage, followed by 49.0% who were influenced by beliefs related to “hot and cold” food effects. Advice from family members (25.5%) and cultural traditions (21.5%) also contributed to these practices. This suggests that both perceived health risks and cultural influences shape food avoidance behavior.

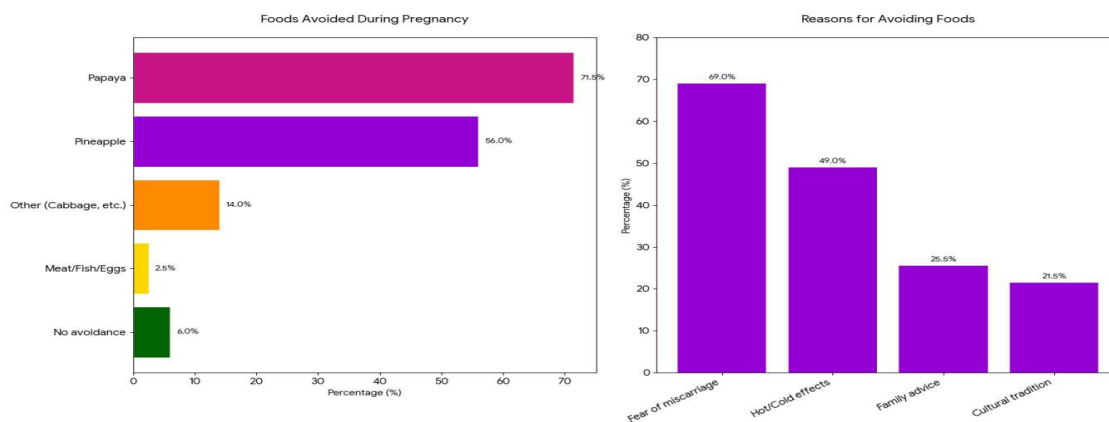


Fig 4. Foods avoided during pregnancy and reasons for avoiding foods

Religious Influence on Food Restrictions

A large majority of respondents (76.5%) reported that religious beliefs are linked to food restrictions during pregnancy, while 23.5% did not observe such a connection. This highlights the strong role of religion in shaping dietary behaviours.

Strictness in Following Food Taboos

Most respondents (68.5%) reported following food taboos moderately, followed by 15.5% who adhere very strictly and 13.5% who follow them slightly. Only 2.5% reported not following any taboos. This suggests that while adherence is common, extreme strictness is less prevalent.



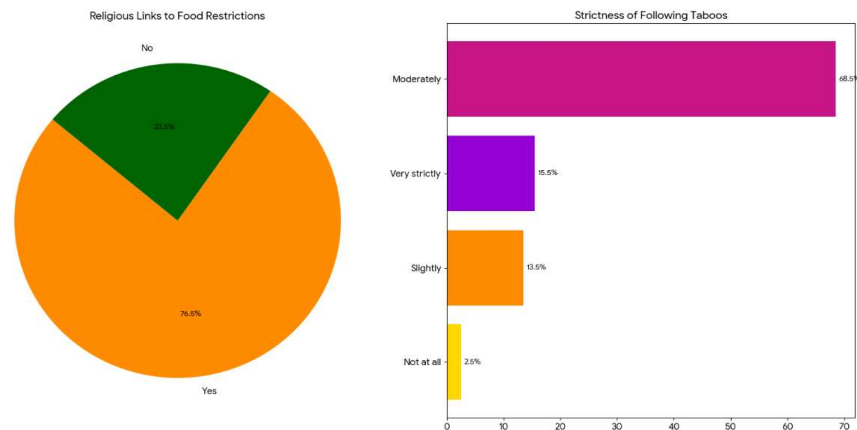


Fig 5. Religious links in food restrictions and strictness in following food taboos.

Knowledge of Important Nutrients

The most common response (34.0%) included a combination of iron, calcium, protein, folic acid, and vitamins. Other respondents identified partial combinations such as iron, calcium, protein, and folic acid (19.5%), while smaller proportions mentioned fewer nutrients or single nutrients like calcium or iron. A small proportion (3.0%) reported not knowing. This suggests that while many respondents have a comprehensive understanding, some still have incomplete knowledge.

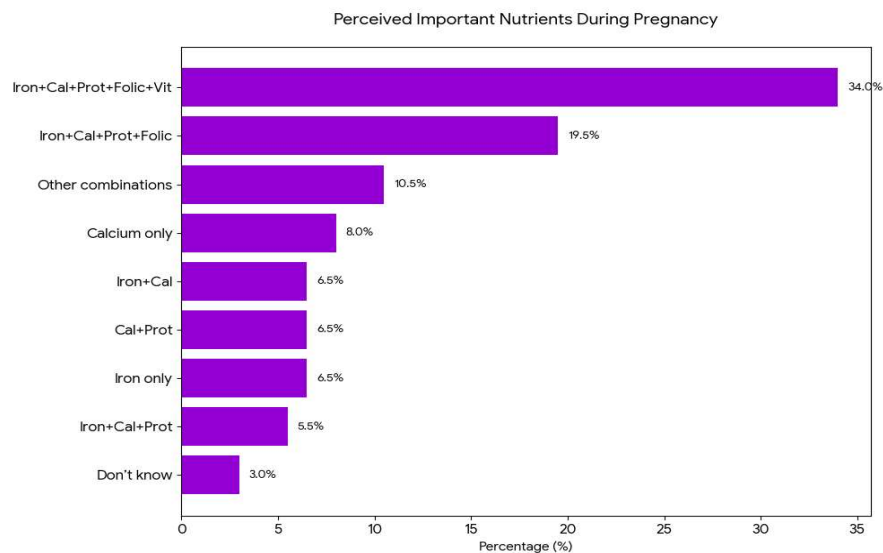


Fig 6. Perceived important nutrients during pregnancy.

Perception of Food Taboos as Outdated

Most respondents (76.0%) were not sure whether food taboos are outdated, while 15.0% believed they are outdated and 9.0% did not agree. This indicates uncertainty and mixed perceptions regarding traditional dietary practices.



Acceptance of Nutrition Advice Against Cultural Beliefs

A large majority (84.0%) reported that acceptance of nutrition advice depends on the situation, while 12.0% were willing to accept it and 4.0% were not willing. This suggests that cultural beliefs still influence decision-making, even when medical advice is available.

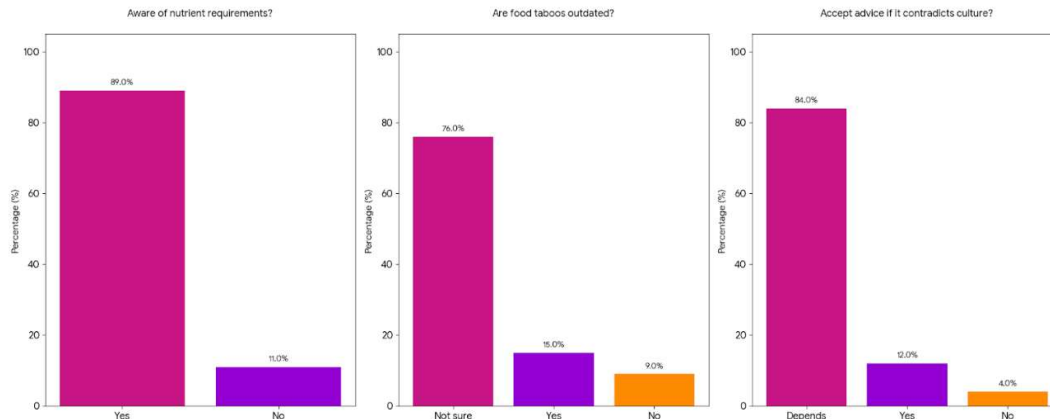


Fig 7. Aware of nutrient requirements , Are food taboos outdated and Accept advice if it contradicts culture.

Cultural Beliefs & Positive Impact

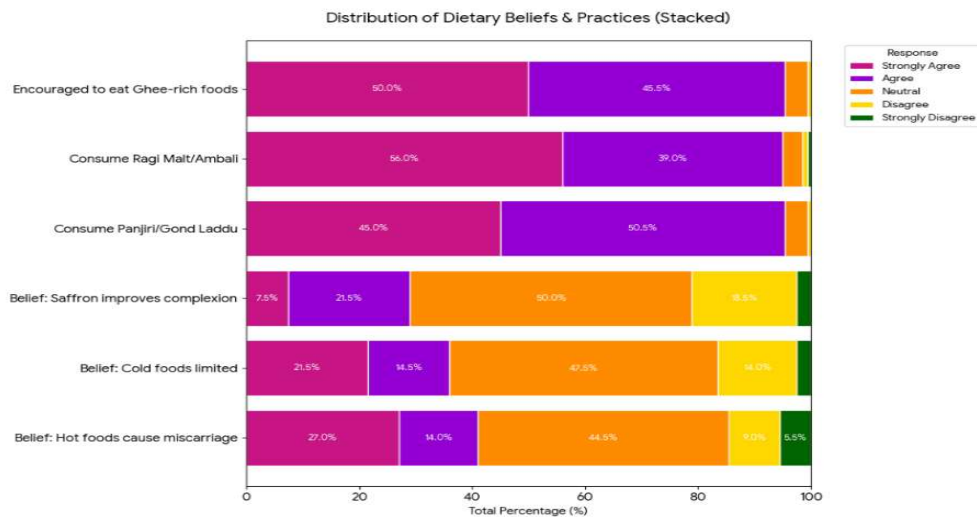


Fig 8. Distribution of dietary beliefs and practices

Belief: “Hot foods (papaya, pineapple, sesame seeds) can cause miscarriage”

Most respondents (44.5%) were neutral about this belief, while 27.0% strongly agreed and 14.0% agreed. A smaller proportion disagreed (9.0%) and strongly disagreed (5.5%). This indicates that traditional beliefs about hot foods still persist, but uncertainty is also high among participants.

Belief: “Cold foods (curd, coconut water, fruits) should be limited”

Nearly half of the respondents (47.5%) were neutral, while 21.5% strongly agreed and 14.5% agreed. Around 14.0% disagreed and 2.5% strongly disagreed. This shows mixed perceptions regarding the restriction of cold foods during pregnancy.



Belief: “Eating saffron (kesar) improves baby’s complexion”

Half of the respondents (50.0%) were neutral, while 21.5% agreed and 7.5% strongly agreed with this belief. A notable proportion (18.5%) disagreed and 2.5% strongly disagreed. This indicates that cultural myths related to baby appearance are still prevalent but not strongly accepted by all.

Consumption of Panjiri / Gond Laddu for Strength

A majority of respondents (50.5%) agreed and 45.0% strongly agreed that they consume panjiri or gond laddu for strength. Only 4.0% were neutral and 0.5% disagreed. This suggests strong traditional acceptance of energy-rich homemade foods during pregnancy.

Consumption of Ragi Malt / Ambali / Porridge

Most respondents (56.0%) strongly agreed and 39.0% agreed that they consume ragi malt or similar foods as advised by elders. Only a small proportion were neutral (3.5%), disagreed (1.0%), or strongly disagreed (0.5%). This indicates strong adherence to traditional nutritious food practices.

Encouragement to Eat Ghee-rich Foods During Pregnancy

Half of the respondents (50.0%) strongly agreed and 45.5% agreed that they are encouraged to consume ghee-rich foods during pregnancy. Only 4.0% were neutral and 0.5% disagreed. This shows a strong cultural belief in the benefits of ghee during pregnancy.

V. CONCLUSION

The study also highlighted the deep rooted nature of cultural beliefs. Most women reported learning food beliefs during childhood, showing that these practices are transmitted across generations. Family pressure to follow traditional practices was commonly experienced, particularly in joint family settings. Many respondents reported that cultural beliefs are not openly discussed with healthcare providers, indicating a communication gap between traditional practices and medical advice. Religious beliefs were also strongly associated with food restrictions, further strengthening adherence to food taboos. Interestingly, not all cultural beliefs had negative implications. Traditional foods such as panjiri, gond laddu, ragi malt, and ghee-rich foods were widely accepted and consumed by participants. These foods are often rich in energy, protein, calcium, and essential nutrients, which may support maternal health when consumed appropriately.

The correlation analysis revealed a significant positive relationship between education and nutritional awareness ($r = 0.298$, $p = 0.001$). Social media use was positively associated with food choices ($r = 0.342$, $p < 0.001$) and supplement intake ($r = 0.389$, $p < 0.001$). Cultural beliefs strongly influenced food taboos ($r = 0.415$, $p < 0.001$), while family pressure affected food restrictions ($r = 0.367$, $p < 0.001$). Religious beliefs also influenced food avoidance ($r = 0.331$, $p < 0.001$). A weak negative correlation was observed between nutrient knowledge and belief in outdated food taboos ($r = -0.241$, $p = 0.004$).

Thus, cultural practices may have both beneficial and restrictive effects depending on the type of belief and food involved. While awareness of nutritional requirements is relatively high, persistent food taboos, misinformation, and family influence continue to affect maternal dietary behaviour. These findings emphasize the need for culturally sensitive nutrition education programs that involve not only pregnant women but also family members and community influencers, helping bridge the gap between traditional beliefs and scientific recommendations.

Many respondents reported that cultural beliefs are not openly discussed with healthcare providers, indicating a communication gap between traditional practices and medical advice. Religious beliefs were also strongly associated with food restrictions, further strengthening adherence to food taboos. Interestingly, not all cultural beliefs had negative implications. Traditional foods such as panjiri, gond laddu, ragi malt, and ghee-rich foods were widely accepted and consumed by participants. These foods are often rich in energy, protein, calcium, and essential nutrients, which may support maternal health when consumed appropriately.



FUTURE RECOMMENDATIONS

More research is needed to understand how social media affects food choices and eating habits during pregnancy. Doctors, dietitians, and healthcare workers can use social media to share correct and trustworthy nutrition information. Awareness programs can help reduce wrong beliefs and food taboos that may affect the health of mother and baby. Future research can study how family traditions, cultural practices, and elders influence dietary choices during pregnancy. Comparative studies between different cultures and communities can help understand different food beliefs and practices.

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to my guide and mentors for their invaluable guidance, encouragement, and continuous support throughout the completion of this thesis. Their insightful suggestions and constructive feedback significantly contributed to the successful execution of this work. I extend my heartfelt thanks to the faculty members and staff of the Department of Nutrition and Dietetics for providing the necessary resources and a conducive learning environment. I am deeply indebted to my parents and family members for their unwavering love, patience, understanding, and motivation during every stage of this research journey. I also thank my friends and colleagues for their cooperation, encouragement, and assistance whenever needed. Finally, I express my sincere appreciation to all the participants and everyone who directly or indirectly contributed to the successful completion of this thesis. Their support and encouragement have made this work possible. This version is approximately 150 words and is suitable for inclusion in a thesis.

REFERENCES

- [1]. Ahmed, T., Hossain, M., & Sanin, K. I. (2022). Global burden of maternal and child undernutrition and micronutrient deficiencies. *Annals of Nutrition and Metabolism*, 78(2), 45–56.
- [2]. Abebe, H., Tesfaye, M., & Bekele, D. (2023). The impact of cultural beliefs on maternal dietary practices during pregnancy. *BMC Women's Health*, 23(1), 212–220.
- [3]. Afulani, P. A., Altman, M., Musana, J., & Sudhinaraset, M. (2021). Conceptualizing pathways linking women's empowerment and prematurity in low- and middle-income countries. *BMC Pregnancy and Childbirth*, 21(1), 1–12.
- [4]. Appiah, P. K., Nkuah, D., & Bonchel, D. A. (2022). Knowledge of nutrition and dietary practices among pregnant women: A cross-sectional study. *BMC Nutrition*, 8(1), 45–53.
- [5]. Choukou, M. A., Sanchez-Ramirez, D. C., Poliquin, V., & Ugnat, A. M. (2022). Social media use during pregnancy and its impact on maternal health behavior: A systematic review. *Journal of Medical Internet Research*, 24(5), e29420.
- [6]. Diddana, T. Z. (2021). Dietary practices and associated factors among pregnant women attending antenatal care. *BMC Pregnancy and Childbirth*, 21(1), 1–9.
- [7]. Food and Agriculture Organization. (2023). Improving maternal nutrition through food-based dietary guidelines. Rome: FAO.
- [8]. Glover, M., Moreira, C., & Gupta, S. (2023). Social media and maternal health information-seeking behavior: A systematic review. *Maternal & Child Nutrition*, 19(1), e13421.
- [9]. Gupta, A., Gupta, R., & Sharma, N. (2024). Nutrition misinformation on social media and its influence on maternal dietary practices. *Frontiers in Nutrition*, 11, 1356789.
- [10]. Kassa, Z. Y., Arowojolu, A. O., Odukogbe, A. A., & Yalew, A. W. (2022). Prevalence and determinants of food taboos among pregnant women: A systematic review and meta-analysis. *PLOS ONE*, 17(4), e0266964.
- [11]. Kaur, H., & Verma, S. (2024). Food taboos and maternal dietary intake among pregnant women: A cross-sectional study. *BMC Nutrition*, 10(1), 88–96.
- [12]. National Institute of Nutrition. (2024). Dietary guidelines for Indians. Hyderabad: Indian Council of Medical Research–National Institute of Nutrition.
- [13]. Patel, N., Shah, D., & Joshi, M. (2022). Digital health communication and nutrition awareness among women of reproductive age. *Nutrition and Health*, 28(4), 467–475.



- [14]. Rao, P., Reddy, M., & Kumar, V. (2025). Influence of online health information on pregnancy-related dietary decisions in urban India. *Indian Journal of Community Medicine*, 50(1), 34–41.
- [15]. Rajalakshmi, S. (2020). Assessing the Implementation of Direct Benefit Transfer Scheme (DBT) for Patients with Tuberculosis Notified under the National TB Program in Kollam (Doctoral dissertation, SCTIMST).
- [16]. Rajlakshmi, M., Sharon, P. M., Washington, J. K., & Sindhu, R. S. S. (2025). Impact of social media on pregnancy in India. *Bioinformation*, 21(8), 2891.10.6026/973206300212891
- [17]. Trehan, A., & Sehgal, S. S. (2024). Effect of social media on body image of pregnant and postpartum women in India. *Health care for women international*, 45(8), 946-965.
- [18]. Wang, B., Lassi, Z., Andraweera, P., Chen, G., Ong, J. J., Mcmillian, M., & Marshall, H. (2025). Pregnant women's choices for preventing respiratory syncytial virus (RSV). *Vaccine*, 48, 126790.
- [19]. Z., Defar, A., Amenu, K., Dibaba, A., Araraso, D., Gebreyohanes, Y., & Hadis, M. (2019). Socio-cultural Beliefs and Practices Influencing Institutional Delivery Service Utilization in Three Communities of Ethiopia: A Qualitative Study. *Ethiopian journal of health sciences*, 29(3), 343–352.
- [20]. Zeeni, N., Abi Kharma, J., & Mattar, L. (2023). Social media use impacts body image and eating behavior in pregnant women. *Current Psychology*, 42(6), 4948-495

