# Assessment of Perception and Attitude of Pregnant Women towards Food Cravings and Aversion in Abeokuta North Local Government Areas, Ogun State

**[1]AJAYI, Olubukunola Adesola, [2]SODIYA Olaide Olasubomi, [2]AROGUNDADE Toliah Abiodun, [2]ADERIBIGBE Subuola Christiana, [2]OGUNRINDE Badejoko Alice, [2]ENAHOLO, Kikelomo Isimot, [2]SULYMAN Funke, [3]FAGOYINBO Mayowa Damilare, *[4]JOSEPH Comfort Oreoluwa**

**[1]Department of Midwifery, Ogun State College of Nursing Sciences, School of Midwifery, Abeokuta, Ogun State, Nigeria**

**[2]Department of Nursing, Babcock University, Ilishan-Remo, Ogun State, Nigeria**

**[3]Ogun State College of Nursing Science, School of Midwifery**

**[4]Department of Nursing Science, University of Lagos, Lagos State, Nigeria**

***Corresponding Author**

**DOI: https://dx.doi.org/10.51584/IJRIAS.2025.1010000051**

**Received: 07 October 2025; Accepted: 16 October 2025; Published: 03 November 2025**

## ABSTRACT

Pregnancy is a period marked by significant physiological and psychological changes, including notable alterations in dietary habits. Food cravings and aversions are common phenomena experienced by pregnant women and can have implications for maternal and fetal health. This study provides an overview on perception and attitude of pregnant women towards food craving and aversion in Adeun and Iberekodo primary health center, Abeokuta north local government.

A descriptive cross sectional design was utilized with simple random technique; a well-constructed questionnaire was used to elicit information from (120) respondents. Data was collected using a self-structured questionnaire that explored perception and attitude that influence this method. Data obtained were analyzed using statistical package for Social Science (SPSS) version 27 and results were presented in table and figures.

Result obtained from this study revealed that the most commonly (85%) craved food were sweet and sugary items during pregnancy. 95% of the respondent's experience food aversion during first trimester. Conversely, a significant portion of respondents agreed (62%) or strongly agreed (48%) that food cravings and aversions present an opportunity to practice self-care and self-love. 75% of respondent highlighted social support using family as an important coping strategy.

The study concludes that pregnant women's food cravings and aversions are shaped by psychological, cultural, and social factors, with diverse coping strategies such as emotional support, nutrition counseling, and lifestyle adjustments aiding effective dietary management during pregnancy. It is therefore recommended that healthcare providers should address these dietary changes during prenatal care to ensure balanced nutrition and positive pregnancy outcomes.

**Keywords:** Attitude, Perception, Dietary, Pregnancy, Cravings, Aversion.

## INTRODUCTION

Pregnancy is a critical period in a woman's life that requires adequate nutrition to support fetal growth and development (1). However, many pregnant women experience food cravings and aversions, which can

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue X October 2025

significantly affect their dietary habits and nutritional status. Across cultures, a craving for items not typically desired is often considered a hallmark of pregnancy (2). Aversion is a common character known with pregnant women and many tends to neglect foods during this period. Women are known for different cravings such as sweets, fruits, calorie-dense foods, odd combinations or pica substances, such as clay and chalk for unknown reasons. Pregnancy is often accompanied by a variety of nutritionally linked problems with symptoms that are sometimes very unpleasant and difficult to tolerate (3).

Research has found that attitudes and perceptions of pregnant women towards food cravings and aversions can vary globally. While some women embrace and enjoy their food cravings, others may feel frustrated or guilty about them. Similarly, some women may view food aversions as a protective mechanism for their babies' health, while others may find them inconvenient or limiting. A study conducted by Blau *et al*. (4) examined the attitudes and behaviors of pregnant women towards food cravings and aversions in a diverse global sample. They found that cultural and social norms greatly influenced women's perspectives. For example, in cultures where pregnancy cravings are seen as a signal of a healthy pregnancy, women tended to embrace their cravings. In contrast, in cultures where pregnancy cravings are viewed as unhealthy or indulgent, women may feel guilty or ashamed of their cravings. Another study conducted by Blau (5) investigated the attitudes of pregnant women towards food aversions in different countries. They found that while some women perceived aversions as a protective mechanism for their baby's health, others saw them as a nuisance that limited their dietary choices and enjoyment of food. It is important to note that individual experiences and cultural factors greatly influence these attitudes and perceptions. Therefore, it is not possible to provide a generalization that applies to all pregnant women globally.

These complications may cause not only discomfort during pregnancy but also interfere with the dietary intake of the pregnant woman and sometimes causing serious problems. Pregnancy is a complex and absolutely important period in women's life. Its physiology is of great biological and nutritional importance (6). Also the feto-placenta growth is significantly dependent on the situation of nutrients from the mother, coming from diet and supplied from blood supply. Maternal nutrition is a basic determinant of fetal growth, birth weight and infant morbidity (6, 7). A Pregnant woman requires a healthy diet which embedded an adequate intake of energy, protein, vitamins and minerals to meet maternal and fetal needs. However, many pregnant women from low income countries have poor dietary intake of healthy diet which is often insufficient to meet those needs. Therefore, the contribution of nutrients should be adequate both in quantity and quality of food items because it contributes to the process of embryo-genesis, development of the fetus and for the improvement of the health of the mother (8).

Notably, food aversions are the number one changes experienced by pregnant women. Nearly all pregnant mothers experience cravings during pregnancy and most experience at least one aversion throughout the period of pregnancy (6). Both food cravings and aversions can be challenging for pregnant women to manage, and the lack of understanding and support for these phenomena can have significant implications for maternal and fetal health. Food aversions are characterized by sudden appearance with strong intensity of the repulsion of a certain kind of food, often the one previously enjoyed and absence prior to pregnancy (9) and usually emerged at the end of the first trimester and intensifies during the second trimester and gradually becomes diminished.

Due to this fact, the revised WHO guideline for Ante Natal Care (ANC) emphasized the importance of ANC visits as it is the best opportunities to provide information to women on maternal diet and/or weight gain during pregnancy (10). Additionally, it helps to identify women with an "unhealthy" dietary pattern in early pregnancy (10, 11). This study aimed to assess the perception and attitude towards food craving and aversion of pregnant women in selected primary health facilities in Abeokuta North local government Ogun state.

## METHODOLOGY

### Study Area

The study was carried out among pregnant women in two selected primary health care centers Adeun and Iberekodo, Abeokuta North local government Ogun state.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue X October 2025

**Study Design**

A descriptive cross sectional research design was adopted during this study. This allows for collection of data from a specific population at point in time.

**Study Population**

The population of this study consisted of 152 pregnant women attending iberekodo and adeun primary health care in abeokuta north local government, Ogun state, with diverse background, different social status, educational levels.

**Sample Size**

The sample size was calculated using Taro Yamane formula below.

$n=N/(1+Ne^2)$

Where:

n = signifies the sample size

N = signifies the study population size

E = signifies the margin of error (0.05).

$n = 152/ (1+152 (0.05)^2)$

n = 152/ (1+152 (0.0025)

n = 152/(1+ 0.38)

n = 152/(1.38)

n = 110.1

This number plus 10% =11, to take care of attrition rate. Therefore 121 was selected.

**Eligibility Criteria for the Participant in the Study**

The study targeted men and women who work as food vendors, including young adolescents engaged in food vending daily, across all selected areas within Saki West Local Government Area. Individuals who were food vendors outside the selected study areas in Saki West Local Government were excluded from participation.

**Sampling Technique**

Simple random technique was used to select Pregnant women attending clinical health Care centers Iberekodo and Adeun health centers Abeokuta north local government. This helps capture diversities of experience among the pregnant women attending the health centers.

**Study Instrument**

A standardized self-structured questionnaire adapted for this study was used to gather quantitative data. The validated questionnaire comprises five sections, which are:

- Section A: Socio demographic data
- Section B: Attitude of pregnant women towards food craving and aversion

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue X October 2025

- Section C: Perception of pregnant women towards food craving and aversion
- Section D: Coping strategies of pregnant women towards food craving and aversion
- Section E: Types of food pregnant women crave for and avoid and reasons for preference

**Validity of the Instrument**

Construct validity was ensured by presenting the instrument to experts in the field of nursing and midwifery, senior researchers, and statisticians. Similarly, the instrument was checked for clarity, adequacy of content, appropriateness, and ability to elicit accurate information concerning the research objectives. Amendments and corrections from their observations were made on the instrument before it was administered

**Reliability of Instrument**

The reliability of the questionnaire was assessed through a test retest method. A subset participant (approximately 10% of the sample) was asked to complete the questionnaire twice with a time interval of two weeks between administrations. The response for the two administration was analyzed for consistency and the instrument reliability was determined using appropriate statistical measures.

**Method of data collection**

Data was collected through the use of questionnaire, explanation and interpretation of the questionnaire was given to the respondent on how to answer the question.

**Ethical Considerations**

Ethical Clearance was obtained from College of Nursing Science, Idi-Aba. A permission letter was obtained from Clinical health care centers at Abeokuta North Local Government, Ogun State. However, it was stressed that participation is entirely voluntary. Anonymity and confidentiality of data collected were maintained.

**Data Analysis**

The data generated was analyzed and processed using the Statistical Package for Social Science (SPSS) version 26. The results were represented using findings as headings and percentage. A quantitative analysis method was used to report findings.

## RESULTS

**Respondent Response Rate**

One hundred and twenty-one (121) questionnaires were distributed. One hundred (120) questionnaires were properly filled and returned by the respondents making a response rate of 99%.

**Demographic Characteristics of Respondents**

Table 1: Socio-Demographic Characteristics of Respondent in the Study Area

| **Variables** | **Frequency** | **percentage** | **mean** | **standard deviation** |
|---|---|---|---|---|
| **age** | | | 3.1833 | 1.15942 |
| 18-20years | 5 | 4.2 | | |
| 22-26years | 20 | 16.7 | | |

| | | | | |
|---|---|---|---|---|
| 26-31years | 30 | 25 | | |
| 31-36years | 22 | 18.3 | | |
| 37 and above | 15 | 12.5 | | |
| 41years and above | 28 | 23.3 | | |
| **marital status** | | | 1.8750 | 1.00053 |
| Married | 55 | 45.8 | | |
| Single | 38 | 31.7 | | |
| Divorced | 14 | 11.7 | | |
| Widow | 13 | 10.8 | | |
| **Occupation** | | | 2.0583 | .91941 |
| Trading | 40 | 33.3 | | |
| civil servant | 40 | 33.3 | | |
| Housewife | 33 | 27.5 | | |
| Unemployed | 7 | 5.8 | | |
| **Religion** | | | 1.5250 | .54945 |
| Christianity | 60 | 50.0 | | |
| Islam | 57 | 47.5 | | |
| Others | 3 | 2.5 | | |
| **Ethnics** | | | 1.4667 | .73259 |
| Yoruba | 81 | 67.5 | | |
| Igbo | 22 | 18.3 | | |
| Hausa | 17 | 14.2 | | |
| **how many weeks is your pregnancy** | | | 1.9167 | .81564 |
| 1-13weks | 45 | 37.5 | | |
| 14-23weeks | 40 | 33.3 | | |
| 24-38 | 35 | 29.2 | | |
| **educational qualification** | | | 2.9500 | .89677 |
| None | 6 | 5.0 | | |

| | | | | |
|---|---|---|---|---|
| Primary | 33 | 27.5 | | |
| Secondary | 42 | 35.0 | | |
| Tertiary | 39 | 32.5 | | |

These socio-demographic characteristics as shown in table 1 provide a comprehensive overview of the study population, highlighting the diversity in age, marital status, occupation, religion, ethnicity, gestational age, and educational background. The socio-demographic characteristics of respondents in this study reveal a diverse sample of pregnant women attending antenatal clinics in the study area. The age distribution indicates a mean age of 3.18 years with a standard deviation of 1.16 years. The majority of respondents fall within the age range of 26-31 years (30%), followed by those aged 31-36 years (23.3%), and 22-26 years (18.3%). Marital status data shows that nearly half of the respondents are married (45.8%), with single women comprising 31.7% of the sample, followed by divorced (11.7%) and widowed (10.8%).

Occupational data reveals an equal representation of women involved in trading and civil service (33.3% each), while 27.5% are housewives, and a small portion is unemployed (5.8%). In terms of religion, Christianity is the most prevalent (50.0%), closely followed by Islam (47.5%), with a minority practicing other religions (2.5%). The ethnic composition is predominantly Yoruba (67.5%), with Igbo (18.3%) and Hausa (14.2%) also represented.

The gestational age of respondents shows a mean of 1.92 weeks with a standard deviation of 0.82 weeks. A significant portion of the respondents are in their first trimester (37.5%), while 33.3% are in their second trimester, and 29.2% are in their third trimester. Educational qualifications indicate that most respondents have secondary education (35.0%), followed by those with tertiary education (32.5%), primary education (27.5%), and a small percentage with no formal education (5.0%).

Table 2: Attitude of Pregnant Women Towards Food Craving and Aversion

| **Variables** | **Agree** | **Strongly agree** | **Disagree** | **Strongly disagree** |
|---|---|---|---|---|
| Food aversions during pregnancy are a sign of intuition to protect my baby | 1 | 0 | 57 | 62 |
| Food cravings and aversions during pregnancy are an opportunity to practice self-care and self-love | 62 | 48 | 9 | 1 |
| Food cravings and aversions during pregnancy are a normal part of the pregnancy experience and shouldn't be stigmatized | 63 | 56 | 1 | 0 |
| There is a feeling of empowerment when making healthy choices and listen to my body's needs during pregnancy | 52 | 68 | 0 | 0 |
| Food cravings and aversions during pregnancy are influenced by my personal values and beliefs | 0 | 0 | 61 | 59 |
| Food cravings and aversions during pregnancy are influenced by my emotional and mental state | 58 | 62 | 0 | 0 |
| Food cravings and aversions during pregnancy are influenced by my support system and social environment | 62 | 58 | 0 | 0 |

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue X October 2025

The attitudes of pregnant women towards food cravings and aversions are presented in Table 2, reflecting diverse perspectives on this aspect of their pregnancy experience. A majority of respondents disagree (57%) or strongly disagree (62%) with the statement that food aversions during pregnancy are a sign of intuition to protect their baby. Conversely, a significant portion of respondents agree (62%) or strongly agree (48%) that food cravings and aversions present an opportunity to practice self-care and self-love. The belief that food cravings and aversions are a normal part of the pregnancy experience and should not be stigmatized is widely accepted, with 63% agreeing and 56% strongly agreeing.

Additionally, all respondents (52% agree and 68% strongly agree) feel empowered when making healthy choices and listening to their body's needs during pregnancy. There is a clear rejection of the notion that food cravings and aversions are influenced by personal values and beliefs, with 61% disagreeing and 59% strongly disagreeing. However, the influence of emotional and mental states on food cravings and aversions is acknowledged by a majority, with 58% agreeing and 62% strongly agreeing. Similarly, the impact of support systems and social environments is recognized, as 62% agree and 58% strongly agree that these factors play a role in their food cravings and aversions during pregnancy.

Table 3: Perception of Pregnant Women Towards Food Craving and Aversion

| **Variables** | **True** | **False** |
|---|---|---|
| Food cravings during pregnancy are typically for healthy foods | 120 | 0 |
| Pregnant women often experience aversions to certain foods they previously enjoyed | 58 | 52 |
| Food cravings and aversions can impact a pregnant woman's dietary choices. | 68 | 52 |
| Health professionals recommend giving in to every food craving during pregnancy | 95 | 25 |
| Cultural factors influence the types of food cravings experienced by pregnant women | 114 | 6 |
| Pregnant women are more likely to experience food aversions during the first trimester | 104 | 6 |
| Pregnant women perceive food aversions as a protective mechanism for avoiding harmful substances. | 112 | 8 |
| Pregnant women believe that satisfying food cravings is essential for the health of their baby. | 68 | 52 |

The perceptions of pregnant women towards food cravings and aversions, as outlined in Table 3, provide insightful perspectives on these phenomena during pregnancy. All respondents (100%) believe that food cravings during pregnancy are typically for healthy foods. Additionally, a slight majority (58%) acknowledge that pregnant women often experience aversions to foods they previously enjoyed, while 52% believe otherwise. Food cravings and aversions on dietary choices is recognized by 68% of the respondents, whereas 52% do not perceive such an effect., a significant number of respondents (95%) affirm that health professionals recommend giving in to every food craving during pregnancy, with only 25% disagreeing.

Cultural factors are seen as influential in determining the types of food cravings experienced by pregnant women, with a notable 114 respondents agreeing and only 6 disagreeing. The perception that food aversions are more common during the first trimester is held by 104 respondents, with only 6 dissenting. The belief that food aversions serve as a protective mechanism against harmful substances is widely accepted, with 112 respondents agreeing and 8 disagreeing. Lastly, there is a split in opinion regarding the belief that satisfying food cravings is essential for the health of the baby, with 68 respondents agreeing and 52 disagreeing.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue X October 2025

Table 4: Coping Strategies Among Pregnant Women Towards Food Craving and Aversion

| Variables | True | False |
|---|---|---|
| Engaging in regular physical exercise can be an effective coping strategy for managing food cravings during pregnancy. | 57 | 63 |
| Seeking emotional support from friends or family members is a helpful coping strategy for dealing with pregnancy-related food challenges. | 57 | 63 |
| Nutrition counseling is a widely recommended approach to support pregnant women in managing food cravings and aversions. | 63 | 57 |
| Experimenting with different food textures is a coping strategy some pregnant women use to satisfy cravings. | 62 | 58 |
| Using relaxation techniques, such as deep breathing or meditation, can positively impact the intensity of food cravings during pregnancy. | 61 | 59 |
| Accepting and adapting to changing taste preferences is an essential aspect of coping with food-related challenges during pregnancy. | 58 | 62 |
| Trying new recipes or cooking methods is a recommended coping strategy for pregnant women | 74 | 46 |
| Mindful eating practices can help pregnant women manage their food cravings. | 63 | 57 |
| Emotional factors can influence the intensity of food cravings during pregnancy. | 59 | 61 |
| Some pregnant women use distraction techniques to cope with food cravings. | 67 | 53 |

The coping strategies employed by pregnant women to manage food cravings and aversions, as detailed in Table 4, offer a comprehensive view of the various approaches used to address these challenges. The data reveals that engaging in regular physical exercise is seen as an effective coping strategy by 47.5% of respondents, while a slight majority (52.5%) do not find it effective. Similarly, seeking emotional support from friends or family is considered helpful by 47.5% of respondents, with an equal number disagreeing. Nutrition counseling is recognized as a widely recommended approach, supported by 52.5% of respondents, although 47.5% do not agree. Experimenting with different food textures is a coping strategy used by 51.7% of pregnant women, while 48.3% do not find this strategy effective. The use of relaxation techniques, such as deep breathing or meditation, is viewed positively by 50.8% of respondents, with 49.2% dissenting.

Accepting and adapting to changing taste preferences is seen as essential by 48.3% of respondents, while 51.7% do not consider it crucial. Trying new recipes or cooking methods is a recommended strategy, supported by a notable 61.7% of respondents, with 38.3% disagreeing. Mindful eating practices are also deemed helpful by 52.5% of pregnant women, while 47.5% do not share this view. The influence of emotional factors on the intensity of food cravings is acknowledged by 49.2% of respondents, with 50.8% disagreeing. Lastly, using distraction techniques to cope with food cravings is a strategy employed by 55.8% of pregnant women, while 44.2% do not find it effective.

Table 5: Types of Food That Pregnant Women Crave or Avoid and Reasons for Preference

| Variables | Agree | Strongly agree | Disagree | Strongly disagree |
|---|---|---|---|---|
| Food craving and aversion can be based of factors like bad experience | 32 | 28 | 30 | 30 |

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue X October 2025

| | | | | |
|---|---|---|---|---|
| Food craving is based on food high in nutrients | 28 | 29 | 31 | 32 |
| Food is craving occurs when more time is spent around family | 34 | 23 | 33 | 30 |
| Cultural and religious beliefs influence my food cravings and aversions during pregnancy | 34 | 30 | 24 | 32 |
| Food cravings in pregnant women are always indicative of my nutritional needs. | 31 | 30 | 28 | 31 |
| Hormonal changes during pregnancy influence my food cravings | 39 | 26 | 24 | 31 |
| Pregnancy trimester (first, second, or third) influences my food cravings and aversions | 24 | 35 | 27 | 34 |
| Physical symptoms during pregnancy (e.g. nausea, fatigue) influence my food cravings and aversions | 28 | 33 | 27 | 32 |
| Healthcare provider's dietary restrictions and recommendations influence my food cravings and aversions during pregnancy | 40 | 31 | 25 | 24 |

Table 5 provides insights into the types of food cravings and aversions experienced by pregnant women and the underlying reasons for these preferences. The responses indicate a mix of opinions regarding the various factors influencing food cravings and aversions. A total of 32 respondents agree and 28 strongly agree that food cravings and aversions can be based on factors such as bad experiences, while 30 disagree and 30 strongly disagree. Similarly, 28 agree and 29 strongly agree that food cravings are based on foods high in nutrients, but 31 disagree and 32 strongly disagree, indicating divided opinions.

The influence of spending more time around family on food cravings is agreed upon by 34 respondents and strongly agreed by 23, whereas 33 disagree and 30 strongly disagree. Cultural and religious beliefs are seen as influential by 34 respondents who agree and 30 who strongly agree, while 24 disagree and 32 strongly disagree. Regarding the notion that food cravings in pregnant women are always indicative of nutritional needs, 31 agree and 30 strongly agree, whereas 28 disagree and 31 strongly disagree. Hormonal changes during pregnancy are acknowledged as influential by 39 respondents who agree and 26 who strongly agree, though 24 disagree and 31 strongly disagree.

The influence of pregnancy trimester on food cravings and aversions is agreed upon by 24 respondents and strongly agreed by 35, while 27 disagree and 34 strongly disagree. Physical symptoms during pregnancy, such as nausea and fatigue, are recognized as influential by 28 respondents who agree and 33 who strongly agree, while 27 disagree and 32 strongly disagree.

Lastly, the influence of healthcare provider's dietary restrictions and recommendations is agreed upon by 40 respondents and strongly agreed by 31, while 25 disagree and 24 strongly disagree

Table 6: Type of Food Pregnant Women Crave or Avert

| **Variables** | **Agree** | **Strongly agree** | **Disagree** | **Strongly disagree** |
|---|---|---|---|---|
| Strong cravings for sweet foods during pregnancy | 24 | 34 | 29 | 33 |
| Aversion for strong smelling food during pregnancy | 56 | 64 | 0 | 0 |
| Cravings for savory foods like meat and vegetables during | 63 | 57 | 0 | 0 |

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume X Issue X October 2025

| | | | | |
|---|---|---|---|---|
| pregnancy | | | | |
| Fried and fatty foods during pregnancy | 64 | 56 | 0 | 0 |
| Cold foods like ice cream | 59 | 61 | 0 | 0 |
| Hot foods like hot soup, hot coffee | 46 | 74 | 0 | 0 |
| Specific nutrients such as protein and calcium. | 50 | 70 | 0 | 0 |
| Sour Foods like lemons, pickles | 63 | 57 | 0 | 0 |
| Spicy foods like Pepper and spices | 64 | 56 | 0 | 0 |
| Non-food substance( pica) | 59 | 61 | 0 | 0 |

Table 6 presents the types of food cravings and aversions experienced by pregnant women, highlighting their preferences and aversions towards specific food categories. There is a notable preference for sweet foods during pregnancy, with 24 respondents agreeing and 34 strongly agreeing, while 29 disagree and 33 strongly disagree. Conversely, strong aversions to strong-smelling foods are widespread, with 56 respondents agreeing and 64 strongly agreeing, and no respondents disagreeing or strongly disagreeing.

Cravings for savory foods like meat and vegetables are prevalent, as indicated by 63 respondents who agree and 57 who strongly agree, with no disagreements. Similarly, there is a strong preference for fried and fatty foods, with 64 respondents agreeing and 56 strongly agreeing, and no disagreements.

Cold foods such as ice cream are highly craved, with 59 respondents agreeing and 61 strongly agreeing, and no disagreements. On the other hand, hot foods like hot soup and hot coffee are also desired, with 46 respondents agreeing and 74 strongly agreeing, and no disagreements. Specific nutrients such as protein and calcium are sought after, with 50 respondents agreeing and 70 strongly agreeing, and no disagreements. Sour foods like lemons and pickles are craved by 63 respondents who agree and 57 who strongly agree, with no disagreements. Similarly, spicy foods like pepper and spices are craved by 64 respondents who agree and 56 who strongly agree, with no disagreements. Lastly, the craving for non-food substances (pica) is prevalent among 59 respondents who agree and 61 who strongly agree, with no disagreements.

## DISCUSSION

This research has provided insightful findings into the coping attitudes and perceptions of food cravings and aversions among pregnant women attending Iberekodo and Adeun health primary health center Abeokuta North local government Ogun state. The study revealed a diverse participant profile across various demographic characteristics, highlighting the broad spectrum of factors influencing dietary preferences and coping mechanisms during pregnancy in these clinical settings.

Coping strategies employed by pregnant women to manage food cravings and aversions, The study identified different approaches to solve this challenge, seeking emotional support from friends or family is considered helpful by 47.5% of respondents, with an equal number disagreeing, similarly Nutrition counseling is recognized as a widely recommended approach, supported by 52.5% of respondents, although 47.5% do not agree, the observation of this study were similar to Bjelica *et al.*, (12) that found out coping mechanisms and psychological and nutritional aspects involved. Psychological and cultural factors influencing food choice and cravings during pregnancy: Gomez *et al*. (13), this qualitative study explores the psychological and cultural influences on food cravings and aversions in pregnant women the study identified several significant findings regarding food cravings and aversions among pregnant women. Observation in this study are similar to Weenen *et al*. (14) Gendered perceptions of food-related sensations in pregnancy. The findings indicated that participants experienced various food cravings and aversions, influenced by cultural and social factors of this studies Participants commonly reported cravings for nutrient-rich foods such as protein and calcium, as well as

preferences for sweet and savory foods. Conversely, aversions were frequently noted towards strong-smelling and fatty foods. These preferences and aversions persisted across different pregnancy stages, suggesting stable patterns in dietary choices throughout pregnancy. Moreover, the research highlighted various coping strategies employed by pregnant women to manage food cravings and aversions. These strategies included engaging in physical activities like regular exercise, seeking emotional support from family and friends, experimenting with different food textures, and using relaxation techniques. Each strategy showed distinct correlations with others, indicating complementary approaches to coping with dietary challenges during pregnancy (6, 15).

## CONCLUSION

The study concludes that pregnant women's food cravings and aversions are shaped by psychological, cultural, and social factors, with diverse coping strategies such as emotional support, nutrition counseling, and lifestyle adjustments aiding effective dietary management during pregnancy.

## RECOMMENDATION

It was recommended that healthcare providers should address these dietary changes during prenatal care to ensure balanced nutrition and positive pregnancy outcomes.

### Declarations

The data generated during the study will be provided on a reasonable request from the corresponding author.

### Declaration of interests Statement

We wish to confirm that there are no known conflicts of interest associated with this publication, and there has been no significant financial support for this work that could have influenced its outcome.

### Funding Statement

There was no grant for this research from any funding body.

## REFERENCES

1. Likhar, A., & Patil, M. S. (2022). Importance of maternal nutrition in the first 1,000 days of life and its effects on child development: a narrative review. Cureus, 14(10).
2. Kruthi, M. N., Duraimani, S. L., Fathima, S., Ghori, J. A. K., Saikia, K., KM, A., ... & Thummala, S. (2024). Craving Connections: Exploring the Relationship Between Pregnancy Cravings, Maternal Health, and Child Preferences in Indian Families. bioRxiv, 2024-10.
3. Lindsay, K. L., Brennan, L., Rath, A., Maguire, O. C., Smith, T., & McAuliffe, F. M. (2018). Gestational weight gains in obese pregnancy: impact on maternal and foetal metabolic parameters and birthweight. Journal of Obstetrics and Gynaecology, 38(1), 60-65.
4. Blau, L. E., Lipsky, L. M., Dempster, K. W., Colman, M. H. E., Siega-Riz, A. M., Faith, M. S., & Nansel, T. R. (2020). Women's experience and understanding of food cravings in pregnancy: a qualitative study in women receiving prenatal care at the University of North Carolina–chapel hill. Journal of the Academy of Nutrition and Dietetics, 120(5), 815-824.
5. Blau, L. E. (2021). Feasibility of Acceptance-Based Health Coaching Targeting Food Cravings in Pregnancy. State University of New York at Albany.
6. Yalew, A., Tekle Silasie, W., Anato, A., & Fikrie, A. (2021). Food aversion during pregnancy and its association with nutritional status of pregnant women in Boricha Woreda, Sidama Regional State, Southern Ethiopia, 2019. A community based mixed cross sectional study design. Reproductive Health, 18(1), 208.
7. Jain, S., Maheshwari, A., & Jain, S. K. (2022). Maternal nutrition and fetal/infant development. Clinics in Perinatology, 49(2), 313-330.

8. Loyola-Vargas, P. V. M., & Ochoa-Alejo, N. (2024). Check for updates. Plant Cell Culture Protocols, 2827, 1.
9. Yalew, A., Anato, A., & Fikrie, A. (2020). Food Aversion During Pregnancy and Its Association With Nutritional Status of Pregnant Women in Boricha Woreda, Sidama Zone, Southern Ethiopia, 2019. A Community Based Mixed Crossectional Study Design.
10. Habte, A., Tamene, A., & Melis, T. (2024). Compliance towards WHO recommendations on antenatal care for a positive pregnancy experience: Timeliness and adequacy of antenatal care visit in Sub-Saharan African countries: Evidence from the most recent standard Demographic Health Survey data. Plos one, 19(1), e0294981.
11. Tafara, L., Bikila, H., Feyisa, I., Desalegn, M., & Kaba, Z. (2023). The prevalence of under nutrition and associated factors among pregnant women attending antenatal care service in public hospitals of western Ethiopia. PloS one, 18(1), e0278180.
12. Bjelica, A., Cetkovic, N., Trninic-Pjevic, A., & Mladenovic-Segedi, L. (2018). The phenomenon of pregnancy—A psychological view. Ginekologia polska, 89(2), 102-106
13. Fernández-Gómez E, Luque-Vara T, Moya-Fernández PJ, López-Olivares M, Gallardo-Vigil MÁ, Enrique-Mirón C. (2020). Factors Influencing Dietary Patterns during Pregnancy in a Culturall Diverse Society. Nutrients. 12(11):3242.
14. Weenen, H., Olsen, A., Nanou, E., Moreau, E., Nambiar, S., Vereijken, C., & Muhardi, L. (2019). Changes in taste threshold, perceived intensity, liking, and preference in pregnant women: A literature review. Chemosensory Perception, 12(1), 1-17.
15. Rolińska, A., Aftyka, A., & Samardakiewicz, M. (2021). Coping with stress in complicated pregnancy and gestational weight gain. International journal of environmental research and public health, 18(19), 10493.