

Nutrition Education and Perceptions of Health Effects of Okra Soup Consumption Among Male and Female Residents in Ado-Ekiti, Ekiti State, Nigeria

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ABSTRACT

Nutrition education plays a decisive role in shaping perceptions about food, health, and lifestyle. Hence, the focus on how nutrition educations influence the perception of health effects of okra soup consumption in Ado-Ekiti, Ekiti State. The study employed a cross-sectional descriptive research design to examine how male and female residents perceive the health effects of okra soup consumption. The sample of the study was 255 okra sellers and buyers across Ado-Ekiti markets. The data for the study were collected using a structure questionnaire designed while the data were analysed using descriptive statistics such as frequencies and percentages and inferential statistics involving t-test and ANOVA analysis. Findings from the study revealed that residents of Ado-Ekiti demonstrated moderate knowledge of the nutritional composition and health benefits of okra soup consumption than their male. However, there is no statistically significant difference in the perception of male and female on health effects of okra soup consumption. In addition, nutrition information sources has no significant influence on the perception of okra soup consumption among male and female residents in Ado-Ekiti. The study concludes that though cultural beliefs and perceived health benefits has the potential to drive positive perceptions of okra soup consumption more than scientific awareness because little or no scientific awareness was known among respondents, male and female are differs their perceptions regardless of information source. The study recommended that nutrition education in Ado-Ekiti, Ekiti State be strengthened through professional and institutional channels to improve awareness of specific nutrients and evidence-based health benefits of okra soup. Additionally, public health workers should leverage on culturally rooted beliefs and digital platforms to enhance engagement and reinforce positive perceptions of okra soup consumption.

Keywords: Nutrition Education, Technology, Perceptions, Health Effects, Okra Soup, Ekiti State

INTRODUCTION

Nutrition and dietary education is fundamental to sustainable public health, exerting a great influence on disease prevention, growth and general wellbeing. This is especially true in societies where traditional diets remain central to daily life. However, beyond provision of dietary information, nutrition education according to Piscopo (2018), involves strategies supportive environments that encourage healthier and more sustainable food choices. Therefore, inadequate knowledge or limited awareness of nutrition practices poses significant risk to consumer behaviour, by discouraging the consumption of nutrient-rich foods such as okra, a culturally significant vegetable diet in many developing countries including Nigeria. As observed by Mason (2020), the lack of adequate awareness about dietary necessities and nutritive value of foods constitutes the main reason for persistent malnutrition.

Meanwhile, the dissemination of nutrition knowledge has expanded beyond conventional classroom and community settings with advent of technology. In addition, the proliferation of digital platforms, mobile applications, and social media in recent years further created more opportunities to align cultural food practices with scientific evidence, thereby enhancing dietary choices and health outcomes. It imperative that in a country like Nigeria, where indigenous foods including okra soup are widely consumed, understanding how communities perceive the health effects of these dishes is essential for effective nutrition education interventions.

Okra (*Abelmoschus esculentus*) is one of the popular vegetable crops consumed in Africa countries including Nigeria. Belonging to the family of Malvaceae, okra is cultivated and consumed in tropical, subtropical and warm weather conditions (Adepoju and Adefila, 2015) and known by many names including lady's finger, ochro, bamyah, gumbo and ila among others (Bello et al 2017; Aririguzo and Kadurumba, 2018; Bansnet et al. 2023; Kwok et al. 2025). In terms of production, Nigeria is the second largest producers of okra in the world, next to India and producing up to 15.4% of the global production (Kushi, 2023). Of importance, okra serves various culinary purposes because of it riches in essential vitamins and minerals that benefit human health, which are not limited to digestion improvement but also reduce the risk of chronic diseases such as diabetes, ulcer, cancer, asthma and depression. According to Bansnet et al. (2023), consumption of okra vegetable crops either in fresh or dried form is beneficiary to the health due its rich nutritional, biochemical, and medicinal properties. Nutritionally, okra tender fruits are usually consumed as vegetables, in their fresh or preserved (dried) form, and because of its sticky texture characteristic when cooking, okra can be included in stews, salads, and soups. Okra provides very rich sources of proteins, carbohydrates, vitamins and minerals including vitamin A, C, vitamin K as well as dietary fibers and minerals like calcium, potassium, magnesium, and zinc (Bansnet et al. 2023; Ghosh et al., 2024).

In addition, sticky mucilage from okra has therapeutic value when used as a blood volume expander or plasma substitute. It also traps harmful substances such as bile acids and cholesterol, assisting the body in eliminating them and thereby promoting healthier liver and cardiovascular function (Gemedet et al. 2014; Ghosh et al. 2024). The phytochemical composition of okra has been used for medical treatment of therapeutic disorders, not limited only to cardioprotective but also antioxidant, anticancer, antitumor, antimicrobial, hypoglycaemic and antiulcerogenic, wound healing, hepatoprotective, immunomodulator, neuroprotective, and gastroprotective activities (Athira and Jayaraman, 2018; Abdel-Razek et al. 2023; Al-Sadi et al, 2024).

Clinical and experimental evidence abound that validated the traditional health benefits associated with okra consumption. For instance, in a single blind control placebo research design, Shahina et al (2019) examined the nutritional content and potential health benefits of okra. The study found that okra has significant hypolipidemic and hypoglycemic potential for the treatment diabetic and hyperlipidemic patients. Also, in a randomized, double-blind, placebo-controlled, clinical trial, Tavakolizadeh et al. (2023) examined the Clinical efficacy and safety of okra (*Abelmoschus esculentus* (L.) Moench) in type 2 diabetic patients. The study demonstrated that adjunctive consumption of okra, in type 2 diabetic patients with 1000 mg three times a day for three months, improves lipid profile, glycemic control, and chronic inflammation without any tangible adverse effects.

Similarly, in a meta-analysis of the clinical evidence, Mokgalaboni et al. (2023) examined the beneficial effects of okra on glycaemic control in pre-diabetes and type 2 diabetes mellitus T2D. The study found that therapeutics application of okra reduced the levels of fasting blood glucose in in patients with pre-diabetes or T2D. Thus, it potential to control hyperglycaemia offer dietary health benefits for pre-diabetic and T2D treatment. Okra also gained its usefulness in promoting heart health through effective cholesterol management while reducing the risk of cardiovascular disease due to its fiber and pectin contents. Due to the presence of vitamin A and beta-carotene content in Okra, it enhances vision and skin health (Athira and Jayaraman, 2018). Additionally, its antioxidant compounds protect against oxidative stress, reducing risks of cancer and inflammatory conditions (Jamri et al., 2023). In a meta-analysis, Zhang et al (2024) also demonstrated that okra consumption has an improve health benefits dult FBG, HbA1c, TG, and TC levels.

Despite the numerous health benefits of associated with okra, traditional, religion and culturally rooted misconceptions and myths about its consumption. Some of these myths and misconceptions persist because of insufficient or lack of awareness and knowledge of nutritional composition in okra vegetable plant. Public observation shows that some individuals cultivate negative disposition toward eating okra, because of the beliefs that okra triggers stomach upset and waist pain while some holds that eating okra reduces male fertility (Iremeka 2024). In Ethiopia, pregnant women reported consuming only okra pods because they believed other parts of the plant lacked nutritional value, Also, in Nigeria, food taboos often discourage pregnant women from eating okra, as it is culturally belief to be one of the causes of excessive baby drool or speech delays. However, perception seems to hold sway due to lack of adequate information about nutritional and health benefits associated with okra consumption.

Nutrition education plays a decisive role in shaping perceptions about food, health, and lifestyle. As Sadi et al. (2025) note, nutrition education combines educational techniques (including technology-based approaches) with environmental supports to advance adoption voluntary healthy dietary practices. Mangwane et al. (2024) also emphasize the strategic role of nutrition education in informing and modifying dietary habits while promoting healthy lifestyle. When individuals have sufficient access to nutrition information, their attitudes and behaviours shift toward healthier choices. This is evident in public debates surrounding okra consumption, where misconceptions persist. For instance, nutritionists who argue that such beliefs lack scientific evidence have rejected claims that eating okra reduces male fertility. In contrast, the experts highlight that the antioxidants, vitamins and minerals present in okra offer invaluable support for overall health, including reproductive wellness (Iremeka 2024). Therefore, digital platforms including newspapers and social media continue to serve as important channels for correcting misconception around culturally nutrient-rich foods such as okra while reinforcing evidence-based nutrition education.

Studies have shown that the advent of technology has made nutrition information more accessible, interactive, and personalized through digital platforms, such as mobile apps, online courses, and multimedia programs. These tools enable communities to visualize nutrient intake, track eating patterns, and receive tailored advice, which strengthens engagement and retention (Pujari et al., 2022). Hashim et al. (2023) further amplified the role of social media platforms in facilitating the process of transferring health information from health authorities to the public. This also demonstrates the capacity of nutrition education and technology to promote healthy lifestyle in a simplifying form. Evidence from Asia demonstrated that social media interventions have the potential to influence adolescents' perceptions and dietary behaviours, although results vary depending on the program design and cultural relevance (Jamri et al., 2023; Kulandaivelu et al., 2023). Despite the wealth of scientific evidence abound on the health benefits okra, there remain a notable absence of behavioural research on okra soup consumption. Hence, the current study seeks to examine how nutrition information and technology influence the perception of male and female about health effects of Okra soup consumption.

Objectives of the study

The primary focus of this study is to examine how nutrition information influences the perceptions of health effects of okra soup consumption among male and female residents in Ado-Ekiti, Ekiti State. Specifically, the objectives of the study are to:

- i. Assess nutritional knowledge of okra soup consumption among residents in Ado-Ekiti;
- ii. Identify the most commonly sources of nutrition information on okra soup consumption among residents in Ado-Ekiti;
- iii. Examined the perceptions of health effects of okra soup consumption in among male and female residents Ado-Ekiti and;
- iv. Evaluate the influence of nutrition information sources use on the health effects of okra soup consumption in Ado-Ekiti.

Research Questions

The study is guide by answering the following research questions:

1. What is the nutritional knowledge of okra soup consumption among male and female residents of Ado-Ekiti?
2. What are the prevalent sources of nutrition information accessible to residents of Ado-Ekiti, Ekiti State?
3. What are the perceptions of health effects of okra soup consumption among residents of Ado-Ekiti, Ekiti State?

Hypotheses

The under listed hypotheses are formulated to guide the study:



1. There is no significance difference in the perception of male and female on health effects of okra soup consumption among residents of Ado- Ekiti, Ekiti State.
2. Nutrition information sources have no significant influence on the perception of okra soup consumption among male and female residents of Ado-Ekiti, Ekiti State.

METHODOLOGY

Study setting and study period

This study was conducted in Ado-Ekiti, the capital city of Ekiti State, selected for its metropolitan characteristics and its role as the largest commercial hub for local agricultural produce. The study was conducted between March and April 2026.

Research Design

A cross-sectional descriptive research design was employed to examine how male and female residents perceive the health effects of okra soup consumption and how nutrition information influence these perceptions in relation to dietary practices.

Population

The study population comprised okra sellers and buyers across major markets in Ado-Ekiti, including Oja Oba, Mojere, Odo Ado, Oke-Isa, Irona, Agric Olope, Sasa, Federal Housing, and Bank Road markets, all of which serve as trading hubs for vegetables and other farm produce.

Sample and sample Techniques

A two-stage sampling procedure was adopted. In the first stage, purposive sampling was used to select seven major markets namely Oja Oba, Oke-Isa, Mojere, Irona, Agric Olope Bank Road and Sasa markets. These markets are recognized as key hubs for agricultural produce. In the second stage, 40 respondents were selected at random from each of the markets, yielding a total sample size of 255 participants.

Research instrument

The instrument was subjected to both face and content validity. A draft copy of the instrument was made available to a scientific to determine its face value in measuring what it is to measure. Thereafter, the content validity was ascertained by the team of experts in Health Education. Guidance and Counseling and Test, Measurement and Evaluation to ascertain whether the items are relevant, adequate and indicate the suitability of the instrument. Experts reviewed the items in terms of simplicity and clarity to ensure that all words that were too ambiguous were discarded from the items. Based on their observations and corrections, the final copy of the instrument was drafted. This ensured the face and content validity of the instrument.

Reliability of the Instrument

To ensure the reliability of the instrument, the Cronbach Alpha reliability method was used. The instrument was first carried out on 20 selected students that are outside the sampled Respondent to calculate the reliability of the instrument before the final administration of the instrument. The scores obtained were correlated using Cronbach Alpha to compare the amount of shared variance among the items making up the instrument to the amount of overall variance, which yielded the coefficient value of 0.89. The obtained value of the instrument was considered reliable.

Administration of the Instrument

A structure questionnaire designed to capture demographic information, knowledge of okra soup consumption, technology and information sources, and perception of health effects of okra was used to collect data for the study. To ensure clarity and completeness of responses, the instrument was administered in person, with the help of four trained research assistants. The administration of the instrument was carried out during on market days for effectiveness.

Data Analysis

Data analysis involving descriptive and inferential statistics was employed in the study. Demographic information and research questions were analysed using frequency counts, percentage, mean and standard deviation while the hypotheses were testing using t-test and ANOVA analysis at 0.05 level of significance

RESULTS

Table 1: Demographic Information of Respondents (=255)

Demographic	Category	Frequency	%
Gender	Male	119	46.7
	Female	136	53.3
Age	18-25yrs	43	16.9
	26-35yrs	57	22.4
	36-45yrs	54	21.2
	46-55yrs	58	22.7
	56yrs above	43	16.9

Table 1 reflects demographic characteristics of the respondents. The result indicated that females (53.3%) slightly outnumber their male counterparts (46.7%). Age distribution shows that the largest groups fall within the 46–55 years (22.7%) and 26–35 years (22.4%) brackets, followed closely by aged 36–45 years (21.2%). The youngest (18–25 years) and oldest (56 years and above) age group respondents each represent 16.9% of the sample.

Descriptive Analysis

Research Question 1: What is the nutritional knowledge of okra soup consumption among male and female residents of Ado-Ekiti, Ekiti State?

Table 2: Nutritional knowledge of okra soup consumption in Ado-Ekiti (N=255)

Nutritional knowledge	Categories	Frequency	%
	2 – 4 times a week	35	13.7
	Once a week	91	35.7
	2 – 3 times a month	129	50.6
Okra soup nutrition knowledge	Dietary Fibre	44	17.3
	Protein	24	9.4
	Vitamin C	25	9.8
	Folate (Vitamin B9)	25	9.8
	Zinc	29	11.4
	Iron	18	7.1
	Magnesium	24	9.4
	Antioxidants	19	7.5
	None of the above	24	9.4
	I don't know	23	9.0
Okra Soup health benefits knowledge	Improved digestive health	50	19.6
	Blood sugar management	52	20.4
	Weight management	42	16.5

	Improved cardiovascular health	44	17.3
	Enhanced immunity	35	13.7
	Improved bone strength	32	12.5

The nutritional knowledge of okra soup consumption among respondents in Ado-Ekiti (N = 255) reveals varied patterns of intake and awareness. In terms of consumption frequency, the majority reported eating okra soup 2–3 times a month (50.6%), while 35.7% consumed it once a week, and only 13.7% ate it 2–4 times weekly. Regarding nutritional knowledge, respondents most frequently identified dietary fiber (17.3%) as a key nutrient in okra soup, followed by zinc (11.4%) and vitamin C (9.8%). Other nutrients such as protein, folate, magnesium, antioxidants, and iron were less commonly recognized, with each ranging between 7.1% and 9.8%. In terms of perceived health benefits, respondents most often associated okra soup with blood sugar management (20.4%) and improved digestive health (19.6%), while cardiovascular health (17.3%) and weight management (16.5%) were also acknowledged. Enhanced immunity (13.7%) and improved bone strength (12.5%) were less frequently cited. The findings reflect moderate okra soup consumption and partial nutritional knowledge, with stronger recognition of health benefits than specific nutrient content.

Research Question 2: What are the prevalent sources of nutrition information accessible to residents in Ado-Ekiti?

Table 3: Prevalent Nutrition information sources and utilization pattern

Variable	Categories	Frequency	%
Okra soup nutrition information sources	Television / Radio broadcasts	29	11.4
	Social media	45	17.6
	Health/nutrition websites and blogs	38	14.9
	Mobile health (mHealth) applications	22	8.6
	Healthcare professionals	19	7.5
	Family members and friends	19	7.5
	Newspapers / Magazines	13	5.1
	Community health workers / Extension services	17	6.7
	Formal education (school, university)	23	9.0
	None / I do not seek nutrition information	30	11.8
Information Source use pattern	Daily	44	17.3
	Several times a week	67	26.3
	Once a week	45	17.6
	Rarely	99	38.8

The prevalent sources of nutrition information accessible to residents of Ado-Ekiti State (N = 255) show a diverse mix of traditional and modern channels. Social media emerged as the most frequently cited source (17.6%), followed by health and nutrition websites/blogs (14.9%) and television/radio broadcasts (11.4%). A notable proportion of respondents reported not seeking nutrition information at all (11.8%). Other sources such as mobile health applications (8.6%), formal education (9.0%), healthcare professionals (7.5%), family/friends (7.5%), community health workers (6.7%), and newspapers/magazines (5.1%) were less commonly utilized. Regarding utilization patterns, the majority of respondents accessed nutrition information rarely (38.8%), while 26.3% reported using sources several times a week, 17.6% once a week, and 17.3% daily. These findings suggest that while multiple information channels are available, engagement remains relatively low, with reliance skewed toward digital platforms and social networks rather than professional or institutional sources.

Research Question 3: What are the perceptions of health effects of okra soup consumption among residents in Ado-Ekiti State?

Table 4: Perceptions of health effects of okra soup consumption among residents of Ado-Ekiti.



S/N	Statement	Mean	Std. D
1	Okra soup contains essential nutrients important for good health.	3.28	1.232
2	Okra soup can help in managing blood sugar levels (glycaemic control).	3.45	1.391
3	Okra soup is beneficial for pregnant and nursing mothers.	3.35	1.316
4	Okra soup supports digestive health due to its fibre content.	3.48	1.322
5	Okra soup improves sexual performance.	3.29	1.367
6	Consuming okra soup regularly promotes overall good health.	3.36	1.293
7	Okra soup helps in controlling and managing type 2 diabetes.	3.13	1.270
8	Okra soup is an effective food for weight management.	3.18	1.268
9	Okra soup improves gastrointestinal / gut health.	3.26	1.256
10	The health benefits of okra soup are supported by scientific evidence.	3.21	1.296
11	Our cultural beliefs are in tune with okra soup consumption and its health benefits.	3.53	1.294
12	I would recommend okra soup to others for its health benefits.	3.30	1.294
	Mean Average	3.33	1.295

The perceptions of health effects of okra soup consumption among residents of Ado-Ekiti (N = 255) indicate generally positive attitudes, with an overall mean score of 3.33 (SD = 1.295), suggesting moderate agreement across statements. Respondents most strongly endorsed the cultural alignment of okra soup consumption and its health benefits (M = 3.53, SD = 1.294), as well as its role in supporting digestive health (M = 3.48, SD = 1.322) and managing blood sugar levels (M = 3.45, SD = 1.391). Perceptions of benefits for pregnant and nursing mothers (M = 3.35, SD = 1.316), overall good health promotion (M = 3.36, SD = 1.293), and sexual performance (M = 3.29, SD = 1.367) were moderately positive. Lower mean scores were observed for its role in controlling type 2 diabetes (M = 3.13, SD = 1.270) and weight management (M = 3.18, SD = 1.268), indicating weaker agreement. Respondents also expressed moderate belief in scientific evidence supporting okra soup's health benefits (M = 3.21, SD = 1.296) and its contribution to gastrointestinal health (M = 3.26, SD = 1.256). On the average scale, the findings suggest that cultural beliefs and perceived digestive and glycaemic benefits are the strongest drivers of positive perceptions, while scientific validation and specific health claims remain less firmly recognized.

Hypotheses Testing

Hypothesis 1: There is no significance difference in the perception of male and female on health effects of okra soup consumption among residents of Ado-Ekiti State.

Table 5: t-test Analysis of Difference in the Perception of Male and Female on Health Effects of Okra Soup Consumption

Gender	N	Mean	Std. Deviation	df	t	p-value
Male	119	26.0672	3.28255	.253	1.016	.311
Female	136	25.6324	3.51886			

Table 5 shows gender differences in perceptions of the health effects of okra soup consumption among residents of Ado-Ekiti State. Results show that male respondents (M = 26.07, SD = 3.28) reported slightly higher mean perception scores compared to female respondents (M = 25.63, SD = 3.52). However, the difference was not statistically significant ($t(253) = 1.016$, $p = .311$). This indicates that both male and female respondents hold similar perceptions regarding the health benefits of okra soup, with no meaningful variation attributable to gender. The findings suggest that attitudes toward okra soup's health effects are consistent across genders, reinforcing its cultural and nutritional acceptance as a shared dietary practice.

Hypothesis 2: Nutrition information sources has no significant influence on the perception of okra soup consumption among male and female residents of Ado-Ekiti.

Table 6: ANOVA Analysis of Nutrition Information Sources Influence on the Perception of Okra Soup Consumption

Source	SS	Df	MS	F	p-value.
Between Groups	189.004	9	21.000	1.860	.059
Within Groups	2766.078	245	11.290		
Total	2955.082	254			

Table 6 shows ANOVA analysis of whether sources of nutrition information significantly influenced residents' perceptions of okra soup consumption in Ado-Ekiti. The results indicated no statistically significant difference among the groups, $F(9, 245) = 1.86$, $p = .059$. Although the between-groups variance ($SS = 189.00$, $MS = 21.00$) suggested some variation in perception scores across different information sources, the effect has no statistically significant difference at 0.05 level of significance. This finding implies that the type of nutrition information source is not a meaningful condition for changes in respondents' perceptions of okra soup's health effects. In other words, residents' attitudes toward okra soup appear relatively consistent regardless of where they obtain nutrition information.

DISCUSSION OF FINDINGS

With respect to the consumption and knowledge of okra soup, the findings showed a moderate consumption level and partial nutritional knowledge, with stronger recognition of health benefits than specific nutrient content. In tandem with this, Mason (2020) observed that the lack of adequate awareness about dietary necessities and the nutritive value of foods constitute a primary reason for persistent malnutrition, suggesting that infrequent consumption okra as observed in this study may be attributed to the limited appreciation of okra soup's nutritional significance or lack of adequate knowledge. The partial nutritional knowledge of okra nutritional value, which identified dietary fibre as the most recognised nutrient while iron and antioxidants were among the least identified reflects a sharp contrast to scientific evidence that okra to provide rich sources of proteins, carbohydrates, vitamins, and minerals. This includes vitamin A, C, vitamin K, as well as dietary fibre and minerals like calcium, potassium, magnesium, and zinc (Bansnet et al., 2023; Ghosh et al., 2024). The stronger recognition of health benefits particularly blood sugar management and improved digestive health over specific nutrient content suggests that respondents' awareness is driven more by culturally transmitted knowledge than by formal nutritional education. This is consistent with the argument by Piscopo (2018) that nutrition education must involve strategies and supportive environments that encourage healthier and more sustainable food choices, implying that mere exposure to food is insufficient without structured educational reinforcement that deepens both nutrient-level and benefit-level awareness.

In addition, the study found that while multiple information channels are available, engagement remains relatively low, with reliance skewed toward digital platforms and social networks rather than professional or institutional sources. The study also found that cultural beliefs and perceived digestive and glycaemic benefits are the strongest drivers of positive perceptions of okra soup consumption, while scientific validation and specific health claims remain less firmly recognized among respondents. This finding is in line with the view of Piscopo (2018) and Sadi et al. (2025) that nutrition education must extend beyond information provision to include environmental supports that facilitate voluntary adoption of healthy dietary practices. While Hashim et al. (2023) affirmed the role of social media platforms in facilitating the transfer of health information from health authorities to the public, the marginal utilisation of healthcare professionals, community health workers, and formal educational channels in the current study raises concerns about the reliability and accuracy of the nutritional information being accessed. The proliferation of digital platforms has indeed expanded the reach of nutrition knowledge beyond conventional classroom and community settings (as noted in the literature), yet the skew toward informal digital sources over professional and institutional channels suggests that the quality of dietary guidance being received may not consistently align with scientific evidence.

Further, the study discovered that there is no significant difference in the perception of male and female on health effects of okra soup consumption among residents in Ado-Ekiti. This implies that the attitudes toward okra soup's health effects are consistent across genders, reinforcing its cultural and nutritional acceptance as a shared dietary practice. The lack of gender-based perceptual divergence in the current study may suggest that general



cultural familiarity with okra soup as a shared household food overrides gender-specific myths and taboos at the community level. As the literature affirms, nutritionists have rejected claims that okra reduces male fertility, emphasising instead that its antioxidants, vitamins, and minerals offer broad support for overall health including reproductive wellness (Iremeka, 2024). This consensus finding implies that gender-neutral nutrition education and health promotion campaigns targeting okra soup consumption would be appropriate and effective in Ekiti State, without the need for differentiated messaging by gender.

Finally, the study showed that a nutrition information source has no significant influence on the perception of okra soup consumption among male and female residents in Ekiti State. This means that the type of nutrition information source is not a meaningful condition for changes in respondents' perceptions of okra soup's health effects. In other words, residents' attitudes toward okra soup consumption appear relatively consistent regardless of where they obtain nutrition information. In contrast to this finding, Mangwane et al. (2024) emphasised the strategic role of nutrition education in informing and modifying dietary habits and promoting healthy lifestyles, while Jamri et al. (2023). In corroboration, Kulandaivelu et al. (2023) found that social media interventions have the potential to influence perceptions and dietary behaviours, albeit with results that vary depending on program design and cultural relevance. Therefore, insignificant of the influence of nutrition information sources on okra consumption may not be true reflection of irrelevance of information sources, but rather the challenges of low engagement with nutrition information in the study area.

CONCLUSION AND RECOMMENDATIONS

In conclusion, the study established that residents of Ado-Ekiti, Ekiti State demonstrate moderate consumption of okra soup alongside partial nutritional knowledge. Meanwhile, cultural beliefs and perceived health benefits has the potential to drive positive perceptions more than scientific awareness because little or no scientific awareness was known among the respondents. Importantly, perceptions of okra soup's health effects are consistent across genders and remain stable regardless of information source, underscoring its broad cultural acceptance and nutritional relevance. Therefore, it is recommended that nutrition education in Ado-Ekiti, Ekiti State be strengthened through professional and institutional channels to improve awareness of specific nutrients and evidence-based health benefits of okra soup. Additionally, public health workers should leverage on culturally rooted beliefs and digital platforms to enhance engagement and reinforce positive perceptions of okra soup consumption.

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