

THE IMPACT OF PREGNANCY MYTHS ON THE HEALTH OF THE MOTHER AND FETAL

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ABSTRAK : DAMPAK MITOS KEHAMILAN TERHADAP KESEHATAN IBU DAN JANIN

Latar Belakang: Kebudayaan di Indonesia memiliki nilai yang sejalan dengan kehidupan masyarakat, yaitu nilai religius, nilai toleransi, dan nilai peduli sosial. Faktor - faktor sosial budaya khususnya mitos-mitos yang masih berlaku di suatu daerah tertentu merupakan salah satu penyebab komplikasi ibu hamil, bersalin dan nifas. Mitos – mitos tentang kehamilan telah masuk ke dalam kepercayaan tradisional. Ada beberapa kesalah pahaman yang menjadikan ibu hamil merasa tenang secara psikologis, tetapi banyak juga yang dapat menimbulkan masalah kesehatan untuk ibu hamil.

Tujuan: Menganalisis banyaknya mitos tentang kehamilan yang masih beredar di masyarakat dan memiliki dampak untuk kesehatan ibu dan janin.

Metode: Penelitian ini merupakan pendekatan kualitatif dan tinjauan pustaka, penelitian ini meneliti berbagai sumber ilmiah yang berkaitan dengan kesalahpahaman tentang mitos kehamilan dan dampaknya terhadap kesehatan.

Hasil: Penelitian ini menunjukkan bahwa beberapa mitos terkait dengan pantangan makanan, menentukan jenis kelamin bayi serta aktivitas fisik yang masih banyak diyakini oleh masyarakat tanpa memiliki dasar ilmiah.

Kesimpulan: Beberapa Mitos dapat menghambat ibu hamil dalam memenuhi kebutuhan nutrisi dan mengakses layanan kesehatan yang dibutuhkan.

Saran: Edukasi berbasis bukti ilmiah sangat dibutuhkan untuk menangkal mitos yang memiliki risiko.

Kata Kunci: Edukasi Kesehatan; Kesehatan Ibu dan Janin; Mitos Kehamilan

ABSTRACT

Background: Indonesian culture has values that align with the lives of its people, namely religious values, tolerance, and social care . Socio-cultural factors, especially myths that still prevail in certain regions, are one of the causes of complications in pregnancy, childbirth, and postpartum . Myths about pregnancy have entered traditional beliefs. There are several misconceptions that make pregnant women feel psychologically calm, but many can also cause health problems for pregnant women.

Purpose: To analyze the many myths about pregnancy that are still circulating in society and have an impact on the health of the mother and fetus.

Methods: This study is a qualitative approach and literature review, this study examines various scientific sources related to misunderstandings about pregnancy myths and their impact on health.

Results: This study shows that several myths related to food taboos, determining the sex of the baby and physical activity are still widely believed by the public without any scientific basis.

Conclusion: Some myths can hinder pregnant women from meeting their nutritional needs and accessing the necessary health services.

Suggestions: Evidence-based education is essential to dispel myths that carry risks.

Keywords: Health Education; Maternal and Fetal Health; Pregnancy Myths

INTRODUCTION

Pregnancy is a crucial phase in a woman's life, during which significant changes occur across physical, psychological, and social aspects. Physical changes include fetal growth, weight gain, and hormonal changes that can impact a pregnant

woman's health (Novitasari et al., 2019). Furthermore, psychologically, pregnant women often experience mood swings, anxiety, and even stress, which can impact their emotional well-being (Ratnawati, 2015). Socially, pregnancy also brings changes in interactions with the surrounding

environment, including roles within the family and support received from partners and the community (Mubasyaroh, 2016). During this period, maternal health has a significant impact on fetal development. A healthy pregnancy and a safe delivery largely depend on factors such as physical activity, dietary intake, and regular health monitoring through prenatal checkups. Therefore, to reduce the risk of problems during pregnancy and delivery, the best prenatal care is crucial.

However, social and cultural factors within society also impact the health of pregnant women and their fetuses, in addition to medical and biological factors. Pregnancy myths are part of traditional beliefs that have developed in various cultures and been passed down from generation to generation (Fauziah, 2015).

These beliefs are often considered guidelines for maintaining maternal and fetal health, although they are not always scientifically based. For example, in some cultures, there are certain food taboos believed to be harmful to the fetus, even though medically these foods actually have health benefits for both mother and baby. Furthermore, some traditions require pregnant women to avoid certain activities that actually have a positive impact on physical fitness and childbirth readiness (Ririn et al., 2022).

Myths about pregnancy that are still widely circulated in society include pregnant women having to carry sharp objects (scissors, safety pins, magnets, nails, garlic) tucked into their clothes to avoid being disturbed by spirits, not being allowed to drink ice because the baby will be big, not being allowed to eat fishy foods such as shrimp because labor will be long and not being allowed to eat fruits such as pineapple, durian, cucumber, this myth is strongly believed by some people because it will cause miscarriage and vaginal discharge. In fact, consuming pineapple and cucumber is actually recommended because it is rich in vitamin C and fiber which is important for maintaining body health and facilitating the process of eliminating digestive waste (Komalasari, 2015).

In some cases, pregnancy myths can have positive effects, particularly psychologically. Traditional beliefs can provide a sense of security and comfort for pregnant women, thereby reducing anxiety during pregnancy (Mutmaina, 2022). Furthermore, some myths can encourage indirectly beneficial behaviors, such as encouraging plenty of rest or maintaining a balanced diet, even though the reasons behind them may not be based on medical evidence (Nisak, 2019).

However, not all myths are positive. Many pregnancy myths actually pose risks to pregnant women, especially if they hinder their ability to meet nutritional needs or access adequate healthcare (Dafiu et al., 2017). For example, some cultures discourage pregnant women from consuming nutritious foods like fish or eggs because they are believed to have negative effects on the fetus, even though these foods contain protein and essential nutrients needed during pregnancy. Furthermore, some myths discourage pregnant women from engaging in light physical activity like walking, even though appropriate exercise can help improve fitness and prepare the body for labor.

Belief in these unfounded myths can lead pregnant women to experience malnutrition, excessive stress, or even delay routine medical checkups. Therefore, evidence-based education is crucial in countering these potentially harmful myths. Correct and accurate information must be delivered in an appropriate manner, so the public can understand which beliefs are beneficial and which should be abandoned. This way, clarifying pregnancy myths can be done without neglecting the cultural aspects that have become part of a community's identity.

Given this phenomenon, this study aims to analyze various myths surrounding pregnancy that persist in society and examine their impact on maternal and fetal health. This research is expected to contribute to the development of more effective health education tactics by explaining how these beliefs influence the attitudes and actions of pregnant women. Furthermore, health professionals should use the findings of this study as a guide to addressing public perceptions of pregnancy myths to maintain safe, evidence-based medical practices.

RESEARCH METHODS

This study uses a qualitative approach with a literature review method to analyze various myths surrounding pregnancy and their impact on maternal and fetal health. This literature review was chosen because it allows for in-depth exploration of various scientific sources (Norman & Pahlawati, 2024). This approach aims to collect, review, and synthesize information from various previous studies to gain a comprehensive understanding of pregnancy myths across cultures and how these beliefs can influence maternal behavior and health. Data for this study were collected through a literature search of various academic databases relevant to the topic of pregnancy myths. The literature sources used were selected based on certain criteria, such as relevance to the research

theme, recent publications (at least five to ten years), and academic validity. Data analysis was conducted using a descriptive approach, where various findings in the collected literature were classified based on specific themes, such as the type of myth, its impact on the mother and fetus, and medical and educational efforts to counter misinformation. Furthermore, this method also allows for comparison of various perspectives, both from medical and cultural perspectives, thus providing a more holistic understanding in addressing this phenomenon.

RESEARCH RESULT

From the results of a literature study conducted by researchers, 5 studies were found related to the impact of myths on maternal and fetal health.

Based on research by Ashriady et al. (2022), several myths and taboos related to pregnancy are still believed by coastal communities in Mamuju Regency. Some food taboos include avoiding the consumption of animal proteins such as squid, shrimp, and octopus because they are believed to cause the baby to be born without bones or have difficulty delivering the placenta. Crab is also prohibited because it is feared that the child will like to bite and develop red spots on the body. In addition, there are also taboos on fruits such as pineapple, durian, and unripe papaya, which are thought to cause miscarriage, oranges are believed to cause amniotic fluid leakage, and tomatoes are thought to make the baby's head soft. There are also myths related to behavior, where pregnant women are not allowed to leave the house at night for fear of being disturbed by spirits. These myths can have negative impacts by limiting the intake of essential nutrients for the mother and fetus, and can hinder access to adequate healthcare if pregnant women believe the myths more than medical advice.

Based on research by Ariandini et al. (2024), this study does not specifically describe the existing myths; in general, they are related to the daily behavior of pregnant women. For example, there is a belief that pregnant women are encouraged to carry scissors or other sharp objects in their underwear to protect themselves and their fetuses from harm. The impact of these myths can vary. If these myths lead to restrictions on nutritious food consumption, they can lead to malnutrition in pregnant women and potentially affect fetal growth and development. On the other hand, if myths provide psychological support and a sense of security for pregnant women, this can help reduce stress. However, regardless of their positive or

negative impacts, this article emphasizes the importance of educating the public about circulating myths and their impact on maternal and child health, so that pregnant women receive accurate information.

In a study by Siregar et al. (2023), several pregnancy myths are still believed in the Acehese community, particularly in the Teupah Selatan Community Health Center (Puskesmas) area. One of these is the taboo of announcing a pregnancy before three months, even to health workers. Furthermore, there is a myth that mothers are not advised to eat bananas that grow close together because it is feared that the babies will be born with twins. Another myth believed is that women in early pregnancy (1-3 months) should not leave the house. People also have a habit of massaging their stomachs to ensure a good fetal position. The impact of these myths can be detrimental to the health of both mothers and fetuses. For example, the taboo on leaving the house hinders access to first-trimester prenatal care (ANC). The habit of massaging the stomach carries the risk of complications for both the fetus and the mother. Furthermore, misperceptions about genitals and a culture of shame make some women reluctant to seek prenatal care because they have to reveal private areas to health workers. This can reduce ANC coverage and risk increasing the Maternal Mortality Rate (MMR).

Based on Retnoningrum et al. (2024), this study focuses on beliefs about myths and their relationship to prenatal care. Although this article does not detail the specific myths believed by the local community, the results show that beliefs in myths are significantly associated with low frequency of prenatal care (ANC). This means that pregnant women who believe in myths tend to have fewer prenatal care check-ups as recommended by health workers, which is less than four times during pregnancy. The impact is that pregnant women who believe in myths are at risk of not receiving adequate information and health services during pregnancy. In fact, prenatal care is important for early detection of potential health problems in the mother and fetus, as well as providing appropriate interventions. Lack of prenatal care can increase the risk of complications during pregnancy and childbirth, and negatively impact fetal health. This article concludes that beliefs in myths that hinder prenatal care in early pregnancy are factors that influence mothers' awareness of their pregnancy check-ups.

Based on research by Astianti et al. (2023), this study highlights the culture of "pamali" or taboos

that are still strongly believed by the Ammatoa Kajang Indigenous People in Bulukumba Regency regarding pregnancy. Some examples of these taboos include: husbands are prohibited from torturing and killing animals in the forest, where people believe that this action can cause defects in the unborn baby; pregnant women are not allowed to sit in front of the door, because it is considered to complicate labor because the baby's head will be blocked by the door (pelvis); and there is another myth related to pregnant women being advised to

carry safety pins and onions attached to clothes or underwear, where sharp objects are believed to protect the mother and fetus from disturbances by spirits. The impact of these myths, most of these taboos have no scientific basis and have the potential to have a negative impact on the health of the mother and fetus. It was concluded that although culture related to pregnancy is an important part of the Ammatoa Kajang Indigenous People, some beliefs contradict medical knowledge.

Author	Title	Journal Name	Method	Results
Ariandini S., Sugiharto H.A., Diana S.M., Chamdiyatul S., Sutiani, Oktaviani W. (2024)	The Influence Of Myths In Society On The Health Of Mothers And Children	Our Community Service Journal	The method used in implementing this counseling is the frequency distribution testing technique, namely by administering a questionnaire in the form of a pre-test and post-test to determine the extent of mothers' knowledge regarding the myths that are developing in the community before and after the counseling is carried out.	The study results showed that mothers' knowledge of myths in the pre- test was 43.8% and 8.4% in the post-test. This indicates a 40.6% increase in mothers' knowledge of the impact of myths on maternal and child health.
Ashriady, Mariana D., Tiyas A.H., Supriadi R.F. (2022)	The Socio-Cultural Aspects of Pregnancy Care in Coastal Communities in Mamuju Regency	Integrated Health Journal	This research uses a qualitative descriptive research type with a phenomenological approach. Descriptive research is intended to capture individual phenomena, situations.	The research results show that several sociocultural aspects influence prenatal care among communities in the coastal areas of Mamuju, including certain dietary restrictions, myths surrounding certain behaviors, and specific rituals performed during pregnancy. These cultural aspects influence maternal health in both positive and negative ways.

Astianti, Ningsih and Asriany (2023)	Pamali Culture in Pregnancy in the Ammatoa Kajang Tribe, Bulukumba Regency.	Journal of Midwifery and Nursing Studies	This type of research is descriptive qualitative, using in-depth interviews as the data collection technique. Descriptive research generally relies on non-hypothetical or presumptive approaches. This qualitative approach, as a research procedure, yielded descriptive data from five informants in the form of written or spoken words.	Beliefs and cultural taboos regarding pregnancy, still held by the Ammatoa Kajang community, include food taboos for pregnant women. These include eating fern vegetables, which are believed to cause birth defects, and banana blossoms, which can cause small babies. Furthermore, pregnant women should not eat meat from slaughtered animals, as this can cause birth defects.
Patty E.N.S., Iriyani S.A., Anggeraini N., Aranbi M.D., Sauri S., Imanuel Y. (2024)	Analysis of the Role of Myths in Community Character Education: A Study Descriptive Qualitative	Varied Knowledge Journal	The research used a descriptive qualitative approach with data collection through semi-structured interviews with various community leaders, religious leaders, and traditional leaders	The results show that myths, such as the prohibition of going out at maghrib time and the prohibition of eating in front of the door, have a significant impact in instilling moral values and discipline in the community.
Sutrisnawati N., Sari A., Sugesti R. (2023)	The Relationship Between Pregnant Women's Knowledge, Attitude And Family Support Towards Pregnant Women's Classes Participation In The Working Area Of Uptd Cinere Public Health Center, Depok City In 2023	Sentri: Scientific Research Jour	This research is a quantitative approach conducted using a cross-sectional study design used to determine the relationship between the independent variable (knowing the relationship between pregnant women's knowledge, attitudes, and family support)	It can be concluded that of the 82 respondents who participated, 60 respondents (73.2%), good knowledge of 67 respondents (81.7%). Good attitudes of 64 respondents (78.0%). Support

				with the dependent variable (participation in pregnancy classes). The use of this design is based on the time of data collection for the dependent variable and the independent variable which is done at a single point in time (One Point Time).	of 45 respondents (54.9%). The results of the Chi-square statistical test on the knowledge of pregnant women obtained a P-value of 0.03 where the P-value α (0.05) on attitudes obtained a P-value of 0.000 where the P-value α (0.05) on family support obtained a P-value of 0.02 where the P-value α (0.05) so it can be concluded that there is a significant relationship between the variables
Devi (2015)	Silvia	Myths About Baby Gender Among Pregnant Women In Minangkabau Society	Journal of Historical and Cultural Research	This study used a descriptive method with a qualitative approach. Data were collected through observation and interviews with informants: three massage therapists and five women who had attempted to conceive a child of a specific gender.	The results of this study revealed that some myths about signs and efforts to conceive a child of a certain gender are believed to be true. However, others have not yielded results.
Mustika Wardiah Effendi (2020)	L., D., D.	The Mythology Of Taboo Of The Kundi Village Community, Simpang Teritip District, West Bangka Regency.	Indonesian Language Learning Journal	The method used in this research is descriptive. Data collection techniques include observation, recording, note-taking, and interviews. This research uses a semiotic approach.	The results of this study indicate that there is a strong belief in the myths of taboos in Kundi Village, Simpang Teritip District, West Bangka Regency and there are people who still strongly maintain and believe in the truth of the myths of taboos in their daily lives, as for

				the results of the study there are 19 taboos that are still widely adhered to and believed by the people of Kundi Village and not a few people still maintain their belief in myths.
Simamora D.L. (2019)	Knowledge And Attitudes Of Women Of Fertile Age Regarding Pregnancy Myths At The Sulastri Laut Dendang Clinic In 2018	IMELDA SCIENTIFIC JOURNAL OF MIDWIFERY	In this study, the author used a cross-sectional design , namely data collected at a certain time to provide an overview of the development of conditions or activities at that time.	The instrument in this study in the form of a questionnaire of research results can be seen that there are 17 respondents (56.6%) do not agree with 5-10 myths on the questionnaire. A total of 13 respondents (43.3%) still agreed> 5 mythical questions on the questionnaire. From the results of the study found that there is still enough knowledge of women of childbearing age about the myths surrounding pregnancy.
Diana R., Rachmayanti R.D., Anwar F., Khomsan A., Christianti D.F., Kusuma R.	taboos and suggestions among Madurese pregnant women: a qualitative study	of Ethnic Foods	This qualitative study was carried out in Sumenep Regency, Madura Island, Indonesia. Data were collected from pregnant women, traditional birth attendants, and community leaders through in-depth interviews and focus group discussion.	Foods that were mostly considered taboos for pregnant women were squid, <u>shrimp</u> , pineapple, kedondong, cabbage, cold water, and instant noodles. Food suggestions for pregnant women were rice, corn rice,

						skipjack tuna, <u>tilapia</u> fish, milkfish, egg, <u>moringa</u> leav es, apples, and coconut water.
Huda S.N., Kartasurya M.I., Sulistiyani (2019)	Food Abstinence Behavior of Pregnant Women of the Dayak Tribe in Sintang Regency, West Kalimantan	Journal Indonesian Management	Health	This was qualitative study conducted on 5 pregnant women who practiced food taboo as the main informants. Two other informants were the mother who stayed in the same homes and one traditional birth attendance as the triangulation informants. The were sampling chosen purposively. Data collection were conducted through in- depth interview. Data analysis was done in content analysis.	The source of food which were abstinenced by pregnant mothers were grouped into source of staple food, side dishes, vegetable and fruit. The reasons of food taboo were the bad/negative impact for the mom's and babies health. The proponents for food taboo were the mothers, mother in-laws, husbands, and the is closest family. Its food taboo were still practiced by pregnant women and the most common food were fish. In order improving IEC (Counseling, Information and Education) for closest family of pregnant women about the importance of balanced nutrition and a good diet for pregnant women to change wrong perceptions about food taboo during pregnancy.	

DISCUSSION

Identifying Common Pregnancy Myths in Society

In various cultures, pregnancy is often associated with various beliefs that have been passed down through generations. These myths

cover various aspects of a pregnant woman's life, from what to eat and what activities to avoid, to predicting the baby's gender and the birth process. While some of these myths are insignificant, others

can impact the health of the mother and fetus if not challenged medically.

One of the most common myths concerns the foods consumed by pregnant women. According to Khoirunnisa & Winarsih (2023), there is a misconception that eating pineapple or durian can cause miscarriage, even though there is no medical evidence to support this belief if consumed in appropriate amounts. Another belief is that eating fish during pregnancy can cause the fetus to develop a fishy odor (Yulandari, 2021). Omega-3 fatty acids, which are abundant in fish, are excellent for embryonic brain development. Conversely, there are also myths that encourage pregnant women to consume certain foods to ensure the baby is born with certain characteristics, such as increasing the consumption of green beans to promote thick hair (Normasunah et al., 2023), although these effects are not fully scientifically proven.

Besides diet, physical activity during pregnancy is often associated with various myths. Some people believe that pregnant women should not engage in strenuous activity because it can cause miscarriage or premature birth (Aryani et al., 2022). In fact, light exercise such as walking, prenatal yoga, or prenatal exercises are actually recommended to maintain physical fitness and help facilitate labor. Conversely, there is also a myth that pregnant women should squat frequently to facilitate labor (Mutiara et al., 2023), although medically, squatting is only recommended under certain conditions and is not mandatory.

When it comes to maternal health, many myths can impact medical decisions. For example, there's a belief that pregnant women shouldn't take medication, even if prescribed by a doctor, because it can harm the fetus (Zulfa & Handayani, 2022). However, some medications are safe to take during pregnancy and are necessary to maintain the health of both mother and baby. There's also a myth that pregnant women shouldn't sunbathe or bathe too late at night because it can cause the baby to be born with certain conditions, although medically there's no direct link between these habits and fetal health.

In addition to myths about food and activity, there are also widespread beliefs about the baby's gender. Some people believe that the shape of a pregnant woman's belly can indicate the baby's gender—a rounder belly is thought to indicate a girl, while a more pointed belly is associated with a boy (Veniaty, 2023). Another myth states that mothers who crave sweet foods will give birth to girls, while those who prefer salty or savory foods will give birth to boys (Prayoga, 2021). Although these beliefs are

still widely held, medically, the baby's gender can only be determined through an ultrasound or genetic testing.

Finally, regarding childbirth, various myths have developed regarding how to ensure a smooth birth. For example, there is a belief that pregnant women should avoid talking about difficult birth experiences to avoid experiencing the same thing themselves. Furthermore, some beliefs suggest that hanging scissors or sharp objects in a pregnant woman's room can ward off supernatural disturbances that could complicate labor. Another popular myth is that drinking large amounts of coconut oil or young coconut water can smooth the birth canal, although their effectiveness has not been scientifically proven (Sudargo et al., 2022).

Overall, these pregnancy myths have become deeply rooted in society and influence the mindset and behavior of pregnant women. While some may be harmless, others can pose health risks if followed without considering the scientific basis. Therefore, health workers and the public must understand and educate pregnant women so they can discern correct information based on accurate medical evidence.

A Critical Analysis of Pregnancy Myths

Comparison between Traditional Beliefs and Medical Evidence. Pregnancy myths have been passed down through generations across various cultures and are often viewed as guidance for pregnant women in maintaining their pregnancies (Fauziah, 2012). These traditional beliefs are usually based on ancestral experiences passed down without a strong scientific basis. Some myths may have had a reasonable empirical basis at the time, but many are not in line with developments in modern medical science.

For example, in some cultures, pregnant women are prohibited from consuming certain foods, such as pineapple or durian, because they are believed to cause miscarriage. Medically, these fruits do contain the enzyme bromelain (in pineapple) or sulfur compounds (in durian) (Murdianti, 2013), but in moderate amounts, consuming these fruits is not harmful to healthy pregnant women (Riaty, 2023). Conversely, pineapple and durian contain vitamins and nutrients that are beneficial for pregnancy when consumed within recommended limits.

Additionally, there are beliefs that a pregnant woman's sleeping position can determine the baby's gender, or that the shape of the mother's belly can be an indicator of whether the baby is a boy or a girl. From a medical perspective, a baby's gender is

determined early in pregnancy by the chromosomes of both parents, and the only accurate way to determine this is through an ultrasound or genetic testing (Savitri, 2018).

On the other hand, there are also myths that are actually in line with medical advice, such as the prohibition against lifting heavy objects or overexerting pregnant women. Medically, lifting heavy objects can increase the risk of injury and complications such as back pain or premature contractions (Gamagitta et al., 2024). Therefore, it's important to distinguish between myths that have benefits and those that can actually harm the health of the mother and fetus.

Factors Influencing the Persistence of Myths in Society

Despite rapid advances in medical science, various pregnancy myths persist in society and are still believed by many pregnant women. One of the main factors contributing to the persistence of myths is cultural and social influences. People tend to respect traditions passed down from generation to generation, especially when those teachings come from elders or respected community figures (Mahardhani & Cahyono, 2017). In some communities, questioning or rejecting myths is considered disrespectful to family traditions.

Another factor is limited access to accurate medical information. In rural areas or communities with limited access to healthcare, pregnant women rely more on information from family or their immediate environment than on medical professionals (Sa'adah & Sukmana, 2025). Lack of health literacy also contributes to the spread of myths, as pregnant women may have difficulty distinguishing between evidence-based information and unscientific beliefs (Widiyastuti et al., 2022).

Furthermore, the influence of the media and the internet also plays a significant role in spreading and perpetuating pregnancy myths. Although the internet provides access to broader medical information, many pregnant women are still exposed to unverified news or viral content that reinforces certain myths. Social media, pregnancy forums, and personal stories shared online are often more credible than medical recommendations from official sources.

Finally, psychological and emotional factors also contribute to the persistence of pregnancy myths. Pregnancy is a time of uncertainty and anxiety for most mothers, so they tend to seek guidance from various sources, including myths and traditional beliefs. Some pregnant women adhere to myths not because they truly believe them, but as a

precautionary measure to avoid taking risks that could harm their fetus.

By understanding the factors that influence the persistence of pregnancy myths, health workers can adopt a more effective approach to educating pregnant women. Strategies that prioritize culturally sensitive approaches and empathetic communication can help replace myths with evidence-based information without neglecting traditional values still held within the community.

CONCLUSION

Pregnancy myths are a social phenomenon that has become ingrained in various cultures and is still believed by some people, even though many have no scientific basis. Some myths can have positive psychological effects, such as increasing feelings of security and awareness about pregnancy. However, many myths actually pose risks to the health of the mother and fetus, particularly those related to dietary restrictions, restrictions on physical activity, and delays in accessing necessary health services. This study found that pregnancy myths can have negative impacts if not addressed properly, particularly regarding maternal nutritional needs and health-related decision-making.

SUGGESTION

Evidence-based health education is crucial to reduce the harmful impact of myths and ensure pregnant women receive accurate information. Health workers have a strategic role in addressing pregnancy myths through an empathetic and culturally informed educational approach. Health education involving families and communities can also help curb the spread of myths that pose risks to maternal and fetal health. Furthermore, the government and health institutions need to strengthen evidence-based reproductive education programs and increase access to information.

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